



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 ELIZABETH MEDICAL CENTER

City of Hospital: Lawrenceburg

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Patricia Ott

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Medicare Provider Number: 150086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$109578470
Outpatient Patient Service Revenue	\$180605385
Total Gross Patient Service Revenue	\$290183855

2. Deductions From Revenue

Contractual Allowance	\$192460179
Other Deductions	\$1537517
Total Deductions	\$193997696

3. Total Operating Revenue

Net Patient Service Revenue	\$96186159
Other Operating Revenue	\$1661296
Total Operating Revenue	\$97847455

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17420630	2140
Medicaid	\$5829229	589
Commercial Insurance	\$14076653	696
Self-pay	\$3432928	53
Any Other Category of Payer	\$88769	4
Total	\$40848209	3482

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$13452810	30366
Medicaid	\$10605540	14646
Commercial Insurance	\$28855314	25036
Self-pay	\$1649081	1573
Any Other Category of Payer	\$775205	599
Total	\$55337950	72220

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	\$30873440	32506
Medicaid	\$16434769	15235
Commercial Insurance	\$42931967	25732
Self-pay	\$5082009	1626
Any Other Category of Payer	\$863974	603
Total	\$96186159	75702

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	\$34414737	Employee Benefits	\$7526746
Depreciation and Amortization	\$2053722	Interest Expense	\$28613
Bad Debt	\$0	Other Expenses	\$53674110
Total Operating Expenses	\$97697928		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$149527	Total Assets	\$22507163
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$19083894
Total Net Gains	\$149527		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$148072230	\$117198790	\$30873440
Medicaid	\$51697207	\$35262438	\$16434769
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$90414418	\$41536468	\$48877950
Total	\$290183855	\$193997696	\$96186159

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	\$151526	\$-151526
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$346280	\$-346280

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	1277

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$455405	
HCI Payments	\$0		
Subtotal	\$0	\$455405	\$-455405
Medicaid Shortfalls	\$16740974	\$16515141	
Subtotal	\$16740974	\$16970546	\$-229572
DSH Payments	\$4,906,825		
Subtotal	\$21647799	\$16970546	\$4677253
Medicare Shortfalls	\$18650758	\$21435264.00	
Other Government Programs	\$0	\$0	
Total	\$40298557	\$38405810	\$1892747

Statement Seven: Subsidized Health Services for the Community

	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	\$5425335	\$-5425335
Other Allocations	\$0	\$0	\$0

Comments

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