



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: **KOSCIUSKO COMMUNITY HOSPITAL**

City of Hospital: Warsaw, Indiana

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

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

Person Completing the Report: Brett Sanders

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Medicare Provider Number: 35-2009540

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$254069265
Outpatient Patient Service Revenue	\$673053264
Total Gross Patient Service Revenue	\$927122529

2. Deductions From Revenue

Contractual Allowance	\$780825471
Other Deductions	\$0
Total Deductions	\$780825471

3. Total Operating Revenue

Net Patient Service Revenue	\$143566170
Other Operating Revenue	\$285642
Total Operating Revenue	\$143851812

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$16854945	1855
Medicaid	\$6488132	764
Commercial Insurance	\$830267	26
Self-pay	\$1265179	63
Any Other Category of Payer	\$16343471	810
Total	\$41781994	3518

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$22154581	38743
Medicaid	\$9513431	11188
Commercial Insurance	\$2338547	1070
Self-pay	\$2820193	1097
Any Other Category of Payer	\$67688312	26339
Total	\$104515064	78437

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	\$39009526	40598
Medicaid	\$16001562	11952
Commercial Insurance	\$3168815	1096
Self-pay	\$4085371	1160
Any Other Category of Payer	\$84031784	27149
Total	\$146297058	81955

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	\$16854945	1855
Medicaid	\$6488132	764
Commercial Insurance	\$830267	26
Self-pay	\$1265179	63
Any Other Category of Payer	\$16343471	810
Total	\$41781994	3518

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	\$22154581	38743
Medicaid	\$9513431	11188
Commercial Insurance	\$2338547	1070
Self-pay	\$2820193	1097
Any Other Category of Payer	\$67688312	26339
Total	\$104515064	78437

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	\$39009526	40598
Medicaid	\$16001562	11952
Commercial Insurance	\$3168815	1096
Self-pay	\$4085371	1160
Any Other Category of Payer	\$84031784	27149
Total	\$146297058	81955

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	\$32484620	Employee Benefits	\$8678614
Depreciation and Amortization	\$6770146	Interest Expense	\$82119
Bad Debt	\$2730889	Other Expenses	\$57892863
Total Operating Expenses	\$108639251		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$37943448	Total Assets	\$78807656
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$557521380
Total Net Gains	\$37943448		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$498920763	\$460112116	\$38808647
Medicaid	\$126876442	\$110910879	\$15965563
Other Government	\$10881426	\$7768611	\$3112815
Other State	\$14126892	\$10687825	\$3439067
Other Payers	\$276317006	\$194076928	\$82240078
Total	\$927122529	\$783556359	\$143566170

Statement Three: Donations Statement

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

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$117080	
HCI Payments	\$0		
Subtotal	\$0	\$117080	\$-117080
Medicaid Shortfalls	\$15932562	\$14493528	
Subtotal	\$15932562	\$14610608	\$1321954
DSH Payments	\$0		
Subtotal	\$15932562	\$14610608	\$1321954
Medicare Shortfalls	\$38607768	\$56993417	
Other Government Programs	\$1744589	\$2172860	
Total	\$56284919	\$73776885	\$-17491966

Statement Seven: Subsidized Health Services for the Community

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

Comments

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