



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 EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1127005464
Outpatient Patient Service Revenue	\$3113588595
<b>Total Gross Patient Service Revenue</b>	<b>\$4240594059</b>

2. Deductions From Revenue

Contractual Allowance	\$2965010444
Other Deductions	\$20464673
<b>Total Deductions</b>	<b>\$2985475117</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$1255118942
Other Operating Revenue	\$191776447
<b>Total Operating Revenue</b>	<b>\$1446895389</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$136033307	17900
Medicaid	\$93834933	32397
Commercial Insurance	\$97799497	10895
Self-pay	\$1912204	600
Any Other Category of Payer	\$1697139	33
<b>Total</b>	<b>\$331277080</b>	<b>61825</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$309123575	225498
Medicaid	\$146316793	374549
Commercial Insurance	\$463178695	255705
Self-pay	\$2881404	9958
Any Other Category of Payer	\$2341396	1617
Total	\$923841863	867327

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	\$445156882	243398
Medicaid	\$240151726	406946
Commercial Insurance	\$560978192	266600
Self-pay	\$4793608	10558
Any Other Category of Payer	\$4038535	1650
Total	\$1255118943	929152

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	\$135216475	7728
Medicaid	\$91868451	8149
Commercial Insurance	\$97097269	3471
Self-pay	\$1907823	502
Any Other Category of Payer	\$1696053	23
Total	\$327786071	19873

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	\$304033404	158130
Medicaid	\$124335217	133609
Commercial Insurance	\$439328349	136705
Self-pay	\$1831224	7397
Any Other Category of Payer	\$2286139	1228
Total	\$871814333	437069

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	\$439249878	165858
Medicaid	\$216203667	141758
Commercial Insurance	\$536425618	140176
Self-pay	\$3739047	7899
Any Other Category of Payer	\$3982192	1251
Total	\$1199600402	456942

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	\$816832	10172
Medicaid	\$1966483	24248
Commercial Insurance	\$702228	7424
Self-pay	\$4381	98
Any Other Category of Payer	\$1086	10
<b>Total</b>	<b>\$3491010</b>	<b>41952</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	\$5090171	67368
Medicaid	\$21981576	240940
Commercial Insurance	\$23850345	119000
Self-pay	\$1050181	2561
Any Other Category of Payer	\$55257	389
<b>Total</b>	<b>\$52027530</b>	<b>430258</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	\$5907003	77540
Medicaid	\$23948059	265188
Commercial Insurance	\$24552573	126424
Self-pay	\$1054561	2659
Any Other Category of Payer	\$56343	399
<b>Total</b>	<b>\$55518539</b>	<b>472210</b>

## 13. Operating Expenses

Salaries and Wages	\$267946697	Employee Benefits	\$62051403
Depreciation and Amortization	\$30171052	Interest Expense	\$18672622
Bad Debt	\$0	Other Expenses	\$736944976
<b>Total Operating Expenses</b>	<b>\$1115786750</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$331108639	Total Assets	\$1269668782
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$31865881
<b>Total Net Gains</b>	<b>\$331108639</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2185711894	\$1740555012	\$445156882
Medicaid	\$856944186	\$616792460	\$240151726
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1197937979	\$628127645	\$569810334
Total	\$4240594059	\$2985475117	\$1255118942

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$691378	\$-691378

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$890115	\$2644726	\$-1754611

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$6391846	\$28589873	\$-22198027
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$20464673
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5239386	
HCI Payments	\$0		
Subtotal	\$0	\$5239386	\$-5239386
Medicaid Shortfalls	\$224515092	\$263677445	
Subtotal	\$224515092	\$268916831	\$-44401739
DSH Payments	\$15,636,411		
Subtotal	\$240151503	\$268916831	\$-28765328
Medicare Shortfalls	\$169713545	\$175642852	
Other Government Programs	\$0	\$0	
Total	\$409865048	\$444559683	\$-34694635

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	\$14835657	\$89658467	\$-74822810
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$197934	\$7082009	\$-6884075

Comments

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