



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

## I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL ANDERSON

City of Hospital: Anderson

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecomunity.com

Medicare Provider Number: 15-0113

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$251479833	Contractual Allowance	\$583394365
Outpatient Patient Service Revenue	\$540421395	Other Deductions	\$2720678
<b>Total Gross Patient Service Revenue</b>	<b>\$791901228</b>	<b>Total Deductions</b>	<b>\$586115043</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$205786185
Other Operating Revenue	\$13068841
<b>Total Operating Revenue</b>	<b>\$218855026</b>

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34297871	3121
Medicaid	\$21453507	1694
Commercial Insurance	\$21005451	955
Self-pay	\$803188	53
Any Other Category of Payer	\$145715	9
<b>Total</b>	<b>\$77705732</b>	<b>5832</b>

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34741214	90582
Medicaid	\$27811363	42619
Commercial Insurance	\$64004943	55700
Self-pay	\$759764	2399
Any Other Category of Payer	\$763168	869
<b>Total</b>	<b>\$128080452</b>	<b>192169</b>

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$69039086	93703
Medicaid	\$49264870	44313

Commercial Insurance	\$85010394	56655
Self-pay	\$1562952	2452
Any Other Category of Payer	\$908883	878
<b>Total</b>	<b>\$205786185</b>	<b>198001</b>

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34297872	3121
Medicaid	\$21453507	1694
Commercial Insurance	\$21005451	955
Self-pay	\$803188	53
Any Other Category of Payer	\$145715	9
<b>Total</b>	<b>\$77705733</b>	<b>5832</b>

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$34741214	90582
Medicaid	\$27811363	42619
Commercial Insurance	\$64004943	55700
Self-pay	\$759764	2399
Any Other Category of Payer	\$763168	869
<b>Total</b>	<b>\$128080452</b>	<b>192169</b>

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$69039086	93703
Medicaid	\$49264870	44313
Commercial Insurance	\$85010394	56655
Self-pay	\$1562952	2452
Any Other Category of Payer	\$908883	878
<b>Total</b>	<b>\$205786185</b>	<b>198001</b>

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$0</b>	<b>0</b>

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$0</b>	<b>0</b>

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0

Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

## 13. Operating Expenses

Salaries and Wages	\$75225221	Employee Benefits	\$19259992
Depreciation and Amortization	\$6884621	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$101710083
Total Operating Expenses	\$203079917		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$15775109	Total Assets	\$366474376
Net Non-operating Gains over Loss	\$-16360584	Total Liabilities	\$13316102
Total Net Gains	\$-585475		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$410020236	\$340981150	\$69039086
Medicaid	\$170679608	\$121414738	\$49264870
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$211201384	\$123719156	\$87482228
Total	\$791901228	\$586115044	\$205786184

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$478683	\$-478683

## 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	\$11550	\$82884	\$-71334
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	N/A
Number of Citizens Exposed to Health Education Messages	N/A

## Statement Six: Charity Statement

Hospital Charity Charges \$2720678

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$606711	
HCI Payments	\$0		
Subtotal	\$0	\$606711	\$-606711
Medicaid Shortfalls	\$43495391	\$52660449	
Subtotal	\$43495391	\$53267160	\$-9771769
DSH Payments	\$6,383,011		
Subtotal	\$49878402	\$53267160	\$-3388758
Medicare Shortfalls	\$31447468	\$39629636	
Other Government Programs	\$0	\$0	
Total	\$81325870	\$92896796	\$-11570926

## Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$351283	\$4394093	\$-4042810
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$32643	\$-32643

Comments

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