



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 CRAWFORDSVILLE

City of Hospital: Crawfordsville

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: 15-0022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$38074998	Contractual Allowance	\$154098005
Outpatient Patient Service Revenue	\$181814761	Other Deductions	\$8622003
Total Gross Patient Service Revenue	\$219889759	Total Deductions	\$162720008

3. Total Operating Revenue	
Net Patient Service Revenue	\$57169752
Other Operating Revenue	\$774105
Total Operating Revenue	\$57943857

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9947255	6688
Medicaid	\$1486267	794
Commercial Insurance	\$2094411	853
Self-pay	\$28087	174
Any Other Category of Payer	\$240281	276
Total	\$13796301	8785

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10903325	62674
Medicaid	\$6822890	26394
Commercial Insurance	\$24456530	47732
Self-pay	\$390788	3748
Any Other Category of Payer	\$799918	2041
Total	\$43373451	142589

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	\$20850580	69362
Medicaid	\$8309158	27188

Commercial Insurance	\$26550941	48585
Self-pay	\$418875	3922
Any Other Category of Payer	\$1040198	2317
Total	\$57169752	151374

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	\$9441271	809
Medicaid	\$1419944	103
Commercial Insurance	\$2022829	113
Self-pay	\$15501	19
Any Other Category of Payer	\$206215	18
Total	\$13105760	1062

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	\$7349953	18145
Medicaid	\$5739284	11492
Commercial Insurance	\$21849948	14761
Self-pay	\$249518	2045
Any Other Category of Payer	\$689316	993
Total	\$35878019	47436

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	\$16791224	18954
Medicaid	\$7159228	11595
Commercial Insurance	\$23872777	14874
Self-pay	\$265019	2064
Any Other Category of Payer	\$895532	1011
Total	\$48983780	48498

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	\$505984	5879
Medicaid	\$66323	691
Commercial Insurance	\$71582	740
Self-pay	\$12586	155
Any Other Category of Payer	\$34065	258
Total	\$690540	7723

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	\$3553372	44529
Medicaid	\$1083606	14902
Commercial Insurance	\$2606582	32971
Self-pay	\$141271	1703
Any Other Category of Payer	\$110601	1048
Total	\$7495432	95153

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	\$4095356	50408

Medicaid	\$1149929	15593
Commercial Insurance	\$2678164	33711
Self-pay	\$153856	1858
Any Other Category of Payer	\$144666	1306
Total	\$8221971	102876

13. Operating Expenses

Salaries and Wages	\$32937776	Employee Benefits	\$6403115
Depreciation and Amortization	\$3790084	Interest Expense	\$1228002
Bad Debt	\$0	Other Expenses	\$21129472
Total Operating Expenses	\$65488449		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7544593	Total Assets	\$62723574
Net Non-operating Gains over Loss	\$637354	Total Liabilities	\$12636934
Total Net Gains	\$-6907239		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$105729948	\$84879368	\$20850580
Medicaid	\$46405700	\$38096542	\$8309158
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$67754112	\$39744097	\$28010015
Total	\$219889760	\$162720007	\$57169753

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$28757	\$-28757

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	\$88785	\$-88785
Hospital Patients	\$0	\$0	\$0
Community Education	\$67086	\$659085	\$-591999

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	3438

Statement Six: Charity Statement

Hospital Charity Charges	\$8364258
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1854058	
HCI Payments	\$0		
Subtotal	\$0	\$1854058	\$-1854058
Medicaid Shortfalls	\$7420843	\$13761460	
Subtotal	\$7420843	\$15615518	\$-8194675
DSH Payments	\$0		
Subtotal	\$7420843	\$15615518	\$-8194675
Medicare Shortfalls	\$16933550	\$21525280	
Other Government Programs	\$0	\$0	
Total	\$24354393	\$37140798	\$-12786405

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	\$2607659	\$6413739	\$-3806080

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