



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 INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

Email Address: tamara.murphy@franciscanalliance.org

Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1323101340
Outpatient Patient Service Revenue	\$1814965114
Total Gross Patient Service Revenue	\$3138066454

2. Deductions From Revenue

Contractual Allowance	\$2163097440
Other Deductions	\$68518972
Total Deductions	\$2231616412

3. Total Operating Revenue

Net Patient Service Revenue	\$906450042
Other Operating Revenue	\$39994186
Total Operating Revenue	\$946444228

4. Operating Expenses

Salaries and Wages	\$273583397	Employee Benefits	\$69147360
Depreciation and Amortization	\$42234401	Interest Expense	\$19439324
Bad Debt	\$19259842	Other Expenses	\$373515233
Total Operating Expenses	\$797179557		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$149264671	Total Assets	\$617672161
Net Non-operating Gains over Loss	\$-736035	Total Liabilities	\$-49493026

Total Net Gains	\$148528636
-----------------	-------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1541192212	\$1282134764	\$259057448
Medicaid	\$401348839	\$307828911	\$93519928
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1195525403	\$641652736	\$553872667
Total	\$3138066454	\$2231616411	\$906450043

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$18694	\$18694	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1310868	\$-1310868

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1809930	\$4592630	\$-2782700
Hospital Patients	\$0	\$0	\$0
Community Education	\$164654	\$4603942	\$-4439288

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$45899095	
HCI Payments	\$0		
Subtotal	\$0	\$45899095	\$-45899095
Medicaid Shortfalls	\$93832539	\$141045991	
Subtotal	\$93832539	\$186945086	\$-93112547
DSH Payments	\$0		
Subtotal	\$93832539	\$186945086	\$-93112547
Medicare Shortfalls	\$252399895	\$391832346	
Other Government Programs	\$0	\$0	
Total	\$346232434	\$578777432	\$-232544998

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	\$0	\$0	\$0

Comments

//