



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 HEALTHCARE – MUNSTER

City of Hospital: Munster

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

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Medicare Provider Number: 15-0165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$228182433
Outpatient Patient Service Revenue	\$606678712
Total Gross Patient Service Revenue	\$834861145

2. Deductions From Revenue

Contractual Allowance	\$618208165
Other Deductions	\$15306205
Total Deductions	\$633514370

3. Total Operating Revenue

Net Patient Service Revenue	\$201346775
Other Operating Revenue	\$7771464
Total Operating Revenue	\$209118239

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$29483435	2560
Medicaid	\$4856999	447
Commercial Insurance	\$18095418	793
Self-pay	\$32736	65
Any Other Category of Payer	\$987849	68
Total	\$53456437	3933

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$45396880	146904
Medicaid	\$14749951	53058
Commercial Insurance	\$85749608	159486
Self-pay	\$599575	8869
Any Other Category of Payer	\$1394324	3574
Total	\$147890338	371891

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	\$74880315	149464
Medicaid	\$19606950	53505
Commercial Insurance	\$103845025	160279
Self-pay	\$632311	8934
Any Other Category of Payer	\$2382173	3642
Total	\$201346774	375824

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	\$29483435	2560
Medicaid	\$4856999	447
Commercial Insurance	\$18095418	793
Self-pay	\$32736	65
Any Other Category of Payer	\$987849	68
Total	\$53456437	3933

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	\$28804717	43153
Medicaid	\$9978501	14942
Commercial Insurance	\$71313719	39598
Self-pay	\$397929	3426
Any Other Category of Payer	\$1070706	1058
Total	\$111565572	102177

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	\$58288152	45713
Medicaid	\$14835500	15389
Commercial Insurance	\$89409136	40391
Self-pay	\$430665	3491
Any Other Category of Payer	\$2058555	1126
Total	\$165022008	106110

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$16592163	103751
Medicaid	\$4771450	38116
Commercial Insurance	\$14435889	119888
Self-pay	\$201647	5443
Any Other Category of Payer	\$323618	2516
Total	\$36324767	269714

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	\$16592163	103751
Medicaid	\$4771450	38116
Commercial Insurance	\$14435889	119888
Self-pay	\$201647	5443
Any Other Category of Payer	\$323618	2516
Total	\$36324767	269714

13. Operating Expenses

Salaries and Wages	\$104491120	Employee Benefits	\$19781828
Depreciation and Amortization	\$12241800	Interest Expense	\$5383167
Bad Debt	\$0	Other Expenses	\$95572957
Total Operating Expenses	\$237470872		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-28352633	Total Assets	\$86902744
Net Non-operating Gains over Loss	\$662193	Total Liabilities	\$41358091
Total Net Gains	\$-27690440		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$425757974	\$350877659	\$74880315
Medicaid	\$104005619	\$84398669	\$19606950
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$305097552	\$198238042	\$106859510
Total	\$834861145	\$633514370	\$201346775

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$35154	\$-35154

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	\$221626	\$-221626
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	97
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$15306205
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4934288	
HCI Payments	\$0		
Subtotal	\$0	\$4934288	\$-4934288
Medicaid Shortfalls	\$15394280	\$33416487	
Subtotal	\$15394280	\$38350775	\$-22956495
DSH Payments	\$0		
Subtotal	\$15394280	\$38350775	\$-22956495
Medicare Shortfalls	\$56713241	\$118163778	
Other Government Programs	\$0	\$0	
Total	\$72107521	\$156514553	\$-84407032

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$29997089	\$55686435	\$-25689346
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