



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: 01/01/2022 (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: 15-0193

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$19504095	Contractual Allowance	\$84063497
Outpatient Patient Service Revenue	\$101547353	Other Deductions	\$269244
Total Gross Patient Service Revenue	\$121051448	Total Deductions	\$84332741

3. Total Operating Revenue	
Net Patient Service Revenue	\$36718707
Other Operating Revenue	\$10276037
Total Operating Revenue	\$46994744

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1669445	229
Medicaid	\$4835	10
Commercial Insurance	\$3204646	95
Self-pay	\$41581	2
Any Other Category of Payer	\$230690	15
Total	\$5151197	351

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5734809	2347
Medicaid	\$232479	188
Commercial Insurance	\$6347501	2370
Self-pay	\$47238	104
Any Other Category of Payer	\$222956	97
Total	\$12584983	5106

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	\$7424254	2576
Medicaid	\$237314	198

Commercial Insurance	\$9552147	2465
Self-pay	\$88819	106
Any Other Category of Payer	\$453646	112
Total	\$17756180	5457

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	\$1595357	144
Medicaid	\$0	5
Commercial Insurance	\$3171633	63
Self-pay	\$38481	1
Any Other Category of Payer	\$226916	11
Total	\$5032387	224

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	\$5311813	1364
Medicaid	\$204957	33
Commercial Insurance	\$6085790	960
Self-pay	\$40745	25
Any Other Category of Payer	\$216901	58
Total	\$11860206	2440

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	\$6907171	1508
Medicaid	\$204957	38
Commercial Insurance	\$9257423	1023
Self-pay	\$79226	26
Any Other Category of Payer	\$443816	69
Total	\$16892593	2664

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	\$94087	85
Medicaid	\$4835	5
Commercial Insurance	\$33012	32
Self-pay	\$3100	1
Any Other Category of Payer	\$3774	4
Total	\$138808	127

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	\$422995	983
Medicaid	\$27521	155
Commercial Insurance	\$261711	1410
Self-pay	\$6492	79
Any Other Category of Payer	\$6055	39
Total	\$724774	2666

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	\$517083	1068

Medicaid	\$32357	160
Commercial Insurance	\$294723	1442
Self-pay	\$9593	80
Any Other Category of Payer	\$9830	43
Total	\$863586	2793

## 13. Operating Expenses

Salaries and Wages	\$7334400	Employee Benefits	\$1900758
Depreciation and Amortization	\$2776242	Interest Expense	\$6627978
Bad Debt	\$0	Other Expenses	\$20616012
Total Operating Expenses	\$39255390		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$7739354	Total Assets	\$99407918
Net Non-operating Gains over Loss	\$661224	Total Liabilities	\$97192635
Total Net Gains	\$8400578		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44345131	\$28992222	\$15352909
Medicaid	\$10183107	\$9692357	\$490750
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$66523210	\$45648162	\$20875048
Total	\$121051448	\$84332741	\$36718707

## 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	\$-2998	\$2998

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	\$269244
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$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