



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 CROWN POINT

City of Hospital: Crown Point

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

Email Address: paul.plomin@franciscanalliance.org

Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$491973195
Outpatient Patient Service Revenue	\$834813270
<b>Total Gross Patient Service Revenue</b>	<b>\$1326786465</b>

2. Deductions From Revenue

Contractual Allowance	\$940004272
Other Deductions	\$18504402
<b>Total Deductions</b>	<b>\$958508674</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$368277791
Other Operating Revenue	\$10120487
<b>Total Operating Revenue</b>	<b>\$378398278</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$70291219	64727
Medicaid	\$20333041	13781
Commercial Insurance	\$65510810	23450
Self-pay	\$117195	1677
Any Other Category of Payer	\$2535128	1799
<b>Total</b>	<b>\$158787393</b>	<b>105434</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$42055079	169571
Medicaid	\$21656994	102831
Commercial Insurance	\$143184487	299454
Self-pay	\$533153	16289
Any Other Category of Payer	\$2060685	5692
Total	\$209490398	593837

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	\$112346297	234298
Medicaid	\$41990035	116612
Commercial Insurance	\$208695297	322904
Self-pay	\$650348	17966
Any Other Category of Payer	\$4595813	7491
Total	\$368277790	699271

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	\$65188750	4901
Medicaid	\$18978187	1475
Commercial Insurance	\$61972832	3484
Self-pay	\$57445	138
Any Other Category of Payer	\$2362462	183
Total	\$148559676	10181

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	\$34048472	64526
Medicaid	\$16826969	24888
Commercial Insurance	\$125945036	74703
Self-pay	\$340645	2831
Any Other Category of Payer	\$1796010	2263
Total	\$178957132	169211

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	\$99237221	69427
Medicaid	\$35805157	26363
Commercial Insurance	\$187917868	78187
Self-pay	\$398090	2969
Any Other Category of Payer	\$4158472	2446
Total	\$327516808	179392

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	\$5102469	59826
Medicaid	\$1354854	12306
Commercial Insurance	\$3537978	19966
Self-pay	\$59751	1539
Any Other Category of Payer	\$172666	1616
<b>Total</b>	<b>\$10227718</b>	<b>95253</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	\$8006607	105045
Medicaid	\$4830025	77943
Commercial Insurance	\$17239452	224751
Self-pay	\$192507	13458
Any Other Category of Payer	\$264675	3429
<b>Total</b>	<b>\$30533266</b>	<b>424626</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	\$13109076	164871
Medicaid	\$6184879	90249
Commercial Insurance	\$20777429	244717
Self-pay	\$252258	14997
Any Other Category of Payer	\$437341	5045
<b>Total</b>	<b>\$40760983</b>	<b>519879</b>

## 13. Operating Expenses

Salaries and Wages	\$140006230	Employee Benefits	\$26291539
Depreciation and Amortization	\$33069461	Interest Expense	\$-3609329
Bad Debt	\$0	Other Expenses	\$168320320
<b>Total Operating Expenses</b>	<b>\$364078221</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$14320056	Total Assets	\$335120416
Net Non-operating Gains over Loss	\$463957	Total Liabilities	\$35179483
<b>Total Net Gains</b>	<b>\$14784013</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$616346800	\$504000502	\$112346298
Medicaid	\$176417091	\$134427056	\$41990035
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$534022574	\$320081115	\$213941459
Total	\$1326786465	\$958508673	\$368277792

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$92916	\$-92916

## 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	\$560398	\$-560398
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	933
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$18504402
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4585736	
HCI Payments	\$0		
Subtotal	\$0	\$4585736	\$-4585736
Medicaid Shortfalls	\$36152937	\$58764918	
Subtotal	\$36152937	\$63350654	\$-27197717
DSH Payments	\$0		
Subtotal	\$36152937	\$63350654	\$-27197717
Medicare Shortfalls	\$101354198	\$145259728	
Other Government Programs	\$0	\$0	
Total	\$137507135	\$208610382	\$-71103247

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10481262	\$18565370	\$-8084108
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