



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: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Rebecca Mullins

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Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$572570100
Outpatient Patient Service Revenue	\$704993423
Total Gross Patient Service Revenue	\$1277563523

2. Deductions From Revenue

Contractual Allowance	\$881215354
Other Deductions	\$-35911377
Total Deductions	\$845303977

3. Total Operating Revenue

Net Patient Service Revenue	\$2122867500
Other Operating Revenue	\$5669986
Total Operating Revenue	\$2128537486

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$75717084	5824
Medicaid	\$37243786	2916
Commercial Insurance	\$68648674	3731
Self-pay	\$348541	198
Any Other Category of Payer	\$0	0
Total	\$181958085	12669

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$51232867	57010
Medicaid	\$26041187	35804
Commercial Insurance	\$100550110	57733
Self-pay	\$654544	3205
Any Other Category of Payer	\$0	0
Total	\$178478708	153752

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	\$126949951	62834
Medicaid	\$63284973	38720
Commercial Insurance	\$169198784	61464
Self-pay	\$1003085	3403
Any Other Category of Payer	\$0	0
Total	\$360436793	166421

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	\$117285928	Employee Benefits	\$25455772
Depreciation and Amortization	\$14317154	Interest Expense	\$14454691
Bad Debt	\$10877431	Other Expenses	\$26327723
Total Operating Expenses	\$208718699		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6225886	Total Assets	\$1332182018
Net Non-operating Gains over Loss	\$-2921996	Total Liabilities	\$1268336713
Total Net Gains	\$-9147882		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$612976853	\$480756821	\$132220032
Medicaid	\$234737588	\$166511676	\$68225912
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$429849082	\$233946857	\$195902225
Total	\$1277563523	\$881215354	\$396348169

Statement Three: Donations Statement

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

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	\$7498782	\$-7498782
Hospital Patients	\$0	\$794933	\$-794933
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	109787
Number of Citizens Exposed to Health Education Messages	109476

Statement Six: Charity Statement

Hospital Charity Charges	\$14390440
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$21083015	
HCI Payments	\$0		
Subtotal	\$0	\$21083015	\$-21083015
Medicaid Shortfalls	\$69281733	\$86809701	
Subtotal	\$69281733	\$107892716	\$-38610983
DSH Payments	\$0		
Subtotal	\$69281733	\$107892716	\$-38610983
Medicare Shortfalls	\$126949950	\$163536208	
Other Government Programs	\$0	\$0	
Total	\$196231683	\$271428924	\$-75197241

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1938320	\$4899131	\$-2960811
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments