



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 CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4024731
Outpatient Patient Service Revenue	\$62986315
Total Gross Patient Service Revenue	\$67011046

2. Deductions From Revenue

Contractual Allowance	\$47553255
Other Deductions	\$0
Total Deductions	\$47553255

3. Total Operating Revenue

Net Patient Service Revenue	\$19457790
Other Operating Revenue	\$251399
Total Operating Revenue	\$19709189

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1406043	\$133
Medicaid	\$291709	\$27
Commercial Insurance	\$179202	\$15
Self-pay	\$50879	\$1
Any Other Category of Payer	\$7222	\$0
Total	\$1935055	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7321582	\$9899
Medicaid	\$2467352	\$6736
Commercial Insurance	\$7491034	\$5012
Self-pay	\$170867	\$170
Any Other Category of Payer	\$71900	\$909
Total	\$17522735	\$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	\$8727625	\$10032
Medicaid	\$2759061	\$6763
Commercial Insurance	\$7670237	\$5027
Self-pay	\$221746	\$171
Any Other Category of Payer	\$79122	\$909
Total	\$19457791	\$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	\$4745449	Employee Benefits	\$1025511
Depreciation and Amortization	\$828301	Interest Expense	\$268575
Bad Debt	\$33236	Other Expenses	\$13462874
Total Operating Expenses	\$20363946		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-654757	Total Assets	\$12199986
Net Non-operating Gains over Loss	\$-757	Total Liabilities	\$11875590
Total Net Gains	\$-655514		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30043744	\$21316119	\$8727625
Medicaid	\$19407798	\$16648736	\$2759062
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17559504	\$9588400	\$7971104
Total	\$67011046	\$47553255	\$19457791

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	\$16698	\$-16698
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$68486	\$-68486

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$181
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1173406
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$328297	
HCI Payments	\$0		
Subtotal	\$0	\$328297	\$-328297
Medicaid Shortfalls	\$2772741	\$6916220	
Subtotal	\$2772741	\$7244517	\$-4471776
DSH Payments	\$0		
Subtotal	\$2772741	\$7244517	\$-4471776
Medicare Shortfalls	\$8816061	\$8405667	
Other Government Programs	\$0	\$0	
Total	\$11588802	\$15650184	\$-4061382

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$11839	\$-11839
Community Assessment	\$0	\$74929	\$-74929
Provision of Taxes	\$0	\$1486288	\$-1486288
Other Allocations	\$0	\$0	\$0

Comments

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