



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 SALEM HOSPITAL

City of Hospital: Salem

Year Begin: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1561088
Outpatient Patient Service Revenue	\$65604168
Total Gross Patient Service Revenue	\$67165256

2. Deductions From Revenue

Contractual Allowance	\$47556313
Other Deductions	\$0
Total Deductions	\$47556313

3. Total Operating Revenue

Net Patient Service Revenue	\$19608942
Other Operating Revenue	\$375279
Total Operating Revenue	\$19984221

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$27401	83
Medicaid	\$37494	5
Commercial Insurance	\$123201	5
Self-pay	-\$35730	0
Any Other Category of Payer	\$2833	1
Total	\$155199	94

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$8791067	8679
Medicaid	\$2460075	5445
Commercial Insurance	\$7988537	4730
Self-pay	\$247503	616
Any Other Category of Payer	\$-280141	446
Total	\$19207041	19916

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	\$9065171	8762
Medicaid	\$2497568	5450
Commercial Insurance	\$8111738	4735
Self-pay	\$211772	616
Any Other Category of Payer	\$-277308	447
Total	\$19608941	20010

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	\$5240033	Employee Benefits	\$1033918
Depreciation and Amortization	\$626556	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$12508793
Total Operating Expenses	\$19409300		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$574963	Total Assets	\$8952404
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$4627202
Total Net Gains	\$574963		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31108849	\$22043677	\$9065172
Medicaid	\$17185959	\$14688391	\$2497568
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18870447	\$10824245	\$8046202
Total	\$67165255	\$47556313	\$19608942

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	\$76237	\$-76237

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$93
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$893810
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$242079	
HCI Payments	\$0		
Subtotal	\$0	\$242079	\$-242079
Medicaid Shortfalls	\$2569305	\$5561529	
Subtotal	\$2569305	\$5803608	\$-3234303
DSH Payments	\$0		
Subtotal	\$2569305	\$5803608	\$-3234303
Medicare Shortfalls	\$9121440	\$8425490	
Other Government Programs	\$0	\$0	
Total	\$11690745	\$14229098	\$-2538353

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$26392	\$-26392
Community Assessment	\$0	\$83797	\$-83797
Provision of Taxes	\$0	\$996900	\$-996900
Other Allocations	\$0	\$0	\$0

Comments