



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 LAFAYETTE

City of Hospital: Lafayette

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (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          | \$618191477         |
| Outpatient Patient Service Revenue         | \$688902193         |
| <b>Total Gross Patient Service Revenue</b> | <b>\$1307093670</b> |

2. Deductions From Revenue

|                         |                    |
|-------------------------|--------------------|
| Contractual Allowance   | \$915856348        |
| Other Deductions        | \$41555844         |
| <b>Total Deductions</b> | <b>\$957412192</b> |

3. Total Operating Revenue

|                                |                    |
|--------------------------------|--------------------|
| Net Patient Service Revenue    | \$349681478        |
| Other Operating Revenue        | \$10080023         |
| <b>Total Operating Revenue</b> | <b>\$359761501</b> |

4. Operating Expenses

|                                 |                    |                   |             |
|---------------------------------|--------------------|-------------------|-------------|
| Salaries and Wages              | \$119339522        | Employee Benefits | \$33709658  |
| Depreciation and Amortization   | \$21432439         | Interest Expense  | \$9787535   |
| Bad Debt                        | \$6816133          | Other Expenses    | \$125155191 |
| <b>Total Operating Expenses</b> | <b>\$316240478</b> |                   |             |

5. Net Revenue and Expenses

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                                   |            |                   |             |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$43521023 | Total Assets      | \$376561832 |
| Net Non-operating Gains over Loss | \$271946   | Total Liabilities | \$41646860  |
| Total Net Gains                   | \$43792969 |                   |             |

## Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$636288100           | \$520443537           | \$115844563                   |
| Medicaid         | \$213356398           | \$159803411           | \$53552987                    |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$457449172           | \$277165244           | \$180283928                   |
| Total            | \$1307093670          | \$957412192           | \$349681478                   |

## Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$161507                    | \$-161507               |

## 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 | \$5838729                  | \$7906870                   | \$-2068141              |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$176462                   | \$1084624                   | \$-908162               |

Number of Medical Professionals Trained

\$0

|   |       |
|---|-------|
| Number of Hospital Patients Educated                    | \$0   |
| Number of Citizens Exposed to Health Education Messages | 20635 |

Statement Six: Charity Statement

|                          |            |
|--------------------------|------------|
| Hospital Charity Charges | \$41555814 |
|--------------------------|------------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$9052769              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$9052769              | \$-9052769                     |
| Medicaid Shortfalls       | \$53552987            | \$61357775             |                                |
| Subtotal                  | \$53552987            | \$70410544             | \$-16857557                    |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$53552987            | \$70410544             | \$-16857557                    |
| Medicare Shortfalls       | \$113541947           | \$135412995            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$167094934           | \$205823539            | \$-38728605                    |

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    | \$489210                   | \$1744478                   | \$-1255268              |

Comments

