



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: 12/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (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
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$233153483
Outpatient Patient Service Revenue	\$220714915
Total Gross Patient Service Revenue	\$453868398

2. Deductions From Revenue

Contractual Allowance	\$257395233
Other Deductions	\$40231716
Total Deductions	\$297626949

3. Total Operating Revenue

Net Patient Service Revenue	\$156241449
Other Operating Revenue	\$16666636
Total Operating Revenue	\$172908085

4. Operating Expenses

Salaries and Wages	\$62124802	Employee Benefits	\$25943873
Depreciation and Amortization	\$6783691	Interest Expense	\$3947232
Bad Debt	\$11892146	Other Expenses	\$86424339
Total Operating Expenses	\$197116083		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-24207998	Total Assets	\$92814572
Net Non-operating Gains over Loss	\$-243270	Total Liabilities	\$7298415
Total Net Gains	\$-24451268		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$216134698	\$156731862	\$59402836
Medicaid	\$92119162	\$26185103	\$65934059
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$145614538	\$114709984	\$30904554
Total	\$453868398	\$297626949	\$156241449

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$389319	\$1062178	\$-672859

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	\$766420	\$-766420
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$52340	\$-52340

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Number of Medical Professionals Trained	581
Number of Hospital Patients Educated	126762
Number of Citizens Exposed to Health Education Messages	38169

Statement Six: Charity Statement

Hospital Charity Charges	\$32538810
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11538199	
HCI Payments	\$0		
Subtotal	\$0	\$11538199	\$-11538199
Medicaid Shortfalls	\$20869391	\$28348469	
Subtotal	\$20869391	\$39886668	\$-19017277
DSH Payments	\$23,165,339		
Subtotal	\$44034730	\$39886668	\$4148062
Medicare Shortfalls	\$49829861	\$72959777	
Other Government Programs	\$0	\$0	
Total	\$93864591	\$112846445	\$-18981854

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$335817	\$-335817
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$107304	\$-107304
Other Allocations	\$0	\$0	\$0

Comments



