



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* ST. JOSEPH REGIONAL MEDICAL CENTER (MISHAWAKA)

*City of Hospital:* Mishawaka

*Year Begin:* 07/01/2007 (mm/dd/yyyy format)

*Year End:* 06/30/2008 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-0029

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|  |                    |
|--|--------------------|
| Inpatient Patient Service Revenue          | \$56813189         |
| Outpatient Patient Service Revenue         | \$79729559         |
| <b>Total Gross Patient Service Revenue</b> | <b>\$136542748</b> |

#### 2. Deductions From Revenue

|                         |                   |
|-------------------------|-------------------|
| Contractual Allowance   | \$66209585        |
| Other Deductions        | \$5430797         |
| <b>Total Deductions</b> | <b>\$71640382</b> |

#### 3. Total Operating Revenue

|                                |                   |
|--------------------------------|-------------------|
| Net Patient Service Revenue    | \$64902366        |
| Other Operating Revenue        | \$1672605         |
| <b>Total Operating Revenue</b> | <b>\$66574971</b> |

#### 4. Operating Expenses

|                                 |                   |                   |            |
|---------------------------------|-------------------|-------------------|------------|
| Salaries and Wages              | \$19150393        | Employee Benefits | \$5273869  |
| Depreciation and Amortization   | \$2522323         | Interest Expense  | \$1247428  |
| Bad Debt                        | \$6622032         | Other Expenses    | \$31927489 |
| <b>Total Operating Expenses</b> | <b>\$66743534</b> |                   |            |

#### 5. Net Revenue and Expenses

|                                   |                  |                   |            |
|-----------------------------------|------------------|-------------------|------------|
| Excess Revenue over Expenses      | \$-168563        | Total Assets      | \$34801035 |
| Net Non-operating Gains over Loss | \$-443614        | Total Liabilities | \$32951091 |
| <b>Total Net Gains</b>            | <b>\$-612177</b> |                   |            |

### Statement Two: Contractual Allowance

|                |                       |                       |                     |
|----------------|-----------------------|-----------------------|---------------------|
| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service |
|----------------|-----------------------|-----------------------|---------------------|

|                  |             |            |            |
|------------------|-------------|------------|------------|
|                  |             |            | Allowance  |
| Medicare         | \$63119986  | \$41887672 | \$21232314 |
| Medicaid         | \$18499651  | \$4860475  | \$13639176 |
| Other Government | \$0         | \$0        | \$0        |
| Other State      | \$0         | \$0        | \$0        |
| Other Payers     | \$54923109  | \$24892234 | \$30030875 |
| Total            | \$136542746 | \$71640381 | \$64902365 |

### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$108790                    | \$-108790               |

### 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 | \$242455                   | \$500491                    | \$-258036               |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$28486                     | \$-28486                |

|   |        |
|---|--------|
| Number of Medical Professionals Trained                 | 24     |
| Number of Hospital Patients Educated                    | 84526  |
| Number of Citizens Exposed to Health Education Messages | 100000 |

### Statement Six: Charity Statement

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$5510644 |
|--------------------------|-----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$2568914              |                                |
| HCI Payments              | \$637359              |                        |                                |
| Subtotal                  | \$637359              | \$2568914              | \$-1931555                     |
| Medicaid Shortfalls       | \$3832359             | \$8750837              |                                |
| Subtotal                  | \$4469718             | \$11319751             | \$-6850033                     |
| DSH Payments              | \$9,806,817           |                        |                                |
| Subtotal                  | \$14276535            | \$11319751             | \$2956784                      |
| Medicare Shortfalls       | \$21232314            | \$29857468             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$35508849            | \$41177219             | \$-5668370                     |

**Statement Seven: Subsidized Health Services for the Community**

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$1638042                  | \$2802202                   | \$-1164160              |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |