



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: HENRY COMMUNITY HEALTH1

City of Hospital: New Castle

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

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

Person Completing the Report: Rebecca Radford

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Medicare Provider Number: 150030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$76965373
Outpatient Patient Service Revenue	\$349060757
<b>Total Gross Patient Service Revenue</b>	<b>\$426026130</b>

2. Deductions From Revenue

Contractual Allowance	\$281276735
Other Deductions	\$1266621
<b>Total Deductions</b>	<b>\$282543356</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$143482774
Other Operating Revenue	\$7339986
<b>Total Operating Revenue</b>	<b>\$150822760</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7004417	\$8002
Medicaid	\$2888141	\$3034
Commercial Insurance	\$9556473	\$4248
Self-pay	\$128121	\$2600
Any Other Category of Payer	\$233887	\$207
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$48315180	\$145584
Medicaid	\$18776570	\$59769
Commercial Insurance	\$46895664	\$90329
Self-pay	\$1083736	\$7599
Any Other Category of Payer	\$1267888	\$2502
Total	\$0	\$0

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	\$55319597	\$153586
Medicaid	\$21664711	\$62803
Commercial Insurance	\$56452137	\$94577
Self-pay	\$1211857	\$10199
Any Other Category of Payer	\$1501775	\$2709
Total	\$0	\$0

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	\$6944556	\$7739
Medicaid	\$2866739	\$2934
Commercial Insurance	\$9529254	\$4105
Self-pay	\$126455	\$2591
Any Other Category of Payer	\$232877	\$202
Total	\$0	\$0

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	\$27206307	\$52740
Medicaid	\$11229425	\$24625
Commercial Insurance	\$37297397	\$39867
Self-pay	\$496086	\$4411
Any Other Category of Payer	\$911640	\$908
Total	\$0	\$0

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	\$34150863	\$60479
Medicaid	\$14096164	\$27559
Commercial Insurance	\$46826651	\$43972
Self-pay	\$622541	\$7002
Any Other Category of Payer	\$1144517	\$1110
Total	\$0	\$0

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	\$59861	\$263
Medicaid	\$21402	\$100
Commercial Insurance	\$27219	\$143
Self-pay	\$1666	\$9
Any Other Category of Payer	\$1010	\$5
Total	\$0	\$0

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	\$21108873	\$92844
Medicaid	\$7547145	\$35144
Commercial Insurance	\$9598267	\$50462
Self-pay	\$587650	\$3188
Any Other Category of Payer	\$356248	\$1594
Total	\$0	\$0

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	\$21168734	\$93107
Medicaid	\$7568547	\$35244
Commercial Insurance	\$9625486	\$50605
Self-pay	\$589316	\$3197
Any Other Category of Payer	\$357258	\$1599
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$58825019	Employee Benefits	\$19701118
Depreciation and Amortization	\$5446380	Interest Expense	\$232903
Bad Debt	\$7332696	Other Expenses	\$55828932
Total Operating Expenses	\$147367048		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3455712	Total Assets	\$141496322
Net Non-operating Gains over Loss	\$-3197252	Total Liabilities	\$26688673
Total Net Gains	\$258460		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$105839218	\$79339464	\$26499754
Medicaid	\$79694289	\$61463112	\$18231177
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$240492623	\$140474159	\$100018464
Total	\$426026130	\$281276735	\$144749395

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$23036	\$0	\$23036

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	\$1058026	\$-1058026
Hospital Patients	\$0	\$1930281	\$-1930281
Community Education	\$0	\$1764	\$-1764

Number of Medical Professionals Trained	264
Number of Hospital Patients Educated	133088
Number of Citizens Exposed to Health Education Messages	350000

Statement Six: Charity Statement

Hospital Charity Charges	\$1266621
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$376141	
HCI Payments	\$0		
Subtotal	\$0	\$376141	\$-376141
Medicaid Shortfalls	\$2445305	\$23666356	
Subtotal	\$2445305	\$24042497	\$-21597192
DSH Payments	\$2,261,715		
Subtotal	\$4707020	\$24042497	\$-19335477
Medicare Shortfalls	\$25164051	\$31430465	
Other Government Programs	\$0	\$0	
Total	\$29871071	\$55472962	\$-25601891

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$438061	\$-438061
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$32500	\$-32500
Other Allocations	\$0	\$18195	\$-18195

Comments