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: SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH

City of Hospital: Plymouth

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

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Rebecca Mullins

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Medicare Provider Number: 15-0076

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$38126987
Outpatient Patient Service Revenue	$181513940
Total Gross Patient Service Revenue	$219640927

2. Deductions From Revenue

Contractual Allowance	$153002011
Other Deductions	$9591411
Total Deductions	$162593422

3. Total Operating Revenue

Net Patient Service Revenue	$57047505
Other Operating Revenue	$1726688
Total Operating Revenue	$58774193

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$7471803	788
Medicaid	$3209058	304
Commercial Insurance	$4194202	277
Self-pay	$48691	22
Any Other Category of Payer	$7293	12
Total	$14931047	1403

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$11726115	44030
Medicaid	$6442645	16886
Commercial Insurance	$23680249	31008
Self-pay	$198570	1152
Any Other Category of Payer	$68880	2184
Total	$42116459	95260

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	$19197917	44818
Medicaid	$9651703	17190

Commercial Insurance	$27874451	31285
Self-pay	$247261	1174
Any Other Category of Payer	$76173	2196
Total	$57047505	96663

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	$18787757	Employee Benefits	$4329937
Depreciation and Amortization	$1846431	Interest Expense	$281980
Bad Debt	$4163268	Other Expenses	$7332256
Total Operating Expenses	$36741629		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$1128388	Total Assets	$256642064
Net Non-operating Gains over Loss	$-237219	Total Liabilities	$183159846
Total Net Gains	$891169		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$107941324	$87416629	$20524695
Medicaid	$40643095	$29749782	$10893313
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$71056177	$35835600	$35220577
Total	$219640596	$153002011	$66638585

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$0	$1400	$-1400

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	$0	$0
Community Education	$153482	$232461	$-78979

Number of Medical Professionals Trained	$0
Number of Hospital Patients Educated	86320
Number of Citizens Exposed to Health Education Messages	31461

Statement Six: Charity Statement

	Hospital Charity Charges	$2628128

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$2753802	
HCI Payments	$0		
Subtotal	$0	$2753802	$-2753802
Medicaid Shortfalls	$10179812	$13870203	
Subtotal	$10179812	$16624005	$-6444193
DSH Payments	$0		
Subtotal	$10179812	$16624005	$-6444193
Medicare Shortfalls	$19197917	$23855033	
Other Government Programs	$0	$0	
Total	$29377729	$40479038	$-11101309

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$737537	$2073784	$-1336247
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$0	$0	$0

Comments