



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 EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/03/2023 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|  |                     |
|--|---------------------|
| Inpatient Patient Service Revenue          | \$859519087         |
| Outpatient Patient Service Revenue         | \$1639751887        |
| <b>Total Gross Patient Service Revenue</b> | <b>\$2499270974</b> |

2. Deductions From Revenue

|                         |                     |
|-------------------------|---------------------|
| Contractual Allowance   | \$1827506325        |
| Other Deductions        | \$0                 |
| <b>Total Deductions</b> | <b>\$1827506325</b> |

3. Total Operating Revenue

|                                |                    |
|--------------------------------|--------------------|
| Net Patient Service Revenue    | \$671764648        |
| Other Operating Revenue        | \$16339347         |
| <b>Total Operating Revenue</b> | <b>\$688103995</b> |

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

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$100989039         | \$7876                      |
| Medicaid                    | \$41659391          | \$3566                      |
| Commercial Insurance        | \$83947326          | \$3366                      |
| Self-pay                    | \$2310283           | \$72                        |
| Any Other Category of Payer | \$3491216           | \$310                       |
| <b>Total</b>                | <b>\$232397255</b>  | <b>\$0</b>                  |

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

|  | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
|  |                     |                             |

|                             |             |         |
|-----------------------------|-------------|---------|
| Medicare                    | \$110383766 | \$96298 |
| Medicaid                    | \$36424957  | \$50877 |
| Commercial Insurance        | \$265815695 | \$83057 |
| Self-pay                    | \$3425621   | \$3006  |
| Any Other Category of Payer | \$23317353  | \$11425 |
| Total                       | \$439367392 | \$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                    | \$211372805               | \$104174                    |
| Medicaid                    | \$78084348                | \$54443                     |
| Commercial Insurance        | \$349763021               | \$86423                     |
| Self-pay                    | \$5735904                 | \$3078                      |
| Any Other Category of Payer | \$26808569                | \$11735                     |
| Total                       | \$671764647               | \$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            | \$123428430 | Employee Benefits | \$30997623  |
| Depreciation and Amortization | \$23577760  | Interest Expense  | \$4618142   |
| Bad Debt                      | \$96031     | Other Expenses    | \$412573779 |
| Total Operating Expenses      | \$595291765 |                   |             |

14. Net Revenue and Expenses

|                                   |            |                   |             |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$92788692 | Total Assets      | \$354838864 |
| Net Non-operating Gains over Loss | \$-641250  | Total Liabilities | \$301800896 |
| Total Net Gains                   | \$92147442 |                   |             |

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$1247088186          | \$1035715380          | \$211372806                   |
| Medicaid         | \$400061510           | \$321977162           | \$78084348                    |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$852121277           | \$469813783           | \$382307494                   |
| Total            | \$2499270973          | \$1827506325          | \$671764648                   |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$416443                   | \$344246                    | \$72197                 |

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                        | \$7196450                   | \$-7196450              |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$700845                    | \$-700845               |

|   |         |
|---|---------|
| Number of Medical Professionals Trained                 | \$0     |
| Number of Hospital Patients Educated                    | \$13571 |
| Number of Citizens Exposed to Health Education Messages | \$0     |

Statement Six: Charity Statement

Hospital Charity Charges \$24164759

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$5532029              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$5532029              | \$-5532029                     |
| Medicaid Shortfalls       | \$79424017            | \$118413592            |                                |
| Subtotal                  | \$79424017            | \$123945621            | \$-44521604                    |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$79424017            | \$123945621            | \$-44521604                    |
| Medicare Shortfalls       | \$212418963           | \$275002356            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$291842980           | \$398947977            | \$-107104997                   |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$687367                    | \$-687367               |
| Community Assessment | \$0                        | \$8037078                   | \$-8037078              |
| Provision of Taxes   | \$0                        | \$28559354                  | \$-28559354             |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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