



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: KOSCIUSKO COMMUNITY HOSPITAL

City of Hospital: Warsaw

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Lyndsey Vance

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Medicare Provider Number: 15-0133

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$171021271
Outpatient Patient Service Revenue	\$333276653
Total Gross Patient Service Revenue	\$504297924

2. Deductions From Revenue

Contractual Allowance	\$390718881
Other Deductions	\$1210317
Total Deductions	\$391929198

3. Total Operating Revenue

Net Patient Service Revenue	\$112368726
Other Operating Revenue	\$407387
Total Operating Revenue	\$112776113

4. Operating Expenses

Salaries and Wages	\$22156685	Employee Benefits	\$5373092
Depreciation and Amortization	\$4984464	Interest Expense	\$63268
Bad Debt	\$8790034	Other Expenses	\$36686700
Total Operating Expenses	\$78054243		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$34721870	Total Assets	\$61562145
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$325964918

Total Net Gains	\$34721870
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$132526493	\$118669114	\$13857379
Medicaid	\$72744028	\$58998998	\$13745030
Other Government	\$4078483	\$5463721	\$-1385238
Other State	\$0	\$0	\$0
Other Payers	\$294948921	\$208940428	\$86008493
Total	\$504297925	\$392072261	\$112225664

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$217372	\$-217372

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

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	\$1685980	
HCI Payments	\$0		
Subtotal	\$0	\$1685980	\$-1685980
Medicaid Shortfalls	\$5936171	\$56580759	
Subtotal	\$5936171	\$58266739	\$-52330568
DSH Payments	\$415,269		
Subtotal	\$6351440	\$58266739	\$-51915299
Medicare Shortfalls	\$14104730	\$103079932	
Other Government Programs	\$0	\$0	
Total	\$20456170	\$161346671	\$-140890501

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$150974	\$-150974
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1009946	\$-1009946
Other Allocations	\$0	\$0	\$0

Comments

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