



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 HEART CENTER OF INDIANA

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: Aaron Corder

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Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$585507532
Outpatient Patient Service Revenue	\$207595174
Total Gross Patient Service Revenue	\$793102706

2. Deductions From Revenue

Contractual Allowance	\$597757117
Other Deductions	\$0
Total Deductions	\$597757117

3. Total Operating Revenue

Net Patient Service Revenue	\$195345589
Other Operating Revenue	\$642466
Total Operating Revenue	\$195988055

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$66423278	\$2872
Medicaid	\$9088798	\$264
Commercial Insurance	\$65477983	\$972
Self-pay	\$1846971	\$11
Any Other Category of Payer	\$500440	\$25
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	\$19194956	\$6766
Medicaid	\$2504754	\$640
Commercial Insurance	\$29561555	\$3516
Self-pay	\$363703	\$52
Any Other Category of Payer	\$383152	\$293
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	\$85618235	\$9638
Medicaid	\$11593551	\$904
Commercial Insurance	\$95039537	\$4488
Self-pay	\$2210674	\$63
Any Other Category of Payer	\$883592	\$318
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	\$35867244	Employee Benefits	\$7045858
Depreciation and Amortization	\$3327464	Interest Expense	\$0
Bad Debt	\$8181	Other Expenses	\$85894918
Total Operating Expenses	\$132143665		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$63844391	Total Assets	\$93547747
Net Non-operating Gains over Loss	\$1158317	Total Liabilities	\$22812534
Total Net Gains	\$65002708		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$532119409	\$446501174	\$85618235
Medicaid	\$50821341	\$39227790	\$11593551
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$210161956	\$112028153	\$98133803
Total	\$793102706	\$597757117	\$195345589

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	\$143279	\$-143279
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$55669	\$-55669

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	4315
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$6376755

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1001511	
HCI Payments	\$0		
Subtotal	\$0	\$1001511	\$-1001511
Medicaid Shortfalls	\$11844152	\$14875210	
Subtotal	\$11844152	\$15876721	\$-4032569
DSH Payments	\$0		
Subtotal	\$11844152	\$15876721	\$-4032569
Medicare Shortfalls	\$85793541	\$83572848	
Other Government Programs	\$0	\$0	
Total	\$97637693	\$99449569	\$-1811876

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$200383	\$-200383
Provision of Taxes	\$0	\$6893384	\$-6893384
Other Allocations	\$0	\$0	\$0

Comments

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