



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: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Lynn Vertrees

Email Address: lvertree@stjoseph.stvincent.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$135734221
Outpatient Patient Service Revenue	\$251704140
Total Gross Patient Service Revenue	\$387438361

2. Deductions From Revenue

Contractual Allowance	\$230961188
Other Deductions	\$18922625
Total Deductions	\$249883813

3. Total Operating Revenue

Net Patient Service Revenue	\$137554548
Other Operating Revenue	\$-720912
Total Operating Revenue	\$136833636

4. Operating Expenses

Salaries and Wages	\$37125995	Employee Benefits	\$9816899
Depreciation and Amortization	\$4948827	Interest Expense	\$532907
Bad Debt	\$10772425	Other Expenses	\$56022418
Total Operating Expenses	\$119219471		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17614165	Total Assets	\$206515020
Net Non-operating Gains over Loss	\$16485788	Total Liabilities	\$37677912
Total Net Gains	\$34099953		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$200264173	\$153312944	\$46951229
Medicaid	\$43294798	\$31483448	\$11811350
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$143879390	\$65087421	\$78791969
Total	\$387438361	\$249883813	\$137554548

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$6600	\$92678	\$-86078

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	\$0	\$9698	\$-9698

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4332

Statement Six: Charity Statement

Hospital Charity Charges	\$9614081
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2546549	
HCI Payments	\$0		
Subtotal	\$0	\$2546549	\$-2546549
Medicaid Shortfalls	\$11984610	\$11763415	
Subtotal	\$11984610	\$14309964	\$-2325354
DSH Payments	\$0		
Subtotal	\$11984610	\$14309964	\$-2325354
Medicare Shortfalls	\$47295663	\$52973278	
Other Government Programs	\$0	\$0	
Total	\$59280273	\$67283242	\$-8002969

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$237911	\$-237911
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$161027	\$-161027

