



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 WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

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

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

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9519651
Outpatient Patient Service Revenue	\$90422974
Total Gross Patient Service Revenue	\$99942625

2. Deductions From Revenue

Contractual Allowance	\$77567717
Other Deductions	\$0
Total Deductions	\$77567717

3. Total Operating Revenue

Net Patient Service Revenue	\$22374908
Other Operating Revenue	\$4083023
Total Operating Revenue	\$26457931

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$944226	342
Medicaid	\$187315	23
Commercial Insurance	\$265437	34
Self-pay	\$40323	1
Any Other Category of Payer	\$-133	6
Total	\$1437168	406

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$8937993	13203
Medicaid	\$1882841	5014
Commercial Insurance	\$9841441	5431
Self-pay	\$470789	588
Any Other Category of Payer	\$-195323	337
Total	\$20937741	24573

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	\$9882219	13545
Medicaid	\$2070156	5037
Commercial Insurance	\$10106877	5465
Self-pay	\$511112	589
Any Other Category of Payer	\$-195456	343
Total	\$22374908	24979

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	\$6781920	Employee Benefits	\$1434435
Depreciation and Amortization	\$751138	Interest Expense	\$137223
Bad Debt	\$0	Other Expenses	\$11442694
Total Operating Expenses	\$20547410		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$5911160	Total Assets	\$10915564
Net Non-operating Gains over Loss	\$196	Total Liabilities	\$9425865
Total Net Gains	\$5911356		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52585840	\$42703621	\$9882219
Medicaid	\$20593221	\$18523066	\$2070155
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26763564	\$16341031	\$10422533
Total	\$99942625	\$77567718	\$22374907

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	\$12624	\$-12624
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$71867	\$-71867

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$192
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1468393
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$258553	
HCI Payments	\$0		
Subtotal	\$0	\$258553	\$-258553
Medicaid Shortfalls	\$2126758	\$5092039	
Subtotal	\$2126758	\$5350592	\$-3223834
DSH Payments	\$0		
Subtotal	\$2126758	\$5350592	\$-3223834
Medicare Shortfalls	\$9990239	\$9259243	
Other Government Programs	\$0	\$0	
Total	\$12116997	\$14609835	\$-2492838

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12307	\$-12307
Community Assessment	\$0	\$75579	\$-75579
Provision of Taxes	\$0	\$1466013	\$-1466013
Other Allocations	\$0	\$0	\$0

Comments