



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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

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

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

Person Completing the Report: Jordan Pugh

Email Address: jordan.pugh@ascension.org

Medicare Provider Number: 150084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3256501249
Outpatient Patient Service Revenue	\$1855243777
<b>Total Gross Patient Service Revenue</b>	<b>\$5111745026</b>

2. Deductions From Revenue

Contractual Allowance	\$3685362620
Other Deductions	\$68180186
<b>Total Deductions</b>	<b>\$3753542806</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$1286152810
Other Operating Revenue	\$55204461
<b>Total Operating Revenue</b>	<b>\$1341357271</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$258525303	12546
Medicaid	\$150412783	7405
Commercial Insurance	\$79292789	1966
Self-pay	\$38151025	911
Any Other Category of Payer	\$301338626	6704
<b>Total</b>	<b>\$827720526</b>	<b>29532</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$114051492	71728
Medicaid	\$63911146	45430
Commercial Insurance	\$26634225	8649
Self-pay	\$29875985	11845
Any Other Category of Payer	\$223960332	68209
Total	\$458433180	205861

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	\$372576795	84274
Medicaid	\$214323929	52835
Commercial Insurance	\$417731621	10615
Self-pay	\$68027010	12756
Any Other Category of Payer	\$525298958	74913
Total	\$1597958313	235393

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	\$368356057	Employee Benefits	\$68666093
Depreciation and Amortization	\$39375290	Interest Expense	\$1875200
Bad Debt	\$42001	Other Expenses	\$9149427
Total Operating Expenses	\$487464068		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$57628917	Total Assets	\$941390073
Net Non-operating Gains over Loss	\$-1048636	Total Liabilities	\$479326956
Total Net Gains	\$56580281		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2245420969	\$1872844174	\$372576795
Medicaid	\$1192485878	\$978161766	\$214324112
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1673838180	\$974586277	\$699251903
Total	\$5111745027	\$3825592217	\$1286152810

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2764218.51	\$4340032.68	\$-1575814.17

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	\$26248035	\$-26248035
Hospital Patients	\$0	\$646072	\$-646072
Community Education	\$0	\$5005286	\$-5005286

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	29,486
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$72049410
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16736073	
HCI Payments	\$0		
Subtotal	\$0	\$16736073	\$-16736073
Medicaid Shortfalls	\$218418441	\$335572216	
Subtotal	\$218418441	\$335572216	\$-117153775
DSH Payments	\$0		
Subtotal	\$218418441	\$335572216	\$-117153775
Medicare Shortfalls	\$371568248	\$521579977	
Other Government Programs	\$0	\$0	
Total	\$589986689	\$857152193	\$-267165504

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5306434	\$-5306434
Community Assessment	\$0	\$26917755	\$-26917755
Provision of Taxes	\$0	\$58574377	\$-58574377
Other Allocations	\$0	\$0	\$0

Comments