



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF INDIANA, INC. - EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecomunity.com

Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|--|---------------------|
| Inpatient Patient Service Revenue | \$433766761 |
| Outpatient Patient Service Revenue | \$827588197 |
| Total Gross Patient Service Revenue | \$1261354958 |

2. Deductions From Revenue

| | |
|-------------------------|--------------------|
| Contractual Allowance | \$763842590 |
| Other Deductions | \$13097234 |
| Total Deductions | \$776939824 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | \$484415134 |
| Other Operating Revenue | \$30129411 |
| Total Operating Revenue | \$514544545 |

4. Operating Expenses

| | | | |
|---------------------------------|--------------------|-------------------|-------------|
| Salaries and Wages | \$149155152 | Employee Benefits | \$33980857 |
| Depreciation and Amortization | \$18145016 | Interest Expense | \$3945340 |
| Bad Debt | \$57045398 | Other Expenses | \$167252748 |
| Total Operating Expenses | \$429524511 | | |

5. Net Revenue and Expenses

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|--|--|--|--|
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|--|--|--|--|

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$85020034 | Total Assets | \$969861602 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$397579227 |
| Total Net Gains | \$85020034 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$554206065 | \$431044219 | \$123161846 |
| Medicaid | \$246767654 | \$146963537 | \$99804117 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$460381239 | \$198932067 | \$261449172 |
| Total | \$1261354958 | \$776939823 | \$484415135 |

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 | \$1863113 | \$-1863113 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$2827642 | \$11014769 | \$-8187127 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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|---|--|
| Number of Medical Professionals Trained | |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$3296738 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$3296738 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$3296738 | \$-3296738 |
| Medicaid Shortfalls | \$89028592 | \$74485320 | |
| Subtotal | \$89028592 | \$77782058 | \$11246534 |
| DSH Payments | \$11,296,154 | | |
| Subtotal | \$100324746 | \$77782058 | \$22542688 |
| Medicare Shortfalls | \$127016144 | \$146090380 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$227340890 | \$223872438 | \$3468452 |

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| 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