



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 SETON SPECIALTY HOSPITAL - 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

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Medicare Provider Number: 152020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$58689823
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$58689823</b>

2. Deductions From Revenue

Contractual Allowance	\$36169149
Other Deductions	\$483820
<b>Total Deductions</b>	<b>\$36652969</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$21273072
Other Operating Revenue	\$112209
<b>Total Operating Revenue</b>	<b>\$21385281</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9219134	94
Medicaid	\$2195390	14
Commercial Insurance	\$-243817	7
Self-pay	\$-1560614	1
Any Other Category of Payer	\$11662980	77
<b>Total</b>	<b>\$21273073</b>	<b>193</b>

5. Net Patient Revenue and Total Number of Paid Claims 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

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	\$9219134	94
Medicaid	\$2195390	14
Commercial Insurance	-\$243817	7
Self-pay	-\$1560614	1
Any Other Category of Payer	\$11662980	77
Total	\$21273073	193

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	\$7265196	Employee Benefits	\$1415906
Depreciation and Amortization	\$699349	Interest Expense	\$14287
Bad Debt	\$763783	Other Expenses	\$9154290
<b>Total Operating Expenses</b>	<b>\$19312811</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2836253	Total Assets	\$13447173
Net Non-operating Gains over Loss	\$-1933	Total Liabilities	\$3316465
<b>Total Net Gains</b>	<b>\$2834320</b>		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33180851	\$23961717	\$9219134
Medicaid	\$4516831	\$2321442	\$2195389
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20992141	\$11133593	\$9858548
Total	\$58689823	\$37416752	\$21273071

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	\$81693	\$-81693
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$70802	\$-70802

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	172
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$25037
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7812	
HCI Payments	\$0		
Subtotal	\$0	\$7812	\$-7812
Medicaid Shortfalls	\$2202778	\$1409352	
Subtotal	\$2202778	\$1409352	\$793426
DSH Payments	\$0		
Subtotal	\$2202778	\$1409352	\$793426
Medicare Shortfalls	\$9222461	\$10353163	
Other Government Programs	\$0	\$0	
Total	\$11425239	\$11762515	\$-337276

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	\$16764	\$-16764
Community Assessment	\$0	\$135731	\$-135731
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments