



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: 01/01/2024 (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: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$550996414
Outpatient Patient Service Revenue	\$1053648547
Total Gross Patient Service Revenue	\$1604644961

2. Deductions From Revenue

Contractual Allowance	\$1197998716
Other Deductions	\$43781094
Total Deductions	\$1241779810

3. Total Operating Revenue

Net Patient Service Revenue	\$352203806
Other Operating Revenue	\$2553777
Total Operating Revenue	\$354757583

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$55493505	4411
Medicaid	\$20526239	1720
Commercial Insurance	\$52787523	2083
Self-pay	\$105351	122
Any Other Category of Payer	\$1069084	223
Total	\$129981702	8559

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$49815924	66139
Medicaid	\$25035484	28019
Commercial Insurance	\$145539685	68167
Self-pay	\$226788	5527
Any Other Category of Payer	\$1604223	1827
<b>Total</b>	<b>\$222222104</b>	<b>169679</b>

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	\$105309429	70550
Medicaid	\$45561723	29739
Commercial Insurance	\$198327208	70250
Self-pay	\$332139	5649
Any Other Category of Payer	\$2673307	2050
<b>Total</b>	<b>\$352203806</b>	<b>178238</b>

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	\$55493505	4411
Medicaid	\$20526239	1720
Commercial Insurance	\$52787523	2083
Self-pay	\$105351	122
Any Other Category of Payer	\$1069084	223
<b>Total</b>	<b>\$129981702</b>	<b>8559</b>

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	\$49799410	66049
Medicaid	\$24964318	27483
Commercial Insurance	\$145435941	67312
Self-pay	\$224535	5515
Any Other Category of Payer	\$1603939	1824
<b>Total</b>	<b>\$222028143</b>	<b>168183</b>

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	\$105292915	70460
Medicaid	\$45490557	29203
Commercial Insurance	\$198223464	69395
Self-pay	\$329886	5637
Any Other Category of Payer	\$2673023	2047
<b>Total</b>	<b>\$352009845</b>	<b>176742</b>

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	\$11668	90
Medicaid	\$69494	536
Commercial Insurance	\$110853	855
Self-pay	\$389	12
Any Other Category of Payer	\$1557	3
Total	\$193961	1496

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	\$11668	90
Medicaid	\$69494	536
Commercial Insurance	\$110853	855
Self-pay	\$389	12
Any Other Category of Payer	\$1557	3
Total	\$193961	1496

13. Operating Expenses

Salaries and Wages	\$94603487	Employee Benefits	\$20127245
Depreciation and Amortization	\$14267768	Interest Expense	\$0
Bad Debt	\$10661345	Other Expenses	\$162719667
Total Operating Expenses	\$302379512		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$52378071	Total Assets	\$797359677
Net Non-operating Gains over Loss	\$27338831	Total Liabilities	\$22190853
Total Net Gains	\$79716902		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$790000738	\$684663137	\$105337601
Medicaid	\$241338385	\$195775504	\$45562881
Other Government	\$8738995	\$7927851	\$811144
Other State	\$0	\$0	\$0
Other Payers	\$564566843	\$364074663	\$200492180
Total	\$1604644961	\$1252441155	\$352203806

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$116400	\$297308	\$-180908

## 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	\$326751	\$-326751
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	1295

## Statement Six: Charity Statement

Hospital Charity Charges \$43781094

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3672308	
HCI Payments	\$0		
Subtotal	\$0	\$3672308	\$-3672308
Medicaid Shortfalls	\$48575355	\$58741230	
Subtotal	\$48575355	\$62413538	\$-13838183
DSH Payments	\$0		
Subtotal	\$48575355	\$62413538	\$-13838183
Medicare Shortfalls	\$44914648	\$54547154	
Other Government Programs	\$0	\$0	
Total	\$93490003	\$116960692	\$-23470689

#### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1035741	\$2102627	\$-1066886
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.