



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (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	\$1796029082
Outpatient Patient Service Revenue	\$2574774469
Total Gross Patient Service Revenue	\$4370803551

2. Deductions From Revenue

Contractual Allowance	\$3208770294
Other Deductions	\$59280955
Total Deductions	\$3268051249

3. Total Operating Revenue

Net Patient Service Revenue	\$1102752303
Other Operating Revenue	\$73550988
Total Operating Revenue	\$1176303291

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$192063213	85427
Medicaid	\$75582593	19453
Commercial Insurance	\$183756307	25733
Self-pay	\$1087607	2048
Any Other Category of Payer	\$5433278	1939
Total	\$457922998	134600

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$203173886	608838
Medicaid	\$82978218	305842
Commercial Insurance	\$351520130	629635
Self-pay	\$2356439	25851
Any Other Category of Payer	\$4800632	23828
Total	\$644829305	1593994

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	\$395237099	694266
Medicaid	\$158560811	325295
Commercial Insurance	\$535276436	655368
Self-pay	\$3444047	27898
Any Other Category of Payer	\$10233910	25767
Total	\$1102752303	1728594

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	\$185096377	11665
Medicaid	\$74209844	4031
Commercial Insurance	\$181528895	5727
Self-pay	\$1026173	437
Any Other Category of Payer	\$5269341	369
Total	\$447130630	22229

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	\$166908060	212821
Medicaid	\$67981501	88685
Commercial Insurance	\$309760470	133973
Self-pay	\$1151124	7742
Any Other Category of Payer	\$3149348	4723
Total	\$548950503	447944

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	\$352004436	224486
Medicaid	\$142191345	92716
Commercial Insurance	\$491289365	139700
Self-pay	\$2177297	8179
Any Other Category of Payer	\$8418690	5092
Total	\$996081133	470173

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	\$6966836	73762
Medicaid	\$1372749	15422
Commercial Insurance	\$2227412	20006
Self-pay	\$61434	1611
Any Other Category of Payer	\$163937	1570
Total	\$10792368	112371

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	\$36265826	396017
Medicaid	\$14996717	217157
Commercial Insurance	\$41759659	495662
Self-pay	\$1205315	18109
Any Other Category of Payer	\$1651284	19105
Total	\$95878801	1146050

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	\$43232663	469780
Medicaid	\$16369467	232579
Commercial Insurance	\$43987071	515668
Self-pay	\$1266749	19719
Any Other Category of Payer	\$1815220	20675
Total	\$106671170	1258421

13. Operating Expenses

Salaries and Wages	\$419301519	Employee Benefits	\$80474206
Depreciation and Amortization	\$33021820	Interest Expense	\$15977325
Bad Debt	\$0	Other Expenses	\$624692861
Total Operating Expenses	\$1173467731		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2835560	Total Assets	\$871891568
Net Non-operating Gains over Loss	\$1724719	Total Liabilities	\$197116756
Total Net Gains	\$4560279		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2300335198	\$1905098099	\$395237099
Medicaid	\$627872478	\$469311667	\$158560811
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1442595876	\$893641483	\$548954393
Total	\$4370803552	\$3268051249	\$1102752303

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	\$0	\$1706647	-\$1706647

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3071063	\$7741231	-\$4670168
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	23267
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$59280955
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$30910057	
HCI Payments	\$0		
Subtotal	\$0	\$30910057	\$-30910057
Medicaid Shortfalls	\$133127609	\$193533108	
Subtotal	\$133127609	\$224443165	\$-91315556
DSH Payments	\$0		
Subtotal	\$133127609	\$224443165	\$-91315556
Medicare Shortfalls	\$326309185	\$507676984	
Other Government Programs	\$0	\$0	
Total	\$459436794	\$732120149	\$-272683355

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$927470	\$5663523	\$-4736053
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