



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: HENRY COUNTY HEALTH

City of Hospital: NEW CASTLE

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

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

Person Completing the Report: Rebecca Radford

Email Address: bradford@hcmhcares.org

Medicare Provider Number: 150030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$77437607
Outpatient Patient Service Revenue	\$198133019
Total Gross Patient Service Revenue	\$275570626

2. Deductions From Revenue

Contractual Allowance	\$191565520
Other Deductions	\$1656393
Total Deductions	\$193221913

3. Total Operating Revenue

Net Patient Service Revenue	\$82348713
Other Operating Revenue	\$7860333
Total Operating Revenue	\$90209046

4. Operating Expenses

Salaries and Wages	\$32775934	Employee Benefits	\$12649926
Depreciation and Amortization	\$5468328	Interest Expense	\$389626
Bad Debt	\$6784248	Other Expenses	\$36096363
Total Operating Expenses	\$94164425		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3955379	Total Assets	\$74083431
Net Non-operating Gains over Loss	\$1717025	Total Liabilities	\$23669183

Total Net Gains	\$-2238354
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$88957684	\$69241724	\$19715960
Medicaid	\$50664100	\$36214994	\$14449106
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$135948842	\$87765195	\$48183647
Total	\$275570626	\$193221913	\$82348713

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$46782	\$46782	\$0

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	\$1170488	\$-1170488
Hospital Patients	\$0	\$1558389	\$-1558389
Community Education	\$0	\$73293	\$-73293

Number of Medical Professionals Trained	234
Number of Hospital Patients Educated	128983
Number of Citizens Exposed to Health Education Messages	300000

Statement Six: Charity Statement

Hospital Charity Charges	\$1656393
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$507877	
HCI Payments	\$0		
Subtotal	\$0	\$507877	\$-507877
Medicaid Shortfalls	\$1154618	\$15534424	
Subtotal	\$1154618	\$16042301	\$-14887683
DSH Payments	\$2,261,715		
Subtotal	\$3416333	\$16042301	\$-12625968
Medicare Shortfalls	\$20904075	\$27275849	
Other Government Programs	\$0	\$0	
Total	\$24320408	\$43318150	\$-18997742

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$635604	\$-635604
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$25078	\$-25078
Other Allocations	\$0	\$18775	\$-18775

Comments

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