



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 RANDALLIA HOSPITAL

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Paige Cayot

Email Address: paige.cayot@parkview.com

Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2745213021
Outpatient Patient Service Revenue	\$3391287219
Total Gross Patient Service Revenue	\$6136500240

2. Deductions From Revenue

Contractual Allowance	\$4288751624
Other Deductions	\$72755254
Total Deductions	\$4361506878

3. Total Operating Revenue

Net Patient Service Revenue	\$1774993362
Other Operating Revenue	\$220064546
Total Operating Revenue	\$1995057908

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$312103007	62798
Medicaid	\$104365280	30625
Commercial Insurance	\$354531691	30985
Self-pay	\$2152633	3814
Any Other Category of Payer	\$25364756	3737
Total	\$798517367	131959

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$290379372	824266
Medicaid	\$90962424	405124
Commercial Insurance	\$645063812	918920
Self-pay	\$5748989	61442
Any Other Category of Payer	\$19617578	45389
Total	\$1051772175	2255141

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	\$602482379	887064
Medicaid	\$195327705	435749
Commercial Insurance	\$999595502	949905
Self-pay	\$7901622	65256
Any Other Category of Payer	\$44982334	49126
Total	\$1850289542	2387100

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	\$289230943	22837
Medicaid	\$95360512	12385
Commercial Insurance	\$340448996	12632
Self-pay	\$1647707	1169
Any Other Category of Payer	\$24157832	1890
Total	\$750845990	50913

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	\$201357857	304871
Medicaid	\$58506648	151550
Commercial Insurance	\$537955145	288277
Self-pay	\$3196667	20515
Any Other Category of Payer	\$14862080	14216
Total	\$815878397	779429

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	\$490588800	327708
Medicaid	\$153867160	163935
Commercial Insurance	\$878404140	300909
Self-pay	\$4844374	21684
Any Other Category of Payer	\$39019911	16106
Total	\$1566724385	830342

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	\$22872063	39961
Medicaid	\$9004769	18240
Commercial Insurance	\$14082695	18353
Self-pay	\$504926	2645
Any Other Category of Payer	\$1206925	1847
Total	\$47671378	81046

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	\$89021515	519395
Medicaid	\$32455776	253574
Commercial Insurance	\$107108667	630643
Self-pay	\$2552322	40927
Any Other Category of Payer	\$4755498	31173
Total	\$235893778	1475712

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	\$111893578	559356
Medicaid	\$41460545	271814
Commercial Insurance	\$121191362	648996
Self-pay	\$3057248	43572
Any Other Category of Payer	\$5962423	33020
Total	\$283565156	1556758

13. Operating Expenses

Salaries and Wages	\$457026712	Employee Benefits	\$131173143
Depreciation and Amortization	\$48904130	Interest Expense	\$534756
Bad Debt	\$65440278	Other Expenses	\$1194352590
Total Operating Expenses	\$1897431609		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$97626299	Total Assets	\$1011264792
Net Non-operating Gains over Loss	\$2371378	Total Liabilities	\$97748315
Total Net Gains	\$99997677		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2991324601	\$2470220907	\$521103694
Medicaid	\$825125177	\$618272698	\$206852479
Other Government	\$142339400	\$117013500	\$25325900
Other State	\$161895479	\$121972960	\$39922519
Other Payers	\$2015815583	\$1034026814	\$981788769
Total	\$6136500240	\$4361506879	\$1774993361

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1133410	\$-1133410

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$56359	\$1423685	\$-1367326

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2778333	\$15785284	\$-13006951
Hospital Patients	\$0	\$0	\$0
Community Education	\$972952	\$3394910	\$-2421958

Number of Medical Professionals Trained	5648
Number of Hospital Patients Educated	331589
Number of Citizens Exposed to Health Education Messages	22601

Statement Six: Charity Statement

Hospital Charity Charges	\$72755254
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16810735	
HCI Payments	\$0		
Subtotal	\$0	\$16810735	\$-16810735
Medicaid Shortfalls	\$240908091	\$329434588	
Subtotal	\$240908091	\$346245323	\$-105337232
DSH Payments	\$0		
Subtotal	\$240908091	\$346245323	\$-105337232
Medicare Shortfalls	\$548395413	\$610175213	
Other Government Programs	\$0	\$0	
Total	\$789303504	\$956420536	\$-167117032

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$198175	\$7918525	\$-7720350
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$12983938	\$16557006	\$-3573068

Comments

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