



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$1168763726	Contractual Allowance	\$1290220904
Outpatient Patient Service Revenue	\$811952387	Other Deductions	\$31932489
Total Gross Patient Service Revenue	\$1980716113	Total Deductions	\$1322153393

3. Total Operating Revenue	
Net Patient Service Revenue	\$658562720
Other Operating Revenue	\$36548271
Total Operating Revenue	\$695110991

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$107288504	7852
Medicaid	\$121973856	7069
Commercial Insurance	\$163240280	6711
Self-pay	\$5079713	378
Any Other Category of Payer	\$0	0
Total	\$397582353	22010

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$55759003	61873
Medicaid	\$46236552	49172
Commercial Insurance	\$153172399	68373
Self-pay	\$5812424	4981
Any Other Category of Payer	\$0	0
Total	\$260980378	184399

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$163047507	69725
Medicaid	\$168210408	56241

Commercial Insurance	\$316412679	75084
Self-pay	\$10892138	5359
Any Other Category of Payer	\$0	0
Total	\$658562732	206409

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$107288504	7852
Medicaid	\$121973856	7069
Commercial Insurance	\$163240280	6711
Self-pay	\$5079713	378
Any Other Category of Payer	\$0	0
Total	\$397582353	22010

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$55759003	61873
Medicaid	\$46236552	49172
Commercial Insurance	\$153172399	68373
Self-pay	\$5812424	4981
Any Other Category of Payer	\$0	0
Total	\$260980378	184399

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$163047507	69725
Medicaid	\$168210408	56241
Commercial Insurance	\$316412679	75084
Self-pay	\$10892138	5359
Any Other Category of Payer	\$0	0
Total	\$658562732	206409

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0

Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$221363669	Employee Benefits	\$44899538
Depreciation and Amortization	\$28798170	Interest Expense	\$5257207
Bad Debt	\$27093175	Other Expenses	\$269719662
Total Operating Expenses	\$597131421		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$97979569	Total Assets	\$582523000
Net Non-operating Gains over Loss	\$5737298	Total Liabilities	\$232640000
Total Net Gains	\$103716867		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$899756187	\$735693591	\$164062596
Medicaid	\$427664766	\$263188762	\$164476004
Other Government	\$0	\$0	\$0
Other State	\$25120388	\$20578939	\$4541449
Other Payers	\$628174772	\$270759612	\$357415160
Total	\$1980716113	\$1290220904	\$690495209

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$463693	\$-463693

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$76270	\$360311	\$-284041

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$171789	\$9502666	\$-9330877
Hospital Patients	\$0	\$0	\$0
Community Education	\$1265954	\$1916250	\$-650296

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4694455
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1351036	
HCI Payments	\$0		
Subtotal	\$0	\$1351036	\$-1351036
Medicaid Shortfalls	\$151999860	\$130308809	
Subtotal	\$151999860	\$131659845	\$20340015
DSH Payments	\$23,394,723		
Subtotal	\$175394583	\$131659845	\$43734738
Medicare Shortfalls	\$171908713	\$258944350	
Other Government Programs	\$0	\$0	
Total	\$347303296	\$390604195	\$-43300899

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3879612	\$4948571	\$-1068959
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$216786	\$-216786
Other Allocations	\$0	\$0	\$0

Comments

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