



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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 150084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2957391794
Outpatient Patient Service Revenue	\$1671429562
Total Gross Patient Service Revenue	\$4628821356

2. Deductions From Revenue

Contractual Allowance	\$3311825866
Other Deductions	\$0
Total Deductions	\$3311825866

3. Total Operating Revenue

Net Patient Service Revenue	\$1316995490
Other Operating Revenue	\$53290189
Total Operating Revenue	\$1370285679

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$275206298	\$12103
Medicaid	\$152415947	\$8022
Commercial Insurance	\$390785248	\$8298
Self-pay	\$12801110	\$153
Any Other Category of Payer	\$22846034	\$523
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$97104618	\$65571
Medicaid	\$56143489	\$42921
Commercial Insurance	\$274364447	\$67432
Self-pay	\$18771614	\$1561
Any Other Category of Payer	\$2820816	\$12146
Total	\$0	\$0

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	\$372310916	\$77674
Medicaid	\$208559436	\$50943
Commercial Insurance	\$665149696	\$75730
Self-pay	\$31572724	\$1714
Any Other Category of Payer	\$25666849	\$12669
Total	\$0	\$0

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	\$372451227	Employee Benefits	\$77636247
Depreciation and Amortization	\$40636518	Interest Expense	\$4818043
Bad Debt	\$106616	Other Expenses	\$683137555
Total Operating Expenses	\$1178786206		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$191499472	Total Assets	\$647515862
Net Non-operating Gains over Loss	\$-818294	Total Liabilities	\$513586005
Total Net Gains	\$190681178		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1933503316	\$1561192400	\$372310916
Medicaid	\$1081516181	\$859220875	\$222295306
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1613801859	\$891412590	\$722389269
Total	\$4628821356	\$3311825865	\$1316995491

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$863025	\$861656	\$1369

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	\$25763914	\$-25763914
Hospital Patients	\$0	\$354497	\$-354497
Community Education	\$0	\$3626703	\$-3626703

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	29267
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$69296068

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16335808	
HCI Payments	\$0		
Subtotal	\$0	\$16335808	\$-16335808
Medicaid Shortfalls	\$226896534	\$304115576	
Subtotal	\$226896534	\$320451384	\$-93554850
DSH Payments	\$0		
Subtotal	\$226896534	\$320451384	\$-93554850
Medicare Shortfalls	\$371631448	\$455802755	
Other Government Programs	\$0	\$0	
Total	\$598527982	\$776254139	\$-177726157

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4330951	\$-4330951
Community Assessment	\$0	\$26059353	\$-26059353
Provision of Taxes	\$0	\$49159688	\$-49159688
Other Allocations	\$0	\$0	\$0

Comments

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