



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 CRAWFORDSVILLE

City of Hospital: Crawfordsville

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: 15-0022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41383090
Outpatient Patient Service Revenue	\$214591418
Total Gross Patient Service Revenue	\$255974508

2. Deductions From Revenue

Contractual Allowance	\$180363592
Other Deductions	\$9513027
Total Deductions	\$189876619

3. Total Operating Revenue

Net Patient Service Revenue	\$66097889
Other Operating Revenue	\$1347692
Total Operating Revenue	\$67445581

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11069852	885
Medicaid	\$1286097	92
Commercial Insurance	\$1784747	119
Self-pay	\$89	11
Any Other Category of Payer	\$267060	24
Total	\$14407845	1131

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$13766910	55329
Medicaid	\$7265265	20668
Commercial Insurance	\$29684035	41115
Self-pay	\$286952	4532
Any Other Category of Payer	\$686881	1438
Total	\$51690043	123082

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	\$24836761	56214
Medicaid	\$8551363	20760
Commercial Insurance	\$31468783	41234
Self-pay	\$287042	4543
Any Other Category of Payer	\$953940	1462
Total	\$66097889	124213

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	\$11069852	885
Medicaid	\$1286097	92
Commercial Insurance	\$1784747	119
Self-pay	\$89	11
Any Other Category of Payer	\$267060	24
Total	\$14407845	1131

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	\$9716794	23560
Medicaid	\$6316348	11933
Commercial Insurance	\$27196344	18551
Self-pay	\$200319	2389
Any Other Category of Payer	\$628592	934
Total	\$44058397	57367

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	\$20786646	24445
Medicaid	\$7602445	12025
Commercial Insurance	\$28981091	18670
Self-pay	\$200408	2400
Any Other Category of Payer	\$895652	958
Total	\$58466242	58498

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	\$4050115	31769
Medicaid	\$948917	8735
Commercial Insurance	\$2487692	22564
Self-pay	\$86633	2143
Any Other Category of Payer	\$58288	504
Total	\$7631645	65715

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	\$4050115	31769
Medicaid	\$948917	8735
Commercial Insurance	\$2487692	22564
Self-pay	\$86633	2143
Any Other Category of Payer	\$58288	504
Total	\$7631645	65715

13. Operating Expenses

Salaries and Wages	\$27719784	Employee Benefits	\$5380806
Depreciation and Amortization	\$2927284	Interest Expense	\$1027383
Bad Debt	\$0	Other Expenses	\$32428308
Total Operating Expenses	\$69483565		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2037983	Total Assets	\$61262350
Net Non-operating Gains over Loss	\$134900	Total Liabilities	\$16081938
Total Net Gains	\$-1903083		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$128350047	\$103513285	\$24836762
Medicaid	\$45886917	\$37335554	\$8551363
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$81737544	\$49027779	\$32709765
Total	\$255974508	\$189876618	\$66097890

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$79555	\$-79555

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	\$157575	\$-157575
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	53
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$9513027
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2020913	
HCI Payments	\$0		
Subtotal	\$0	\$2020913	\$-2020913
Medicaid Shortfalls	\$8660789	\$16583940	
Subtotal	\$8660789	\$18604853	\$-9944064
DSH Payments	\$0		
Subtotal	\$8660789	\$18604853	\$-9944064
Medicare Shortfalls	\$25121916	\$30954056	
Other Government Programs	\$0	\$0	
Total	\$33782705	\$49558909	\$-15776204

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3921093	\$8126987	\$-4205894
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