



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: Avon

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: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$520415579
Outpatient Patient Service Revenue	\$673607719
Total Gross Patient Service Revenue	\$1194023298

2. Deductions From Revenue

Contractual Allowance	\$-871625206
Other Deductions	\$-24898735
Total Deductions	\$-896523941

3. Total Operating Revenue

Net Patient Service Revenue	\$283357317
Other Operating Revenue	\$7923138
Total Operating Revenue	\$291280455

4. Operating Expenses

Salaries and Wages	\$77801473	Employee Benefits	\$16939344
Depreciation and Amortization	\$14131405	Interest Expense	\$882
Bad Debt	\$14142040	Other Expenses	\$104519780
Total Operating Expenses	\$227534924		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$63745531	Total Assets	\$614769851
Net Non-operating Gains over Loss	\$-290429	Total Liabilities	\$614769851
Total Net Gains	\$63455102		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$588279624	\$505218873	\$83060751
Medicaid	\$180619941	\$145192777	\$35427164
Other Government	\$7921990	\$6996665	\$925325
Other State	\$0	\$0	\$0
Other Payers	\$417201743	\$253257666	\$163944077
Total	\$1194023298	\$910665981	\$283357317

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$133292	\$-133292

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	\$243190	\$-243190
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	544

Statement Six: Charity Statement

Hospital Charity Charges	\$24898735
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4817905	
HCI Payments	\$0		
Subtotal	\$0	\$4817905	\$-4817905
Medicaid Shortfalls	\$37029743	\$48514791	
Subtotal	\$37029743	\$53332696	\$-16302953
DSH Payments	\$0		

Subtotal	\$37029743	\$53332696	\$-16302953
Medicare Shortfalls	\$44004878	\$51816803	
Other Government Programs	\$0	\$0	
Total	\$81034621	\$105149499	\$-24114878

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1215971	\$2059127	\$-843156
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments