



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: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (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	\$766988335
Outpatient Patient Service Revenue	\$1369886296
Total Gross Patient Service Revenue	\$2136874631

2. Deductions From Revenue

Contractual Allowance	\$-1537174654
Other Deductions	\$-22416354
Total Deductions	\$-1559591008

3. Total Operating Revenue

Net Patient Service Revenue	\$554972315
Other Operating Revenue	\$9392254
Total Operating Revenue	\$564364569

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$83491506	\$69937
Medicaid	\$37280874	\$21385
Commercial Insurance	\$80134186	\$22490
Self-pay	\$1170590	\$1477
Any Other Category of Payer	\$421251	\$1105
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$102009686	\$380161
Medicaid	\$42316143	\$158606
Commercial Insurance	\$202519833	\$453915
Self-pay	\$3332660	\$16085
Any Other Category of Payer	\$2295586	\$9946
Total	\$0	\$0

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	\$189024264	\$450098
Medicaid	\$80609796	\$179991
Commercial Insurance	\$286054807	\$476405
Self-pay	\$4612729	\$17562
Any Other Category of Payer	\$3223809	\$11051
Total	\$0	\$0

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	\$72190049	\$4560
Medicaid	\$32847143	\$2260
Commercial Insurance	\$74292983	\$2293
Self-pay	\$998114	\$96
Any Other Category of Payer	\$162401	\$202
Total	\$0	\$0

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	\$58895747	\$94332
Medicaid	\$26743766	\$37959
Commercial Insurance	\$148485385	\$50631
Self-pay	\$2207512	\$1764
Any Other Category of Payer	\$814244	\$2090
Total	\$0	\$0

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	\$131085796	\$98892
Medicaid	\$59590909	\$40219
Commercial Insurance	\$222778368	\$52924
Self-pay	\$3205626	\$1860
Any Other Category of Payer	\$976645	\$2292
Total	\$0	\$0

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	\$11301457	\$65377
Medicaid	\$4433731	\$19125
Commercial Insurance	\$5841203	\$20197
Self-pay	\$172476	\$1381
Any Other Category of Payer	\$258850	\$903
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	\$43113939	\$285829
Medicaid	\$15572377	\$120647
Commercial Insurance	\$54034448	\$403284
Self-pay	\$1125148	\$14321
Any Other Category of Payer	\$1481342	\$7856
Total	\$0	\$0

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	\$54415396	\$351206
Medicaid	\$20006107	\$139772
Commercial Insurance	\$59875652	\$423481
Self-pay	\$1297625	\$15702
Any Other Category of Payer	\$1740193	\$8759
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$263422906	Employee Benefits	\$44648541
Depreciation and Amortization	\$15592385	Interest Expense	\$1068
Bad Debt	\$22311307	Other Expenses	\$223868362
Total Operating Expenses	\$569844569		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-15480001	Total Assets	\$355620480
Net Non-operating Gains over Loss	\$349979	Total Liabilities	\$355620480
Total Net Gains	\$-15130022		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$998132969	\$817806310	\$180326659
Medicaid	\$333672669	\$258010748	\$75661921
Other Government	\$12939834	\$11239523	\$1700311
Other State	\$0	\$0	\$0
Other Payers	\$792129159	\$494845734	\$297283425
Total	\$2136874631	\$1581902315	\$554972316

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	15
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	5323

Statement Six: Charity Statement

Hospital Charity Charges	\$26320552
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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

	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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