



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 ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$716891211
Outpatient Patient Service Revenue	\$1491673262
<b>Total Gross Patient Service Revenue</b>	<b>\$2208564473</b>

2. Deductions From Revenue

Contractual Allowance	\$1565491959
Other Deductions	\$25323828
<b>Total Deductions</b>	<b>\$1590815787</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$583066937
Other Operating Revenue	\$19379650
<b>Total Operating Revenue</b>	<b>\$602446587</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$79538015	66101
Medicaid	\$37353375	20894
Commercial Insurance	\$76667206	21802
Self-pay	\$867026	1216
Any Other Category of Payer	\$1885858	1085
<b>Total</b>	<b>\$196311480</b>	<b>111098</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$114224509	422180
Medicaid	\$46397964	168600
Commercial Insurance	\$220185322	471977
Self-pay	\$2110716	15769
Any Other Category of Payer	\$3836946	9500
Total	\$386755457	1088026

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	\$193762525	488281
Medicaid	\$83751340	189494
Commercial Insurance	\$296852528	493779
Self-pay	\$2977741	16985
Any Other Category of Payer	\$5722804	10585
Total	\$583066938	1199124

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	\$68313051	4704
Medicaid	\$33218974	2207
Commercial Insurance	\$71442535	2195
Self-pay	\$663611	105
Any Other Category of Payer	\$1697107	207
Total	\$175335278	9418

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	\$64064349	91774
Medicaid	\$29094162	35294
Commercial Insurance	\$162729137	49642
Self-pay	\$880222	2217
Any Other Category of Payer	\$2714206	1835
Total	\$259482076	180762

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	\$132377400	96478
Medicaid	\$62313136	37501
Commercial Insurance	\$234171673	51837
Self-pay	\$1543833	2322
Any Other Category of Payer	\$4411313	2042
Total	\$434817355	190180

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	\$11224964	61397
Medicaid	\$4134402	18687
Commercial Insurance	\$5224671	19607
Self-pay	\$203414	1111
Any Other Category of Payer	\$188751	878
<b>Total</b>	<b>\$20976202</b>	<b>101680</b>

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	\$50160160	330406
Medicaid	\$17303802	133306
Commercial Insurance	\$57456185	422335
Self-pay	\$1230494	13552
Any Other Category of Payer	\$1122740	7665
<b>Total</b>	<b>\$127273381</b>	<b>907264</b>

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	\$61385124	391803
Medicaid	\$21438203	151993
Commercial Insurance	\$62680856	441942
Self-pay	\$1433908	14663
Any Other Category of Payer	\$1311491	8543
<b>Total</b>	<b>\$148249582</b>	<b>1008944</b>

## 13. Operating Expenses

Salaries and Wages	\$254303592	Employee Benefits	\$44856311
Depreciation and Amortization	\$15881320	Interest Expense	\$617
Bad Debt	\$34681749	Other Expenses	\$255144668
<b>Total Operating Expenses</b>	<b>\$604868257</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2421669	Total Assets	\$389886886
Net Non-operating Gains over Loss	\$4943654	Total Liabilities	\$73734285
<b>Total Net Gains</b>	<b>\$2521985</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1020725554	\$841636760	\$179088794
Medicaid	\$335261830	\$255812979	\$79448851
Other Government	\$10233324	\$8639669	\$1593655
Other State	\$0	\$0	\$0
Other Payers	\$842343765	\$519408128	\$322935637
Total	\$2208564473	\$1625497536	\$583066937

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$727000	\$1145515	\$-418515

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$112387	\$-112387

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1160331	\$3356720	\$-2196389
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	17
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	5323

## Statement Six: Charity Statement

Hospital Charity Charges	\$30842239
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6019510	
HCI Payments	\$0		
Subtotal	\$0	\$6019510	\$-6019510
Medicaid Shortfalls	\$81720084	\$99684582	
Subtotal	\$81720084	\$105704092	\$-23984008
DSH Payments	\$0		
Subtotal	\$81720084	\$105704092	\$-23984008
Medicare Shortfalls	\$76509263	\$94225739	
Other Government Programs	\$0	\$0	
Total	\$158229347	\$199929831	\$-41700484

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$146601848	\$170855107	\$-24253259
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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