



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: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (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

Inpatient Patient Service Revenue	\$6561883
Outpatient Patient Service Revenue	\$125166232
Total Gross Patient Service Revenue	\$131728115

2. Deductions From Revenue

Contractual Allowance	\$85341635
Other Deductions	\$3577580
Total Deductions	\$88919215

3. Total Operating Revenue

Net Patient Service Revenue	\$42808900
Other Operating Revenue	\$337709
Total Operating Revenue	\$43146609

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2788269	281
Medicaid	\$206822	23
Commercial Insurance	\$347463	33
Self-pay	\$0	3
Any Other Category of Payer	\$8688	2
Total	\$3351242	342

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$22558198	26025
Medicaid	\$4613581	11865
Commercial Insurance	\$11497897	20105
Self-pay	\$161508	1780
Any Other Category of Payer	\$626473	929
Total	\$39457657	60704

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	\$25346467	26306
Medicaid	\$4820403	11888
Commercial Insurance	\$11845360	20138
Self-pay	\$161508	1783
Any Other Category of Payer	\$635161	931
Total	\$42808899	61046

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	\$2788269	281
Medicaid	\$206822	23
Commercial Insurance	\$347463	33
Self-pay	\$0	3
Any Other Category of Payer	\$8688	2
Total	\$3351242	342

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	\$22212269	23416
Medicaid	\$4544530	11375
Commercial Insurance	\$11286297	18642
Self-pay	\$155271	1713
Any Other Category of Payer	\$620516	887
Total	\$38818883	56033

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	\$25000538	23697
Medicaid	\$4751352	11398
Commercial Insurance	\$11633760	18675
Self-pay	\$155271	1716
Any Other Category of Payer	\$629204	889
Total	\$42170125	56375

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$345929	2609
Medicaid	\$69051	490
Commercial Insurance	\$211600	1463
Self-pay	\$6238	67
Any Other Category of Payer	\$5957	42
Total	\$638775	4671

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	\$345929	2609
Medicaid	\$69051	490
Commercial Insurance	\$211600	1463
Self-pay	\$6238	67
Any Other Category of Payer	\$5957	42
Total	\$638775	4671

13. Operating Expenses

Salaries and Wages	\$12838981	Employee Benefits	\$2729848
Depreciation and Amortization	\$1937227	Interest Expense	\$823340
Bad Debt	\$0	Other Expenses	\$20988063
Total Operating Expenses	\$39317459		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3829150	Total Assets	\$24187243
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$51324314
Total Net Gains	\$3829150		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$79726890	\$54380423	\$25346467
Medicaid	\$17643593	\$12823189	\$4820404
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34357632	\$21715602	\$12642030
Total	\$131728115	\$88919214	\$42808901

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$34935	\$-34935

#### 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	\$90528	\$-90528
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	38
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

#### Statement Six: Charity Statement

Hospital Charity Charges	\$3577580
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1349817	
HCI Payments	\$0		
Subtotal	\$0	\$1349817	\$-1349817
Medicaid Shortfalls	\$4775727	\$6905907	
Subtotal	\$4775727	\$8255724	\$-3479997
DSH Payments	\$0		
Subtotal	\$4775727	\$8255724	\$-3479997
Medicare Shortfalls	\$18407608	\$22422094	
Other Government Programs	\$0	\$0	
Total	\$23183335	\$30677818	\$-7494483

#### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$128954	\$-128954
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

#### 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