



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 INDIANAPOLIS

City of Hospital: Indianapolis

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

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

Person Completing the Report: Tamara Murphy

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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	\$1033457157
Outpatient Patient Service Revenue	\$1569403792
Total Gross Patient Service Revenue	\$2602860949

2. Deductions From Revenue

Contractual Allowance	\$1725272842
Other Deductions	\$59409488
Total Deductions	\$1784682330

3. Total Operating Revenue

Net Patient Service Revenue	\$818178619
Other Operating Revenue	\$93791532
Total Operating Revenue	\$911970151

4. Operating Expenses

Salaries and Wages	\$233381494	Employee Benefits	\$55827496
Depreciation and Amortization	\$34564107	Interest Expense	\$18107056
Bad Debt	\$14110976	Other Expenses	\$394925555
Total Operating Expenses	\$750916684		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$161053467	Total Assets	\$610721835
Net Non-operating Gains over Loss	\$1365055	Total Liabilities	\$-54233034

Total Net Gains	\$162418522
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1145768008	\$942332359	\$203435649
Medicaid	\$348469794	\$284205034	\$64264760
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1108623147	\$558144937	\$550478210
Total	\$2602860949	\$1784682330	\$818178619

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$727353	\$19302	\$708051

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$95920	\$1649309	\$-1553389

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1883112	\$5126412	\$-3243300
Hospital Patients	\$0	\$0	\$0
Community Education	\$145155	\$4585343	\$-4440188

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$33550968	
HCI Payments	\$0		
Subtotal	\$0	\$33550968	\$-33550968
Medicaid Shortfalls	\$73263881	\$122414135	
Subtotal	\$73263881	\$155965103	\$-82701222
DSH Payments	\$0		
Subtotal	\$73263881	\$155965103	\$-82701222
Medicare Shortfalls	\$221889939	\$334516454	
Other Government Programs	\$0	\$0	
Total	\$295153820	\$490481557	\$-195327737

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1247203	\$2360724	\$-1113521
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-488740	\$276410	\$-765150

Comments

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