



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 HEALTH

City of Hospital: Batesville, IN

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Brian Daeger

Email Address: brian.daeger@mmch.org

Medicare Provider Number: 15-1329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28846316
Outpatient Patient Service Revenue	\$187523534
Total Gross Patient Service Revenue	\$216369850

2. Deductions From Revenue

Contractual Allowance	\$107531195
Other Deductions	\$1086413
Total Deductions	\$108617608

3. Total Operating Revenue

Net Patient Service Revenue	\$107752242
Other Operating Revenue	\$1397789
Total Operating Revenue	\$109150031

4. Operating Expenses

Salaries and Wages	\$47208195	Employee Benefits	\$12584983
Depreciation and Amortization	\$7983703	Interest Expense	\$1024967

Bad Debt	\$8085181	Other Expenses	\$38529753
Total Operating Expenses	\$115416782		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6266751	Total Assets	\$166284079
Net Non-operating Gains over Loss	\$-2729095	Total Liabilities	\$43840889
Total Net Gains	\$-8995846		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$73565749	\$52136452	\$21429297
Medicaid	\$6491096	\$4344704	\$2146392
Other Government	\$21636985	\$14120289	\$7516696
Other State	\$15145890	\$4344704	\$10801186
Other Payers	\$99530130	\$33671459	\$65858671
Total	\$216369850	\$108617608	\$107752242

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$327826	\$588458	\$-260632

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$107582	\$-107582
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$598819	\$-598819
Hospital Patients	\$0	\$46113	\$-46113
Community Education	\$247035	\$1822683	\$-1575648

Number of Medical Professionals Trained	\$599
Number of Hospital Patients Educated	\$1598
Number of Citizens Exposed to Health Education Messages	\$179512

Statement Six: Charity Statement

Hospital Charity Charges	\$1086413
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$3140	\$416437	
HCI Payments	\$0		
Subtotal	\$3140	\$416437	\$-413297
Medicaid Shortfalls	\$2578964	\$4324456	
Subtotal	\$2582104	\$4740893	\$-2158789
DSH Payments	\$0		
Subtotal	\$2582104	\$4740893	\$-2158789
Medicare Shortfalls	\$24526814	\$28417826	
Other Government Programs	\$0	\$0	
Total	\$27108918	\$33158719	\$-6049801

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$241402	\$1221078	\$-979676
Community Assessment	\$0	\$186904	\$-186904
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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