



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: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

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

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

Person Completing the Report: Brian Kunz

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Medicare Provider Number: 15-001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68730991.70
Outpatient Patient Service Revenue	\$338863899.85
Total Gross Patient Service Revenue	\$407594891.55

2. Deductions From Revenue

Contractual Allowance	\$302521997.93
Other Deductions	\$943720.48
Total Deductions	\$303465718.41

3. Total Operating Revenue

Net Patient Service Revenue	\$104129173.14
Other Operating Revenue	\$2995585.68
Total Operating Revenue	\$107124758.82

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10169433	2447
Medicaid	\$4786153	1156
Commercial Insurance	\$2222843	420
Self-pay	\$787071	19
Any Other Category of Payer	\$4225496	951
Total	\$22190996	4993

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$20306852	78840
Medicaid	\$9491435	46765
Commercial Insurance	\$25455210	28386
Self-pay	\$5072070	1175
Any Other Category of Payer	\$21612611	59434
Total	\$81938178	214600

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	\$30476285	81287
Medicaid	\$14277588	47921
Commercial Insurance	\$27678052	28806
Self-pay	\$5859141	1194
Any Other Category of Payer	\$25838108	60385
Total	\$104129174	219593

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	\$10169433	2447
Medicaid	\$4786153	1156
Commercial Insurance	\$2222843	420
Self-pay	\$787071	19
Any Other Category of Payer	\$4225496	951
Total	\$22190996	4993

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	\$16617753	75996
Medicaid	\$5859564	45078
Commercial Insurance	\$21450330	27362
Self-pay	\$4806829	1133
Any Other Category of Payer	\$30248160	57290
Total	\$78982636	206859

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	\$26787186	46234
Medicaid	\$10645716	78443
Commercial Insurance	\$23673173	27782
Self-pay	\$5593900	1152
Any Other Category of Payer	\$34473656	58241
Total	\$101173631	211852

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	\$598461	2844
Medicaid	\$555665	1687
Commercial Insurance	\$579446	1024
Self-pay	\$37777	42
Any Other Category of Payer	\$1184193	2144
Total	\$2955542	7741

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	\$598461	2844
Medicaid	\$555665	1687
Commercial Insurance	\$579446	1024
Self-pay	\$37777	42
Any Other Category of Payer	\$1184193	2144
Total	\$2955542	7741

13. Operating Expenses

Salaries and Wages	\$54096876.93	Employee Benefits	\$12569865.98
Depreciation and Amortization	\$6963231.49	Interest Expense	\$493976
Bad Debt	\$9427891.80	Other Expenses	\$54916968.92
Total Operating Expenses	\$138468811.12		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-31344051.98	Total Assets	\$339786221
Net Non-operating Gains over Loss	\$-237368.53	Total Liabilities	\$23337895
Total Net Gains	\$-31581420.51		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$189401613.02	\$152599184.94	\$36802428.08
Medicaid	\$88311352.31	\$72010387.94	\$16300964.37
Other Government	\$22149827.25	\$17150943.81	\$4998883.44
Other State	\$5862863.76	\$2452722.73	\$3410141.03
Other Payers	\$101869235.21	\$59252478.99	\$42616756.22
Total	\$407594891.55	\$303465718.41	\$104129173.14

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	\$115350.90	\$-115350.9
Hospital Patients	\$72087	\$88765.37	\$-16678.37
Community Education	\$0	\$446464.25	\$-446464.25

Number of Medical Professionals Trained	917
Number of Hospital Patients Educated	1860
Number of Citizens Exposed to Health Education Messages	40334

Statement Six: Charity Statement

Hospital Charity Charges	\$943720.48
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$566232.29	
HCI Payments	\$0		
Subtotal	\$0	\$566232.29	\$-566232.29
Medicaid Shortfalls	\$16611581.21	\$52986811.39	
Subtotal	\$16611581.21	\$53553043.68	\$-36941462.47
DSH Payments	\$3,666,042		
Subtotal	\$20277623.21	\$53553043.68	\$-33275420.47
Medicare Shortfalls	\$27444931.64	\$113640967.81	
Other Government Programs	\$1640131.60	\$13289896.35	
Total	\$49362686.45	\$180483907.84	\$-131121221.39

Statement Seven: Subsidized Health Services for the Community

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

Comments

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