



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: PARKVIEW HUNTINGTON HOSPITAL

City of Hospital: HUNTINGTON

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

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

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Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$44352971	Contractual Allowance	\$177692460
Outpatient Patient Service Revenue	\$202597314	Other Deductions	\$0
		Total Deductions	\$177692460
Total Gross Patient Service Revenue	\$246950285		

3. Total Operating Revenue	
Net Patient Service Revenue	\$69257826
Other Operating Revenue	\$1743172
Total Operating Revenue	\$71000998

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6661896	\$970
Medicaid	\$2931185	\$830
Commercial Insurance	\$6199851	\$789
Self-pay	\$15075	\$83
Any Other Category of Payer	\$406102	\$69
Total	\$0	\$0

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14210421	\$65182
Medicaid	\$9863892	\$50137
Commercial Insurance	\$32757207	\$77467
Self-pay	\$509733	\$9258
Any Other Category of Payer	\$1541295	\$3832
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	\$20872317	\$66152
Medicaid	\$12795076	\$50967

Commercial Insurance	\$38957057	\$78256
Self-pay	\$524809	\$9341
Any Other Category of Payer	\$1947397	\$3901
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	\$6613208	\$779
Medicaid	\$2863916	\$510
Commercial Insurance	\$6109273	\$511
Self-pay	\$8957	\$40
Any Other Category of Payer	\$402134	\$60
Total	\$15997488	\$1900

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	\$11072676	\$39867
Medicaid	\$6805588	\$20391
Commercial Insurance	\$26836134	\$30010
Self-pay	\$258628	\$2297
Any Other Category of Payer	\$1299577	\$1873
Total	\$46272603	\$94438

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	\$17685884	\$40646
Medicaid	\$9669503	\$20901
Commercial Insurance	\$32945406	\$30521
Self-pay	\$267586	\$2337
Any Other Category of Payer	\$1701711	\$1933
Total	\$62270090	\$96338

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	\$48688	\$191
Medicaid	\$67269	\$320
Commercial Insurance	\$90578	\$278
Self-pay	\$6118	\$43
Any Other Category of Payer	\$3968	\$9
Total	\$0	\$841

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	\$3137745	\$25315
Medicaid	\$3058304	\$29746
Commercial Insurance	\$5921073	\$47457
Self-pay	\$251105	\$6961
Any Other Category of Payer	\$241718	\$1959
Total	\$0	\$111438

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	\$3186433	\$25506

Medicaid	\$3125573	\$30066
Commercial Insurance	\$6011651	\$47735
Self-pay	\$257223	\$7004
Any Other Category of Payer	\$245686	\$1968
Total	\$0	\$112279

13. Operating Expenses

Salaries and Wages	\$19587556	Employee Benefits	\$6290753
Depreciation and Amortization	\$1808616	Interest Expense	\$4531
Bad Debt	\$3657555	Other Expenses	\$37012053
Total Operating Expenses	\$68361064		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2639934	Total Assets	\$84480280
Net Non-operating Gains over Loss	\$-5682843	Total Liabilities	\$84480280
Total Net Gains	\$-3042909		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$109884199	\$90125363	\$19758836
Medicaid	\$61752206	\$54286514	\$7465692
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$75313880	\$33280583	\$42033297
Total	\$246950285	\$177692460	\$69257825

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$75000	\$-75000

Statement Four: Research Statement

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

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$127833	\$-127833
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$36847	\$-36847

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2425

Statement Six: Charity Statement

Hospital Charity Charges	\$2983865
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$646786	
HCI Payments	\$0		
Subtotal	\$0	\$646786	\$-646786
Medicaid Shortfalls	\$11763978	\$15904408	
Subtotal	\$11763978	\$16551194	\$-4787216
DSH Payments	\$0		
Subtotal	\$11763978	\$16551194	\$-4787216
Medicare Shortfalls	\$19758836	\$22974918	
Other Government Programs	\$0	\$0	
Total	\$31522814	\$39526112	\$-8003298

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$75723	\$-75723
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6275310	\$11729708	\$-5454398

Comments

Statements One 4-12 do not include prior year contractual adjustments. They do include Hospital Assessment Fee in deductions.

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