



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: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (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          | \$216761059        |
| Outpatient Patient Service Revenue         | \$338530022        |
| <b>Total Gross Patient Service Revenue</b> | <b>\$555291081</b> |

2. Deductions From Revenue

|                         |                    |
|-------------------------|--------------------|
| Contractual Allowance   | \$404442916        |
| Other Deductions        | \$9716882          |
| <b>Total Deductions</b> | <b>\$414159798</b> |

3. Total Operating Revenue

|                                |                    |
|--------------------------------|--------------------|
| Net Patient Service Revenue    | \$141131283        |
| Other Operating Revenue        | \$24107057         |
| <b>Total Operating Revenue</b> | <b>\$165238340</b> |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$32516663          | \$2315                      |
| Medicaid                    | \$27148463          | \$2754                      |
| Commercial Insurance        | \$246104            | \$24                        |
| Self-pay                    | \$1726291           | \$137                       |
| Any Other Category of Payer | \$13347084          | \$805                       |
| <b>Total</b>                | <b>\$0</b>          | <b>\$0</b>                  |

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

|  | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
|  |                     |                             |

|                             |            |         |
|-----------------------------|------------|---------|
| Medicare                    | \$16523647 | \$31034 |
| Medicaid                    | \$23123536 | \$37541 |
| Commercial Insurance        | \$1315391  | \$1628  |
| Self-pay                    | \$2706533  | \$1978  |
| Any Other Category of Payer | \$22477570 | \$19792 |
| Total                       | \$0        | \$0     |

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                    | \$49040310                | \$33349                     |
| Medicaid                    | \$50271999                | \$40295                     |
| Commercial Insurance        | \$1561496                 | \$1652                      |
| Self-pay                    | \$4432824                 | \$2115                      |
| Any Other Category of Payer | \$35824654                | \$20597                     |
| Total                       | \$0                       | \$0                         |

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                    | \$32516663          | \$2315                      |
| Medicaid                    | \$27148463          | \$2754                      |
| Commercial Insurance        | \$246104            | \$24                        |
| Self-pay                    | \$1726291           | \$137                       |
| Any Other Category of Payer | \$13347084          | \$805                       |
| Total                       | \$0                 | \$0                         |

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                    | \$16394779          | \$29868                     |
| Medicaid                    | \$23038518          | \$36940                     |
| Commercial Insurance        | \$1314615           | \$1624                      |
| Self-pay                    | \$2705791           | \$1930                      |
| Any Other Category of Payer | \$22411653          | \$19417                     |
| Total                       | \$0                 | \$0                         |

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                    | \$48911442                | \$32183                     |
| Medicaid                    | \$50186981                | \$39694                     |
| Commercial Insurance        | \$1560720                 | \$1648                      |
| Self-pay                    | \$4432082                 | \$2067                      |
| Any Other Category of Payer | \$35758737                | \$20222                     |
| Total                       | \$0                       | \$0                         |

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

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                    | \$128868            | \$1166                      |
| Medicaid                    | \$85018             | \$601                       |
| Commercial Insurance        | \$776               | \$4                         |
| Self-pay                    | \$742               | \$48                        |
| Any Other Category of Payer | \$65917             | \$375                       |
| Total                       | \$0                 | \$0                         |

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                    | \$128868            | \$1166                      |
| Medicaid                    | \$85018             | \$601                       |
| Commercial Insurance        | \$776               | \$4                         |
| Self-pay                    | \$742               | \$48                        |
| Any Other Category of Payer | \$65917             | \$375                       |
| Total                       | \$0                 | \$0                         |

13. Operating Expenses

|                               |             |                   |            |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages            | \$60760665  | Employee Benefits | \$13670089 |
| Depreciation and Amortization | \$4993244   | Interest Expense  | \$0        |
| Bad Debt                      | \$0         | Other Expenses    | \$78831410 |
| Total Operating Expenses      | \$158255408 |                   |            |

14. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$6982932 | Total Assets      | \$63864650 |
| Net Non-operating Gains over Loss | \$96309   | Total Liabilities | \$33000792 |
| Total Net Gains                   | \$7079241 |                   |            |

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$244585432           | \$193800187           | \$50785245                    |
| Medicaid         | \$204935227           | \$152531739           | \$52403488                    |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$105770422           | \$58110990            | \$47659432                    |
| Total            | \$555291081           | \$404442916           | \$150848165                   |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$15912                     | \$-15912                |

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                        | \$240986                    | \$-240986               |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$1643489                   | \$-1643489              |

|   |         |
|---|---------|
| Number of Medical Professionals Trained                 | 337     |
| Number of Hospital Patients Educated                    | 6,120   |
| Number of Citizens Exposed to Health Education Messages | 101,009 |

Statement Six: Charity Statement

Hospital Charity Charges \$5087626

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$45481               | \$1233161              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$45481               | \$1233161              | \$-1187680                     |
| Medicaid Shortfalls       | \$50558131            | \$58498511             |                                |
| Subtotal                  | \$50603612            | \$59731672             | \$-9128060                     |
| DSH Payments              | \$1,548,000           |                        |                                |
| Subtotal                  | \$52151612            | \$59731672             | \$-7580060                     |
| Medicare Shortfalls       | \$47793303            | \$62297973             |                                |
| Other Government Programs | \$236115              | \$442070               |                                |
| Total                     | \$100181030           | \$122471715            | \$-22290685                    |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$13340035                 | \$15745140                  | \$-2405105              |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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