



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 REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$206115564
Outpatient Patient Service Revenue	\$413892199
Total Gross Patient Service Revenue	\$620007763

2. Deductions From Revenue

Contractual Allowance	\$444068289
Other Deductions	\$1633044
Total Deductions	\$445701333

3. Total Operating Revenue

Net Patient Service Revenue	\$174306430
Other Operating Revenue	\$8580332
Total Operating Revenue	\$182886762

4. Operating Expenses

Salaries and Wages	\$45713172	Employee Benefits	\$10736223
Depreciation and Amortization	\$7146395	Interest Expense	\$29965
Bad Debt	\$8748452	Other Expenses	\$83045547
Total Operating Expenses	\$155419754		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27467008	Total Assets	\$215631573
Net Non-operating Gains over Loss	\$10447384	Total Liabilities	\$7685371

Total Net Gains	\$37914392
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$323108034	\$271960032	\$51148002
Medicaid	\$119536866	\$89019104	\$30517762
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$177362863	\$84722197	\$92640666
Total	\$620007763	\$445701333	\$174306430

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	\$946	\$546490	\$-545544
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	\$1633044
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$331499	
HCI Payments	\$0		
Subtotal	\$0	\$331499	\$-331499
Medicaid Shortfalls	\$30517227	\$32307984	
Subtotal	\$30517227	\$32639483	\$-2122256
DSH Payments	\$2,294,573		
Subtotal	\$32811800	\$32639483	\$172317
Medicare Shortfalls	\$51154528	\$65590931	
Other Government Programs	\$0	\$0	
Total	\$83966328	\$98230414	\$-14264086

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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