



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: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

Email Address: bcoffey2@hancockregional.org

Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$76561650
Outpatient Patient Service Revenue	\$366035245
Total Gross Patient Service Revenue	\$442596895

2. Deductions From Revenue

Contractual Allowance	\$289069496
Other Deductions	\$0
Total Deductions	\$289069496

3. Total Operating Revenue

Net Patient Service Revenue	\$153527399
Other Operating Revenue	\$16220835
Total Operating Revenue	\$169748234

4. Operating Expenses

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Salaries and Wages	\$59673966	Employee Benefits	\$13586049
Depreciation and Amortization	\$15613820	Interest Expense	\$0
Bad Debt	\$10446061	Other Expenses	\$73447579
Total Operating Expenses	\$172767475		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3019242	Total Assets	\$341550919
Net Non-operating Gains over Loss	\$16265875	Total Liabilities	\$20761087
Total Net Gains	\$13246633		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$233562459	\$186094455	\$47468004
Medicaid	\$55032928	\$41614428	\$13418500
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$154001508	\$61360613	\$92640895
Total	\$442596895	\$289069496	\$153527399

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	\$53390	\$154993	\$-101603
Hospital Patients	\$5377	\$56379	\$-51002
Community Education	\$14831	\$136015	\$-121184

Number of Medical Professionals Trained	34
Number of Hospital Patients Educated	143
Number of Citizens Exposed to Health Education Messages	601000

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	\$3269237	
HCI Payments	\$0		
Subtotal	\$0	\$3269237	\$-3269237
Medicaid Shortfalls	\$13223246	\$44189141	
Subtotal	\$13223246	\$47458378	\$-34235132
DSH Payments	\$2,282,010		

Subtotal	\$15505256	\$47458378	\$-31953122
Medicare Shortfalls	\$39007728	\$184985493	
Other Government Programs	\$0	\$0	
Total	\$54512984	\$232443871	\$-177930887

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$525135	\$759441	\$-234306
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$569798	\$-569798
Other Allocations	\$0	\$0	\$0

Comments

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