



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: SAINT ELIZABETH MEDICAL CENTER

City of Hospital: Lawrenceburg

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

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Patricia Ott

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Medicare Provider Number: 150086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$106605418
Outpatient Patient Service Revenue	\$129890438
Total Gross Patient Service Revenue	\$236495856

2. Deductions From Revenue

Contractual Allowance	\$152168523
Other Deductions	\$5976479
Total Deductions	\$158145002

3. Total Operating Revenue

Net Patient Service Revenue	\$78350854
Other Operating Revenue	\$1503408
Total Operating Revenue	\$79854262

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$21233948	\$2033
Medicaid	\$5902161	\$662
Commercial Insurance	\$13488973	\$748
Self-pay	\$-186060	\$10
Any Other Category of Payer	\$125408	\$3
Total	\$40564430	\$3456

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$8498168	\$26068
Medicaid	\$6032750	\$12783
Commercial Insurance	\$22425821	\$22019
Self-pay	\$176570	\$387
Any Other Category of Payer	\$653115	\$607
Total	\$37786424	\$61864

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	\$29732116	\$28101
Medicaid	\$11934911	\$13445
Commercial Insurance	\$35914794	\$22767
Self-pay	-\$9490	\$397
Any Other Category of Payer	\$778523	\$610
Total	\$78350854	\$65320

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	\$32330311	Employee Benefits	\$8012171
Depreciation and Amortization	\$1802864	Interest Expense	\$422
Bad Debt	\$0	Other Expenses	\$47010745
Total Operating Expenses	\$89156513		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9302251	Total Assets	\$9101520
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$9992938
Total Net Gains	\$-9302251		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$120391025	\$90658909	\$29732116
Medicaid	\$44355577	\$32420666	\$11934911
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$71749254	\$35065427	\$36683827
Total	\$236495856	\$158145002	\$78350854

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	\$207345	\$-207345
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$324731	\$-324731

Number of Medical Professionals Trained	108
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2457

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$603836	
HCI Payments	\$0		
Subtotal	\$0	\$603836	\$-603836
Medicaid Shortfalls	\$13872911	\$18319567	
Subtotal	\$13872911	\$18923403	\$-5050492
DSH Payments	(\$34,929)		
Subtotal	\$13837982	\$18923403	\$-5085421
Medicare Shortfalls	\$17617722	\$21788682	
Other Government Programs	\$0	\$0	
Total	\$31455704	\$40712085	\$-9256381

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$5034422	\$-5034422
Other Allocations	\$0	\$0	\$0

Comments