



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 CROWN POINT

City of Hospital: Crown Point

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: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$581240386
Outpatient Patient Service Revenue	\$865026836
Total Gross Patient Service Revenue	\$1446267222

2. Deductions From Revenue

Contractual Allowance	\$1030325790
Other Deductions	\$24768874
Total Deductions	\$1055094664

3. Total Operating Revenue

Net Patient Service Revenue	\$391172559
Other Operating Revenue	\$18322723
Total Operating Revenue	\$409495282

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$73212429	5365
Medicaid	\$19903454	1428
Commercial Insurance	\$74476212	3741
Self-pay	\$106112	156
Any Other Category of Payer	\$2987259	231
Total	\$170685466	10921

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$49339818	166990
Medicaid	\$20697377	67806
Commercial Insurance	\$147256276	215699
Self-pay	\$747524	33774
Any Other Category of Payer	\$2446096	6270
<b>Total</b>	<b>\$220487091</b>	<b>490539</b>

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	\$122552247	172355
Medicaid	\$40600831	69234
Commercial Insurance	\$221732488	219440
Self-pay	\$853637	33930
Any Other Category of Payer	\$5433356	6501
<b>Total</b>	<b>\$391172559</b>	<b>501460</b>

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	\$73212429	5365
Medicaid	\$19903454	1428
Commercial Insurance	\$74476212	3741
Self-pay	\$106112	156
Any Other Category of Payer	\$2987259	231
<b>Total</b>	<b>\$170685466</b>	<b>10921</b>

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	\$34997080	65138
Medicaid	\$14549349	22309
Commercial Insurance	\$125493411	75046
Self-pay	\$488013	23748
Any Other Category of Payer	\$1914699	2845
<b>Total</b>	<b>\$177442552</b>	<b>189086</b>

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	\$108209509	70503
Medicaid	\$34452803	23737
Commercial Insurance	\$199969623	78787
Self-pay	\$594126	23904
Any Other Category of Payer	\$4901959	3076
<b>Total</b>	<b>\$348128020</b>	<b>200007</b>

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	\$14342738	101852
Medicaid	\$6148028	45497
Commercial Insurance	\$21762865	140653
Self-pay	\$259511	10026
Any Other Category of Payer	\$531397	3425
Total	\$43044539	301453

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	\$14342738	101852
Medicaid	\$6148028	45497
Commercial Insurance	\$21762865	140653
Self-pay	\$259511	10026
Any Other Category of Payer	\$531397	3425
Total	\$43044539	301453

13. Operating Expenses

Salaries and Wages	\$155486155	Employee Benefits	\$29705618
Depreciation and Amortization	\$19854432	Interest Expense	\$6153796
Bad Debt	\$0	Other Expenses	\$185901388
<b>Total Operating Expenses</b>	<b>\$397101389</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$12393893	Total Assets	\$385618094
Net Non-operating Gains over Loss	\$-2981901	Total Liabilities	\$74689142
<b>Total Net Gains</b>	<b>\$9411992</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$710681578	\$588129331	\$122552247
Medicaid	\$170045198	\$129444367	\$40600831
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$565540446	\$337520965	\$228019481
Total	\$1446267222	\$1055094663	\$391172559

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4032920	\$-4032920

## 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	\$140	\$535137	\$-534997
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1274
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges \$24768874

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6329523	
HCI Payments	\$0		
Subtotal	\$0	\$6329523	\$-6329523
Medicaid Shortfalls	\$36125558	\$57799960	
Subtotal	\$36125558	\$64129483	\$-28003925
DSH Payments	\$0		
Subtotal	\$36125558	\$64129483	\$-28003925
Medicare Shortfalls	\$106978470	\$165747601	
Other Government Programs	\$0	\$0	
Total	\$143104028	\$229877084	\$-86773056

#### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13552316	\$27165658	\$-13613342
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