



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 SOUTH BEND

City of Hospital: Mishawaka

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

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

Person Completing the Report: Rebecca Mullins

Email Address: rebecca.mullins@sjrmc.com

Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$589527448	Contractual Allowance	\$806635529
Outpatient Patient Service Revenue	\$597917118	Other Deductions	\$38039680
Total Gross Patient Service Revenue	\$1187444566	Total Deductions	\$844675209

3. Total Operating Revenue	
Net Patient Service Revenue	\$342769358
Other Operating Revenue	\$6313781
Total Operating Revenue	\$349083139

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$80936254	6182
Medicaid	\$38216291	2512
Commercial Insurance	\$68820468	2976
Self-pay	\$190740	133
Any Other Category of Payer	\$271361	174
Total	\$188435114	11977

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$43140586	52496
Medicaid	\$23995368	35307
Commercial Insurance	\$86237712	49554
Self-pay	\$602365	2626
Any Other Category of Payer	\$358212	4445
Total	\$154334243	144428

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	\$124076840	58678
Medicaid	\$62211659	37819

Commercial Insurance	\$155058180	52530
Self-pay	\$793105	2759
Any Other Category of Payer	\$629573	4619
Total	\$342769357	156405

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	\$121478201	Employee Benefits	\$25632755
Depreciation and Amortization	\$14401742	Interest Expense	\$14553563
Bad Debt	\$17966549	Other Expenses	\$30520624
Total Operating Expenses	\$224553434		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-18077438	Total Assets	\$1102504673
Net Non-operating Gains over Loss	\$-281642	Total Liabilities	\$1040376417
Total Net Gains	\$-18359080		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$584333589	\$452685840	\$131647749
Medicaid	\$221299512	\$153210293	\$68089219
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$381811465	\$200739396	\$181072069
Total	\$1187444566	\$806635529	\$380809037

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$33236	\$-33236

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	\$4350457	\$-4350457
Hospital Patients	\$0	\$840299	\$-840299
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	199125
Number of Citizens Exposed to Health Education Messages	152143

Statement Six: Charity Statement

Hospital Charity Charges	\$11056043
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11190023	
HCI Payments	\$0		
Subtotal	\$0	\$11190023	\$-11190023
Medicaid Shortfalls	\$67256997	\$90945464	
Subtotal	\$67256997	\$102135487	\$-34878490
DSH Payments	\$0		
Subtotal	\$67256997	\$102135487	\$-34878490
Medicare Shortfalls	\$124076840	\$160691737	
Other Government Programs	\$0	\$0	
Total	\$191333837	\$262827224	\$-71493387

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2049850	\$5448136	\$-3398286
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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