



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: COMMUNITY HOSPITAL OF MUNSTER

City of Hospital: Munster

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Community Hospital Munster

Email Address: msteffen@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$744292258
Outpatient Patient Service Revenue	\$1018363369
Total Gross Patient Service Revenue	\$1762655627

2. Deductions From Revenue

Contractual Allowance	\$1201589232
Other Deductions	\$30876735
Total Deductions	\$1232465967

3. Total Operating Revenue

Net Patient Service Revenue	\$530188660
Other Operating Revenue	\$18738650
Total Operating Revenue	\$548927310

4. Operating Expenses

Salaries and Wages	\$169815356	Employee Benefits	\$42240107
Depreciation and Amortization	\$22570259	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$247645022
Total Operating Expenses	\$482270744		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$66656566	Total Assets	\$322770502
Net Non-operating Gains over Loss	\$-1633100	Total Liabilities	\$42836956
Total Net Gains	\$65023466		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$920529021	\$714928242	\$205600779
Medicaid	\$223300235	\$176481234	\$46819001
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$618826371	\$310179756	\$308646615
Total	\$1762655627	\$1201589232	\$561066395

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$132416	\$-132416

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$241179	\$1435136	\$-1193957

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2899697	\$-2899697
Hospital Patients	\$0	\$0	\$0
Community Education	\$10002	\$1513011	\$-1503009

Number of Medical Professionals Trained	2399
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Number of Hospital Patients Educated	21043
Number of Citizens Exposed to Health Education Messages	355406

Statement Six: Charity Statement

Hospital Charity Charges	\$13603808
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$13515	\$1896493	
HCI Payments	\$		
Subtotal	\$13515	\$1896493	\$-1882978
Medicaid Shortfalls	\$48769558	\$81564741	
Subtotal	\$48783073	\$83461234	\$-34678161
DSH Payments	\$0		
Subtotal	\$48783073	\$83461234	\$-34678161
Medicare Shortfalls	\$198561778	\$240648767	
Other Government Programs	\$1453236	\$2194860	
Total	\$248798087	\$326304861	\$-77506774

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4012420	\$4824845	\$-812425
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

