



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 ORTHOPEDIC HOSPITAL CARMEL

City of Hospital: Carmel

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: 15-0193

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29754512
Outpatient Patient Service Revenue	\$64333490
Total Gross Patient Service Revenue	\$94088002

2. Deductions From Revenue

Contractual Allowance	\$76435111
Other Deductions	\$230818
Total Deductions	\$76665929

3. Total Operating Revenue

Net Patient Service Revenue	\$17422073
Other Operating Revenue	\$24247313
Total Operating Revenue	\$41669386

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3756671	221
Medicaid	\$255514	11
Commercial Insurance	\$4441857	79
Self-pay	\$0	0
Any Other Category of Payer	\$258101	13
Total	\$8712143	324

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$5887630	2945
Medicaid	\$15172	267
Commercial Insurance	\$2497051	3757
Self-pay	\$44638	255
Any Other Category of Payer	\$265439	170
Total	\$8709930	7394

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	\$9644301	3166
Medicaid	\$270687	278
Commercial Insurance	\$6938907	3836
Self-pay	\$44638	255
Any Other Category of Payer	\$523540	183
Total	\$17422073	7718

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	\$3756620	210
Medicaid	\$255417	6
Commercial Insurance	\$4441584	77
Self-pay	\$0	0
Any Other Category of Payer	\$258101	13
Total	\$8711722	306

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	\$5836556	1346
Medicaid	\$941	1
Commercial Insurance	\$2143958	536
Self-pay	\$33308	48
Any Other Category of Payer	\$259329	95
Total	\$8274092	2026

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	\$9593175	1556
Medicaid	\$256357	7
Commercial Insurance	\$6585542	613
Self-pay	\$33308	48
Any Other Category of Payer	\$517430	108
Total	\$16985812	2332

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	\$52	11
Medicaid	\$98	5
Commercial Insurance	\$273	2
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$423	18

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	\$51074	1599
Medicaid	\$14231	266
Commercial Insurance	\$353093	3221
Self-pay	\$11330	207
Any Other Category of Payer	\$6110	75
Total	\$435838	5368

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	\$51126	1610
Medicaid	\$14329	271
Commercial Insurance	\$353366	3223
Self-pay	\$11330	207
Any Other Category of Payer	\$6110	75
Total	\$436261	5386

13. Operating Expenses

Salaries and Wages	\$10793579	Employee Benefits	\$1653169
Depreciation and Amortization	\$4651584	Interest Expense	\$8902887
Bad Debt	\$0	Other Expenses	\$21212450
Total Operating Expenses	\$47213669		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5544283	Total Assets	\$87006637
Net Non-operating Gains over Loss	\$256177	Total Liabilities	\$99225494
Total Net Gains	\$-5288106		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$72235519	\$62591218	\$9644301
Medicaid	\$1735779	\$1465093	\$270686
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20116704	\$12609619	\$7507085
Total	\$94088002	\$76665930	\$17422072

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	\$230818
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$230818	
HCI Payments	\$0		
Subtotal	\$0	\$230818	\$-230818
Medicaid Shortfalls	\$511281	\$596991	
Subtotal	\$511281	\$901147	\$-389866
DSH Payments	\$0		
Subtotal	\$511281	\$901147	\$-389866
Medicare Shortfalls	\$12719868	\$33892880	
Other Government Programs	\$0	\$0	
Total	\$13231149	\$34794027	\$-21562878

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$150998	\$-150998
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