



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: FRANCISCAN HEALTH INDIANAPOLIS

City of Hospital: Indianapolis

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

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

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Medicare Provider Number: 15-0162

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$1555400847	Contractual Allowance	\$2806940493
Outpatient Patient Service Revenue	\$2334720454	Other Deductions	\$64003068
Total Gross Patient Service Revenue	\$3890121301	Total Deductions	\$2870943561

3. Total Operating Revenue	
Net Patient Service Revenue	\$1019177739
Other Operating Revenue	\$45958752
Total Operating Revenue	\$1065136491

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$179152671	78074
Medicaid	\$72197200	22812
Commercial Insurance	\$176174835	26665
Self-pay	\$931059	2285
Any Other Category of Payer	\$7526486	2333
Total	\$435982251	132169

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$150763172	559092
Medicaid	\$59780683	299697
Commercial Insurance	\$267796652	623277
Self-pay	\$3026469	30568
Any Other Category of Payer	\$6398639	27707
Total	\$487765615	1540341

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	\$329915842	637166
Medicaid	\$131977883	322509

Commercial Insurance	\$443971488	649943
Self-pay	\$3957528	32853
Any Other Category of Payer	\$13925124	30040
<b>Total</b>	<b>\$923747865</b>	<b>1672511</b>

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	\$171041902	10232
Medicaid	\$69850715	3920
Commercial Insurance	\$173198857	5357
Self-pay	\$814620	401
Any Other Category of Payer	\$7237953	391
<b>Total</b>	<b>\$422144047</b>	<b>20301</b>

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	\$109555718	161870
Medicaid	\$41882582	63848
Commercial Insurance	\$223427672	99340
Self-pay	\$1130078	7378
Any Other Category of Payer	\$4339471	5682
<b>Total</b>	<b>\$380335521</b>	<b>338118</b>

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	\$280597620	172102
Medicaid	\$111733297	67768
Commercial Insurance	\$396626529	104697
Self-pay	\$1944698	7779
Any Other Category of Payer	\$11577423	6073
<b>Total</b>	<b>\$802479567</b>	<b>358419</b>

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	\$8110769	67842
Medicaid	\$2346485	18892
Commercial Insurance	\$2975978	21308
Self-pay	\$116439	1884
Any Other Category of Payer	\$288533	1942
<b>Total</b>	<b>\$13838204</b>	<b>111868</b>

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	\$41207453	397222
Medicaid	\$17898101	235849
Commercial Insurance	\$44368981	523937
Self-pay	\$1896390	23190
Any Other Category of Payer	\$2059168	22025
<b>Total</b>	<b>\$107430093</b>	<b>1202223</b>

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	\$49318222	465064

Medicaid	\$20244587	254741
Commercial Insurance	\$47344959	545246
Self-pay	\$2012830	25074
Any Other Category of Payer	\$2347701	23967
Total	\$121268299	1314092

## 13. Operating Expenses

Salaries and Wages	\$419975842	Employee Benefits	\$98094071
Depreciation and Amortization	\$40328321	Interest Expense	\$15405650
Bad Debt	\$0	Other Expenses	\$557671065
Total Operating Expenses	\$1131474949		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-66338457	Total Assets	\$1008464694
Net Non-operating Gains over Loss	\$8940565	Total Liabilities	\$153321388
Total Net Gains	\$-57397892		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1971169301	\$1607170752	\$363998549
Medicaid	\$599449847	\$453837688	\$145612159
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1319502153	\$809935121	\$509567032
Total	\$3890121301	\$2870943561	\$1019177740

## 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	\$2072791	\$2072791	\$0

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2126750	\$4865162	\$-2738412
Hospital Patients	\$0	\$0	\$0
Community Education	\$358835	\$3399882	\$-3041047

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

Statement Six: Charity Statement

Hospital Charity Charges	\$64003068
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16816860	
HCI Payments	\$0		
Subtotal	\$0	\$16816860	\$-16816860
Medicaid Shortfalls	\$124750746	\$190253773	
Subtotal	\$124750746	\$207070633	\$-82319887
DSH Payments	\$0		
Subtotal	\$124750746	\$207070633	\$-82319887
Medicare Shortfalls	\$305826927	\$488414813	
Other Government Programs	\$0	\$0	
Total	\$430577673	\$695485446	\$-264907773

Statement Seven: Subsidized Health Services for the Community

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

Comments

The preparation of the Hospital Fiscal report required management to make assumptions and estimates that affected net revenue and paid claims by payor and the reported amounts of revenue and expenses during the reporting period. Financial numbers presented include employed physicians and exclude certain joint ventures where applicable which will differ from financial numbers presented within the Medicare cost