



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 NOBLE HOSPITAL

City of Hospital: Kendallville

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

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

Person Completing the Report: Patrick Dahm

Email Address: patrick.dahm@parkview.com

Medicare Provider Number: 15-0146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$51033329
Outpatient Patient Service Revenue	\$212981809
Total Gross Patient Service Revenue	\$264015138

2. Deductions From Revenue

Contractual Allowance	\$184363550
Other Deductions	\$0
Total Deductions	\$184363550

3. Total Operating Revenue

Net Patient Service Revenue	\$79651588
Other Operating Revenue	\$1194838
Total Operating Revenue	\$80846426

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9519969	1346
Medicaid	\$2339281	615
Commercial Insurance	\$6165257	736
Self-pay	\$56002	85
Any Other Category of Payer	\$502054	85
Total	\$18582563	2867

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$16392810	69781
Medicaid	\$7550198	37071
Commercial Insurance	\$32398908	70216
Self-pay	\$539648	5759
Any Other Category of Payer	\$1907609	3105
Total	\$58789173	185932

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	\$25912779	71127
Medicaid	\$9889480	37686
Commercial Insurance	\$38564165	70952
Self-pay	\$595649	5844
Any Other Category of Payer	\$2409663	3190
Total	\$77371736	188799

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	\$9497890	1137
Medicaid	\$2288248	416
Commercial Insurance	\$6042466	497
Self-pay	\$51919	52
Any Other Category of Payer	\$501343	80
Total	\$18381866	2182

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	\$13041137	43310
Medicaid	\$5490426	17651
Commercial Insurance	\$27175957	30230
Self-pay	\$357911	2756
Any Other Category of Payer	\$1775622	2172
Total	\$47841053	96119

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	\$22539028	44447
Medicaid	\$7778673	18067
Commercial Insurance	\$33218422	30727
Self-pay	\$409830	2808
Any Other Category of Payer	\$2276965	2252
Total	\$66222918	98301

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	\$22079	209
Medicaid	\$51034	199
Commercial Insurance	\$122791	239
Self-pay	\$4082	33
Any Other Category of Payer	\$711	5
Total	\$200697	685

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	\$3351671	26471
Medicaid	\$2059773	19420
Commercial Insurance	\$5222952	39986
Self-pay	\$181737	3003
Any Other Category of Payer	\$131987	933
Total	\$10948120	89813

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	\$3373751	26680
Medicaid	\$2110806	19619
Commercial Insurance	\$5345742	40225
Self-pay	\$185820	3036
Any Other Category of Payer	\$132699	938
Total	\$11148818	90498

13. Operating Expenses

Salaries and Wages	\$19839882	Employee Benefits	\$6107390
Depreciation and Amortization	\$1069875	Interest Expense	\$14085
Bad Debt	\$5937638	Other Expenses	\$39907680
Total Operating Expenses	\$72876550		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$7969876	Total Assets	\$60055651
Net Non-operating Gains over Loss	\$58156	Total Liabilities	\$4659216
Total Net Gains	\$8028032		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$128350060	\$102905115	\$25444945
Medicaid	\$54209541	\$42815278	\$11394263
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$81455537	\$44580795	\$36874742
Total	\$264015138	\$190301188	\$73713950

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$29385	\$-29385

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	\$54701	\$-54701
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$34220	\$-34220

Number of Medical Professionals Trained	43
Number of Hospital Patients Educated	30303
Number of Citizens Exposed to Health Education Messages	688

Statement Six: Charity Statement

Hospital Charity Charges	\$6086821
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1255823	
HCI Payments	\$0		
Subtotal	\$0	\$1255823	\$-1255823
Medicaid Shortfalls	\$11394263	\$15304296	
Subtotal	\$11394263	\$16560119	\$-5165856
DSH Payments	\$0		
Subtotal	\$11394263	\$16560119	\$-5165856
Medicare Shortfalls	\$25444944	\$24651811	
Other Government Programs	\$0	\$0	
Total	\$36839207	\$41211930	\$-4372723

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$10556	\$-10556
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$54450	\$202232	\$-147782

Comments

Statement One 4-12 does not include prior year contractual adjustment and does not include Hospital Assessment Fee in deductions.

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