



## HOSPITAL FISCAL REPORT

State Form 49520 (R3 / 6-23)

Indiana Department of Health

Form Approved by State Board of Accounts, 2000

### I. Identification of Organization

<b>Name of Hospital</b>		Good Samaritan Hospital	
City of Hospital		Vincennes	
Year Begin	1/01/2022	Year End	12/31/2022
Person Completing the Report		Shannon Jordan	
E-Mail Address		sjordan@gshvin.org	
Medicare Provider Number		15-0042	

<b>Statement One:</b>	<b>Summary of Revenue and Expenses</b>
-----------------------	--

1. Gross Patient Service Revenue		2. Deductions from Revenue	
Inpatient Patient Service Revenue	\$ 189,339,849	Contractual Allowance	\$ 370,182,533
Outpatient Patient Service Revenue	\$ 481,742,893	Other Deductions	\$ 58,281,725
<b>Total Gross Patient Service Revenue</b>	<b>\$ 671,082,742</b>	<b>Total Deductions</b>	<b>\$ 428,464,258</b>

### 3. Total Operating Revenue

Net Patient Service Revenue	\$ 242,618,484
Other Operating Revenue	\$ 17,181,535
<b>Total Operating Revenue</b>	<b>\$ 259,800,019</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$ 36,825,391	6,286
Medicaid	\$ 12,901,230	2,730
Commercial Insurance	\$ 20,885,022	2,158
Self-pay	\$ 2,054,387	216
Any Other Category of Payer	\$ -5,079,779	416
<b>Total</b>	<b>\$ 67,586,251</b>	<b>11,806</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$ 49,344,916	193,944
Medicaid	\$ 22,976,522	144,707
Commercial Insurance	\$ 89,226,790	148,317
Self-pay	\$ 14,354,205	14,043
Any Other Category of Payer	\$ -870,200	12,798
<b>Total</b>	<b>\$ 175,032,233</b>	<b>513,809</b>

6. **Total Net Patient Revenue and Total Number of Paid Claims**

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$ 86,170,307	200,230
Medicaid	\$ 35,877,751	147,437
Commercial Insurance	\$ 110,111,812	150,475
Self-pay	\$ 16,408,592	14,259
Any Other Category of Payer	\$ -5,49,979	13,214
<b>Total</b>	<b>\$ 242,618,484</b>	<b>525,615</b>

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	\$ 34,917,327	3,081
Medicaid	\$ 12,394,210	1,275
Commercial Insurance	\$ 19,825,027	1,024
Self-pay	\$ 2,054,387	101
Any Other Category of Payer	\$ -5,196,290	205
<b>Total</b>	<b>\$ 63,994,661</b>	<b>5,686</b>

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	\$ 39,506,748	92,369
Medicaid	\$ 19,054,308	34,395
Commercial Insurance	\$ 78,755,223	55,769
Self-pay	\$ 12,879,291	6,345
Any Other Category of Payer	\$ -4,578,507	5,423
<b>Total</b>	<b>\$ 145,617,063</b>	<b>194,301</b>

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees

	TOTAL Net Patient Revenue	Total Number Of Paid Claims
Medicare	\$ 74,424,074	95,450
Medicaid	\$ 31,448,518	35,670
Commercial Insurance	\$ 98,637,755	56,793
Self-pay	\$ 14,933,678	6,446
Any Other Category of Payer	\$ -9,832,302	5,628
<b>Total</b>	<b>\$ 209,611,724</b>	<b>199,987</b>

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	\$ 1,908,064	3,205
Medicaid	\$ 507,020	1,455
Commercial Insurance	\$ 1,002,490	1,134
Self-pay	\$	
Any Other Category of Payer	\$ 174,016	326
<b>Total</b>	<b>\$ 3,591,590</b>	<b>6,120</b>

