



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (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	\$75575234
Outpatient Patient Service Revenue	\$220909460
Total Gross Patient Service Revenue	\$296484694

2. Deductions From Revenue

Contractual Allowance	\$182963072
Other Deductions	\$0
Total Deductions	\$182963072

3. Total Operating Revenue

Net Patient Service Revenue	\$113521622
Other Operating Revenue	\$9116214
Total Operating Revenue	\$122637836

4. Operating Expenses

Salaries and Wages	\$40562682	Employee Benefits	\$10580241
Depreciation and Amortization	\$8554624	Interest Expense	\$0
Bad Debt	\$11862680	Other Expenses	\$47118649
Total Operating Expenses	\$118678876		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3958961	Total Assets	\$182369388
Net Non-operating Gains over Loss	\$5052927	Total Liabilities	\$-182369388

Total Net Gains	\$9011888
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$157543760	\$116423763	\$41119997
Medicaid	\$29309620	\$25574533	\$3735087
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109631314	\$40964776	\$68666538
Total	\$296484694	\$182963072	\$113521622

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$172951	\$0	\$172951

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	\$45060	\$236860	\$-191800
Hospital Patients	\$20414	\$51088	\$-30674
Community Education	\$23241	\$178857	\$-155616

Number of Medical Professionals Trained	11
Number of Hospital Patients Educated	177
Number of Citizens Exposed to Health Education Messages	539490

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	\$4383685	
HCI Payments	\$0		
Subtotal	\$0	\$4383685	\$-4383685
Medicaid Shortfalls	\$4702820	\$26847661	
Subtotal	\$4702820	\$31231346	\$-26528526
DSH Payments	\$1,825,609		
Subtotal	\$6528429	\$31231346	\$-24702917
Medicare Shortfalls	\$26569269	\$106238179	
Other Government Programs	\$0	\$0	
Total	\$33097698	\$137469525	\$-104371827

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	\$483694	\$555407	\$-71713
Community Assessment	\$0	\$31593	\$-31593
Provision of Taxes	\$0	\$285944	\$-285944
Other Allocations	\$0	\$0	\$0

Comments

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