



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--ST. ELIZABETH HEALTH (LAFAYETTE EAST)

City of Hospital: Lafayette

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

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

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$508214082
Outpatient Patient Service Revenue	\$544049619
<b>Total Gross Patient Service Revenue</b>	<b>\$1052263701</b>

2. Deductions From Revenue

Contractual Allowance	\$667641652
Other Deductions	\$51594270
<b>Total Deductions</b>	<b>\$719235922</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$333027779
Other Operating Revenue	\$12691021
<b>Total Operating Revenue</b>	<b>\$345718800</b>

4. Operating Expenses

Salaries and Wages	\$93105101	Employee Benefits	\$29546307
Depreciation and Amortization	\$15532199	Interest Expense	\$10322330
Bad Debt	\$7463510	Other Expenses	\$141543099
<b>Total Operating Expenses</b>	<b>\$297512546</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$48206254	Total Assets	\$302221322
Net Non-operating Gains over Loss	\$172517	Total Liabilities	\$42222336
Total Net Gains	\$48378771		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$442010464	\$352088921	\$89921543
Medicaid	\$145638656	\$116065103	\$29573553
Other Government	\$5795178	\$4731050	\$1064128
Other State	\$0	\$0	\$0
Other Payers	\$458819403	\$246350848	\$212468555
Total	\$1052263701	\$719235922	\$333027779

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$50	\$216821	\$-216771

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	\$5910535	\$7224056	\$-1313521
Hospital Patients	\$0	\$0	\$0
Community Education	\$230546	\$847530	\$-616984

Number of Medical Professionals Trained	504
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	33395

Statement Six: Charity Statement
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Hospital Charity Charges	\$51594270
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$13036706	
HCI Payments	\$0		
Subtotal	\$0	\$13036706	\$-13036706
Medicaid Shortfalls	\$29573553	\$44617743	
Subtotal	\$29573553	\$57654449	\$-28080896
DSH Payments	\$0		
Subtotal	\$29573553	\$57654449	\$-28080896
Medicare Shortfalls	\$89921543	\$111686053	
Other Government Programs	\$1064128	\$1464310	
Total	\$120559224	\$170804812	\$-50245588

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	\$509657	\$1034515	\$-524858

Comments