



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 KOKOMO HOSPITAL

City of Hospital: Kokomo

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

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

Person Completing the Report: Brad Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|--------------------|
| Inpatient Patient Service Revenue | \$218255240 |
| Outpatient Patient Service Revenue | \$455243694 |
| Total Gross Patient Service Revenue | \$673498934 |

2. Deductions From Revenue

| | |
|-------------------------|--------------------|
| Contractual Allowance | \$490765974 |
| Other Deductions | \$6731080 |
| Total Deductions | \$497497054 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | \$164434273 |
| Other Operating Revenue | \$2204736 |
| Total Operating Revenue | \$166639009 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare | \$30061573 | 2874 |
| Medicaid | \$12156544 | 1336 |
| Commercial Insurance | \$4920209 | 342 |
| Self-pay | \$906898 | 124 |
| Any Other Category of Payer | \$12701636 | 1157 |
| Total | \$60746860 | 5833 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
| | | |

| | | |
|-----------------------------|-------------|-------|
| Medicare | \$29269259 | 39230 |
| Medicaid | \$13601239 | 18261 |
| Commercial Insurance | \$5133953 | 3260 |
| Self-pay | \$3386341 | 2710 |
| Any Other Category of Payer | \$52296621 | 32623 |
| Total | \$103687413 | 96084 |

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 | \$59330832 | 42104 |
| Medicaid | \$25757783 | 19597 |
| Commercial Insurance | \$10054162 | 3602 |
| Self-pay | \$4293239 | 2834 |
| Any Other Category of Payer | \$64998257 | 33780 |
| Total | \$164434273 | 101917 |

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 | \$38967136 | Employee Benefits | \$9397583 |
| Depreciation and Amortization | \$6375114 | Interest Expense | \$555112 |
| Bad Debt | \$11567607 | Other Expenses | \$100871322 |
| Total Operating Expenses | \$167733874 | | |

14. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$10472742 | Total Assets | \$80936958 |
| Net Non-operating Gains over Loss | \$-5000 | Total Liabilities | \$45869537 |
| Total Net Gains | \$10467742 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$350088349 | \$290757517 | \$59330832 |
| Medicaid | \$131105094 | \$105347311 | \$25757783 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$192305491 | \$112959833 | \$79345658 |
| Total | \$673498934 | \$509064661 | \$164434273 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$147918 | \$231097 | \$-83179 |

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 | \$812923 | \$-812923 |
| Hospital Patients | \$0 | \$283903 | \$-283903 |
| Community Education | \$0 | \$149148 | \$-149148 |

| | |
|---|------|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | 5205 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$6730596 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$1420029 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$1420029 | \$-1420029 |
| Medicaid Shortfalls | \$26096497 | \$40167416 | |
| Subtotal | \$26096497 | \$41587445 | \$-15490948 |
| DSH Payments | \$0 | | |
| Subtotal | \$26096497 | \$41587445 | \$-15490948 |
| Medicare Shortfalls | \$59590883 | \$73862066 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$85687380 | \$115449511 | \$-29762131 |

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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 | \$98067 | \$-98067 |
| Community Assessment | \$0 | \$870175 | \$-870175 |
| Provision of Taxes | \$0 | \$12506704 | \$-12506704 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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