



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SALEM HOSPITAL

City of Hospital: Salem

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1778185
Outpatient Patient Service Revenue	\$50974164
Total Gross Patient Service Revenue	\$52752349

2. Deductions From Revenue

Contractual Allowance	\$33111420
Other Deductions	\$1472862
Total Deductions	\$34584282

3. Total Operating Revenue

Net Patient Service Revenue	\$16471325
Other Operating Revenue	\$2053558
Total Operating Revenue	\$18524883

4. Operating Expenses

Salaries and Wages	\$4618001	Employee Benefits	\$1228784
Depreciation and Amortization	\$604139	Interest Expense	\$0
Bad Debt	\$1696743	Other Expenses	\$10301984
Total Operating Expenses	\$18449651		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1771974	Total Assets	\$7370255
Net Non-operating Gains over Loss	\$-1788	Total Liabilities	\$6326044

Total Net Gains	\$1770186
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24080739	\$16239974	\$7840765
Medicaid	\$12474902	\$10422893	\$2052009
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16196707	\$5793461	\$10403246
Total	\$52752348	\$32456328	\$20296020

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	\$44779	\$-44779

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

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	\$645219	
HCI Payments	\$0		
Subtotal	\$0	\$645219	\$-645219
Medicaid Shortfalls	\$1334903	\$4403006	
Subtotal	\$1334903	\$5048225	\$-3713322
DSH Payments	\$0		
Subtotal	\$1334903	\$5048225	\$-3713322
Medicare Shortfalls	\$7634089	\$7301543	
Other Government Programs	\$0	\$0	
Total	\$8968992	\$12349768	\$-3380776

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$33196	\$-33196
Community Assessment	\$0	\$42911	\$-42911
Provision of Taxes	\$0	\$620479	\$-620479
Other Allocations	\$0	\$0	\$0

Comments

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