



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: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (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	\$871257058
Outpatient Patient Service Revenue	\$1568202155
<b>Total Gross Patient Service Revenue</b>	<b>\$2439459213</b>

2. Deductions From Revenue

Contractual Allowance	\$1749635152
Other Deductions	\$29940480
<b>Total Deductions</b>	<b>\$1779575632</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$659883581
Other Operating Revenue	\$20783410
<b>Total Operating Revenue</b>	<b>\$680666991</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$137432024	9616
Medicaid	\$41687121	2837
Commercial Insurance	\$93859822	4633
Self-pay	\$1361663	160
Any Other Category of Payer	\$873281	75
<b>Total</b>	<b>\$275213911</b>	<b>17321</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$108190424	162487
Medicaid	\$34745033	52865
Commercial Insurance	\$233793989	173875
Self-pay	\$7371381	3144
Any Other Category of Payer	\$568844	1182
Total	\$384669671	393553

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	\$245622447	172103
Medicaid	\$76432154	55702
Commercial Insurance	\$327653811	178508
Self-pay	\$8733044	3304
Any Other Category of Payer	\$1442125	1257
Total	\$659883581	410874

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	\$137431883	9613
Medicaid	\$41684138	2820
Commercial Insurance	\$93852074	4601
Self-pay	\$1361663	159
Any Other Category of Payer	\$873281	75
Total	\$275203039	17268

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	\$108189259	162477
Medicaid	\$34744335	52856
Commercial Insurance	\$233790622	173846
Self-pay	\$7371381	3144
Any Other Category of Payer	\$568844	1182
Total	\$384664441	393505

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	\$245621141	172090
Medicaid	\$76428473	55676
Commercial Insurance	\$327642696	178447
Self-pay	\$8733044	3303
Any Other Category of Payer	\$1442125	1257
Total	\$659867479	410773

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	\$141	3
Medicaid	\$2983	17
Commercial Insurance	\$7748	32
Self-pay	\$0	1
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$10872</b>	<b>53</b>

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	\$1165	10
Medicaid	\$698	9
Commercial Insurance	\$3367	29
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$5230</b>	<b>48</b>

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	\$1306	13
Medicaid	\$3681	26
Commercial Insurance	\$11115	61
Self-pay	\$0	1
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$16102</b>	<b>101</b>

## 13. Operating Expenses

Salaries and Wages	\$208278636	Employee Benefits	\$45411460
Depreciation and Amortization	\$25471305	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$343957488
<b>Total Operating Expenses</b>	<b>\$623118889</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$57548102	Total Assets	\$302935755
Net Non-operating Gains over Loss	\$1764005	Total Liabilities	\$36626274
<b>Total Net Gains</b>	<b>\$59312107</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1332564092	\$1077220887	\$255343205
Medicaid	\$334299138	\$255290306	\$79008832
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$772595984	\$417123960	\$355472024
Total	\$2439459214	\$1749635153	\$689824061

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$8666	\$-8666

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$77890	\$532935	\$-455045

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$308554	\$-308554
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$725530	\$-725530

Number of Medical Professionals Trained	3,696
Number of Hospital Patients Educated	17,877
Number of Citizens Exposed to Health Education Messages	461,536

## Statement Six: Charity Statement

Hospital Charity Charges	\$14909606
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$8032	\$2490631	
HCI Payments	\$0		
Subtotal	\$8032	\$2490631	\$-2482599
Medicaid Shortfalls	\$76772664	\$122287081	
Subtotal	\$76780696	\$124777712	\$-47997016
DSH Payments	\$0		
Subtotal	\$76780696	\$124777712	\$-47997016
Medicare Shortfalls	\$240021407	\$314808266	
Other Government Programs	\$1206132	\$2079783	
Total	\$318008235	\$441665761	\$-123657526

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	\$4892217	\$6464635	\$-1572418
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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