



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. CATHERINE HOSPITAL, INC.

City of Hospital: East Chicago

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: St. Catherine Hospital

Email Address: bchocholek@comhs.org

Medicare Provider Number: 15-0008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$197625574
Outpatient Patient Service Revenue	\$211852659
<b>Total Gross Patient Service Revenue</b>	<b>\$409478233</b>

2. Deductions From Revenue

Contractual Allowance	\$253094575
Other Deductions	\$26954252
<b>Total Deductions</b>	<b>\$280048827</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$129429406
Other Operating Revenue	\$36353656
<b>Total Operating Revenue</b>	<b>\$165783062</b>

4. Operating Expenses

Salaries and Wages	\$53236932	Employee Benefits	\$13444843
Depreciation and Amortization	\$5404827	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$95976778
<b>Total Operating Expenses</b>	<b>\$168063380</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-2280318	Total Assets	\$75121144
Net Non-operating Gains over Loss	\$93895	Total Liabilities	\$19782248
Total Net Gains	\$-2186423		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$184046385	\$115921979	\$68124406
Medicaid	\$110834865	\$68240754	\$42594111
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$114596983	\$68931842	\$45665141
Total	\$409478233	\$253094575	\$156383658

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$24752	\$-24752

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	\$268809	\$-268809
Hospital Patients	\$0	\$0	\$0
Community Education	\$48505	\$730140	\$-681635

Number of Medical Professionals Trained	248
Number of Hospital Patients Educated	8153
Number of Citizens Exposed to Health Education Messages	98909

Statement Six: Charity Statement
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Hospital Charity Charges	\$18033813
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$135150	\$4568320	
HCI Payments	\$0		
Subtotal	\$135150	\$4568320	\$-4433170
Medicaid Shortfalls	\$25021863	\$37771276	
Subtotal	\$25157013	\$42339596	\$-17182583
DSH Payments	\$11,181,000		
Subtotal	\$36338013	\$42339596	\$-6001583
Medicare Shortfalls	\$52202620	\$60522922	
Other Government Programs	\$0	\$0	
Total	\$88540633	\$102862518	\$-14321885

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	\$6437820	\$7740963	\$-1303143
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments