



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL & HEALTH CENTER

City of Hospital: Kokomo

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Claudia Eads

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Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$174108120
Outpatient Patient Service Revenue	\$317880328
Total Gross Patient Service Revenue	\$491988448

2. Deductions From Revenue

Contractual Allowance	\$314740724
Other Deductions	\$14493207
Total Deductions	\$329233931

3. Total Operating Revenue

Net Patient Service Revenue	\$162754517
Other Operating Revenue	\$2391722
Total Operating Revenue	\$165146239

4. Operating Expenses

Salaries and Wages	\$40294073	Employee Benefits	\$10217802
Depreciation and Amortization	\$5009427	Interest Expense	\$505365
Bad Debt	\$9325272	Other Expenses	\$70219125
Total Operating Expenses	\$135571064		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29575175	Total Assets	\$193463128
Net Non-operating Gains over Loss	\$-4220548	Total Liabilities	\$34439818

Total Net Gains	\$25354627
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$259480892	\$202729486	\$56751406
Medicaid	\$68742955	\$55326238	\$13416717
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$163764601	\$71178207	\$92586394
Total	\$491988448	\$329233931	\$162754517

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$107695	\$199642	\$-91947

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	\$6948	\$-6948
Community Education	\$40771	\$406413	\$-365642

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	6371

Statement Six: Charity Statement

Hospital Charity Charges	\$5426578
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1318925	
HCI Payments	\$0		
Subtotal	\$0	\$1318925	\$-1318925
Medicaid Shortfalls	\$13416717	\$16707914	
Subtotal	\$13416717	\$18026839	\$-4610122
DSH Payments	\$0		
Subtotal	\$13416717	\$18026839	\$-4610122
Medicare Shortfalls	\$56751406	\$63066600	
Other Government Programs	\$0	\$0	
Total	\$70168123	\$81093439	\$-10925316

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$40771	\$406413	\$-365642
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$34125	\$-34125

Comments

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