



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

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

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Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5364915
Outpatient Patient Service Revenue	\$222170875
<b>Total Gross Patient Service Revenue</b>	<b>\$227535790</b>

2. Deductions From Revenue

Contractual Allowance	\$195092257
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$195092257</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$80726534
Other Operating Revenue	\$1143651
<b>Total Operating Revenue</b>	<b>\$81870185</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$39250	190
Medicaid	\$103808	355
Commercial Insurance	\$234782	377
Self-pay	\$5813	49
Any Other Category of Payer	\$5953	10
<b>Total</b>	<b>\$389606</b>	<b>981</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$3523320	26414
Medicaid	\$3381463	29795
Commercial Insurance	\$6689557	47037
Self-pay	\$220628	3393
Any Other Category of Payer	\$241478	1739
Total	\$14056446	108378

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	\$3562571	26604
Medicaid	\$3485270	30150
Commercial Insurance	\$6924359	47414
Self-pay	\$226440	3442
Any Other Category of Payer	\$247432	1749
Total	\$14446072	109359

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	\$8432604	1073
Medicaid	\$3005469	554
Commercial Insurance	\$7207291	575
Self-pay	\$24978	39
Any Other Category of Payer	\$444167	71
Total	\$19114509	2312

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	\$12864269	42096
Medicaid	\$6658251	20299
Commercial Insurance	\$29892263	31243
Self-pay	\$286614	2292
Any Other Category of Payer	\$1387185	2042
Total	\$51088582	97972

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	\$21296873	43169
Medicaid	\$9663720	20853
Commercial Insurance	\$37099554	31818
Self-pay	\$311592	2331
Any Other Category of Payer	\$1831352	2113
Total	\$70203091	100284

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	\$8471854	1263
Medicaid	\$3109227	909
Commercial Insurance	\$7442073	952
Self-pay	\$30791	88
Any Other Category of Payer	\$450121	81
Total	\$19504066	3293

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	\$16387589	68510
Medicaid	\$10039714	50094
Commercial Insurance	\$36581840	78280
Self-pay	\$507242	5685
Any Other Category of Payer	\$1628663	3781
Total	\$65145048	206350

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	\$24859443	69773
Medicaid	\$13148991	51003
Commercial Insurance	\$44023913	79232
Self-pay	\$538033	5773
Any Other Category of Payer	\$2078784	3862
Total	\$84649164	209643

## 13. Operating Expenses

Salaries and Wages	\$19839065	Employee Benefits	\$6260320
Depreciation and Amortization	\$1427722	Interest Expense	\$12070
Bad Debt	\$4063624	Other Expenses	\$42652290
Total Operating Expenses	\$74255091		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$7615094	Total Assets	\$97476356
Net Non-operating Gains over Loss	\$4322780	Total Liabilities	\$97476356
Total Net Gains	\$11937874		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$75436	\$-75436

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	\$334773	\$-334773
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$29479	\$-29479

Number of Medical Professionals Trained	360
Number of Hospital Patients Educated	30833
Number of Citizens Exposed to Health Education Messages	2336

Statement Six: Charity Statement

Hospital Charity Charges	\$3965899
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$804062	
HCI Payments	\$0		
Subtotal	\$0	\$804062	\$-804062
Medicaid Shortfalls	\$12378666	\$16950891	
Subtotal	\$12378666	\$17754953	\$-5376287
DSH Payments	\$0		
Subtotal	\$12378666	\$17754953	\$-5376287
Medicare Shortfalls	\$23757460	\$25802494	
Other Government Programs	\$0	\$0	
Total	\$36136126	\$43557447	\$-7421321

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	\$20108	\$-20108
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$36900	\$127692	\$-90792

### Comments

statements 4-12 do not include prior year contractuals adjustments.