



## 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 HOSPITAL & HEALTH CENTER (KOKOMO)

City of Hospital: Kokomo

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0010

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$144367882	Contractual Allowance	\$221888727
Outpatient Patient Service Revenue	\$221855070	Other Deductions	\$11914078
Total Gross Patient Service Revenue	\$366222952	Total Deductions	\$233802805

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$132420147
Other Operating Revenue	\$-127486
Total Operating Revenue	\$132292661

#### 4. Operating Expenses

Salaries and Wages	\$42819882	Employee Benefits	\$11819126
Depreciation and Amortization	\$5202194	Interest Expense	\$630097
Bad Debt	\$11828392	Other Expenses	\$41659478
Total Operating Expenses	\$113959169		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18333492	Total Assets	\$180516713
Net Non-operating Gains over Loss	\$-2303378	Total Liabilities	\$34158168
Total Net Gains	\$16030114		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$175451584	\$135699776	\$39751808
Medicaid	\$34984276	\$29638213	\$5346063
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$155787091	\$68464815	\$87322276
Total	\$366222951	\$233802804	\$132420147

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$35490	\$35490	\$0

**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	\$0	\$0
Hospital Patients	\$0	\$1843	\$-1843
Community Education	\$0	\$3376	\$-3376

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	2400
Number of Citizens Exposed to Health Education Messages	11546

**Statement Six: Charity Statement**

Hospital Charity Charges	\$6722952
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1981812	
HCI Payments	\$0		
Subtotal	\$0	\$1981812	\$-1981812
Medicaid Shortfalls	\$11943052	\$12416199	
Subtotal	\$11943052	\$14398011	\$-2454959
DSH Payments	\$0		
Subtotal	\$11943052	\$14398011	\$-2454959
Medicare Shortfalls	\$39851072	\$50985178	
Other Government Programs	\$0	\$0	
Total	\$51794124	\$65383189	\$-13589065

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$23702	\$307083	\$-283381
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$144272	\$-144272