



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Lori Forth

Email Address: lforth@hancockregional.org

Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67655704
Outpatient Patient Service Revenue	\$187807554
Total Gross Patient Service Revenue	\$255463258

2. Deductions From Revenue

Contractual Allowance	\$150888867
Other Deductions	\$0
Total Deductions	\$150888867

3. Total Operating Revenue

Net Patient Service Revenue	\$104574392
Other Operating Revenue	\$8558853
Total Operating Revenue	\$113133245

4. Operating Expenses

Salaries and Wages	\$37356390	Employee Benefits	\$8635575
Depreciation and Amortization	\$8235293	Interest Expense	\$0
Bad Debt	\$9655240	Other Expenses	\$43578791
Total Operating Expenses	\$107461289		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5671955	Total Assets	\$0
Net Non-operating Gains over Loss	\$-1983924	Total Liabilities	\$0

Total Net Gains	\$3688031
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$143824003	\$103172343	\$40651660
Medicaid	\$14619579	\$13655282	\$964297
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$97019676	\$34061241	\$62958435
Total	\$255463258	\$150888866	\$104574392

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$18119.38	\$0	\$18119.38

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	\$53132	\$194166	\$-141034
Hospital Patients	\$0	\$0	\$0
Community Education	\$28729	\$111576	\$-82847

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	163665

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4253653	
HCI Payments	\$0		
Subtotal	\$0	\$4253653	\$-4253653
Medicaid Shortfalls	\$4517771	\$22064068	
Subtotal	\$4517771	\$26317721	\$-21799950
DSH Payments	\$2,187,344		
Subtotal	\$6705115	\$26317721	\$-19612606
Medicare Shortfalls	\$26849839	\$106271365	
Other Government Programs	\$0	\$0	
Total	\$33554954	\$132589086	\$-99034132

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$324159.00	\$483611.80	\$-159452.8
Community Assessment	\$0	\$107827	\$-107827
Provision of Taxes	\$0	\$273879.56	\$-273879.56
Other Allocations	\$0	\$0	\$0

Comments

//