



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: HANCOCK REGIONAL HOSPITAL

City of Hospital: Greenfield

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

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Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$73473522
Outpatient Patient Service Revenue	\$498845655
Total Gross Patient Service Revenue	\$572319177

2. Deductions From Revenue

Contractual Allowance	\$403466606
Other Deductions	\$0
Total Deductions	\$403466606

3. Total Operating Revenue

Net Patient Service Revenue	\$168852570
Other Operating Revenue	\$18510784
Total Operating Revenue	\$187363354

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$12245308	2914
Medicaid	\$4514173	678
Commercial Insurance	\$10735566	1048
Self-pay	\$1606249	0
Any Other Category of Payer	\$0	0
Total	\$29101296	4640

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$38383403	69243
Medicaid	\$12716436	35784
Commercial Insurance	\$82481639	79106
Self-pay	\$6169796	0
Any Other Category of Payer	\$0	0
Total	\$139751274	184133

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	\$50628711	72157
Medicaid	\$17230609	36462
Commercial Insurance	\$93217205	80154
Self-pay	\$7776045	0
Any Other Category of Payer	\$0	0
Total	\$168852570	188773

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	\$12245308	2914
Medicaid	\$4514173	678
Commercial Insurance	\$10735566	1048
Self-pay	\$1606249	0
Any Other Category of Payer	\$0	0
Total	\$29101296	4640

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	\$38118198	68597
Medicaid	\$12683369	35283
Commercial Insurance	\$82287686	74927
Self-pay	\$6142667	0
Any Other Category of Payer	\$0	0
Total	\$139231920	178807

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	\$50363506	71511
Medicaid	\$17197542	35961
Commercial Insurance	\$93023252	75975
Self-pay	\$7748916	0
Any Other Category of Payer	\$0	0
Total	\$168333216	183447

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$265205	646
Medicaid	\$33067	501
Commercial Insurance	\$193953	4179
Self-pay	\$27129	0
Any Other Category of Payer	\$0	0
Total	\$519354	5326

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	\$265205	646
Medicaid	\$33067	501
Commercial Insurance	\$193953	4179
Self-pay	\$27129	0
Any Other Category of Payer	\$0	0
Total	\$519354	5326

13. Operating Expenses

Salaries and Wages	\$70633618	Employee Benefits	\$17025388
Depreciation and Amortization	\$14184658	Interest Expense	\$0
Bad Debt	\$12898501	Other Expenses	\$99147161
Total Operating Expenses	\$213889326		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-26525970	Total Assets	\$339146554
Net Non-operating Gains over Loss	\$12942978	Total Liabilities	\$34653742
Total Net Gains	\$-13582992		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$311194451	\$260565740	\$50628711
Medicaid	\$75899551	\$58668942	\$17230609
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$185225174	\$84231924	\$100993250
Total	\$572319176	\$403466606	\$168852570

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$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	\$63390	\$134285	\$-70895
Hospital Patients	\$85318	\$145845	\$-60527
Community Education	\$47878	\$125348	\$-77470

Number of Medical Professionals Trained	20
Number of Hospital Patients Educated	530
Number of Citizens Exposed to Health Education Messages	645000

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	\$2348879	
HCI Payments	\$0		
Subtotal	\$0	\$2348879	\$-2348879
Medicaid Shortfalls	\$17289653	\$60596445	
Subtotal	\$17289653	\$62945324	\$-45655671
DSH Payments	\$2,282,016		
Subtotal	\$19571669	\$62945324	\$-43373655
Medicare Shortfalls	\$46570739	\$271707820	
Other Government Programs	\$0	\$0	
Total	\$66142408	\$334653144	\$-268510736

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$814914	\$535491	\$279423
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1225536	\$-1225536
Other Allocations	\$0	\$0	\$0

Comments