



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: COLUMBUS REGIONAL HEALTH

City of Hospital: Columbus

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

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

Person Completing the Report: Mary Spalding

Email Address: MSpalding@crh.org

Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$365055458
Outpatient Patient Service Revenue	\$540101428
<b>Total Gross Patient Service Revenue</b>	<b>\$905156886</b>

2. Deductions From Revenue

Contractual Allowance	\$535676494
Other Deductions	\$7698200
<b>Total Deductions</b>	<b>\$543374694</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$361782191
Other Operating Revenue	\$7933551
<b>Total Operating Revenue</b>	<b>\$369715742</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$70745299	\$5774
Medicaid	\$22910060	\$3578
Commercial Insurance	\$35984651	\$4402
Self-pay	\$1109430	\$2041
Any Other Category of Payer	\$11816877	\$679
<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	\$55875542	\$106279
Medicaid	\$23855753	\$63000
Commercial Insurance	\$97355888	\$97414
Self-pay	\$5356655	\$52426
Any Other Category of Payer	\$30633277	\$14158
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	\$126620841	\$112053
Medicaid	\$46765813	\$66578
Commercial Insurance	\$133340539	\$101816
Self-pay	\$6466085	\$54467
Any Other Category of Payer	\$42450154	\$14837
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	\$66112657	\$5537
Medicaid	\$23676583	\$3498
Commercial Insurance	\$43361273	\$4332
Self-pay	\$565615	\$2023
Any Other Category of Payer	\$5020231	\$665
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	\$53456914	\$105666
Medicaid	\$27420961	\$62857
Commercial Insurance	\$115509151	\$96971
Self-pay	\$7470995	\$52214
Any Other Category of Payer	\$11605904	\$14085
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	\$119569571	\$111203
Medicaid	\$51097544	\$66355
Commercial Insurance	\$158870424	\$101303
Self-pay	\$8036610	\$54237
Any Other Category of Payer	\$16626135	\$14750
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	\$159644	\$237
Medicaid	\$36580	\$80
Commercial Insurance	\$12149	\$70
Self-pay	\$63	\$18
Any Other Category of Payer	\$3862	\$419
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	\$855650	\$613
Medicaid	\$93735	\$143
Commercial Insurance	\$242984	\$443
Self-pay	\$4405	\$212
Any Other Category of Payer	\$34076	\$73
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	\$1015294	\$850
Medicaid	\$130315	\$223
Commercial Insurance	\$255133	\$513
Self-pay	\$4468	\$230
Any Other Category of Payer	\$37938	\$87
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$99592170	Employee Benefits	\$26951330
Depreciation and Amortization	\$24897694	Interest Expense	\$1127426
Bad Debt	\$6138762	Other Expenses	\$206486924
Total Operating Expenses	\$365194306		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4521436	Total Assets	\$374046906
Net Non-operating Gains over Loss	\$-31986914	Total Liabilities	\$374046906
Total Net Gains	\$-27465478		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$467481046	\$334140987	\$133340059
Medicaid	\$157446176	\$105107259	\$52338917
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$280229664	\$104126447	\$176103217
Total	\$905156886	\$543374693	\$361782193

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$182649	\$-182649

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	\$940455	\$2007468	\$-1067013
Hospital Patients	\$0	\$3163	\$-3163
Community Education	\$0	\$670769	\$-670769

Number of Medical Professionals Trained	183
Number of Hospital Patients Educated	38
Number of Citizens Exposed to Health Education Messages	54534

Statement Six: Charity Statement

Hospital Charity Charges	\$12590986
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$5104386	
HCI Payments	\$0		
Subtotal	\$0	\$5104386	\$-5104386
Medicaid Shortfalls	\$33306471	\$63828680	
Subtotal	\$33306471	\$68933066	\$-35626595
DSH Payments	\$7,151,105		
Subtotal	\$40457576	\$68933066	\$-28475490
Medicare Shortfalls	\$133340059	\$189516816	
Other Government Programs	\$0	\$0	
Total	\$173797635	\$258449882	\$-84652247

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	\$1136967	\$-1136967
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$191306	\$-191306
Other Allocations	\$0	\$0	\$0

Comments