



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 EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |              |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue   | \$1022728495 |
| Outpatient Patient Service Revenue  | \$2419663567 |
| Total Gross Patient Service Revenue | \$3442392062 |

2. Deductions From Revenue

|                       |              |
|-----------------------|--------------|
| Contractual Allowance | \$2399131037 |
| Other Deductions      | \$11567932   |
| Total Deductions      | \$2410698969 |

3. Total Operating Revenue

|                             |              |
|-----------------------------|--------------|
| Net Patient Service Revenue | \$1031693093 |
| Other Operating Revenue     | \$126458165  |
| Total Operating Revenue     | \$1158151258 |

4. Operating Expenses

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$237670950 | Employee Benefits | \$56456416  |
| Depreciation and Amortization | \$29786976  | Interest Expense  | \$17289522  |
| Bad Debt                      | \$35999461  | Other Expenses    | \$527848652 |
| Total Operating Expenses      | \$905051977 |                   |             |

5. Net Revenue and Expenses

|                                   |             |                   |              |
|-----------------------------------|-------------|-------------------|--------------|
| Excess Revenue over Expenses      | \$253099281 | Total Assets      | \$1494123302 |
| Net Non-operating Gains over Loss | \$0         | Total Liabilities | \$69829931   |

|                 |             |
|-----------------|-------------|
| Total Net Gains | \$253099281 |
|-----------------|-------------|

|                                      |
|--------------------------------------|
| Statement Two: Contractual Allowance |
|--------------------------------------|

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$1673577604          | \$1371917548          | \$301660056                   |
| Medicaid         | \$758480040           | \$565545204           | \$192934836                   |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$1010334418          | \$473236217           | \$537098201                   |
| Total            | \$3442392062          | \$2410698969          | \$1031693093                  |

|                                      |
|--------------------------------------|
| 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 | \$841838                   | \$5321555                   | \$-4479717              |

|                                     |
|-------------------------------------|
| Statement Five: Education Statement |
|-------------------------------------|

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$12111968                 | \$30511818                  | \$-18399850             |
| 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 | \$11567932 |
|--------------------------|------------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$2359858              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$2359858              | \$-2359858                     |
| Medicaid Shortfalls       | \$196217122           | \$184905236            |                                |
| Subtotal                  | \$196217122           | \$187265094            | \$8952028                      |
| DSH Payments              | (\$3,870,164)         |                        |                                |
| Subtotal                  | \$192346958           | \$187265094            | \$5081864                      |
| Medicare Shortfalls       | \$301660056           | \$341409831            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$494007014           | \$528674925            | \$-34667911                    |

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