



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. FRANCIS HEALTH (BEECH GROVE)

City of Hospital: Beech Grove

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 12-0033

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | | | |
|-------------------------------------|-------------|-----------------------|-------------|
| Inpatient Patient Service Revenue | \$297185689 | Contractual Allowance | \$483954924 |
| Outpatient Patient Service Revenue | \$263108206 | Other Deductions | \$89669012 |
| Total Gross Patient Service Revenue | \$560293895 | Total Deductions | \$573623936 |

2. Deductions From Revenue

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$-13330041 |
| Other Operating Revenue | \$56323274 |
| Total Operating Revenue | \$42993233 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$102551259 | Employee Benefits | \$29636808 |
| Depreciation and Amortization | \$12384838 | Interest Expense | \$5974536 |
| Bad Debt | \$8604277 | Other Expenses | \$139386784 |
| Total Operating Expenses | \$298538502 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|--------------|-------------------|-------------|
| Excess Revenue over Expenses | \$-255545269 | Total Assets | \$113258406 |
| Net Non-operating Gains over Loss | \$61718 | Total Liabilities | \$-43214949 |
| Total Net Gains | \$-255483551 | | |

Statement Two: Contractual Allowance

| | | | |
|----------------|-----------------------|-----------------------|-------------------------------|
| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|

| | | | |
|------------------|-------------|-------------|-------------|
| Medicare | \$231145395 | \$180565427 | \$50579968 |
| Medicaid | \$94139738 | \$63761980 | \$30377758 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$235008762 | \$329296529 | \$-94287767 |
| Total | \$560293895 | \$573623936 | \$-13330041 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$803042 | \$-14311 | \$817353 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$188658 | \$785648 | \$-596990 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$1444367 | \$7639638 | \$-6195271 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$7561 | \$30912 | \$-23351 |

| | |
|---|--|
| 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 | \$6471439 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$6471439 | \$-6471439 |
| Medicaid Shortfalls | \$10462100 | \$22108749 | |
| Subtotal | \$10462100 | \$28580188 | \$-18118088 |
| DSH Payments | \$0 | | |
| Subtotal | \$10462100 | \$28580188 | \$-18118088 |
| Medicare Shortfalls | \$57166431 | \$71969018 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$67628531 | \$100549206 | \$-32920675 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$654015 | \$843780 | \$-189765 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$20898349 | \$51355869 | \$-30457520 |