



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. FRANCIS HEALTH (MOORESVILLE)

City of Hospital: MOORESVILLE

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

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

Person Completing the Report: Danielle Kriech

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$129463893
Outpatient Patient Service Revenue	\$241897066
Total Gross Patient Service Revenue	\$371360959

2. Deductions From Revenue

Contractual Allowance	\$245018684
Other Deductions	\$20045227
Total Deductions	\$265063911

3. Total Operating Revenue

Net Patient Service Revenue	\$106297048
Other Operating Revenue	\$5212469
Total Operating Revenue	\$111509517

4. Operating Expenses

Salaries and Wages	\$23452019	Employee Benefits	\$5413651
Depreciation and Amortization	\$4388042	Interest Expense	\$4563672
Bad Debt	\$2808260	Other Expenses	\$49065420
Total Operating Expenses	\$89691064		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$21818453	Total Assets	\$87602965
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-5133322
Total Net Gains	\$21818453		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$189157733	\$150477568	\$38680165
Medicaid	\$53272790	\$43565778	\$9707012
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$128930436	\$71020566	\$57909870
Total	\$371360959	\$265063912	\$106297047

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	\$300	\$751	\$-451

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3661473	
HCI Payments	\$0		
Subtotal	\$0	\$3661473	\$-3661473
Medicaid Shortfalls	\$11073851	\$18686759	
Subtotal	\$11073851	\$22348232	\$-11274381
DSH Payments	\$0		
Subtotal	\$11073851	\$22348232	\$-11274381
Medicare Shortfalls	\$42704146	\$58099416	
Other Government Programs	\$0	\$0	
Total	\$53777997	\$80447648	\$-26669651

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	\$674778	\$730358	\$-55580

Comments