



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

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

Person Completing the Report: Amy Solomon

Email Address: amy.solomon@franciscanalliance.org

Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$240518894
Outpatient Patient Service Revenue	\$545763426
Total Gross Patient Service Revenue	\$786282320

2. Deductions From Revenue

Contractual Allowance	\$521903772
Other Deductions	\$36945238
Total Deductions	\$558849010

3. Total Operating Revenue

Net Patient Service Revenue	\$227433310
Other Operating Revenue	\$6810909
Total Operating Revenue	\$234244219

4. Operating Expenses

Salaries and Wages	\$86256798	Employee Benefits	\$19821149
Depreciation and Amortization	\$8955336	Interest Expense	\$4419696
Bad Debt	\$3317038	Other Expenses	\$84231195
Total Operating Expenses	\$207001212		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27243007	Total Assets	\$-43275644
Net Non-operating Gains over Loss	\$-255615	Total Liabilities	\$-420560705

Total Net Gains	\$26987392
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$386839012	\$294802033	\$92036979
Medicaid	\$166495905	\$71419165	\$95076740
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$232947404	\$155682574	\$77264830
Total	\$786282321	\$521903772	\$264378549

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$444571	\$368163	\$76408

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	\$361962	\$-361962
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$20452	\$-20452

Number of Medical Professionals Trained	161
Number of Hospital Patients Educated	168292
Number of Citizens Exposed to Health Education Messages	16506

Statement Six: Charity Statement

Hospital Charity Charges	\$35072260
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8740566	
HCI Payments	\$0		
Subtotal	\$0	\$8740566	\$-8740566
Medicaid Shortfalls	\$33618524	\$39102078	
Subtotal	\$33618524	\$47842644	\$-14224120
DSH Payments	\$24,058,803		
Subtotal	\$57677327	\$47842644	\$9834683
Medicare Shortfalls	\$70494809	\$93948818	
Other Government Programs	\$0	\$0	
Total	\$128172136	\$141791462	\$-13619326

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$56586	\$-56586
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-46199	\$46199
Other Allocations	\$0	\$0	\$0

Comments

//