

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$10,783,018	\$9,595,927	(\$1,187,091)	-11%
2	Short Term Investments	\$13,335,058	\$13,407,390	\$72,332	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,875,269	\$10,764,165	\$888,896	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$418,444	\$605,899	\$187,455	45%
5	Due From Affiliates	\$550,557	\$266,302	(\$284,255)	-52%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$946,761	\$1,478,957	\$532,196	56%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$149,188	\$228,139	\$78,951	53%
	Total Current Assets	\$36,058,295	\$36,346,779	\$288,484	1%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,756,691	\$3,734,376	(\$22,315)	-1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,324	\$1,292,324	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,120,562	\$4,059,484	(\$61,078)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$9,169,577	\$9,086,184	(\$83,393)	-1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$4,733,814	\$6,880,487	\$2,146,673	45%
7	Other Noncurrent Assets	\$853,575	\$773,880	(\$79,695)	-9%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$75,866,290	\$79,831,857	\$3,965,567	5%
2	Less: Accumulated Depreciation	\$51,554,467	\$55,565,960	\$4,011,493	8%
	Property, Plant and Equipment, Net	\$24,311,823	\$24,265,897	(\$45,926)	0%
3	Construction in Progress	\$455,330	\$1,220,368	\$765,038	168%
	Total Net Fixed Assets	\$24,767,153	\$25,486,265	\$719,112	3%
	Total Assets	\$75,582,414	\$78,573,595	\$2,991,181	4%

