



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: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Julie Pena

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Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$113746511
Outpatient Patient Service Revenue	\$273790366
Total Gross Patient Service Revenue	\$387536877

2. Deductions From Revenue

Contractual Allowance	\$244128873
Other Deductions	\$17051098
Total Deductions	\$261179971

3. Total Operating Revenue

Net Patient Service Revenue	\$126356906
Other Operating Revenue	\$9765139
Total Operating Revenue	\$136122045

4. Operating Expenses

Salaries and Wages	\$57116070	Employee Benefits	\$3724961
Depreciation and Amortization	\$9646307	Interest Expense	\$1899230
Bad Debt	\$16240425	Other Expenses	\$63831957
Total Operating Expenses	\$152458950		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-16336905	Total Assets	\$184433223
Net Non-operating Gains over Loss	\$7849623	Total Liabilities	\$107133819
Total Net Gains	\$-8487282		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$191240309	\$149255071	\$41985238
Medicaid	\$52243478	\$35154990	\$17088488
Other Government	\$7938	\$3426	\$4512
Other State	\$0	\$0	\$0
Other Payers	\$144045153	\$59715386	\$84329767
Total	\$387536878	\$244128873	\$143408005

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$37932	\$0	\$37932

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	\$187417	\$-187417
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	833
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$13968574
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5495307	
HCI Payments	\$0		
Subtotal	\$0	\$5495307	\$-5495307
Medicaid Shortfalls	\$17088488	\$20552846	
Subtotal	\$17088488	\$26048153	\$-8959665
DSH Payments	\$3,241,760		
Subtotal	\$20330248	\$26048153	\$-5717905
Medicare Shortfalls	\$41985238	\$75234896	
Other Government Programs	\$0	\$0	
Total	\$62315486	\$101283049	\$-38967563

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



