



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 RENSSELAER

City of Hospital: Rensselaer

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

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

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6513955
Outpatient Patient Service Revenue	\$57768634
<b>Total Gross Patient Service Revenue</b>	<b>\$64282589</b>

2. Deductions From Revenue

Contractual Allowance	\$32624009
Other Deductions	\$2642812
<b>Total Deductions</b>	<b>\$35266821</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$29015768
Other Operating Revenue	\$321149
<b>Total Operating Revenue</b>	<b>\$29336917</b>

4. Operating Expenses

Salaries and Wages	\$13410859	Employee Benefits	\$3956447
Depreciation and Amortization	\$3614938	Interest Expense	\$801869
Bad Debt	\$969838	Other Expenses	\$14164089
<b>Total Operating Expenses</b>	<b>\$36918040</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-7581123	Total Assets	\$27038944
Net Non-operating Gains over Loss	\$52380	Total Liabilities	\$21832255
Total Net Gains	\$-7528743		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32245234	\$17231809	\$15013425
Medicaid	\$11598311	\$7904045	\$3694266
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20439044	\$10130967	\$10308077
Total	\$64282589	\$35266821	\$29015768

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$13485	\$-13485

## 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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$17596	\$-17596

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2642812
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1378924	
HCI Payments	\$0		
Subtotal	\$0	\$1378924	\$-1378924
Medicaid Shortfalls	\$4121632	\$7845449	
Subtotal	\$4121632	\$9224373	\$-5102741
DSH Payments	\$0		
Subtotal	\$4121632	\$9224373	\$-5102741
Medicare Shortfalls	\$15827229	\$16740913	
Other Government Programs	\$0	\$0	
Total	\$19948861	\$25965286	\$-6016425

Statement Seven: Subsidized Health Services for the Community

	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	\$1128335	\$2209908	\$-1081573

Comments