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		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$1,846,682	\$3,594,514	\$1,747,832	95%
2	Salaries, Wages and Payroll Taxes	\$1,518,050	\$1,564,816	\$46,766	3%
3	Due To Third Party Payers	\$1,916,517	\$3,205,718	\$1,289,201	67%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$500,000	\$530,000	\$30,000	6%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,793,463	\$7,150,220	(\$643,243)	-8%
	Total Current Liabilities	\$13,574,712	\$16,045,268	\$2,470,556	18%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$14,150,000	\$13,620,000	(\$530,000)	-4%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$14,150,000	\$13,620,000	(\$530,000)	-4%
3	Accrued Pension Liability	\$2,079,231	\$25,602,222	\$23,522,991	1131%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$16,229,231	\$39,222,222	\$22,992,991	142%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$38,740,218	\$15,965,857	(\$22,774,361)	-59%
2	Temporarily Restricted Net Assets	\$3,345,100	\$3,705,481	\$360,381	11%
3	Permanently Restricted Net Assets	\$3,693,153	\$3,634,767	(\$58,386)	-2%
	Total Net Assets	\$45,778,471	\$23,306,105	(\$22,472,366)	-49%
	Total Liabilities and Net Assets	\$75,582,414	\$78,573,595	\$2,991,181	4%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$154,041,672	\$165,561,002	\$11,519,330	7%
2	Less: Allowances	\$64,337,750	\$68,355,481	\$4,017,731	6%
3	Less: Charity Care	\$720,702	\$1,210,237	\$489,535	68%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$88,983,220	\$95,995,284	\$7,012,064	8%
5	Other Operating Revenue	\$2,799,000	\$2,788,759	(\$10,241)	0%
6	Net Assets Released from Restrictions	\$130,366	\$197,268	\$66,902	51%
	Total Operating Revenue	\$91,912,586	\$98,981,311	\$7,068,725	8%
B. Operating Expenses:					
1	Salaries and Wages	\$42,087,766	\$43,396,097	\$1,308,331	3%
2	Fringe Benefits	\$12,870,437	\$11,919,183	(\$951,254)	-7%
3	Physicians Fees	\$2,678,510	\$2,143,583	(\$534,927)	-20%
4	Supplies and Drugs	\$12,036,636	\$13,853,178	\$1,816,542	15%
5	Depreciation and Amortization	\$4,396,933	\$4,490,815	\$93,882	2%
6	Bad Debts	\$3,944,217	\$3,538,352	(\$405,865)	-10%
7	Interest	\$726,962	\$712,804	(\$14,158)	-2%
8	Malpractice	\$1,348,918	\$1,253,684	(\$95,234)	-7%
9	Other Operating Expenses	\$15,624,114	\$15,455,908	(\$168,206)	-1%
	Total Operating Expenses	\$95,714,493	\$96,763,604	\$1,049,111	1%
	Income/(Loss) From Operations	(\$3,801,907)	\$2,217,707	\$6,019,614	-158%
C. Non-Operating Revenue:					
1	Income from Investments	\$102,209	\$93,880	(\$8,329)	-8%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$887,825	(\$751,585)	(\$1,639,410)	-185%
	Total Non-Operating Revenue	\$990,034	(\$657,705)	(\$1,647,739)	-166%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$2,811,873)	\$1,560,002	\$4,371,875	-155%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,811,873)	\$1,560,002	\$4,371,875	-155%
	Principal Payments	\$0	\$500,000	\$500,000	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$27,960,901	\$28,092,654	\$131,753	0%
2	MEDICARE MANAGED CARE	\$2,351,447	\$3,332,580	\$981,133	42%
3	MEDICAID	\$3,199,386	\$4,676,223	\$1,476,837	46%
4	MEDICAID MANAGED CARE	\$2,746,954	\$3,333,916	\$586,962	21%
5	CHAMPUS/TRICARE	\$268,174	\$120,481	(\$147,693)	-55%
6	COMMERCIAL INSURANCE	\$14,251,795	\$15,500,907	\$1,249,112	9%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$335,992	\$225,408	(\$110,584)	-33%
9	SELF- PAY/UNINSURED	\$842,928	\$1,028,632	\$185,704	22%
10	SAGA	\$2,019,881	\$1,797,947	(\$221,934)	-11%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$53,977,458	\$58,108,748	\$4,131,290	8%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$28,770,301	\$30,050,023	\$1,279,722	4%
2	MEDICARE MANAGED CARE	\$2,854,242	\$4,552,545	\$1,698,303	60%
3	MEDICAID	\$4,973,785	\$5,145,606	\$171,821	3%
4	MEDICAID MANAGED CARE	\$7,861,882	\$8,853,455	\$991,573	13%
5	CHAMPUS/TRICARE	\$759,133	\$715,569	(\$43,564)	-6%
6	COMMERCIAL INSURANCE	\$47,791,314	\$51,030,764	\$3,239,450	7%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,812,479	\$1,630,969	(\$181,510)	-10%
9	SELF- PAY/UNINSURED	\$2,560,966	\$2,467,936	(\$93,030)	-4%
10	SAGA	\$2,680,112	\$3,005,386	\$325,274	12%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$100,064,214	\$107,452,253	\$7,388,039	7%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$56,731,202	\$58,142,677	\$1,411,475	2%
2	MEDICARE MANAGED CARE	\$5,205,689	\$7,885,125	\$2,679,436	51%
3	MEDICAID	\$8,173,171	\$9,821,829	\$1,648,658	20%
4	MEDICAID MANAGED CARE	\$10,608,836	\$12,187,371	\$1,578,535	15%
5	CHAMPUS/TRICARE	\$1,027,307	\$836,050	(\$191,257)	-19%
6	COMMERCIAL INSURANCE	\$62,043,109	\$66,531,671	\$4,488,562	7%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,148,471	\$1,856,377	(\$292,094)	-14%
9	SELF- PAY/UNINSURED	\$3,403,894	\$3,496,568	\$92,674	3%
10	SAGA	\$4,699,993	\$4,803,333	\$103,340	2%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$154,041,672	\$165,561,001	\$11,519,329	7%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$15,811,012	\$16,220,731	\$409,719	3%
2	MEDICARE MANAGED CARE	\$1,334,336	\$1,875,946	\$541,610	41%
3	MEDICAID	\$946,048	\$2,401,323	\$1,455,275	154%
4	MEDICAID MANAGED CARE	\$1,343,343	\$1,607,748	\$264,405	20%
5	CHAMPUS/TRICARE	\$182,724	\$52,101	(\$130,623)	-71%
6	COMMERCIAL INSURANCE	\$8,999,718	\$8,902,555	(\$97,163)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$271,547	\$197,190	(\$74,357)	-27%
9	SELF- PAY/UNINSURED	\$57,963	\$52,535	(\$5,428)	-9%
10	SAGA	\$531,967	\$372,324	(\$159,643)	-30%
11	OTHER	\$0	\$0	\$0	0%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$29,478,658	\$31,682,453	\$2,203,795	7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$12,929,995	\$13,913,347	\$983,352	8%
2	MEDICARE MANAGED CARE	\$1,345,343	\$2,041,476	\$696,133	52%
3	MEDICAID	\$2,201,955	\$1,941,901	(\$260,054)	-12%
4	MEDICAID MANAGED CARE	\$3,064,131	\$3,864,108	\$799,977	26%
5	CHAMPUS/TRICARE	\$262,272	\$362,147	\$99,875	38%
6	COMMERCIAL INSURANCE	\$32,919,046	\$36,181,237	\$3,262,191	10%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,352,046	\$1,262,732	(\$89,314)	-7%
9	SELF- PAY/UNINSURED	\$200,406	\$159,075	(\$41,331)	-21%
10	SAGA	\$691,498	\$585,115	(\$106,383)	-15%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$54,966,692	\$60,311,138	\$5,344,446	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$28,741,007	\$30,134,078	\$1,393,071	5%
2	MEDICARE MANAGED CARE	\$2,679,679	\$3,917,422	\$1,237,743	46%
3	MEDICAID	\$3,148,003	\$4,343,224	\$1,195,221	38%
4	MEDICAID MANAGED CARE	\$4,407,474	\$5,471,856	\$1,064,382	24%
5	CHAMPUS/TRICARE	\$444,996	\$414,248	(\$30,748)	-7%
6	COMMERCIAL INSURANCE	\$41,918,764	\$45,083,792	\$3,165,028	8%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,623,593	\$1,459,922	(\$163,671)	-10%
9	SELF- PAY/UNINSURED	\$258,369	\$211,610	(\$46,759)	-18%
10	SAGA	\$1,223,465	\$957,439	(\$266,026)	-22%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$84,445,350	\$91,993,591	\$7,548,241	9%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,139	2,292	153	7%
2	MEDICARE MANAGED CARE	194	279	85	44%
3	MEDICAID	268	340	72	27%
4	MEDICAID MANAGED CARE	553	531	(22)	-4%
5	CHAMPUS/TRICARE	36	13	(23)	-64%
6	COMMERCIAL INSURANCE	1,872	1,798	(74)	-4%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	25	149	124	496%
9	SELF- PAY/UNINSURED	83	72	(11)	-13%
10	SAGA	217	99	(118)	-54%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	5,387	5,573	186	3%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	10,547	9,861	(686)	-7%
2	MEDICARE MANAGED CARE	787	971	184	23%
3	MEDICAID	1,394	1,685	291	21%
4	MEDICAID MANAGED CARE	1,136	1,251	115	10%
5	CHAMPUS/TRICARE	101	41	(60)	-59%
6	COMMERCIAL INSURANCE	5,286	5,740	454	9%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	81	47	(34)	-42%
9	SELF- PAY/UNINSURED	220	204	(16)	-7%
10	SAGA	913	404	(509)	-56%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	20,465	20,204	(261)	-1%
C.	OUTPATIENT VISITS				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	90,051	101,973	11,922	13%
2	MEDICARE MANAGED CARE	6,758	10,157	3,399	50%
3	MEDICAID	26,567	28,605	2,038	8%
4	MEDICAID MANAGED CARE	25,340	30,084	4,744	19%
5	CHAMPUS/TRICARE	1,940	2,665	725	37%
6	COMMERCIAL INSURANCE	122,411	150,980	28,569	23%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,217	2,251	34	2%
9	SELF- PAY/UNINSURED	6,511	6,925	414	6%
10	SAGA	4,023	5,191	1,168	29%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	285,818	338,831	53,013	19%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$4,362,629	\$4,331,270	(\$31,359)	-1%
2	MEDICARE MANAGED CARE	\$378,646	\$584,597	\$205,951	54%
3	MEDICAID	\$1,392,017	\$1,393,810	\$1,793	0%
4	MEDICAID MANAGED CARE	\$2,561,864	\$2,940,616	\$378,752	15%
5	CHAMPUS/TRICARE	\$158,019	\$171,785	\$13,766	9%
6	COMMERCIAL INSURANCE	\$8,447,508	\$8,291,344	(\$156,164)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$479,497	\$463,236	(\$16,261)	-3%
9	SELF- PAY/UNINSURED	\$1,763,810	\$1,650,449	(\$113,361)	-6%
10	SAGA	\$1,162,838	\$1,281,080	\$118,242	10%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$20,706,828	\$21,108,187	\$401,359	2%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,919,446	\$1,695,687	(\$223,759)	-12%
2	MEDICARE MANAGED CARE	\$187,104	\$225,861	\$38,757	21%
3	MEDICAID	\$599,645	\$386,072	(\$213,573)	-36%
4	MEDICAID MANAGED CARE	\$1,021,304	\$1,139,740	\$118,436	12%
5	CHAMPUS/TRICARE	\$84,821	\$83,307	(\$1,514)	-2%
6	COMMERCIAL INSURANCE	\$6,911,308	\$6,617,188	(\$294,120)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$441,182	\$407,970	(\$33,212)	-8%
9	SELF- PAY/UNINSURED	\$1,665,249	\$1,312,590	(\$352,659)	-21%
10	SAGA	\$402,824	\$104,915	(\$297,909)	-74%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$13,232,883	\$11,973,330	(\$1,259,553)	-10%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	3,650	4,498	848	23%
2	MEDICARE MANAGED CARE	315	616	301	96%
3	MEDICAID	1,733	2,167	434	25%
4	MEDICAID MANAGED CARE	4,080	5,364	1,284	31%
5	CHAMPUS/TRICARE	235	263	28	12%
6	COMMERCIAL INSURANCE	9,803	11,083	1,280	13%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	1,011	999	(12)	-1%
9	SELF- PAY/UNINSURED	2,455	3,401	946	39%
10	SAGA	1,368	1,710	342	25%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	24,650	30,101	5,451	22%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$14,428,705	\$14,709,080	\$280,375	2%
2	Physician Salaries	\$2,591,124	\$3,546,430	\$955,306	37%
3	Non-Nursing, Non-Physician Salaries	\$25,067,937	\$25,140,587	\$72,650	0%
	Total Salaries & Wages	\$42,087,766	\$43,396,097	\$1,308,331	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$4,412,297	\$4,040,000	(\$372,297)	-8%
2	Physician Fringe Benefits	\$792,366	\$974,063	\$181,697	23%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,665,774	\$6,905,120	(\$760,654)	-10%
	Total Fringe Benefits	\$12,870,437	\$11,919,183	(\$951,254)	-7%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$2,678,510	\$2,143,583	(\$534,927)	-20%
3	Non-Nursing, Non-Physician Fees	\$5,184,505	\$4,196,742	(\$987,763)	-19%
	Total Contractual Labor Fees	\$7,863,015	\$6,340,325	(\$1,522,690)	-19%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$7,776,026	\$9,048,255	\$1,272,229	16%
2	Pharmaceutical Costs	\$4,260,610	\$4,804,923	\$544,313	13%
	Total Medical Supplies and Pharmaceutical Cost	\$12,036,636	\$13,853,178	\$1,816,542	15%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$1,941,624	\$2,005,515	\$63,891	3%
2	Depreciation-Equipment	\$2,373,517	\$2,405,335	\$31,818	1%
3	Amortization	\$81,792	\$79,965	(\$1,827)	-2%
	Total Depreciation and Amortization	\$4,396,933	\$4,490,815	\$93,882	2%
F. Bad Debts:					
1	Bad Debts	\$3,944,217	\$3,538,352	(\$405,865)	-10%
G. Interest Expense:					
1	Interest Expense	\$726,962	\$712,804	(\$14,158)	-2%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,348,918	\$1,253,684	(\$95,234)	-7%
I. Utilities:					
1	Water	\$53,927	\$47,220	(\$6,707)	-12%
2	Natural Gas	\$445,103	\$469,014	\$23,911	5%
3	Oil	\$3,058	\$3,237	\$179	6%
4	Electricity	\$793,052	\$879,403	\$86,351	11%
5	Telephone	\$386,325	\$360,526	(\$25,799)	-7%
6	Other Utilities	\$6,457	\$4,914	(\$1,543)	-24%
	Total Utilities	\$1,687,922	\$1,764,314	\$76,392	5%
J. Business Expenses:					
1	Accounting Fees	\$137,635	\$156,334	\$18,699	14%
2	Legal Fees	\$369,856	\$370,151	\$295	0%
3	Consulting Fees	\$1,798,306	\$665,506	(\$1,132,800)	-63%
4	Dues and Membership	\$279,939	\$231,089	(\$48,850)	-17%
5	Equipment Leases	\$380,664	\$341,533	(\$39,131)	-10%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,280,313	\$1,203,626	(\$76,687)	-6%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Insurance	\$290,318	\$268,744	(\$21,574)	-7%
9	Travel	\$287,031	\$329,135	\$42,104	15%
10	Conferences	\$88,352	\$48,200	(\$40,152)	-45%
11	Property Tax	\$69,839	\$52,630	(\$17,209)	-25%
12	General Supplies	\$484,520	\$489,357	\$4,837	1%
13	Licenses and Subscriptions	\$50,080	\$46,949	(\$3,131)	-6%
14	Postage and Shipping	\$113,187	\$113,227	\$40	0%
15	Advertising	\$102,146	\$172,008	\$69,862	68%
16	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$5,732,186	\$4,488,489	(\$1,243,697)	-22%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$3,019,501	\$5,006,363	\$1,986,862	66%
	Total Operating Expenses - All Expense Categories*	\$95,714,493	\$96,763,604	\$1,049,111	1%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$5,651,874	\$4,836,963	(\$814,911)	-14%
2	General Accounting	\$1,164,275	\$1,200,133	\$35,858	3%
3	Patient Billing & Collection	\$2,624,833	\$2,411,731	(\$213,102)	-8%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$482,810	\$395,313	(\$87,497)	-18%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$1,680,684	\$1,745,679	\$64,995	4%
11	Housekeeping	\$833,277	\$918,485	\$85,208	10%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$2,960,517	\$2,939,767	(\$20,750)	-1%
14	Security	\$325,518	\$350,911	\$25,393	8%
15	Repairs and Maintenance	\$787,752	\$744,147	(\$43,605)	-6%
16	Central Sterile Supply	\$243,789	\$266,204	\$22,415	9%
17	Pharmacy Department	\$2,364,718	\$5,094,155	\$2,729,437	115%
18	Other General Services	\$2,938,359	\$2,042,112	(\$896,247)	-31%
	Total General Services	\$22,058,406	\$22,945,600	\$887,194	4%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$93,037	\$83,038	(\$9,999)	-11%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,049,559	\$952,161	(\$97,398)	-9%
4	Medical Records	\$1,061,293	\$913,403	(\$147,890)	-14%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$159,483	\$138,514	(\$20,969)	-13%
	Total Professional Services	\$2,363,372	\$2,087,116	(\$276,256)	-12%
C.	<u>Special Services:</u>				
1	Operating Room	\$3,426,714	\$4,609,801	\$1,183,087	35%
2	Recovery Room	\$359,577	\$378,809	\$19,232	5%
3	Anesthesiology	\$564,254	\$441,661	(\$122,593)	-22%
4	Delivery Room	\$733,320	\$886,347	\$153,027	21%
5	Diagnostic Radiology	\$2,437,571	\$2,247,489	(\$190,082)	-8%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
6	Diagnostic Ultrasound	\$582,128	\$547,653	(\$34,475)	-6%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$594,474	\$522,257	(\$72,217)	-12%
9	CT Scan	\$642,161	\$615,241	(\$26,920)	-4%
10	Laboratory	\$5,252,044	\$5,456,855	\$204,811	4%
11	Blood Storing/Processing	\$374,501	\$406,629	\$32,128	9%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$472,582	\$482,483	\$9,901	2%
14	Electroencephalography	\$17,920	\$24,768	\$6,848	38%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$644,198	\$658,399	\$14,201	2%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$462,335	\$298,655	(\$163,680)	-35%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$2,710,430	\$2,935,436	\$225,006	8%
25	MRI	\$969,016	\$1,119,140	\$150,124	15%
26	PET Scan	\$323,500	\$224,500	(\$99,000)	-31%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$304,914	\$350,497	\$45,583	15%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$247,150	\$248,719	\$1,569	1%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$36,088	\$36,088	0%
	Total Special Services	\$21,118,789	\$22,491,427	\$1,372,638	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$3,203,675	\$3,218,722	\$15,047	0%
2	Intensive Care Unit	\$2,589,280	\$3,670,350	\$1,081,070	42%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,080,294	\$2,084,925	\$4,631	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$538,483	\$477,628	(\$60,855)	-11%
7	Newborn Nursery Unit	\$448,374	\$384,579	(\$63,795)	-14%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,498,469	\$1,785,088	\$286,619	19%
10	Ambulatory Surgery	\$1,349,879	\$1,435,896	\$86,017	6%
11	Home Care	\$4,605,018	\$4,780,044	\$175,026	4%
12	Outpatient Clinics	\$5,155,962	\$6,254,171	\$1,098,209	21%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$21,469,434	\$24,091,403	\$2,621,969	12%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$28,704,492	\$25,148,058	(\$3,556,434)	-12%
	Total Operating Expenses - All Departments*	\$95,714,493	\$96,763,604	\$1,049,111	1%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$90,308,057	\$ 88,983,220	\$95,995,284
2	Other Operating Revenue	5,665,531	2,929,366	2,986,027
3	Total Operating Revenue	\$95,973,588	\$91,912,586	\$98,981,311
4	Total Operating Expenses	95,342,950	95,714,493	96,763,604
5	Income/(Loss) From Operations	\$630,638	(\$3,801,907)	\$2,217,707
6	Total Non-Operating Revenue	108,178	990,034	(657,705)
7	Excess/(Deficiency) of Revenue Over Expenses	\$738,816	(\$2,811,873)	\$1,560,002
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.66%	-4.09%	2.26%
2	Hospital Non Operating Margin	0.11%	1.07%	-0.67%
3	Hospital Total Margin	0.77%	-3.03%	1.59%
4	Income/(Loss) From Operations	\$630,638	(\$3,801,907)	\$2,217,707
5	Total Operating Revenue	\$95,973,588	\$91,912,586	\$98,981,311
6	Total Non-Operating Revenue	\$108,178	\$990,034	(\$657,705)
7	Total Revenue	\$96,081,766	\$92,902,620	\$98,323,606
8	Excess/(Deficiency) of Revenue Over Expenses	\$738,816	(\$2,811,873)	\$1,560,002
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$38,661,562	\$38,740,218	\$15,965,857
2	Hospital Total Net Assets	\$46,398,805	\$45,778,471	\$23,306,105
3	Hospital Change in Total Net Assets	\$46,398,805	(\$620,334)	(\$22,472,366)
4	Hospital Change in Total Net Assets %	0.0%	-1.3%	-49.1%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.58	0.61	0.57
2	Total Operating Expenses	\$90,025,980	\$95,714,493	\$96,763,604
3	Total Gross Revenue	\$150,947,951	\$154,041,672	\$165,561,001
4	Total Other Operating Revenue	\$4,019,438	\$2,799,000	\$2,788,759
5	<u>Private Payment to Cost Ratio</u>	1.22	1.11	1.18
6	Total Non-Government Payments	\$44,456,989	\$43,800,726	\$46,755,324

