



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: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Tony Roberts

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Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$111909149
Outpatient Patient Service Revenue	\$311411986
Total Gross Patient Service Revenue	\$423321135

2. Deductions From Revenue

Contractual Allowance	\$236727570
Other Deductions	\$23089743
Total Deductions	\$259817313

3. Total Operating Revenue

Net Patient Service Revenue	\$163503822
Other Operating Revenue	\$3047600
Total Operating Revenue	\$166551422

4. Operating Expenses

Salaries and Wages	\$45875165	Employee Benefits	\$18038008
Depreciation and Amortization	\$11060111	Interest Expense	\$1350808
Bad Debt	\$343376	Other Expenses	\$86610197
Total Operating Expenses	\$163277665		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3273757	Total Assets	\$352498455
Net Non-operating Gains over Loss	\$1977580	Total Liabilities	\$112299727

Total Net Gains	\$5251337
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$181535980	\$129655625	\$51880355
Medicaid	\$87307339	\$63469584	\$23837755
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$154477816	\$66692104	\$87785712
Total	\$423321135	\$259817313	\$163503822

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$278135	\$-278135

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$4034	\$-4034

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$658089	\$-658089
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$276699	\$-276699

Number of Medical Professionals Trained	1411
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	161989

Statement Six: Charity Statement

Hospital Charity Charges	\$8271369
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3502861	
HCI Payments	\$0		
Subtotal	\$0	\$3502861	\$-3502861
Medicaid Shortfalls	\$20057178	\$42028517	
Subtotal	\$20057178	\$45531378	\$-25474200
DSH Payments	\$3,756,614		
Subtotal	\$23813792	\$45531378	\$-21717586
Medicare Shortfalls	\$44019649	\$76880487	
Other Government Programs	\$0	\$0	
Total	\$67833441	\$122411865	\$-54578424

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$369819	\$-369819
Community Assessment	\$0	\$3705	\$-3705
Provision of Taxes	\$0	\$296596	\$-296596
Other Allocations	\$0	\$1490012	\$-1490012

Comments

Medicare = Traditional Medicare + Medicare Advantage plans.
 Medicaid = Traditional Medicaid + Medicaid Managed Care plans.

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