



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 INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1223663712
Outpatient Patient Service Revenue	\$1667119878
<b>Total Gross Patient Service Revenue</b>	<b>\$2890783590</b>

2. Deductions From Revenue

Contractual Allowance	\$1970178035
Other Deductions	\$65762542
<b>Total Deductions</b>	<b>\$2035940577</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$854843013
Other Operating Revenue	\$41759740
<b>Total Operating Revenue</b>	<b>\$896602753</b>

4. Operating Expenses

Salaries and Wages	\$260834225	Employee Benefits	\$69267130
Depreciation and Amortization	\$42199204	Interest Expense	\$22619957
Bad Debt	\$13933370	Other Expenses	\$341920369
<b>Total Operating Expenses</b>	<b>\$750774255</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$145828498	Total Assets	\$613425859
Net Non-operating Gains over Loss	\$115739	Total Liabilities	\$-29425755
Total Net Gains	\$145944237		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1410990065	\$1188489026	\$222501039
Medicaid	\$382654451	\$293382271	\$89272180
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1097139074	\$554069280	\$543069794
Total	\$2890783590	\$2035940577	\$854843013

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1020719	\$0	\$1020719

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1639080	\$-1639080

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2139994	\$5202608	\$-3062614
Hospital Patients	\$0	\$0	\$0
Community Education	\$166976	\$5188334	\$-5021358

Number of Medical Professionals Trained

0

Number of Hospital Patients Educated	<input type="text" value="0"/>
Number of Citizens Exposed to Health Education Messages	<input type="text" value="0"/>

Statement Six: Charity Statement

Hospital Charity Charges	<input type="text" value="\$0"/>
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	<input type="text" value="\$0"/>	<input type="text" value="\$41957995"/>	
HCI Payments	<input type="text" value="\$0"/>		
Subtotal	\$0	\$41957995	\$-41957995
Medicaid Shortfalls	<input type="text" value="\$90014335"/>	<input type="text" value="\$131007874"/>	
Subtotal	\$90014335	\$172965869	\$-82951534
DSH Payments	<input type="text" value="\$0"/>		
Subtotal	\$90014335	\$172965869	\$-82951534
Medicare Shortfalls	<input type="text" value="\$219139087"/>	<input type="text" value="\$371068411"/>	
Other Government Programs	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Total	\$309153422	\$544034280	\$-234880858

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	<input type="text" value="\$911954"/>	<input type="text" value="\$0"/>	\$911954
Community Assessment	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	\$0
Provision of Taxes	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	\$0
Other Allocations	<input type="text" value="\$-263578"/>	<input type="text" value="\$2025586"/>	\$-2289164

Comments

