



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: 01/01/2023 (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: 15-0109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$645353634
Outpatient Patient Service Revenue	\$1222199937
<b>Total Gross Patient Service Revenue</b>	<b>\$1867553571</b>

2. Deductions From Revenue

Contractual Allowance	\$1390113244
Other Deductions	\$32831941
<b>Total Deductions</b>	<b>\$1422945185</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$444608385
Other Operating Revenue	\$15497679
<b>Total Operating Revenue</b>	<b>\$460106064</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$66043530	63471
Medicaid	\$33452486	16875
Commercial Insurance	\$63490938	20687
Self-pay	\$358102	1762
Any Other Category of Payer	\$2984920	1852
<b>Total</b>	<b>\$166329976</b>	<b>104647</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$80630639	183044
Medicaid	\$39228382	113187
Commercial Insurance	\$153153015	250083
Self-pay	\$1428698	16091
Any Other Category of Payer	\$3837675	11642
Total	\$278278409	574047

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	\$146674169	246515
Medicaid	\$72680868	130062
Commercial Insurance	\$216643953	270770
Self-pay	\$1786800	17853
Any Other Category of Payer	\$6822595	13494
Total	\$444608385	678694

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	\$60744102	4321
Medicaid	\$31789780	2354
Commercial Insurance	\$60119188	2980
Self-pay	\$284467	222
Any Other Category of Payer	\$2773328	205
Total	\$155710865	10082

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	\$70656655	60306
Medicaid	\$33714999	38949
Commercial Insurance	\$137526904	60178
Self-pay	\$880685	7926
Any Other Category of Payer	\$3168222	3265
Total	\$245947465	170624

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	\$131400758	64627
Medicaid	\$65504779	41303
Commercial Insurance	\$197646092	63158
Self-pay	\$1165152	8148
Any Other Category of Payer	\$5941551	3470
Total	\$401658332	180706

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	\$5299428	59150
Medicaid	\$1662707	14521
Commercial Insurance	\$3371750	17707
Self-pay	\$73636	1540
Any Other Category of Payer	\$211591	1647
<b>Total</b>	<b>\$10619112</b>	<b>94565</b>

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	\$9973983	122738
Medicaid	\$5513382	74238
Commercial Insurance	\$15626112	189905
Self-pay	\$548012	8165
Any Other Category of Payer	\$669453	8377
<b>Total</b>	<b>\$32330942</b>	<b>403423</b>

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	\$15273411	181888
Medicaid	\$7176089	88759
Commercial Insurance	\$18997862	207612
Self-pay	\$621648	9705
Any Other Category of Payer	\$881044	10024
<b>Total</b>	<b>\$42950054</b>	<b>497988</b>

## 13. Operating Expenses

Salaries and Wages	\$195442389	Employee Benefits	\$37634178
Depreciation and Amortization	\$19690028	Interest Expense	\$8146803
Bad Debt	\$0	Other Expenses	\$194407137
<b>Total Operating Expenses</b>	<b>\$455320535</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4785529	Total Assets	\$474285057
Net Non-operating Gains over Loss	\$308527	Total Liabilities	\$97640678
<b>Total Net Gains</b>	<b>\$5094056</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$925249842	\$778575673	\$146674169
Medicaid	\$319588653	\$246907785	\$72680868
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$622715076	\$397461728	\$225253348
Total	\$1867553571	\$1422945186	\$444608385

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$315685	\$-315685

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$37861	\$-37861

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5079197	\$10434165	\$-5354968
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	928
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$32831941
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7230536	
HCI Payments	\$0		
Subtotal	\$0	\$7230536	\$-7230536
Medicaid Shortfalls	\$74307427	\$93004503	
Subtotal	\$74307427	\$100235039	\$-25927612
DSH Payments	\$0		
Subtotal	\$74307427	\$100235039	\$-25927612
Medicare Shortfalls	\$143614113	\$193283678	
Other Government Programs	\$0	\$0	
Total	\$217921540	\$293518717	\$-75597177

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$188627	\$-188627
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