



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (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	\$76768724
Outpatient Patient Service Revenue	\$487839803
<b>Total Gross Patient Service Revenue</b>	<b>\$564608527</b>

2. Deductions From Revenue

Contractual Allowance	\$394961514
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$394961514</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$169647014
Other Operating Revenue	\$8381530
<b>Total Operating Revenue</b>	<b>\$178028544</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$12957138	3700
Medicaid	\$4466303	691
Commercial Insurance	\$9520711	995
Self-pay	\$1717574	0
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$28661726</b>	<b>5386</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$40428268	88268
Medicaid	\$11676080	27863
Commercial Insurance	\$82277745	109678
Self-pay	\$6603194	0
Any Other Category of Payer	\$0	0
Total	\$140985287	225809

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	\$53385406	91968
Medicaid	\$16142383	28554
Commercial Insurance	\$91798456	110673
Self-pay	\$8320768	0
Any Other Category of Payer	\$0	0
Total	\$169647013	231195

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	\$12957138	3700
Medicaid	\$4466303	691
Commercial Insurance	\$9520711	995
Self-pay	\$1717574	0
Any Other Category of Payer	\$0	0
Total	\$28661726	5386

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	\$36520892	78694
Medicaid	\$10402390	23922
Commercial Insurance	\$76799674	64896
Self-pay	\$6502007	0
Any Other Category of Payer	\$0	0
Total	\$130224963	167512

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	\$49478030	82394
Medicaid	\$14868693	24613
Commercial Insurance	\$86320385	65891
Self-pay	\$8219582	0
Any Other Category of Payer	\$0	0
Total	\$158886690	172898

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	\$3907376	18302
Medicaid	\$1273690	6425
Commercial Insurance	\$5478071	53556
Self-pay	\$101186	0
Any Other Category of Payer	\$0	0
Total	\$10760323	78283

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	\$3907376	18302
Medicaid	\$1273690	6425
Commercial Insurance	\$5478071	53556
Self-pay	\$101186	0
Any Other Category of Payer	\$0	0
Total	\$10760323	78283

## 13. Operating Expenses

Salaries and Wages	\$71041709	Employee Benefits	\$15278974
Depreciation and Amortization	\$16194448	Interest Expense	\$0
Bad Debt	\$9417436	Other Expenses	\$93141348
Total Operating Expenses	\$205073915		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-27045372	Total Assets	\$332282071
Net Non-operating Gains over Loss	\$16974794	Total Liabilities	\$25638268
Total Net Gains	\$-10070578		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$312100369	\$258714963	\$53385406
Medicaid	\$75320504	\$59178121	\$16142383
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$177187654	\$77068430	\$100119224
Total	\$0	\$394961514	\$-394961514

## 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	\$42319	\$116880	\$-74561
Hospital Patients	\$5441	\$72391	\$-66950
Community Education	\$27069	\$154141	\$-127072

Number of Medical Professionals Trained	12
Number of Hospital Patients Educated	377
Number of Citizens Exposed to Health Education Messages	615000

## 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	\$3784902	
HCI Payments	\$0		
Subtotal	\$0	\$3784902	\$-3784902
Medicaid Shortfalls	\$16347417	\$58073738	
Subtotal	\$16347417	\$61858640	\$-45511223
DSH Payments	\$2,282,210		
Subtotal	\$18629627	\$61858640	\$-43229013
Medicare Shortfalls	\$43970610	\$252584645	
Other Government Programs	\$0	\$0	
Total	\$62600237	\$314443285	\$-251843048

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	\$596951	\$883306	\$-286355
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1054273	\$-1054273
Other Allocations	\$0	\$0	\$0

Comments

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