



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH CROWN POINT

City of Hospital: Crown Point

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

Email Address: paul.plomin@franciscanalliance.org

Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$436742408	Contractual Allowance	\$826151591
Outpatient Patient Service Revenue	\$741320788	Other Deductions	\$17994231
		Total Deductions	\$844145822
Total Gross Patient Service Revenue	\$1178063196		

3. Total Operating Revenue	
Net Patient Service Revenue	\$333917374
Other Operating Revenue	\$11444293
Total Operating Revenue	\$345361667

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$69656866	71152
Medicaid	\$18736441	16749
Commercial Insurance	\$61614484	25675
Self-pay	\$241447	1406
Any Other Category of Payer	\$2225842	2795
Total	\$152475080	117777

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$36597832	152034
Medicaid	\$19563218	102503
Commercial Insurance	\$122541477	299459
Self-pay	\$898503	17331
Any Other Category of Payer	\$1841264	5581
Total	\$181442294	576908

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$106254699	223186
Medicaid	\$38299659	119252

Commercial Insurance	\$184155961	325134
Self-pay	\$1139950	18737
Any Other Category of Payer	\$4067106	8376
Total	\$333917375	694685

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$63408528	4495
Medicaid	\$16519009	1316
Commercial Insurance	\$56948646	3067
Self-pay	\$110860	79
Any Other Category of Payer	\$1923267	153
Total	\$138910310	9110

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$27792975	53713
Medicaid	\$13952990	22330
Commercial Insurance	\$103881078	68731
Self-pay	\$496542	2999
Any Other Category of Payer	\$1516645	2049
Total	\$147640230	149822

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$91201503	58208
Medicaid	\$30471999	23646
Commercial Insurance	\$160829723	71798
Self-pay	\$607402	3078
Any Other Category of Payer	\$3439911	2202
Total	\$286550538	158932

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6248338	66657
Medicaid	\$2217432	15433
Commercial Insurance	\$4665838	22608
Self-pay	\$130587	1327
Any Other Category of Payer	\$302575	2642
Total	\$13564770	108667

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8804858	98321
Medicaid	\$5610228	80173
Commercial Insurance	\$18660399	230728
Self-pay	\$401961	14332
Any Other Category of Payer	\$324619	3532
Total	\$33802065	427086

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$15053196	164978

Medicaid	\$7827660	95606
Commercial Insurance	\$23326238	253336
Self-pay	\$532548	15659
Any Other Category of Payer	\$627194	6174
Total	\$47366836	535753

13. Operating Expenses

Salaries and Wages	\$147560706	Employee Benefits	\$29717686
Depreciation and Amortization	\$21704795	Interest Expense	\$1817817
Bad Debt	\$0	Other Expenses	\$126619850
Total Operating Expenses	\$327420854		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$17940813	Total Assets	\$309816480
Net Non-operating Gains over Loss	\$2351863	Total Liabilities	\$39123145
Total Net Gains	\$20292676		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$547761616	\$441506917	\$106254699
Medicaid	\$159558961	\$121259302	\$38299659
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$470742619	\$281379603	\$189363016
Total	\$1178063196	\$844145822	\$333917374

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$353374	\$400	\$352974

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	\$24768	\$-24768
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$165095	\$-165095

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	489221
Number of Citizens Exposed to Health Education Messages	10627

Statement Six: Charity Statement

Hospital Charity Charges	\$17994231
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4534075	
HCI Payments	\$0		
Subtotal	\$0	\$4534075	\$-4534075
Medicaid Shortfalls	\$34725073	\$54195089	
Subtotal	\$34725073	\$58729164	\$-24004091
DSH Payments	\$0		
Subtotal	\$34725073	\$58729164	\$-24004091
Medicare Shortfalls	\$97255967	\$134027265	
Other Government Programs	\$0	\$217118	
Total	\$131981040	\$192973547	\$-60992507

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10680370	\$22100016	\$-11419646
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$162845	\$-162845
Other Allocations	\$0	\$0	\$0

Comments

The preparation of the Hospital Fiscal report required management to make assumptions and estimates that affected net revenue and paid claims by payor and the reported amounts of revenue and expenses during the reporting period. Financial numbers presented include employed physicians and exclude certain joint ventures where applicable which will differ from financial numbers presented within the Medicare cost