



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: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (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	\$6870971
Outpatient Patient Service Revenue	\$70051010
Total Gross Patient Service Revenue	\$76921981

2. Deductions From Revenue

Contractual Allowance	\$54447101
Other Deductions	\$0
Total Deductions	\$54447101

3. Total Operating Revenue

Net Patient Service Revenue	\$25474880
Other Operating Revenue	\$940520
Total Operating Revenue	\$26415400

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2881427	\$187
Medicaid	\$396430	\$41
Commercial Insurance	\$562962	\$30
Self-pay	-\$20961	\$1
Any Other Category of Payer	-\$10694	\$3
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	\$10032619	\$7385
Medicaid	\$2129775	\$4800
Commercial Insurance	\$9009280	\$3910
Self-pay	\$345143	\$175
Any Other Category of Payer	\$148899	\$455
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	\$12914046	\$7572
Medicaid	\$2526206	\$4841
Commercial Insurance	\$9572242	\$3940
Self-pay	\$324181	\$176
Any Other Category of Payer	\$138206	\$458
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	\$5912231	Employee Benefits	\$1402321
Depreciation and Amortization	\$1405011	Interest Expense	\$373172
Bad Debt	\$5553	Other Expenses	\$15514708
Total Operating Expenses	\$24612996		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1802405	Total Assets	\$16702842
Net Non-operating Gains over Loss	\$-12886	Total Liabilities	\$14911578
Total Net Gains	\$1789519		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37483047	\$24569001	\$12914046
Medicaid	\$19312105	\$16785899	\$2526206
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20126830	\$10092201	\$10034629
Total	\$76921982	\$51447101	\$25474881

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	\$63469	\$-63469

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	282
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$938794

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$283304	
HCI Payments	\$0		
Subtotal	\$0	\$283304	\$-283304
Medicaid Shortfalls	\$2565412	\$7030478	
Subtotal	\$2565412	\$7313782	\$-4748370
DSH Payments	\$0		
Subtotal	\$2565412	\$7313782	\$-4748370
Medicare Shortfalls	\$13002042	\$11311424	
Other Government Programs	\$0	\$0	
Total	\$15567454	\$18625206	\$-3057752

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$35463	\$-35463
Community Assessment	\$0	\$47006	\$-47006
Provision of Taxes	\$0	\$1202579	\$-1202579
Other Allocations	\$0	\$0	\$0

Comments

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