



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 WEST HOSPITAL

City of Hospital: Avon

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$530214097
Outpatient Patient Service Revenue	\$768937397
Total Gross Patient Service Revenue	\$1299151494

2. Deductions From Revenue

Contractual Allowance	\$-980118536
Other Deductions	\$-20812816
Total Deductions	\$-1000931352

3. Total Operating Revenue

Net Patient Service Revenue	\$288666896
Other Operating Revenue	\$2989363
Total Operating Revenue	\$291656259

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$52216435	\$3599
Medicaid	\$18692771	\$1481
Commercial Insurance	\$53829597	\$1636
Self-pay	\$845733	\$68
Any Other Category of Payer	\$-154993	\$173
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$33755053	\$47461
Medicaid	\$19832145	\$24830
Commercial Insurance	\$107970593	\$50992
Self-pay	\$1114434	\$2186
Any Other Category of Payer	\$565129	\$1475
Total	\$0	\$0

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	\$85971488	\$51060
Medicaid	\$38524916	\$26311
Commercial Insurance	\$161800190	\$52628
Self-pay	\$1960166	\$2254
Any Other Category of Payer	\$410136	\$1648
Total	\$0	\$0

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	\$52216435	\$3599
Medicaid	\$18692771	\$1481
Commercial Insurance	\$53829597	\$1636
Self-pay	\$845733	\$68
Any Other Category of Payer	\$-154993	\$173
Total	\$0	\$0

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	\$33738824	\$47257
Medicaid	\$19775057	\$24010
Commercial Insurance	\$107913119	\$49968
Self-pay	\$1114253	\$2167
Any Other Category of Payer	\$563430	\$1473
Total	\$0	\$0

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	\$85955259	\$50856
Medicaid	\$38467828	\$25491
Commercial Insurance	\$161742717	\$51604
Self-pay	\$1959986	\$2235
Any Other Category of Payer	\$408438	\$1646
Total	\$0	\$0

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	\$16229	\$204
Medicaid	\$57088	\$820
Commercial Insurance	\$57474	\$1024
Self-pay	\$180	\$19
Any Other Category of Payer	\$1699	\$2
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	\$16229	\$204
Medicaid	\$57088	\$820
Commercial Insurance	\$57474	\$1024
Self-pay	\$180	\$19
Any Other Category of Payer	\$1699	\$2
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$100054979	Employee Benefits	\$18731299
Depreciation and Amortization	\$14926265	Interest Expense	\$37
Bad Debt	\$9553245	Other Expenses	\$119308611
Total Operating Expenses	\$262574436		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$29081824	Total Assets	\$639315616
Net Non-operating Gains over Loss	\$3287782	Total Liabilities	\$639315616
Total Net Gains	\$32369606		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$645962087	\$559989833	\$85972254
Medicaid	\$209455348	\$170938638	\$38516710
Other Government	\$9781765	\$8460122	\$1321643
Other State	\$0	\$0	\$0
Other Payers	\$433952294	\$271096003	\$162856291
Total	\$1299151494	\$1010484596	\$288666898

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$172810	\$-172810

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	\$344202	\$-344202
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	548

Statement Six: Charity Statement

Hospital Charity Charges \$20812816

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3898240	
HCI Payments	\$0		
Subtotal	\$0	\$3898240	\$-3898240
Medicaid Shortfalls	\$40762156	\$53834876	
Subtotal	\$40762156	\$57733116	\$-16970960
DSH Payments	\$0		
Subtotal	\$40762156	\$57733116	\$-16970960
Medicare Shortfalls	\$43235073	\$57343897	
Other Government Programs	\$0	\$0	
Total	\$83997229	\$115077013	\$-31079784

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1211792	\$2195152	\$-983360
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//