



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ANTHONY HEALTH (CROWN POINT)

City of Hospital: Crown Point

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

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Medicare Provider Number: 150126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$257880208
Outpatient Patient Service Revenue	\$357044342
Total Gross Patient Service Revenue	\$614924550

2. Deductions From Revenue

Contractual Allowance	\$365903183
Other Deductions	\$18154096
Total Deductions	\$384057279

3. Total Operating Revenue

Net Patient Service Revenue	\$230867270
Other Operating Revenue	\$5822514
Total Operating Revenue	\$236689784

4. Operating Expenses

Salaries and Wages	\$76577469	Employee Benefits	\$19736885
Depreciation and Amortization	\$15093921	Interest Expense	\$9401104
Bad Debt	\$4352524	Other Expenses	\$93797785
Total Operating Expenses	\$218959688		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17730097	Total Assets	\$218293549
Net Non-operating Gains over Loss	\$204	Total Liabilities	\$22328965
Total Net Gains	\$17730301		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$271462158	\$196482324	\$74979834
Medicaid	\$62337096	\$46373667	\$15963429
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$281125296	\$123047192	\$158078104
Total	\$614924550	\$365903183	\$249021367

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$86062	\$14585	\$71477

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	\$82934	\$-82934
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$60895	\$-60895

Number of Medical Professionals Trained	362
Number of Hospital Patients Educated	366584
Number of Citizens Exposed to Health Education Messages	4484

Statement Six: Charity Statement

Hospital Charity Charges	\$17463111
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5661084	
HCI Payments	\$0		
Subtotal	\$0	\$5661084	\$-5661084
Medicaid Shortfalls	\$3484514	\$14047181	
Subtotal	\$3484514	\$19708265	\$-16223751
DSH Payments	\$0		
Subtotal	\$3484514	\$19708265	\$-16223751
Medicare Shortfalls	\$58544512	\$83666451	
Other Government Programs	\$0	\$678209	
Total	\$62029026	\$104052925	\$-42023899

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1838756	\$6611724	\$-4772968
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$500000	\$-500000
Other Allocations	\$0	\$0	\$0

Comments