



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: ST. MARY MEDICAL CENTER HOBART

City of Hospital: Hobart

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$381402735
Outpatient Patient Service Revenue	\$829058108
Total Gross Patient Service Revenue	\$1210460843

2. Deductions From Revenue

Contractual Allowance	\$869530769
Other Deductions	\$11922171
Total Deductions	\$881452940

3. Total Operating Revenue

Net Patient Service Revenue	\$329007903
Other Operating Revenue	\$13747279
Total Operating Revenue	\$342755182

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$67845877	\$5280
Medicaid	\$18255343	\$1357
Commercial Insurance	\$1058242	\$24
Self-pay	\$930102	\$83
Any Other Category of Payer	\$40958227	\$2017
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$63749932	\$116033
Medicaid	\$20234563	\$31946
Commercial Insurance	\$4059189	\$3749
Self-pay	\$2382892	\$1260
Any Other Category of Payer	\$109533536	\$95451
Total	\$0	\$0

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	\$131595809	\$121313
Medicaid	\$38489906	\$33303
Commercial Insurance	\$5117431	\$3773
Self-pay	\$3312994	\$1343
Any Other Category of Payer	\$150491763	\$97468
Total	\$0	\$0

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	\$67845877	\$5280
Medicaid	\$18255343	\$1357
Commercial Insurance	\$1058242	\$24
Self-pay	\$930102	\$83
Any Other Category of Payer	\$40957819	\$2016
Total	\$0	\$0

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	\$63450945	\$114820
Medicaid	\$20125586	\$31727
Commercial Insurance	\$4045908	\$3722
Self-pay	\$2381950	\$1255
Any Other Category of Payer	\$109378284	\$95080
Total	\$0	\$0

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	\$131296822	\$120100
Medicaid	\$38380929	\$33084
Commercial Insurance	\$5104150	\$3746
Self-pay	\$3312052	\$1338
Any Other Category of Payer	\$150336103	\$97096
Total	\$0	\$0

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	\$408	\$1
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	\$298987	\$1213
Medicaid	\$108977	\$219
Commercial Insurance	\$13281	\$27
Self-pay	\$942	\$5
Any Other Category of Payer	\$155252	\$371
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	\$298987	\$1213
Medicaid	\$108977	\$219
Commercial Insurance	\$13281	\$27
Self-pay	\$942	\$5
Any Other Category of Payer	\$155660	\$372
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$82306666	Employee Benefits	\$20483157
Depreciation and Amortization	\$14036420	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$187939805
Total Operating Expenses	\$304766048		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$37989134	Total Assets	\$208789504
Net Non-operating Gains over Loss	\$183545	Total Liabilities	\$38313212
Total Net Gains	\$38172679		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$681353445	\$546318189	\$135035256
Medicaid	\$156860483	\$117334212	\$39526271
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$372246914	\$205878368	\$166368546
Total	\$1210460842	\$869530769	\$340930073

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$131549	\$-131549

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	\$822909	\$-822909
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$320090	\$-320090

Number of Medical Professionals Trained	600
Number of Hospital Patients Educated	8,858
Number of Citizens Exposed to Health Education Messages	284,870

Statement Six: Charity Statement

Hospital Charity Charges	\$4378457
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1963	\$1084602	
HCI Payments	\$0		
Subtotal	\$1963	\$1084602	\$-1082639
Medicaid Shortfalls	\$17762272	\$35500811	
Subtotal	\$17764235	\$36585413	\$-18821178
DSH Payments	\$0		
Subtotal	\$17764235	\$36585413	\$-18821178
Medicare Shortfalls	\$130367516	\$159675141	
Other Government Programs	\$1202690	\$1426672	
Total	\$149334441	\$197687226	\$-48352785

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4600242	\$5266385	\$-666143
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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