



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: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (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

Inpatient Patient Service Revenue	\$29948124
Outpatient Patient Service Revenue	\$186119143
Total Gross Patient Service Revenue	\$216067267

2. Deductions From Revenue

Contractual Allowance	\$155667760
Other Deductions	\$-8658403
Total Deductions	\$147009357

3. Total Operating Revenue

Net Patient Service Revenue	\$363076624
Other Operating Revenue	\$1118618
Total Operating Revenue	\$364195242

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6679248	748
Medicaid	\$975685	88
Commercial Insurance	\$2589583	170
Self-pay	\$60957	17
Any Other Category of Payer	\$0	0
Total	\$10305473	1023

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$11516452	42575
Medicaid	\$6095040	15341
Commercial Insurance	\$23566876	33518
Self-pay	\$257266	1532
Any Other Category of Payer	\$0	0
Total	\$41435634	92966

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	\$18195700	43323
Medicaid	\$7070725	15429
Commercial Insurance	\$26156459	33688
Self-pay	\$318223	1549
Any Other Category of Payer	\$0	0
Total	\$51741107	93989

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
Total	\$0	0

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
Total	\$0	0

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
Total	\$0	0

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
Total	\$0	0

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
Total	\$0	0

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	\$16801855	Employee Benefits	\$3910017
Depreciation and Amortization	\$2374814	Interest Expense	\$281131
Bad Debt	\$3317404	Other Expenses	\$4363999
Total Operating Expenses	\$31049220		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$255332	Total Assets	\$313668906
Net Non-operating Gains over Loss	\$-86192	Total Liabilities	\$238606739
Total Net Gains	\$169140		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$107377083	\$88049884	\$19327199
Medicaid	\$36740650	\$28737283	\$8003367
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$71949534	\$38880593	\$33068941
Total	\$216067267	\$155667760	\$60399507

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1150	\$-1150

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	\$245014	\$330909	\$-85895

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	19522
Number of Citizens Exposed to Health Education Messages	29160

Statement Six: Charity Statement

Hospital Charity Charges	\$4139037
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5051027	
HCI Payments	\$0		
Subtotal	\$0	\$5051027	\$-5051027
Medicaid Shortfalls	\$7735135	\$12204731	
Subtotal	\$7735135	\$17255758	\$-9520623
DSH Payments	\$0		
Subtotal	\$7735135	\$17255758	\$-9520623
Medicare Shortfalls	\$18195699	\$22746508	
Other Government Programs	\$0	\$0	
Total	\$25930834	\$40002266	\$-14071432

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$682331	\$1361493	\$-679162
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments