



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 SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

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

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

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Medicare Provider Number: 152020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--------------------------------------------|-------------------|
| Inpatient Patient Service Revenue | \$57687164 |
| Outpatient Patient Service Revenue | \$0 |
| Total Gross Patient Service Revenue | \$57687164 |

2. Deductions From Revenue

| | |
|-------------------------|-------------------|
| Contractual Allowance | \$37770520 |
| Other Deductions | \$0 |
| Total Deductions | \$37770520 |

3. Total Operating Revenue

| | |
|--------------------------------|-------------------|
| Net Patient Service Revenue | \$19916644 |
| Other Operating Revenue | \$69354 |
| Total Operating Revenue | \$19985998 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare | \$7403586 | \$86 |
| Medicaid | -\$327608 | \$9 |
| Commercial Insurance | \$10997601 | \$32 |
| Self-pay | -\$61091 | \$0 |
| Any Other Category of Payer | \$1903895 | \$12 |
| 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 | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| 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 | \$7403586 | \$86 |
| Medicaid | -\$327608 | \$9 |
| Commercial Insurance | \$10997601 | \$32 |
| Self-pay | -\$61091 | \$0 |
| Any Other Category of Payer | \$1903895 | \$12 |
| 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 | \$7452292 | Employee Benefits | \$1561002 |
| Depreciation and Amortization | \$706973 | Interest Expense | \$14519 |
| Bad Debt | \$0 | Other Expenses | \$8673940 |
| Total Operating Expenses | \$18408726 | | |

14. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$1577273 | Total Assets | \$13019720 |
| Net Non-operating Gains over Loss | \$15 | Total Liabilities | \$3305514 |
| Total Net Gains | \$1577288 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$35987943 | \$28584341 | \$7403602 |
| Medicaid | \$2791733 | \$3119340 | \$-327607 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$18907488 | \$6066839 | \$12840649 |
| Total | \$57687164 | \$37770520 | \$19916644 |

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 | \$86376 | \$-86376 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$72866 | \$-72866 |

| | |
|---------------------------------------------------------|-----|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | 158 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

Hospital Charity Charges \$482265

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$152164 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$152164 | \$-152164 |
| Medicaid Shortfalls | \$-277818 | \$880845 | |
| Subtotal | \$-277818 | \$1033009 | \$-1310827 |
| DSH Payments | \$0 | | |
| Subtotal | \$-277818 | \$1033009 | \$-1310827 |
| Medicare Shortfalls | \$7413390 | \$11354887 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$7135572 | \$12387896 | \$-5252324 |

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|---------------------------------------------------------------|
| Statement Seven: Subsidized Health Services for the Community |
|---------------------------------------------------------------|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$16910 | \$-16910 |
| Community Assessment | \$0 | \$142332 | \$-142332 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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