



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 WEST HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$362403768
Outpatient Patient Service Revenue	\$546783529
Total Gross Patient Service Revenue	\$909187297

2. Deductions From Revenue

Contractual Allowance	\$655086578
Other Deductions	\$5662479
Total Deductions	\$660749057

3. Total Operating Revenue

Net Patient Service Revenue	\$248438240
Other Operating Revenue	\$3656070
Total Operating Revenue	\$252094310

4. Operating Expenses

Salaries and Wages	\$52327370	Employee Benefits	\$12674282
Depreciation and Amortization	\$8511745	Interest Expense	\$5334634
Bad Debt	\$17815476	Other Expenses	\$103495096
Total Operating Expenses	\$200158603		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$51935707	Total Assets	\$580638070
Net Non-operating Gains over Loss	\$11004098	Total Liabilities	\$580638070

Total Net Gains	\$62939805
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$423999415	\$362418617	\$61580798
Medicaid	\$118239167	\$97666015	\$20573152
Other Government	\$8277228	\$7073028	\$1204200
Other State	\$0	\$0	\$0
Other Payers	\$358671487	\$211406873	\$147264614
Total	\$909187297	\$678564533	\$230622764

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$126861	\$-126861

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	\$156033	\$-156033
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	200

Statement Six: Charity Statement

Hospital Charity Charges	\$19195120
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3612522	
HCI Payments	\$0		
Subtotal	\$0	\$3612522	\$-3612522
Medicaid Shortfalls	\$20908144	\$35459025	
Subtotal	\$20908144	\$39071547	\$-18163403
DSH Payments	\$0		
Subtotal	\$20908144	\$39071547	\$-18163403
Medicare Shortfalls	\$38334546	\$42641302	
Other Government Programs	\$0	\$0	
Total	\$59242690	\$81712849	\$-22470159

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$231663	\$-231663
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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