



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

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

Person Completing the Report: Lauren Wood

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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	\$512962757
Outpatient Patient Service Revenue	\$968481679
Total Gross Patient Service Revenue	\$1481444436

2. Deductions From Revenue

Contractual Allowance	\$1104603809
Other Deductions	\$21141671
Total Deductions	\$1125745480

3. Total Operating Revenue

Net Patient Service Revenue	\$332352465
Other Operating Revenue	\$3244803
Total Operating Revenue	\$335597268

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$52370099	3879
Medicaid	\$20957688	1557
Commercial Insurance	\$48541820	1523
Self-pay	\$125306	63
Any Other Category of Payer	\$663567	169
Total	\$122658480	7191

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$46301629	56011
Medicaid	\$25515551	26838
Commercial Insurance	\$134751165	54654
Self-pay	\$751531	3372
Any Other Category of Payer	\$2374109	1522
Total	\$209693985	142397

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	\$98671728	59890
Medicaid	\$46473239	28395
Commercial Insurance	\$183292986	56177
Self-pay	\$876837	3435
Any Other Category of Payer	\$3037676	1691
Total	\$332352466	149588

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	\$52370099	3879
Medicaid	\$20957688	1557
Commercial Insurance	\$48541820	1523
Self-pay	\$125306	63
Any Other Category of Payer	\$663567	169
Total	\$122658480	7191

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	\$46290513	55877
Medicaid	\$25442689	25945
Commercial Insurance	\$134672843	53431
Self-pay	\$750560	3363
Any Other Category of Payer	\$2373986	1521
Total	\$209530591	140137

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	\$98660612	59756
Medicaid	\$46400377	27502
Commercial Insurance	\$183214663	54954
Self-pay	\$875866	3426
Any Other Category of Payer	\$3037553	1690
Total	\$332189071	147328

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	\$11116	134
Medicaid	\$72862	893
Commercial Insurance	\$78323	1223
Self-pay	\$970	9
Any Other Category of Payer	\$123	1
Total	\$163394	2260

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	\$11116	134
Medicaid	\$72862	893
Commercial Insurance	\$78323	1223
Self-pay	\$970	9
Any Other Category of Payer	\$123	1
Total	\$163394	2260

13. Operating Expenses

Salaries and Wages	\$87612750	Employee Benefits	\$18303941
Depreciation and Amortization	\$14614841	Interest Expense	\$0
Bad Debt	\$23346490	Other Expenses	\$133793613
Total Operating Expenses	\$277671635		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$57925633	Total Assets	\$723628957
Net Non-operating Gains over Loss	\$24437143	Total Liabilities	\$28177035
Total Net Gains	\$82362776		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$741736326	\$643065946	\$98670380
Medicaid	\$231628952	\$185039668	\$46589284
Other Government	\$11247466	\$9828186	\$1419280
Other State	\$0	\$0	\$0
Other Payers	\$496831692	\$311158171	\$185673521
Total	\$1481444436	\$1149091971	\$332352465

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	\$334202	\$-334202
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	9
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	548

Statement Six: Charity Statement

Hospital Charity Charges	\$21141671
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	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