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
7	Total Uninsured Payments	\$259,466	\$258,369	\$211,610
8	Total Non-Government Charges	\$65,666,702	\$67,595,474	\$71,884,616
9	Total Uninsured Charges	\$3,157,698	\$3,403,894	\$3,496,568
10	<u>Medicare Payment to Cost Ratio</u>	0.93	0.83	0.90
11	Total Medicare Payments	\$33,526,400	\$31,420,686	\$34,051,500
12	Total Medicare Charges	\$62,301,529	\$61,936,891	\$66,027,802
13	<u>Medicaid Payment to Cost Ratio</u>	0.71	0.66	0.78
14	Total Medicaid Payments	\$7,354,255	\$7,555,477	\$9,815,080
15	Total Medicaid Charges	\$17,900,131	\$18,782,007	\$22,009,200
16	<u>Uncompensated Care Cost</u>	\$2,442,527	\$2,780,816	\$2,675,910
17	Charity Care	\$512,769	\$720,702	\$1,210,237
18	Bad Debts	\$3,691,706	\$3,836,028	\$3,445,323
19	Total Uncompensated Care	\$4,204,475	\$4,556,730	\$4,655,560
20	<u>Uncompensated Care % of Total Expenses</u>	2.7%	2.9%	2.8%
21	Total Operating Expenses	\$90,025,980	\$95,714,493	\$96,763,604
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.50	2.66	2.27
2	Total Current Assets	\$41,977,824	\$36,058,295	\$36,346,779
3	Total Current Liabilities	\$16,813,226	\$13,574,712	\$16,045,268
4	<u>Days Cash on Hand</u>	121	96	91
5	Cash and Cash Equivalents	\$13,138,167	\$10,783,018	\$9,595,927
6	Short Term Investments	16,894,014	13,335,058	13,407,390
7	Total Cash and Short Term Investments	\$30,032,181	\$24,118,076	\$23,003,317
8	Total Operating Expenses	\$95,342,950	\$95,714,493	\$96,763,604
9	Depreciation Expense	\$4,555,071	\$4,396,933	\$4,490,815
10	Operating Expenses less Depreciation Expense	\$90,787,879	\$91,317,560	\$92,272,789
11	<u>Days Revenue in Patient Accounts Receivable</u>	31.57	32.65	28.74

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
12	Net Patient Accounts Receivable	\$ 9,392,014	\$ 9,875,269	\$ 10,764,165
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,580,357	\$1,916,517	\$3,205,718
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,811,657	\$ 7,958,752	\$ 7,558,447
16	Total Net Patient Revenue	\$90,308,057	\$ 88,983,220	\$ 95,995,284
17	Average Payment Period	67.60	54.26	63.47
18	Total Current Liabilities	\$16,813,226	\$13,574,712	\$16,045,268
19	Total Operating Expenses	\$95,342,950	\$95,714,493	\$96,763,604
20	Depreciation Expense	\$4,555,071	\$4,396,933	\$4,490,815
21	Total Operating Expenses less Depreciation Expense	\$90,787,879	\$91,317,560	\$92,272,789
F. Solvency Measures Summary				
1	Equity Financing Ratio	55.6	60.6	29.7
2	Total Net Assets	\$46,398,805	\$45,778,471	\$23,306,105
3	Total Assets	\$83,514,335	\$75,582,414	\$78,573,595
4	Cash Flow to Total Debt Ratio	16.8	5.7	20.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$738,816	(\$2,811,873)	\$1,560,002
6	Depreciation Expense	\$4,555,071	\$4,396,933	\$4,490,815
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,293,887	\$1,585,060	\$6,050,817
8	Total Current Liabilities	\$16,813,226	\$13,574,712	\$16,045,268
9	Total Long Term Debt	\$14,650,000	\$14,150,000	\$13,620,000
10	Total Current Liabilities and Total Long Term Debt	\$31,463,226	\$27,724,712	\$29,665,268
11	Long Term Debt to Capitalization Ratio	24.0	23.6	36.9
12	Total Long Term Debt	\$14,650,000	\$14,150,000	\$13,620,000
13	Total Net Assets	\$46,398,805	\$45,778,471	\$23,306,105
14	Total Long Term Debt and Total Net Assets	\$61,048,805	\$59,928,471	\$36,926,105
15	Debt Service Coverage Ratio	8.1	3.2	5.6
16	Excess Revenues over Expenses	\$738,816	(\$2,811,873)	\$1,560,002
17	Interest Expense	\$742,614	\$726,962	\$712,804
18	Depreciation and Amortization Expense	\$4,555,071	\$4,396,933	\$4,490,815

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
19	Principal Payments	\$0	\$0	\$500,000
G. Other Financial Ratios				
20	Average Age of Plant	10.7	11.7	12.4
21	Accumulated Depreciation	\$48,541,182	\$51,554,467	\$55,565,960
22	Depreciation and Amortization Expense	\$4,555,071	\$4,396,933	\$4,490,815
H. Utilization Measures Summary				
1	Patient Days	20,370	20,465	20,204
2	Discharges	5,586	5,387	5,573
3	ALOS	3.6	3.8	3.6
4	Staffed Beds	72	72	72
5	Available Beds	-	-	122
6	Licensed Beds	122	122	122
6	Occupancy of Staffed Beds	77.5%	77.9%	76.9%
7	Occupancy of Available Beds	45.7%	46.0%	45.4%
8	Full Time Equivalent Employees	705.3	714.4	737.9
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	41.4%	41.7%	41.3%
2	Medicare Gross Revenue Payer Mix Percentage	41.3%	40.2%	39.9%
3	Medicaid Gross Revenue Payer Mix Percentage	11.9%	12.2%	13.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.8%	3.1%	2.9%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	2.2%	2.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.7%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$62,509,004	\$64,191,580	\$68,388,048
9	Medicare Gross Revenue (Charges)	\$62,301,529	\$61,936,891	\$66,027,802
10	Medicaid Gross Revenue (Charges)	\$17,900,131	\$18,782,007	\$22,009,200
11	Other Medical Assistance Gross Revenue (Charges)	\$4,169,021	\$4,699,993	\$4,803,333
12	Uninsured Gross Revenue (Charges)	\$3,157,698	\$3,403,894	\$3,496,568
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$910,568	\$1,027,307	\$836,050
14	Total Gross Revenue (Charges)	\$150,947,951	\$154,041,672	\$165,561,001
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	50.9%	51.6%	50.6%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
2	Medicare Net Revenue Payer Mix Percentage	38.6%	37.2%	37.0%
3	Medicaid Net Revenue Payer Mix Percentage	8.5%	8.9%	10.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.2%	1.4%	1.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.3%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.6%	0.5%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$44,197,523	\$43,542,357	\$46,543,714
9	Medicare Net Revenue (Payments)	\$33,526,400	\$31,420,686	\$34,051,500
10	Medicaid Net Revenue (Payments)	\$7,354,255	\$7,555,477	\$9,815,080
11	Other Medical Assistance Net Revenue (Payments)	\$1,003,625	\$1,223,465	\$957,439
12	Uninsured Net Revenue (Payments)	\$259,466	\$258,369	\$211,610
13	CHAMPUS / TRICARE Net Revenue Payments)	\$513,922	\$444,996	\$414,248
14	Total Net Revenue (Payments)	\$86,855,191	\$84,445,350	\$91,993,591
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	1,916	1,980	2,019
2	Medicare	2,508	2,333	2,571
3	Medical Assistance	1,107	1,038	970
4	Medicaid	888	821	871
5	Other Medical Assistance	219	217	99
6	CHAMPUS / TRICARE	55	36	13
7	Uninsured (Included In Non-Government)	84	83	72
8	Total	5,586	5,387	5,573
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.779560	0.782800	0.828400
2	Medicare	1.099310	1.083300	1.109300
3	Medical Assistance	0.687640	0.641443	0.621600
4	Medicaid	0.687330	0.628900	0.621600
5	Other Medical Assistance	0.688900	0.688900	0.621600
6	CHAMPUS / TRICARE	0.804650	0.542300	0.969100
7	Uninsured (Included In Non-Government)	0.875100	0.778400	0.909500
8	Total Case Mix Index	0.905152	0.884095	0.922321
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	3,553	3,505	3,673
2	Emergency Room - Treated and Discharged	25,170	24,650	30,101
3	Total Emergency Room Visits	28,723	28,155	33,774

