



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 HEALTH HAMMOND

City of Hospital: Hammond

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: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$23973472	Contractual Allowance	\$309669349
Outpatient Patient Service Revenue	\$423137927	Other Deductions	\$17942306
Total Gross Patient Service Revenue	\$447111399	Total Deductions	\$327611655

3. Total Operating Revenue	
Net Patient Service Revenue	\$119499744
Other Operating Revenue	\$2505032
Total Operating Revenue	\$122004776

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3586502	3292
Medicaid	\$1241793	1285
Commercial Insurance	\$2905488	1172
Self-pay	\$18548	112
Any Other Category of Payer	\$358975	100
Total	\$8111306	5961

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$30676217	33953
Medicaid	\$25495417	22745
Commercial Insurance	\$54053973	31872
Self-pay	\$223701	1768
Any Other Category of Payer	\$939129	2313
Total	\$111388437	92651

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	\$34262720	37245
Medicaid	\$26737210	24029

Commercial Insurance	\$56959462	33043
Self-pay	\$242249	1880
Any Other Category of Payer	\$1298104	2413
Total	\$119499745	98610

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	\$3262134	205
Medicaid	\$1113200	121
Commercial Insurance	\$2746199	124
Self-pay	\$8853	4
Any Other Category of Payer	\$347506	7
Total	\$7477892	461

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	\$30034911	26964
Medicaid	\$25199067	18923
Commercial Insurance	\$53165493	21784
Self-pay	\$203206	1333
Any Other Category of Payer	\$922331	2095
Total	\$109525008	71099

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	\$33297045	27169
Medicaid	\$26312268	19044
Commercial Insurance	\$55911692	21907
Self-pay	\$212059	1337
Any Other Category of Payer	\$1269837	2103
Total	\$117002901	71560

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	\$324368	3087
Medicaid	\$128592	1163
Commercial Insurance	\$159289	1048
Self-pay	\$9695	108
Any Other Category of Payer	\$11469	92
Total	\$633413	5498

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	\$641307	6988
Medicaid	\$296350	3822
Commercial Insurance	\$888481	10088
Self-pay	\$20495	435
Any Other Category of Payer	\$16798	217
Total	\$1863431	21550

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	\$965675	10076

Medicaid	\$424942	4985
Commercial Insurance	\$1047769	11136
Self-pay	\$30190	543
Any Other Category of Payer	\$28267	310
Total	\$2496843	27050

13. Operating Expenses

Salaries and Wages	\$46256497	Employee Benefits	\$11580130
Depreciation and Amortization	\$5300099	Interest Expense	\$1299290
Bad Debt	\$0	Other Expenses	\$62365148
Total Operating Expenses	\$126801164		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4796389	Total Assets	\$131378746
Net Non-operating Gains over Loss	\$2713658	Total Liabilities	\$27136747
Total Net Gains	\$7510047		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$233028430	\$198765711	\$34262719
Medicaid	\$104276477	\$77539267	\$26737210
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109806492	\$51306677	\$58499815
Total	\$447111399	\$327611655	\$119499744

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	\$17848481
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4556404	
HCI Payments	\$0		
Subtotal	\$0	\$4556404	\$-4556404
Medicaid Shortfalls	\$13819256	\$22990420	
Subtotal	\$13819256	\$27546824	\$-13727568
DSH Payments	\$0		
Subtotal	\$13819256	\$27546824	\$-13727568
Medicare Shortfalls	\$4556407	\$4721786	
Other Government Programs	\$0	\$0	
Total	\$18375663	\$32268610	\$-13892947

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