



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 OF BREMEN

City of Hospital: Bremen

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

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

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 15-1300

## Statement One: Summary of Revenue and Expenses

| 1. Gross Patient Service Revenue           |                   | 2. Deductions From Revenue |                   |
|--|-------------------|----------------------------|-------------------|
| Inpatient Patient Service Revenue          | \$11178297        | Contractual Allowance      | \$26857963        |
| Outpatient Patient Service Revenue         | \$40106371        | Other Deductions           | \$1472117         |
|  |                   | <b>Total Deductions</b>    | <b>\$28330080</b> |
| <b>Total Gross Patient Service Revenue</b> | <b>\$51284668</b> |                            |                   |

| 3. Total Operating Revenue     |                   |
|--------------------------------|-------------------|
| Net Patient Service Revenue    | \$22954588        |
| Other Operating Revenue        | \$879017          |
| <b>Total Operating Revenue</b> | <b>\$23833605</b> |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$4833933           | 328                         |
| Medicaid                    | \$157118            | 72                          |
| Commercial Insurance        | \$1192313           | 173                         |
| Self-pay                    | \$76966             | 17                          |
| Any Other Category of Payer | \$0                 | 0                           |
| <b>Total</b>                | <b>\$6260330</b>    | <b>590</b>                  |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$5902734           | 17492                       |
| Medicaid                    | \$640458            | 4232                        |
| Commercial Insurance        | \$9365064           | 10775                       |
| Self-pay                    | \$786002            | 4880                        |
| Any Other Category of Payer | \$0                 | 0                           |
| <b>Total</b>                | <b>\$16694258</b>   | <b>37379</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 | \$10736667                | 17820                       |
| Medicaid | \$797575                  | 4304                        |

|                             |                   |              |
|-----------------------------|-------------------|--------------|
| Commercial Insurance        | \$10557376        | 10948        |
| Self-pay                    | \$862969          | 4897         |
| Any Other Category of Payer | \$0               | 0            |
| <b>Total</b>                | <b>\$22954587</b> | <b>37969</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                    | \$4833933           | 328                         |
| Medicaid                    | \$157118            | 72                          |
| Commercial Insurance        | \$1192313           | 173                         |
| Self-pay                    | \$76966             | 17                          |
| Any Other Category of Payer | \$0                 | 0                           |
| <b>Total</b>                | <b>\$6260330</b>    | <b>590</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                    | \$5902734           | 17492                       |
| Medicaid                    | \$640458            | 4232                        |
| Commercial Insurance        | \$9365064           | 10775                       |
| Self-pay                    | \$786002            | 4880                        |
| Any Other Category of Payer | \$0                 | 0                           |
| <b>Total</b>                | <b>\$16694258</b>   | <b>37379</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                    | \$10736667                | 17820                       |
| Medicaid                    | \$797575                  | 4304                        |
| Commercial Insurance        | \$10557376                | 10948                       |
| Self-pay                    | \$862969                  | 4897                        |
| Any Other Category of Payer | \$0                       | 0                           |
| <b>Total</b>                | <b>\$22954587</b>         | <b>37969</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            | \$10699204 | Employee Benefits | \$2245985  |
| Depreciation and Amortization | \$936443   | Interest Expense  | \$152934   |
| Bad Debt                      | \$307065   | Other Expenses    | \$11462742 |
| Total Operating Expenses      | \$25804373 |                   |            |

## 14. Net Revenue and Expenses

|                                   |            |                   |            |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses      | \$-1970768 | Total Assets      | \$19811000 |
| Net Non-operating Gains over Loss | \$70632    | Total Liabilities | \$11154000 |
| Total Net Gains                   | \$-1900136 |                   |            |

## Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$23706061            | \$12335213            | \$11370848                    |
| Medicaid         | \$6489741             | \$5503769             | \$985972                      |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$21088866            | \$9018981             | \$12069885                    |
| Total            | \$51284668            | \$26857963            | \$24426705                    |

## Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$24735                     | \$-24735                |

## 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     | \$611                      | \$7392                      | \$-6781                 |
| 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 | \$130242 |
|--------------------------|----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$64752                |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$64752                | \$-64752                       |
| Medicaid Shortfalls       | \$985972              | \$3226458              |                                |
| Subtotal                  | \$985972              | \$3291210              | \$-2305238                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$985972              | \$3291210              | \$-2305238                     |
| Medicare Shortfalls       | \$11370848            | \$11785774             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$12356820            | \$15076984             | \$-2720164                     |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$1609773                  | \$3952856                   | \$-2343083              |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$21253                     | \$-21253                |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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