



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH JAY HOSPITAL

City of Hospital: Portland

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6497125
Outpatient Patient Service Revenue	\$84411688
Total Gross Patient Service Revenue	\$90908813

2. Deductions From Revenue

Contractual Allowance	\$52735574
Other Deductions	\$-1013958
Total Deductions	\$51721616

3. Total Operating Revenue

Net Patient Service Revenue	\$36226965
Other Operating Revenue	\$310198
Total Operating Revenue	\$36537163

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3157947	214
Medicaid	\$618322	26
Commercial Insurance	\$336332	19
Self-pay	\$33606	2
Any Other Category of Payer	\$-32461	4
Total	\$4113746	265

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$14094239	20189
Medicaid	\$6808719	12446
Commercial Insurance	\$10704332	13588
Self-pay	\$235030	2078
Any Other Category of Payer	\$270899	622
Total	\$32113219	48923

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17252186	20403
Medicaid	\$7427041	12472
Commercial Insurance	\$11040664	13607
Self-pay	\$268635	2080
Any Other Category of Payer	\$238438	626
Total	\$36226964	49188

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3157947	214
Medicaid	\$618322	26
Commercial Insurance	\$336332	19
Self-pay	\$33606	2
Any Other Category of Payer	-\$32461	4
Total	\$4113746	265

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14094239	20189
Medicaid	\$6808719	12446
Commercial Insurance	\$10704332	13588
Self-pay	\$235030	2078
Any Other Category of Payer	\$270899	622
Total	\$32113219	48923

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17252186	20403
Medicaid	\$7427041	12472
Commercial Insurance	\$11040664	13607
Self-pay	\$268635	2080
Any Other Category of Payer	\$238438	626
Total	\$36226964	49188

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$11935988	Employee Benefits	\$3910357
Depreciation and Amortization	\$2314474	Interest Expense	\$0
Bad Debt	\$2960232	Other Expenses	\$20853155
Total Operating Expenses	\$41974206		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5437044	Total Assets	\$11116452
Net Non-operating Gains over Loss	\$-366666	Total Liabilities	\$7879104
Total Net Gains	\$-5803710		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38941240	\$21687368	\$17253872
Medicaid	\$20329574	\$12901281	\$7428293
Other Government	\$523321	\$418827	\$104494
Other State	\$0	\$0	\$0
Other Payers	\$31114677	\$19674372	\$11440305
Total	\$90908812	\$54681848	\$36226964

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$11245	\$-11245

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$56421	\$-56421
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$1474316
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$802857	
HCI Payments	\$0		
Subtotal	\$0	\$802857	\$-802857
Medicaid Shortfalls	\$10026708	\$10081852	
Subtotal	\$10026708	\$10884709	\$-858001
DSH Payments	\$0		
Subtotal	\$10026708	\$10884709	\$-858001
Medicare Shortfalls	\$9914465	\$9633274	
Other Government Programs	\$0	\$0	
Total	\$19941173	\$20517983	\$-576810

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$751232	\$1229783	\$-478551
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments