



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: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (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	\$60296496
Outpatient Patient Service Revenue	\$306881325
Total Gross Patient Service Revenue	\$367177821

2. Deductions From Revenue

Contractual Allowance	\$232783662
Other Deductions	\$0
Total Deductions	\$232783662

3. Total Operating Revenue

Net Patient Service Revenue	\$134394159
Other Operating Revenue	\$11679786
Total Operating Revenue	\$146073945

4. Operating Expenses

Salaries and Wages	\$47561082	Employee Benefits	\$9555559
Depreciation and Amortization	\$9111417	Interest Expense	\$0
Bad Debt	\$12122423	Other Expenses	\$64808220
Total Operating Expenses	\$143158701		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$2915244	Total Assets	\$240166619
Net Non-operating Gains over Loss	\$-5561374	Total Liabilities	\$-240166619
Total Net Gains	\$-2646130		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$201323556	\$160324222	\$40999334
Medicaid	\$39864103	\$28917481	\$10946622
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$125990162	\$43541960	\$82448202
Total	\$367177821	\$232783663	\$134394158

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$232438	\$0	\$232438

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	\$45560	\$244654	\$-199094
Hospital Patients	\$26655	\$54328	\$-27673
Community Education	\$200977	\$25712	\$175265

Number of Medical Professionals Trained

12

Number of Hospital Patients Educated	\$232
Number of Citizens Exposed to Health Education Messages	560686

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	\$4997665	
HCI Payments	\$0		
Subtotal	\$0	\$4997665	\$-4997665
Medicaid Shortfalls	\$11525748	\$35361357	
Subtotal	\$11525748	\$40359022	\$-28833274
DSH Payments	\$1,825,609		
Subtotal	\$13351357	\$40359022	\$-27007665
Medicare Shortfalls	\$34070924	\$155586216	
Other Government Programs	\$0	\$0	
Total	\$47422281	\$195945238	\$-148522957

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$312849	\$720772	\$-407923
Community Assessment	\$0	\$6359	\$-6359
Provision of Taxes	\$0	\$543612	\$-543612
Other Allocations	\$0	\$0	\$0

Comments

