



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: HENRY COUNTY HEALTH

City of Hospital: New Castle

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

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

Person Completing the Report: Rebecca Radford

Email Address: bradford@hcmhcares.org

Medicare Provider Number: 150030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$87499070
Outpatient Patient Service Revenue	\$261986119
Total Gross Patient Service Revenue	\$349485189

2. Deductions From Revenue

Contractual Allowance	\$247024362
Other Deductions	\$1218162
Total Deductions	\$248242524

3. Total Operating Revenue

Net Patient Service Revenue	\$101242665
Other Operating Revenue	\$6928328
Total Operating Revenue	\$108170993

4. Operating Expenses

Salaries and Wages	\$39521579	Employee Benefits	\$12828704
Depreciation and Amortization	\$5229787	Interest Expense	\$162766
Bad Debt	\$5032215	Other Expenses	\$48488357
Total Operating Expenses	\$111263408		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3092415	Total Assets	\$102358884
Net Non-operating Gains over Loss	\$2420550	Total Liabilities	\$36165662
Total Net Gains	\$-671865		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$99722411	\$75544489	\$24177922
Medicaid	\$67768902	\$51919060	\$15849842
Other Government	\$0	\$0	\$0
Other State	IN	\$0	\$0
Other Payers	\$181993876	\$120778975	\$61214901
Total	\$0	\$248242524	\$-248242524

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	\$0	\$952413	\$-952413
Hospital Patients	\$0	\$2394725	\$-2394725
Community Education	\$0	\$19240	\$-19240

Number of Medical Professionals Trained	235
Number of Hospital Patients Educated	136717
Number of Citizens Exposed to Health Education Messages	300000

Statement Six: Charity Statement

Hospital Charity Charges	\$1218162
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$373178	
HCI Payments	\$0		
Subtotal	\$0	\$373178	\$-373178
Medicaid Shortfalls	\$1215936	\$21888271	
Subtotal	\$1215936	\$22261449	\$-21045513
DSH Payments	\$2,261,715		

	Subtotal	\$3477651	\$22261449	\$-18783798
Medicare Shortfalls		\$21883082	\$30549480	
Other Government Programs		\$0	\$0	
	Total	\$25360733	\$52810929	\$-27450196

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$595608	\$-595608
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$29087	\$-29087
Other Allocations	\$0	\$17540	\$-17540

Comments

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