



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 SOUTH BEND

City of Hospital: Mishawaka

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: 15-0012

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$598143587	Contractual Allowance	\$793005923
Outpatient Patient Service Revenue	\$581943082	Other Deductions	\$53447764
Total Gross Patient Service Revenue	\$1180086669	Total Deductions	\$846453687

3. Total Operating Revenue	
Net Patient Service Revenue	\$333632983
Other Operating Revenue	\$9239169
Total Operating Revenue	\$342872152

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$79551339	5975
Medicaid	\$34502510	2487
Commercial Insurance	\$69808330	3042
Self-pay	\$516517	180
Any Other Category of Payer	\$316140	137
Total	\$184694836	11821

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$41038291	49582
Medicaid	\$22031858	33245
Commercial Insurance	\$84732711	49839
Self-pay	\$699472	3125
Any Other Category of Payer	\$435814	4731
Total	\$148938146	140522

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	\$120589630	55557
Medicaid	\$56534368	35732

Commercial Insurance	\$154541041	52881
Self-pay	\$1215989	3305
Any Other Category of Payer	\$751954	4868
<b>Total</b>	<b>\$333632982</b>	<b>152343</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	\$121693115	Employee Benefits	\$25081479
Depreciation and Amortization	\$14547632	Interest Expense	\$2085330
Bad Debt	\$21411995	Other Expenses	\$25231799
Total Operating Expenses	\$210051350		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-34681448	Total Assets	\$834699502
Net Non-operating Gains over Loss	\$277175	Total Liabilities	\$762956166
Total Net Gains	\$-34404273		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$576499070	\$444599119	\$131899951
Medicaid	\$217839025	\$153612786	\$64226239
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$385748575	\$194794018	\$190954557
Total	\$1180086670	\$793005923	\$387080747

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$130729	\$-130729

## 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	\$	\$3976832	\$-3976832
Hospital Patients	\$0	\$921098	\$-921098
Community Education	\$	\$	\$-674750

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	188480
Number of Citizens Exposed to Health Education Messages	179636

Statement Six: Charity Statement

Hospital Charity Charges	\$10977017
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3283043	
HCI Payments	\$0		
Subtotal	\$0	\$3283043	\$-3283043
Medicaid Shortfalls	\$61532144	\$90973539	
Subtotal	\$61532144	\$94256582	\$-32724438
DSH Payments	\$0		
Subtotal	\$61532144	\$94256582	\$-32724438
Medicare Shortfalls	\$120589630	\$172373222	
Other Government Programs	\$0	\$0	
Total	\$182121774	\$266629804	\$-84508030

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2861464	\$5650056	\$-2788592
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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