



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

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

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0007

## Statement One: Summary of Revenue and Expenses

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$197437247
Outpatient Patient Service Revenue	\$585588427
Total Gross Patient Service Revenue	\$783025674

## 2. Deductions From Revenue

Contractual Allowance	\$581362385
Other Deductions	\$2611454
Total Deductions	\$583973839

## 3. Total Operating Revenue

Net Patient Service Revenue	\$199051835
Other Operating Revenue	\$8223419
Total Operating Revenue	\$207275254

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22292532	2184
Medicaid	\$15072070	1367
Commercial Insurance	\$17726283	847
Self-pay	\$180269	37
Any Other Category of Payer	\$54748	3
Total	\$55325902	4438

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$51853719	56028
Medicaid	\$26223659	92164
Commercial Insurance	\$63925432	47063
Self-pay	\$1065147	1587
Any Other Category of Payer	\$657976	453
Total	\$143725933	197295

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	\$74146251	58212
Medicaid	\$41295729	93531
Commercial Insurance	\$81651714	47910
Self-pay	\$1245416	1624
Any Other Category of Payer	\$712725	456
Total	\$199051835	201733

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	\$22292532	2184
Medicaid	\$15072070	1367
Commercial Insurance	\$17726283	847
Self-pay	\$180269	37
Any Other Category of Payer	\$54748	3
Total	\$55325902	4438

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	\$51499361	50368
Medicaid	\$22547235	41633
Commercial Insurance	\$63317902	37585
Self-pay	\$1036990	1324
Any Other Category of Payer	\$655694	426
Total	\$139057182	131336

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	\$73791894	52552
Medicaid	\$37619305	43000
Commercial Insurance	\$81044185	38432
Self-pay	\$1217259	1361
Any Other Category of Payer	\$710443	429
Total	\$194383086	135774

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	\$354358	5660
Medicaid	\$3676424	50531
Commercial Insurance	\$607530	9478
Self-pay	\$28157	263
Any Other Category of Payer	\$2282	27
Total	\$4668751	65959

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	\$354358	5660
Medicaid	\$3676424	50531
Commercial Insurance	\$607530	9478
Self-pay	\$28157	263
Any Other Category of Payer	\$2282	27
Total	\$4668751	65959

## 13. Operating Expenses

Salaries and Wages	\$54591986	Employee Benefits	\$13088482
Depreciation and Amortization	\$8502697	Interest Expense	\$28293
Bad Debt	\$7904	Other Expenses	\$104053352
Total Operating Expenses	\$180272714		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$27002540	Total Assets	\$380272314
Net Non-operating Gains over Loss	\$6463917	Total Liabilities	\$8756422
Total Net Gains	\$33466457		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$423393911	\$349247660	\$74146251
Medicaid	\$160399704	\$119103975	\$41295729
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$199232059	\$115622204	\$83609855
Total	\$783025674	\$583973839	\$199051835

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$141003	\$-141003

## 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	\$2611454
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$530125	
HCI Payments	\$0		
Subtotal	\$0	\$530125	\$-530125
Medicaid Shortfalls	\$39957170	\$42198808	
Subtotal	\$39957170	\$42728933	\$-2771763
DSH Payments	\$1,338,381		
Subtotal	\$41295551	\$42728933	\$-1433382
Medicare Shortfalls	\$33023152	\$35755579	
Other Government Programs	\$0	\$0	
Total	\$74318703	\$78484512	\$-4165809

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1334294	\$4582122	\$-3247828
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$328498	\$-328498

Comments

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