



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HOWARD REGIONAL HEALTH SYSTEM

City of Hospital: Kokomo

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$104969178
Outpatient Patient Service Revenue	\$232458215
Total Gross Patient Service Revenue	\$337427393

2. Deductions From Revenue

Contractual Allowance	\$200967794
Other Deductions	\$11624059
Total Deductions	\$212591853

3. Total Operating Revenue

Net Patient Service Revenue	\$112705146
Other Operating Revenue	\$12879590
Total Operating Revenue	\$125584736

4. Operating Expenses

Salaries and Wages	\$49798549	Employee Benefits	\$10032635
Depreciation and Amortization	\$8291377	Interest Expense	\$2976858
Bad Debt	\$12130394	Other Expenses	\$56399995
Total Operating Expenses	\$139629808		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1914678	Total Assets	\$141550953
Net Non-operating Gains over Loss	\$-7398187	Total Liabilities	\$89329111
Total Net Gains	\$-9312865		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$181909945	\$122683592	\$59226353
Medicaid	\$40013790	\$31187042	\$8826748
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$115503658	\$47097160	\$68406498
Total	\$337427393	\$200967794	\$136459599

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$10272959
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$8826748	\$16557706	
Subtotal	\$8826748	\$16557706	\$-7730958
DSH Payments	\$2,192,977		
Subtotal	\$11019725	\$16557706	\$-5537981
Medicare Shortfalls	\$59226353	\$62208472	
Other Government Programs	\$0	\$0	
Total	\$70246078	\$78766178	\$-8520100

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	\$0	\$0
Other Allocations	\$0	\$0	\$0