



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: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (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	\$67493676.86
Outpatient Patient Service Revenue	\$393286915.99
Total Gross Patient Service Revenue	\$460780592.85

2. Deductions From Revenue

Contractual Allowance	\$340332695.85
Other Deductions	\$1095064.38
Total Deductions	\$341427760.23

3. Total Operating Revenue

Net Patient Service Revenue	\$119352832.62
Other Operating Revenue	\$3320596.24
Total Operating Revenue	\$122673428.86

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3751289	3180
Medicaid	\$4145705	1454
Commercial Insurance	\$1869822	755
Self-pay	\$363838	64
Any Other Category of Payer	\$5101009	1464
Total	\$15231663	6917

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$27266814	83147
Medicaid	\$14482384	40936
Commercial Insurance	\$30915865	33308
Self-pay	\$6227418	2163
Any Other Category of Payer	\$25228688	68716
Total	\$104121169	228270

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	\$31018103	86327
Medicaid	\$18628089	42390
Commercial Insurance	\$32785687	34063
Self-pay	\$6591256	2227
Any Other Category of Payer	\$30329698	70180
Total	\$119352833	235187

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	\$3751289	3180
Medicaid	\$4145705	1454
Commercial Insurance	\$1869822	755
Self-pay	\$363838	64
Any Other Category of Payer	\$5101009	1464
Total	\$15231663	6917

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	\$22265653	80095
Medicaid	\$10217173	39433
Commercial Insurance	\$26035080	32085
Self-pay	\$5949295	2084
Any Other Category of Payer	\$35831729	66193
Total	\$100298930	219890

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	\$26016942	83275
Medicaid	\$14362878	40887
Commercial Insurance	\$27904902	32840
Self-pay	\$6313133	2148
Any Other Category of Payer	\$40932738	67657
Total	\$115530593	226807

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	\$906637	3052
Medicaid	\$699686	1503
Commercial Insurance	\$722288	1223
Self-pay	\$39765	79
Any Other Category of Payer	\$1453863	2523
Total	\$3822239	8380

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	\$906637	3052
Medicaid	\$699686	1503
Commercial Insurance	\$722288	1223
Self-pay	\$39765	79
Any Other Category of Payer	\$1453863	2523
Total	\$3822239	8380

13. Operating Expenses

Salaries and Wages	\$58143968.58	Employee Benefits	\$13678685.44
Depreciation and Amortization	\$6346252.73	Interest Expense	\$512441.89
Bad Debt	\$158011.84	Other Expenses	\$57340080.02
Total Operating Expenses	\$136179440.5		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13506011.64	Total Assets	\$220297752.85
Net Non-operating Gains over Loss	\$100982	Total Liabilities	\$29079883.47
Total Net Gains	\$-13405029.64		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$211343984.45	\$172583387.43	\$38760597.02
Medicaid	\$92587121.36	\$71244313.35	\$21342808.01
Other Government	\$25169274.22	\$20435747	\$4733527.22
Other State	\$0	\$0	\$0
Other Payers	\$131680212.82	\$77164312.45	\$54515900.37
Total	\$460780592.85	\$341427760.23	\$119352832.62

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	\$90436	\$90572.41	\$-136.41
Community Education	\$0	\$551951.89	\$-551951.89

Number of Medical Professionals Trained	949
Number of Hospital Patients Educated	1856
Number of Citizens Exposed to Health Education Messages	44206

Statement Six: Charity Statement

Hospital Charity Charges	\$1095064.38
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$657038.62	
HCI Payments	\$0		
Subtotal	\$0	\$657038.62	\$-657038.62
Medicaid Shortfalls	\$16635201.81	\$55552272.82	
Subtotal	\$16635201.81	\$56209311.44	\$-39574109.63
DSH Payments	\$4,612,175		
Subtotal	\$21247376.81	\$56209311.44	\$-34961934.63
Medicare Shortfalls	\$31460798.39	\$126806390.67	
Other Government Programs	\$1958149.28	\$15101564.53	
Total	\$54666324.48	\$198117266.64	\$-143450942.16

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