



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. JOSEPH HOSPITAL (FORT WAYNE)

City of Hospital: Fort Wayne

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Travis Rolston

Email Address: trolston@lhn.net

Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$82028821
Outpatient Patient Service Revenue	\$256662206
Total Gross Patient Service Revenue	\$338691027

2. Deductions From Revenue

Contractual Allowance	\$282550596
Other Deductions	\$0
Total Deductions	\$282550596

3. Total Operating Revenue

Net Patient Service Revenue	\$56140431
Other Operating Revenue	\$201072
Total Operating Revenue	\$56341503

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3991757	522
Medicaid	\$6794606	473
Commercial Insurance	\$135183	3
Self-pay	\$837595	0
Any Other Category of Payer	\$7136140	129
Total	\$18895281	1127

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$2027214	9259
Medicaid	\$12601016	14564
Commercial Insurance	\$518824	377
Self-pay	\$2229210	2
Any Other Category of Payer	\$19868886	6009
Total	\$37245150	30211

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	\$6018971	9781
Medicaid	\$19395622	15037
Commercial Insurance	\$654007	380
Self-pay	\$3066805	2
Any Other Category of Payer	\$27005026	6138
Total	\$56140431	31338

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$16806643	Employee Benefits	\$5442646
Depreciation and Amortization	\$8961161	Interest Expense	\$27958
Bad Debt	\$1692958	Other Expenses	\$31211810
Total Operating Expenses	\$64143176		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7801673	Total Assets	\$139096937
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$139096937
Total Net Gains	\$-7801673		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$124658658	\$109034096	\$15624562
Medicaid	\$135489771	\$116094148	\$19395623
Other Government	\$4574129	\$3952716	\$621413
Other State	\$0	\$0	\$0
Other Payers	\$73968469	\$53469628	\$20498841
Total	\$338691027	\$282550588	\$56140439

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$96023	\$-96023

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	\$58491	\$-58491
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	18
Number of Hospital Patients Educated	1313
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$1695584
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$318392	
HCI Payments	\$0		
Subtotal	\$0	\$318392	\$-318392
Medicaid Shortfalls	\$19395622	\$25441851	
Subtotal	\$19395622	\$25760243	\$-6364621
DSH Payments	\$0		
Subtotal	\$19395622	\$25760243	\$-6364621
Medicare Shortfalls	\$15624556	\$23408018	
Other Government Programs	\$621412	\$858916	
Total	\$35641590	\$50027177	\$-14385587

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2204889	\$-2204889
Other Allocations	\$0	\$0	\$0

Comments

//