



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: KINDRED HOSPITAL NORTHWEST INDIANA

City of Hospital: Hammond

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

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

Person Completing the Report: Christy Henrich

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Medicare Provider Number: 152012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|-------------------|
| Inpatient Patient Service Revenue | \$77475731 |
| Outpatient Patient Service Revenue | \$0 |
| Total Gross Patient Service Revenue | \$77475731 |

2. Deductions From Revenue

| | |
|-------------------------|-------------------|
| Contractual Allowance | \$56549273 |
| Other Deductions | \$0 |
| Total Deductions | \$56549273 |

3. Total Operating Revenue

| | |
|--------------------------------|-------------------|
| Net Patient Service Revenue | \$20873649 |
| Other Operating Revenue | \$52809 |
| Total Operating Revenue | \$20926458 |

4. Operating Expenses

| | | | |
|---------------------------------|-------------------|-------------------|------------|
| Salaries and Wages | \$7567032 | Employee Benefits | \$1110595 |
| Depreciation and Amortization | \$194260 | Interest Expense | \$-58 |
| Bad Debt | \$0 | Other Expenses | \$10415493 |
| Total Operating Expenses | \$19287322 | | |

5. Net Revenue and Expenses

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

| | | | |
|-----------------------------------|------------|-------------------|-----|
| Excess Revenue over Expenses | \$-2261895 | Total Assets | \$0 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$0 |
| Total Net Gains | \$-2261895 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$54490886 | \$40681074 | \$13809812 |
| Medicaid | \$3856661 | \$407127 | \$-21466 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$22599184 | \$15461072 | \$7138112 |
| Total | \$77475731 | \$56549273 | \$20926458 |

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 | \$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 | \$0 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$0 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicaid Shortfalls | \$0 | \$0 | |
| Subtotal | \$0 | \$0 | \$0 |
| DSH Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicare Shortfalls | \$0 | \$0 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$0 | \$0 |

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

