



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: KOSCIUSKO COMMUNITY HOSPITAL

City of Hospital: Warsaw Indiana

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Brett Sanders

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Medicare Provider Number: 35-2009540

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$268232578
Outpatient Patient Service Revenue	\$575015043
Total Gross Patient Service Revenue	\$843247621

2. Deductions From Revenue

Contractual Allowance	\$713952235
Other Deductions	\$5248992
Total Deductions	\$719201227

3. Total Operating Revenue

Net Patient Service Revenue	\$124046394
Other Operating Revenue	\$358395
Total Operating Revenue	\$124404789

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18166302	657
Medicaid	\$6133916	578
Commercial Insurance	\$15683487	313
Self-pay	\$604667	61
Any Other Category of Payer	\$970145	67
Total	\$41558517	1676

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$18172872	26974
Medicaid	\$8761300	7782
Commercial Insurance	\$50586422	13764
Self-pay	\$2604690	6666
Any Other Category of Payer	\$2075565	1290
Total	\$82200849	56476

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	\$36339174	27631
Medicaid	\$14895215	8360
Commercial Insurance	\$66269909	14077
Self-pay	\$3209357	6727
Any Other Category of Payer	\$3045711	1357
Total	\$123759366	58152

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	\$18166302	657
Medicaid	\$6133916	578
Commercial Insurance	\$15683487	313
Self-pay	\$604667	61
Any Other Category of Payer	\$970145	67
Total	\$41558517	1676

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	\$18172872	26974
Medicaid	\$8761300	7782
Commercial Insurance	\$50586422	13764
Self-pay	\$2604690	6666
Any Other Category of Payer	\$2075565	1290
Total	\$82200849	56476

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	\$36339174	27631
Medicaid	\$14895215	8360
Commercial Insurance	\$66269909	14077
Self-pay	\$3209357	6727
Any Other Category of Payer	\$3045711	1357
Total	\$123759366	58152

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
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$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	\$28568258	Employee Benefits	\$7611195
Depreciation and Amortization	\$5422300	Interest Expense	\$84823
Bad Debt	\$0	Other Expenses	\$55933018
Total Operating Expenses	\$97619594		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$26785195	Total Assets	\$76550393
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$588274203
Total Net Gains	\$26785195		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$447181244	\$410842070	\$36339174
Medicaid	\$115509404	\$100614189	\$14895215
Other Government	\$19959920	\$18012947	\$1946973
Other State	\$0	\$0	\$0
Other Payers	\$260597053	\$190019050	\$70578003
Total	\$843247621	\$719488256	\$123759365

Statement Three: Donations Statement

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

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	\$0	\$0	\$0
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	\$1455269
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$168471	
HCI Payments	\$0		
Subtotal	\$0	\$168471	\$-168471
Medicaid Shortfalls	\$14895215	\$13372088	
Subtotal	\$14895215	\$13540559	\$1354656
DSH Payments	\$0		
Subtotal	\$14895215	\$13540559	\$1354656
Medicare Shortfalls	\$36339174	\$51768485	
Other Government Programs	\$0	\$0	
Total	\$51234389	\$65309044	\$-14074655

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	\$9416118	\$-9416118
Other Allocations	\$0	\$0	\$0

Comments