



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 CLAY HOSPITAL

City of Hospital: Brazil

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: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3865627
Outpatient Patient Service Revenue	\$57077386
Total Gross Patient Service Revenue	\$60943013

2. Deductions From Revenue

Contractual Allowance	\$41193495
Other Deductions	\$0
Total Deductions	\$41193495

3. Total Operating Revenue

Net Patient Service Revenue	\$19749518
Other Operating Revenue	\$572205
Total Operating Revenue	\$20321723

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1923154	\$98
Medicaid	\$148418	\$28
Commercial Insurance	\$326623	\$19
Self-pay	\$121201	\$2
Any Other Category of Payer	\$2129	\$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	\$6152656	\$9608
Medicaid	\$2476145	\$6926
Commercial Insurance	\$8024236	\$5842
Self-pay	\$390088	\$150
Any Other Category of Payer	\$184869	\$936
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	\$8075810	\$9706
Medicaid	\$2624563	\$6954
Commercial Insurance	\$8350859	\$5861
Self-pay	\$511289	\$152
Any Other Category of Payer	\$186998	\$936
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	\$4742328	Employee Benefits	\$1059148
Depreciation and Amortization	\$834199	Interest Expense	\$255510
Bad Debt	\$10255	Other Expenses	\$13109748
Total Operating Expenses	\$20011188		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$310535	Total Assets	\$12191439
Net Non-operating Gains over Loss	\$-7929	Total Liabilities	\$11310204
Total Net Gains	\$302606		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25600722	\$17524911	\$8075811
Medicaid	\$17261738	\$14637175	\$2624563
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18080553	\$9031408	\$9049145
Total	\$60943013	\$41193494	\$19749519

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	\$16642	\$-16642
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$62180	\$-62180

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	151
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$979859

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$301676	
HCI Payments	\$0		
Subtotal	\$0	\$301676	\$-301676
Medicaid Shortfalls	\$2673955	\$6429427	
Subtotal	\$2673955	\$6731103	\$-4057148
DSH Payments	\$0		
Subtotal	\$2673955	\$6731103	\$-4057148
Medicare Shortfalls	\$8186704	\$7881878	
Other Government Programs	\$0	\$0	
Total	\$10860659	\$14612981	\$-3752322

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$18936	\$-18936
Community Assessment	\$0	\$65886	\$-65886
Provision of Taxes	\$0	\$1114932	\$-1114932
Other Allocations	\$0	\$0	\$0

Comments

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