



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: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (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	\$31417205
Outpatient Patient Service Revenue	\$221989756
Total Gross Patient Service Revenue	\$253406961

2. Deductions From Revenue

Contractual Allowance	\$136118617
Other Deductions	\$1568500
Total Deductions	\$137687117

3. Total Operating Revenue

Net Patient Service Revenue	\$115719828
Other Operating Revenue	\$7827828
Total Operating Revenue	\$123547656

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6816065	\$980
Medicaid	\$1308754	\$529
Commercial Insurance	\$8841696	\$873
Self-pay	\$457689	\$58
Any Other Category of Payer	\$864004	\$1
Total	\$18288208	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$31418790	\$75858
Medicaid	\$5669464	\$39302
Commercial Insurance	\$46008811	\$92898
Self-pay	\$2249722	\$5617
Any Other Category of Payer	\$5393937	\$2301
Total	\$90740724	\$0

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	\$38234855	\$76838
Medicaid	\$6978218	\$39831
Commercial Insurance	\$54850507	\$93771
Self-pay	\$2707411	\$5675
Any Other Category of Payer	\$6257942	\$2302
Total	\$109028933	\$0

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	\$6707829	\$456
Medicaid	\$1212055	\$124
Commercial Insurance	\$7951466	\$175
Self-pay	\$385137	\$24
Any Other Category of Payer	\$863357	\$0
Total	\$17119844	\$0

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	\$28735671	\$68271
Medicaid	\$4835153	\$34587
Commercial Insurance	\$42979928	\$84099
Self-pay	\$1841732	\$4613
Any Other Category of Payer	\$5143611	\$2085
Total	\$83536095	\$0

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	\$35443500	\$68727
Medicaid	\$6047208	\$34711
Commercial Insurance	\$50931394	\$84274
Self-pay	\$2226869	\$4637
Any Other Category of Payer	\$6006968	\$2085
Total	\$100655939	\$0

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	\$108236	\$524
Medicaid	\$96699	\$405
Commercial Insurance	\$890230	\$698
Self-pay	\$72552	\$34
Any Other Category of Payer	\$648	\$1
Total	\$1168365	\$0

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	\$2683119	\$7587
Medicaid	\$834311	\$4715
Commercial Insurance	\$3028883	\$8799
Self-pay	\$407990	\$1004
Any Other Category of Payer	\$250326	\$216
Total	\$7204629	\$0

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	\$2791355	\$8111
Medicaid	\$931010	\$5120
Commercial Insurance	\$3919113	\$9497
Self-pay	\$480542	\$1038
Any Other Category of Payer	\$250974	\$217
Total	\$8372994	\$0

13. Operating Expenses

Salaries and Wages	\$48567966	Employee Benefits	\$13059038
Depreciation and Amortization	\$8267350	Interest Expense	\$871711
Bad Debt	\$6690912	Other Expenses	\$45985101
Total Operating Expenses	\$123442078		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$105594	Total Assets	\$191467966
Net Non-operating Gains over Loss	\$8715260	Total Liabilities	\$55654917
Total Net Gains	\$8820854		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$77947241	\$53090108	\$24857133
Medicaid	\$5161454	\$2217271	\$2944183
Other Government	\$39126679	\$28562476	\$10564203
Other State	\$30404418	\$24931623	\$5472795
Other Payers	\$100767169	\$28885639	\$71881530
Total	\$253406961	\$137687117	\$115719844

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$351275	\$206976	\$144299

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$69060	\$-69060

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2	\$416977	\$-416975
Hospital Patients	\$0	\$70115	\$-70115
Community Education	\$159675	\$1605446	\$-1445771

Number of Medical Professionals Trained	500
Number of Hospital Patients Educated	1501
Number of Citizens Exposed to Health Education Messages	192400

Statement Six: Charity Statement

Hospital Charity Charges	\$1568500
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$490784	
HCI Payments	\$0		
Subtotal	\$0	\$490784	\$-490784
Medicaid Shortfalls	\$5913681	\$6933238	
Subtotal	\$5913681	\$7424022	\$-1510341
DSH Payments	\$0		
Subtotal	\$5913681	\$7424022	\$-1510341
Medicare Shortfalls	\$31270840	\$34567330	
Other Government Programs	\$0	\$0	
Total	\$37184521	\$41991352	\$-4806831

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6649576	\$-6649576
Community Assessment	\$0	\$622	\$-622
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments