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: 07/01/2022   (mm/dd/yyyy format)

Year End: 06/30/2023   (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	$377333200
Outpatient Patient Service Revenue	$923895524
Total Gross Patient Service Revenue	$1301228724

2. Deductions From Revenue

Contractual Allowance	$939459350
Other Deductions	$13929027
Total Deductions	$953388377

3. Total Operating Revenue

Net Patient Service Revenue	$347840347
Other Operating Revenue	$3310732
Total Operating Revenue	$351151079

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$68951078	5216
Medicaid	$19296997	1272
Commercial Insurance	$34958053	1837
Self-pay	$854645	75
Any Other Category of Payer	$312622	52
Total	$124373395	8452

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	$67741625	120274
Medicaid	$23035465	32098
Commercial Insurance	$129312340	100252
Self-pay	$2814951	1203
Any Other Category of Payer	$562571	1092
Total	$223466952	254919

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	$136692704	125490
Medicaid	$42332463	33370
Commercial Insurance	$164270393	102089
Self-pay	$3669596	1278
Any Other Category of Payer	$875193	1144
Total	$347840349	263371

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	$68951078	5216
Medicaid	$19296997	1272
Commercial Insurance	$34958053	1837
Self-pay	$854645	75
Any Other Category of Payer	$312622	52
Total	$124373395	8452

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	$67730212	120180
Medicaid	$23027730	32075
Commercial Insurance	$129302703	100207
Self-pay	$2814951	1202
Any Other Category of Payer	$562571	1092
Total	$223438167	254756

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	$136681291	125396
Medicaid	$42324728	33347
Commercial Insurance	$164260756	102044
Self-pay	$3669596	1277
Any Other Category of Payer	$875193	1144
Total	$347811564	263208

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	$11413	94
Medicaid	$7735	23
Commercial Insurance	$9637	45
Self-pay	$0	1
Any Other Category of Payer	$0	0
Total	$28785	163

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	$11413	94
Medicaid	$7735	23
Commercial Insurance	$9637	45
Self-pay	$0	1
Any Other Category of Payer	$0	0
Total	$28785	163

13. Operating Expenses

Salaries and Wages	$85025800	Employee Benefits	$20201946
Depreciation and Amortization	$14862540	Interest Expense	$197351877
Bad Debt	$0	Other Expenses	$0
Total Operating Expenses	$317442163		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$33708916	Total Assets	$205010881
Net Non-operating Gains over Loss	$190275	Total Liabilities	$15447852
Total Net Gains	$33899191		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$743127484	$601602552	$141524932
Medicaid	$166348543	$122775784	$43572759
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$391752697	$215081014	$176671683
Total	$1301228724	$939459350	$361769374

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$0	$137283	$-137283

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	$726738	$-726738
Hospital Patients	$0	$0	$0
Community Education	$0	$326837	$-326837

Number of Medical Professionals Trained	600
Number of Hospital Patients Educated	8,573
Number of Citizens Exposed to Health Education Messages	291,228

Statement Six: Charity Statement

Hospital Charity Charges	$6459712

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$41889	$948115	
HCI Payments	$0		
Subtotal	$41889	$948115	$-906226
Medicaid Shortfalls	$17858247	$36782798	
Subtotal	$17900136	$37730913	$-19830777
DSH Payments	$0		
Subtotal	$17900136	$37730913	$-19830777
Medicare Shortfalls	$137031561	$168661901	
Other Government Programs	$1034662	$1283628	
Total	$155966359	$207676442	$-51710083

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$8761485	$9999793	$-1238308
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$0	$0	$0

Comments