



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 DYER

City of Hospital: Dyer

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: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$369722678
Outpatient Patient Service Revenue	\$505587469
Total Gross Patient Service Revenue	\$875310147

2. Deductions From Revenue

Contractual Allowance	\$616785719
Other Deductions	\$18500949
Total Deductions	\$635286668

3. Total Operating Revenue

Net Patient Service Revenue	\$240023479
Other Operating Revenue	\$5521624
Total Operating Revenue	\$245545103

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$50614257	3071
Medicaid	\$12302597	1598
Commercial Insurance	\$40381920	1901
Self-pay	\$21040	141
Any Other Category of Payer	\$7893442	133
Total	\$111213256	6844

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$38506789	99195
Medicaid	\$12176161	42104
Commercial Insurance	\$75666759	101312
Self-pay	\$825808	9494
Any Other Category of Payer	\$1634707	6410
<b>Total</b>	<b>\$128810224</b>	<b>258515</b>

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	\$89121046	102265
Medicaid	\$24478758	43702
Commercial Insurance	\$116048679	103213
Self-pay	\$846849	9635
Any Other Category of Payer	\$9528149	6543
<b>Total</b>	<b>\$240023481</b>	<b>265358</b>

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	\$50614257	3071
Medicaid	\$12302597	1598
Commercial Insurance	\$40381920	1901
Self-pay	\$21040	141
Any Other Category of Payer	\$7893442	133
<b>Total</b>	<b>\$111213256</b>	<b>6844</b>

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	\$29805188	37649
Medicaid	\$9209668	19176
Commercial Insurance	\$65806759	30808
Self-pay	\$709449	6820
Any Other Category of Payer	\$1436893	4390
<b>Total</b>	<b>\$106967957</b>	<b>98843</b>

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	\$80419445	40719
Medicaid	\$21512265	20774
Commercial Insurance	\$106188678	32709
Self-pay	\$730490	6961
Any Other Category of Payer	\$9330335	4523
<b>Total</b>	<b>\$218181213</b>	<b>105686</b>

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	\$8701601	61546
Medicaid	\$2966493	22928
Commercial Insurance	\$9860000	70504
Self-pay	\$116359	2674
Any Other Category of Payer	\$197813	2020
Total	\$21842266	159672

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	\$8701601	61546
Medicaid	\$2966493	22928
Commercial Insurance	\$9860000	70504
Self-pay	\$116359	2674
Any Other Category of Payer	\$197813	2020
Total	\$21842266	159672

13. Operating Expenses

Salaries and Wages	\$117922209	Employee Benefits	\$24723600
Depreciation and Amortization	\$11431466	Interest Expense	\$3531802
Bad Debt	\$0	Other Expenses	\$95652950
<b>Total Operating Expenses</b>	<b>\$253262027</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7716923	Total Assets	\$30779863
Net Non-operating Gains over Loss	\$1959978	Total Liabilities	\$44913610
<b>Total Net Gains</b>	<b>\$-5756945</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$432065223	\$342944177	\$89121046
Medicaid	\$146067901	\$121589144	\$24478757
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$297177023	\$170753347	\$126423676
Total	\$875310147	\$635286668	\$240023479

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1647365	\$-1647365

## 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	\$1411268	\$-1411268
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	771
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges \$18500949

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5666257	
HCI Payments	\$0		
Subtotal	\$0	\$5666257	\$-5666257
Medicaid Shortfalls	\$23748056	\$40508979	
Subtotal	\$23748056	\$46175236	\$-22427180
DSH Payments	\$0		
Subtotal	\$23748056	\$46175236	\$-22427180
Medicare Shortfalls	\$74620816	\$95450816	
Other Government Programs	\$0	\$0	
Total	\$98368872	\$141626052	\$-43257180

#### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$787745	\$-787745
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