



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 PAOLI HOSPITAL

City of Hospital: Paoli

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: 15-1306

## Statement One: Summary of Revenue and Expenses

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10354465
Outpatient Patient Service Revenue	\$84805032
Total Gross Patient Service Revenue	\$95159497

## 2. Deductions From Revenue

Contractual Allowance	\$61206610
Other Deductions	\$-1029383
Total Deductions	\$60177227

## 3. Total Operating Revenue

Net Patient Service Revenue	\$32430031
Other Operating Revenue	\$242652
Total Operating Revenue	\$32672683

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3529351	221
Medicaid	\$2010035	250
Commercial Insurance	\$806635	64
Self-pay	\$33942	3
Any Other Category of Payer	\$25606	10
Total	\$6405569	548

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9814057	14931
Medicaid	\$7079661	13407
Commercial Insurance	\$8540926	10629
Self-pay	\$187727	962
Any Other Category of Payer	\$402094	573
Total	\$26024465	40502

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	\$13343407	15152
Medicaid	\$9089695	13657
Commercial Insurance	\$9347560	10693
Self-pay	\$221669	965
Any Other Category of Payer	\$427700	583
Total	\$32430031	41050

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	\$3529351	221
Medicaid	\$1991303	205
Commercial Insurance	\$800093	40
Self-pay	\$33539	2
Any Other Category of Payer	\$25606	10
Total	\$6379892	478

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	\$9814057	14931
Medicaid	\$7052275	13279
Commercial Insurance	\$8510477	10479
Self-pay	\$187323	960
Any Other Category of Payer	\$401492	571
Total	\$25965624	40220

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	\$13343407	15152
Medicaid	\$9043578	13484
Commercial Insurance	\$9310570	10519
Self-pay	\$220862	962
Any Other Category of Payer	\$427098	581
Total	\$32345515	40698

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	\$18732	45
Commercial Insurance	\$6542	24
Self-pay	\$403	1
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$25677</b>	<b>70</b>

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	\$27386	128
Commercial Insurance	\$30448	150
Self-pay	\$403	2
Any Other Category of Payer	\$602	2
<b>Total</b>	<b>\$58839</b>	<b>282</b>

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	\$46117	173
Commercial Insurance	\$36990	174
Self-pay	\$806	3
Any Other Category of Payer	\$602	2
<b>Total</b>	<b>\$84515</b>	<b>352</b>

## 13. Operating Expenses

Salaries and Wages	\$12221445	Employee Benefits	\$2862719
Depreciation and Amortization	\$1320906	Interest Expense	\$0
Bad Debt	\$2552240	Other Expenses	\$14799238
<b>Total Operating Expenses</b>	<b>\$33756548</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1083865	Total Assets	\$50150990
Net Non-operating Gains over Loss	\$2482886	Total Liabilities	\$8236314
<b>Total Net Gains</b>	<b>\$1399021</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43880202	\$30537079	\$13343123
Medicaid	\$26931360	\$17863115	\$9068245
Other Government	\$811492	\$639676	\$171816
Other State	\$0	\$0	\$0
Other Payers	\$23536442	\$13689596	\$9846846
Total	\$95159496	\$62729466	\$32430030

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$218	-\$218

## 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	\$43367	-\$43367
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	65

## Statement Six: Charity Statement

Hospital Charity Charges	\$983488
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$547557	
HCI Payments	\$0		
Subtotal	\$0	\$547557	\$-547557
Medicaid Shortfalls	\$8667492	\$8725282	
Subtotal	\$8667492	\$9272839	\$-605347
DSH Payments	\$0		
Subtotal	\$8667492	\$9272839	\$-605347
Medicare Shortfalls	\$8096403	\$8099265	
Other Government Programs	\$0	\$0	
Total	\$16763895	\$17372104	\$-608209

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1926789	\$2578982	\$-652193
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments