



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: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (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
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$62257145
Outpatient Patient Service Revenue	\$141942806
Total Gross Patient Service Revenue	\$204199951

2. Deductions From Revenue

Contractual Allowance	\$107627222
Other Deductions	\$0
Total Deductions	\$107627222

3. Total Operating Revenue

Net Patient Service Revenue	\$96572729
Other Operating Revenue	\$9359345
Total Operating Revenue	\$105932074

4. Operating Expenses

Salaries and Wages	\$37901199	Employee Benefits	\$10628161
Depreciation and Amortization	\$7372736	Interest Expense	\$1494533
Bad Debt	\$9692799	Other Expenses	\$36345622
Total Operating Expenses	\$103435050		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2497025	Total Assets	\$158275688
Net Non-operating Gains over Loss	\$5805963	Total Liabilities	\$-158275688
Total Net Gains	\$8302988		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$104594188	\$73719808	\$30874380
Medicaid	\$16776718	\$9928549	\$6848169
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$82829045	\$23978865	\$58850180
Total	\$204199951	\$107627222	\$96572729

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$36512	\$0	\$36512

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	\$64750	\$184522	\$-119772
Hospital Patients	\$0	\$34807	\$-34807
Community Education	\$28105	\$99118	\$-71013

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Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	203
Number of Citizens Exposed to Health Education Messages	92998

Statement Six: Charity Statement

Hospital Charity Charges	\$4599011
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5130932	
HCI Payments	\$0		
Subtotal	\$0	\$5130932	\$-5130932
Medicaid Shortfalls	\$3142401	\$9860581	
Subtotal	\$3142401	\$9860581	\$-6718180
DSH Payments	\$3,926,276		
Subtotal	\$7068677	\$9860581	\$-2791904
Medicare Shortfalls	\$16917722	\$62581834	
Other Government Programs	\$0	\$0	
Total	\$23986399	\$72442415	\$-48456016

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$312134	\$528111	\$-215977
Community Assessment	\$0	\$110647	\$-110647
Provision of Taxes	\$6401	\$292290	\$-285889
Other Allocations	\$0	\$0	\$0

Comments



