



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--ST. FRANCIS HEALTH (INDIANAPOLIS)

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Danielle Kriech

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Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$892136277
Outpatient Patient Service Revenue	\$1270462804
Total Gross Patient Service Revenue	\$2162599081

2. Deductions From Revenue

Contractual Allowance	\$1386388592
Other Deductions	\$61703155
Total Deductions	\$1448091747

3. Total Operating Revenue

Net Patient Service Revenue	\$714507334
Other Operating Revenue	\$38586897
Total Operating Revenue	\$753094231

4. Operating Expenses

Salaries and Wages	\$188040718	Employee Benefits	\$946399292
Depreciation and Amortization	\$30801673	Interest Expense	\$19772599
Bad Debt	\$15749363	Other Expenses	\$-569748100
Total Operating Expenses	\$631015545		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$122078686	Total Assets	\$609369288
Net Non-operating Gains over Loss	\$-2327965	Total Liabilities	\$-60429520
Total Net Gains	\$119750721		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$969861262	\$771537917	\$198323345
Medicaid	\$273893667	\$223986591	\$49907076
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$918844151	\$452567239	\$466276912
Total	\$2162599080	\$1448091747	\$714507333

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$671422	\$16010	\$655412

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1277464	\$-1277464

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1137482	\$5014318	\$-3876836
Hospital Patients	\$0	\$0	\$0
Community Education	\$122543	\$3819244	\$-3696701

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
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$21322378	
HCI Payments	\$0		
Subtotal	\$0	\$21322378	\$-21322378
Medicaid Shortfalls	\$56934465	\$96075031	
Subtotal	\$56934465	\$117397409	\$-60462944
DSH Payments	\$0		
Subtotal	\$56934465	\$117397409	\$-60462944
Medicare Shortfalls	\$218955346	\$297890930	
Other Government Programs	\$0	\$0	
Total	\$275889811	\$415288339	\$-139398528

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1510182	\$2377230	\$-867048
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$3929529	\$5138385	\$-1208856

Comments