



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: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: Jasper

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Christina Knies

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Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$117190432
Outpatient Patient Service Revenue	\$348865782
Total Gross Patient Service Revenue	\$466056214

2. Deductions From Revenue

Contractual Allowance	\$250932751
Other Deductions	\$2469734
Total Deductions	\$253402485

3. Total Operating Revenue

Net Patient Service Revenue	\$212653729
Other Operating Revenue	\$4798366
Total Operating Revenue	\$217452095

4. Operating Expenses

Salaries and Wages	\$94768399	Employee Benefits	\$19051790
Depreciation and Amortization	\$13373263	Interest Expense	\$2612165
Bad Debt	\$9938896	Other Expenses	\$77420321
Total Operating Expenses	\$217164834		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$287261	Total Assets	\$24348774
Net Non-operating Gains over Loss	\$3447930	Total Liabilities	\$79931273

Total Net Gains	\$3735191
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$209555378	\$147714360	\$61841018
Medicaid	\$49585853	\$35125229	\$14460624
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$206914984	\$68093162	\$138821822
Total	\$466056215	\$250932751	\$215123464

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1005687	\$1322041	\$-316354

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$632610	\$529328	\$103282

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	259504
Number of Citizens Exposed to Health Education Messages	70700

Statement Six: Charity Statement

Hospital Charity Charges	\$2469679
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$845067	
HCI Payments	\$0		
Subtotal	\$0	\$845067	\$-845067
Medicaid Shortfalls	\$2865577	\$2751361	
Subtotal	\$2865577	\$3596428	\$-730851
DSH Payments	\$0		
Subtotal	\$2865577	\$3596428	\$-730851
Medicare Shortfalls	\$42051349	\$52681152	
Other Government Programs	\$0	\$0	
Total	\$44916926	\$56277580	\$-11360654

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2396322	\$3631135	\$-1234813
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$171822	\$-171822
Other Allocations	\$0	\$0	\$0

Comments

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