



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. MARGARET MERCY HEALTHCARE CENTERS (NORTH CAMPUS)

City of Hospital: Hammond

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Elaine Trapp

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Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$238384499
Outpatient Patient Service Revenue	\$331731204
Total Gross Patient Service Revenue	\$570115703

2. Deductions From Revenue

Contractual Allowance	\$364604812
Other Deductions	\$3899117
Total Deductions	\$368503929

3. Total Operating Revenue

Net Patient Service Revenue	\$201611774
Other Operating Revenue	\$18602031
Total Operating Revenue	\$220213805

4. Operating Expenses

Salaries and Wages	\$59216473	Employee Benefits	\$17406637
Depreciation and Amortization	\$6749930	Interest Expense	\$3870886
Bad Debt	\$4770790	Other Expenses	\$86837753
Total Operating Expenses	\$178852469		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$41361336	Total Assets	\$125551663
Net Non-operating Gains over Loss	\$-15074	Total Liabilities	\$-12491543
Total Net Gains	\$41346262		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$285189887	\$201472519	\$83717368
Medicaid	\$118876125	\$44085782	\$74790343
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$166049691	\$122945627	\$43104064
Total	\$570115703	\$368503928	\$201611775

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$376621	\$706184	\$-329563

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	\$248427	\$-248427
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$82259	\$-82259

Number of Medical Professionals Trained	237
Number of Hospital Patients Educated	132770
Number of Citizens Exposed to Health Education Messages	27912

Statement Six: Charity Statement

Hospital Charity Charges	\$26884818
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7984405	
HCI Payments	\$0		
Subtotal	\$0	\$7984405	\$-7984405
Medicaid Shortfalls	\$23911646	\$32662948	
Subtotal	\$23911646	\$40647353	\$-16735707
DSH Payments	\$38,337,947		
Subtotal	\$62249593	\$40647353	\$21602240
Medicare Shortfalls	\$63660244	\$82239885	
Other Government Programs	\$0	\$0	
Total	\$125909837	\$122887238	\$3022599

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$160445	\$-160445
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-194529.97	\$194529.97
Other Allocations	\$0	\$0	\$0

Comments