



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 RENSSELAER

City of Hospital: Rensselaer

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Paul Plomin

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Medicare Provider Number: 15-1324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$7006461	Contractual Allowance	\$67314708
Outpatient Patient Service Revenue	\$94710036	Other Deductions	\$2942736
		Total Deductions	\$70257444
Total Gross Patient Service Revenue	\$101716497		

3. Total Operating Revenue	
Net Patient Service Revenue	\$31459053
Other Operating Revenue	\$485757
Total Operating Revenue	\$31944810

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3528084	1796
Medicaid	\$287901	175
Commercial Insurance	\$596069	188
Self-pay	\$256	15
Any Other Category of Payer	\$42218	27
Total	\$4454528	2201

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$13956695	21283
Medicaid	\$4376104	11143
Commercial Insurance	\$7601498	14645
Self-pay	\$155630	1486
Any Other Category of Payer	\$914599	992
Total	\$27004526	49549

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	\$17484780	23079
Medicaid	\$4664004	11318

Commercial Insurance	\$8197567	14833
Self-pay	\$155886	1501
Any Other Category of Payer	\$956817	1019
Total	\$31459054	51750

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	\$3385104	377
Medicaid	\$271871	27
Commercial Insurance	\$582936	42
Self-pay	\$64	5
Any Other Category of Payer	\$39844	4
Total	\$4279819	455

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	\$13553838	16970
Medicaid	\$4260898	9902
Commercial Insurance	\$7359167	12354
Self-pay	\$148964	1410
Any Other Category of Payer	\$903114	888
Total	\$26225981	41524

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	\$16938942	17347
Medicaid	\$4532769	9929
Commercial Insurance	\$7942103	12396
Self-pay	\$149028	1415
Any Other Category of Payer	\$942958	892
Total	\$30505800	41979

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	\$142981	1419
Medicaid	\$16029	148
Commercial Insurance	\$13133	146
Self-pay	\$192	10
Any Other Category of Payer	\$2374	23
Total	\$174709	1746

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	\$402857	4313
Medicaid	\$115206	1241
Commercial Insurance	\$242330	2291
Self-pay	\$6667	76
Any Other Category of Payer	\$11485	104
Total	\$778545	8025

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	\$545838	5732

Medicaid	\$131235	1389
Commercial Insurance	\$255464	2437
Self-pay	\$6859	86
Any Other Category of Payer	\$13859	127
Total	\$953255	9771

13. Operating Expenses

Salaries and Wages	\$16259888	Employee Benefits	\$3407432
Depreciation and Amortization	\$2786543	Interest Expense	\$803284
Bad Debt	\$0	Other Expenses	\$14469580
Total Operating Expenses	\$37726727		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5781916	Total Assets	\$21765389
Net Non-operating Gains over Loss	\$252916	Total Liabilities	\$52906475
Total Net Gains	\$-5529000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$55950499	\$38465720	\$17484779
Medicaid	\$19546783	\$14882779	\$4664004
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26219215	\$16908945	\$9310270
Total	\$101716497	\$70257444	\$31459053

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1872	\$-1872

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	\$890	\$-890

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	244

Statement Six: Charity Statement

Hospital Charity Charges	\$2942736
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1033175	
HCI Payments	\$0		
Subtotal	\$0	\$1033175	\$-1033175
Medicaid Shortfalls	\$5231240	\$8391740	
Subtotal	\$5231240	\$9424915	\$-4193675
DSH Payments	\$0		
Subtotal	\$5231240	\$9424915	\$-4193675
Medicare Shortfalls	\$17470139	\$19643841	
Other Government Programs	\$0	\$0	
Total	\$22701379	\$29068756	\$-6367377

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	\$865291	\$951199	\$-85908

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