



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 KOKOMO HOSPITAL

City of Hospital: Kokomo

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

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

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$214601020
Outpatient Patient Service Revenue	\$433614571
<b>Total Gross Patient Service Revenue</b>	<b>\$648215591</b>

2. Deductions From Revenue

Contractual Allowance	\$466688280
Other Deductions	\$6758648
<b>Total Deductions</b>	<b>\$473446928</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$167181126
Other Operating Revenue	\$2289885
<b>Total Operating Revenue</b>	<b>\$169471011</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$28542665	\$2727
Medicaid	\$12151393	\$1437
Commercial Insurance	\$5888595	\$302
Self-pay	\$538501	\$81
Any Other Category of Payer	\$15349809	\$919
<b>Total</b>	<b>\$62470963</b>	<b>\$5466</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$29725606	\$39651
Medicaid	\$14914095	\$20288
Commercial Insurance	\$3573735	\$2804
Self-pay	\$989619	\$2218
Any Other Category of Payer	\$55507108	\$23992
Total	\$104710163	\$88953

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	\$58268271	\$42378
Medicaid	\$27065488	\$21725
Commercial Insurance	\$9462330	\$3106
Self-pay	\$1528120	\$2299
Any Other Category of Payer	\$70856917	\$24911
Total	\$167181126	\$94419

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	\$37040789	Employee Benefits	\$9176569
Depreciation and Amortization	\$6252515	Interest Expense	\$564128
Bad Debt	\$7587537	Other Expenses	\$101317373
Total Operating Expenses	\$161938911		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$15119637	Total Assets	\$66850929
Net Non-operating Gains over Loss	\$-11400	Total Liabilities	\$44832073
Total Net Gains	\$15108237		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$332793125	\$274524854	\$58268271
Medicaid	\$125786427	\$98720939	\$27065488
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$189636039	\$107788672	\$81847367
Total	\$648215591	\$481034465	\$167181126

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$21337	\$110938	\$-89601

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	\$744322	\$-744322
Hospital Patients	\$0	\$259671	\$-259671
Community Education	\$0	\$148931	\$-148931

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	4950
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$6501409
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1403709	
HCI Payments	\$0		
Subtotal	\$0	\$1403709	\$-1403709
Medicaid Shortfalls	\$27403145	\$40042735	
Subtotal	\$27403145	\$41446444	\$-14043299
DSH Payments	\$0		
Subtotal	\$27403145	\$41446444	\$-14043299
Medicare Shortfalls	\$58526500	\$71852834	
Other Government Programs	\$0	\$0	
Total	\$85929645	\$113299278	\$-27369633

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	\$98573	\$-98573
Community Assessment	\$0	\$808454	\$-808454
Provision of Taxes	\$0	\$12884388	\$-12884388
Other Allocations	\$0	\$0	\$0

Comments

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