



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (HOBART)

City of Hospital: Hobart

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$238724719 |
| Outpatient Patient Service Revenue | \$254397508 |
| Total Gross Patient Service Revenue | \$493122227 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$286059149 |
| Other Deductions | \$10491751 |
| Total Deductions | \$296550900 |

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$196571327 |
| Other Operating Revenue | \$1466555 |
| Total Operating Revenue | \$198037882 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages | \$63509100 | Employee Benefits | \$15793457 |
| Depreciation and Amortization | \$8490162 | Interest Expense | \$3914608 |
| Bad Debt | \$8831662 | Other Expenses | \$88510740 |
| Total Operating Expenses | \$189049729 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|-------------|
| Excess Revenue over Expenses | \$8988153 | Total Assets | \$135985000 |
| Net Non-operating Gains over Loss | \$161352 | Total Liabilities | \$26568000 |
| Total Net Gains | \$9149505 | | |

Statement Two: Contractual Allowance

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

| | | | |
|------------------|-------------|-------------|-------------|
| Medicare | \$249020376 | \$162258865 | \$86761511 |
| Medicaid | \$55399610 | \$40930352 | \$14469258 |
| Other Government | \$8164293 | \$4599031 | \$3565262 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$180537947 | \$78270901 | \$102267046 |
| Total | \$493122226 | \$286059149 | \$207063077 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$69159 | \$-69159 |

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 | \$275867 | \$-275867 |
| Hospital Patients | \$0 | \$40813 | \$-40813 |
| Community Education | \$259 | \$529243 | \$-528984 |

| | |
|---|-------|
| Number of Medical Professionals Trained | 230 |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | 12063 |

Statement Six: Charity Statement

| | |
|--------------------------|------------|
| Hospital Charity Charges | \$10491751 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$2979944 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$2979944 | \$-2979944 |
| Medicaid Shortfalls | \$10634172 | \$20227669 | |
| Subtotal | \$10634172 | \$23207613 | \$-12573441 |
| DSH Payments | \$1,988,689 | | |
| Subtotal | \$12622861 | \$23207613 | \$-10584752 |
| Medicare Shortfalls | \$72713277 | \$87011224 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$85336138 | \$110218837 | \$-24882699 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$2998 | \$35516 | \$-32518 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |