



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: HOWARD REGIONAL HEALTH SYSTEM, WEST CAMPUS SPECIALTY HOSPITAL

City of Hospital: Kokomo

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Julie Pena

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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	\$17333739
Outpatient Patient Service Revenue	\$15961148
Total Gross Patient Service Revenue	\$33294887

2. Deductions From Revenue

Contractual Allowance	\$19683160
Other Deductions	\$514058
Total Deductions	\$20197218

3. Total Operating Revenue

Net Patient Service Revenue	\$13097669
Other Operating Revenue	\$34772
Total Operating Revenue	\$13132441

4. Operating Expenses

Salaries and Wages	\$5896596	Employee Benefits	\$1264855
Depreciation and Amortization	\$202767	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$4161850
Total Operating Expenses	\$11526068		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1606373	Total Assets	\$4612213
Net Non-operating Gains over Loss	\$1346	Total Liabilities	\$1388219

Total Net Gains	\$1607719
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21034176	\$13044930	\$7989246
Medicaid	\$1847296	\$1678173	\$169123
Other Government	\$2230999	\$1782865	\$448134
Other State	\$0	\$0	\$0
Other Payers	\$8182416	\$3691256	\$4491160
Total	\$33294887	\$20197224	\$13097663

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	\$0	\$6487	\$-6487
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	113
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$93264
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$32286	
HCI Payments	\$0		
Subtotal	\$0	\$32286	\$-32286
Medicaid Shortfalls	\$169123	\$639500	
Subtotal	\$169123	\$671786	\$-502663
DSH Payments	\$0		
Subtotal	\$169123	\$671786	\$-502663
Medicare Shortfalls	\$7989246	\$7281639	
Other Government Programs	\$448134	\$772330	
Total	\$8606503	\$8725755	\$-119252

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	\$59850	\$-59850
Other Allocations	\$0	\$0	\$0

Comments

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