



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (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	\$570913440
Outpatient Patient Service Revenue	\$600477699
Total Gross Patient Service Revenue	\$1171391139

2. Deductions From Revenue

Contractual Allowance	\$789737723
Other Deductions	\$39942148
Total Deductions	\$829679871

3. Total Operating Revenue

Net Patient Service Revenue	\$341711268
Other Operating Revenue	\$12986776
Total Operating Revenue	\$354698044

4. Operating Expenses

Salaries and Wages	\$99365449	Employee Benefits	\$25613403
Depreciation and Amortization	\$15453674	Interest Expense	\$9068139
Bad Debt	\$2961339	Other Expenses	\$153621435
Total Operating Expenses	\$306083439		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$48614605	Total Assets	\$309305314
Net Non-operating Gains over Loss	\$579617	Total Liabilities	\$52297618

Total Net Gains	\$49194222
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$531336489	\$411371924	\$119964565
Medicaid	\$202572576	\$154302721	\$48269855
Other Government	\$5317572	\$4368616	\$948956
Other State	\$0	\$0	\$0
Other Payers	\$432164502	\$259636610	\$172527892
Total	\$1171391139	\$829679871	\$341711268

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$77420	\$622971	\$-545551

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	\$5150157	\$6980986	\$-1830829
Hospital Patients	\$0	\$0	\$0
Community Education	\$216320	\$999556	\$-783236

Number of Medical Professionals Trained	440
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	21291

Statement Six: Charity Statement

Hospital Charity Charges	\$39942148
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9643661	
HCI Payments	\$0		
Subtotal	\$0	\$9643661	\$-9643661
Medicaid Shortfalls	\$48269855	\$57816632	
Subtotal	\$48269855	\$67460293	\$-19190438
DSH Payments	\$0		
Subtotal	\$48269855	\$67460293	\$-19190438
Medicare Shortfalls	\$119964565	\$125732227	
Other Government Programs	\$0	\$0	
Total	\$168234420	\$193192520	\$-24958100

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	\$0	\$29933	\$-29933

Comments

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