



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: CRAIG GILLILAND

Email Address: craig.gilliland@mmhealth.org

Medicare Provider Number: 151329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32188140
Outpatient Patient Service Revenue	\$303983651
Total Gross Patient Service Revenue	\$336171791

2. Deductions From Revenue

Contractual Allowance	\$198063392
Other Deductions	\$1094059
Total Deductions	\$199157451

3. Total Operating Revenue

Net Patient Service Revenue	\$137014340
Other Operating Revenue	\$1860453
Total Operating Revenue	\$138874793

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5056384	902
Medicaid	\$1009056	513
Commercial Insurance	\$5677191	760
Self-pay	\$203136	58
Any Other Category of Payer	\$301590	11
Total	\$12247357	2244

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$41176338	101278
Medicaid	\$8016727	54381
Commercial Insurance	\$55572335	108433
Self-pay	\$3365376	6101
Any Other Category of Payer	\$7532841	1992
Total	\$115663617	272185

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	\$46232722	102180
Medicaid	\$9025783	54894
Commercial Insurance	\$61249526	109193
Self-pay	\$3568512	6159
Any Other Category of Payer	\$7834431	2003
Total	\$127910974	274429

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	\$4780045	208
Medicaid	\$993584	113
Commercial Insurance	\$5636615	249
Self-pay	\$198311	18
Any Other Category of Payer	\$301590	6
Total	\$11910145	594

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	\$37394360	89925
Medicaid	\$6513921	50093
Commercial Insurance	\$51126527	99913
Self-pay	\$2699596	4412
Any Other Category of Payer	\$7326622	2264
Total	\$105061026	246607

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	\$42174405	89633
Medicaid	\$7507505	50746
Commercial Insurance	\$56763142	100522
Self-pay	\$2897907	4430
Any Other Category of Payer	\$7628212	1870
Total	\$116971171	247201

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	\$276339	694
Medicaid	\$15472	360
Commercial Insurance	\$40576	551
Self-pay	\$4825	40
Any Other Category of Payer	\$0	5
Total	\$337212	1650

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	\$3781978	11253
Medicaid	\$1502806	4288
Commercial Insurance	\$4445808	8120
Self-pay	\$665780	1689
Any Other Category of Payer	\$206219	228
Total	\$10602591	25578

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	\$4058317	12547
Medicaid	\$1518278	4148
Commercial Insurance	\$4486384	8671
Self-pay	\$670605	1729
Any Other Category of Payer	\$206219	133
Total	\$10939803	27228

13. Operating Expenses

Salaries and Wages	\$51964973	Employee Benefits	\$14731771
Depreciation and Amortization	\$7143102	Interest Expense	\$670577
Bad Debt	\$9103366	Other Expenses	\$52456175
Total Operating Expenses	\$136069964		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2804829	Total Assets	\$185299737
Net Non-operating Gains over Loss	\$12865967	Total Liabilities	\$25288617
Total Net Gains	\$15670796		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$163119932	\$116887210	\$46232722
Medicaid	\$56065779	\$47039996	\$9025783
Other Government	\$1062799	\$637679	\$425120
Other State	\$0	\$0	\$0
Other Payers	\$115923281	\$43695932	\$72227349
Total	\$336171791	\$208260817	\$127910974

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$207666	\$164845	\$42821

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$121069	\$-121069

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$545645	\$-545645
Hospital Patients	\$0	\$94970	\$-94970
Community Education	\$106714	\$757981	\$-651267

Number of Medical Professionals Trained	107
Number of Hospital Patients Educated	2621
Number of Citizens Exposed to Health Education Messages	91505

Statement Six: Charity Statement

Hospital Charity Charges	\$1094059
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$311807	
HCI Payments	\$0		
Subtotal	\$0	\$311807	\$-311807
Medicaid Shortfalls	\$9025783	\$27566222	
Subtotal	\$9025783	\$27566222	\$-18540439
DSH Payments	\$0		
Subtotal	\$9025783	\$27566222	\$-18540439
Medicare Shortfalls	\$46232722	\$54412788	
Other Government Programs	\$0	\$0	
Total	\$55258505	\$81979010	\$-26720505

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6987697	\$-6987697
Community Assessment	\$0	\$6049	\$-6049
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//