



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 MICHIGAN CITY

City of Hospital: Michigan City

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

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

Person Completing the Report: Paul Plomin

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Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$365228601	Contractual Allowance	\$865761065
Outpatient Patient Service Revenue	\$836436572	Other Deductions	\$23956561
Total Gross Patient Service Revenue	\$1201665173	Total Deductions	\$889717626

3. Total Operating Revenue	
Net Patient Service Revenue	\$311947548
Other Operating Revenue	\$4255335
Total Operating Revenue	\$316202883

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$55275773	53375
Medicaid	\$24864636	17345
Commercial Insurance	\$33487580	14998
Self-pay	\$170230	1819
Any Other Category of Payer	\$1965455	2099
Total	\$115763674	89636

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$55556135	205533
Medicaid	\$30664242	103394
Commercial Insurance	\$105190784	229782
Self-pay	\$1148866	13594
Any Other Category of Payer	\$3623848	7536
Total	\$196183875	559839

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	\$110831908	258908
Medicaid	\$55528878	120739

Commercial Insurance	\$138678364	244780
Self-pay	\$1319095	15413
Any Other Category of Payer	\$5589303	9635
Total	\$311947548	649475

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	\$50243850	3971
Medicaid	\$23051394	1843
Commercial Insurance	\$31425096	1687
Self-pay	\$72532	122
Any Other Category of Payer	\$1524579	120
Total	\$106317451	7743

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	\$41648905	52746
Medicaid	\$24888943	30983
Commercial Insurance	\$89137766	50108
Self-pay	\$494508	3018
Any Other Category of Payer	\$3076384	2694
Total	\$159246506	139549

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	\$91893755	56717
Medicaid	\$47940337	32826
Commercial Insurance	\$120562861	51795
Self-pay	\$567040	3140
Any Other Category of Payer	\$4600963	2814
Total	\$265564956	147292

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	\$5031922	49404
Medicaid	\$1813242	15502
Commercial Insurance	\$2062484	13311
Self-pay	\$97697	1697
Any Other Category of Payer	\$440876	1979
Total	\$9446221	81893

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	\$13906230	152787
Medicaid	\$5775299	72411
Commercial Insurance	\$16053019	179674
Self-pay	\$654358	10576
Any Other Category of Payer	\$547464	4842
Total	\$36936370	420290

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	\$18938152	202191

Medicaid	\$7588541	87913
Commercial Insurance	\$18115503	192985
Self-pay	\$752055	12273
Any Other Category of Payer	\$988340	6821
Total	\$46382591	502183

13. Operating Expenses

Salaries and Wages	\$146647026	Employee Benefits	\$32433210
Depreciation and Amortization	\$21635982	Interest Expense	\$10525551
Bad Debt	\$0	Other Expenses	\$118931263
Total Operating Expenses	\$330173032		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13970148	Total Assets	\$384700150
Net Non-operating Gains over Loss	\$2226097	Total Liabilities	\$36451414
Total Net Gains	\$-11744051		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$585641748	\$474809840	\$110831908
Medicaid	\$237334581	\$181805703	\$55528878
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$378688844	\$233102082	\$145586762
Total	\$1201665173	\$889717625	\$311947548

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$587040	\$-587040

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	\$109136	\$-109136
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$244731	\$-244731

Number of Medical Professionals Trained	1804
Number of Hospital Patients Educated	754
Number of Citizens Exposed to Health Education Messages	9373

Statement Six: Charity Statement

Hospital Charity Charges	\$29956561
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6294831	
HCI Payments	\$0		
Subtotal	\$0	\$6294831	\$-6294831
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$55595711	
Other Government Programs	\$0	\$0	
Total	\$0	\$55595711	\$-55595711

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$24181772	\$34956269	\$-10774497
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
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