



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

Year End: 06/30/2018 (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	\$220021448
Outpatient Patient Service Revenue	\$312814425
Total Gross Patient Service Revenue	\$532835873

2. Deductions From Revenue

Contractual Allowance	\$370116847
Other Deductions	\$18448235
Total Deductions	\$388565082

3. Total Operating Revenue

Net Patient Service Revenue	\$144270791
Other Operating Revenue	\$82321560
Total Operating Revenue	\$226592351

4. Operating Expenses

Salaries and Wages	\$57984886	Employee Benefits	\$14796363
Depreciation and Amortization	\$4707213	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$142250922
Total Operating Expenses	\$219739384		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$6852967	Total Assets	\$74288006
Net Non-operating Gains over Loss	\$112168	Total Liabilities	\$28473451
Total Net Gains	\$6965135		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$234979736	\$176839799	\$58139937
Medicaid	\$181107539	\$135732521	\$45375018
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$116748597	\$57544527	\$59204070
Total	\$532835872	\$370116847	\$162719025

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1327728	\$-1327728

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	\$221558	\$-221558
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$2557835	\$-2557835

Number of Medical Professionals Trained

358

Number of Hospital Patients Educated	7593
Number of Citizens Exposed to Health Education Messages	101210

Statement Six: Charity Statement

Hospital Charity Charges	\$12057955
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$24020	\$1884889	
HCI Payments	\$0		
Subtotal	\$24020	\$1884889	\$-1860869
Medicaid Shortfalls	\$42786640	\$52810546	
Subtotal	\$42810660	\$54695435	\$-11884775
DSH Payments	\$11,854,000		
Subtotal	\$54664660	\$54695435	\$-30775
Medicare Shortfalls	\$55043177	\$61338225	
Other Government Programs	\$427715	\$526932	
Total	\$110135552	\$116560592	\$-6425040

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6810671	\$7631936	\$-821265

Comments

