



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 JENNINGS HOSPITAL

City of Hospital: 151303

Year Begin: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|-------------------|
| Inpatient Patient Service Revenue | \$3490969 |
| Outpatient Patient Service Revenue | \$87181083 |
| Total Gross Patient Service Revenue | \$90672052 |

2. Deductions From Revenue

| | |
|-------------------------|-------------------|
| Contractual Allowance | \$66119596 |
| Other Deductions | \$0 |
| Total Deductions | \$66119596 |

3. Total Operating Revenue

| | |
|--------------------------------|-------------------|
| Net Patient Service Revenue | \$24552456 |
| Other Operating Revenue | \$299736 |
| Total Operating Revenue | \$24852192 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare | \$602994 | 156 |
| Medicaid | \$111539 | 9 |
| Commercial Insurance | \$54223 | 10 |
| Self-pay | \$123011 | 0 |
| Any Other Category of Payer | \$9299 | 5 |
| Total | \$901066 | 180 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
| | | |

| | | |
|-----------------------------|------------|-------|
| Medicare | \$8127730 | 9910 |
| Medicaid | \$2779139 | 9541 |
| Commercial Insurance | \$9728192 | 6537 |
| Self-pay | \$402534 | 811 |
| Any Other Category of Payer | \$-154314 | 425 |
| Total | \$20883281 | 27224 |

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 | \$8730724 | 10066 |
| Medicaid | \$2890678 | 9550 |
| Commercial Insurance | \$9782415 | 6547 |
| Self-pay | \$525546 | 811 |
| Any Other Category of Payer | \$-145015 | 430 |
| Total | \$21784348 | 27404 |

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 | \$4390781 | Employee Benefits | \$1056588 |
| Depreciation and Amortization | \$919658 | Interest Expense | \$355825 |
| Bad Debt | \$-3786 | Other Expenses | \$12501038 |
| Total Operating Expenses | \$19220104 | | |

14. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$5632258 | Total Assets | \$13484358 |
| Net Non-operating Gains over Loss | \$-1060 | Total Liabilities | \$13540656 |
| Total Net Gains | \$5631198 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$37209331 | \$28478606 | \$8730725 |
| Medicaid | \$28466068 | \$25575390 | \$2890678 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$24996654 | \$12065600 | \$12931054 |
| Total | \$90672053 | \$66119596 | \$24552457 |

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 | \$950 | \$-950 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$73277 | \$-73277 |

| | |
|---|-------|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$177 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$2664448 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$516983 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$516983 | \$-516983 |
| Medicaid Shortfalls | \$5722768 | \$6985195 | |
| Subtotal | \$5722768 | \$7502178 | \$-1779410 |
| DSH Payments | \$2,768,108 | | |
| Subtotal | \$8490876 | \$7502178 | \$988698 |
| Medicare Shortfalls | \$8820657 | \$7219721 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$17311533 | \$14721899 | \$2589634 |

| |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$13330 | \$-13330 |
| Community Assessment | \$0 | \$83116 | \$-83116 |
| Provision of Taxes | \$0 | \$1461928 | \$-1461928 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments