



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 SOUTH

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: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$491847109	Contractual Allowance	\$808576589
Outpatient Patient Service Revenue	\$624446166	Other Deductions	\$3948705
Total Gross Patient Service Revenue	\$1116293275	Total Deductions	\$812525294

3. Total Operating Revenue	
Net Patient Service Revenue	\$303767981
Other Operating Revenue	\$4456642
Total Operating Revenue	\$308224623

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$35140674	4512
Medicaid	\$32832190	2858
Commercial Insurance	\$69481593	2729
Self-pay	\$703521	111
Any Other Category of Payer	\$309454	15
Total	\$138467432	10225

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$36223830	38328
Medicaid	\$25746047	32480
Commercial Insurance	\$101287768	43824
Self-pay	\$1047978	1800
Any Other Category of Payer	\$994926	708
Total	\$165300549	117140

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	\$71364504	42840
Medicaid	\$58578237	35338

Commercial Insurance	\$170769361	46553
Self-pay	\$1751499	1911
Any Other Category of Payer	\$1304379	723
Total	\$303767980	127365

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	\$35140674	4512
Medicaid	\$32832190	2858
Commercial Insurance	\$69481593	2729
Self-pay	\$703521	111
Any Other Category of Payer	\$309454	15
Total	\$138467432	10225

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	\$36223830	38328
Medicaid	\$25746047	32480
Commercial Insurance	\$101287768	43824
Self-pay	\$1047978	1800
Any Other Category of Payer	\$994926	708
Total	\$165300549	117140

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	\$71364504	42840
Medicaid	\$58578237	35338
Commercial Insurance	\$170769361	46553
Self-pay	\$1751499	1911
Any Other Category of Payer	\$1304379	723
Total	\$303767980	127365

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	\$87594790	Employee Benefits	\$18857236
Depreciation and Amortization	\$7965146	Interest Expense	\$5450551
Bad Debt	\$0	Other Expenses	\$138400033
Total Operating Expenses	\$258267756		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$49956867	Total Assets	\$819879866
Net Non-operating Gains over Loss	\$47276	Total Liabilities	\$7723974
Total Net Gains	\$50004143		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$520093487	\$448728984	\$71364503
Medicaid	\$236715348	\$178137111	\$58578237
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$359484440	\$185659200	\$173825240
Total	\$1116293275	\$812525295	\$303767980

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$47737	\$-47737

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	\$789092	\$2567071	\$-1777979
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	7
Number of Hospital Patients Educated	N/A
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$3948705
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$821331	
HCI Payments	\$0		
Subtotal	\$0	\$821331	\$-821331
Medicaid Shortfalls	\$58113352	\$66515728	
Subtotal	\$58113352	\$67337059	\$-9223707
DSH Payments	\$0		
Subtotal	\$58113352	\$67337059	\$-9223707
Medicare Shortfalls	\$44215041	\$49407872	
Other Government Programs	\$0	\$0	
Total	\$102328393	\$116744931	\$-14416538

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$38251	\$4501650	\$-4463399
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$321731	\$-321731

Comments

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