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	\$ 9,838,169	101,575
Medicaid	\$ 3,922,214	110,312
Commercial Insurance	\$ 10,471,568	92,548
Self-pay	\$ 1,474,913	7,698
Any Other Category of Payer	\$ 3,708,307	7,375
<b>Total</b>	<b>\$ 29,415,170</b>	<b>319,508</b>

**12. Total Net Patient Revenue and Total Number of Paid Claims from Professional Fees**

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$ 11,746,233	104,780
Medicaid	\$ 4,429,233	111,767
Commercial Insurance	\$ 11,474,058	93,682
Self-pay	\$ 1,474,913	7,813
Any Other Category of Payer	\$ 3,882,323	7,586
<b>Total</b>	<b>\$ 33,006,760</b>	<b>325,628</b>

**13. Operating Expenses**

Salaries and Wages	\$ 107,103,680	Employee Benefits	\$ 27,081,063
Depreciation and Amortization	\$ 16,603,928	Interest Expense	\$ 5,618,367
Bad Debt	\$ 13,800,437	Other Expenses	\$ 107,397,761
<b>Total Operating Expenses</b>	<b>\$ 277,605,235</b>		

14. Net Revenue and Expenses		15. Assets and Liabilities	
Excess Revenue over Expenses	\$ -17,310,801	Total Assets	\$ 315,007,197
Net Non-operating Gains over Losses	\$ 2,530,356	Total Liabilities	\$ 130,522,257
<b>Total Net Gain</b>	<b>\$ -14,780,445</b>		

Statement Two	Contractual Allowance
---------------	-----------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$ 348,948,695	\$ 262,778,387	\$ 86,170,307
Medicaid	\$ 113,064,271	\$ 77,186,520	\$ 35,877,751
Other Government	\$ 21,639,463	\$ 14,927,539	\$ 6,711,923
Other State	\$	\$	\$
Other Payers	\$ 87,116,894	\$ 15,290,087	\$ 71,826,807
<b>Total</b>	<b>\$ 570,769,321</b>	<b>\$ 370,182,532</b>	<b>\$ 200,586,790</b>

Statement Three	Donations Statement
-----------------	---------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$ 394,022	\$ 727,663	\$ -333,641

Statement Four	Research Statement
----------------	--------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$	\$	\$

Statement Five:	Education Statement
-----------------	---------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$ 4,344,544	\$ 4,301,529	\$ 43,015
Hospital Patients	\$	\$ 2,520	\$ -2,520
Community Education	\$	\$ 95,680	\$ -95,680

Number of Medical Professionals Trained	58
Number of Hospital Patients Educated	552,904
Number of Citizens Exposed to Health Education Messages	140,802

<b>Statement Six:</b>	<b>Charity Statement</b>
-----------------------	--------------------------

Hospital Charity Charges	\$ 3,471,274
--------------------------	--------------

	Adjustments		
	Payments From Clients	LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$ <i>Type text here</i>	
HCI Payments	\$		
Subtotal	\$	\$ 1,301,728	\$
Medicaid Shortfalls	\$ 35,877,751	\$ 43,077,487	
Subtotal	\$ 35,877,751	\$ 44,379,215	\$ -8,501,464
DSH Payments	\$ 3,502,409		
Subtotal	\$ 39,380,160	\$ 44,379,215	\$ -8,501,464
Medicare Shortfalls	\$ 86,170,307	\$ 132,949,453	
Other Government Programs	\$	\$	
<b>Total</b>	<b>\$ 125,550,467</b>	<b>\$ 177,328,668</b>	<b>\$ -51,778,200</b>

<b>Statement Seven:</b>	<b>Subsidized Health Services for the Community</b>
-------------------------	---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$ 34,276	\$ 172,253	\$ -137,977
Community Assessment	\$	\$ 12,450	\$ -12,450
Provision of Taxes	\$	\$ 38,821	\$ -38,821
Other Allocations	\$	\$ 153,576	\$ -153,576