



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: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2584577228
Outpatient Patient Service Revenue	\$1645284223
Total Gross Patient Service Revenue	\$4229861451

2. Deductions From Revenue

Contractual Allowance	\$2885569064
Other Deductions	\$0
Total Deductions	\$2885569064

3. Total Operating Revenue

Net Patient Service Revenue	\$1344292388
Other Operating Revenue	\$65183434
Total Operating Revenue	\$1409475822

4. Operating Expenses

Salaries and Wages	\$332727396	Employee Benefits	\$87227898
Depreciation and Amortization	\$31796176	Interest Expense	\$-170538

Bad Debt	\$46784110	Other Expenses	\$681010877
Total Operating Expenses	\$1179375919		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$230099903	Total Assets	\$590140095
Net Non-operating Gains over Loss	\$-1962021	Total Liabilities	\$446338138
Total Net Gains	\$228137882		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1752606607	\$1376515953	\$376090654
Medicaid	\$860743204	\$668989979	\$191753225
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1616511641	\$840063132	\$776448509
Total	\$4229861452	\$2885569064	\$1344292388

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$841405	\$-841405

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$703719	\$374296	\$329423
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2651278	\$-2651278
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$741570	\$-741570

Number of Medical Professionals Trained	1320
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	15093

Statement Six: Charity Statement

Hospital Charity Charges	\$129730038
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$32631473	
HCI Payments	\$0		
Subtotal	\$0	\$32631473	\$-32631473
Medicaid Shortfalls	\$178745027	\$246997035	
Subtotal	\$178745027	\$279628508	\$-100883481
DSH Payments	(\$7,270,573)		
Subtotal	\$171474454	\$279628508	\$-108154054
Medicare Shortfalls	\$362770472	\$434624780	
Other Government Programs	\$0	\$0	
Total	\$534244926	\$714253288	\$-180008362

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3939491	\$-3939491
Community Assessment	\$0	\$22666210	\$-22666210
Provision of Taxes	\$0	\$33001840	\$-33001840
Other Allocations	\$0	\$0	\$0

Comments

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