



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: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (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	\$226100309
Outpatient Patient Service Revenue	\$322592463
Total Gross Patient Service Revenue	\$548692772

2. Deductions From Revenue

Contractual Allowance	\$383269223
Other Deductions	\$20335610
Total Deductions	\$403604833

3. Total Operating Revenue

Net Patient Service Revenue	\$145087939
Other Operating Revenue	\$42611605
Total Operating Revenue	\$187699544

4. Operating Expenses

Salaries and Wages	\$56254083	Employee Benefits	\$13723785
Depreciation and Amortization	\$4709918	Interest Expense	\$14990
Bad Debt	\$0	Other Expenses	\$109976551
Total Operating Expenses	\$184679327		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3020217	Total Assets	\$67433799
Net Non-operating Gains over Loss	\$120522	Total Liabilities	\$27210082

Total Net Gains	\$3140739
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$241379668	\$182571737	\$58807931
Medicaid	\$185494340	\$140330426	\$45163914
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$121818765	\$60367060	\$61451705
Total	\$548692773	\$383269223	\$165423550

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$41305	\$-41305

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	\$210568	\$-210568
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$2320040	\$-2320040

Number of Medical Professionals Trained	332
Number of Hospital Patients Educated	7,870
Number of Citizens Exposed to Health Education Messages	101,558

Statement Six: Charity Statement

Hospital Charity Charges	\$14975426
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$28317	\$1855954	
HCI Payments	\$0		
Subtotal	\$28317	\$1855954	\$-1827637
Medicaid Shortfalls	\$48180665	\$53316940	
Subtotal	\$48208982	\$55172894	\$-6963912
DSH Payments	\$2,280,000		
Subtotal	\$50488982	\$55172894	\$-4683912
Medicare Shortfalls	\$55605632	\$61928700	
Other Government Programs	\$341468	\$413152	
Total	\$106436082	\$117514746	\$-11078664

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	\$8437450	\$9252586	\$-815136

Comments

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