



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: MARGARET MARY COMMUNITY HOSPITAL

City of Hospital: BATESVILLE

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

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

Person Completing the Report: Brian Daeger

Email Address: brian.daeger@mmch.org

Medicare Provider Number: 151329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28316077
Outpatient Patient Service Revenue	\$146319484
Total Gross Patient Service Revenue	\$174635561

2. Deductions From Revenue

Contractual Allowance	\$78054577
Other Deductions	\$2311419
Total Deductions	\$80365996

3. Total Operating Revenue

Net Patient Service Revenue	\$94269565
Other Operating Revenue	\$1085188
Total Operating Revenue	\$95354753

4. Operating Expenses

Salaries and Wages	\$33485825	Employee Benefits	\$11683149
Depreciation and Amortization	\$6604375	Interest Expense	\$1159736
Bad Debt	\$7083404	Other Expenses	\$29066226
Total Operating Expenses	\$89082715		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$6272038	Total Assets	\$150367370
Net Non-operating Gains over Loss	\$-1677715	Total Liabilities	\$43477885
Total Net Gains	\$4594323		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$64440522	\$36164698	\$28275824
Medicaid	\$10128863	\$7232940	\$2895923
Other Government	\$17638192	\$10447580	\$7190612
Other State	\$5588338	\$4018300	\$1570038
Other Payers	\$76839646	\$22502478	\$54337168
Total	\$174635561	\$80365996	\$94269565

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$244301	\$182833	\$61468

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$162144	\$-162144

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$361255	\$-361255
Hospital Patients	\$0	\$79364	\$-79364
Community Education	\$82159	\$1307493	\$-1225334

Number of Medical Professionals Trained	465
Number of Hospital Patients Educated	1679
Number of Citizens Exposed to Health Education Messages	118894

Statement Six: Charity Statement

Hospital Charity Charges	\$2311419
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$25405	\$882361	
HCI Payments	\$0		
Subtotal	\$25405	\$882361	\$-856956
Medicaid Shortfalls	\$1713186	\$3694792	
Subtotal	\$1738591	\$4577153	\$-2838562
DSH Payments	\$0		
Subtotal	\$1738591	\$4577153	\$-2838562
Medicare Shortfalls	\$21139257	\$22581807	
Other Government Programs	\$0	\$0	
Total	\$22877848	\$27158960	\$-4281112

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$82159	\$1307493	\$-1225334
Community Assessment	\$0	\$266552	\$-266552
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments