



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 STROKE AND REHABILITATION CENTER, INC

City of Hospital: Crown Point

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-3045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$36704236
Outpatient Patient Service Revenue	\$49565371
Total Gross Patient Service Revenue	\$86269607

2. Deductions From Revenue

Contractual Allowance	\$56901839
Other Deductions	\$319581
Total Deductions	\$57221420

3. Total Operating Revenue

Net Patient Service Revenue	\$29048187
Other Operating Revenue	\$242948
Total Operating Revenue	\$29291135

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$15462062	719
Medicaid	\$781166	48
Commercial Insurance	\$2617323	120
Self-pay	-\$3112	0
Any Other Category of Payer	\$0	0
Total	\$18857439	887

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$2615825	14449
Medicaid	\$345642	2447
Commercial Insurance	\$7148559	14723
Self-pay	\$74373	93
Any Other Category of Payer	\$6349	21
Total	\$10190748	31733

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	\$18077888	15168
Medicaid	\$1126808	2495
Commercial Insurance	\$9765881	14843
Self-pay	\$71261	93
Any Other Category of Payer	\$6349	21
Total	\$29048187	32620

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	\$15462062	719
Medicaid	\$781166	48
Commercial Insurance	\$2617323	120
Self-pay	-\$3112	0
Any Other Category of Payer	\$0	0
Total	\$18857439	887

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	\$2615825	14449
Medicaid	\$345642	2447
Commercial Insurance	\$7148559	14723
Self-pay	\$74373	93
Any Other Category of Payer	\$6349	21
Total	\$10190748	31733

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	\$18077888	15168
Medicaid	\$1126808	2495
Commercial Insurance	\$9765881	14843
Self-pay	\$71261	93
Any Other Category of Payer	\$6349	21
Total	\$29048187	32620

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	\$9777822	Employee Benefits	\$2143752
Depreciation and Amortization	\$3882085	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$11287842
Total Operating Expenses	\$27091501		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2199634	Total Assets	\$51011397
Net Non-operating Gains over Loss	\$1006	Total Liabilities	\$899140
Total Net Gains	\$2200640		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54824068	\$36713732	\$18110336
Medicaid	\$5171929	\$4035543	\$1136386
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26273610	\$16152564	\$10121046
Total	\$86269607	\$56901839	\$29367768

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1580	\$-1580

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	\$49778	\$-49778
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$16366	\$-16366

Number of Medical Professionals Trained	54
Number of Hospital Patients Educated	888
Number of Citizens Exposed to Health Education Messages	42,988

Statement Six: Charity Statement

Hospital Charity Charges	\$11469
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1009	\$1754	
HCI Payments	\$0		
Subtotal	\$1009	\$1754	\$-745
Medicaid Shortfalls	\$1211946	\$1563624	
Subtotal	\$1212955	\$1565378	\$-352423
DSH Payments	\$0		
Subtotal	\$1212955	\$1565378	\$-352423
Medicare Shortfalls	\$18036443	\$18941545	
Other Government Programs	\$4453	\$3761	
Total	\$19253851	\$20510684	\$-1256833

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3363465	\$4357639	\$-994174
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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