



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (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	\$6049760
Outpatient Patient Service Revenue	\$108397161
Total Gross Patient Service Revenue	\$114446921

2. Deductions From Revenue

Contractual Allowance	\$74076316
Other Deductions	\$2877577
Total Deductions	\$76953893

3. Total Operating Revenue

Net Patient Service Revenue	\$37493027
Other Operating Revenue	\$440117
Total Operating Revenue	\$37933144

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2614891	1501
Medicaid	\$250388	113
Commercial Insurance	\$394522	181
Self-pay	\$8373	14
Any Other Category of Payer	\$21169	15
Total	\$3289343	1824

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$19060568	22826
Medicaid	\$4962438	11946
Commercial Insurance	\$9305796	18330
Self-pay	\$143184	1545
Any Other Category of Payer	\$731699	930
Total	\$34203685	55577

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	\$21675458	24327
Medicaid	\$5212826	12059
Commercial Insurance	\$9700318	18511
Self-pay	\$151557	1559
Any Other Category of Payer	\$752868	945
Total	\$37493027	57401

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	\$2498266	307
Medicaid	\$241860	23
Commercial Insurance	\$382557	38
Self-pay	\$7246	3
Any Other Category of Payer	\$20272	5
Total	\$3150201	376

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	\$18890829	21276
Medicaid	\$4920810	11598
Commercial Insurance	\$9147762	17180
Self-pay	\$142190	1520
Any Other Category of Payer	\$725106	884
Total	\$33826697	52458

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	\$21389095	21583
Medicaid	\$5162670	11621
Commercial Insurance	\$9530319	17218
Self-pay	\$149436	1523
Any Other Category of Payer	\$745378	889
Total	\$36976898	52834

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	\$116625	1194
Medicaid	\$8528	90
Commercial Insurance	\$11965	143
Self-pay	\$1127	11
Any Other Category of Payer	\$897	10
Total	\$139142	1448

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	\$169738	1550
Medicaid	\$41628	348
Commercial Insurance	\$158035	1150
Self-pay	\$994	25
Any Other Category of Payer	\$6593	46
Total	\$376988	3119

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	\$286363	2744
Medicaid	\$50156	438
Commercial Insurance	\$170000	1293
Self-pay	\$2121	36
Any Other Category of Payer	\$7489	56
Total	\$516129	4567

13. Operating Expenses

Salaries and Wages	\$13253218	Employee Benefits	\$2648767
Depreciation and Amortization	\$2065259	Interest Expense	\$803064
Bad Debt	\$0	Other Expenses	\$18987680
Total Operating Expenses	\$37757988		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$175155	Total Assets	\$21092973
Net Non-operating Gains over Loss	\$-40	Total Liabilities	\$52058945
Total Net Gains	\$175115		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$66789284	\$45113826	\$21675458
Medicaid	\$19375475	\$14162649	\$5212826
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28282162	\$17677418	\$10604744
Total	\$114446921	\$76953893	\$37493028

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2187	\$-2187

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	\$17773	\$-17773
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2877577
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$888219	
HCI Payments	\$0		
Subtotal	\$0	\$888219	\$-888219
Medicaid Shortfalls	\$5604429	\$7972239	
Subtotal	\$5604429	\$8860458	\$-3256029
DSH Payments	\$0		
Subtotal	\$5604429	\$8860458	\$-3256029
Medicare Shortfalls	\$20385323	\$20615798	
Other Government Programs	\$0	\$0	
Total	\$25989752	\$29476256	\$-3486504

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$69276	\$-69276
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