



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 LAFAYETTE

City of Hospital: Lafayette

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

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Medicare Provider Number: 15-0109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$681623607
Outpatient Patient Service Revenue	\$1382851319
Total Gross Patient Service Revenue	\$2064474926

2. Deductions From Revenue

Contractual Allowance	\$1552884409
Other Deductions	\$44624642
Total Deductions	\$1597509051

3. Total Operating Revenue

Net Patient Service Revenue	\$466965875
Other Operating Revenue	\$22383063
Total Operating Revenue	\$489348938

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$67336482	4802
Medicaid	\$28285700	2208
Commercial Insurance	\$62900642	2991
Self-pay	\$239770	227
Any Other Category of Payer	\$3269937	213
Total	\$162032531	10441

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$100372025	204546
Medicaid	\$37297184	93608
Commercial Insurance	\$161642075	234299
Self-pay	\$1306666	15970
Any Other Category of Payer	\$4315393	10815
Total	\$304933343	559238

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	\$167708507	209347
Medicaid	\$65582885	95815
Commercial Insurance	\$224542717	237290
Self-pay	\$1546436	16197
Any Other Category of Payer	\$7585330	11028
Total	\$466965875	569677

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	\$67336482	4802
Medicaid	\$28285700	2208
Commercial Insurance	\$62900642	2991
Self-pay	\$239770	227
Any Other Category of Payer	\$3269937	213
Total	\$162032531	10441

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	\$81666811	65489
Medicaid	\$29734746	33167
Commercial Insurance	\$139516210	64891
Self-pay	\$728764	4906
Any Other Category of Payer	\$3289579	3605
Total	\$254936110	172058

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	\$149003292	70291
Medicaid	\$58020447	35374
Commercial Insurance	\$202416852	67882
Self-pay	\$968534	5133
Any Other Category of Payer	\$6559516	3818
Total	\$416968641	182498

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	\$18705214	139057
Medicaid	\$7562438	60441
Commercial Insurance	\$22125865	169408
Self-pay	\$577902	11064
Any Other Category of Payer	\$1025814	7210
Total	\$49997233	387180

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	\$18705214	139057
Medicaid	\$7562438	60441
Commercial Insurance	\$22125865	169408
Self-pay	\$577902	11064
Any Other Category of Payer	\$1025814	7210
Total	\$49997233	387180

13. Operating Expenses

Salaries and Wages	\$201246492	Employee Benefits	\$41152530
Depreciation and Amortization	\$21093294	Interest Expense	\$7669975
Bad Debt	\$0	Other Expenses	\$220136306
Total Operating Expenses	\$491298597		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1949660	Total Assets	\$454512196
Net Non-operating Gains over Loss	\$1617884	Total Liabilities	\$76023833
Total Net Gains	\$-331776		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1096765589	\$929057083	\$167708506
Medicaid	\$289223882	\$223640998	\$65582884
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$678485454	\$444810971	\$233674483
Total	\$2064474925	\$1597509052	\$466965873

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$346660	\$-346660

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	\$5613506	\$10201408	\$-4587902
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	804
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$44624642
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9568302	
HCI Payments	\$0		
Subtotal	\$0	\$9568302	\$-9568302
Medicaid Shortfalls	\$67191631	\$86740394	
Subtotal	\$67191631	\$96308696	\$-29117065
DSH Payments	\$0		
Subtotal	\$67191631	\$96308696	\$-29117065
Medicare Shortfalls	\$162210951	\$221914750	
Other Government Programs	\$0	\$0	
Total	\$229402582	\$318223446	\$-88820864

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2154173	\$-2154173
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