



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 MOORESVILLE

City of Hospital: Mooresville

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$148799165
Outpatient Patient Service Revenue	\$392963530
Total Gross Patient Service Revenue	\$541762695

2. Deductions From Revenue

Contractual Allowance	\$388307602
Other Deductions	\$16404281
Total Deductions	\$404711883

3. Total Operating Revenue

Net Patient Service Revenue	\$137050812
Other Operating Revenue	\$7783974
Total Operating Revenue	\$144834786

4. Operating Expenses

Salaries and Wages	\$29482686	Employee Benefits	\$7957398
Depreciation and Amortization	\$7459319	Interest Expense	\$0
Bad Debt	\$3380917	Other Expenses	\$62934174
Total Operating Expenses	\$111214494		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$33620292	Total Assets	\$97031444
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-6364945

Total Net Gains	\$33620292
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$285570969	\$237569632	\$48001337
Medicaid	\$70340858	\$53950448	\$16390410
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$185850868	\$113191803	\$72659065
Total	\$541762695	\$404711883	\$137050812

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	\$377	\$-377

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	\$3068945	
HCI Payments	\$0		
Subtotal	\$0	\$3068945	\$-3068945
Medicaid Shortfalls	\$16124567	\$16707168	
Subtotal	\$16124567	\$19776113	\$-3651546
DSH Payments	\$0		
Subtotal	\$16124567	\$19776113	\$-3651546
Medicare Shortfalls	\$46483035	\$50007119	
Other Government Programs	\$0	\$0	
Total	\$62607602	\$69783232	\$-7175630

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

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