



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

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

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5376756
Outpatient Patient Service Revenue	\$80970219
Total Gross Patient Service Revenue	\$86346975

2. Deductions From Revenue

Contractual Allowance	\$60923085
Other Deductions	\$0
Total Deductions	\$60923085

3. Total Operating Revenue

Net Patient Service Revenue	\$25423891
Other Operating Revenue	\$296979
Total Operating Revenue	\$25720870

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1179260	144
Medicaid	\$260481	23
Commercial Insurance	\$425145	26
Self-pay	\$29916	1
Any Other Category of Payer	\$-15018	6
Total	\$1879784	200

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9309765	7521
Medicaid	\$2087818	4784
Commercial Insurance	\$11481601	4449
Self-pay	\$154347	520
Any Other Category of Payer	\$510577	286
Total	\$23544108	17560

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	\$10489025	7665
Medicaid	\$2348299	4807
Commercial Insurance	\$11906746	4475
Self-pay	\$184263	521
Any Other Category of Payer	\$495559	296
Total	\$25423892	17764

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	\$5778320	Employee Benefits	\$1377498
Depreciation and Amortization	\$1214966	Interest Expense	\$385993
Bad Debt	\$0	Other Expenses	\$16639412
Total Operating Expenses	\$25396189		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$324697	Total Assets	\$17569093
Net Non-operating Gains over Loss	\$-11238	Total Liabilities	\$15214856
Total Net Gains	\$313459		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40381333	\$29892308	\$10489025
Medicaid	\$20755727	\$18407428	\$2348299
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25209916	\$12623349	\$12586567
Total	\$86346976	\$60923085	\$25423891

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	\$68394	\$-68394

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$210
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1074630
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$290957	
HCI Payments	\$0		
Subtotal	\$0	\$290957	\$-290957
Medicaid Shortfalls	\$2388979	\$7260170	
Subtotal	\$2388979	\$7551127	\$-5162148
DSH Payments	\$0		
Subtotal	\$2388979	\$7551127	\$-5162148
Medicare Shortfalls	\$10536756	\$10933282	
Other Government Programs	\$0	\$0	
Total	\$12925735	\$18484409	\$-5558674

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$29108	\$-29108
Community Assessment	\$0	\$282322	\$-282322
Provision of Taxes	\$0	\$1640538	\$-1640538
Other Allocations	\$0	\$0	\$0

Comments