



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 MUNSTER

City of Hospital: Munster

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$821012818
Outpatient Patient Service Revenue	\$1430282671
Total Gross Patient Service Revenue	\$2251295489

2. Deductions From Revenue

Contractual Allowance	\$1593003421
Other Deductions	\$26526807
Total Deductions	\$1619530228

3. Total Operating Revenue

Net Patient Service Revenue	\$631765260
Other Operating Revenue	\$20148603
Total Operating Revenue	\$651913863

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$128259577	\$9242
Medicaid	\$38237757	\$2787
Commercial Insurance	\$2854399	\$108
Self-pay	\$3387795	\$183
Any Other Category of Payer	\$95455825	\$4883
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$103705588	\$160989
Medicaid	\$33403469	\$50616
Commercial Insurance	\$7889490	\$5555
Self-pay	\$5780413	\$2857
Any Other Category of Payer	\$212790946	\$177099
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	\$231965165	\$170231
Medicaid	\$71641226	\$53403
Commercial Insurance	\$10743890	\$5663
Self-pay	\$9168208	\$3040
Any Other Category of Payer	\$308246771	\$181982
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	\$128259577	\$9242
Medicaid	\$38233102	\$2747
Commercial Insurance	\$2854399	\$108
Self-pay	\$3387795	\$183
Any Other Category of Payer	\$95446679	\$4838
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	\$103519996	\$160215
Medicaid	\$33367196	\$50508
Commercial Insurance	\$7884364	\$5546
Self-pay	\$5780151	\$2853
Any Other Category of Payer	\$212709158	\$176772
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	\$231779573	\$169457
Medicaid	\$71600298	\$53255
Commercial Insurance	\$10738764	\$5654
Self-pay	\$9167946	\$3036
Any Other Category of Payer	\$308155837	\$181610
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	\$0	\$0
Medicaid	\$4655	\$40
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$9146	\$45
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	\$185592	\$774
Medicaid	\$36273	\$108
Commercial Insurance	\$5126	\$9
Self-pay	\$262	\$4
Any Other Category of Payer	\$81788	\$327
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	\$185592	\$774
Medicaid	\$40928	\$148
Commercial Insurance	\$5126	\$9
Self-pay	\$262	\$4
Any Other Category of Payer	\$90934	\$372
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$204152724	Employee Benefits	\$45721527
Depreciation and Amortization	\$25107029	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$308674209
Total Operating Expenses	\$583655489		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$68258374	Total Assets	\$290499484
Net Non-operating Gains over Loss	\$295672	Total Liabilities	\$77538559
Total Net Gains	\$68554046		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1220752695	\$981799341	\$238953354
Medicaid	\$291333389	\$217507776	\$73825613
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$739209405	\$393696304	\$345513101
Total	\$2251295489	\$1593003421	\$658292068

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$153045	\$-153045

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$116005	\$472877	\$-356872

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$495	\$74031	\$-73536
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1004398	\$-1004398

Number of Medical Professionals Trained	1,531
Number of Hospital Patients Educated	17,621
Number of Citizens Exposed to Health Education Messages	468,034

Statement Six: Charity Statement

Hospital Charity Charges \$10436097

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$5308	\$3778707	
HCI Payments	\$0		
Subtotal	\$5308	\$3778707	\$-3773399
Medicaid Shortfalls	\$69931233	\$107837445	
Subtotal	\$69936541	\$111616152	\$-41679611
DSH Payments	\$0		
Subtotal	\$69936541	\$111616152	\$-41679611
Medicare Shortfalls	\$227965935	\$291502727	
Other Government Programs	\$1702846	\$2182578	
Total	\$299605322	\$405301457	\$-105696135

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7229807	\$8545705	\$-1315898
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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