



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: ST. VINCENT RANDOLPH HOSPITAL

City of Hospital: Winchester

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

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

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 151301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9937642
Outpatient Patient Service Revenue	\$86943664
<b>Total Gross Patient Service Revenue</b>	<b>\$96881306</b>

2. Deductions From Revenue

Contractual Allowance	\$67020593
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$67020593</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$29860714
Other Operating Revenue	\$1250117
<b>Total Operating Revenue</b>	<b>\$31110831</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$788419	\$113
Medicaid	\$1485761	\$274
Commercial Insurance	\$1699571	\$140
Self-pay	\$180744	\$40
Any Other Category of Payer	-\$44773	\$7
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7487569	\$11582
Medicaid	\$2837345	\$10013
Commercial Insurance	\$10919530	\$8314
Self-pay	\$611361	\$309
Any Other Category of Payer	\$-31824	\$1585
Total	\$0	\$0

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	\$8275988	\$11695
Medicaid	\$4323106	\$10287
Commercial Insurance	\$12619101	\$8454
Self-pay	\$792105	\$349
Any Other Category of Payer	\$-76597	\$1592
Total	\$0	\$0

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	\$5769379	Employee Benefits	\$1392632
Depreciation and Amortization	\$1419526	Interest Expense	\$463808
Bad Debt	\$5150	Other Expenses	\$15240301
Total Operating Expenses	\$24290796		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$8703369	Total Assets	\$14222648
Net Non-operating Gains over Loss	\$-11224	Total Liabilities	\$19242756
Total Net Gains	\$8692145		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35247284	\$26971297	\$8275987
Medicaid	\$29370307	\$21120190	\$8250117
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32263714	\$18929106	\$13334608
Total	\$96881305	\$67020593	\$29860712

Statement Three: Donations Statement

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

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	\$2553	\$-2553
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$71007	\$-71007

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	419
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$2231265

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$522248	
HCI Payments	\$0		
Subtotal	\$0	\$522248	\$-522248
Medicaid Shortfalls	\$8287483	\$8255480	
Subtotal	\$8287483	\$8777728	\$-490245
DSH Payments	\$4,992,670		
Subtotal	\$13280153	\$8777728	\$4502425
Medicare Shortfalls	\$8386090	\$8249951	
Other Government Programs	\$0	\$0	
Total	\$21666243	\$17027679	\$4638564

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	\$29850	\$-29850
Community Assessment	\$0	\$55960	\$-55960
Provision of Taxes	\$0	\$1381152	\$-1381152
Other Allocations	\$0	\$0	\$0

Comments

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