



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: PORTER REGIONAL HOSPITAL

City of Hospital: Valparaiso

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

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

Person Completing the Report: Ruth Ambers

Email Address: r.ambers@nwhealthin.com

Medicare Provider Number: 15-0035

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$1184591429	Contractual Allowance	\$2188306170
Outpatient Patient Service Revenue	\$1381268130	Other Deductions	\$0
Total Gross Patient Service Revenue	\$2565859559	Total Deductions	\$2188306170

3. Total Operating Revenue	
Net Patient Service Revenue	\$377553389
Other Operating Revenue	\$806471
Total Operating Revenue	\$378359860

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$83921633	\$0
Medicaid	\$28118343	\$0
Commercial Insurance	\$61710838	\$0
Self-pay	\$1261130	\$0
Any Other Category of Payer	\$4196450	\$0
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	\$62398731	\$0
Medicaid	\$20746095	\$0
Commercial Insurance	\$106343736	\$0
Self-pay	\$3045853	\$0
Any Other Category of Payer	\$5810580	\$0
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	\$146320364	\$0
Medicaid	\$48864438	\$0

Commercial Insurance	\$168054574	\$0
Self-pay	\$4306983	\$0
Any Other Category of Payer	\$10007030	\$0
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	\$83921633	\$0
Medicaid	\$28118343	\$0
Commercial Insurance	\$61710838	\$0
Self-pay	\$1261130	\$0
Any Other Category of Payer	\$4196450	\$0
Total	\$0	\$0

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	\$62398731	\$0
Medicaid	\$20746095	\$0
Commercial Insurance	\$106343736	\$0
Self-pay	\$3045853	\$0
Any Other Category of Payer	\$5810580	\$0
Total	\$0	\$0

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	\$146320364	\$0
Medicaid	\$48864438	\$0
Commercial Insurance	\$168054574	\$0
Self-pay	\$4306983	\$0
Any Other Category of Payer	\$10007030	\$0
Total	\$0	\$0

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	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

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	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

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	\$0	\$0

Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$92223715	Employee Benefits	\$25026198
Depreciation and Amortization	\$9383095	Interest Expense	\$-45993676
Bad Debt	\$6924592	Other Expenses	\$197482365
Total Operating Expenses	\$285046289		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$92507100	Total Assets	\$271640968
Net Non-operating Gains over Loss	\$806471	Total Liabilities	\$-408623131
Total Net Gains	\$93313571		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1373954535	\$1227634173	\$146320362
Medicaid	\$346932281	\$298067842	\$48864439
Other Government	\$43931529	\$39000556	\$4930973
Other State	\$0	\$0	\$0
Other Payers	\$801041214	\$623603599	\$177437615
Total	\$2565859559	\$2188306170	\$377553389

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

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

Comments

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