



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Bethany Morrow

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Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2065935163
Outpatient Patient Service Revenue	\$1362351539
Total Gross Patient Service Revenue	\$3428286702

2. Deductions From Revenue

Contractual Allowance	\$2224473542
Other Deductions	\$0
Total Deductions	\$2224473542

3. Total Operating Revenue

Net Patient Service Revenue	\$1203813160
Other Operating Revenue	\$61027389
Total Operating Revenue	\$1264840549

4. Operating Expenses

Salaries and Wages	\$361670943	Employee Benefits	\$90272306
Depreciation and Amortization	\$31205193	Interest Expense	\$5216442
Bad Debt	\$43906988	Other Expenses	\$556926890
Total Operating Expenses	\$1089198762		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$174704041	Total Assets	\$1256011000
Net Non-operating Gains over Loss	\$-17561000	Total Liabilities	\$396762000

Total Net Gains	\$157143041
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1263925717	\$997409600	\$266516117
Medicaid	\$613507943	\$509386350	\$104121593
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1550853042	\$717677592	\$833175450
Total	\$3428286702	\$2224473542	\$1203813160

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$334389	\$2372979	\$-2038590

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$551672	\$1761901	\$-1210229

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$20797307	\$-20797307
Hospital Patients	\$0	\$3292000	\$-3292000
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4753
Number of Hospital Patients Educated	32920
Number of Citizens Exposed to Health Education Messages	98760

Statement Six: Charity Statement

Hospital Charity Charges	\$93083797
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$26731075	
HCI Payments	\$0		
Subtotal	\$0	\$26731075	\$-26731075
Medicaid Shortfalls	\$0	\$71863335	
Subtotal	\$0	\$98594410	\$-98594410
DSH Payments	\$0		
Subtotal	\$0	\$98594410	\$-98594410
Medicare Shortfalls	\$0	\$95766387	
Other Government Programs	\$0	\$0	
Total	\$0	\$194360797	\$-194360797

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5810516	\$-5810516
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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