



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: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

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	\$843079860
Outpatient Patient Service Revenue	\$1597156293
Total Gross Patient Service Revenue	\$2440236153

2. Deductions From Revenue

Contractual Allowance	\$1726878843
Other Deductions	\$65591519
Total Deductions	\$1792470362

3. Total Operating Revenue

Net Patient Service Revenue	\$642019233
Other Operating Revenue	\$24457721
Total Operating Revenue	\$666476954

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$86402361	73265
Medicaid	\$46675247	23658
Commercial Insurance	\$88556586	32626
Self-pay	\$862291	830
Any Other Category of Payer	\$22747551	1938
Total	\$245244036	132317

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$109032807	347180
Medicaid	\$54271031	190293
Commercial Insurance	\$224209399	399495
Self-pay	\$3035623	17968
Any Other Category of Payer	\$6226337	5505
Total	\$396775197	960441

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	\$195435168	420445
Medicaid	\$100946278	213951
Commercial Insurance	\$312765985	432121
Self-pay	\$3897914	18798
Any Other Category of Payer	\$28973888	7443
Total	\$642019233	1092758

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	\$71213909	5188
Medicaid	\$31807610	2231
Commercial Insurance	\$76017893	2887
Self-pay	\$-350878	162
Any Other Category of Payer	\$20934316	332
Total	\$199622850	10800

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	\$69568684	106682
Medicaid	\$29076563	37903
Commercial Insurance	\$173783048	65365
Self-pay	\$658199	3680
Any Other Category of Payer	\$3367561	1988
Total	\$276454055	215618

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	\$140782593	111870
Medicaid	\$60884173	40134
Commercial Insurance	\$249800941	68252
Self-pay	\$307321	3842
Any Other Category of Payer	\$24301877	2320
Total	\$476076905	226418

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	\$13039825	68077
Medicaid	\$4104240	21427
Commercial Insurance	\$5696364	29739
Self-pay	\$307622	668
Any Other Category of Payer	\$127952	1606
Total	\$23276003	121517

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	\$46066247	240498
Medicaid	\$29189579	152390
Commercial Insurance	\$64001010	334130
Self-pay	\$673665	14288
Any Other Category of Payer	\$2735825	3517
Total	\$142666326	744823

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	\$59106072	308575
Medicaid	\$33293819	173817
Commercial Insurance	\$69697374	363869
Self-pay	\$981287	14956
Any Other Category of Payer	\$2863777	5123
Total	\$165942329	866340

13. Operating Expenses

Salaries and Wages	\$287313902	Employee Benefits	\$49672810
Depreciation and Amortization	\$15767325	Interest Expense	\$181
Bad Debt	\$5746558	Other Expenses	\$305264819
Total Operating Expenses	\$663765595		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2711359	Total Assets	\$378548593
Net Non-operating Gains over Loss	\$4659406	Total Liabilities	\$48831104
Total Net Gains	\$7370765		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1125840721	\$930053076	\$195787645
Medicaid	\$346132568	\$260730012	\$85402556
Other Government	\$12206771	\$10802888	\$1403883
Other State	\$0	\$0	\$0
Other Payers	\$956056093	\$596630944	\$359425149
Total	\$2440236153	\$1798216920	\$642019233

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$472366	\$775668	\$-303302

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$224073	\$-224073

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1175771	\$3636777	\$-2461006
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	6642

Statement Six: Charity Statement

Hospital Charity Charges	\$70886829
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8759196	
HCI Payments	\$0		
Subtotal	\$0	\$8759196	\$-8759196
Medicaid Shortfalls	\$90528002	\$121397057	
Subtotal	\$90528002	\$130156253	\$-39628251
DSH Payments	\$0		
Subtotal	\$90528002	\$130156253	\$-39628251
Medicare Shortfalls	\$72869602	\$76060132	
Other Government Programs	\$0	\$0	
Total	\$163397604	\$206216385	\$-42818781

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$23826851	\$35330924	\$-11504073
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

2023 numbers were used for statements 3 - 7 with the exception of hospital charity charges. These numbers will be updated as soon as the information is available.

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