



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 CARMEL HOSPITAL

City of Hospital: Carmel

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

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

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$369003434
Outpatient Patient Service Revenue	\$354580140
Total Gross Patient Service Revenue	\$723583574

2. Deductions From Revenue

Contractual Allowance	\$499088292
Other Deductions	\$6728290
Total Deductions	\$505816582

3. Total Operating Revenue

Net Patient Service Revenue	\$211612166
Other Operating Revenue	\$5158056
Total Operating Revenue	\$216770222

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$25982253	\$1896
Medicaid	\$13379915	\$1127
Commercial Insurance	\$9471580	\$435
Self-pay	\$1068429	\$418
Any Other Category of Payer	\$63885147	\$3635
Total	\$113787324	\$7511

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$13235263	\$16886
Medicaid	\$5259829	\$5828
Commercial Insurance	\$4879048	\$3069
Self-pay	\$1019141	\$2901
Any Other Category of Payer	\$73431561	\$26333
Total	\$97824841	\$55017

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	\$39217516	\$18782
Medicaid	\$18639744	\$6955
Commercial Insurance	\$14350628	\$3504
Self-pay	\$2087570	\$3319
Any Other Category of Payer	\$137316708	\$29968
Total	\$211612165	\$62528

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	\$40729923	Employee Benefits	\$8108032
Depreciation and Amortization	\$5971820	Interest Expense	\$753896
Bad Debt	\$6154827	Other Expenses	\$88029430
Total Operating Expenses	\$149747928		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$73177120	Total Assets	\$112524278
Net Non-operating Gains over Loss	\$-727	Total Liabilities	\$46677429
Total Net Gains	\$73176393		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$250812168	\$211594652	\$39217516
Medicaid	\$106504480	\$87864736	\$18639744
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$366266926	\$212512020	\$153754906
Total	\$723583574	\$511971408	\$211612166

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	\$421858	\$-421858
Hospital Patients	\$0	\$606198	\$-606198
Community Education	\$0	\$154108	\$-154108

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5892
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$6733388
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1223419	
HCI Payments	\$0		
Subtotal	\$0	\$1223419	\$-1223419
Medicaid Shortfalls	\$18749594	\$30124617	
Subtotal	\$18749594	\$31348036	\$-12598442
DSH Payments	\$0		
Subtotal	\$18749594	\$31348036	\$-12598442
Medicare Shortfalls	\$39316027	\$45571171	
Other Government Programs	\$0	\$0	
Total	\$58065621	\$76919207	\$-18853586

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$94652	\$-94652
Community Assessment	\$0	\$737838	\$-737838
Provision of Taxes	\$0	\$10773348	\$-10773348
Other Allocations	\$0	\$0	\$0

Comments

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