



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: 01/01/2023 (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: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$129121631
Outpatient Patient Service Revenue	\$533211070
Total Gross Patient Service Revenue	\$662332701

2. Deductions From Revenue

Contractual Allowance	\$494341269
Other Deductions	\$13810683
Total Deductions	\$508151952

3. Total Operating Revenue

Net Patient Service Revenue	\$154180749
Other Operating Revenue	\$9756615
Total Operating Revenue	\$163937364

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$20258097	6583
Medicaid	\$5814758	1441
Commercial Insurance	\$11619456	1721
Self-pay	\$15938	151
Any Other Category of Payer	\$401243	144
Total	\$38109492	10040

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$35030023	82153
Medicaid	\$16437967	37033
Commercial Insurance	\$63032444	72338
Self-pay	\$439968	3316
Any Other Category of Payer	\$1130856	2825
Total	\$116071258	197665

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	\$55288120	88735
Medicaid	\$22252725	38474
Commercial Insurance	\$74651900	74059
Self-pay	\$455906	3468
Any Other Category of Payer	\$1532098	2969
Total	\$154180749	207705

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	\$19771050	1439
Medicaid	\$5731905	522
Commercial Insurance	\$11553059	542
Self-pay	\$12023	34
Any Other Category of Payer	\$390215	40
Total	\$37458252	2577

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	\$32474516	54625
Medicaid	\$15496351	23788
Commercial Insurance	\$60191147	39885
Self-pay	\$360209	2362
Any Other Category of Payer	\$1015053	1618
Total	\$109537276	122278

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	\$52245566	56064
Medicaid	\$21228256	24310
Commercial Insurance	\$71744206	40427
Self-pay	\$372232	2396
Any Other Category of Payer	\$1405268	1658
Total	\$146995528	124855

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	\$487048	5144
Medicaid	\$82853	919
Commercial Insurance	\$66397	1179
Self-pay	\$3915	117
Any Other Category of Payer	\$11027	104
Total	\$651240	7463

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	\$2555507	27528
Medicaid	\$941616	13245
Commercial Insurance	\$2841297	32453
Self-pay	\$79759	954
Any Other Category of Payer	\$115803	1207
Total	\$6533982	75387

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	\$3042554	32671
Medicaid	\$1024470	14164
Commercial Insurance	\$2907694	33632
Self-pay	\$83674	1072
Any Other Category of Payer	\$126830	1311
Total	\$7185222	82850

13. Operating Expenses

Salaries and Wages	\$41189303	Employee Benefits	\$7565124
Depreciation and Amortization	\$7854246	Interest Expense	\$-166488
Bad Debt	\$0	Other Expenses	\$70796701
Total Operating Expenses	\$127238886		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$36698478	Total Assets	\$170999436
Net Non-operating Gains over Loss	\$174376	Total Liabilities	\$20066421
Total Net Gains	\$36872854		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$326385414	\$271097294	\$55288120
Medicaid	\$112632907	\$90380182	\$22252725
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$223314380	\$146674477	\$76639903
Total	\$662332701	\$508151953	\$154180748

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	\$115860	\$-115860
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	84
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$13810683
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2185365	
HCI Payments	\$0		
Subtotal	\$0	\$2185365	\$-2185365
Medicaid Shortfalls	\$19544424	\$23449211	
Subtotal	\$19544424	\$25634576	\$-6090152
DSH Payments	\$0		
Subtotal	\$19544424	\$25634576	\$-6090152
Medicare Shortfalls	\$46148807	\$50776975	
Other Government Programs	\$0	\$0	
Total	\$65693231	\$76411551	\$-10718320

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$9443	\$217141	\$-207698
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