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$18,580	\$18,580	0%
2	Inpatient Payments	\$0	\$7,563	\$7,563	0%
3	Outpatient Charges	\$0	\$21,132	\$21,132	0%
4	Outpatient Payments	\$0	\$10,627	\$10,627	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	5	5	0%
7	Outpatient Visits (Excludes ED Visits)	0	36	36	0%
8	Emergency Department Outpatient Visits	0	3	3	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$39,712	\$39,712	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$18,190	\$18,190	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$153,373	\$649,206	\$495,833	323%
2	Inpatient Payments	\$86,684	\$374,077	\$287,393	332%
3	Outpatient Charges	\$137,223	\$1,014,767	\$877,544	640%
4	Outpatient Payments	\$70,154	\$514,308	\$444,154	633%
5	Discharges	13	54	41	315%
6	Patient Days	50	195	145	290%
7	Outpatient Visits (Excludes ED Visits)	180	1,829	1,649	916%
8	Emergency Department Outpatient Visits	10	75	65	650%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$290,596	\$1,663,973	\$1,373,377	473%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$156,838	\$888,385	\$731,547	466%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$1,633,250	\$1,713,338	\$80,088	5%
2	Inpatient Payments	\$991,137	\$983,574	(\$7,563)	-1%
3	Outpatient Charges	\$2,216,920	\$2,377,839	\$160,919	7%
4	Outpatient Payments	\$1,151,192	\$989,250	(\$161,942)	-14%
5	Discharges	131	143	12	9%
6	Patient Days	527	486	(41)	-8%
7	Outpatient Visits (Excludes ED Visits)	5,173	5,014	(159)	-3%
8	Emergency Department Outpatient Visits	178	292	114	64%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,850,170	\$4,091,177	\$241,007	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,142,329	\$1,972,824	(\$169,505)	-8%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$564,824	\$887,048	\$322,224	57%
2	Inpatient Payments	\$256,515	\$465,492	\$208,977	81%
3	Outpatient Charges	\$500,099	\$1,102,272	\$602,173	120%
4	Outpatient Payments	\$123,997	\$512,282	\$388,285	313%
5	Discharges	50	75	25	50%
6	Patient Days	210	263	53	25%
7	Outpatient Visits (Excludes ED Visits)	1,090	2,520	1,430	131%
8	Emergency Department Outpatient Visits	127	242	115	91%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,064,923	\$1,989,320	\$924,397	87%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$380,512	\$977,774	\$597,262	157%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$0	\$64,408	\$64,408	0%
2	Inpatient Payments	\$0	\$45,240	\$45,240	0%
3	Outpatient Charges	\$0	\$36,535	\$36,535	0%
4	Outpatient Payments	\$0	\$15,009	\$15,009	0%
5	Discharges	0	5	5	0%
6	Patient Days	0	22	22	0%
7	Outpatient Visits (Excludes ED Visits)	0	142	142	0%
8	Emergency Department Outpatient Visits	0	4	4	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$100,943	\$100,943	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$60,249	\$60,249	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$2,351,447	\$3,332,580	\$981,133	42%
	TOTAL INPATIENT PAYMENTS	\$1,334,336	\$1,875,946	\$541,610	41%
	TOTAL OUTPATIENT CHARGES	\$2,854,242	\$4,552,545	\$1,698,303	60%
	TOTAL OUTPATIENT PAYMENTS	\$1,345,343	\$2,041,476	\$696,133	52%
	TOTAL DISCHARGES	194	279	85	44%
	TOTAL PATIENT DAYS	787	971	184	23%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	6,443	9,541	3,098	48%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	315	616	301	96%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,205,689	\$7,885,125	\$2,679,436	51%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,679,679	\$3,917,422	\$1,237,743	46%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,262,246	\$546,020	(\$716,226)	-57%
2	Inpatient Payments	\$578,012	\$255,387	(\$322,625)	-56%
3	Outpatient Charges	\$3,794,755	\$1,332,762	(\$2,461,993)	-65%
4	Outpatient Payments	\$1,538,416	\$259,925	(\$1,278,491)	-83%
5	Discharges	257	75	(182)	-71%
6	Patient Days	517	242	(275)	-53%
7	Outpatient Visits (Excludes ED Visits)	9,842	4,093	(5,749)	-58%
8	Emergency Department Outpatient Visits	2,025	950	(1,075)	-53%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,057,001	\$1,878,782	(\$3,178,219)	-63%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,116,428	\$515,312	(\$1,601,116)	-76%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$824,281	\$2,054,002	\$1,229,721	149%
2	Inpatient Payments	\$421,269	\$1,009,604	\$588,335	140%
3	Outpatient Charges	\$1,924,654	\$5,341,369	\$3,416,715	178%
4	Outpatient Payments	\$873,223	\$2,592,618	\$1,719,395	197%
5	Discharges	174	329	155	89%
6	Patient Days	369	734	365	99%
7	Outpatient Visits (Excludes ED Visits)	5,428	15,262	9,834	181%
8	Emergency Department Outpatient Visits	978	3,026	2,048	209%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,748,935	\$7,395,371	\$4,646,436	169%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,294,492	\$3,602,222	\$2,307,730	178%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$613,467	\$0	(\$613,467)	-100%
2	Inpatient Payments	\$317,338	\$0	(\$317,338)	-100%
3	Outpatient Charges	\$1,985,243	\$0	(\$1,985,243)	-100%
4	Outpatient Payments	\$601,473	\$0	(\$601,473)	-100%
5	Discharges	113	0	(113)	-100%
6	Patient Days	231	0	(231)	-100%
7	Outpatient Visits (Excludes ED Visits)	5,477	0	(5,477)	-100%
8	Emergency Department Outpatient Visits	971	0	(971)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,598,710	\$0	(\$2,598,710)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$918,811	\$0	(\$918,811)	-100%

DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$197,456	\$197,456	0%
2	Inpatient Payments	\$0	\$117,576	\$117,576	0%
3	Outpatient Charges	\$0	\$486,509	\$486,509	0%
4	Outpatient Payments	\$0	\$231,504	\$231,504	0%
5	Discharges	0	36	36	0%
6	Patient Days	0	83	83	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,441	1,441	0%
8	Emergency Department Outpatient Visits	0	341	341	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$683,965	\$683,965	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$349,080	\$349,080	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$46,960	\$0	(\$46,960)	-100%
2	Inpatient Payments	\$26,724	\$0	(\$26,724)	-100%
3	Outpatient Charges	\$157,230	\$0	(\$157,230)	-100%
4	Outpatient Payments	\$51,019	\$0	(\$51,019)	-100%
5	Discharges	9	0	(9)	-100%
6	Patient Days	19	0	(19)	-100%
7	Outpatient Visits (Excludes ED Visits)	513	0	(513)	-100%
8	Emergency Department Outpatient Visits	106	0	(106)	-100%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$204,190	\$0	(\$204,190)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$77,743	\$0	(\$77,743)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$536,438	\$536,438	0%
2	Inpatient Payments	\$0	\$225,181	\$225,181	0%
3	Outpatient Charges	\$0	\$1,692,815	\$1,692,815	0%
4	Outpatient Payments	\$0	\$780,061	\$780,061	0%
5	Discharges	0	91	91	0%
6	Patient Days	0	192	192	0%
7	Outpatient Visits (Excludes ED Visits)	0	3,924	3,924	0%
8	Emergency Department Outpatient Visits	0	1,047	1,047	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,229,253	\$2,229,253	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,005,242	\$1,005,242	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$2,746,954	\$3,333,916	\$586,962	21%
	TOTAL INPATIENT PAYMENTS	\$1,343,343	\$1,607,748	\$264,405	20%
	TOTAL OUTPATIENT CHARGES	\$7,861,882	\$8,853,455	\$991,573	13%
	TOTAL OUTPATIENT PAYMENTS	\$3,064,131	\$3,864,108	\$799,977	26%
	TOTAL DISCHARGES	553	531	(22)	-4%
	TOTAL PATIENT DAYS	1,136	1,251	115	10%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	21,260	24,720	3,460	16%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	4,080	5,364	1,284	31%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,608,836	\$12,187,371	\$1,578,535	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,407,474	\$5,471,856	\$1,064,382	24%

**DAY KIMBALL HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2009
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$11,387,528	\$9,970,754	(\$1,416,774)	-12%
2	Short Term Investments	\$13,335,058	\$13,407,390	\$72,332	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,376,305	\$11,426,082	\$1,049,777	10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$418,444	\$605,899	\$187,455	45%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$951,421	\$1,482,202	\$530,781	56%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$36,468,756	\$36,892,327	\$423,571	1%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$3,756,691	\$3,734,376	(\$22,315)	-1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,324	\$1,292,324	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,120,562	\$4,065,787	(\$54,775)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$9,169,577	\$9,092,487	(\$77,090)	-1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$4,821,628	\$5,919,401	\$1,097,773	23%
7	Other Noncurrent Assets	\$853,575	\$773,880	(\$79,695)	-9%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$75,924,019	\$79,907,568	\$3,983,549	5%
2	Less: Accumulated Depreciation	\$51,583,654	\$55,609,757	\$4,026,103	\$0
	Property, Plant and Equipment, Net	\$24,340,365	\$24,297,811	(\$42,554)	0%
3	Construction in Progress	\$455,330	\$1,220,368	\$765,038	168%
	Total Net Fixed Assets	\$24,795,695	\$25,518,179	\$722,484	3%
	Total Assets	\$76,109,231	\$78,196,274	\$2,087,043	3%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$1,955,951	\$3,735,626	\$1,779,675	91%
2	Salaries, Wages and Payroll Taxes	\$1,557,644	\$1,617,235	\$59,591	4%
3	Due To Third Party Payers	\$1,916,517	\$3,205,718	\$1,289,201	67%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$500,000	\$530,000	\$30,000	6%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,793,463	\$7,150,220	(\$643,243)	-8%
	Total Current Liabilities	\$13,723,575	\$16,238,799	\$2,515,224	18%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$14,150,000	\$13,620,000	(\$530,000)	-4%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$14,150,000	\$13,620,000	(\$530,000)	-4%
3	Accrued Pension Liability	\$2,079,231	\$25,602,222	\$23,522,991	1131%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$16,229,231	\$39,222,222	\$22,992,991	142%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$39,118,172	\$15,388,702	(\$23,729,470)	-61%
2	Temporarily Restricted Net Assets	\$3,345,100	\$3,711,784	\$366,684	11%
3	Permanently Restricted Net Assets	\$3,693,153	\$3,634,767	(\$58,386)	-2%
	Total Net Assets	\$46,156,425	\$22,735,253	(\$23,421,172)	-51%
	Total Liabilities and Net Assets	\$76,109,231	\$78,196,274	\$2,087,043	3%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$155,485,304	\$170,008,661	\$14,523,357	9%
2	Less: Allowances	\$64,468,196	\$69,238,321	\$4,770,125	7%
3	Less: Charity Care	\$720,702	\$1,210,237	\$489,535	68%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$90,296,406	\$99,560,103	\$9,263,697	10%
5	Other Operating Revenue	\$2,950,335	\$2,811,782	(\$138,553)	-5%
6	Net Assets Released from Restrictions	\$130,366	\$200,965	\$70,599	54%
	Total Operating Revenue	\$93,377,107	\$102,572,850	\$9,195,743	10%
B. Operating Expenses:					
1	Salaries and Wages	\$43,316,194	\$46,496,983	\$3,180,789	7%
2	Fringe Benefits	\$13,017,549	\$12,348,261	(\$669,288)	-5%
3	Physicians Fees	\$2,678,510	\$2,143,583	(\$534,927)	-20%
4	Supplies and Drugs	\$12,128,312	\$13,943,134	\$1,814,822	15%
5	Depreciation and Amortization	\$4,401,516	\$4,505,222	\$103,706	2%
6	Bad Debts	\$3,963,022	\$3,599,872	(\$363,150)	-9%
7	Interest	\$726,962	\$712,804	(\$14,158)	-2%
8	Malpractice	\$1,348,918	\$1,367,065	\$18,147	1%
9	Other Operating Expenses	\$15,732,628	\$16,163,353	\$430,725	3%
	Total Operating Expenses	\$97,313,611	\$101,280,277	\$3,966,666	4%
	Income/(Loss) From Operations	(\$3,936,504)	\$1,292,573	\$5,229,077	-133%
C. Non-Operating Revenue:					
1	Income from Investments	\$113,826	\$0	(\$113,826)	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$887,825	(\$687,680)	(\$1,575,505)	-177%
	Total Non-Operating Revenue	\$1,001,651	(\$687,680)	(\$1,689,331)	-169%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$2,934,853)	\$604,893	\$3,539,746	-121%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,934,853)	\$604,893	\$3,539,746	-121%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$91,283,137	\$90,296,406	\$99,560,103
2	Other Operating Revenue	5,834,698	3,080,701	3,012,747
3	Total Operating Revenue	\$97,117,835	\$93,377,107	\$102,572,850
4	Total Operating Expenses	96,439,517	97,313,611	101,280,277
5	Income/(Loss) From Operations	\$678,318	(\$3,936,504)	\$1,292,573
6	Total Non-Operating Revenue	117,050	1,001,651	(687,680)
7	Excess/(Deficiency) of Revenue Over Expenses	\$795,368	(\$2,934,853)	\$604,893
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.70%	-4.17%	1.27%
2	Parent Corporation Non-Operating Margin	0.12%	1.06%	-0.67%
3	Parent Corporation Total Margin	0.82%	-3.11%	0.59%
4	Income/(Loss) From Operations	\$678,318	(\$3,936,504)	\$1,292,573
5	Total Operating Revenue	\$97,117,835	\$93,377,107	\$102,572,850
6	Total Non-Operating Revenue	\$117,050	\$1,001,651	(\$687,680)
7	Total Revenue	\$97,234,885	\$94,378,758	\$101,885,170
8	Excess/(Deficiency) of Revenue Over Expenses	\$795,368	(\$2,934,853)	\$604,893
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$39,162,496	\$39,118,172	\$15,388,702
2	Parent Corporation Total Net Assets	\$46,899,739	\$46,156,425	\$22,735,253
3	Parent Corporation Change in Total Net Assets	\$46,899,739	(\$743,314)	(\$23,421,172)
4	Parent Corporation Change in Total Net Assets %	0.0%	-1.6%	-50.7%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.52	2.66	2.27
2	Total Current Assets	\$42,449,164	\$36,468,756	\$36,892,327
3	Total Current Liabilities	\$16,873,122	\$13,723,575	\$16,238,799
4	<u>Days Cash on Hand</u>	120	97	88
5	Cash and Cash Equivalents	\$20,030,098	\$11,387,528	\$9,970,754
6	Short Term Investments	10,300,055	13,335,058	13,407,390
7	Total Cash and Short Term Investments	\$30,330,153	\$24,722,586	\$23,378,144
8	Total Operating Expenses	\$96,439,517	\$97,313,611	\$101,280,277
9	Depreciation Expense	\$4,557,451	\$4,401,516	\$4,505,222
10	Operating Expenses less Depreciation Expense	\$91,882,066	\$92,912,095	\$96,775,055
11	<u>Days Revenue in Patient Accounts Receivable</u>	32	34	30
12	Net Patient Accounts Receivable	\$9,677,709	\$10,376,305	\$11,426,082
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,580,357	\$1,916,517	\$3,205,718
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$8,097,352	\$8,459,788	\$8,220,364
16	Total Net Patient Revenue	\$91,283,137	\$90,296,406	\$99,560,103
17	<u>Average Payment Period</u>	67	54	61
18	Total Current Liabilities	\$16,873,122	\$13,723,575	\$16,238,799
19	Total Operating Expenses	\$96,439,517	\$97,313,611	\$101,280,277
20	Depreciation Expense	\$4,557,451	\$4,401,516	\$4,505,222
21	Total Operating Expenses less Depreciation Expense	\$91,882,066	\$92,912,095	\$96,775,055

