



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: HANCOCK REGIONAL HOSPITAL

City of Hospital: Greenfield

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Lori Forth

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Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$65489963
Outpatient Patient Service Revenue	\$343460853
Total Gross Patient Service Revenue	\$408950816

2. Deductions From Revenue

Contractual Allowance	\$261059318
Other Deductions	\$0
Total Deductions	\$261059318

3. Total Operating Revenue

Net Patient Service Revenue	\$147891497
Other Operating Revenue	\$10807325
Total Operating Revenue	\$158698822

4. Operating Expenses

Salaries and Wages	\$50744692	Employee Benefits	\$10270481
Depreciation and Amortization	\$10465717	Interest Expense	\$0
Bad Debt	\$12150921	Other Expenses	\$69213735
Total Operating Expenses	\$152845546		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5853276	Total Assets	\$283936312
Net Non-operating Gains over Loss	\$20328726	Total Liabilities	\$-283936312

Total Net Gains	\$26182002
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$226196051	\$180693492	\$45502559
Medicaid	\$40326597	\$29407337	\$10919260
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$142428168	\$50958490	\$91469678
Total	\$408950816	\$261059319	\$147891497

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$47878	\$0	\$47878

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	\$67468	\$181533	\$-114065
Hospital Patients	\$22959	\$50593	\$-27634
Community Education	\$280016	\$22234	\$257782

Number of Medical Professionals Trained	18
Number of Hospital Patients Educated	154
Number of Citizens Exposed to Health Education Messages	566293

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7009688	
HCI Payments	\$0		
Subtotal	\$0	\$7009688	\$-7009688
Medicaid Shortfalls	\$10181564	\$30306558	
Subtotal	\$10181564	\$37316246	\$-27134682
DSH Payments	\$2,738,412		
Subtotal	\$12919976	\$37316246	\$-24396270
Medicare Shortfalls	\$39378663	\$179852861	
Other Government Programs	\$0	\$0	
Total	\$52298639	\$217169107	\$-164870468

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$367937	\$772012	\$-404075
Community Assessment	\$0	\$4157	\$-4157
Provision of Taxes	\$0	\$523388	\$-523388
Other Allocations	\$0	\$0	\$0

Comments

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