



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: 01/01/2024 (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: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1874830281
Outpatient Patient Service Revenue	\$2848525343
Total Gross Patient Service Revenue	\$4723355624

2. Deductions From Revenue

Contractual Allowance	\$3535056421
Other Deductions	\$58225715
Total Deductions	\$3593282136

3. Total Operating Revenue

Net Patient Service Revenue	\$1130073487
Other Operating Revenue	\$61258879
Total Operating Revenue	\$1191332366

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$207477279	13250
Medicaid	\$71794829	4083
Commercial Insurance	\$200004105	6519
Self-pay	\$476880	251
Any Other Category of Payer	\$4585809	323
Total	\$484338902	24426

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$186353573	530258
Medicaid	\$65798298	203240
Commercial Insurance	\$385718119	489986
Self-pay	\$2589918	32268
Any Other Category of Payer	\$5274678	19027
Total	\$645734586	1274779

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	\$393830851	543508
Medicaid	\$137593128	207323
Commercial Insurance	\$585722224	496505
Self-pay	\$3066798	32519
Any Other Category of Payer	\$9860487	19350
Total	\$1130073488	1299205

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	\$207477279	13250
Medicaid	\$71794829	4083
Commercial Insurance	\$200004105	6519
Self-pay	\$476880	251
Any Other Category of Payer	\$4585809	323
Total	\$484338902	24426

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	\$135568806	174809
Medicaid	\$46933381	60948
Commercial Insurance	\$334946393	135988
Self-pay	\$1157244	8909
Any Other Category of Payer	\$3400244	5351
Total	\$522006068	386005

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	\$343046085	188059
Medicaid	\$118728210	65031
Commercial Insurance	\$534950498	142507
Self-pay	\$1634124	9160
Any Other Category of Payer	\$7986052	5674
Total	\$1006344969	410431

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	\$50784766	355449
Medicaid	\$18864917	142292
Commercial Insurance	\$50771726	353998
Self-pay	\$1432674	23359
Any Other Category of Payer	\$1874435	13676
Total	\$123728518	888774

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	\$50784766	355449
Medicaid	\$18864917	142292
Commercial Insurance	\$50771726	353998
Self-pay	\$1432674	23359
Any Other Category of Payer	\$1874435	13676
Total	\$123728518	888774

13. Operating Expenses

Salaries and Wages	\$430976443	Employee Benefits	\$84381584
Depreciation and Amortization	\$33218215	Interest Expense	\$13554857
Bad Debt	\$0	Other Expenses	\$639003818
Total Operating Expenses	\$1201134917		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9802550	Total Assets	\$856717360
Net Non-operating Gains over Loss	\$3677021	Total Liabilities	\$174072954
Total Net Gains	\$-6125529		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2549549504	\$2155718653	\$393830851
Medicaid	\$606292973	\$468699846	\$137593127
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1567513146	\$968863637	\$598649509
Total	\$4723355623	\$3593282136	\$1130073487

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$8240	\$-8240

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1559765	\$-1559765

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2881329	\$9324835	\$-6443506
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	23455
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$58225715
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$27954463	
HCI Payments	\$0		
Subtotal	\$0	\$27954463	\$-27954463
Medicaid Shortfalls	\$118043324	\$183421470	
Subtotal	\$118043324	\$211375933	\$-93332609
DSH Payments	\$0		
Subtotal	\$118043324	\$211375933	\$-93332609
Medicare Shortfalls	\$328271939	\$537497911	
Other Government Programs	\$0	\$0	
Total	\$446315263	\$748873844	\$-302558581

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$922805	\$8243547	\$-7320742
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