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
E. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	55.8	60.6	29.1
2	Total Net Assets	\$46,899,739	\$46,156,425	\$22,735,253
3	Total Assets	\$84,075,165	\$76,109,231	\$78,196,274
4	<u>Cash Flow to Total Debt Ratio</u>	17.0	5.3	17.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$795,368	(\$2,934,853)	\$604,893
6	Depreciation Expense	\$4,557,451	\$4,401,516	\$4,505,222
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,352,819	\$1,466,663	\$5,110,115
8	Total Current Liabilities	\$16,873,122	\$13,723,575	\$16,238,799
9	Total Long Term Debt	\$14,650,000	\$14,150,000	\$13,620,000
10	Total Current Liabilities and Total Long Term Debt	\$31,523,122	\$27,873,575	\$29,858,799
11	<u>Long Term Debt to Capitalization Ratio</u>	23.8	23.5	37.5
12	Total Long Term Debt	\$14,650,000	\$14,150,000	\$13,620,000
13	Total Net Assets	\$46,899,739	\$46,156,425	\$22,735,253
14	Total Long Term Debt and Total Net Assets	\$61,549,739	\$60,306,425	\$36,355,253

DAY KIMBALL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	12,779	44	72	79.6%	48.6%
2	ICU/CCU (Excludes Neonatal ICU)	607	6	9	27.7%	18.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,207	14	15	82.3%	76.8%
	TOTAL PSYCHIATRIC	4,207	14	15	82.3%	76.8%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,337	4	8	91.6%	45.8%
7	Newborn	1,221	4	18	83.6%	18.6%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	53	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	18,983	68	104	76.5%	50.0%
	TOTAL INPATIENT BED UTILIZATION	20,204	72	122	76.9%	45.4%
	TOTAL INPATIENT REPORTED YEAR	20,204	72	122	76.9%	45.4%
	TOTAL INPATIENT PRIOR YEAR	20,465	72	122	77.9%	46.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-261	0	0	-1.0%	-0.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	0%	0%	-1%	-1%
	Total Licensed Beds and Bassinets	122				
(A) This number may not exceed the number of available beds for each department or in total.						

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,187	2,114	-73	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,495	8,795	300	4%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	10,682	10,909	227	2%
B. MRI Scans (A)					
1	Inpatient Scans	387	424	37	10%
2	Outpatient Scans (Excluding Emergency Department Scans)	342	4,034	3,692	1080%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	729	4,458	3,729	512%
C. PET Scans (A)					
1	Inpatient Scans	1	0	-1	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	189	178	-11	-6%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	190	178	-12	-6%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	716	853	137	19%
2	Outpatient Surgical Procedures	2,565	3,004	439	17%
	Total Surgical Procedures	3,281	3,857	576	18%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	0	0	0	0%
2	Outpatient Endoscopy Procedures	2,876	2,539	-337	-12%
	Total Endoscopy Procedures	2,876	2,539	-337	-12%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	3,505	3,673	168	5%
2	Emergency Room Visits: Treated and Discharged	24,650	30,101	5,451	22%
	Total Emergency Room Visits	28,155	33,774	5,619	20%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	6,190	6,311	121	2%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	47,186	54,787	7,601	16%
	Total Hospital Clinic Visits	53,376	61,098	7,722	14%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	28,647	29,029	382	1%
2	Cardiology	3,435	3,786	351	10%
3	Chemotherapy	753	962	209	28%
4	Gastroenterology	2,876	2,539	-337	-12%
5	Other Outpatient Visits	172,081	170,153	-1,928	-1%
	Total Other Hospital Outpatient Visits	207,792	206,469	-1,323	-1%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	223.8	234.9	11.1	5%
2	Total Physician FTEs	12.9	16.3	3.4	26%
3	Total Non-Nursing and Non-Physician FTEs	477.7	486.7	9.0	2%
	Total Hospital Full Time Equivalent Employees	714.4	737.9	23.5	3%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Day Kimball Hospital	2,565	3,004	439	17%
	Total Outpatient Surgical Procedures(A)	2,565	3,004	439	17%
B. Outpatient Endoscopy Procedures					
1	Day Kimball Hospital	2,876	2,539	-337	-12%
	Total Outpatient Endoscopy Procedures(B)	2,876	2,539	-337	-12%
C. Outpatient Hospital Emergency Room Visits					
1	Day Kimball Hospital	24,650	30,101	5,451	22%
	Total Outpatient Hospital Emergency Room Visits(C)	24,650	30,101	5,451	22%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$30,312,348	\$31,425,234	\$1,112,886	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,145,348	\$18,096,677	\$951,329	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.56%	57.59%	1.02%	2%
4	DISCHARGES	2,333	2,571	238	10%
5	CASE MIX INDEX (CMI)	1.08330	1.10930	0.02600	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,527.33890	2,852.01030	324.67140	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,783.95	\$6,345.24	(\$438.72)	-6%
8	PATIENT DAYS	11,334	10,832	(502)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,512.74	\$1,670.67	\$157.93	10%
10	AVERAGE LENGTH OF STAY	4.9	4.2	(0.6)	-13%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,624,543	\$34,602,568	\$2,978,025	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,275,338	\$15,954,823	\$1,679,485	12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.14%	46.11%	0.97%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	104.33%	110.11%	5.78%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,433.99353	2,830.94797	396.95444	16%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,864.99	\$5,635.86	(\$229.13)	-4%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$61,936,891	\$66,027,802	\$4,090,911	7%
18	TOTAL ACCRUED PAYMENTS	\$31,420,686	\$34,051,500	\$2,630,814	8%
19	TOTAL ALLOWANCES	\$30,516,205	\$31,976,302	\$1,460,097	5%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$15,430,715	\$16,754,947	\$1,324,232	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,329,228	\$9,152,280	(\$176,948)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	60.46%	54.62%	-5.83%	-10%
4	DISCHARGES	1,980	2,019	39	2%
5	CASE MIX INDEX (CMI)	0.78280	0.82840	0.04560	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,549.94400	1,672.53960	122.59560	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,019.07	\$5,472.09	(\$546.99)	-9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$764.88	\$873.15	\$108.27	14%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,185,519	\$1,460,378	\$274,859	23%
10	PATIENT DAYS	5,587	5,991	404	7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,669.81	\$1,527.67	(\$142.14)	-9%
12	AVERAGE LENGTH OF STAY	2.8	3.0	0.1	5%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$52,164,759	\$55,129,669	\$2,964,910	6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$34,471,498	\$37,603,044	\$3,131,546	9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	66.08%	68.21%	2.13%	3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	338.06%	329.04%	-9.02%	-3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,693.54744	6,643.22016	(50.32727)	-1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,149.96	\$5,660.36	\$510.40	10%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$715.03	(\$24.51)	(\$739.53)	-103%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,786,064	(\$162,793)	(\$4,948,857)	-103%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$67,595,474	\$71,884,616	\$4,289,142	6%
22	TOTAL ACCRUED PAYMENTS	\$43,800,726	\$46,755,324	\$2,954,598	7%
23	TOTAL ALLOWANCES	\$23,794,748	\$25,129,292	\$1,334,544	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,971,583	\$1,297,584	(\$4,673,999)	-78%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$67,595,474	\$71,884,616	\$4,289,142	6%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$43,800,726	\$46,755,324	\$2,954,598	7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$23,794,748	\$25,129,292	\$1,334,544	6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.20%	34.96%	-0.24%	

