



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

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

Email Address: paul.plomin@franciscanalliance.org

Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$348289615
Outpatient Patient Service Revenue	\$480840851
Total Gross Patient Service Revenue	\$829130466

2. Deductions From Revenue

Contractual Allowance	\$562928367
Other Deductions	\$14495575
Total Deductions	\$577423942

3. Total Operating Revenue

Net Patient Service Revenue	\$251706524
Other Operating Revenue	\$8663275
Total Operating Revenue	\$260369799

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$56379027	45094
Medicaid	\$16703565	13610
Commercial Insurance	\$46476985	14910
Self-pay	\$275016	892
Any Other Category of Payer	\$7509787	1030
Total	\$127344380	75536

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$34984647	105296
Medicaid	\$12363525	55014
Commercial Insurance	\$75084552	129227
Self-pay	\$405818	4556
Any Other Category of Payer	\$1523602	6615
Total	\$124362144	300708

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	\$91363675	150390
Medicaid	\$29067090	68624
Commercial Insurance	\$121561537	144136
Self-pay	\$680834	5448
Any Other Category of Payer	\$9033389	7645
Total	\$251706525	376243

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	\$52393139	3092
Medicaid	\$15697740	1758
Commercial Insurance	\$44785288	1981
Self-pay	\$266642	83
Any Other Category of Payer	\$7404376	135
Total	\$120547185	7049

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	\$28863365	33320
Medicaid	\$9854253	18598
Commercial Insurance	\$66618467	30081
Self-pay	\$304980	1688
Any Other Category of Payer	\$1381161	3991
Total	\$107022226	87678

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	\$81256504	36412
Medicaid	\$25551993	20356
Commercial Insurance	\$111403755	32062
Self-pay	\$571623	1771
Any Other Category of Payer	\$8785537	4126
Total	\$227569412	94727

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	\$3985888	42002
Medicaid	\$1005825	11852
Commercial Insurance	\$1691697	12929
Self-pay	\$8374	809
Any Other Category of Payer	\$105411	895
Total	\$6797195	68487

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	\$6121283	71976
Medicaid	\$2509272	36416
Commercial Insurance	\$8466084	99146
Self-pay	\$100838	2868
Any Other Category of Payer	\$142441	2624
Total	\$17339918	213030

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	\$10107171	113978
Medicaid	\$3515097	48268
Commercial Insurance	\$10157781	112074
Self-pay	\$109212	3677
Any Other Category of Payer	\$247852	3519
Total	\$24137113	281516

13. Operating Expenses

Salaries and Wages	\$119169575	Employee Benefits	\$23550589
Depreciation and Amortization	\$9906661	Interest Expense	\$3800396
Bad Debt	\$0	Other Expenses	\$96536523
Total Operating Expenses	\$252963744		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$7406054	Total Assets	\$24421317
Net Non-operating Gains over Loss	\$1004462	Total Liabilities	\$32808720
Total Net Gains	\$8410516		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$399452048	\$308088373	\$91363675
Medicaid	\$150587964	\$121520874	\$29067090
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$279090455	\$147814695	\$131275760
Total	\$829130467	\$577423942	\$251706525

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$9600	\$-9600

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	\$223598	\$-223598
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	103
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$14495575
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3466623	
HCI Payments	\$0		
Subtotal	\$0	\$3466623	\$-3466623
Medicaid Shortfalls	\$27539348	\$42691821	
Subtotal	\$27539348	\$46158444	\$-18619096
DSH Payments	\$0		
Subtotal	\$27539348	\$46158444	\$-18619096
Medicare Shortfalls	\$68698468	\$87053006	
Other Government Programs	\$0	\$0	
Total	\$96237816	\$133211450	\$-36973634

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$541187	\$-541187
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