



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|--------------|
| Inpatient Patient Service Revenue | \$800891896 |
| Outpatient Patient Service Revenue | \$1359450621 |
| Total Gross Patient Service Revenue | \$2160342517 |

2. Deductions From Revenue

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|-----------------------|--------------|
| Contractual Allowance | \$1466535424 |
| Other Deductions | \$80655621 |
| Total Deductions | \$1547191045 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$597625951 |
| Other Operating Revenue | \$27153507 |
| Total Operating Revenue | \$624779458 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$109132577 | Employee Benefits | \$31349972 |
| Depreciation and Amortization | \$18377516 | Interest Expense | \$4605669 |
| Bad Debt | \$15525522 | Other Expenses | \$375086734 |
| Total Operating Expenses | \$554077990 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$85987331 | Total Assets | \$308418775 |
| Net Non-operating Gains over Loss | \$117603 | Total Liabilities | \$124632068 |

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|-----------------|------------|
| Total Net Gains | \$86104934 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$1053230683 | \$876430673 | \$176800010 |
| Medicaid | \$322128151 | \$257284207 | \$64843944 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$784983683 | \$349646752 | \$435336931 |
| Total | \$2160342517 | \$1483361632 | \$676980885 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$96942 | \$379795 | \$-282853 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$612373 | \$-612373 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$639988 | \$-639988 |

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

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| Statement Six: Charity Statement |
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|--------------------------|------------|
| Hospital Charity Charges | \$63829413 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$13375884 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$13375884 | \$-13375884 |
| Medicaid Shortfalls | \$62932378 | \$92258048 | |
| Subtotal | \$62932378 | \$105633932 | \$-42701554 |
| DSH Payments | \$0 | | |
| Subtotal | \$62932378 | \$105633932 | \$-42701554 |
| Medicare Shortfalls | \$174143207 | \$220711594 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$237075585 | \$326345526 | \$-89269941 |

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| 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 | \$612396 | \$-612396 |
| Community Assessment | \$0 | \$1001012 | \$-1001012 |
| Provision of Taxes | \$0 | \$24753921 | \$-24753921 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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