



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: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (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	\$211319665
Outpatient Patient Service Revenue	\$258083250
Total Gross Patient Service Revenue	\$469402915

2. Deductions From Revenue

Contractual Allowance	\$308728551
Other Deductions	\$21415200
Total Deductions	\$330143751

3. Total Operating Revenue

Net Patient Service Revenue	\$139259164
Other Operating Revenue	\$62751433
Total Operating Revenue	\$202010597

4. Operating Expenses

Salaries and Wages	\$56082193	Employee Benefits	\$13982160
Depreciation and Amortization	\$5285067	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$125225171
Total Operating Expenses	\$200574591		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1436006	Total Assets	\$75391810
Net Non-operating Gains over Loss	\$58102	Total Liabilities	\$25999729

Total Net Gains	\$1494108
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$211266426	\$151407277	\$59859149
Medicaid	\$153479700	\$106866078	\$46613622
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$104656789	\$50455197	\$54201592
Total	\$469402915	\$308728552	\$160674363

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$66446	\$-66446

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	\$362689	\$-362689
Hospital Patients	\$0	\$0	\$0
Community Education	\$1754	\$797020	\$-795266

Number of Medical Professionals Trained	1419
Number of Hospital Patients Educated	8094
Number of Citizens Exposed to Health Education Messages	98421

Statement Six: Charity Statement

Hospital Charity Charges	\$17334655
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$510968	\$2114049	
HCI Payments	\$0		
Subtotal	\$510968	\$2114049	\$-1603081
Medicaid Shortfalls	\$34670830	\$47048374	
Subtotal	\$35181798	\$49162423	\$-13980625
DSH Payments	\$13,734,000		
Subtotal	\$48915798	\$49162423	\$-246625
Medicare Shortfalls	\$56833534	\$63256001	
Other Government Programs	\$0	\$0	
Total	\$105749332	\$112418424	\$-6669092

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$6893711	\$8155997	\$-1262286
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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