



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 CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$400079035
Outpatient Patient Service Revenue	\$377759507
<b>Total Gross Patient Service Revenue</b>	<b>\$777838542</b>

2. Deductions From Revenue

Contractual Allowance	\$540977519
Other Deductions	\$6835768
<b>Total Deductions</b>	<b>\$547813287</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$218095524
Other Operating Revenue	\$4618941
<b>Total Operating Revenue</b>	<b>\$222714465</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$28436048	2058
Medicaid	\$13127936	1039
Commercial Insurance	\$10049484	515
Self-pay	\$2563964	449
Any Other Category of Payer	\$58728901	3775
<b>Total</b>	<b>\$112906333</b>	<b>7836</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$15773052	16854
Medicaid	\$5346386	5280
Commercial Insurance	\$6012694	2903
Self-pay	\$4527842	2952
Any Other Category of Payer	\$73529217	26923
Total	\$105189191	54912

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	\$44209100	18912
Medicaid	\$18474322	6319
Commercial Insurance	\$16062178	3418
Self-pay	\$7091806	3401
Any Other Category of Payer	\$132258118	30698
Total	\$218095524	62748

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	\$44081751	Employee Benefits	\$8948987
Depreciation and Amortization	\$6343422	Interest Expense	\$741864
Bad Debt	\$11929730	Other Expenses	\$101738031
Total Operating Expenses	\$173783785		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$60860409	Total Assets	\$13164431
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$48405311
Total Net Gains	\$60860409		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$284160400	\$239951300	\$44209100
Medicaid	\$107925654	\$89451332	\$18474322
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$385752488	\$230340386	\$155412102
Total	\$777838542	\$559743018	\$218095524

## 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	\$282674	\$-282674
Hospital Patients	\$0	\$771950	\$-771950
Community Education	\$0	\$166387	\$-166387

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	6189
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$5624102
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1071164	
HCI Payments	\$0		
Subtotal	\$0	\$1071164	\$-1071164
Medicaid Shortfalls	\$18662616	\$32879467	
Subtotal	\$18662616	\$33950631	\$-15288015
DSH Payments	\$0		
Subtotal	\$18662616	\$33950631	\$-15288015
Medicare Shortfalls	\$44277288	\$54121076	
Other Government Programs	\$0	\$0	
Total	\$62939904	\$88071707	\$-25131803

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	\$105009	\$-105009
Community Assessment	\$0	\$349188	\$-349188
Provision of Taxes	\$0	\$12323991	\$-12323991
Other Allocations	\$0	\$0	\$0

Comments

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