



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 ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

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

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

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$225002851
Outpatient Patient Service Revenue	\$487562031
Total Gross Patient Service Revenue	\$712564882

2. Deductions From Revenue

Contractual Allowance	\$520712230
Other Deductions	\$6587237
Total Deductions	\$527299467

3. Total Operating Revenue

Net Patient Service Revenue	\$168499599
Other Operating Revenue	\$2593944
Total Operating Revenue	\$171093543

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29666337	2411
Medicaid	\$14861347	1474
Commercial Insurance	\$4261619	265
Self-pay	\$879213	117
Any Other Category of Payer	\$7833639	753
Total	\$57502155	5020

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$41886456	38477
Medicaid	\$18297050	25055
Commercial Insurance	\$6616716	4711
Self-pay	\$4685407	4399
Any Other Category of Payer	\$39511815	3207
Total	\$110997444	75849

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	\$71552793	40888
Medicaid	\$33158397	26529
Commercial Insurance	\$10878335	4976
Self-pay	\$5564620	4516
Any Other Category of Payer	\$47345454	32960
Total	\$168499599	109869

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	\$52757622	Employee Benefits	\$11303814
Depreciation and Amortization	\$5877134	Interest Expense	\$517200
Bad Debt	\$16765816	Other Expenses	\$120508048
Total Operating Expenses	\$207729634		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-19870276	Total Assets	\$100818568
Net Non-operating Gains over Loss	\$-1486	Total Liabilities	\$55559891
Total Net Gains	\$-19871762		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$379508988	\$307956195	\$71552793
Medicaid	\$166563183	\$133404786	\$33158397
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$166492711	\$102704302	\$63788409
Total	\$712564882	\$544065283	\$168499599

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$170948	\$337629	\$-166681

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$96980	\$-96980

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$391583	\$-391583
Hospital Patients	\$0	\$70077	\$-70077
Community Education	\$0	\$285633	\$-285633

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	4954
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$10842790
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2685569	
HCI Payments	\$0		
Subtotal	\$0	\$2685569	\$-2685569
Medicaid Shortfalls	\$33723000	\$53631027	
Subtotal	\$33723000	\$56316354	\$-22593354
DSH Payments	\$7,574,874		
Subtotal	\$41297874	\$56316354	\$-15018480
Medicare Shortfalls	\$71954482	\$93997711	
Other Government Programs	\$0	\$0	
Total	\$113252356	\$150314065	\$-37061709

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$232372	\$-232372
Community Assessment	\$0	\$470278	\$-470278
Provision of Taxes	\$0	\$12376252	\$-12376252
Other Allocations	\$0	\$0	\$0

Comments