



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (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	\$31093072
Outpatient Patient Service Revenue	\$156184355
Total Gross Patient Service Revenue	\$187277427

2. Deductions From Revenue

Contractual Allowance	\$86212577
Other Deductions	\$2590384
Total Deductions	\$88802961

3. Total Operating Revenue

Net Patient Service Revenue	\$98474466
Other Operating Revenue	\$1163494
Total Operating Revenue	\$99637960

4. Operating Expenses

Salaries and Wages	\$38232191	Employee Benefits	\$11290905
Depreciation and Amortization	\$6863375	Interest Expense	\$1112217
Bad Debt	\$7183005	Other Expenses	\$29784127
Total Operating Expenses	\$94465820		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5172140	Total Assets	\$158261976
Net Non-operating Gains over Loss	\$5369713	Total Liabilities	\$40830638

Total Net Gains	\$10541853
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$65172545	\$32857096	\$32315449
Medicaid	\$10674813	\$7193040	\$3481773
Other Government	\$19476852	\$12876429	\$6600423
Other State	\$9738426	\$7370646	\$2367780
Other Payers	\$82214791	\$28505750	\$53709041
Total	\$187277427	\$88802961	\$98474466

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$83219	\$159166	\$-75947

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$142908	\$-142908

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$397955	\$-397955
Hospital Patients	\$0	\$80576	\$-80576
Community Education	\$108357	\$1261109	\$-1152752

Number of Medical Professionals Trained	510
Number of Hospital Patients Educated	1694
Number of Citizens Exposed to Health Education Messages	134075

Statement Six: Charity Statement
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Hospital Charity Charges	\$2590384
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$18064	\$939403	
HCI Payments	\$0		
Subtotal	\$18064	\$939403	\$-921339
Medicaid Shortfalls	\$1407608	\$3388194	
Subtotal	\$1425672	\$4327597	\$-2901925
DSH Payments	\$0		
Subtotal	\$1425672	\$4327597	\$-2901925
Medicare Shortfalls	\$24042132	\$24833071	
Other Government Programs	\$0	\$0	
Total	\$25467804	\$29160668	\$-3692864

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$108357	\$1261109	\$-1152752
Community Assessment	\$0	\$351995	\$-351995
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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