



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 WHITLEY HOSPITAL

City of Hospital: Columbia City

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

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

Person Completing the Report: Lisa Pepler

Email Address: fp09pepp@embarqmail.com

Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54078376
Outpatient Patient Service Revenue	\$320151032
Total Gross Patient Service Revenue	\$374229408

2. Deductions From Revenue

Contractual Allowance	\$259899413
Other Deductions	\$6588262
Total Deductions	\$266487675

3. Total Operating Revenue

Net Patient Service Revenue	\$107741733
Other Operating Revenue	\$1898207
Total Operating Revenue	\$109639940

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9340374	18762
Medicaid	\$2084972	12140
Commercial Insurance	\$8147291	20258
Self-pay	\$32725	1770
Any Other Category of Payer	\$553045	1156
Total	\$20158407	54086

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$20014822	89759
Medicaid	\$10501944	49080
Commercial Insurance	\$55121938	105563
Self-pay	\$724735	7033
Any Other Category of Payer	\$1940104	4760
Total	\$88303543	256195

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	\$29355196	648973
Medicaid	\$12586916	308718
Commercial Insurance	\$63269229	582398
Self-pay	\$757460	42375
Any Other Category of Payer	\$2493149	33774
Total	\$108461950	1616238

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	\$9329811	18680
Medicaid	\$2008999	11877
Commercial Insurance	\$7937510	19947
Self-pay	\$29962	1739
Any Other Category of Payer	\$547765	1143
Total	\$19854047	53386

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	\$15787843	55610
Medicaid	\$7605814	22516
Commercial Insurance	\$47220542	46912
Self-pay	\$491989	3528
Any Other Category of Payer	\$1691157	2869
Total	\$72797345	131435

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	\$25117654	614742
Medicaid	\$9614813	281891
Commercial Insurance	\$55158052	523436
Self-pay	\$521951	38839
Any Other Category of Payer	\$2238921	31870
Total	\$92651391	1490778

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	\$10564	82
Medicaid	\$75973	263
Commercial Insurance	\$209781	311
Self-pay	\$2763	31
Any Other Category of Payer	\$5281	13
Total	\$304362	700

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	\$4226979	34149
Medicaid	\$2896130	26564
Commercial Insurance	\$7901396	58651
Self-pay	\$232746	3505
Any Other Category of Payer	\$248947	1891
Total	\$15506198	124760

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	\$4237543	34231
Medicaid	\$2972103	26827
Commercial Insurance	\$8111177	58962
Self-pay	\$235509	3536
Any Other Category of Payer	\$254228	1904
Total	\$15810560	125460

13. Operating Expenses

Salaries and Wages	\$25491842	Employee Benefits	\$7947179
Depreciation and Amortization	\$1633246	Interest Expense	\$14785
Bad Debt	\$6287404	Other Expenses	\$57093285
Total Operating Expenses	\$98467741		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$11172199	Total Assets	\$146494107
Net Non-operating Gains over Loss	\$6401923	Total Liabilities	\$6082356
Total Net Gains	\$17574122		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$155767092	\$127879931	\$27887161
Medicaid	\$75432679	\$41487289	\$33945390
Other Government	\$0	\$0	\$0
Other State	IN	\$0	\$0
Other Payers	\$143029637	\$90532193	\$52497444
Total	\$0	\$259899413	\$-259899413

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$66040	\$-66040

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	\$82452	\$-82452
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$18423	\$-18423

Number of Medical Professionals Trained	112
Number of Hospital Patients Educated	48461
Number of Citizens Exposed to Health Education Messages	1641

Statement Six: Charity Statement

Hospital Charity Charges	\$6588262
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1383313	
HCI Payments	\$0		
Subtotal	\$0	\$1383313	\$-1383313
Medicaid Shortfalls	\$14633380	\$20065072	
Subtotal	\$14633380	\$21448385	\$-6815005
DSH Payments	\$0		
Subtotal	\$14633380	\$21448385	\$-6815005
Medicare Shortfalls	\$27385198	\$31872741	
Other Government Programs	\$0	\$0	
Total	\$42018578	\$53321126	\$-11302548

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4745	\$15765	\$-11020
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$38700	\$178199	\$-139499

Comments

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

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