



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: HENRY COMMUNITY HEALTH1

City of Hospital: New Castle

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

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

Person Completing the Report: Jennifer Blackford

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Medicare Provider Number: 150030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68130824
Outpatient Patient Service Revenue	\$388164876
<b>Total Gross Patient Service Revenue</b>	<b>\$456295700</b>

2. Deductions From Revenue

Contractual Allowance	\$306052585
Other Deductions	\$1378577
<b>Total Deductions</b>	<b>\$307431162</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$148864538
Other Operating Revenue	\$5420293
<b>Total Operating Revenue</b>	<b>\$154284831</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9815025	20484
Medicaid	\$3151402	6579
Commercial Insurance	\$8811925	18396
Self-pay	\$231132	483
Any Other Category of Payer	\$217798	456
<b>Total</b>	<b>\$22227282</b>	<b>46398</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$55910349	116711
Medicaid	\$17957162	37485
Commercial Insurance	\$50211672	104815
Self-pay	\$1317028	2749
Any Other Category of Payer	\$1241045	2590
Total	\$126637256	264350

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	\$65725374	137195
Medicaid	\$21108564	44064
Commercial Insurance	\$59023597	123211
Self-pay	\$1548160	3232
Any Other Category of Payer	\$1458843	3046
Total	\$148864538	310748

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	\$9812429	20481
Medicaid	\$3150568	6578
Commercial Insurance	\$8809594	18394
Self-pay	\$231071	482
Any Other Category of Payer	\$217740	455
Total	\$22221402	46390

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	\$36194455	91822
Medicaid	\$11624855	29491
Commercial Insurance	\$32505326	82463
Self-pay	\$852599	2163
Any Other Category of Payer	\$803410	2038
Total	\$81980645	207977

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	\$46006884	112303
Medicaid	\$14775423	36069
Commercial Insurance	\$41314920	100857
Self-pay	\$1083670	2645
Any Other Category of Payer	\$1021150	2493
Total	\$104202047	254367

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	\$2596	3
Medicaid	\$834	1
Commercial Insurance	\$2331	2
Self-pay	\$61	1
Any Other Category of Payer	\$58	1
Total	\$5880	8

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	\$19715894	24889
Medicaid	\$6332307	7994
Commercial Insurance	\$17706346	22352
Self-pay	\$464429	586
Any Other Category of Payer	\$437635	552
Total	\$44656611	56373

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	\$19718490	24892
Medicaid	\$6333141	7995
Commercial Insurance	\$17708677	22354
Self-pay	\$464490	587
Any Other Category of Payer	\$437693	553
Total	\$44662491	56381

## 13. Operating Expenses

Salaries and Wages	\$63374815	Employee Benefits	\$18239686
Depreciation and Amortization	\$5468096	Interest Expense	\$412731
Bad Debt	\$6693306	Other Expenses	\$60210419
Total Operating Expenses	\$154399053		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-114222	Total Assets	\$145143573
Net Non-operating Gains over Loss	\$3672399	Total Liabilities	\$27335357
Total Net Gains	\$3558177		

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$110298140	\$84509423	\$25788717
Medicaid	\$80078910	\$62682301	\$17396609
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$265918650	\$158860861	\$107057789
<b>Total</b>	<b>\$456295700</b>	<b>\$306052585</b>	<b>\$150243115</b>

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$16108	\$0	\$16108

**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	\$1172232	\$-1172232
Hospital Patients	\$0	\$1956620	\$-1956620
Community Education	\$0	\$1923	\$-1923

Number of Medical Professionals Trained	275
Number of Hospital Patients Educated	134487
Number of Citizens Exposed to Health Education Messages	792600

**Statement Six: Charity Statement**

Hospital Charity Charges	\$1378577
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$394113	
HCI Payments	\$0		
Subtotal	\$0	\$394113	\$-394113
Medicaid Shortfalls	\$2110199	\$22893265	
Subtotal	\$2110199	\$23287378	\$-21177179
DSH Payments	\$2,261,715		
Subtotal	\$4371914	\$23287378	\$-18915464
Medicare Shortfalls	\$25889282	\$31532454	
Other Government Programs	\$0	\$0	
Total	\$30261196	\$54819832	\$-24558636

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	\$0	\$433131	\$-433131
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$28663	\$-28663
Other Allocations	\$0	\$17840	\$-17840

Comments