



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 TIPTON HOSPITAL

City of Hospital: Tipton

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: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20616745
Outpatient Patient Service Revenue	\$128743541
Total Gross Patient Service Revenue	\$149360286

2. Deductions From Revenue

Contractual Allowance	\$-97347930
Other Deductions	\$-1676791
Total Deductions	\$-99024721

3. Total Operating Revenue

Net Patient Service Revenue	\$49126087
Other Operating Revenue	\$686210
Total Operating Revenue	\$49812297

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7394563	\$430
Medicaid	\$748837	\$46
Commercial Insurance	\$728377	\$47
Self-pay	\$32107	\$3
Any Other Category of Payer	\$6439	\$6
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	\$17370868	\$12910
Medicaid	\$4835302	\$5219
Commercial Insurance	\$17223399	\$8560
Self-pay	\$445280	\$598
Any Other Category of Payer	\$340916	\$303
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	\$24765431	\$13340
Medicaid	\$5584139	\$5265
Commercial Insurance	\$17951777	\$8607
Self-pay	\$477386	\$601
Any Other Category of Payer	\$347354	\$309
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	\$7394563	\$430
Medicaid	\$748837	\$46
Commercial Insurance	\$728377	\$47
Self-pay	\$32107	\$3
Any Other Category of Payer	\$6439	\$6
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	\$17370868	\$12910
Medicaid	\$4835302	\$5219
Commercial Insurance	\$17223399	\$8560
Self-pay	\$445280	\$598
Any Other Category of Payer	\$340916	\$303
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	\$24765431	\$13340
Medicaid	\$5584139	\$5265
Commercial Insurance	\$17951777	\$8607
Self-pay	\$477386	\$601
Any Other Category of Payer	\$347354	\$309
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	\$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	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
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	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$13914303	Employee Benefits	\$3161573
Depreciation and Amortization	\$1896688	Interest Expense	\$563111
Bad Debt	\$1209478	Other Expenses	\$25006802
Total Operating Expenses	\$45751955		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4060342	Total Assets	\$83740321
Net Non-operating Gains over Loss	\$-257455	Total Liabilities	\$83740321
Total Net Gains	\$3802887		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$79226263	\$54444261	\$24782002
Medicaid	\$30303316	\$24709408	\$5593908
Other Government	\$791997	\$549848	\$242149
Other State	\$0	\$0	\$0
Other Payers	\$39038710	\$20530682	\$18508028
Total	\$149360286	\$100234199	\$49126087

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$169662	\$-169662

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	\$691667	\$-691667
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	86

Statement Six: Charity Statement

Hospital Charity Charges \$1676791

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$472352	
HCI Payments	\$0		
Subtotal	\$0	\$472352	\$-472352
Medicaid Shortfalls	\$5681208	\$9981111	
Subtotal	\$5681208	\$10453463	\$-4772255
DSH Payments	\$0		
Subtotal	\$5681208	\$10453463	\$-4772255
Medicare Shortfalls	\$13682839	\$13572352	
Other Government Programs	\$0	\$0	
Total	\$19364047	\$24025815	\$-4661768

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$988853	\$1116991	\$-128138
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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