



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (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	\$281625679
Outpatient Patient Service Revenue	\$390490151
Total Gross Patient Service Revenue	\$672115830

2. Deductions From Revenue

Contractual Allowance	\$415456619
Other Deductions	\$18520749
Total Deductions	\$433977368

3. Total Operating Revenue

Net Patient Service Revenue	\$238138462
Other Operating Revenue	\$5996021
Total Operating Revenue	\$244134483

4. Operating Expenses

Salaries and Wages	\$81392901	Employee Benefits	\$19512692
Depreciation and Amortization	\$15443417	Interest Expense	\$8739967
Bad Debt	\$1428839	Other Expenses	\$105138369
Total Operating Expenses	\$231656185		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12478298	Total Assets	\$232474124
Net Non-operating Gains over Loss	\$-385883	Total Liabilities	\$23600297

Total Net Gains	\$12092415
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$301485012	\$221712934	\$79772078
Medicaid	\$78830904	\$54455038	\$24375866
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$291799914	\$139288647	\$152511267
Total	\$672115830	\$415456619	\$256659211

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$612514	\$21845	\$590669

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	\$236225	\$-236225
Hospital Patients	\$0	\$0	\$0
Community Education	\$19832	\$526815	\$-506983

Number of Medical Professionals Trained	323
Number of Hospital Patients Educated	378483
Number of Citizens Exposed to Health Education Messages	20363

Statement Six: Charity Statement

Hospital Charity Charges	\$17834053
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5679235	
HCI Payments	\$0		
Subtotal	\$0	\$5679235	\$-5679235
Medicaid Shortfalls	\$13594466	\$22477265	
Subtotal	\$13594466	\$28156500	\$-14562034
DSH Payments	\$0		
Subtotal	\$13594466	\$28156500	\$-14562034
Medicare Shortfalls	\$61815180	\$91469673	
Other Government Programs	\$0	\$515969	
Total	\$75409646	\$120142142	\$-44732496

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1033740	\$9081843	\$-8048103
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$148000	\$-148000
Other Allocations	\$0	\$0	\$0

Comments

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