



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HIGHPOINT HEALTH

City of Hospital: Lawrenceburg

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Ben Turner

Email Address: bturner@myhph.org

Medicare Provider Number: 15-0086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$70971526
Outpatient Patient Service Revenue	\$140433051
Total Gross Patient Service Revenue	\$211404577

2. Deductions From Revenue

Contractual Allowance	\$142528643
Other Deductions	\$1934712
Total Deductions	\$144463355

3. Total Operating Revenue

Net Patient Service Revenue	\$66941223
Other Operating Revenue	\$2357925
Total Operating Revenue	\$69299148

4. Operating Expenses

Salaries and Wages	\$32948883	Employee Benefits	\$7025876
Depreciation and Amortization	\$4796244	Interest Expense	\$941100
Bad Debt	\$-473601	Other Expenses	\$36540047
Total Operating Expenses	\$81778549		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-12479402	Total Assets	\$144155993
Net Non-operating Gains over Loss	\$7822751	Total Liabilities	\$64872797
Total Net Gains	\$-4656651		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$105036860	\$68445221	\$36591639
Medicaid	\$34649713	\$18739660	\$15910053
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$71718004	\$55343762	\$16374242
Total	\$211404577	\$142528643	\$68875934

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$45815	\$2473	\$43342

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	\$0	\$0
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	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$415576
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital

Charity Care	\$0	\$625000	
HCI Payments	\$0		
Subtotal	\$0	\$625000	\$-625000
Medicaid Shortfalls	\$13814376	\$17738508	
Subtotal	\$13814376	\$18363508	\$-4549132
DSH Payments	\$2,095,677		
Subtotal	\$15910053	\$18363508	\$-2453455
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$15910053	\$18363508	\$-2453455

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$9355	\$24232	\$-14877
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$19632	\$-19632

Comments

//