



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: 07/01/2022 (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: 151301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10029505
Outpatient Patient Service Revenue	\$94423014
Total Gross Patient Service Revenue	\$104452519

2. Deductions From Revenue

Contractual Allowance	\$74237004
Other Deductions	\$0
Total Deductions	\$74237004

3. Total Operating Revenue

Net Patient Service Revenue	\$30215516
Other Operating Revenue	\$531115
Total Operating Revenue	\$30746631

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$318195	\$115
Medicaid	\$6330695	\$282
Commercial Insurance	\$1606977	\$145
Self-pay	\$211604	\$42
Any Other Category of Payer	\$89989	\$17
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	\$6834647	\$11567
Medicaid	\$3116062	\$10448
Commercial Insurance	\$11313818	\$8570
Self-pay	\$338169	\$473
Any Other Category of Payer	\$55361	\$1459
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	\$7152841	\$11682
Medicaid	\$9446757	\$10730
Commercial Insurance	\$12920795	\$8715
Self-pay	\$54972	\$515
Any Other Category of Payer	\$145350	\$1476
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	\$5430076	Employee Benefits	\$1275676
Depreciation and Amortization	\$1239983	Interest Expense	\$487524
Bad Debt	\$15654	Other Expenses	\$16147472
Total Operating Expenses	\$24596385		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$6150248	Total Assets	\$13255340
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$17682827
Total Net Gains	\$6150248		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36216689	\$29063847	\$7152842
Medicaid	\$33820286	\$29272323	\$4547963
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34415545	\$20799627	\$13615918
Total	\$104452520	\$79135797	\$25316723

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	\$3528	\$-3528
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$78075	\$-78075

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	423
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3006096
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$651675	
HCI Payments	\$0		
Subtotal	\$0	\$651675	\$-651675
Medicaid Shortfalls	\$9539795	\$9127309	
Subtotal	\$9539795	\$9778984	\$-239189
DSH Payments	\$3,833,135		
Subtotal	\$13372930	\$9778984	\$3593946
Medicare Shortfalls	\$7299563	\$7851222	
Other Government Programs	\$0	\$0	
Total	\$20672493	\$17630206	\$3042287

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$16667	\$-16667
Community Assessment	\$0	\$87214	\$-87214
Provision of Taxes	\$0	\$1795590	\$-1795590
Other Allocations	\$0	\$0	\$0

Comments

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