



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 STROKE AND REHABILITATION CENTER, INC

City of Hospital: Crown Point

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: 15-3045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32591667
Outpatient Patient Service Revenue	\$45037566
Total Gross Patient Service Revenue	\$77629233

2. Deductions From Revenue

Contractual Allowance	\$49806729
Other Deductions	\$797430
Total Deductions	\$50604159

3. Total Operating Revenue

Net Patient Service Revenue	\$27025074
Other Operating Revenue	\$280107
Total Operating Revenue	\$27305181

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14022860	\$610
Medicaid	\$734765	\$48
Commercial Insurance	\$121557	\$5
Self-pay	\$2612	\$0
Any Other Category of Payer	\$2500866	\$100
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	\$2310383	\$12383
Medicaid	\$810216	\$2151
Commercial Insurance	\$213733	\$506
Self-pay	\$111552	\$119
Any Other Category of Payer	\$6196530	\$12760
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	\$16333243	\$12993
Medicaid	\$1544981	\$2199
Commercial Insurance	\$335289	\$511
Self-pay	\$114164	\$119
Any Other Category of Payer	\$8697396	\$12860
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	\$14022860	\$610
Medicaid	\$734765	\$48
Commercial Insurance	\$121557	\$5
Self-pay	\$2612	\$0
Any Other Category of Payer	\$2500866	\$100
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	\$2310383	\$12383
Medicaid	\$810216	\$2151
Commercial Insurance	\$213733	\$506
Self-pay	\$111552	\$119
Any Other Category of Payer	\$6196530	\$12760
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	\$16333243	\$12993
Medicaid	\$1544981	\$2199
Commercial Insurance	\$335289	\$511
Self-pay	\$114164	\$119
Any Other Category of Payer	\$8697396	\$12860
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	\$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	\$8666268	Employee Benefits	\$2016245
Depreciation and Amortization	\$3829815	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$8705426
Total Operating Expenses	\$23217754		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4087427	Total Assets	\$53192673
Net Non-operating Gains over Loss	\$677	Total Liabilities	\$1229212
Total Net Gains	\$4088104		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47406096	\$30647604	\$16758492
Medicaid	\$5605177	\$4011286	\$1593891
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24617959	\$15147839	\$9470120
Total	\$77629232	\$49806729	\$27822503

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4445	\$-4445

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	\$28357	\$-28357
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$81618	\$-81618

Number of Medical Professionals Trained	111
Number of Hospital Patients Educated	762
Number of Citizens Exposed to Health Education Messages	36,564

Statement Six: Charity Statement

Hospital Charity Charges \$146092

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1363	
HCI Payments	\$0		
Subtotal	\$0	\$1363	\$-1363
Medicaid Shortfalls	\$934462	\$1384426	
Subtotal	\$934462	\$1385789	\$-451327
DSH Payments	\$0		
Subtotal	\$934462	\$1385789	\$-451327
Medicare Shortfalls	\$16447555	\$15704996	
Other Government Programs	\$6438	\$6936	
Total	\$17388455	\$17097721	\$290734

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2796775	\$3321068	\$-524293
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//