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$842,928	\$1,028,632	\$185,704	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$57,963	\$52,535	(\$5,428)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.88%	5.11%	-1.77%	-26%
4	DISCHARGES	83	72	(11)	-13%
5	CASE MIX INDEX (CMI)	0.77840	0.90950	0.13110	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	64.60720	65.48400	0.87680	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$897.16	\$802.26	(\$94.90)	-11%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,121.91	\$4,669.83	(\$452.09)	-9%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,886.79	\$5,542.98	(\$343.81)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$380,329	\$362,976	(\$17,353)	-5%
11	PATIENT DAYS	220	204	(16)	-7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$263.47	\$257.52	(\$5.94)	-2%
13	AVERAGE LENGTH OF STAY	2.7	2.8	0.2	7%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,560,966	\$2,467,936	(\$93,030)	-4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$200,406	\$159,075	(\$41,331)	-21%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.83%	6.45%	-1.38%	-18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	303.82%	239.92%	-63.89%	-21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	252.16884	172.74535	(79.42350)	-31%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$794.73	\$920.86	\$126.13	16%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,355.23	\$4,739.50	\$384.27	9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,070.26	\$4,714.99	(\$355.26)	-7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,278,561	\$814,493	(\$464,067)	-36%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$3,403,894	\$3,496,568	\$92,674	3%
24	TOTAL ACCRUED PAYMENTS	\$258,369	\$211,610	(\$46,759)	-18%
25	TOTAL ALLOWANCES	\$3,145,525	\$3,284,958	\$139,433	4%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,658,890	\$1,177,470	(\$481,420)	-29%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,946,340	\$8,010,139	\$2,063,799	35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,289,391	\$4,009,071	\$1,719,680	75%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.50%	50.05%	11.55%	30%
4	DISCHARGES	821	871	50	6%
5	CASE MIX INDEX (CMI)	0.62890	0.62160	(0.00730)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	516.32690	541.41360	25.08670	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,434.00	\$7,404.82	\$2,970.83	67%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,585.08	(\$1,932.74)	(\$3,517.81)	-222%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,349.96	(\$1,059.59)	(\$3,409.54)	-145%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,213,346	(\$573,674)	(\$1,787,021)	-147%
11	PATIENT DAYS	2,530	2,936	406	16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$904.90	\$1,365.49	\$460.59	51%
13	AVERAGE LENGTH OF STAY	3.1	3.4	0.3	9%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,835,667	\$13,999,061	\$1,163,394	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,266,086	\$5,806,009	\$539,923	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.03%	41.47%	0.45%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	215.86%	174.77%	-41.09%	-19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,772.19644	1,522.21854	(249.97790)	-14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,971.50	\$3,814.18	\$842.67	28%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,178.46	\$1,846.19	(\$332.27)	-15%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,893.48	\$1,821.68	(\$1,071.80)	-37%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,127,821	\$2,773,000	(\$2,354,822)	-46%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$18,782,007	\$22,009,200	\$3,227,193	17%
24	TOTAL ACCRUED PAYMENTS	\$7,555,477	\$9,815,080	\$2,259,603	30%
25	TOTAL ALLOWANCES	\$11,226,530	\$12,194,120	\$967,590	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,341,168	\$2,199,326	(\$4,141,842)	-65%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$2,019,881	\$1,797,947	(\$221,934)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$531,967	\$372,324	(\$159,643)	-30%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.34%	20.71%	-5.63%	-21%
4	DISCHARGES	217	99	(118)	-54%
5	CASE MIX INDEX (CMI)	0.68890	0.62160	(0.06730)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	149.49130	61.53840	(87.95290)	-59%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,558.51	\$6,050.27	\$2,491.76	70%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,460.56	(\$578.19)	(\$3,038.74)	-123%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,225.44	\$294.96	(\$2,930.47)	-91%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$482,175	\$18,152	(\$464,023)	-96%
11	PATIENT DAYS	913	404	(509)	-56%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$582.66	\$921.59	\$338.94	58%
13	AVERAGE LENGTH OF STAY	4.2	4.1	(0.1)	-3%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,680,112	\$3,005,386	\$325,274	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$691,498	\$585,115	(\$106,383)	-15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.80%	19.47%	-6.33%	-25%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	132.69%	167.16%	34.47%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	287.92998	165.48497	(122.44501)	-43%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,401.62	\$3,535.76	\$1,134.14	47%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,748.34	\$2,124.60	(\$623.74)	-23%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,463.37	\$2,100.10	(\$1,363.27)	-39%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$997,207	\$347,535	(\$649,672)	-65%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$4,699,993	\$4,803,333	\$103,340	2%
24	TOTAL ACCRUED PAYMENTS	\$1,223,465	\$957,439	(\$266,026)	-22%
25	TOTAL ALLOWANCES	\$3,476,528	\$3,845,894	\$369,366	11%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,479,382	\$365,687	(\$1,113,696)	-75%

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FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$7,966,221	\$9,808,086	\$1,841,865	23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,821,358	\$4,381,395	\$1,560,037	55%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.42%	44.67%	9.25%	26%
4	DISCHARGES	1,038	970	(68)	-7%
5	CASE MIX INDEX (CMI)	0.64144	0.62160	(0.01984)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	665.81820	602.95200	(62.86620)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,237.43	\$7,266.57	\$3,029.14	71%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,781.64	(\$1,794.49)	(\$3,576.13)	-201%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,546.52	(\$921.34)	(\$3,467.86)	-136%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,695,521	(\$555,523)	(\$2,251,044)	-133%
11	PATIENT DAYS	3,443	3,340	(103)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$819.45	\$1,311.79	\$492.35	60%
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.1	4%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,515,779	\$17,004,447	\$1,488,668	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,957,584	\$6,391,124	\$433,540	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.40%	37.59%	-0.81%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	194.77%	173.37%	-21.40%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,060.12643	1,687.70352	(372.42291)	-18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,891.85	\$3,786.88	\$895.02	31%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,258.11	\$1,873.49	(\$384.62)	-17%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,973.13	\$1,848.98	(\$1,124.15)	-38%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,125,029	\$3,120,535	(\$3,004,494)	-49%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$23,482,000	\$26,812,533	\$3,330,533	14%
24	TOTAL ACCRUED PAYMENTS	\$8,778,942	\$10,772,519	\$1,993,577	23%
25	TOTAL ALLOWANCES	\$14,703,058	\$16,040,014	\$1,336,956	9%

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FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$268,174	\$120,481	(\$147,693)	-55%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$182,724	\$52,101	(\$130,623)	-71%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	68.14%	43.24%	-24.89%	-37%
4	DISCHARGES	36	13	(23)	-64%
5	CASE MIX INDEX (CMI)	0.54230	0.96910	0.42680	79%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	19.52280	12.59830	(6.92450)	-35%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,359.52	\$4,135.56	(\$5,223.96)	-56%
8	PATIENT DAYS	101	41	(60)	-59%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,809.15	\$1,270.76	(\$538.39)	-30%
10	AVERAGE LENGTH OF STAY	2.8	3.2	0.3	12%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$759,133	\$715,569	(\$43,564)	-6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$262,272	\$362,147	\$99,875	38%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,027,307	\$836,050	(\$191,257)	-19%
14	TOTAL ACCRUED PAYMENTS	\$444,996	\$414,248	(\$30,748)	-7%
15	TOTAL ALLOWANCES	\$582,311	\$421,802	(\$160,509)	-28%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$2,799,000	\$2,788,759	(\$10,241)	0%
2	TOTAL OPERATING EXPENSES	\$95,714,493	\$96,763,604	\$1,049,111	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$731,806	\$597,835	(\$133,971)	-18%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$720,702	\$1,210,237	\$489,535	68%
5	BAD DEBTS (CHARGES)	\$3,836,028	\$3,445,323	(\$390,705)	-10%
6	UNCOMPENSATED CARE (CHARGES)	\$4,556,730	\$4,655,560	\$98,830	2%
7	COST OF UNCOMPENSATED CARE	\$2,384,244	\$2,471,847	\$87,604	4%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$23,482,000	\$26,812,533	\$3,330,533	14%
9	TOTAL ACCRUED PAYMENTS	\$8,778,942	\$10,772,519	\$1,993,577	23%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$12,286,620	\$14,235,987	\$1,949,367	16%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,507,678	\$3,463,468	(\$44,210)	-1%

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**REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS**

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$53,977,458	\$58,108,748	\$4,131,290	8%
2	TOTAL INPATIENT PAYMENTS	\$29,478,658	\$31,682,453	\$2,203,795	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	54.61%	54.52%	-0.09%	0%
4	TOTAL DISCHARGES	5,387	5,573	186	3%
5	TOTAL CASE MIX INDEX	0.88410	0.92232	0.03823	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,762,62390	5,140,10020	377,47630	8%
7	TOTAL OUTPATIENT CHARGES	\$100,064,214	\$107,452,253	\$7,388,039	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	185.38%	184.92%	-0.47%	0%
9	TOTAL OUTPATIENT PAYMENTS	\$54,966,692	\$60,311,138	\$5,344,446	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.93%	56.13%	1.20%	2%
11	TOTAL CHARGES	\$154,041,672	\$165,561,001	\$11,519,329	7%
12	TOTAL PAYMENTS	\$84,445,350	\$91,993,591	\$7,548,241	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	54.82%	55.56%	0.74%	1%
14	PATIENT DAYS	20,465	20,204	(261)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$38,546,743	\$41,353,801	\$2,807,058	7%
2	INPATIENT PAYMENTS	\$20,149,430	\$22,530,173	\$2,380,743	12%
3	GOVT. INPATIENT PAYMENTS / CHARGES	52.27%	54.48%	2.21%	4%
4	DISCHARGES	3,407	3,554	147	4%
5	CASE MIX INDEX	0.94296	0.97568	0.03271	3%
6	CASE MIX ADJUSTED DISCHARGES	3,212,67990	3,467,56060	254,88070	8%
7	OUTPATIENT CHARGES	\$47,899,455	\$52,322,584	\$4,423,129	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	124.26%	126.52%	2.26%	2%
9	OUTPATIENT PAYMENTS	\$20,495,194	\$22,708,094	\$2,212,900	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.79%	43.40%	0.61%	1%
11	TOTAL CHARGES	\$86,446,198	\$93,676,385	\$7,230,187	8%
12	TOTAL PAYMENTS	\$40,644,624	\$45,238,267	\$4,593,643	11%
13	TOTAL PAYMENTS / CHARGES	47.02%	48.29%	1.27%	3%
14	PATIENT DAYS	14,878	14,213	(665)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$45,801,574	\$48,438,118	\$2,636,544	6%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.9	4.2	(0.6)	-13%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.8	3.0	0.1	5%
3	UNINSURED	2.7	2.8	0.2	7%
4	MEDICAID	3.1	3.4	0.3	9%
5	OTHER MEDICAL ASSISTANCE	4.2	4.1	(0.1)	-3%
6	CHAMPUS / TRICARE	2.8	3.2	0.3	12%
7	TOTAL AVERAGE LENGTH OF STAY	3.8	3.6	(0.2)	-5%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$154,041,672	\$165,561,001	\$11,519,329	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$45,801,574	\$48,438,118	\$2,636,544	6%
3	UNCOMPENSATED CARE	\$4,556,730	\$4,655,560	\$98,830	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$23,794,748	\$25,129,292	\$1,334,544	6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$20,331	\$32,042	\$11,711	58%
6	TOTAL ADJUSTMENTS	\$74,173,383	\$78,255,012	\$4,081,629	6%
7	TOTAL ACCRUED PAYMENTS	\$79,868,289	\$87,305,989	\$7,437,700	9%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$731,806	\$597,835	(\$133,971)	-18%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$80,600,095	\$87,903,824	\$7,303,729	9%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5232356541	0.5309452315	0.0077095774	1%
11	COST OF UNCOMPENSATED CARE	\$2,384,244	\$2,471,847	\$87,604	4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,507,678	\$3,463,468	(\$44,210)	-1%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,891,921	\$5,935,315	\$43,394	1%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,127,821	\$2,773,000	(\$2,354,822)	-46%
2	OTHER MEDICAL ASSISTANCE	\$1,479,382	\$365,687	(\$1,113,696)	-75%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,658,890	\$1,177,470	(\$481,420)	-29%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,266,094	\$4,316,156	(\$3,949,937)	-48%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$50,294	\$73,431	\$23,137	46.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,806,064	\$3,403,934	(\$402,130)	-10.57%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$88,983,220	\$95,995,284	\$7,012,064	7.88%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$154,041,672	\$165,561,002	\$11,519,330	7.48%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$108,189	\$93,029	(\$15,160)	-14.01%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,664,917	\$4,748,589	\$83,672	1.79%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,430,715	\$16,754,947	\$1,324,232
2	MEDICARE	\$30,312,348	31,425,234	\$1,112,886
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,966,221	9,808,086	\$1,841,865
4	MEDICAID	\$5,946,340	8,010,139	\$2,063,799
5	OTHER MEDICAL ASSISTANCE	\$2,019,881	1,797,947	(\$221,934)
6	CHAMPUS / TRICARE	\$268,174	120,481	(\$147,693)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$842,928	1,028,632	\$185,704
	TOTAL INPATIENT GOVERNMENT CHARGES	\$38,546,743	\$41,353,801	\$2,807,058
	TOTAL INPATIENT CHARGES	\$53,977,458	\$58,108,748	\$4,131,290
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,164,759	\$55,129,669	\$2,964,910
2	MEDICARE	\$31,624,543	34,602,568	\$2,978,025
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,515,779	17,004,447	\$1,488,668
4	MEDICAID	\$12,835,667	13,999,061	\$1,163,394
5	OTHER MEDICAL ASSISTANCE	\$2,680,112	3,005,386	\$325,274
6	CHAMPUS / TRICARE	\$759,133	715,569	(\$43,564)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,560,966	2,467,936	(\$93,030)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$47,899,455	\$52,322,584	\$4,423,129
	TOTAL OUTPATIENT CHARGES	\$100,064,214	\$107,452,253	\$7,388,039
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$67,595,474	\$71,884,616	\$4,289,142
2	TOTAL MEDICARE	\$61,936,891	\$66,027,802	\$4,090,911
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,482,000	\$26,812,533	\$3,330,533
4	TOTAL MEDICAID	\$18,782,007	\$22,009,200	\$3,227,193
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,699,993	\$4,803,333	\$103,340
6	TOTAL CHAMPUS / TRICARE	\$1,027,307	\$836,050	(\$191,257)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,403,894	\$3,496,568	\$92,674
	TOTAL GOVERNMENT CHARGES	\$86,446,198	\$93,676,385	\$7,230,187
	TOTAL CHARGES	\$154,041,672	\$165,561,001	\$11,519,329
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,329,228	\$9,152,280	(\$176,948)
2	MEDICARE	\$17,145,348	18,096,677	\$951,329
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,821,358	4,381,395	\$1,560,037
4	MEDICAID	\$2,289,391	4,009,071	\$1,719,680
5	OTHER MEDICAL ASSISTANCE	\$531,967	372,324	(\$159,643)
6	CHAMPUS / TRICARE	\$182,724	52,101	(\$130,623)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$57,963	52,535	(\$5,428)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$20,149,430	\$22,530,173	\$2,380,743
	TOTAL INPATIENT PAYMENTS	\$29,478,658	\$31,682,453	\$2,203,795
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,471,498	\$37,603,044	\$3,131,546
2	MEDICARE	\$14,275,338	15,954,823	\$1,679,485
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,957,584	6,391,124	\$433,540
4	MEDICAID	\$5,266,086	5,806,009	\$539,923
5	OTHER MEDICAL ASSISTANCE	\$691,498	585,115	(\$106,383)
6	CHAMPUS / TRICARE	\$262,272	362,147	\$99,875
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$200,406	159,075	(\$41,331)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$20,495,194	\$22,708,094	\$2,212,900
	TOTAL OUTPATIENT PAYMENTS	\$54,966,692	\$60,311,138	\$5,344,446
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,800,726	\$46,755,324	\$2,954,598
2	TOTAL MEDICARE	\$31,420,686	\$34,051,500	\$2,630,814
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,778,942	\$10,772,519	\$1,993,577
4	TOTAL MEDICAID	\$7,555,477	\$9,815,080	\$2,259,603
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,223,465	\$957,439	(\$266,026)
6	TOTAL CHAMPUS / TRICARE	\$444,996	\$414,248	(\$30,748)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$258,369	\$211,610	(\$46,759)
	TOTAL GOVERNMENT PAYMENTS	\$40,644,624	\$45,238,267	\$4,593,643
	TOTAL PAYMENTS	\$84,445,350	\$91,993,591	\$7,548,241

