



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: 01/01/2023 (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: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$507169725
Outpatient Patient Service Revenue	\$723946727
Total Gross Patient Service Revenue	\$1231116452

2. Deductions From Revenue

Contractual Allowance	\$914305418
Other Deductions	\$4923477
Total Deductions	\$919228895

3. Total Operating Revenue

Net Patient Service Revenue	\$311887557
Other Operating Revenue	\$2804540
Total Operating Revenue	\$314692097

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$52327734	4257
Medicaid	\$30922276	2664
Commercial Insurance	\$64502749	2596
Self-pay	\$1069360	101
Any Other Category of Payer	\$263499	15
Total	\$149085618	9633

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$38681316	41887
Medicaid	\$25576451	32723
Commercial Insurance	\$96183482	44759
Self-pay	\$884891	2104
Any Other Category of Payer	\$1475799	778
Total	\$162801939	122251

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	\$91009050	46144
Medicaid	\$56498727	35387
Commercial Insurance	\$160686231	47355
Self-pay	\$1954251	2205
Any Other Category of Payer	\$1739298	793
Total	\$311887557	131884

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	\$52327734	4257
Medicaid	\$30922276	2664
Commercial Insurance	\$64502749	2596
Self-pay	\$1069360	101
Any Other Category of Payer	\$263499	15
Total	\$149085618	9633

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	\$38656707	41679
Medicaid	\$25561495	32599
Commercial Insurance	\$96161420	44614
Self-pay	\$884891	2104
Any Other Category of Payer	\$1475799	778
Total	\$162740312	121774

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	\$90984442	45936
Medicaid	\$56483771	35263
Commercial Insurance	\$160664169	47210
Self-pay	\$1954251	2205
Any Other Category of Payer	\$1739298	793
Total	\$311825931	131407

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	\$24609	208
Medicaid	\$14956	124
Commercial Insurance	\$22062	145
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$61627	477

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	\$24609	208
Medicaid	\$14956	124
Commercial Insurance	\$22062	145
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$61627	477

13. Operating Expenses

Salaries and Wages	\$86690668	Employee Benefits	\$19827495
Depreciation and Amortization	\$9136481	Interest Expense	\$5816300
Bad Debt	\$0	Other Expenses	\$149297186
Total Operating Expenses	\$270768130		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$43923967	Total Assets	\$873529012
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$6674510
Total Net Gains	\$43923967		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$579220616	\$488211566	\$91009050
Medicaid	\$249700198	\$193201471	\$56498727
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$402195638	\$237815858	\$164379780
Total	\$1231116452	\$919228895	\$311887557

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$50293	\$-50293

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	\$780827	\$2374635	\$-1593808
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	\$4923477
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$969925	
HCI Payments	\$0		
Subtotal	\$0	\$969925	\$-969925
Medicaid Shortfalls	\$56498727	\$68396081	
Subtotal	\$56498727	\$69366006	\$-12867279
DSH Payments	\$0		
Subtotal	\$56498727	\$69366006	\$-12867279
Medicare Shortfalls	\$43605436	\$47459531	
Other Government Programs	\$0	\$0	
Total	\$100104163	\$116825537	\$-16721374

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$33993	\$4843923	\$-4809930
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$167841	\$-167841

Comments

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