



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: COMMUNITY HOSPITAL NORTH

City of Hospital: Indianapolis

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

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$1041732356	Contractual Allowance	\$1303598097
Outpatient Patient Service Revenue	\$812166769	Other Deductions	\$4259481
Total Gross Patient Service Revenue	\$1853899125	Total Deductions	\$1307857578

3. Total Operating Revenue	
Net Patient Service Revenue	\$546041547
Other Operating Revenue	\$15761938
Total Operating Revenue	\$561803485

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$91522795	6582
Medicaid	\$67527939	5025
Commercial Insurance	\$184437177	7008
Self-pay	\$3552674	174
Any Other Category of Payer	\$329322	16
Total	\$347369907	18805

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$37846643	60020
Medicaid	\$30277361	40463
Commercial Insurance	\$128206303	90319
Self-pay	\$1492805	2796
Any Other Category of Payer	\$848527	1187
Total	\$198671639	194785

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	\$129369438	66602
Medicaid	\$97805300	45488

Commercial Insurance	\$312643480	97327
Self-pay	\$5045480	2970
Any Other Category of Payer	\$1177849	1203
Total	\$546041547	213590

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	\$91522795	6582
Medicaid	\$67527939	5025
Commercial Insurance	\$184437177	7008
Self-pay	\$3552674	174
Any Other Category of Payer	\$329322	16
Total	\$347369907	18805

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	\$37774259	58414
Medicaid	\$30239456	39748
Commercial Insurance	\$127985695	85793
Self-pay	\$1492477	2793
Any Other Category of Payer	\$844495	1154
Total	\$198336382	187902

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	\$129297054	64996
Medicaid	\$97767396	44773
Commercial Insurance	\$312422873	92801
Self-pay	\$5045152	2967
Any Other Category of Payer	\$1173817	1170
Total	\$545706292	206707

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	\$72384	1606
Medicaid	\$37905	715
Commercial Insurance	\$220608	4526
Self-pay	\$328	3
Any Other Category of Payer	\$4032	33
Total	\$335257	6883

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	\$72384	1606

Medicaid	\$37905	715
Commercial Insurance	\$220608	4526
Self-pay	\$328	3
Any Other Category of Payer	\$4032	33
Total	\$335257	6883

13. Operating Expenses

Salaries and Wages	\$164953535	Employee Benefits	\$31385182
Depreciation and Amortization	\$14858289	Interest Expense	\$12891287
Bad Debt	\$0	Other Expenses	\$254330356
Total Operating Expenses	\$478418649		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$83384836	Total Assets	\$1608858806
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12073623
Total Net Gains	\$83384836		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$737530765	\$608161327	\$129369438
Medicaid	\$414565862	\$316760562	\$97805300
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$701802498	\$382935689	\$318866809
Total	\$1853899125	\$1307857578	\$546041547

Statement Three: Donations Statement

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

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	4
Number of Hospital Patients Educated	N/A
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$4259481
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$941345	
HCI Payments	\$0		
Subtotal	\$0	\$941345	\$-941345
Medicaid Shortfalls	\$98526737	\$128820607	
Subtotal	\$98526737	\$129761952	\$-31235215
DSH Payments	\$0		
Subtotal	\$98526737	\$129761952	\$-31235215
Medicare Shortfalls	\$63749167	\$81491662	
Other Government Programs	\$0	\$0	
Total	\$162275904	\$211253614	\$-48977710

Statement Seven: Subsidized Health Services for the Community

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

Comments

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