



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 METHODIST HOSPITAL

City of Hospital: Indianapolis

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

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

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5777825252
Outpatient Patient Service Revenue	\$5467670834
Total Gross Patient Service Revenue	\$11245496086

2. Deductions From Revenue

Contractual Allowance	\$-7513968466
Other Deductions	\$-213574332
Total Deductions	\$-7727542798

3. Total Operating Revenue

Net Patient Service Revenue	\$3449999266
Other Operating Revenue	\$1652114021
Total Operating Revenue	\$5102113287

4. Operating Expenses

Salaries and Wages	\$1373672297	Employee Benefits	\$305798087
Depreciation and Amortization	\$166470390	Interest Expense	\$32714427
Bad Debt	\$67954023	Other Expenses	\$3173328373
Total Operating Expenses	\$5119937597		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-17824309	Total Assets	\$10450955788
Net Non-operating Gains over Loss	\$872992676	Total Liabilities	\$10450955788
Total Net Gains	\$855168367		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$3865615408	\$3076240462	\$789374946
Medicaid	\$3232991775	\$2485267851	\$747723924
Other Government	\$146239198	\$119981155	\$26258043
Other State	\$0	\$0	\$0
Other Payers	\$4000649705	\$2114007352	\$1886642353
Total	\$11245496086	\$7795496820	\$3449999266

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$427826299	\$-427826299

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$17000000	\$-17000000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$17700349	\$122147093	\$-104446744
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	624
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	3128

Statement Six: Charity Statement

Hospital Charity Charges	\$224066287
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$81949314	
HCI Payments	\$0		
Subtotal	\$0	\$81949314	\$-81949314
Medicaid Shortfalls	\$781224072	\$1269675697	
Subtotal	\$781224072	\$1351625011	\$-570400939
DSH Payments	\$0		

Subtotal	\$781224072	\$1351625011	\$-570400939
Medicare Shortfalls	\$373927946	\$433903768	
Other Government Programs	\$0	\$0	
Total	\$1155152018	\$1785528779	\$-630376761

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13793711	\$19016446	\$-5222735
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments