



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: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

Email Address: bcoffey2@hancockregional.org

Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$72333308 |
| Outpatient Patient Service Revenue | \$435201589 |
| Total Gross Patient Service Revenue | \$507534897 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$341849225 |
| Other Deductions | \$0 |
| Total Deductions | \$341849225 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$165685672 |
| Other Operating Revenue | \$11097960 |
| Total Operating Revenue | \$176783632 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages | \$65485569 | Employee Benefits | \$14833055 |
| Depreciation and Amortization | \$16177164 | Interest Expense | \$0 |
| Bad Debt | \$12936209 | Other Expenses | \$90171311 |
| Total Operating Expenses | \$199603308 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|-------------|-------------------|-------------|
| Excess Revenue over Expenses | \$-22819675 | Total Assets | \$324381968 |
| Net Non-operating Gains over Loss | \$-14893484 | Total Liabilities | \$22922260 |
| Total Net Gains | \$-37713159 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$277677989 | \$223712156 | \$53965833 |
| Medicaid | \$63623541 | \$46973038 | \$16650503 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$166233367 | \$71164031 | \$95069336 |
| Total | \$507534897 | \$341849225 | \$165685672 |

Statement Three: Donations Statement

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

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$40995 | \$152667 | \$-111672 |
| Hospital Patients | \$3553 | \$25939 | \$-22386 |
| Community Education | \$21703 | \$144463 | \$-122760 |

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|---|--------|
| Number of Medical Professionals Trained | 10 |
| Number of Hospital Patients Educated | 171 |
| Number of Citizens Exposed to Health Education Messages | 615000 |

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| Statement Six: Charity Statement |
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|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$3369941 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$3369941 | \$-3369941 |
| Medicaid Shortfalls | \$13026400 | \$48387516 | |
| Subtotal | \$13026400 | \$51757457 | \$-38731057 |
| DSH Payments | \$2,282,210 | | |

| | | | |
|---------------------------|------------|-------------|--------------|
| Subtotal | \$15308610 | \$51757457 | \$-36448847 |
| Medicare Shortfalls | \$42157125 | \$219956483 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$57465735 | \$271713940 | \$-214248205 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$580216 | \$823990 | \$-243774 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$1139294 | \$-1139294 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments