



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 MOORESVILLE

City of Hospital: Mooresville

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: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$122818727
Outpatient Patient Service Revenue	\$454569551
Total Gross Patient Service Revenue	\$577388278

2. Deductions From Revenue

Contractual Allowance	\$423217761
Other Deductions	\$14750832
Total Deductions	\$437968593

3. Total Operating Revenue

Net Patient Service Revenue	\$139419685
Other Operating Revenue	\$11476492
Total Operating Revenue	\$150896177

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$19169010	1423
Medicaid	\$6110559	592
Commercial Insurance	\$9771089	526
Self-pay	\$25127	31
Any Other Category of Payer	\$412273	44
Total	\$35488058	2616

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$24232787	78876
Medicaid	\$10896676	31482
Commercial Insurance	\$67048759	72906
Self-pay	\$426446	4900
Any Other Category of Payer	\$1326959	2708
Total	\$103931627	190872

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	\$43401797	80299
Medicaid	\$17007235	32074
Commercial Insurance	\$76819848	73432
Self-pay	\$451573	4931
Any Other Category of Payer	\$1739232	2752
Total	\$139419685	193488

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	\$19169010	1423
Medicaid	\$6110559	592
Commercial Insurance	\$9771089	526
Self-pay	\$25127	31
Any Other Category of Payer	\$412273	44
Total	\$35488058	2616

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	\$19857506	47569
Medicaid	\$9383119	19833
Commercial Insurance	\$62343473	39838
Self-pay	\$310623	3081
Any Other Category of Payer	\$1175147	1689
Total	\$93069868	112010

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	\$39026516	48992
Medicaid	\$15493678	20425
Commercial Insurance	\$72114563	40364
Self-pay	\$335751	3112
Any Other Category of Payer	\$1587420	1733
Total	\$128557928	114626

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	\$4375281	31307
Medicaid	\$1513557	11649
Commercial Insurance	\$4705285	33068
Self-pay	\$115822	1819
Any Other Category of Payer	\$151812	1019
Total	\$10861757	78862

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	\$4375281	31307
Medicaid	\$1513557	11649
Commercial Insurance	\$4705285	33068
Self-pay	\$115822	1819
Any Other Category of Payer	\$151812	1019
Total	\$10861757	78862

13. Operating Expenses

Salaries and Wages	\$40471687	Employee Benefits	\$7709532
Depreciation and Amortization	\$8751168	Interest Expense	\$2199994
Bad Debt	\$0	Other Expenses	\$87540051
Total Operating Expenses	\$146672432		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4223745	Total Assets	\$180223511
Net Non-operating Gains over Loss	\$362929	Total Liabilities	\$25043666
Total Net Gains	\$4586674		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$278945838	\$235544041	\$43401797
Medicaid	\$93262395	\$76255161	\$17007234
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$205180045	\$126169392	\$79010653
Total	\$577388278	\$437968594	\$139419684

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6748	\$-6748

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	\$100454	\$-100454
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	60
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$14750832
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3076534	
HCI Payments	\$0		
Subtotal	\$0	\$3076534	\$-3076534
Medicaid Shortfalls	\$16060780	\$26249006	
Subtotal	\$16060780	\$29325540	\$-13264760
DSH Payments	\$0		
Subtotal	\$16060780	\$29325540	\$-13264760
Medicare Shortfalls	\$40240853	\$56124954	
Other Government Programs	\$0	\$0	
Total	\$56301633	\$85450494	\$-29148861

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10372	\$470058	\$-459686
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