



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 HEALTH MOORESVILLE

City of Hospital: Mooresville

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

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

Email Address: tamara.murphy@franciscanalliance.org

Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$140453811
Outpatient Patient Service Revenue	\$278933915
Total Gross Patient Service Revenue	\$419387726

2. Deductions From Revenue

Contractual Allowance	\$283602456
Other Deductions	\$15413750
Total Deductions	\$299016206

3. Total Operating Revenue

Net Patient Service Revenue	\$120371520
Other Operating Revenue	\$5069375
Total Operating Revenue	\$125440895

4. Operating Expenses

Salaries and Wages	\$24565845	Employee Benefits	\$5847121
Depreciation and Amortization	\$4666192	Interest Expense	\$4087501
Bad Debt	\$2152477	Other Expenses	\$55791576
Total Operating Expenses	\$97110712		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28330183	Total Assets	\$88492046
Net Non-operating Gains over Loss	\$-910	Total Liabilities	\$-4399922

Total Net Gains	\$28329273
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$222562161	\$183045368	\$39516793
Medicaid	\$61486967	\$50147548	\$11339419
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$135338598	\$65823290	\$69515308
Total	\$419387726	\$299016206	\$120371520

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	\$0	\$135	\$-135

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
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5405922	
HCI Payments	\$0		
Subtotal	\$0	\$5405922	\$-5405922
Medicaid Shortfalls	\$12927301	\$21599789	
Subtotal	\$12927301	\$27005711	\$-14078410
DSH Payments	\$0		
Subtotal	\$12927301	\$27005711	\$-14078410
Medicare Shortfalls	\$43101487	\$64978865	
Other Government Programs	\$0	\$0	
Total	\$56028788	\$91984576	\$-35955788

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	\$-78749	\$35746	\$-114495

Comments

//