



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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

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: Dustin McKinley

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Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2241415211
Outpatient Patient Service Revenue	\$1490871761
Total Gross Patient Service Revenue	\$3732286972

2. Deductions From Revenue

Contractual Allowance	\$2422615302
Other Deductions	\$0
Total Deductions	\$2422615302

3. Total Operating Revenue

Net Patient Service Revenue	\$1309671671
Other Operating Revenue	\$55480763
Total Operating Revenue	\$1365152434

4. Operating Expenses

Salaries and Wages	\$380442640	Employee Benefits	\$99373111
Depreciation and Amortization	\$29774053	Interest Expense	\$5765349
Bad Debt	\$27594468	Other Expenses	\$559610253
Total Operating Expenses	\$1102559874		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$260450469	Total Assets	\$626499791
Net Non-operating Gains over Loss	\$-1138703	Total Liabilities	\$440817044

Total Net Gains	\$259311766
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1401671794	\$1093144858	\$308526936
Medicaid	\$798513759	\$595472207	\$203041552
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1532101419	\$733998236	\$798103183
Total	\$3732286972	\$2422615301	\$1309671671

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$808746	\$-808746

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$677567	\$1700133	\$-1022566

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$18890517	\$-18890517
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4930
Number of Hospital Patients Educated	33608
Number of Citizens Exposed to Health Education Messages	100824

Statement Six: Charity Statement

Hospital Charity Charges	\$125738400
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$34265119	
HCI Payments	\$0		
Subtotal	\$0	\$34265119	\$-34265119
Medicaid Shortfalls	\$0	\$98164499	
Subtotal	\$0	\$132429618	\$-132429618
DSH Payments	\$61456607		
Subtotal	\$61456607	\$132429618	\$-70973011
Medicare Shortfalls	\$0	\$69708595	
Other Government Programs	\$0	\$0	
Total	\$61456607	\$202138213	\$-140681606

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6177794	\$-6177794
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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