



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 HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

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: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$193014075	Contractual Allowance	\$514797875
Outpatient Patient Service Revenue	\$502756452	Other Deductions	\$2426582
Total Gross Patient Service Revenue	\$695770527	Total Deductions	\$517224457

3. Total Operating Revenue	
Net Patient Service Revenue	\$178546070
Other Operating Revenue	\$12349485
Total Operating Revenue	\$190895555

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$23994093	2286
Medicaid	\$11041512	1303
Commercial Insurance	\$20451806	872
Self-pay	\$398833	48
Any Other Category of Payer	\$41935	3
Total	\$55928179	4512

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34787317	47846
Medicaid	\$21690967	94825
Commercial Insurance	\$65110454	41466
Self-pay	\$529159	1177
Any Other Category of Payer	\$499995	446
Total	\$122617892	185760

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	\$58781410	50132
Medicaid	\$32732479	96128

Commercial Insurance	\$85562260	42338
Self-pay	\$927992	1225
Any Other Category of Payer	\$541930	449
Total	\$178546071	190272

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	\$23994093	2286
Medicaid	\$11041512	1303
Commercial Insurance	\$20451806	872
Self-pay	\$398833	48
Any Other Category of Payer	\$41935	3
Total	\$55928179	4512

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	\$34217392	41083
Medicaid	\$15069860	31613
Commercial Insurance	\$64288802	31880
Self-pay	\$487475	983
Any Other Category of Payer	\$498068	435
Total	\$114561597	105994

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	\$58211485	43369
Medicaid	\$26111372	32916
Commercial Insurance	\$84740608	32752
Self-pay	\$886307	1031
Any Other Category of Payer	\$540003	438
Total	\$170489775	110506

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	\$569925	6763
Medicaid	\$6621107	63212
Commercial Insurance	\$821651	9586
Self-pay	\$41684	194
Any Other Category of Payer	\$1927	11
Total	\$8056294	79766

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	\$569925	6763

Medicaid	\$6621107	63212
Commercial Insurance	\$821651	9586
Self-pay	\$41684	194
Any Other Category of Payer	\$1927	11
Total	\$8056294	79766

13. Operating Expenses

Salaries and Wages	\$53738913	Employee Benefits	\$13009784
Depreciation and Amortization	\$7901627	Interest Expense	\$28455
Bad Debt	\$0	Other Expenses	\$96048329
Total Operating Expenses	\$170727108		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$20168447	Total Assets	\$342639347
Net Non-operating Gains over Loss	\$-6319886	Total Liabilities	\$11498670
Total Net Gains	\$13848561		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$360414938	\$301633528	\$58781410
Medicaid	\$148012204	\$115279725	\$32732479
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$187343384	\$100311203	\$87032181
Total	\$695770526	\$517224456	\$178546070

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$95528	\$-95528

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	\$159	\$-159
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	N/A
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$2426582
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$533848	
HCI Payments	\$0		
Subtotal	\$0	\$533848	\$-533848
Medicaid Shortfalls	\$33010325	\$37766694	
Subtotal	\$33010325	\$38300542	\$-5290217
DSH Payments	(\$5,143,359)		
Subtotal	\$27866966	\$38300542	\$-10433576
Medicare Shortfalls	\$30574369	\$35208272	
Other Government Programs	\$0	\$0	
Total	\$58441335	\$73508814	\$-15067479

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$365600	\$3086455	\$-2720855
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$354436	\$-354436

Comments