



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: MARION GENERAL HOSPITAL

City of Hospital: MARION

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Karen Chalk

Email Address: karen.chalk@mgh.net

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$103866980
Outpatient Patient Service Revenue	\$456530691
<b>Total Gross Patient Service Revenue</b>	<b>\$560397671</b>

2. Deductions From Revenue

Contractual Allowance	\$359713655
Other Deductions	\$17215922
<b>Total Deductions</b>	<b>\$376929577</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$183468094
Other Operating Revenue	\$3232665
<b>Total Operating Revenue</b>	<b>\$186700759</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8897057	\$5522
Medicaid	\$4755611	\$1833
Commercial Insurance	\$4198509	\$2934
Self-pay	\$13388	\$87
Any Other Category of Payer	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$10616118	\$153295
Medicaid	\$6942973	\$52317
Commercial Insurance	\$21060936	\$105940
Self-pay	\$116618	\$5623
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$19513175	\$158817
Medicaid	\$11698584	\$54150
Commercial Insurance	\$25259445	\$108874
Self-pay	\$130005	\$5710
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$13260409	\$2121
Medicaid	\$5232466	\$1218
Commercial Insurance	\$3627002	\$828
Self-pay	\$243240	\$66
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$51015677	\$78713
Medicaid	\$28468545	\$52965
Commercial Insurance	\$13590838	\$59327
Self-pay	\$2028697	\$6522
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$64276086	\$80834
Medicaid	\$33701011	\$54183
Commercial Insurance	\$17217840	\$60155
Self-pay	\$2271936	\$6588
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$4483669	\$83071
Medicaid	\$3112160	\$59250
Commercial Insurance	\$1712296	\$62466
Self-pay	\$91886	\$6580
Any Other Category of Payer	\$0	\$0
Total	\$0	\$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	\$4483669	\$83071
Medicaid	\$3112160	\$59250
Commercial Insurance	\$1712296	\$62466
Self-pay	\$91886	\$6580
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$79792097	Employee Benefits	\$19331337
Depreciation and Amortization	\$10233073	Interest Expense	\$2589721
Bad Debt	\$-94978	Other Expenses	\$98394396
Total Operating Expenses	\$210245646		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-23544887	Total Assets	\$521524123
Net Non-operating Gains over Loss	\$24785514	Total Liabilities	\$168752104
Total Net Gains	\$1240627		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$244686334	\$193541029	\$51145305
Medicaid	\$130498782	\$103414076	\$27084706
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$185212556	\$79974472	\$105238084
Total	\$560397672	\$376929577	\$183468095

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$329419	\$-329419

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3480	\$-3480

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1858831	\$-1858831
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$361707	\$-361707

Number of Medical Professionals Trained	909
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	77958

Statement Six: Charity Statement

Hospital Charity Charges	\$8642087
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3331525	
HCI Payments	\$0		
Subtotal	\$0	\$3331525	\$-3331525
Medicaid Shortfalls	\$35647528	\$59756071	
Subtotal	\$35647528	\$63087596	\$-27440068
DSH Payments	\$906,806		
Subtotal	\$36554334	\$63087596	\$-26533262
Medicare Shortfalls	\$50680626	\$94326582	
Other Government Programs	\$0	\$0	
Total	\$87234960	\$157414178	\$-70179218

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	\$0	\$24478	\$-24478
Community Assessment	\$0	\$2600	\$-2600
Provision of Taxes	\$0	\$360959	\$-360959
Other Allocations	\$0	\$1407767	\$-1407767

Comments

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