



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 HEART CENTER OF INDIANA

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

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Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$551577156
Outpatient Patient Service Revenue	\$202505095
Total Gross Patient Service Revenue	\$754082251

2. Deductions From Revenue

Contractual Allowance	\$561285795
Other Deductions	\$0
Total Deductions	\$561285795

3. Total Operating Revenue

Net Patient Service Revenue	\$192796457
Other Operating Revenue	\$970446
Total Operating Revenue	\$193766903

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$69009304	\$2840
Medicaid	\$7372785	\$248
Commercial Insurance	\$63262448	\$1037
Self-pay	\$691044	\$8
Any Other Category of Payer	\$591347	\$22
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	\$20371956	\$6650
Medicaid	\$2675419	\$622
Commercial Insurance	\$27830444	\$3492
Self-pay	\$995478	\$39
Any Other Category of Payer	\$-3769	\$696
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	\$89381260	\$9490
Medicaid	\$10048204	\$870
Commercial Insurance	\$91092891	\$4529
Self-pay	\$1686522	\$47
Any Other Category of Payer	\$587579	\$718
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	\$32600866	Employee Benefits	\$7436132
Depreciation and Amortization	\$3794294	Interest Expense	\$203654
Bad Debt	\$2727	Other Expenses	\$85792388
Total Operating Expenses	\$129830061		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$63936842	Total Assets	\$95206809
Net Non-operating Gains over Loss	\$152286	Total Liabilities	\$29974304
Total Net Gains	\$64089128		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$504811525	\$415430265	\$89381260
Medicaid	\$44273794	\$34225589	\$10048205
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$204996933	\$111629941	\$93366992
Total	\$754082252	\$561285795	\$192796457

Statement Three: Donations Statement

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

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	\$90830	\$-90830
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$54002	\$-54002

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	4342
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$6723498

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1097209	
HCI Payments	\$0		
Subtotal	\$0	\$1097209	\$-1097209
Medicaid Shortfalls	\$10778408	\$13318268	
Subtotal	\$10778408	\$14415477	\$-3637069
DSH Payments	\$0		
Subtotal	\$10778408	\$14415477	\$-3637069
Medicare Shortfalls	\$89590698	\$82380307	
Other Government Programs	\$0	\$0	
Total	\$100369106	\$96795784	\$3573322

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$11996	\$-11996
Community Assessment	\$0	\$138107	\$-138107
Provision of Taxes	\$0	\$6093218	\$-6093218
Other Allocations	\$0	\$0	\$0

Comments

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