



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 HOWARD SPECIALTY HOSPITAL

City of Hospital: Kokomo

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-3039

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21054019
Outpatient Patient Service Revenue	\$16845856
Total Gross Patient Service Revenue	\$37899875

2. Deductions From Revenue

Contractual Allowance	\$24494108
Other Deductions	\$-23247
Total Deductions	\$24470861

3. Total Operating Revenue

Net Patient Service Revenue	\$13429014
Other Operating Revenue	\$35736
Total Operating Revenue	\$13464750

4. Operating Expenses

Salaries and Wages	\$6492894	Employee Benefits	\$1514757
Depreciation and Amortization	\$110377	Interest Expense	\$0

Bad Debt	\$243699	Other Expenses	\$4519006
Total Operating Expenses	\$12880733		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$584017	Total Assets	\$5351001
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$280020
Total Net Gains	\$584017		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22892883	\$15837622	\$7055261
Medicaid	\$5250054	\$4278745	\$971309
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$9756938	\$4354495	\$5402443
Total	\$37899875	\$24470862	\$13429013

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
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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	\$-23247
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$946277	\$1743018	
Subtotal	\$946277	\$1743018	\$-796741
DSH Payments	\$0		
Subtotal	\$946277	\$1743018	\$-796741
Medicare Shortfalls	\$6874432	\$7600437	
Other Government Programs	\$0	\$0	
Total	\$7820709	\$9343455	\$-1522746

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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