



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 HEALTHCARE RENSSELAER

City of Hospital: Rensselaer

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Jeffrey Webb

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Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10907355
Outpatient Patient Service Revenue	\$39169534
Total Gross Patient Service Revenue	\$50076889

2. Deductions From Revenue

Contractual Allowance	\$14435182
Other Deductions	\$0
Total Deductions	\$14435182

3. Total Operating Revenue

Net Patient Service Revenue	\$35641707
Other Operating Revenue	\$761499
Total Operating Revenue	\$36403206

4. Operating Expenses

Salaries and Wages	\$15388004	Employee Benefits	\$4469133
Depreciation and Amortization	\$2516558	Interest Expense	\$708369
Bad Debt	\$2481698	Other Expenses	\$15418074
Total Operating Expenses	\$40981836		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4578630	Total Assets	\$27927367
Net Non-operating Gains over Loss	\$-243141	Total Liabilities	\$22695252

Total Net Gains	\$-4821771
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26360815	\$10587400	\$15773415
Medicaid	\$6107747	\$2091060	\$4016687
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17608327	\$1756722	\$15851605
Total	\$50076889	\$14435182	\$35641707

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$63988	\$-63988
Hospital Patients	\$0	\$42985	\$-42985
Community Education	\$0	\$19874	\$-19874

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	694
Number of Citizens Exposed to Health Education Messages	429

Statement Six: Charity Statement
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Hospital Charity Charges	\$141290
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$73471	
HCI Payments	\$0		
Subtotal	\$0	\$73471	\$-73471
Medicaid Shortfalls	\$1577461	\$3176028	
Subtotal	\$1577461	\$3249499	\$-1672038
DSH Payments	\$2,355,617		
Subtotal	\$3933078	\$3249499	\$683579
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$3933078	\$3249499	\$683579

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments