



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 HEALTHCARE – MUNSTER

City of Hospital: Munster

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: 15-0165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$203565454
Outpatient Patient Service Revenue	\$561123070
Total Gross Patient Service Revenue	\$764688524

2. Deductions From Revenue

Contractual Allowance	\$566509389
Other Deductions	\$11134348
Total Deductions	\$577643737

3. Total Operating Revenue

Net Patient Service Revenue	\$187044787
Other Operating Revenue	\$9154476
Total Operating Revenue	\$196199263

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29478805	37622
Medicaid	\$6354327	10243
Commercial Insurance	\$18682466	11729
Self-pay	\$27333	733
Any Other Category of Payer	\$638747	752
Total	\$55181678	61079

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$34899091	156626
Medicaid	\$15039270	77212
Commercial Insurance	\$79993590	206941
Self-pay	\$496601	10032
Any Other Category of Payer	\$1434558	4085
Total	\$131863110	454896

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	\$64377896	194248
Medicaid	\$21393597	87455
Commercial Insurance	\$98676056	218671
Self-pay	\$523934	10765
Any Other Category of Payer	\$2073305	4837
Total	\$187044788	515976

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	\$26049949	2371
Medicaid	\$5500341	486
Commercial Insurance	\$17180342	754
Self-pay	\$20151	44
Any Other Category of Payer	\$563790	51
Total	\$49314573	3706

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	\$24835145	36560
Medicaid	\$10950191	16948
Commercial Insurance	\$65950542	39890
Self-pay	\$325135	2729
Any Other Category of Payer	\$1204758	1103
Total	\$103265771	97230

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	\$50885094	38931
Medicaid	\$16450532	17434
Commercial Insurance	\$83130885	40644
Self-pay	\$345290	2773
Any Other Category of Payer	\$1768547	1154
Total	\$152580348	100936

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	\$3428856	35251
Medicaid	\$853986	9757
Commercial Insurance	\$1502124	10975
Self-pay	\$7181	689
Any Other Category of Payer	\$74957	701
Total	\$5867104	57373

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	\$10063946	120066
Medicaid	\$4089079	60264
Commercial Insurance	\$14043048	167051
Self-pay	\$171463	7303
Any Other Category of Payer	\$229801	2982
Total	\$28597337	357666

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	\$13492801	155317
Medicaid	\$4943065	70021
Commercial Insurance	\$15545171	178027
Self-pay	\$178644	7992
Any Other Category of Payer	\$304758	3683
Total	\$34464439	415040

13. Operating Expenses

Salaries and Wages	\$105595767	Employee Benefits	\$19354570
Depreciation and Amortization	\$11759651	Interest Expense	\$5756188
Bad Debt	\$0	Other Expenses	\$91840517
Total Operating Expenses	\$234306693		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-38107429	Total Assets	\$124648412
Net Non-operating Gains over Loss	\$313817	Total Liabilities	\$44425904
Total Net Gains	\$-37793612		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$377413976	\$313036080	\$64377896
Medicaid	\$113064790	\$91671193	\$21393597
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$274209758	\$172936464	\$101273294
Total	\$764688524	\$577643737	\$187044787

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$33407	\$-33407

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$37861	\$-37861

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$90870	\$-90870
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	40
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$11134348
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3809526	
HCI Payments	\$0		
Subtotal	\$0	\$3809526	\$-3809526
Medicaid Shortfalls	\$19281136	\$37158739	
Subtotal	\$19281136	\$40968265	\$-21687129
DSH Payments	\$0		
Subtotal	\$19281136	\$40968265	\$-21687129
Medicare Shortfalls	\$50672756	\$109481300	
Other Government Programs	\$0	\$0	
Total	\$69953892	\$150449565	\$-80495673

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$29785443	\$49428425	\$-19642982
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