



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 MERCY HOSPITAL

City of Hospital: Elwood

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

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

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6414927
Outpatient Patient Service Revenue	\$75873128
Total Gross Patient Service Revenue	\$82288055

2. Deductions From Revenue

Contractual Allowance	\$56920175
Other Deductions	\$0
Total Deductions	\$56920175

3. Total Operating Revenue

Net Patient Service Revenue	\$25367880
Other Operating Revenue	\$327028
Total Operating Revenue	\$25694908

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1987346	\$184
Medicaid	\$350578	\$30
Commercial Insurance	\$655807	\$42
Self-pay	\$33474	\$2
Any Other Category of Payer	\$12992	\$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	\$9578523	\$7090
Medicaid	\$2026252	\$5120
Commercial Insurance	\$10198404	\$4136
Self-pay	\$21206	\$203
Any Other Category of Payer	\$503479	\$348
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	\$11565869	\$7274
Medicaid	\$2376830	\$5150
Commercial Insurance	\$10854211	\$4178
Self-pay	\$54499	\$205
Any Other Category of Payer	\$516472	\$348
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	\$5282315	Employee Benefits	\$1349207
Depreciation and Amortization	\$1269867	Interest Expense	\$392253
Bad Debt	\$17424	Other Expenses	\$15709069
Total Operating Expenses	\$24020135		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1674771	Total Assets	\$15315995
Net Non-operating Gains over Loss	\$-17500	Total Liabilities	\$14889763
Total Net Gains	\$1657271		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39149406	\$27583537	\$11565869
Medicaid	\$20109113	\$17732283	\$2376830
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23029536	\$11604355	\$11425181
Total	\$82288055	\$56920175	\$25367880

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	\$70791	\$-70791

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$267
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1677430
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$452718	
HCI Payments	\$0		
Subtotal	\$0	\$452718	\$-452718
Medicaid Shortfalls	\$2469675	\$7002388	
Subtotal	\$2469675	\$7455106	\$-4985431
DSH Payments	\$0		
Subtotal	\$2469675	\$7455106	\$-4985431
Medicare Shortfalls	\$11696505	\$10565950	
Other Government Programs	\$0	\$0	
Total	\$14166180	\$18021056	\$-3854876

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$33596	\$-33596
Community Assessment	\$0	\$96464	\$-96464
Provision of Taxes	\$0	\$1575182	\$-1575182
Other Allocations	\$0	\$0	\$0

Comments

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