



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 HEALTH HAMMOND

City of Hospital: Hammond

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Amy Solomon

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Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$228560943
Outpatient Patient Service Revenue	\$382861462
Total Gross Patient Service Revenue	\$611422405

2. Deductions From Revenue

Contractual Allowance	\$423840903
Other Deductions	\$2848512
Total Deductions	\$426689415

3. Total Operating Revenue

Net Patient Service Revenue	\$184732990
Other Operating Revenue	\$18975619
Total Operating Revenue	\$203708609

4. Operating Expenses

Salaries and Wages	\$59575269	Employee Benefits	\$15337248
Depreciation and Amortization	\$6561220	Interest Expense	\$5736591
Bad Debt	\$1177970	Other Expenses	\$96581089
Total Operating Expenses	\$184969387		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18739222	Total Assets	\$15278783
Net Non-operating Gains over Loss	\$52541	Total Liabilities	-\$205416297

Total Net Gains	\$18791763
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$302866461	\$219636259	\$83230202
Medicaid	\$137562770	\$73673674	\$63889096
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$170993173	\$133379483	\$37613690
Total	\$611422404	\$426689416	\$184732988

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$266049	\$395974	\$-129925

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	\$219671	\$-219671
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$93642	\$-93642

Number of Medical Professionals Trained	179
Number of Hospital Patients Educated	144537
Number of Citizens Exposed to Health Education Messages	28157

Statement Six: Charity Statement

Hospital Charity Charges	\$24105186
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7041115	
HCI Payments	\$0		
Subtotal	\$0	\$7041115	\$-7041115
Medicaid Shortfalls	\$21067695	\$36476721	
Subtotal	\$21067695	\$43517836	\$-22450141
DSH Payments	\$18,354,062		
Subtotal	\$39421757	\$43517836	\$-4096079
Medicare Shortfalls	\$63519370	\$86116101	
Other Government Programs	\$0	\$0	
Total	\$102941127	\$129633937	\$-26692810

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$110417	\$-110417
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-105688	\$105688
Other Allocations	\$0	\$0	\$0

Comments

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