



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. MARGARET MERCY HEALTHCARE CENTERS (NORTH CAMPUS)

City of Hospital: Hammond

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Elaine Trapp

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Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$227856850
Outpatient Patient Service Revenue	\$290626167
Total Gross Patient Service Revenue	\$518483017

2. Deductions From Revenue

Contractual Allowance	\$327207016
Other Deductions	\$5173747
Total Deductions	\$332380763

3. Total Operating Revenue

Net Patient Service Revenue	\$186102254
Other Operating Revenue	\$14449305
Total Operating Revenue	\$200551559

4. Operating Expenses

Salaries and Wages	\$55621662	Employee Benefits	\$9687890
Depreciation and Amortization	\$7160000	Interest Expense	\$3607401
Bad Debt	\$11129853	Other Expenses	\$77329793
Total Operating Expenses	\$164536599		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$36014960	Total Assets	\$77138134
Net Non-operating Gains over Loss	\$-101690	Total Liabilities	\$-829389
Total Net Gains	\$35913270		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$254661214	\$170174080	\$84487134
Medicaid	\$97362556	\$39129831	\$58232725
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$166459247	\$123076852	\$43382395
Total	\$518483017	\$332380763	\$186102254

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$371646	\$645074	\$-273428

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	\$468938	\$-468938
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$49764	\$-49764

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Number of Medical Professionals Trained	410
Number of Hospital Patients Educated	133883
Number of Citizens Exposed to Health Education Messages	34598

Statement Six: Charity Statement

Hospital Charity Charges	\$33336202
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9916481	
HCI Payments	\$0		
Subtotal	\$0	\$9916481	\$-9916481
Medicaid Shortfalls	\$18316970	\$25782856	
Subtotal	\$18316970	\$35699337	\$-17382367
DSH Payments	\$14,475,277		
Subtotal	\$32792247	\$35699337	\$-2907090
Medicare Shortfalls	\$58300944	\$74008274	
Other Government Programs	\$0	\$0	
Total	\$91093191	\$109707611	\$-18614420

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$660395	\$-660395
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-20697	\$20697
Other Allocations	\$0	\$0	\$0

Comments