



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: ST. CATHERINE HOSPITAL, INC.

City of Hospital: East Chicago

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-0008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$204947644
Outpatient Patient Service Revenue	\$392637182
Total Gross Patient Service Revenue	\$597584826

2. Deductions From Revenue

Contractual Allowance	\$436643593
Other Deductions	\$13351651
Total Deductions	\$449995244

3. Total Operating Revenue

Net Patient Service Revenue	\$147589582
Other Operating Revenue	\$15646071
Total Operating Revenue	\$163235653

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$31591296	2372
Medicaid	\$27362217	2715
Commercial Insurance	\$11850477	813
Self-pay	\$926955	127
Any Other Category of Payer	\$356868	33
Total	\$72087813	6060

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$19976854	30916
Medicaid	\$24828360	36825
Commercial Insurance	\$27789447	20906
Self-pay	\$2803066	1857
Any Other Category of Payer	\$104043	172
Total	\$75501770	90676

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	\$51568149	33288
Medicaid	\$52190577	39540
Commercial Insurance	\$39639924	21719
Self-pay	\$3730020	1984
Any Other Category of Payer	\$460912	205
Total	\$147589582	96736

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	\$31590947	2370
Medicaid	\$27362217	2715
Commercial Insurance	\$11850477	813
Self-pay	\$926955	127
Any Other Category of Payer	\$356868	33
Total	\$72087464	6058

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	\$19914677	30354
Medicaid	\$24800021	36558
Commercial Insurance	\$27765040	20755
Self-pay	\$2802621	1831
Any Other Category of Payer	\$103766	171
Total	\$75386125	89669

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	\$51505623	32724
Medicaid	\$52162238	39273
Commercial Insurance	\$39615517	21568
Self-pay	\$3729575	1958
Any Other Category of Payer	\$460635	204
Total	\$147473588	95727

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	\$349	2
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$349	2

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	\$62177	562
Medicaid	\$28339	267
Commercial Insurance	\$24407	151
Self-pay	\$445	26
Any Other Category of Payer	\$277	1
Total	\$115645	1007

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	\$62526	564
Medicaid	\$28339	267
Commercial Insurance	\$24407	151
Self-pay	\$445	26
Any Other Category of Payer	\$277	1
Total	\$115994	1009

13. Operating Expenses

Salaries and Wages	\$60971863	Employee Benefits	\$13293960
Depreciation and Amortization	\$5404153	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$83454258
Total Operating Expenses	\$163124234		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$111419	Total Assets	\$68751596
Net Non-operating Gains over Loss	\$85214	Total Liabilities	\$17345512
Total Net Gains	\$196633		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$268725118	\$213546013	\$55179105
Medicaid	\$214635565	\$159135070	\$55500495
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$114224143	\$63962510	\$50261633
Total	\$597584826	\$436643593	\$160941233

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5157	\$-5157

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	\$404360	\$-404360
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1290316	\$-1290316

Number of Medical Professionals Trained	363
Number of Hospital Patients Educated	6,220
Number of Citizens Exposed to Health Education Messages	102,471

Statement Six: Charity Statement

Hospital Charity Charges	\$7612593
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1889	\$1388323	
HCI Payments	\$0		
Subtotal	\$1889	\$1388323	\$-1386434
Medicaid Shortfalls	\$52349343	\$61298085	
Subtotal	\$52351232	\$62686408	\$-10335176
DSH Payments	\$2,741,000		
Subtotal	\$55092232	\$62686408	\$-7594176
Medicare Shortfalls	\$50350976	\$65950221	
Other Government Programs	\$389859	\$655109	
Total	\$105833067	\$129291738	\$-23458671

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$16573622	\$20160665	\$-3587043
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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