



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. JOSEPH REGIONAL MEDICAL CENTER

City of Hospital: MISHAWAKA

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Tom Jozwiak

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Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$552271999
Outpatient Patient Service Revenue	\$440570348
Total Gross Patient Service Revenue	\$992842347

2. Deductions From Revenue

Contractual Allowance	\$626358885
Other Deductions	\$30201191
Total Deductions	\$656560076

3. Total Operating Revenue

Net Patient Service Revenue	\$336282272
Other Operating Revenue	\$6847023
Total Operating Revenue	\$343129295

4. Operating Expenses

Salaries and Wages	\$84328357	Employee Benefits	\$19597212
Depreciation and Amortization	\$17904889	Interest Expense	\$10542410
Bad Debt	\$20314082	Other Expenses	\$159801664
Total Operating Expenses	\$312488614		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$30640680	Total Assets	\$400112135
Net Non-operating Gains over Loss	\$-1954525	Total Liabilities	\$340713942

Total Net Gains	\$28686155
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$467536000	\$354931000	\$112605000
Medicaid	\$160843000	\$128910000	\$31933000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$364465000	\$172720728	\$191744272
Total	\$992844000	\$656561728	\$336282272

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1203311	\$-1203311

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	\$1301147	\$-1301147
Hospital Patients	\$0	\$939556	\$-939556
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	270
Number of Hospital Patients Educated	175688
Number of Citizens Exposed to Health Education Messages	902229

Statement Six: Charity Statement

Hospital Charity Charges	\$30201191
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8085004	
HCI Payments	\$0		
Subtotal	\$0	\$8085004	\$-8085004
Medicaid Shortfalls	\$31932880	\$55530200	
Subtotal	\$31932880	\$55530200	\$-23597320
DSH Payments	\$0		
Subtotal	\$31932880	\$55530200	\$-23597320
Medicare Shortfalls	\$112224446	\$125042801	
Other Government Programs	\$0	\$0	
Total	\$144157326	\$180573001	\$-36415675

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7204876	\$4290869	\$2914007
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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