



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Chris Pickett

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Medicare Provider Number: 15-0001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$49827199 |
| Outpatient Patient Service Revenue | \$141116397 |
| Total Gross Patient Service Revenue | \$190943596 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$119403196 |
| Other Deductions | \$8030558 |
| Total Deductions | \$127433754 |

3. Total Operating Revenue

| | |
|-----------------------------|------------|
| Net Patient Service Revenue | \$67734249 |
| Other Operating Revenue | \$13589882 |
| Total Operating Revenue | \$81324131 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$38292736 | Employee Benefits | \$9290277 |
| Depreciation and Amortization | \$4627857 | Interest Expense | \$15650 |
| Bad Debt | \$4224406 | Other Expenses | \$24827561 |
| Total Operating Expenses | \$81278487 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$45644 | Total Assets | \$129606690 |
| Net Non-operating Gains over Loss | -\$2347097 | Total Liabilities | \$129606690 |

| | |
|-----------------|------------|
| Total Net Gains | \$-2301453 |
|-----------------|------------|

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$81527960 | \$62726949 | \$18801011 |
| Medicaid | \$14249016 | \$10973207 | \$3275809 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$104709274 | \$45894471 | \$58814803 |
| Total | \$200486250 | \$119594627 | \$80891623 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$25000 | \$0 | \$25000 |

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 | \$209168 | \$-209168 |
| Hospital Patients | \$95135 | \$89854 | \$5281 |
| Community Education | \$0 | \$206112 | \$-206112 |

| | |
|---|------|
| Number of Medical Professionals Trained | 1274 |
| Number of Hospital Patients Educated | 2156 |
| Number of Citizens Exposed to Health Education Messages | 7816 |

Statement Six: Charity Statement

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|--------------------------|-----------|
| Hospital Charity Charges | \$3806152 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$2283691 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$2283691 | \$-2283691 |
| Medicaid Shortfalls | \$4759322 | \$8641092 | |
| Subtotal | \$4759322 | \$10924783 | \$-6165461 |
| DSH Payments | \$0 | | |
| Subtotal | \$4759322 | \$10924783 | \$-6165461 |
| Medicare Shortfalls | \$21218403 | \$27109854 | |
| Other Government Programs | \$1163286 | \$1640152 | |
| Total | \$27141011 | \$39674789 | \$-12533778 |

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| 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