



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: 07/01/2023 (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: 151301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14372787
Outpatient Patient Service Revenue	\$100520622
Total Gross Patient Service Revenue	\$114893409

2. Deductions From Revenue

Contractual Allowance	\$82714247
Other Deductions	\$0
Total Deductions	\$82714247

3. Total Operating Revenue

Net Patient Service Revenue	\$32179162
Other Operating Revenue	\$575563
Total Operating Revenue	\$32754725

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1741914	168
Medicaid	\$1706821	296
Commercial Insurance	\$2260203	182
Self-pay	\$289113	62
Any Other Category of Payer	\$-13301	13
Total	\$5984750	721

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$8179097	12515
Medicaid	\$3075877	9955
Commercial Insurance	\$11388261	8808
Self-pay	\$960872	1403
Any Other Category of Payer	\$-298998	1205
Total	\$23305109	33886

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	\$9921011	12683
Medicaid	\$4782698	10251
Commercial Insurance	\$13648465	8990
Self-pay	\$1249986	1465
Any Other Category of Payer	\$-312299	1218
Total	\$29289861	34607

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	\$6147182	Employee Benefits	\$1329790
Depreciation and Amortization	\$1224600	Interest Expense	\$479743
Bad Debt	\$-204	Other Expenses	\$15346593
Total Operating Expenses	\$24527704		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$8227219	Total Assets	\$16659530
Net Non-operating Gains over Loss	\$-11850	Total Liabilities	\$17685481
Total Net Gains	\$8215369		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

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	\$80131	\$-80131

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$561
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2296642
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$457941	
HCI Payments	\$0		
Subtotal	\$0	\$457941	\$-457941
Medicaid Shortfalls	\$7842780	\$8435043	
Subtotal	\$7842780	\$8892984	\$-1050204
DSH Payments	\$2,889,300		
Subtotal	\$10732080	\$8892984	\$1839096
Medicare Shortfalls	\$10017488	\$8369434	
Other Government Programs	\$0	\$0	
Total	\$20749568	\$17262418	\$3487150

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$28323	\$-28323
Community Assessment	\$0	\$67010	\$-67010
Provision of Taxes	\$0	\$1454574	\$-1454574
Other Allocations	\$0	\$0	\$0

Comments