



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 MICHIGAN CITY

City of Hospital: Michigan City

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: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$474779137
Outpatient Patient Service Revenue	\$1513045815
Total Gross Patient Service Revenue	\$1987824952

2. Deductions From Revenue

Contractual Allowance	\$1497626063
Other Deductions	\$33510550
Total Deductions	\$1531136613

3. Total Operating Revenue

Net Patient Service Revenue	\$456688339
Other Operating Revenue	\$10035366
Total Operating Revenue	\$466723705

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$52200243	4398
Medicaid	\$29787654	1658
Commercial Insurance	\$33211708	1671
Self-pay	\$91291	101
Any Other Category of Payer	\$2214222	186
Total	\$117505118	8014

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$111393164	232477
Medicaid	\$48730447	90137
Commercial Insurance	\$171960654	195071
Self-pay	\$1063663	23030
Any Other Category of Payer	\$6035293	9099
Total	\$339183221	549814

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	\$163593407	236874
Medicaid	\$78518101	91795
Commercial Insurance	\$205172362	196742
Self-pay	\$1154954	23131
Any Other Category of Payer	\$8249515	9285
Total	\$456688339	557827

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	\$52200243	4398
Medicaid	\$29787654	1658
Commercial Insurance	\$33211708	1671
Self-pay	\$91291	101
Any Other Category of Payer	\$2214222	186
Total	\$117505118	8014

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	\$90254016	86977
Medicaid	\$41351659	36840
Commercial Insurance	\$153824533	67111
Self-pay	\$542431	14838
Any Other Category of Payer	\$5274014	4362
Total	\$291246653	210128

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	\$142454259	91374
Medicaid	\$71139313	38497
Commercial Insurance	\$187036242	68782
Self-pay	\$633722	14939
Any Other Category of Payer	\$7488236	4548
Total	\$408751772	218140

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	\$21139148	145500
Medicaid	\$7378788	53297
Commercial Insurance	\$18136121	127960
Self-pay	\$521232	8192
Any Other Category of Payer	\$761279	4737
Total	\$47936568	339686

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	\$21139148	145500
Medicaid	\$7378788	53297
Commercial Insurance	\$18136121	127960
Self-pay	\$521232	8192
Any Other Category of Payer	\$761279	4737
Total	\$47936568	339686

13. Operating Expenses

Salaries and Wages	\$155189924	Employee Benefits	\$28964077
Depreciation and Amortization	\$20918592	Interest Expense	\$9884691
Bad Debt	\$0	Other Expenses	\$228725192
Total Operating Expenses	\$443682476		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$23041229	Total Assets	\$418850404
Net Non-operating Gains over Loss	\$864589	Total Liabilities	\$51650516
Total Net Gains	\$23905818		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1087493746	\$923900339	\$163593407
Medicaid	\$288714639	\$210196539	\$78518100
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$611616567	\$397039736	\$214576831
Total	\$1987824952	\$1531136614	\$456688338

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$141724	\$-141724

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	\$107286	\$-107286
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1466
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$33510550
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7049203	
HCI Payments	\$0		
Subtotal	\$0	\$7049203	\$-7049203
Medicaid Shortfalls	\$57218250	\$74550395	
Subtotal	\$57218250	\$81599598	\$-24381348
DSH Payments	\$14,766,000		
Subtotal	\$71984250	\$81599598	\$-9615348
Medicare Shortfalls	\$122741030	\$218840510	
Other Government Programs	\$0	\$0	
Total	\$194725280	\$300440108	\$-105714828

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$29078470	\$36734176	\$-7655706
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