



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 LAFAYETTE

City of Hospital: Lafayette

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

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Medicare Provider Number: 15-0109

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$624562059	Contractual Allowance	\$1252777555
Outpatient Patient Service Revenue	\$1081330724	Other Deductions	\$41942763
Total Gross Patient Service Revenue	\$1705892783	Total Deductions	\$1294720318

3. Total Operating Revenue	
Net Patient Service Revenue	\$411172465
Other Operating Revenue	\$12559125
Total Operating Revenue	\$423731590

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$72331651	68441
Medicaid	\$33122744	20344
Commercial Insurance	\$66097283	19991
Self-pay	\$390788	2292
Any Other Category of Payer	\$2979259	2451
Total	\$174921725	113519

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$67257420	173249
Medicaid	\$37580784	122655
Commercial Insurance	\$125630017	258003
Self-pay	\$1730173	24430
Any Other Category of Payer	\$4052346	12157
Total	\$236250740	590494

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	\$139589072	241690
Medicaid	\$70703528	142999

Commercial Insurance	\$191727300	277994
Self-pay	\$2120960	26722
Any Other Category of Payer	\$7031605	14608
Total	\$411172465	704013

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	\$65495031	4384
Medicaid	\$30733091	2380
Commercial Insurance	\$62019218	2925
Self-pay	\$206517	230
Any Other Category of Payer	\$2658823	184
Total	\$161112680	10103

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	\$55148677	51962
Medicaid	\$30189812	35031
Commercial Insurance	\$107763079	49703
Self-pay	\$909017	15783
Any Other Category of Payer	\$3182240	3220
Total	\$197192825	155699

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	\$120643708	56346
Medicaid	\$60922903	37411
Commercial Insurance	\$169782297	52628
Self-pay	\$1115534	16013
Any Other Category of Payer	\$5841063	3404
Total	\$358305505	165802

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	\$6836620	64057
Medicaid	\$2389653	17964
Commercial Insurance	\$4078065	17066
Self-pay	\$184270	2062
Any Other Category of Payer	\$320436	2267
Total	\$13809044	103416

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	\$12108743	121287
Medicaid	\$7390972	87624
Commercial Insurance	\$17866938	208300
Self-pay	\$821155	8647
Any Other Category of Payer	\$870106	8937
Total	\$39057914	434795

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	\$18945364	185344

Medicaid	\$9780625	105588
Commercial Insurance	\$21945003	225366
Self-pay	\$1005426	10709
Any Other Category of Payer	\$1190542	11204
Total	\$52866960	538211

13. Operating Expenses

Salaries and Wages	\$213280377	Employee Benefits	\$45532212
Depreciation and Amortization	\$22710644	Interest Expense	\$8723137
Bad Debt	\$0	Other Expenses	\$146987997
Total Operating Expenses	\$437234367		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13502777	Total Assets	\$420000737
Net Non-operating Gains over Loss	\$4141728	Total Liabilities	\$64613876
Total Net Gains	\$-9361049		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$836696292	\$697107221	\$139589071
Medicaid	\$319301715	\$248598188	\$70703527
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$549894775	\$349014910	\$200879865
Total	\$1705892782	\$1294720319	\$411172463

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$951263	\$-951263

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	\$6020817	\$8672989	\$-2652172
Hospital Patients	\$0	\$0	\$0
Community Education	\$315200	\$1102402	\$-787202

Number of Medical Professionals Trained	382
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	37743

Statement Six: Charity Statement

Hospital Charity Charges	\$40393119
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8489256	
HCI Payments	\$0		
Subtotal	\$0	\$8489256	\$-8489256
Medicaid Shortfalls	\$65636820	\$64017158	
Subtotal	\$65636820	\$72506414	\$-6869594
DSH Payments	\$0		
Subtotal	\$65636820	\$72506414	\$-6869594
Medicare Shortfalls	\$128751255	\$170980780	
Other Government Programs	\$0	\$0	
Total	\$194388075	\$243487194	\$-49099119

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$131312	\$339473	\$-208161

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