



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$680381015
Outpatient Patient Service Revenue	\$894189791
Total Gross Patient Service Revenue	\$1574570806

2. Deductions From Revenue

Contractual Allowance	\$1116386916
Other Deductions	\$-2387839
Total Deductions	\$1113999077

3. Total Operating Revenue

Net Patient Service Revenue	\$460571729
Other Operating Revenue	\$14891514
Total Operating Revenue	\$475463243

4. Operating Expenses

Salaries and Wages	\$109978041	Employee Benefits	\$26956985
Depreciation and Amortization	\$13697700	Interest Expense	\$1159393
Bad Debt	\$25717550	Other Expenses	\$185312425
Total Operating Expenses	\$362822094		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$112641149	Total Assets	\$649164779
Net Non-operating Gains over Loss	\$-2120606	Total Liabilities	\$649164779

Total Net Gains	\$110520543
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$755805253	\$633249308	\$122555945
Medicaid	\$271131757	\$219892133	\$51239624
Other Government	\$20649875	\$17968939	\$2680936
Other State	\$0	\$0	\$0
Other Payers	\$526983921	\$268606248	\$258377673
Total	\$1574570806	\$1139716628	\$434854178

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$81595	\$-81595

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$8165	\$-8165

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$498661	\$-498661
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	15535

Statement Six: Charity Statement

Hospital Charity Charges	\$28143936
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5493696	
HCI Payments	\$0		
Subtotal	\$0	\$5493696	\$-5493696
Medicaid Shortfalls	\$54072427	\$70860670	
Subtotal	\$54072427	\$76354366	\$-22281939
DSH Payments	\$0		
Subtotal	\$54072427	\$76354366	\$-22281939
Medicare Shortfalls	\$94251135	\$103427287	
Other Government Programs	\$0	\$0	
Total	\$148323562	\$179781653	\$-31458091

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7635763	\$-7635763
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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