



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 PLYMOUTH

City of Hospital: Plymouth

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Rebecca Mullins

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Medicare Provider Number: 15-0076

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$58479254	Contractual Allowance	\$156711289
Outpatient Patient Service Revenue	\$173478940	Other Deductions	\$9887554
		<b>Total Deductions</b>	<b>\$166598843</b>
<b>Total Gross Patient Service Revenue</b>	<b>\$231958194</b>		

3. Total Operating Revenue	
Net Patient Service Revenue	\$65359351
Other Operating Revenue	\$4485704
<b>Total Operating Revenue</b>	<b>\$69845055</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10779679	1015
Medicaid	\$4287376	403
Commercial Insurance	\$6757800	415
Self-pay	\$31722	39
Any Other Category of Payer	\$14662	19
<b>Total</b>	<b>\$21871239</b>	<b>1891</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11367323	46084
Medicaid	\$6005316	18015
Commercial Insurance	\$22967065	32988
Self-pay	\$320451	1581
Any Other Category of Payer	\$58581	2072
<b>Total</b>	<b>\$40718736</b>	<b>100740</b>

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	\$22147002	47099
Medicaid	\$10292692	18418

Commercial Insurance	\$29724866	33403
Self-pay	\$352173	1620
Any Other Category of Payer	\$73243	2091
<b>Total</b>	<b>\$62589976</b>	<b>102631</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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
<b>Total</b>	<b>\$0</b>	<b>0</b>

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	\$21456525	Employee Benefits	\$4710302
Depreciation and Amortization	\$2770192	Interest Expense	\$251597
Bad Debt	\$5464044	Other Expenses	\$4068313
Total Operating Expenses	\$38720973		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$6503928	Total Assets	\$201595234
Net Non-operating Gains over Loss	\$-919321	Total Liabilities	\$130191186
Total Net Gains	\$5584607		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$114036052	\$89808213	\$24227839
Medicaid	\$42665659	\$30544913	\$12120746
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$75256483	\$36358163	\$38898320
Total	\$231958194	\$156711289	\$75246905

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$15614	\$-15614

## 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	\$112005	\$-112005

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	88044
Number of Citizens Exposed to Health Education Messages	21432

Statement Six: Charity Statement
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Hospital Charity Charges	\$2555601
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2461273	
HCI Payments	\$0		
Subtotal	\$0	\$2461273	-\$2461273
Medicaid Shortfalls	\$11509342	\$14210970	
Subtotal	\$11509342	\$16672243	-\$5162901
DSH Payments	\$0		
Subtotal	\$11509342	\$16672243	-\$5162901
Medicare Shortfalls	\$22147002	\$27368652	
Other Government Programs	\$0	\$0	
Total	\$33656344	\$44040895	-\$10384551

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$655903	\$1483038	-\$827135
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

