



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: 01/01/2022 (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: 15-0057

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$123258051	Contractual Allowance	\$448842015
Outpatient Patient Service Revenue	\$495155383	Other Deductions	\$13851207
Total Gross Patient Service Revenue	\$618413434	Total Deductions	\$462693222

3. Total Operating Revenue	
Net Patient Service Revenue	\$155720212
Other Operating Revenue	\$9449390
Total Operating Revenue	\$165169602

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$21945422	6436
Medicaid	\$6470153	2034
Commercial Insurance	\$14640048	2207
Self-pay	\$117313	166
Any Other Category of Payer	\$598611	184
Total	\$43771547	11027

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$30688097	75951
Medicaid	\$14272331	38963
Commercial Insurance	\$65424486	74900
Self-pay	\$406786	3640
Any Other Category of Payer	\$1156964	3452
Total	\$111948664	196906

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	\$52633520	82387
Medicaid	\$20742484	40997

Commercial Insurance	\$80064534	77106
Self-pay	\$524099	3806
Any Other Category of Payer	\$1755575	3636
Total	\$155720212	207932

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	\$21354354	1492
Medicaid	\$6299155	657
Commercial Insurance	\$14423175	654
Self-pay	\$108828	29
Any Other Category of Payer	\$577584	42
Total	\$42763096	2874

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	\$27685125	47004
Medicaid	\$12968016	21776
Commercial Insurance	\$62191119	36718
Self-pay	\$268587	1950
Any Other Category of Payer	\$1006903	1847
Total	\$104119750	109295

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	\$49039479	48496
Medicaid	\$19267170	22433
Commercial Insurance	\$76614294	37372
Self-pay	\$377415	1979
Any Other Category of Payer	\$1584487	1889
Total	\$146882845	112169

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	\$591068	4944
Medicaid	\$170999	1377
Commercial Insurance	\$216873	1553
Self-pay	\$8485	137
Any Other Category of Payer	\$21027	142
Total	\$1008452	8153

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	\$3002972	28947
Medicaid	\$1304315	17187
Commercial Insurance	\$3233367	38182
Self-pay	\$138198	1690
Any Other Category of Payer	\$150061	1605
Total	\$7828913	87611

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	\$3594040	33891

Medicaid	\$1475314	18564
Commercial Insurance	\$3450240	39734
Self-pay	\$146684	1827
Any Other Category of Payer	\$171088	1747
Total	\$8837366	95763

## 13. Operating Expenses

Salaries and Wages	\$44036217	Employee Benefits	\$8410717
Depreciation and Amortization	\$6806763	Interest Expense	\$-257442
Bad Debt	\$0	Other Expenses	\$62963743
Total Operating Expenses	\$121959998		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$43209604	Total Assets	\$131794334
Net Non-operating Gains over Loss	\$919244	Total Liabilities	\$17749033
Total Net Gains	\$44128848		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$298998066	\$246364546	\$52633520
Medicaid	\$98422142	\$77679658	\$20742484
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$220993227	\$138649019	\$82344208
Total	\$618413435	\$462693223	\$155720212

## 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	\$0	\$0

## Statement Five: Education Statement

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

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

Statement Six: Charity Statement

Hospital Charity Charges	\$13851207
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2248392	
HCI Payments	\$0		
Subtotal	\$0	\$2248392	\$-2248392
Medicaid Shortfalls	\$17256892	\$18938779	
Subtotal	\$17256892	\$21187171	\$-3930279
DSH Payments	\$0		
Subtotal	\$17256892	\$21187171	\$-3930279
Medicare Shortfalls	\$44929597	\$48446637	
Other Government Programs	\$0	\$0	
Total	\$62186489	\$69633808	\$-7447319

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	\$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