



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

Year End: 12/31/2021 (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	\$223278553
Outpatient Patient Service Revenue	\$451320813
Total Gross Patient Service Revenue	\$674599366

2. Deductions From Revenue

Contractual Allowance	\$470862087
Other Deductions	\$1218621
Total Deductions	\$472080708

3. Total Operating Revenue

Net Patient Service Revenue	\$202518658
Other Operating Revenue	\$12975372
Total Operating Revenue	\$215494030

4. Operating Expenses

Salaries and Wages	\$50706555	Employee Benefits	\$12058258
Depreciation and Amortization	\$8737521	Interest Expense	\$35663
Bad Debt	\$6216257	Other Expenses	\$84528509
Total Operating Expenses	\$162282763		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$53211267	Total Assets	\$311665923
Net Non-operating Gains over Loss	\$9031001	Total Liabilities	\$18622395

Total Net Gains	\$62242268
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$341000466	\$284428854	\$56571612
Medicaid	\$139747409	\$92973098	\$46774311
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$193851491	\$94678756	\$99172735
Total	\$674599366	\$472080708	\$202518658

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	\$1218621
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$248599	
HCI Payments	\$0		
Subtotal	\$0	\$248599	\$-248599
Medicaid Shortfalls	\$46774311	\$33369242	
Subtotal	\$46774311	\$33617841	\$13156470
DSH Payments	\$10,805,239		
Subtotal	\$57579550	\$33617841	\$23961709
Medicare Shortfalls	\$56571612	\$69564095	
Other Government Programs	\$0	\$0	
Total	\$114151162	\$103181936	\$10969226

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