



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 SALEM HOSPITAL

City of Hospital: Salem

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

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

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1057466
Outpatient Patient Service Revenue	\$59431043
Total Gross Patient Service Revenue	\$60488509

2. Deductions From Revenue

Contractual Allowance	\$42076933
Other Deductions	\$0
Total Deductions	\$42076933

3. Total Operating Revenue

Net Patient Service Revenue	\$18411576
Other Operating Revenue	\$1325083
Total Operating Revenue	\$19736659

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1014324	\$35
Medicaid	\$90697	\$7
Commercial Insurance	\$132258	\$9
Self-pay	\$27904	\$1
Any Other Category of Payer	-\$1484	\$0
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7056867	\$8513
Medicaid	\$2413187	\$5753
Commercial Insurance	\$7154744	\$4493
Self-pay	\$362901	\$166
Any Other Category of Payer	\$160178	\$850
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	\$8071191	\$8548
Medicaid	\$2503884	\$5760
Commercial Insurance	\$7287002	\$4502
Self-pay	\$390805	\$167
Any Other Category of Payer	\$158694	\$850
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	\$5335735	Employee Benefits	\$1221419
Depreciation and Amortization	\$584343	Interest Expense	\$0
Bad Debt	\$3175	Other Expenses	\$10350941
Total Operating Expenses	\$17495613		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2241045	Total Assets	\$11691055
Net Non-operating Gains over Loss	\$-13793	Total Liabilities	\$15347409
Total Net Gains	\$2227252		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26636316	\$18565125	\$8071191
Medicaid	\$16756492	\$14252608	\$2503884
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17095701	\$9259200	\$7836501
Total	\$60488509	\$42076933	\$18411576

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$68851	\$-68851

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	58
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$800575
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$219008	
HCI Payments	\$0		
Subtotal	\$0	\$219008	\$-219008
Medicaid Shortfalls	\$2518707	\$5305114	
Subtotal	\$2518707	\$5524122	\$-3005415
DSH Payments	\$0		
Subtotal	\$2518707	\$5524122	\$-3005415
Medicare Shortfalls	\$8112245	\$7286719	
Other Government Programs	\$0	\$0	
Total	\$10630952	\$12810841	\$-2179889

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$26767	\$-26767
Community Assessment	\$0	\$55462	\$-55462
Provision of Taxes	\$0	\$721152	\$-721152
Other Allocations	\$0	\$0	\$0

Comments

//