



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (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	\$8285880
Outpatient Patient Service Revenue	\$67185073
Total Gross Patient Service Revenue	\$75470953

2. Deductions From Revenue

Contractual Allowance	\$39763158
Other Deductions	\$2967768
Total Deductions	\$42730926

3. Total Operating Revenue

Net Patient Service Revenue	\$32740027
Other Operating Revenue	\$280710
Total Operating Revenue	\$33020737

4. Operating Expenses

Salaries and Wages	\$13726703	Employee Benefits	\$3937246
Depreciation and Amortization	\$3435988	Interest Expense	\$799663
Bad Debt	\$393305	Other Expenses	\$14883586
Total Operating Expenses	\$37176491		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4155754	Total Assets	\$27884259
Net Non-operating Gains over Loss	\$257217	Total Liabilities	\$48946674

Total Net Gains	\$-3898537
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38650360	\$20885369	\$17764991
Medicaid	\$11727041	\$7697571	\$4029470
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25093552	\$14147986	\$10945566
Total	\$75470953	\$42730926	\$32740027

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$12505	\$-12505

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	\$13306	\$80790	\$-67484

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2190

Statement Six: Charity Statement

Hospital Charity Charges	\$2967768
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1422091	
HCI Payments	\$0		
Subtotal	\$0	\$1422091	\$-1422091
Medicaid Shortfalls	\$4331018	\$7506659	
Subtotal	\$4331018	\$8928750	\$-4597732
DSH Payments	\$0		
Subtotal	\$4331018	\$8928750	\$-4597732
Medicare Shortfalls	\$17443994	\$18529444	
Other Government Programs	\$0	\$0	
Total	\$21775012	\$27458194	\$-5683182

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	\$796132	\$1140780	\$-344648

Comments

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