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.02%	10.12%	0.10%
2	MEDICARE	19.68%	18.98%	-0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.17%	5.92%	0.75%
4	MEDICAID	3.86%	4.84%	0.98%
5	OTHER MEDICAL ASSISTANCE	1.31%	1.09%	-0.23%
6	CHAMPUS / TRICARE	0.17%	0.07%	-0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.55%	0.62%	0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.02%	24.98%	-0.05%
	TOTAL INPATIENT PAYER MIX	35.04%	35.10%	0.06%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.86%	33.30%	-0.57%
2	MEDICARE	20.53%	20.90%	0.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.07%	10.27%	0.20%
4	MEDICAID	8.33%	8.46%	0.12%
5	OTHER MEDICAL ASSISTANCE	1.74%	1.82%	0.08%
6	CHAMPUS / TRICARE	0.49%	0.43%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.66%	1.49%	-0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	31.10%	31.60%	0.51%
	TOTAL OUTPATIENT PAYER MIX	64.96%	64.90%	-0.06%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.05%	9.95%	-1.10%
2	MEDICARE	20.30%	19.67%	-0.63%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.34%	4.76%	1.42%
4	MEDICAID	2.71%	4.36%	1.65%
5	OTHER MEDICAL ASSISTANCE	0.63%	0.40%	-0.23%
6	CHAMPUS / TRICARE	0.22%	0.06%	-0.16%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07%	0.06%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	23.86%	24.49%	0.63%
	TOTAL INPATIENT PAYER MIX	34.91%	34.44%	-0.47%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.82%	40.88%	0.05%
2	MEDICARE	16.90%	17.34%	0.44%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.05%	6.95%	-0.11%
4	MEDICAID	6.24%	6.31%	0.08%
5	OTHER MEDICAL ASSISTANCE	0.82%	0.64%	-0.18%
6	CHAMPUS / TRICARE	0.31%	0.39%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.17%	-0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.27%	24.68%	0.41%
	TOTAL OUTPATIENT PAYER MIX	65.09%	65.56%	0.47%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,980	2,019	39
2	MEDICARE	2,333	2,571	238
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,038	970	(68)
4	MEDICAID	821	871	50
5	OTHER MEDICAL ASSISTANCE	217	99	(118)
6	CHAMPUS / TRICARE	36	13	(23)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	83	72	(11)
	TOTAL GOVERNMENT DISCHARGES	3,407	3,554	147
	TOTAL DISCHARGES	5,387	5,573	186
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,587	5,991	404
2	MEDICARE	11,334	10,832	(502)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,443	3,340	(103)
4	MEDICAID	2,530	2,936	406
5	OTHER MEDICAL ASSISTANCE	913	404	(509)
6	CHAMPUS / TRICARE	101	41	(60)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	220	204	(16)
	TOTAL GOVERNMENT PATIENT DAYS	14,878	14,213	(665)
	TOTAL PATIENT DAYS	20,465	20,204	(261)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.8	3.0	0.1
2	MEDICARE	4.9	4.2	(0.6)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.3	3.4	0.1
4	MEDICAID	3.1	3.4	0.3
5	OTHER MEDICAL ASSISTANCE	4.2	4.1	(0.1)
6	CHAMPUS / TRICARE	2.8	3.2	0.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.7	2.8	0.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	4.0	(0.4)
	TOTAL AVERAGE LENGTH OF STAY	3.8	3.6	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.78280	0.82840	0.04560
2	MEDICARE	1.08330	1.10930	0.02600
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.64144	0.62160	(0.01984)
4	MEDICAID	0.62890	0.62160	(0.00730)
5	OTHER MEDICAL ASSISTANCE	0.68890	0.62160	(0.06730)
6	CHAMPUS / TRICARE	0.54230	0.96910	0.42680
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.77840	0.90950	0.13110
	TOTAL GOVERNMENT CASE MIX INDEX	0.94296	0.97568	0.03271
	TOTAL CASE MIX INDEX	0.88410	0.92232	0.03823
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,595,474	\$71,884,616	\$4,289,142
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,800,726	\$46,755,324	\$2,954,598
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$23,794,748	\$25,129,292	\$1,334,544
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.20%	34.96%	-0.24%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$50,294	\$73,431	\$23,137
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$20,331	\$32,042	\$11,711
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$731,806	\$597,835	(\$133,971)
8	CHARITY CARE	\$720,702	\$1,210,237	\$489,535
9	BAD DEBTS	\$3,836,028	\$3,445,323	(\$390,705)
10	TOTAL UNCOMPENSATED CARE	\$4,556,730	\$4,655,560	\$98,830
11	TOTAL OTHER OPERATING REVENUE	\$67,595,474	\$71,884,616	\$4,289,142
12	TOTAL OPERATING EXPENSES	\$95,714,493	\$96,763,604	\$1,049,111

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2008</u>	<u>ACTUAL</u> <u>FY 2009</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,549.94400	1,672.53960	122.59560
2	MEDICARE	2,527.33890	2,852.01030	324.67140
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	665.81820	602.95200	(62.86620)
4	MEDICAID	516.32690	541.41360	25.08670
5	OTHER MEDICAL ASSISTANCE	149.49130	61.53840	(87.95290)
6	CHAMPUS / TRICARE	19.52280	12.59830	(6.92450)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	64.60720	65.48400	0.87680
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,212.67990	3,467.56060	254.88070
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,762.62390	5,140.10020	377.47630
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,693.54744	6,643.22016	-50.32727
2	MEDICARE	2,433.99353	2,830.94797	396.95444
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,060.12643	1,687.70352	-372.42291
4	MEDICAID	1,772.19644	1,522.21854	-249.97790
5	OTHER MEDICAL ASSISTANCE	287.92998	165.48497	-122.44501
6	CHAMPUS / TRICARE	101.90693	77.21049	-24.69644
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	252.16884	172.74535	-79.42350
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,596.02688	4,595.86198	-0.16490
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,289.57432	11,239.08214	-50.49218
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,019.07	\$5,472.09	(\$546.99)
2	MEDICARE	\$6,783.95	\$6,345.24	(\$438.72)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,237.43	\$7,266.57	\$3,029.14
4	MEDICAID	\$4,434.00	\$7,404.82	\$2,970.83
5	OTHER MEDICAL ASSISTANCE	\$3,558.51	\$6,050.27	\$2,491.76
6	CHAMPUS / TRICARE	\$9,359.52	\$4,135.56	(\$5,223.96)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$897.16	\$802.26	(\$94.90)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,271.84	\$6,497.41	\$225.57
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,189.58	\$6,163.78	(\$25.80)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,149.96	\$5,660.36	\$510.40
2	MEDICARE	\$5,864.99	\$5,635.86	(\$229.13)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,891.85	\$3,786.88	\$895.02
4	MEDICAID	\$2,971.50	\$3,814.18	\$842.67
5	OTHER MEDICAL ASSISTANCE	\$2,401.62	\$3,535.76	\$1,134.14
6	CHAMPUS / TRICARE	\$2,573.64	\$4,690.39	\$2,116.74
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$794.73	\$920.86	\$126.13
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,459.33	\$4,940.99	\$481.66
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,868.80	\$5,366.20	\$497.40

