



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: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Chris Pickett

Email Address: cpickett@johnsonmemorial.org

Medicare Provider Number: 15-001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$50414109
Outpatient Patient Service Revenue	\$169042802
Total Gross Patient Service Revenue	\$219456911

2. Deductions From Revenue

Contractual Allowance	\$151922637
Other Deductions	\$1476075
Total Deductions	\$153398712

3. Total Operating Revenue

Net Patient Service Revenue	\$66058199
Other Operating Revenue	\$13538629
Total Operating Revenue	\$79596828

4. Operating Expenses

Salaries and Wages	\$39964364	Employee Benefits	\$10108240
Depreciation and Amortization	\$6612863	Interest Expense	\$7245
Bad Debt	\$5424812	Other Expenses	\$29327281
Total Operating Expenses	\$91444805		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-11847977	Total Assets	\$251481503
Net Non-operating Gains over Loss	\$613725	Total Liabilities	\$122012210
Total Net Gains	\$-11234252		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$93538359	\$77991315	\$15547044
Medicaid	\$36211903	\$26937456	\$9274447
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$89706649	\$47053156	\$42653493
Total	\$219456911	\$151981927	\$67474984

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$9037	\$0	\$9037

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	\$112428	\$-112428
Hospital Patients	\$89092	\$84817	\$4275
Community Education	\$0	\$322278	\$-322278

Number of Medical Professionals Trained	1193
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Number of Hospital Patients Educated	1892
Number of Citizens Exposed to Health Education Messages	26408

Statement Six: Charity Statement

Hospital Charity Charges	\$1476075
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$885645	
HCI Payments	\$0		
Subtotal	\$0	\$885645	\$-885645
Medicaid Shortfalls	\$6410462	\$21727141	
Subtotal	\$6410462	\$22612786	\$-16202324
DSH Payments	\$3,151,658		
Subtotal	\$9562120	\$22612786	\$-13050666
Medicare Shortfalls	\$21314819	\$56123015	
Other Government Programs	\$1268136	\$8473863	
Total	\$32145075	\$87209664	\$-55064589

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

