



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: 01/01/2023 (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: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13348953
Outpatient Patient Service Revenue	\$118865463
<b>Total Gross Patient Service Revenue</b>	<b>\$132214416</b>

2. Deductions From Revenue

Contractual Allowance	\$87400072
Other Deductions	\$951268
<b>Total Deductions</b>	<b>\$88351340</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$41200181
Other Operating Revenue	\$373340
<b>Total Operating Revenue</b>	<b>\$41573521</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5176175	335
Medicaid	\$128052	13
Commercial Insurance	\$686120	30
Self-pay	\$3196	1
Any Other Category of Payer	\$85384	2
<b>Total</b>	<b>\$6078927</b>	<b>381</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$15702519	13582
Medicaid	\$4604233	5263
Commercial Insurance	\$14256705	8771
Self-pay	\$169957	656
Any Other Category of Payer	\$387841	268
Total	\$35121255	28540

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	\$20878694	13917
Medicaid	\$4732285	5276
Commercial Insurance	\$14942825	8801
Self-pay	\$173153	657
Any Other Category of Payer	\$473225	270
Total	\$41200182	28921

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	\$5176175	335
Medicaid	\$128052	13
Commercial Insurance	\$686120	30
Self-pay	\$3196	1
Any Other Category of Payer	\$85384	2
Total	\$6078927	381

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	\$15702483	13582
Medicaid	\$4603853	5263
Commercial Insurance	\$14256252	8771
Self-pay	\$169644	656
Any Other Category of Payer	\$318173	268
Total	\$35050405	28540

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	\$20878658	13917
Medicaid	\$4731905	5276
Commercial Insurance	\$14942372	8801
Self-pay	\$172840	657
Any Other Category of Payer	\$403557	270
Total	\$41129332	28921

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	\$36	0
Medicaid	\$380	0
Commercial Insurance	\$452	0
Self-pay	\$313	0
Any Other Category of Payer	\$69668	0
Total	\$70849	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	\$36	0
Medicaid	\$380	0
Commercial Insurance	\$452	0
Self-pay	\$313	0
Any Other Category of Payer	\$69668	0
Total	\$70849	0

## 13. Operating Expenses

Salaries and Wages	\$11491602	Employee Benefits	\$2819852
Depreciation and Amortization	\$1631393	Interest Expense	\$513352
Bad Debt	\$2662895	Other Expenses	\$23249941
Total Operating Expenses	\$42369035		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-795514	Total Assets	\$86977330
Net Non-operating Gains over Loss	\$3148622	Total Liabilities	\$17123924
Total Net Gains	\$2353108		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$69989582	\$49108720	\$20880862
Medicaid	\$26165960	\$21433675	\$4732285
Other Government	\$1026868	\$758551	\$268317
Other State	\$0	\$0	\$0
Other Payers	\$35032006	\$19713289	\$15318717
Total	\$132214416	\$91014235	\$41200181

## 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	\$951268
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	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
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	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