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,127,821	\$2,773,000	(\$2,354,822)
2	OTHER MEDICAL ASSISTANCE	\$1,479,382	\$365,687	(\$1,113,696)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,658,890	\$1,177,470	(\$481,420)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,266,094	\$4,316,156	(\$3,949,937)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$154,041,672	\$165,561,001	\$11,519,329
2	TOTAL GOVERNMENT DEDUCTIONS	\$45,801,574	\$48,438,118	\$2,636,544
3	UNCOMPENSATED CARE	\$4,556,730	\$4,655,560	\$98,830
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$23,794,748	\$25,129,292	\$1,334,544
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$20,331	\$32,042	\$11,711
6	TOTAL ADJUSTMENTS	\$74,173,383	\$78,255,012	\$4,081,629
7	TOTAL ACCRUED PAYMENTS	\$79,868,289	\$87,305,989	\$7,437,700
8	UCP DSH PAYMENTS (OHCA INPUT)	\$731,806	\$597,835	(\$133,971)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$80,600,095	\$87,903,824	\$7,303,729
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5232356541	0.5309452315	0.0077095774
11	COST OF UNCOMPENSATED CARE	\$2,384,244	\$2,471,847	\$87,604
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,507,678	\$3,463,468	(\$44,210)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,891,921	\$5,935,315	\$43,394
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	60.46%	54.62%	-5.83%
2	MEDICARE	56.56%	57.59%	1.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35.42%	44.67%	9.25%
4	MEDICAID	38.50%	50.05%	11.55%
5	OTHER MEDICAL ASSISTANCE	26.34%	20.71%	-5.63%
6	CHAMPUS / TRICARE	68.14%	43.24%	-24.89%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.88%	5.11%	-1.77%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	52.27%	54.48%	2.21%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	54.61%	54.52%	-0.09%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	66.08%	68.21%	2.13%
2	MEDICARE	45.14%	46.11%	0.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.40%	37.59%	-0.81%
4	MEDICAID	41.03%	41.47%	0.45%
5	OTHER MEDICAL ASSISTANCE	25.80%	19.47%	-6.33%
6	CHAMPUS / TRICARE	34.55%	50.61%	16.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.83%	6.45%	-1.38%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.79%	43.40%	0.61%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	54.93%	56.13%	1.20%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$84,445,350	\$91,993,591	\$7,548,241
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$731,806	\$597,835	(\$133,971)
	OHCA DEFINED NET REVENUE	\$85,177,156	\$92,591,426	\$7,414,270
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,806,064	\$3,403,934	(\$402,130)
4	CALCULATED NET REVENUE	\$92,849,211	\$95,995,360	\$3,146,149
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$88,983,220	\$95,995,284	\$7,012,064
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,865,991	\$76	(\$3,865,915)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$154,041,672	\$165,561,001	\$11,519,329
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$154,041,672	\$165,561,001	\$11,519,329
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$154,041,672	\$165,561,002	\$11,519,330
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,556,730	\$4,655,560	\$98,830
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$108,189	\$93,029	(\$15,160)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,664,919	\$4,748,589	\$83,670
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,664,917	\$4,748,589	\$83,672
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2	\$0	(\$2)

DAY KIMBALL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,754,947
2	MEDICARE	31,425,234
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,808,086
4	MEDICAID	8,010,139
5	OTHER MEDICAL ASSISTANCE	1,797,947
6	CHAMPUS / TRICARE	120,481
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,028,632
	TOTAL INPATIENT GOVERNMENT CHARGES	\$41,353,801
	TOTAL INPATIENT CHARGES	\$58,108,748
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,129,669
2	MEDICARE	34,602,568
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,004,447
4	MEDICAID	13,999,061
5	OTHER MEDICAL ASSISTANCE	3,005,386
6	CHAMPUS / TRICARE	715,569
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,467,936
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$52,322,584
	TOTAL OUTPATIENT CHARGES	\$107,452,253
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$71,884,616
2	TOTAL GOVERNMENT ACCRUED CHARGES	93,676,385
	TOTAL ACCRUED CHARGES	\$165,561,001
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,152,280
2	MEDICARE	18,096,677
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,381,395
4	MEDICAID	4,009,071
5	OTHER MEDICAL ASSISTANCE	372,324
6	CHAMPUS / TRICARE	52,101
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52,535
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$22,530,173
	TOTAL INPATIENT PAYMENTS	\$31,682,453
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,603,044
2	MEDICARE	15,954,823
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,391,124
4	MEDICAID	5,806,009
5	OTHER MEDICAL ASSISTANCE	585,115
6	CHAMPUS / TRICARE	362,147
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	159,075
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$22,708,094
	TOTAL OUTPATIENT PAYMENTS	\$60,311,138
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$46,755,324
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	45,238,267
	TOTAL ACCRUED PAYMENTS	\$91,993,591

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,019
2	MEDICARE	2,571
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	970
4	MEDICAID	871
5	OTHER MEDICAL ASSISTANCE	99
6	CHAMPUS / TRICARE	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72
	TOTAL GOVERNMENT DISCHARGES	3,554
	TOTAL DISCHARGES	5,573
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.82840
2	MEDICARE	1.10930
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.62160
4	MEDICAID	0.62160
5	OTHER MEDICAL ASSISTANCE	0.62160
6	CHAMPUS / TRICARE	0.96910
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.90950
	TOTAL GOVERNMENT CASE MIX INDEX	0.97568
	TOTAL CASE MIX INDEX	0.92232
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$71,884,616
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$46,755,324
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,129,292
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	34.96%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$73,431
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$32,042
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$597,835
8	CHARITY CARE	\$1,210,237
9	BAD DEBTS	\$3,445,323
10	TOTAL UNCOMPENSATED CARE	\$4,655,560
11	TOTAL OTHER OPERATING REVENUE	\$2,788,759
12	TOTAL OPERATING EXPENSES	\$96,763,604

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$91,993,591
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$597,835
	OHCA DEFINED NET REVENUE	\$92,591,426
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,403,934
	CALCULATED NET REVENUE	\$95,995,360
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$95,995,284
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$76
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$165,561,001
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$165,561,001
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$165,561,002
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,655,560
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$93,029
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,748,589
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,748,589
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	458	605	147	32%
2	Number of Approved Applicants	433	577	144	33%
3	Total Charges (A)	\$720,702	\$1,210,237	\$489,535	68%
4	Average Charges	\$1,664	\$2,097	\$433	26%
5	Ratio of Cost to Charges (RCC)	0.580935	0.610266	0.029331	5%
6	Total Cost	\$418,681	\$738,566	\$319,885	76%
7	Average Cost	\$967	\$1,280	\$313	32%
8	Charity Care - Inpatient Charges	\$245,277	\$470,300	\$225,023	92%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	291,943	393,036	101,093	35%
10	Charity Care - Emergency Department Charges	183,482	346,901	163,419	89%
11	Total Charges (A)	\$720,702	\$1,210,237	\$489,535	68%
12	Charity Care - Number of Patient Days	174	153	(21)	-12%
13	Charity Care - Number of Discharges	48	42	(6)	-13%
14	Charity Care - Number of Outpatient ED Visits	213	555	342	161%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	566	804	238	42%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$591,078	\$736,736	\$145,658	25%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,153,999	745,364	(408,635)	-35%
3	Bad Debts - Emergency Department	2,090,951	1,963,223	(127,728)	-6%
4	Total Bad Debts (A)	\$3,836,028	\$3,445,323	(\$390,705)	-10%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$720,702	\$1,210,237	\$489,535	68%
2	Bad Debts (A)	3,836,028	3,445,323	(390,705)	-10%
3	Total Uncompensated Care (A)	\$4,556,730	\$4,655,560	\$98,830	2%
4	Uncompensated Care - Inpatient Services	\$836,355	\$1,207,036	\$370,681	44%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,445,942	1,138,400	(307,542)	-21%
6	Uncompensated Care - Emergency Department	2,274,433	2,310,124	35,691	2%
7	Total Uncompensated Care (A)	\$4,556,730	\$4,655,560	\$98,830	2%

(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$53,396,895	\$53,977,458	\$58,108,748
2	Outpatient Gross Revenue	\$97,551,056	\$100,064,214	\$107,452,253
3	Total Gross Patient Revenue	\$150,947,951	\$154,041,672	\$165,561,001
4	Net Patient Revenue	\$90,308,057	\$88,983,220	\$95,995,284
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$95,342,950	\$95,714,493	\$96,763,604
C. <u>Utilization Statistics</u>				
1	Patient Days	20,370	20,465	20,204
2	Discharges	5,586	5,387	5,573
3	Average Length of Stay	3.6	3.8	3.6
4	Equivalent (Adjusted) Patient Days (EPD)	57,584	58,403	57,564
0	Equivalent (Adjusted) Discharges (ED)	15,791	15,374	15,878
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	0.90515	0.88410	0.92232
2	Case Mix Adjusted Patient Days (CMA PD)	18,438	18,093	18,635
3	Case Mix Adjusted Discharges (CMA D)	5,056	4,763	5,140
4	Case Mix Adjusted Equivalent Patient Days (CMA EPD)	52,122	51,634	53,093
5	Case Mix Adjusted Equivalent Discharges (CMA ED)	14,293	13,592	14,645
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$7,410	\$7,527	\$8,194
2	Total Gross Revenue per Discharge	\$27,023	\$28,595	\$29,708
3	Total Gross Revenue per EPD	\$2,621	\$2,638	\$2,876
4	Total Gross Revenue per ED	\$9,559	\$10,020	\$10,427
5	Total Gross Revenue per CMA EPD	\$2,896	\$2,983	\$3,118
6	Total Gross Revenue per CMA ED	\$10,561	\$11,334	\$11,305
7	Inpatient Gross Revenue per EPD	\$927	\$924	\$1,009
8	Inpatient Gross Revenue per ED	\$3,381	\$3,511	\$3,660

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,433	\$4,348	\$4,751
2	Net Patient Revenue per Discharge	\$16,167	\$16,518	\$17,225
3	Net Patient Revenue per EPD	\$1,568	\$1,524	\$1,668
4	Net Patient Revenue per ED	\$5,719	\$5,788	\$6,046
5	Net Patient Revenue per CMAEPD	\$1,733	\$1,723	\$1,808
6	Net Patient Revenue per CMAED	\$6,318	\$6,547	\$6,555
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,681	\$4,677	\$4,789
2	Total Operating Expense per Discharge	\$17,068	\$17,768	\$17,363
3	Total Operating Expense per EPD	\$1,656	\$1,639	\$1,681
4	Total Operating Expense per ED	\$6,038	\$6,226	\$6,094
5	Total Operating Expense per CMAEPD	\$1,829	\$1,854	\$1,823
6	Total Operating Expense per CMAED	\$6,670	\$7,042	\$6,607
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$13,651,155	\$14,428,705	\$14,709,080
2	Nursing Fringe Benefits Expense	\$4,942,948	\$4,412,297	\$4,040,000
3	Total Nursing Salary and Fringe Benefits Expense	\$18,594,103	\$18,841,002	\$18,749,080
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,291,883	\$2,591,124	\$3,546,430
2	Physician Fringe Benefits Expense	\$829,868	\$792,366	\$974,063
3	Total Physician Salary and Fringe Benefits Expense	\$3,121,751	\$3,383,490	\$4,520,493
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$24,348,286	\$25,067,937	\$25,140,587
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,797,799	\$7,665,774	\$6,905,120
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$33,146,085	\$32,733,711	\$32,045,707
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$40,291,324	\$42,087,766	\$43,396,097
2	Total Fringe Benefits Expense	\$14,570,615	\$12,870,437	\$11,919,183
3	Total Salary and Fringe Benefits Expense	\$54,861,939	\$54,958,203	\$55,315,280

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	223.5	223.8	234.9
2	Total Physician FTEs	11.8	12.9	16.3
3	Total Non-Nursing, Non-Physician FTEs	470.0	477.7	486.7
4	Total Full Time Equivalent Employees (FTEs)	705.3	714.4	737.9
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$61,079	\$64,471	\$62,618
2	Nursing Fringe Benefits Expense per FTE	\$22,116	\$19,715	\$17,199
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$83,195	\$84,187	\$79,817
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$194,227	\$200,862	\$217,572
2	Physician Fringe Benefits Expense per FTE	\$70,328	\$61,424	\$59,758
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$264,555	\$262,286	\$277,331
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,805	\$52,476	\$51,655
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,719	\$16,047	\$14,188
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$70,524	\$68,524	\$65,843
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$57,127	\$58,913	\$58,810
2	Total Fringe Benefits Expense per FTE	\$20,659	\$18,016	\$16,153
3	Total Salary and Fringe Benefits Expense per FTE	\$77,785	\$76,929	\$74,963
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,693	\$2,685	\$2,738
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,821	\$10,202	\$9,926
3	Total Salary and Fringe Benefits Expense per EPD	\$953	\$941	\$961
4	Total Salary and Fringe Benefits Expense per ED	\$3,474	\$3,575	\$3,484
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,053	\$1,064	\$1,042
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,838	\$4,044	\$3,777