



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 KOKOMO HOSPITAL

City of Hospital: Kokomo

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: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$180608249
Outpatient Patient Service Revenue	\$367202027
<b>Total Gross Patient Service Revenue</b>	<b>\$547810276</b>

2. Deductions From Revenue

Contractual Allowance	\$372988877
Other Deductions	\$8873008
<b>Total Deductions</b>	<b>\$381861885</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$163316916
Other Operating Revenue	\$1105631
<b>Total Operating Revenue</b>	<b>\$164422547</b>

4. Operating Expenses

Salaries and Wages	\$36242919	Employee Benefits	\$9591855
Depreciation and Amortization	\$4817181	Interest Expense	\$0
Bad Debt	\$2631475	Other Expenses	\$87948805
<b>Total Operating Expenses</b>	<b>\$141232235</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$25821787	Total Assets	\$65642302
		Total Liabilities	\$50011289

Net Non-operating Gains over Loss	\$301878
Total Net Gains	\$26123665

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$277381730	\$223513990	\$53867740
Medicaid	\$84010568	\$61941801	\$22068767
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$186417978	\$96406094	\$90011884
Total	\$547810276	\$381861885	\$165948391

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$211473	\$-211473

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$14735	\$230737	\$-216002

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	1876

Statement Six: Charity Statement
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Hospital Charity Charges	\$16168062
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3696768	
HCI Payments	\$0		
Subtotal	\$0	\$3696768	\$-3696768
Medicaid Shortfalls	\$21592594	\$29746607	
Subtotal	\$21592594	\$33443375	\$-11850781
DSH Payments	\$0		
Subtotal	\$21592594	\$33443375	\$-11850781
Medicare Shortfalls	\$53323301	\$63422306	
Other Government Programs	\$0	\$0	
Total	\$74915895	\$96865681	\$-21949786

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$202920	\$-202920
Community Assessment	\$0	\$13082	\$-13082
Provision of Taxes	\$0	\$10537902	\$-10537902
Other Allocations	\$0	\$0	\$0

Comments

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