



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARGARET MARY HEALTH

City of Hospital: Batesville

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

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

Person Completing the Report: CRAIG GILLILAND

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Medicare Provider Number: 15-1329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$39137778
Outpatient Patient Service Revenue	\$249420561
Total Gross Patient Service Revenue	\$288558339

2. Deductions From Revenue

Contractual Allowance	\$161585468
Other Deductions	\$1634136
Total Deductions	\$163219604

3. Total Operating Revenue

Net Patient Service Revenue	\$125338735
Other Operating Revenue	\$4819598
Total Operating Revenue	\$130158333

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6951890	\$1116
Medicaid	\$1551981	\$599
Commercial Insurance	\$11593275	\$971
Self-pay	\$1138557	\$78
Any Other Category of Payer	\$1311785	\$0
Total	\$22547488	\$2764

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$35145209	\$84552
Medicaid	\$4327956	\$40859
Commercial Insurance	\$48739455	\$100447
Self-pay	\$2518337	\$5710
Any Other Category of Payer	\$6314697	\$2635
Total	\$97045654	\$234203

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$42097099	\$85668
Medicaid	\$5879937	\$41458
Commercial Insurance	\$60332730	\$101418
Self-pay	\$3656894	\$5788
Any Other Category of Payer	\$7626482	\$2635
Total	\$119593142	\$236967

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6818681	\$479
Medicaid	\$1417482	\$126
Commercial Insurance	\$10705061	\$192
Self-pay	\$1049441	\$24
Any Other Category of Payer	\$1311785	\$0
Total	\$21302450	\$821

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$31983471	\$75645
Medicaid	\$3473335	\$34270
Commercial Insurance	\$44610107	\$90161
Self-pay	\$2147982	\$4744
Any Other Category of Payer	\$6275697	\$2434
Total	\$88490592	\$207254

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$38802152	\$76124
Medicaid	\$4890817	\$34396
Commercial Insurance	\$55315168	\$90353
Self-pay	\$3197423	\$4768
Any Other Category of Payer	\$7587482	\$2434
Total	\$109793042	\$208075

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$133209	\$637
Medicaid	\$134499	\$473
Commercial Insurance	\$888214	\$779
Self-pay	\$89116	\$54
Any Other Category of Payer	\$0	\$0
Total	\$1245038	\$1943

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3161738	\$8907
Medicaid	\$854621	\$6589
Commercial Insurance	\$4129348	\$10286
Self-pay	\$370355	\$966
Any Other Category of Payer	\$39000	\$201
Total	\$8555062	\$26949

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3294947	\$9544
Medicaid	\$989120	\$7062
Commercial Insurance	\$5017562	\$11065
Self-pay	\$459471	\$1020
Any Other Category of Payer	\$39000	\$201
Total	\$9800100	\$28892

13. Operating Expenses

Salaries and Wages	\$50986147	Employee Benefits	\$14139194
Depreciation and Amortization	\$7677973	Interest Expense	\$784230
Bad Debt	\$5745593	Other Expenses	\$46589054
Total Operating Expenses	\$125922191		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4236142	Total Assets	\$206757803
Net Non-operating Gains over Loss	\$14569072	Total Liabilities	\$52058039
Total Net Gains	\$18805214		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$88922570	\$60565439	\$28357131
Medicaid	\$3866252	\$1660875	\$2205377
Other Government	\$47910520	\$34974680	\$12935840
Other State	\$37921026	\$31095241	\$6825785
Other Payers	\$109937972	\$34923370	\$75014602
Total	\$288558340	\$163219605	\$125338735

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$139639	\$250651	\$-111012

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$77930	\$-77930

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$451379	\$-451379
Hospital Patients	\$0	\$88651	\$-88651
Community Education	\$121590	\$1297398	\$-1175808

Number of Medical Professionals Trained	519
Number of Hospital Patients Educated	1632
Number of Citizens Exposed to Health Education Messages	186628

Statement Six: Charity Statement

Hospital Charity Charges	\$1634136
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$496973	
HCI Payments	\$0		
Subtotal	\$0	\$496973	\$-496973
Medicaid Shortfalls	\$7361915	\$8754084	
Subtotal	\$7361915	\$9251057	\$-1889142
DSH Payments	\$0		
Subtotal	\$7361915	\$9251057	\$-1889142
Medicare Shortfalls	\$34715970	\$37088410	
Other Government Programs	\$0	\$0	
Total	\$42077885	\$46339467	\$-4261582

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$9182157	\$-9182157
Community Assessment	\$0	\$3327	\$-3327
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments