



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 NORTH

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: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1042539117
Outpatient Patient Service Revenue	\$931130165
Total Gross Patient Service Revenue	\$1973669282

2. Deductions From Revenue

Contractual Allowance	\$1403456736
Other Deductions	\$8781154
Total Deductions	\$1412237890

3. Total Operating Revenue

Net Patient Service Revenue	\$561431392
Other Operating Revenue	\$3615579
Total Operating Revenue	\$565046971

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$96874781	6493
Medicaid	\$65866960	4841
Commercial Insurance	\$175364725	6329
Self-pay	\$3389337	208
Any Other Category of Payer	\$605805	26
Total	\$342101608	17897

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$45561876	68012
Medicaid	\$33152692	40292
Commercial Insurance	\$137439372	93428
Self-pay	\$1986903	3104
Any Other Category of Payer	\$1188943	1248
Total	\$219329786	206084

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	\$142436657	74505
Medicaid	\$99019652	45133
Commercial Insurance	\$312804096	99757
Self-pay	\$5376240	3312
Any Other Category of Payer	\$1794748	1274
Total	\$561431393	223981

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	\$96874781	6493
Medicaid	\$65866960	4841
Commercial Insurance	\$175364725	6329
Self-pay	\$3389337	208
Any Other Category of Payer	\$605805	26
Total	\$342101608	17897

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	\$45388599	63927
Medicaid	\$33067176	38893
Commercial Insurance	\$137093114	86468
Self-pay	\$1986169	3096
Any Other Category of Payer	\$1183608	1197
Total	\$218718666	193581

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	\$142263380	70420
Medicaid	\$98934136	43734
Commercial Insurance	\$312457839	92797
Self-pay	\$5375506	3304
Any Other Category of Payer	\$1789414	1223
Total	\$560820275	211478

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	\$173277	4085
Medicaid	\$85516	1399
Commercial Insurance	\$346258	6960
Self-pay	\$734	8
Any Other Category of Payer	\$5335	51
Total	\$611120	12503

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	\$173277	4085
Medicaid	\$85516	1399
Commercial Insurance	\$346258	6960
Self-pay	\$734	8
Any Other Category of Payer	\$5335	51
Total	\$611120	12503

13. Operating Expenses

Salaries and Wages	\$154798365	Employee Benefits	\$32417130
Depreciation and Amortization	\$14317390	Interest Expense	\$13842232
Bad Debt	\$0	Other Expenses	\$247982662
Total Operating Expenses	\$463357779		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$101689192	Total Assets	\$1717322635
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$7897189
Total Net Gains	\$101689192		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$810212854	\$667776197	\$142436657
Medicaid	\$429988487	\$330968835	\$99019652
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$733467941	\$413492858	\$319975083
Total	\$1973669282	\$1412237890	\$561431392

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

Statement Six: Charity Statement

Hospital Charity Charges	\$8781154
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2247975	
HCI Payments	\$0		
Subtotal	\$0	\$2247975	\$-2247975
Medicaid Shortfalls	\$99019899	\$130613319	
Subtotal	\$99019899	\$132861294	\$-33841395
DSH Payments	\$0		
Subtotal	\$99019899	\$132861294	\$-33841395
Medicare Shortfalls	\$65223945	\$78482469	
Other Government Programs	\$0	\$0	
Total	\$164243844	\$211343763	\$-47099919

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

Comments

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