



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 HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Stephanie Spencer

Email Address: stephanie.spencer@ascension.org

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$372558489
Outpatient Patient Service Revenue	\$112002551
Total Gross Patient Service Revenue	\$484561040

2. Deductions From Revenue

Contractual Allowance	\$325550628
Other Deductions	\$3310329
Total Deductions	\$328860957

3. Total Operating Revenue

Net Patient Service Revenue	\$155700082
Other Operating Revenue	\$970628
Total Operating Revenue	\$156670710

4. Operating Expenses

Salaries and Wages	\$29131103	Employee Benefits	\$8103602
Depreciation and Amortization	\$3929654	Interest Expense	\$1222285
Bad Debt	\$46778	Other Expenses	\$65750315
Total Operating Expenses	\$108183737		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$48410040	Total Assets	\$0
Net Non-operating Gains over Loss	\$560454	Total Liabilities	\$0

Total Net Gains	\$48970494
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$315002370	\$244437979	\$70564391
Medicaid	\$26639727	\$20890505	\$5749222
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$142918943	\$63532474	\$79386469
Total	\$484561040	\$328860958	\$155700082

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

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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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	\$0	\$0	\$0

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

Statement Six: Charity Statement
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Hospital Charity Charges	\$9541151
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2036675	
HCI Payments	\$0		
Subtotal	\$0	\$2036675	\$-2036675
Medicaid Shortfalls	\$0	\$4101174	
Subtotal	\$0	\$6137849	\$-6137849
DSH Payments	\$0		
Subtotal	\$0	\$6137849	\$-6137849
Medicare Shortfalls	\$0	\$-3323295	
Other Government Programs	\$0	\$0	
Total	\$0	\$2814554	\$-2814554

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	\$91284	\$-91284
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$4163821	\$-4163821
Other Allocations	\$0	\$0	\$0

Comments

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