



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: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (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	\$663545287
Outpatient Patient Service Revenue	\$869495698
Total Gross Patient Service Revenue	\$1533040985

2. Deductions From Revenue

Contractual Allowance	\$1006174146
Other Deductions	\$33503150
Total Deductions	\$1039677296

3. Total Operating Revenue

Net Patient Service Revenue	\$493363689
Other Operating Revenue	\$15256547
Total Operating Revenue	\$508620236

4. Operating Expenses

Salaries and Wages	\$161183534	Employee Benefits	\$45572671
Depreciation and Amortization	\$22279957	Interest Expense	\$5699
Bad Debt	\$0	Other Expenses	\$229338036
Total Operating Expenses	\$458379897		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50240339	Total Assets	\$287056468
Net Non-operating Gains over Loss	\$224938	Total Liabilities	\$124470078

Total Net Gains	\$50465277
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$788876536	\$595614623	\$193261913
Medicaid	\$186095790	\$144552667	\$41543123
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$558068658	\$266006856	\$292061802
Total	\$1533040984	\$1006174146	\$526866838

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$245345	\$-245345

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$233930	\$1616452	\$-1382522

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2336872	\$-2336872
Hospital Patients	\$0	\$0	\$0
Community Education	\$32982	\$930905	\$-897923

Number of Medical Professionals Trained	1221
Number of Hospital Patients Educated	20626
Number of Citizens Exposed to Health Education Messages	327019

Statement Six: Charity Statement

Hospital Charity Charges	\$24249704
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$478603	\$3784562	
HCI Payments	\$0		
Subtotal	\$478603	\$3784562	\$-3305959
Medicaid Shortfalls	\$39510856	\$69305495	
Subtotal	\$39989459	\$73090057	\$-33100598
DSH Payments	\$0		
Subtotal	\$39989459	\$73090057	\$-33100598
Medicare Shortfalls	\$182932965	\$226701301	
Other Government Programs	\$0	\$0	
Total	\$222922424	\$299791358	\$-76868934

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$97882	\$101508	\$-3626
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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