



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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Aaron Corder

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Medicare Provider Number: 150084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2865769184
Outpatient Patient Service Revenue	\$1805645887
Total Gross Patient Service Revenue	\$4671415071

2. Deductions From Revenue

Contractual Allowance	\$3407601002
Other Deductions	\$0
Total Deductions	\$3407601002

3. Total Operating Revenue

Net Patient Service Revenue	\$1263814069
Other Operating Revenue	\$50377326
Total Operating Revenue	\$1314191395

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$250323800	\$11568
Medicaid	\$142478462	\$7561
Commercial Insurance	\$348974024	\$7883
Self-pay	\$13786367	\$203
Any Other Category of Payer	\$19299644	\$405
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	\$99935200	\$63607
Medicaid	\$59269905	\$44928
Commercial Insurance	\$266842193	\$65728
Self-pay	\$19746253	\$1989
Any Other Category of Payer	\$-1068477	\$8011
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	\$350259000	\$75175
Medicaid	\$201748367	\$52489
Commercial Insurance	\$615816217	\$73611
Self-pay	\$33532620	\$2192
Any Other Category of Payer	\$18231167	\$8416
Total	\$1219587371	\$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	\$335915448	Employee Benefits	\$71701639
Depreciation and Amortization	\$39743664	Interest Expense	\$4745485
Bad Debt	\$353535	Other Expenses	\$693182878
Total Operating Expenses	\$1145642649		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$168548746	Total Assets	\$661550953
Net Non-operating Gains over Loss	\$-999465	Total Liabilities	\$444513460
Total Net Gains	\$167549281		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1975726988	\$1625467988	\$350259000
Medicaid	\$1147311223	\$901336158	\$245975065
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1548376860	\$880796856	\$667580004
Total	\$4671415071	\$3407601002	\$1263814069

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$6475967	\$8164297	\$-1688330

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	\$24078557	\$-24078557
Hospital Patients	\$0	\$553958	\$-553958
Community Education	\$0	\$3649904	\$-3649904

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	27408
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$66316261

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$14979334	
HCI Payments	\$0		
Subtotal	\$0	\$14979334	\$-14979334
Medicaid Shortfalls	\$253266128	\$315202251	
Subtotal	\$253266128	\$330181585	\$-76915457
DSH Payments	\$31,041,269		
Subtotal	\$284307397	\$330181585	\$-45874188
Medicare Shortfalls	\$348963908	\$446271767	
Other Government Programs	\$0	\$0	
Total	\$633271305	\$776453352	\$-143182047

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4230414	\$-4230414
Community Assessment	\$0	\$24475996	\$-24475996
Provision of Taxes	\$0	\$56050754	\$-56050754
Other Allocations	\$0	\$0	\$0

Comments

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