



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 HEALTHCARE – MUNSTER

City of Hospital: Munster

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: 15-0165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$199091303	Contractual Allowance	\$494467027
Outpatient Patient Service Revenue	\$480231970	Other Deductions	\$11827297
		Total Deductions	\$506294324
Total Gross Patient Service Revenue	\$679323273		

3. Total Operating Revenue

Net Patient Service Revenue	\$173028949
Other Operating Revenue	\$5094314
Total Operating Revenue	\$178123263

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29887656	58473
Medicaid	\$8357169	21808
Commercial Insurance	\$20562233	19739
Self-pay	\$228771	2021
Any Other Category of Payer	\$915391	1746
Total	\$59951220	103787

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29410956	122904
Medicaid	\$13299488	66269
Commercial Insurance	\$68310088	192926
Self-pay	\$651287	10503
Any Other Category of Payer	\$1405910	5063
Total	\$113077729	397665

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	\$59298612	181377
Medicaid	\$21656657	88077

Commercial Insurance	\$88872322	212665
Self-pay	\$880058	12524
Any Other Category of Payer	\$2321301	6810
Total	\$173028950	501453

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	\$23967933	2130
Medicaid	\$6010362	580
Commercial Insurance	\$17655212	617
Self-pay	\$51830	42
Any Other Category of Payer	\$706075	61
Total	\$48391412	3430

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	\$20978227	31010
Medicaid	\$9197430	13366
Commercial Insurance	\$54428912	35315
Self-pay	\$277258	2569
Any Other Category of Payer	\$1099355	1094
Total	\$85981182	83354

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	\$44946160	33140
Medicaid	\$15207792	13946
Commercial Insurance	\$72084123	35932
Self-pay	\$329088	2611
Any Other Category of Payer	\$1805430	1155
Total	\$134372593	86784

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	\$5919723	56343
Medicaid	\$2346807	21228
Commercial Insurance	\$2907022	19122
Self-pay	\$176942	1979
Any Other Category of Payer	\$209316	1685
Total	\$11559810	100357

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	\$8432728	91894
Medicaid	\$4102058	52903
Commercial Insurance	\$13881177	157611
Self-pay	\$374029	7934
Any Other Category of Payer	\$306555	3969
Total	\$27096547	314311

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	\$14352452	148237

Medicaid	\$6448864	74131
Commercial Insurance	\$16788199	176733
Self-pay	\$550970	9913
Any Other Category of Payer	\$515871	5655
Total	\$38656356	414669

13. Operating Expenses

Salaries and Wages	\$110387425	Employee Benefits	\$22573916
Depreciation and Amortization	\$17940241	Interest Expense	\$5542694
Bad Debt	\$0	Other Expenses	\$64364566
Total Operating Expenses	\$220808842		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-42685579	Total Assets	\$160988110
Net Non-operating Gains over Loss	\$1134128	Total Liabilities	\$42971995
Total Net Gains	\$-41551451		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$328585359	\$269286747	\$59298612
Medicaid	\$104083500	\$82426844	\$21656656
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$246654414	\$154580733	\$92073681
Total	\$679323273	\$506294324	\$173028949

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	\$0	\$0

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	\$10115006
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4462370	
HCI Payments	\$0		
Subtotal	\$0	\$4462370	\$-4462370
Medicaid Shortfalls	\$15571503	\$19968312	
Subtotal	\$15571503	\$24430682	\$-8859179
DSH Payments	\$0		
Subtotal	\$15571503	\$24430682	\$-8859179
Medicare Shortfalls	\$4462370	\$4913007	
Other Government Programs	\$0	\$0	
Total	\$20033873	\$29343689	\$-9309816

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

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