



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: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (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	\$234137873
Outpatient Patient Service Revenue	\$310711816
Total Gross Patient Service Revenue	\$544849689

2. Deductions From Revenue

Contractual Allowance	\$388794407
Other Deductions	\$12898262
Total Deductions	\$401692669

3. Total Operating Revenue

Net Patient Service Revenue	\$143157020
Other Operating Revenue	\$9163351
Total Operating Revenue	\$152320371

4. Operating Expenses

Salaries and Wages	\$54677081	Employee Benefits	\$13425161
Depreciation and Amortization	\$5087994	Interest Expense	\$8605
Bad Debt	\$0	Other Expenses	\$78281204
Total Operating Expenses	\$151480045		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$840326	Total Assets	\$61014657
Net Non-operating Gains over Loss	\$98522	Total Liabilities	\$70179392
Total Net Gains	\$938848		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$238099024	\$183503054	\$54595970
Medicaid	\$194357573	\$145132931	\$49224642
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$112393091	\$60158422	\$52234669
Total	\$544849688	\$388794407	\$156055281

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$23724	\$-23724

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	\$269307	\$-269307
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1446910	\$-1446910

Number of Medical Professionals Trained	219
Number of Hospital Patients Educated	6,681
Number of Citizens Exposed to Health Education Messages	100,487

Statement Six: Charity Statement

Hospital Charity Charges	\$6525782
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$12432	\$1207357	
HCI Payments	\$0		
Subtotal	\$12432	\$1207357	\$-1194925
Medicaid Shortfalls	\$47439148	\$53577800	
Subtotal	\$47451580	\$54785157	\$-7333577
DSH Payments	\$2,997,000		

Subtotal	\$50448580	\$54785157	\$-4336577
Medicare Shortfalls	\$52208995	\$59055710	
Other Government Programs	\$518979	\$680722	
Total	\$103176554	\$114521589	\$-11345035

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	\$7379538	\$7679784	\$-300246
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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