



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: North Vernon

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (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	\$2428034
Outpatient Patient Service Revenue	\$82197808
Total Gross Patient Service Revenue	\$84625842

2. Deductions From Revenue

Contractual Allowance	\$59390585
Other Deductions	\$0
Total Deductions	\$59390585

3. Total Operating Revenue

Net Patient Service Revenue	\$25235257
Other Operating Revenue	\$255506
Total Operating Revenue	\$25490763

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$319307	\$116
Medicaid	\$168080	\$18
Commercial Insurance	\$312671	\$19
Self-pay	-\$26329	\$1
Any Other Category of Payer	\$17114	\$1
Total	\$790843	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7826574	\$10335
Medicaid	\$7707985	\$11163
Commercial Insurance	\$8495723	\$6107
Self-pay	\$250473	\$212
Any Other Category of Payer	\$163659	\$483
Total	\$24444414	\$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	\$8145881	\$10451
Medicaid	\$7876065	\$11181
Commercial Insurance	\$8808395	\$6126
Self-pay	\$224143	\$213
Any Other Category of Payer	\$180774	\$484
Total	\$25235258	\$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	\$4136236	Employee Benefits	\$1095200
Depreciation and Amortization	\$966529	Interest Expense	\$361596
Bad Debt	\$27858	Other Expenses	\$11731471
Total Operating Expenses	\$18318890		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$7171873	Total Assets	\$11450966
Net Non-operating Gains over Loss	\$-5500	Total Liabilities	\$13746055
Total Net Gains	\$7166373		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32639863	\$24493983	\$8145880
Medicaid	\$30124061	\$22247997	\$7876064
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21861918	\$12648606	\$9213312
Total	\$84625842	\$59390586	\$25235256

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	\$7516	\$-7516
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$68737	\$-68737

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$160
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2579645
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$508618	
HCI Payments	\$0		
Subtotal	\$0	\$508618	\$-508618
Medicaid Shortfalls	\$7912438	\$7430618	
Subtotal	\$7912438	\$7939236	\$-26798
DSH Payments	\$3,268,864		
Subtotal	\$11181302	\$7939236	\$3242066
Medicare Shortfalls	\$8223116	\$6435473	
Other Government Programs	\$0	\$0	
Total	\$19404418	\$14374709	\$5029709

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$17966	\$-17966
Community Assessment	\$0	\$65570	\$-65570
Provision of Taxes	\$0	\$1491177	\$-1491177
Other Allocations	\$0	\$0	\$0

Comments

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