



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. MARY MEDICAL CENTER HOBART

City of Hospital: Hobart

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: St. Mary Medical Center

Email Address: kjradinovic@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$352974743
Outpatient Patient Service Revenue	\$582507972
Total Gross Patient Service Revenue	\$935482715

2. Deductions From Revenue

Contractual Allowance	\$647494786
Other Deductions	\$19416039
Total Deductions	\$666910825

3. Total Operating Revenue

Net Patient Service Revenue	\$268571890
Other Operating Revenue	\$2521042
Total Operating Revenue	\$271092932

4. Operating Expenses

Salaries and Wages	\$69457139	Employee Benefits	\$17369856
Depreciation and Amortization	\$14911001	Interest Expense	\$1383634
Bad Debt	\$0	Other Expenses	\$142804802
Total Operating Expenses	\$245926432		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$25166500	Total Assets	\$189409276
Net Non-operating Gains over Loss	\$137576	Total Liabilities	\$27235468
Total Net Gains	\$25304076		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$510538532	\$398221802	\$112316730
Medicaid	\$122170141	\$94242105	\$27928036
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$302774042	\$155030879	\$147743163
Total	\$935482715	\$647494786	\$287987929

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$158843	\$-158843

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	\$737728	\$-737728
Hospital Patients	\$0	\$0	\$0
Community Education	\$236	\$265028	\$-264792

Number of Medical Professionals Trained

635

Number of Hospital Patients Educated	10782
Number of Citizens Exposed to Health Education Messages	224428

Statement Six: Charity Statement

Hospital Charity Charges	\$10206433
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$79775	\$1297471	
HCI Payments	\$0		
Subtotal	\$79775	\$1297471	\$-1217696
Medicaid Shortfalls	\$27410374	\$45593972	
Subtotal	\$27490149	\$46891443	\$-19401294
DSH Payments	\$0		
Subtotal	\$27490149	\$46891443	\$-19401294
Medicare Shortfalls	\$108321836	\$128170190	
Other Government Programs	\$861278	\$1066457	
Total	\$136673263	\$176128090	\$-39454827

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$3752	\$-3752

Comments

