



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: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Claudia Eads

Email Address: claudia.eads@stvincent.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$140556375
Outpatient Patient Service Revenue	\$295724943
Total Gross Patient Service Revenue	\$436281318

2. Deductions From Revenue

Contractual Allowance	\$274583694
Other Deductions	\$19754231
Total Deductions	\$294337925

3. Total Operating Revenue

Net Patient Service Revenue	\$141943394
Other Operating Revenue	\$3020870
Total Operating Revenue	\$144964264

4. Operating Expenses

Salaries and Wages	\$39479183	Employee Benefits	\$10976403
Depreciation and Amortization	\$5257244	Interest Expense	\$516332
Bad Debt	\$3621548	Other Expenses	\$61193752
Total Operating Expenses	\$121044462		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23919802	Total Assets	\$200687693
Net Non-operating Gains over	\$274177	Total Liabilities	\$30477249

Loss	
Total Net Gains	\$24193979

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$232781987	\$183458841	\$49323146
Medicaid	\$46376282	\$36656448	\$9719834
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$157123050	\$74222636	\$82900414
Total	\$436281319	\$294337925	\$141943394

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$35801	\$217271	\$-181470

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	\$2840	\$-2840
Community Education	\$0	\$9047	\$-9047

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	1894

Statement Six: Charity Statement

Hospital Charity Charges	\$10376243
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2639179	
HCI Payments	\$0		
Subtotal	\$0	\$2639179	\$-2639179
Medicaid Shortfalls	\$9719834	\$11795724	
Subtotal	\$9719834	\$14434903	\$-4715069
DSH Payments	\$0		
Subtotal	\$9719834	\$14434903	\$-4715069
Medicare Shortfalls	\$49323146	\$59207678	
Other Government Programs	\$0	\$0	
Total	\$59042980	\$73642581	\$-14599601

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4910	\$264853	\$-259943
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$124450	\$-124450

Comments