



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 ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: Anderson

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$238752698
Outpatient Patient Service Revenue	\$478884644
Total Gross Patient Service Revenue	\$717637342

2. Deductions From Revenue

Contractual Allowance	\$509758036
Other Deductions	\$6503942
Total Deductions	\$516261978

3. Total Operating Revenue

Net Patient Service Revenue	\$194470669
Other Operating Revenue	\$2423833
Total Operating Revenue	\$196894502

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$32885921	\$2679
Medicaid	\$20657416	\$1938
Commercial Insurance	\$3709525	\$256
Self-pay	\$1144087	\$102
Any Other Category of Payer	\$9147330	\$521
Total	\$67544279	\$5496

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$33524902	\$42958
Medicaid	\$41243264	\$29506
Commercial Insurance	\$5529672	\$4679
Self-pay	\$2140643	\$3465
Any Other Category of Payer	\$444887889	\$20948
Total	\$527326370	\$101556

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	\$66410823	\$45637
Medicaid	\$61900700	\$31444
Commercial Insurance	\$9239197	\$4935
Self-pay	\$3284730	\$3567
Any Other Category of Payer	\$53635219	\$21469
Total	\$194470669	\$107052

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	\$48446020	Employee Benefits	\$10758408
Depreciation and Amortization	\$5829763	Interest Expense	\$525588
Bad Debt	\$6904423	Other Expenses	\$119362865
Total Operating Expenses	\$191827067		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$11971858	Total Assets	\$88678274
Net Non-operating Gains over Loss	\$-2767	Total Liabilities	\$45682610
Total Net Gains	\$11969091		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$380963786	\$314552963	\$66410823
Medicaid	\$178764972	\$116864272	\$61900700
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$157908584	\$91749438	\$66159146
Total	\$717637342	\$523166673	\$194470669

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$282263	\$441789	\$-159526

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$28865	\$109316	\$-80451

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$360208	\$-360208
Hospital Patients	\$0	\$41849	\$-41849
Community Education	\$0	\$210748	\$-210748

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5528
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$11765979
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2783683	
HCI Payments	\$0		
Subtotal	\$0	\$2783683	\$-2783683
Medicaid Shortfalls	\$63045823	\$55572168	
Subtotal	\$63045823	\$58355851	\$4689972
DSH Payments	\$13,119,885		
Subtotal	\$76165708	\$58355851	\$17809857
Medicare Shortfalls	\$66835067	\$90131262	
Other Government Programs	\$0	\$0	
Total	\$143000775	\$148487113	\$-5486338

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$177269	\$-177269
Community Assessment	\$0	\$451219	\$-451219
Provision of Taxes	\$0	\$13278614	\$-13278614
Other Allocations	\$0	\$0	\$0

Comments

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