



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 JAY HOSPITAL

City of Hospital: Portland

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14368697
Outpatient Patient Service Revenue	\$68001805
Total Gross Patient Service Revenue	\$82370502

2. Deductions From Revenue

Contractual Allowance	\$-46746318
Other Deductions	\$5032823
Total Deductions	\$-41713495

3. Total Operating Revenue

Net Patient Service Revenue	\$38704735
Other Operating Revenue	\$1715283
Total Operating Revenue	\$40420018

4. Operating Expenses

--	--

Salaries and Wages	\$10971972	Employee Benefits	\$3680212
Depreciation and Amortization	\$2707087	Interest Expense	\$0
Bad Debt	\$1952271	Other Expenses	\$20390375
Total Operating Expenses	\$39701917		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$718100	Total Assets	\$24114821
Net Non-operating Gains over Loss	\$-1356281	Total Liabilities	\$24114821
Total Net Gains	\$-638181		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35524837	\$19562737	\$15962100
Medicaid	\$17623114	\$5719349	\$11903765
Other Government	\$732623	\$602062	\$130561
Other State	\$0	\$0	\$0
Other Payers	\$28489928	\$17781619	\$10708309
Total	\$82370502	\$43665767	\$38704735

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$876	\$-876

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	\$5914	\$-5914
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	\$2419738
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1803915	
HCI Payments	\$0		
Subtotal	\$0	\$1803915	\$-1803915
Medicaid Shortfalls	\$12032543	\$15295463	
Subtotal	\$12032543	\$17099378	\$-5066835
DSH Payments	\$0		

	Subtotal	\$12032543	\$17099378	\$-5066835
Medicare Shortfalls		\$10423445	\$9896667	
Other Government Programs		\$0	\$0	
	Total	\$22455988	\$26996045	\$-4540057

Statement Seven: Subsidized Health Services for the Community

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

Comments