



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 EAST

City of Hospital: Indianapolis

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

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

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Medicare Provider Number: 15-0074

## Statement One: Summary of Revenue and Expenses

| 1. Gross Patient Service Revenue    |              | 2. Deductions From Revenue |              |
|-------------------------------------|--------------|----------------------------|--------------|
| Inpatient Patient Service Revenue   | \$1078700906 | Contractual Allowance      | \$2680599430 |
| Outpatient Patient Service Revenue  | \$2708073084 | Other Deductions           | \$14498927   |
| Total Gross Patient Service Revenue | \$3786773990 | Total Deductions           | \$2695098357 |

| 3. Total Operating Revenue  |              |
|-----------------------------|--------------|
| Net Patient Service Revenue | \$1091675633 |
| Other Operating Revenue     | \$162336279  |
| Total Operating Revenue     | \$1254011912 |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$139085304         | 17209                       |
| Medicaid                    | \$98670354          | 33424                       |
| Commercial Insurance        | \$113325539         | 11360                       |
| Self-pay                    | \$1316355           | 521                         |
| Any Other Category of Payer | \$468722            | 29                          |
| Total                       | \$352866274         | 62543                       |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$198675402         | 189060                      |
| Medicaid                    | \$119510640         | 364643                      |
| Commercial Insurance        | \$416556838         | 203330                      |
| Self-pay                    | \$1737615           | 6716                        |
| Any Other Category of Payer | \$2328863           | 1337                        |
| Total                       | \$738809358         | 765086                      |

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 | \$337760706               | 206269                      |
| Medicaid | \$218180994               | 398067                      |

|                             |              |        |
|-----------------------------|--------------|--------|
| Commercial Insurance        | \$529882377  | 214690 |
| Self-pay                    | \$3053970    | 7237   |
| Any Other Category of Payer | \$2797586    | 1366   |
| Total                       | \$1091675633 | 827629 |

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                    | \$138349745         | 7787                        |
| Medicaid                    | \$96635589          | 8329                        |
| Commercial Insurance        | \$112588873         | 3708                        |
| Self-pay                    | \$1307756           | 424                         |
| Any Other Category of Payer | \$467373            | 17                          |
| Total                       | \$349349336         | 20265                       |

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                    | \$194198886         | 130418                      |
| Medicaid                    | \$90690817          | 80198                       |
| Commercial Insurance        | \$398452444         | 99525                       |
| Self-pay                    | \$1557715           | 5100                        |
| Any Other Category of Payer | \$2304335           | 1116                        |
| Total                       | \$687204197         | 316357                      |

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                    | \$332548631               | 138205                      |
| Medicaid                    | \$187326405               | 88527                       |
| Commercial Insurance        | \$511041317               | 103233                      |
| Self-pay                    | \$2865471                 | 5524                        |
| Any Other Category of Payer | \$2771708                 | 1133                        |
| Total                       | \$1036553532              | 336622                      |

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                    | \$735560            | 9422                        |
| Medicaid                    | \$2034765           | 25095                       |
| Commercial Insurance        | \$736667            | 7652                        |
| Self-pay                    | \$8599              | 97                          |
| Any Other Category of Payer | \$1350              | 12                          |
| Total                       | \$3516941           | 42278                       |

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                    | \$4476516           | 58642                       |
| Medicaid                    | \$28819823          | 284445                      |
| Commercial Insurance        | \$18104394          | 103805                      |
| Self-pay                    | \$179900            | 1616                        |
| Any Other Category of Payer | \$24528             | 221                         |
| Total                       | \$51605161          | 448729                      |

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 | \$5212076           | 68064                       |

|                             |            |        |
|-----------------------------|------------|--------|
| Medicaid                    | \$30854588 | 309540 |
| Commercial Insurance        | \$18841060 | 111457 |
| Self-pay                    | \$188499   | 1713   |
| Any Other Category of Payer | \$25878    | 233    |
| Total                       | \$55122101 | 491007 |

## 13. Operating Expenses

|                               |              |                   |             |
|-------------------------------|--------------|-------------------|-------------|
| Salaries and Wages            | \$258871563  | Employee Benefits | \$60896921  |
| Depreciation and Amortization | \$30259284   | Interest Expense  | \$17955132  |
| Bad Debt                      | \$0          | Other Expenses    | \$640195142 |
| Total Operating Expenses      | \$1008178042 |                   |             |

## 14. Net Revenue and Expenses

|                                   |             |                   |              |
|-----------------------------------|-------------|-------------------|--------------|
| Excess Revenue over Expenses      | \$245833870 | Total Assets      | \$1276858558 |
| Net Non-operating Gains over Loss | \$0         | Total Liabilities | \$18444581   |
| Total Net Gains                   | \$245833870 |                   |              |

## Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$1897537140          | \$1559776433          | \$337760707                   |
| Medicaid         | \$819267640           | \$601086647           | \$218180993                   |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$1069969210          | \$534235277           | \$535733933                   |
| Total            | \$3786773990          | \$2695098357          | \$1091675633                  |

## Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$957689                    | \$-957689               |

## Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$3426287                  | \$6338860                   | \$-2912573              |

## Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$4730206                  | \$24474771                  | \$-19744565             |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$0                         | \$0                     |

|   |     |
|---|-----|
| Number of Medical Professionals Trained                 | 47  |
| Number of Hospital Patients Educated                    | N/A |
| Number of Citizens Exposed to Health Education Messages | N/A |

## Statement Six: Charity Statement

Hospital Charity Charges \$14498927

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$3204496              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$3204496              | \$-3204496                     |
| Medicaid Shortfalls       | \$193881049           | \$219398655            |                                |
| Subtotal                  | \$193881049           | \$222603151            | \$-28722102                    |
| DSH Payments              | \$2,598,660           |                        |                                |
| Subtotal                  | \$196479709           | \$222603151            | \$-26123442                    |
| Medicare Shortfalls       | \$158605982           | \$170595119            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$355085691           | \$393198270            | \$-38112579                    |

## Statement Seven: Subsidized Health Services for the Community

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$10442119                 | \$65538456                  | \$-55096337             |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$270215                   | \$6102846                   | \$-5832631              |

Comments