



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: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (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	\$379628476
Outpatient Patient Service Revenue	\$667260605
Total Gross Patient Service Revenue	\$1046889081

2. Deductions From Revenue

Contractual Allowance	\$733206389
Other Deductions	\$18973822
Total Deductions	\$752180211

3. Total Operating Revenue

Net Patient Service Revenue	\$294708870
Other Operating Revenue	\$2655739
Total Operating Revenue	\$297364609

4. Operating Expenses

Salaries and Wages	\$72825106	Employee Benefits	\$17535734
Depreciation and Amortization	\$14684053	Interest Expense	\$1376230
Bad Debt	\$0	Other Expenses	\$159734689
Total Operating Expenses	\$266155812		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$31208796	Total Assets	\$188281877
Net Non-operating Gains over Loss	\$171371	Total Liabilities	\$27889111

Total Net Gains	\$31380167
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$586104873	\$459991158	\$126113715
Medicaid	\$129634411	\$99242746	\$30391665
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$331149797	\$173972484	\$157177313
Total	\$1046889081	\$733206388	\$313682693

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$169062	\$-169062

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$261384	\$-261384
Hospital Patients	\$0	\$0	\$0
Community Education	\$885	\$714321	\$-713436

Number of Medical Professionals Trained	884
Number of Hospital Patients Educated	11,096
Number of Citizens Exposed to Health Education Messages	242,192

Statement Six: Charity Statement
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Hospital Charity Charges	\$10750005
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$48283	\$920812	
HCI Payments	\$0		
Subtotal	\$48283	\$920812	\$-872529
Medicaid Shortfalls	\$12270430	\$28833753	
Subtotal	\$12318713	\$29754565	\$-17435852
DSH Payments	\$0		
Subtotal	\$12318713	\$29754565	\$-17435852
Medicare Shortfalls	\$120907678	\$143525948	
Other Government Programs	\$1063180	\$1219989	
Total	\$134289571	\$174500502	\$-40210931

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	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$112094	\$136939	\$-24845

Comments

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