



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

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

Person Completing the Report: Jordan Pugh

Email Address: jordan.pugh@ascension.org

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$584377454
Outpatient Patient Service Revenue	\$208833138
<b>Total Gross Patient Service Revenue</b>	<b>\$793210592</b>

2. Deductions From Revenue

Contractual Allowance	\$599655041
Other Deductions	\$6965691
<b>Total Deductions</b>	<b>\$606620732</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$177726181
Other Operating Revenue	\$532193
<b>Total Operating Revenue</b>	<b>\$178258374</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$57383764	2907
Medicaid	\$7887980	229
Commercial Insurance	\$11581333	277
Self-pay	\$7000518	68
Any Other Category of Payer	\$46806946	670
<b>Total</b>	<b>\$130660541</b>	<b>4151</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$17893127	6963
Medicaid	\$2500105	590
Commercial Insurance	\$2099640	447
Self-pay	\$1881210	276
Any Other Category of Payer	\$22691558	3176
Total	\$47065640	11452

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	\$75276891	9870
Medicaid	\$10388085	819
Commercial Insurance	\$13680973	724
Self-pay	\$8881727	344
Any Other Category of Payer	\$69498504	3846
Total	\$177726180	15603

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	\$35966337	Employee Benefits	\$5878786
Depreciation and Amortization	\$2607166	Interest Expense	\$0
Bad Debt	\$8863679	Other Expenses	\$0
<b>Total Operating Expenses</b>	<b>\$53315968</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$47544127	Total Assets	\$80462641
Net Non-operating Gains over Loss	\$2801235	Total Liabilities	\$25913960
<b>Total Net Gains</b>	<b>\$50345362</b>		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$545757093	\$470480202	\$75276891
Medicaid	\$51383042	\$40994957	\$10388085
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$196070457	\$104009252	\$92061205
Total	\$793210592	\$615484411	\$177726181

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	\$60581	\$-60581
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$53286	\$-53286

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	4161
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3448518
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$532249	
HCI Payments	\$0		
Subtotal	\$0	\$532249	\$-532249
Medicaid Shortfalls	\$10521458	\$15579165	
Subtotal	\$10521458	\$15579165	\$-5057707
DSH Payments	\$0		
Subtotal	\$10521458	\$15579165	\$-5057707
Medicare Shortfalls	\$75654487	\$84232872	
Other Government Programs	\$0	\$0	
Total	\$86175945	\$99812037	\$-13636092

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	\$113867	\$-113867
Provision of Taxes	\$0	\$7648638	\$-7648638
Other Allocations	\$0	\$0	\$0

Comments