



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: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

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

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

Person Completing the Report: Megan Temples

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Medicare Provider Number: 150059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$171188445
Outpatient Patient Service Revenue	\$574457771
<b>Total Gross Patient Service Revenue</b>	<b>\$745646216</b>

2. Deductions From Revenue

Contractual Allowance	\$487725943
Other Deductions	\$9876891
<b>Total Deductions</b>	<b>\$497602834</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$248043382
Other Operating Revenue	\$16266243
<b>Total Operating Revenue</b>	<b>\$264309625</b>

4. Net Patient Revenue and Total Number of Paid Claims 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
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

5. Net Patient Revenue and Total Number of Paid Claims 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

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	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$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	\$19268726	\$2372
Medicaid	\$17662999	\$782
Commercial Insurance	\$12845817	\$4695
Self-pay	\$3479075	\$160
Any Other Category of Payer	\$267612	\$6
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	\$56758540	\$41984
Medicaid	\$52028662	\$11032
Commercial Insurance	\$37839027	\$161031
Self-pay	\$10248070	\$59284
Any Other Category of Payer	\$788313	\$338
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	\$76027266	\$44356
Medicaid	\$69691660	\$11814
Commercial Insurance	\$50684844	\$165726
Self-pay	\$13727145	\$59444
Any Other Category of Payer	\$1055934	\$344
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	\$1941	\$21
Medicaid	\$36985	\$38
Commercial Insurance	\$4983	\$283
Self-pay	\$10467	\$57
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	\$7899661	\$85447
Medicaid	\$7206151	\$7404
Commercial Insurance	\$5262752	\$298866
Self-pay	\$1416211	\$7712
Any Other Category of Payer	\$109744	\$4558
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	\$7901603	\$85468
Medicaid	\$7243136	\$7442
Commercial Insurance	\$5267735	\$299149
Self-pay	\$1426678	\$7769
Any Other Category of Payer	\$109774	\$4558
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$93674975	Employee Benefits	\$18139826
Depreciation and Amortization	\$17041371	Interest Expense	\$2820250
Bad Debt	\$14907636	Other Expenses	\$146009049
Total Operating Expenses	\$292593107		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-28283482	Total Assets	\$322866568
Net Non-operating Gains over Loss	\$6221477	Total Liabilities	\$322866568
Total Net Gains	\$-22062005		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$357910184	\$272011740	\$85898444
Medicaid	\$89477546	\$59055180	\$30422366
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$298258486	\$166535914	\$131722572
Total	\$745646216	\$497602834	\$248043382

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$209864	\$123199	\$86665

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	\$182436	\$-182436
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 \$9876891

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9876891	
HCI Payments	\$0		
Subtotal	\$0	\$9876891	\$-9876891
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,986,613		
Subtotal	\$2986613	\$0	\$2986613
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2986613	\$0	\$2986613

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$382960	\$-382960
Other Allocations	\$0	\$0	\$0

Comments

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