



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 ANDERSON

City of Hospital: Anderson

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$259364982
Outpatient Patient Service Revenue	\$604585138
Total Gross Patient Service Revenue	\$863950120

2. Deductions From Revenue

Contractual Allowance	\$641904477
Other Deductions	\$2010884
Total Deductions	\$643915361

3. Total Operating Revenue

Net Patient Service Revenue	\$220034759
Other Operating Revenue	\$7281920
Total Operating Revenue	\$227316679

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$33126866	3159
Medicaid	\$24928610	1722
Commercial Insurance	\$17608783	851
Self-pay	\$197654	67
Any Other Category of Payer	\$156722	10
Total	\$76018635	5809

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$41702229	98566
Medicaid	\$33162929	44731
Commercial Insurance	\$67430922	55279
Self-pay	\$723986	2547
Any Other Category of Payer	\$996058	869
Total	\$144016124	201992

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	\$74829096	101725
Medicaid	\$58091538	46453
Commercial Insurance	\$85039705	56130
Self-pay	\$921640	2614
Any Other Category of Payer	\$1152780	879
Total	\$220034759	207801

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	\$33126866	3159
Medicaid	\$24928610	1722
Commercial Insurance	\$17608783	851
Self-pay	\$197654	67
Any Other Category of Payer	\$156722	10
Total	\$76018635	5809

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	\$41702229	98566
Medicaid	\$33162929	44731
Commercial Insurance	\$67430922	55279
Self-pay	\$723986	2547
Any Other Category of Payer	\$996058	869
Total	\$144016124	201992

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	\$74829096	101725
Medicaid	\$58091538	46453
Commercial Insurance	\$85039705	56130
Self-pay	\$921640	2614
Any Other Category of Payer	\$1152780	879
Total	\$220034759	207801

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	\$71895089	Employee Benefits	\$18785326
Depreciation and Amortization	\$6759385	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$116378770
Total Operating Expenses	\$213818570		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$13498109	Total Assets	\$396112753
Net Non-operating Gains over Loss	\$10696894	Total Liabilities	\$12579466
Total Net Gains	\$24195003		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$455103820	\$380274724	\$74829096
Medicaid	\$188269819	\$130178281	\$58091538
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$220576481	\$133462356	\$87114125
Total	\$863950120	\$643915361	\$220034759

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$601934	\$-601934

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	\$14850	\$91237	\$-76387
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	\$2010884
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$434351	
HCI Payments	\$0		
Subtotal	\$0	\$434351	\$-434351
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$434351	\$-434351
DSH Payments	\$0		
Subtotal	\$0	\$434351	\$-434351
Medicare Shortfalls	\$29194619	\$34134982	
Other Government Programs	\$0	\$0	
Total	\$29194619	\$34569333	\$-5374714

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$592631	\$4851306	\$-4258675
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$122181	\$303908	\$-181727

Comments

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