



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: 07/01/2021 (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: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3315029
Outpatient Patient Service Revenue	\$70740630
Total Gross Patient Service Revenue	\$74055659

2. Deductions From Revenue

Contractual Allowance	\$49862418
Other Deductions	\$0
Total Deductions	\$49862418

3. Total Operating Revenue

Net Patient Service Revenue	\$24193241
Other Operating Revenue	\$1302227
Total Operating Revenue	\$25495468

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1116203	\$161
Medicaid	\$162254	\$21
Commercial Insurance	\$470556	\$19
Self-pay	\$12628	\$1
Any Other Category of Payer	-\$7165	\$0
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	\$7298041	\$9924
Medicaid	\$2763299	\$10790
Commercial Insurance	\$7579420	\$5826
Self-pay	\$419782	\$172
Any Other Category of Payer	\$323076	\$622
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	\$8414244	\$10085
Medicaid	\$2925552	\$10811
Commercial Insurance	\$8049976	\$5845
Self-pay	\$432410	\$173
Any Other Category of Payer	\$315911	\$622
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	\$4561130	Employee Benefits	\$1188405
Depreciation and Amortization	\$923635	Interest Expense	\$344006
Bad Debt	\$13022	Other Expenses	\$11142449
Total Operating Expenses	\$18172647		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$7322823	Total Assets	\$11691055
Net Non-operating Gains over Loss	\$-1141	Total Liabilities	\$15347409
Total Net Gains	\$7321682		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29063574	\$20649330	\$8414244
Medicaid	\$25877750	\$18897050	\$6980700
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19114335	\$10316038	\$8798297
Total	\$74055659	\$49862418	\$24193241

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	\$1441	\$-1441
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$58785	\$-58785

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	215
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$1558547

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$355136	
HCI Payments	\$0		
Subtotal	\$0	\$355136	\$-355136
Medicaid Shortfalls	\$7001675	\$7015670	
Subtotal	\$7001675	\$7370806	\$-369131
DSH Payments	\$5,419,908		
Subtotal	\$12421583	\$7370806	\$5050777
Medicare Shortfalls	\$8482749	\$6622528	
Other Government Programs	\$0	\$0	
Total	\$20904332	\$13993334	\$6910998

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12931	\$-12931
Community Assessment	\$0	\$54559	\$-54559
Provision of Taxes	\$0	\$1119075	\$-1119075
Other Allocations	\$0	\$0	\$0

Comments

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