



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: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (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	\$28860211
Outpatient Patient Service Revenue	\$281500843
Total Gross Patient Service Revenue	\$310361054

2. Deductions From Revenue

Contractual Allowance	\$177961794
Other Deductions	\$1098134
Total Deductions	\$179059928

3. Total Operating Revenue

Net Patient Service Revenue	\$131301126
Other Operating Revenue	\$6145731
Total Operating Revenue	\$137446857

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5724887	\$1142
Medicaid	\$1107227	\$613
Commercial Insurance	\$7314318	\$1014
Self-pay	\$519017	\$67
Any Other Category of Payer	\$873146	\$3
Total	\$15538595	\$2839

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$39523438	\$92237
Medicaid	\$7983555	\$48343
Commercial Insurance	\$53272673	\$105114
Self-pay	\$2153754	\$5766
Any Other Category of Payer	\$6046657	\$2430
Total	\$108980077	\$253890

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	\$45248325	\$93379
Medicaid	\$9090782	\$48956
Commercial Insurance	\$60586991	\$106128
Self-pay	\$2672771	\$5833
Any Other Category of Payer	\$6919803	\$2433
Total	\$124518672	\$256729

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	\$5512615	\$529
Medicaid	\$1067845	\$97
Commercial Insurance	\$7046201	\$313
Self-pay	\$506778	\$18
Any Other Category of Payer	\$873146	\$3
Total	\$15006585	\$960

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	\$36694621	\$83101
Medicaid	\$6795369	\$41086
Commercial Insurance	\$50105083	\$94347
Self-pay	\$1931425	\$4870
Any Other Category of Payer	\$6012297	\$2191
Total	\$101538795	\$225595

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	\$42207236	\$83630
Medicaid	\$7863214	\$41183
Commercial Insurance	\$57151284	\$94660
Self-pay	\$2438203	\$4888
Any Other Category of Payer	\$6885443	\$2194
Total	\$116545380	\$226555

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	\$212272	\$613
Medicaid	\$39382	\$516
Commercial Insurance	\$268117	\$701
Self-pay	\$12239	\$49
Any Other Category of Payer	\$0	\$0
Total	\$532010	\$1879

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	\$2828817	\$9136
Medicaid	\$1188186	\$7257
Commercial Insurance	\$3167590	\$10767
Self-pay	\$222329	\$896
Any Other Category of Payer	\$34360	\$239
Total	\$7441282	\$28295

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	\$3041089	\$9749
Medicaid	\$1227568	\$7773
Commercial Insurance	\$3435707	\$11468
Self-pay	\$234568	\$945
Any Other Category of Payer	\$34360	\$239
Total	\$7973292	\$30174

13. Operating Expenses

Salaries and Wages	\$51701274	Employee Benefits	\$18084181
Depreciation and Amortization	\$7641056	Interest Expense	\$713666
Bad Debt	\$6782454	Other Expenses	\$50839667
Total Operating Expenses	\$135762298		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1684559	Total Assets	\$176753361
Net Non-operating Gains over Loss	\$-12260545	Total Liabilities	\$32531029
Total Net Gains	\$-10575986		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$90343688	\$61252504	\$29091184
Medicaid	\$3872629	\$1663614	\$2209015
Other Government	\$59841262	\$43684122	\$16157140
Other State	\$41450015	\$34568248	\$6881767
Other Payers	\$114853460	\$37891441	\$76962019
Total	\$310361054	\$179059929	\$131301125

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$175735	\$279352	\$-103617

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$94908	\$-94908

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$547018	\$-547018
Hospital Patients	\$0	\$82898	\$-82898
Community Education	\$106639	\$1159577	\$-1052938

Number of Medical Professionals Trained	564
Number of Hospital Patients Educated	1257
Number of Citizens Exposed to Health Education Messages	170784

Statement Six: Charity Statement

Hospital Charity Charges	\$1098134
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$341190	
HCI Payments	\$0		
Subtotal	\$0	\$341190	\$-341190
Medicaid Shortfalls	\$7138759	\$8833975	
Subtotal	\$7138759	\$9175165	\$-2036406
DSH Payments	\$0		
Subtotal	\$7138759	\$9175165	\$-2036406
Medicare Shortfalls	\$31105255	\$33225078	
Other Government Programs	\$0	\$0	
Total	\$38244014	\$42400243	\$-4156229

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$8068941	\$-8068941
Community Assessment	\$0	\$4102	\$-4102
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments