TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 100	HOSPITAL	BALANCE SHEET INFORMATION

	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %		
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE		
I.	<u>ASSETS</u>						
A.	Current Assets:						
1	Cash and Cash Equivalents	\$2,156,339	\$5,285,678	\$3,129,339	145%		
2	Short Term Investments	\$6,363,563	\$2,705,332	(\$3,658,231)	-57%		
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,743,539	\$12,792,119	\$48,580	0%		
4	Current Assets Whose Use is Limited for Current Liabilities	\$324,188	\$7,166,565	\$6,842,377	2111%		
5	Due From Affiliates	\$5,368,355	\$6,465	(\$5,361,890)	-100%		
6	Due From Third Party Payers	\$2,645,109	\$0	(\$2,645,109)	-100%		
7	Inventories of Supplies	\$1,980,560	\$2,126,383	\$145,823	7%		
8	Prepaid Expenses	\$301,350	\$489,720	\$188,370	63%		
9	Other Current Assets	\$1,534,648	\$1,462,227	(\$72,421)	-5%		
	Total Current Assets	\$33,417,651	\$32,034,489	(\$1,383,162)	-4%		
В.	Noncurrent Assets Whose Use is Limited:						
_		¢4 240 242	¢4 520 740	\$229 FOE	5%		
2	Held by Trustee Board Designated for Capital Acquisition	\$4,310,243 \$0	\$4,538,749 \$0	\$228,506 \$0	0%		
3	Funds Held in Escrow	\$1,292,108	\$2,340,577	\$1,048,469	81%		
4	Other Noncurrent Assets Whose Use is Limited	\$6,150,091	\$3,941,338	(\$2,208,753)	-36%		
- 4	Total Noncurrent Assets Whose Use is Limited:	\$11,752,442	\$10,820,664	(\$931,778)	-30 %		
5	Interest in Net Assets of Foundation	\$0	\$0	(\$0.004.004)	0%		
6	Long Term Investments	\$15,338,235	\$11,533,351	(\$3,804,884)	-25%		
7	Other Noncurrent Assets	\$541,087	\$1,318,867	\$777,780	144%		
C.	Net Fixed Assets:						
1	Property, Plant and Equipment	\$100,821,888	\$101,703,018	\$881,130	1%		
2	Less: Accumulated Depreciation	\$67,985,808	\$70,767,132	\$2,781,324	4%		
	Property, Plant and Equipment, Net	\$32,836,080	\$30,935,886	(\$1,900,194)	-6%		
		AD 040 040	* 40.050.400	DO 500 040	4000/		
3	Construction in Progress	\$3,849,846	\$10,356,162	\$6,506,316	169%		
	Total Net Fixed Assets	\$36,685,926	\$41,292,048	\$4,606,122	13%		
	Total Assets	\$97,735,341	\$96,999,419	(\$735,922)	-1%		
II.	LIABILITIES AND NET ASSETS						
Α.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$6,961,922	\$9,451,225	\$2,489,303	36%		
2	Salaries, Wages and Payroll Taxes	\$1,268,378	\$1,186,976	(\$81,402)	-6%		

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2013 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (4) (2) (3) (5) (6) FY 2012 FY 2013 AMOUNT LINE DESCRIPTION DIFFERENCE DIFFERENCE **ACTUAL ACTUAL** \$0 \$1,067,507 0% Due To Third Party Payers \$1,067,507 \$0 \$0 0% Due To Affiliates \$0 Current Portion of Long Term Debt \$767,324 \$804,612 \$37,288 5% 0% Current Portion of Notes Payable \$0 \$0 Other Current Liabilities \$7,935,558 \$11,062,165 \$3,126,607 39% **Total Current Liabilities** \$6.639.303 39% \$16,933,182 \$23.572.485 B. Long Term Debt: 80% Bonds Payable (Net of Current Portion) \$16,517,550 \$29,718,688 \$13,201,138 0% Notes Payable (Net of Current Portion) \$0 \$0 \$0 80% **Total Long Term Debt** \$16,517,550 \$29,718,688 \$13,201,138 Accrued Pension Liability \$36,868,659 \$27,623,323 (\$9,245,336)-25% Other Long Term Liabilities \$0 \$0 0% \$0 **Total Long Term Liabilities** \$53.386.209 \$57.342.011 \$3.955.802 7% Interest in Net Assets of Affiliates or Joint Ventures \$0 0% \$0 \$0 Net Assets: \$7,050,300 -58% 1 Unrestricted Net Assets or Equity \$16,901,258 (\$9,850,958)Temporarily Restricted Net Assets \$6,307,797 \$4,728,936 (\$1,578,861)-25% 2% Permanently Restricted Net Assets \$4,206,895 \$4,305,687 \$98,792 Total Net Assets -41% \$27,415,950 \$16,084,923 (\$11,331,027) Total Liabilities and Net Assets \$97,735,341 \$96,999,419 (\$735,922) -1%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2013 REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION** (1) (2) (4) (5) (6)FY 2012 FY 2013 **AMOUNT** LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE** DIFFERENCE **Operating Revenue:** 2% Total Gross Patient Revenue \$212.323.722 \$216,749,429 \$4,425,707 2 Less: Allowances \$98,208,289 \$108,255,956 \$10,047,667 10% -1% 3 Less: Charity Care \$710,098 \$703.850 (\$6,248)Less: Other Deductions \$0 \$0 0% \$0 **Total Net Patient Revenue** \$113.405.335 \$107.789.623 (\$5,615,712)-5% 0% 5 Provision for Bad Debts \$0 \$3,140,293 \$3,140,293 Net Patient Service Revenue less provision for bad debts \$113.405.335 \$104.649.330 (\$8.756.005) -8% 6 Other Operating Revenue \$6.224.434 \$4,807,000 (\$1,417,434)-23% 7 Net Assets Released from Restrictions \$314,624 \$1,624,641 \$1,310,017 416% -7% \$119,944,393 **Total Operating Revenue** \$111,080,971 (\$8,863,422) **Operating Expenses:** -7% Salaries and Wages 1 \$51,043,061 \$47,705,746 (\$3,337,315)2 Fringe Benefits \$17,410,102 \$17,118,639 (\$291,463)-2% 3 Physicians Fees \$2.826.039 \$3,579,600 \$753.561 27% 4 Supplies and Drugs \$14,105,353 \$15,220,013 \$1,114,660 8% \$4,726,233 -2% 5 Depreciation and Amortization \$4,830,289 (\$104,056)\$3,538,140 6 **Bad Debts** -100% \$0 (\$3,538,140)Interest Expense \$1,028,742 \$952,190 (\$76,552)-7% -6% \$305,901 8 Malpractice Insurance Cost \$289,062 (\$16,839)Other Operating Expenses \$20,153,802 \$21,033,109 \$879,307 4% -4% **Total Operating Expenses** \$115,241,429 \$110,624,592 (\$4,616,837)Income/(Loss) From Operations \$4,702,964 \$456,379 (\$4,246,585)-90% C. **Non-Operating Revenue:** Income from Investments \$878.011 \$772.840 735% \$105,171 \$0 0% 2 Gifts, Contributions and Donations \$0 \$0 3 Other Non-Operating Gains/(Losses) \$378,796 (\$447,476)(\$826,272)-218% **Total Non-Operating Revenue** \$483,967 \$430,535 (\$53,432)-11% Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments) \$5,186,931 \$886,914 (\$4,300,017)-83% Other Adjustments:

\$0

\$0

\$0

0%

Unrealized Gains/(Losses)

	DAY	KIMBALL HOSPITA	L		
	TWELVE	MONTHS ACTUAL F	ILING		
	F	ISCAL YEAR 2013			
	REPORT 150 - HOSPITAL S	TATEMENT OF OPE	RATIONS INFORM	ATION	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$5,186,931	\$886,914	(\$4,300,017)	-83%
	Principal Payments	\$590,000	\$593,333	\$3,333	1%

	DAY	KIMBALL HOSPITAL	<u> </u>		
		MONTHS ACTUAL FII	LING		
	F	ISCAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS RI		JE AND STATISTIC	CS BY PAYER	
		,			
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
IINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	DEGOKII NOK	7.6.67.2	7101071=	2	211 7 211 211 2
I.	GROSS REVENUE BY PAYER				
A.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$25,275,273	\$27,082,039	\$1,806,766	7%
2	MEDICARE MANAGED CARE	\$4,964,669	\$6,881,561	\$1,916,892	39%
3	MEDICAID	\$12,883,566	\$13,752,491	\$868,925	7%
4	MEDICAID MANAGED CARE	\$1,166,796	\$141,843	(\$1,024,953)	-88%
5	CHAMPUS/TRICARE	\$323,493	\$222,098	(\$101,395)	-31%
6	COMMERCIAL INSURANCE	\$14,446,190	\$14,684,689	\$238,499	2%
7	NON-GOVERNMENT MANAGED CARE WORKER'S COMPENSATION	\$0 \$211,651	\$0	\$0 (\$148,754)	0%
<u>8</u> 9		' '	\$62,897	1' ' '	-70%
10	SELF- PAY/UNINSURED SAGA	\$989,974	\$856,999 \$0	(\$132,975)	-13%
11	OTHER	\$0 \$0	\$0 \$0	<u>\$0</u> \$0	0% 0%
11	TOTAL INPATIENT GROSS REVENUE	\$60,261,612	\$63,684,617	\$3,423,005	6%
В.	OUTPATIENT GROSS REVENUE	\$00,201,012	\$03,004,01 <i>1</i>	\$3,423,003	0 //
1	MEDICARE TRADITIONAL	\$40,270,983	\$43,408,788	\$3,137,805	8%
2	MEDICARE MANAGED CARE	\$10,676,194	\$12,540,330	\$1,864,136	17%
3	MEDICAID	\$24,985,129	\$29,037,537	\$4,052,408	16%
4	MEDICAID MEDICAID MANAGED CARE	\$4,883,888	\$976,202	(\$3,907,686)	-80%
5	CHAMPUS/TRICARE	\$1,203,246	\$977,760	(\$225,486)	-19%
6	COMMERCIAL INSURANCE	\$64,478,025	\$61,211,786	(\$3,266,239)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,910,671	\$1,793,123	(\$117,548)	-6%
9	SELF- PAY/UNINSURED	\$3,653,944	\$3,119,256	(\$534,688)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$152,062,080	\$153,064,782	\$1,002,702	1%
С.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$65,546,256	\$70,490,827	\$4,944,571	8%
2	MEDICARE MANAGED CARE	\$15,640,863	\$19,421,891	\$3,781,028	24%
3	MEDICAID	\$37,868,695	\$42,790,028	\$4,921,333	13%
4	MEDICAID MANAGED CARE	\$6,050,684	\$1,118,045	(\$4,932,639)	-82%
5	CHAMPUS/TRICARE	\$1,526,739	\$1,199,858	(\$326,881)	-21%
6	COMMERCIAL INSURANCE	\$78,924,215	\$75,896,475	(\$3,027,740)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,122,322	\$1,856,020	(\$266,302)	-13%
9	SELF- PAY/UNINSURED	\$4,643,918	\$3,976,255	(\$667,663)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$212,323,692	\$216,749,399	\$4,425,707	2%
II.	NET REVENUE BY PAYER				
	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$14,464,428	\$14,121,201	(\$343,227)	-2%
2	MEDICARE MANAGED CARE	\$2,535,972	\$3,377,949	\$841,977	33%
3	MEDICAID	\$6,497,085	\$4,775,484	(\$1,721,601)	-26%
4	MEDICAID MANAGED CARE	\$231,448	\$34,500	(\$196,948)	-85%
5	CHAMPUS/TRICARE	\$89,377	\$94,784	\$5,407	6%
6	COMMERCIAL INSURANCE	\$7,697,903	\$8,670,773	\$972,870	13%

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		MONTHS ACTUAL FIL	ING					
		SCAL YEAR 2013	LING					
	REPORT 165 - HOSPITAL GROSS REV		IE AND STATISTI	CC DV DAVED				
	REPORT 103 - HOSPITAL GROSS REV	ZENUE, NEI REVENU	DE AND STATISTIC	SBIPAIER				
(1)	(2)	(3)	(4)	(5)	(6)			
(1)	(2)			` '	• • • • • • • • • • • • • • • • • • • •			
		FY 2012	FY 2013	AMOUNT	%			
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE			
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%			
8	WORKER'S COMPENSATION	\$177,332	\$60,588	(\$116,744)	-66%			
9	SELF- PAY/UNINSURED	\$50,127	\$38,867	(\$11,260)	-22%			
10	SAGA	\$0	\$0	\$0	0%			
11	OTHER	\$0	\$0	\$0	0%			
	TOTAL INPATIENT NET REVENUE	\$31,743,672	\$31,174,146	(\$569,526)	-2%			
В.	OUTPATIENT NET REVENUE	A / = 00 = 000	* * * * * * * * * * * * * * * * * * *	* · · · · · · · · · · · · · · · · · · ·				
1	MEDICARE TRADITIONAL	\$17,905,080	\$18,021,639	\$116,559	1%			
2	MEDICARE MANAGED CARE	\$4,425,039	\$4,568,031	\$142,992 \$26,740	3%			
3	MEDICAID MEDICAID MANAGED CARE	\$11,068,348	\$11,095,097	\$26,749 (\$775,717)	0% -63%			
5	CHAMPUS/TRICARE	\$1,222,951 \$478,311	\$447,234 \$350,516	(\$775,717) (\$127,795)	-63% -27%			
6	COMMERCIAL INSURANCE	\$39,808,218	\$36,592,917	(\$3,215,301)	-21% -8%			
7	NON-GOVERNMENT MANAGED CARE	\$39,808,218	\$30,392,917	(\$3,213,301)	0%			
8	WORKER'S COMPENSATION	\$1,551,767	\$1,444,344	(\$107,423)	-7%			
9	SELF- PAY/UNINSURED	\$421,333	\$212,431	(\$208,902)	-50%			
10	SAGA	\$0	\$0	\$0	0%			
11	OTHER	\$0	\$0	\$0	0%			
	TOTAL OUTPATIENT NET REVENUE	\$76,881,047	\$72,732,209	(\$4,148,838)	-5%			
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C.	TOTAL NET REVENUE							
1	MEDICARE TRADITIONAL	\$32,369,508	\$32,142,840	(\$226,668)	-1%			
2	MEDICARE MANAGED CARE	\$6,961,011	\$7,945,980	\$984,969	14%			
3	MEDICAID	\$17,565,433	\$15,870,581	(\$1,694,852)	-10%			
4	MEDICAID MANAGED CARE	\$1,454,399	\$481,734	(\$972,665)	-67%			
5	CHAMPUS/TRICARE	\$567,688	\$445,300	(\$122,388)	-22%			
6	COMMERCIAL INSURANCE	\$47,506,121	\$45,263,690	(\$2,242,431)	-5%			
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%			
8	WORKER'S COMPENSATION	\$1,729,099	\$1,504,932	(\$224,167)	-13%			
9	SELF- PAY/UNINSURED	\$471,460	\$251,298	(\$220,162)	-47%			
10	SAGA	\$0	\$0	\$0	0%			
11	OTHER	\$0	\$0	\$0	0%			
	TOTAL NET REVENUE	\$108,624,719	\$103,906,355	(\$4,718,364)	-4%			
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III.	STATISTICS BY PAYER							
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A.	DISCHARGES							
1	MEDICARE TRADITIONAL	1,865	1,569	(296)	-16%			
2	MEDICARE MANAGED CARE	343	378	35	10%			
3	MEDICAID	1,318	1,257	(61)	-5%			
4	MEDICAID MANAGED CARE	109	8	(101)	-93%			
5	CHAMPUS/TRICARE	37	20	(17)	-46%			
6	COMMERCIAL INSURANCE	1,343	1,036	(307)	-23%			
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%			
8	WORKER'S COMPENSATION	11	4	(7)	-64%			
9	SELF- PAY/UNINSURED	71	59	(12)	-17%			
10	SAGA	0	0	0	0%			
11	OTHER	0	0	(700)	0%			
_	TOTAL DISCHARGES	5,097	4,331	(766)	-15%			
В.	PATIENT DAYS	704	0.50	// 005				
1	MEDICARE TRADITIONAL	7,647	6,581	(1,066)	-14%			
2	MEDICAID	1,306	1,580	274	21%			
3	MEDICAID	4,803	4,388	(415)	-9%			

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	ΝΔΥ ΚΙ	MBALL HOSPITAL			
		NTHS ACTUAL FIL	ING		
		CAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS REVE	NUE, NET REVENU	IE AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	MEDICALD MANAGED CADE	222	10	(000)	070/
<u>4</u> 5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	328 84	42 52	(286)	-87% -38%
6	COMMERCIAL INSURANCE	4,097	3,264	(833)	-30%
7	NON-GOVERNMENT MANAGED CARE	0	0,204	0	0%
8	WORKER'S COMPENSATION	27	9	(18)	-67%
9	SELF- PAY/UNINSURED	192	208	16	8%
10	SAGA	0	0	0	0%
11	OTHER DAYS	0	0	0	0%
_	TOTAL PATIENT DAYS	18,484	16,124	(2,360)	-13%
C .	OUTPATIENT VISITS MEDICARE TRADITIONAL	108,239	103,075	(F. 1G.1)	F0/
2	MEDICARE MANAGED CARE	16,278	23,503	(5,164) 7,225	-5% 44%
3	MEDICAID	55,544	61,074	5,530	10%
4	MEDICAID MANAGED CARE	13,157	911	(12,246)	-93%
5	CHAMPUS/TRICARE	2,788	1,904	(884)	-32%
6	COMMERCIAL INSURANCE	122,231	92,258	(29,973)	-25%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,209	2,242	33	1%
9 10	SELF- PAY/UNINSURED SAGA	7,734	7,035 0	(699) 0	-9% 0%
11	OTHER	0	0	0	0%
- ' '	TOTAL OUTPATIENT VISITS	328,180	292,002	(36,178)	-11%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$6,248,953	\$6,451,335	\$202,382	3%
2	MEDICARE MANAGED CARE	\$1,378,427	\$1,472,534	\$94,107	7%
3	MEDICAID	\$8,285,258	\$9,463,086	\$1,177,828	14%
<u>4</u> 5	MEDICAID MANAGED CARE	\$1,293,466	\$79,924	(\$1,213,542)	-94% -17%
6	CHAMPUS/TRICARE COMMERCIAL INSURANCE	\$292,111 \$10,186,146	\$241,243 \$9,242,675	(\$50,868) (\$943,471)	-17% -9%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$495,383	\$517,853	\$22,470	5%
9	SELF- PAY/UNINSURED	\$2,272,791	\$1,806,232	(\$466,559)	-21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$30,452,535	\$29,274,882	(\$1,177,653)	-4%
_	EMERGENCY DEPARTMENT OUTPATIENT NET				
B.	REVENUE MEDICARE TRADITIONAL	Ø4 000 400	#4 050 400	ФЕТ 000	601
2	MEDICARE TRADITIONAL	\$1,802,182 \$415,730	\$1,859,188 \$427,667	\$57,006 \$11,028	3%
3	MEDICARE MANAGED CARE MEDICAID	\$415,739 \$2,427,252	\$427,667 \$2,382,946	\$11,928 (\$44,306)	3% -2%
4	MEDICAID MEDICAID MANAGED CARE	\$0	\$18,377	\$18,377	0%
5	CHAMPUS/TRICARE	\$109,892	\$85,974	(\$23,918)	-22%
6	COMMERCIAL INSURANCE	\$6,941,187	\$6,563,596	(\$377,591)	-5%
			ФО.	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0		
8	WORKER'S COMPENSATION	\$431,946	\$442,544	\$10,598	2%

OFFICE	OF HEALTH CARE ACCESS TWELVE	MONTHS ACTUAL FILING	1	l	DAY KIMBALL HOSPITA
		IMBALL HOSPITAL			
		ONTHS ACTUAL FIL	ING		
		CAL YEAR 2013		20 21/ 24//22	
	REPORT 165 - HOSPITAL GROSS REVI	ENUE, NET REVENU	JE AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)				-
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$12,245,281	\$12,553,371	\$308,090	3%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	3,996	4,086	90	2%
2	MEDICARE MANAGED CARE	807	918	111	14%
3	MEDICAID	7,600	8,000	400	5%
4	MEDICAID MANAGED CARE	1,343	41	(1,302)	-97%
5	CHAMPUS/TRICARE	278	220	(58)	-21%
6	COMMERCIAL INSURANCE	8,211	6,127	(2,084)	-25%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	620	609	(11)	-2%
9	SELF- PAY/UNINSURED	1,871	1,490	(381)	-20%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	24,726	21,491	(3,235)	-13%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

A. Salaries & Wages Single Sing						
LINE DESCRIPTION	(1)	(2)	(3)	(4)	(5)	(6)
A. Salaries & Wages Single Sing	` '	·	FY 2012			
A	LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
A	-	OPERATING EXPENSE BY CATEGORY				
1 Nursing Salaries	1.	OPERATING EXPENSE BY CATEGORY				
1 Nursing Salaries	Α.	Salaries & Wages:				
Physician Salaries			\$16.633.835	\$17.402.531	\$768.696	5%
Non-Nursing, Non-Physician Salaries	2					-61%
Total Salaries & Wages						
1 Nursing Fringe Benefits		Total Salaries & Wages				-7%
1 Nursing Fringe Benefits						
2 Physician Fringe Benefits \$1,278,675 \$517,947 (\$760,728) -59 3 Non-Nursing, Non-Physician Fringe Benefits \$10,457,849 \$10,356,001 (\$101,848) -1 Total Fringe Benefits \$17,410,102 \$17,118,639 (\$291,463) -2 C. Contractual Labor Fees: 1 Nursing Fees \$0 \$0 \$0 \$0 Physician Fees \$2,26,039 \$3,579,600 \$753,561 27 3 Non-Nursing, Non-Physician Fees \$4,598,954 \$5,941,727 \$1,342,773 29 Total Contractual Labor Fees \$4,598,954 \$5,941,727 \$1,342,773 29 Total Contractual Labor Fees \$7,424,993 \$9,521,327 \$2,096,334 28 D. Medical Supplies and Pharmaceutical Cost: 1 Medical Supplies and Pharmaceutical Cost: 1 Medical Supplies S \$7,95,227 \$8,449,936 \$454,709 6 2 Pharmaceutical Costs \$50,110,126 \$5,770,077 \$659,951 11 Total Medical Supplies and Pharmaceutical Cost \$14,105,353 \$15,220,013 \$1,114,660 8 E. Depreciation and Amortization: 1 Depreciation-Equipment \$2,351,301 \$2,321,199 \$30,002 -1 3 Amortization \$77,598 \$99,281 \$83,377 -11 Total Depreciation and Amortization \$4,830,289 \$4,726,233 \$104,056 -2 Bad Debts: 1 Bad Debts: 1 Malpractice Insurance Cost \$3,538,140 \$0 \$3,538,140 +100 Malpractice Insurance Cost \$3,59,01 \$289,062 \$16,839 -6 Interest Expense \$1,028,742 \$952,190 \$3,6552 -7 H. Malpractice Insurance Cost \$305,901 \$289,062 \$3,648,002 -12 3 Oil \$32,667 \$9,264 \$384,003 -72 4 Electricity \$1,153,562 \$1,121,688 \$31,874 -3 5 Telephone \$5,33,417 \$516,161 \$181,172,566 -3 5 Utilities \$2,201,379 \$2,076,520 \$1,24,859 -6 J. Business Expenses: 1 Accounting Fees \$130,000 \$144,379 \$13,349 \$10			^-	A		
Non-Nursing, Non-Physician Fringe Benefits \$10,457,849 \$10,356,001 \$101,848) -1		Nursing Fringe Benefits				10%
Total Fringe Benefits						-59%
C. Contractual Labor Fees: 1 Nursing Fees \$0 \$0 \$5.0 \$0 \$0.0 \$0.0 \$0.0 \$0.0 \$0	3					-1%
Nursing Fees		Total Fringe Benefits	\$17,410,102	\$17,118,639	(\$291,463)	-2%
Nursing Fees	C.	Contractual Labor Fees:				
Physician Fees			\$0	0.2	\$0	0%
Non-Nursing, Non-Physician Fees						27%
Total Contractual Labor Fees \$7,424,993 \$9,521,327 \$2,096,334 28						29%
D. Medical Supplies and Pharmaceutical Cost:						28%
Medical Supplies			, , , , , , , , , , , , , , , , , , , ,	, , , , , ,	, , ,	
Pharmaceutical Costs \$6,110,126 \$6,770,077 \$659,951 11 Total Medical Supplies and Pharmaceutical Cost \$14,105,353 \$15,220,013 \$1,114,660 8 E. Depreciation and Amortization:	D.	Medical Supplies and Pharmaceutical Cost:				
Total Medical Supplies and Pharmaceutical Cost \$14,105,353 \$15,220,013 \$1,114,660 8	1	Medical Supplies	\$7,995,227	\$8,449,936	\$454,709	6%
E. Depreciation and Amortization: 1 Depreciation-Building \$2,401,390 \$2,335,753 \$(\$65,637) -3 2 Depreciation-Equipment \$2,351,301 \$2,321,199 \$30,102) -1 3 Amortization \$77,598 \$69,281 \$(\$8,317) -11 Total Depreciation and Amortization \$4,830,289 \$4,726,233 \$(\$104,056) -2 F. Bad Debts: 1 Bad Debts \$3,538,140 \$0 \$(\$3,538,140) -100 G. Interest Expense: 1 Interest Expense \$1,028,742 \$952,190 \$(\$76,552) -7 H. Malpractice Insurance Cost: 1 Malpractice Insurance Cost \$305,901 \$289,062 \$(\$16,839) -6 I. Utilities: 1 Water \$79,146 \$75,123 \$(\$4,023) -5 2 Natural Gas \$402,286 \$354,284 \$(\$48,002) -12 3 Oil \$32,667 \$9,264 \$(\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 \$(\$31,874) -3 5 Telephone \$533,417 \$516,161 \$(\$17,256) -3 6 Other Utilities \$301 \$0 \$(\$301) -100 Total Utilities \$2,201,379 \$2,076,520 \$(\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 \$10 2 Legal Fees	2	Pharmaceutical Costs	\$6,110,126		\$659,951	11%
Depreciation-Building		Total Medical Supplies and Pharmaceutical Cost	\$14,105,353	\$15,220,013	\$1,114,660	8%
Depreciation-Building		Depresiation and Amertization				
2 Depreciation-Equipment \$2,351,301 \$2,321,199 (\$30,102) -1 3 Amortization \$77,598 \$69,281 (\$8,317) -11 Total Depreciation and Amortization \$4,830,289 \$4,726,233 (\$104,056) -2 F. Bad Debts: 1 Bad Debts \$3,538,140 \$0 (\$3,538,140) -100 G. Interest Expense: 1 Interest Expense \$1,028,742 \$952,190 (\$76,552) -7 H. Malpractice Insurance Cost: 1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,61 (\$17,256) <			\$2.404.200	¢0 225 752	(¢ce e27)	20/
3 Amortization \$77,598 \$69,281 (\$8,317) -11 Total Depreciation and Amortization \$4,830,289 \$4,726,233 (\$104,056) -2 F. Bad Debts						
Total Depreciation and Amortization \$4,830,289 \$4,726,233 (\$104,056) -2						
Bad Debts \$3,538,140 \$0 (\$3,538,140) -100						
Bad Debts \$3,538,140 \$0 (\$3,538,140) -100					,	
G. Interest Expense: 1 Interest Expense \$1,028,742 \$952,190 (\$76,552) -7 H. Malpractice Insurance Cost: 1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1	F.	Bad Debts:				
1 Interest Expense \$1,028,742 \$952,190 (\$76,552) -7 H. Malpractice Insurance Cost: 1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: 1 Water \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1	1	Bad Debts	\$3,538,140	\$0	(\$3,538,140)	-100%
1 Interest Expense \$1,028,742 \$952,190 (\$76,552) -7 H. Malpractice Insurance Cost: 1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: 1 Water \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1						
H. Malpractice Insurance Cost: 1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1			# 4 000 740	#050.400	(#70,550)	70/
1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: Water \$79,146 \$75,123 \$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1	1	Interest Expense	\$1,028,742	\$952,190	(\$76,552)	-1%
1 Malpractice Insurance Cost \$305,901 \$289,062 (\$16,839) -6 I. Utilities: Water \$79,146 \$75,123 \$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1	Н.	Malpractice Insurance Cost:				
I. Utilities: 1 Water \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1			\$305,901	\$289,062	(\$16,839)	-6%
1 Water \$79,146 \$75,123 (\$4,023) -5 2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1			,		· · · · · ·	
2 Natural Gas \$402,286 \$354,284 (\$48,002) -12 3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1	l.					
3 Oil \$32,667 \$9,264 (\$23,403) -72 4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1						-5%
4 Electricity \$1,153,562 \$1,121,688 (\$31,874) -3 5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1						-12%
5 Telephone \$533,417 \$516,161 (\$17,256) -3 6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1						-72%
6 Other Utilities \$301 \$0 (\$301) -100 Total Utilities \$2,201,379 \$2,076,520 (\$124,859) -6 J. Business Expenses: 1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1						
J. Business Expenses: \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1						-3%
J. Business Expenses: \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1	6					
1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1		I otal Utilities	\$2,201,379	\$2,076,520	(\$124,859)	-6%
1 Accounting Fees \$130,030 \$143,379 \$13,349 10 2 Legal Fees \$657,828 \$663,030 \$5,202 1		Rusiness Evnenses:	+			
2 Legal Fees \$657,828 \$663,030 \$5,202 1			\$120,020	¢1/2 270	¢12 240	10%
						10%
3 Consulting Fees \$530,058 \$1,611,370 \$1,071,791 108	3	Consulting Fees	\$539,958	\$1,611,379	\$1,071,421	198%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE
4	Dues and Membership	\$331,633	\$231,177	(\$100,456)	-30%
5	Equipment Leases	\$911,228	\$794,612	(\$116,616)	-13%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,037,796	\$1,434,294	\$396,498	38%
8	Insurance	\$1,074,818	\$881,263	(\$193,555)	-18%
9	Travel	\$353,039	\$354,223	\$1,184	0%
10	Conferences	\$48,418	\$45,057	(\$3,361)	-7%
11	Property Tax	\$55,588	\$80,129	\$24,541	44%
12	General Supplies	\$489,191	\$473,288	(\$15,903)	-3%
13	Licenses and Subscriptions	\$63,424	\$71,278	\$7,854	12%
14 15	Postage and Shipping Advertising	\$127,047 \$404,327	\$113,207 \$436,812	(\$13,840) \$32,485	-11% 8%
16	Corporate parent/system fees	\$404,327	\$0,612	\$32,465 \$0	0%
17	Computer Software	\$2,348,070	\$2,428,222	\$80,152	3%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$634,182	\$668,695	\$34,513	5%
20	Lab Fees / Red Cross charges	\$1,243,618	\$1,882,001	\$638,383	51%
21	Billing & Collection / Bank Fees	\$644,431	\$202,936	(\$441,495)	-69%
22	Recruiting / Employee Education & Recognition	\$78,878	\$18,672	(\$60,206)	-76%
23	Laundry / Linen	\$18,992	\$169,745	\$150,753	794%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$116,198	\$105,543	(\$10,655)	-9%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27 28	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses Total Business Expenses	\$0 \$11,308,694	\$0 \$12,808,942	\$0 \$1,500,248	0% 13%
	Total Business Expenses	ψ11,000,00 1	ψ12,000,042	ψ1,000,240	1070
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$2,044,775	\$205,920	(\$1,838,855)	-90%
	Total Operating Expenses - All Expense Categories*	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%
	Total Operating Expenses - All Expense Categories	\$115,241,429	\$110,624,392	(\$4,616,637)	-470
	*AK.The total operating expenses amount above mus	t agree with the to	otal operating expe	enses amount on R	eport 150
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$6,950,126	\$8,301,978	\$1,351,852	19%
2	General Accounting	\$1,018,284	\$1,148,208	\$129,924	13%
3	Patient Billing & Collection	\$2,856,830	\$2,899,006	\$42,176	1%
4	Admitting / Registration Office Data Processing	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
5 6	Communications	\$662,695	\$452,579	(\$210,116)	-32%
7	Personnel	\$002,093	\$452,579	(\$210,110)	0%
8	Public Relations	\$0 \$0	\$0 \$0	\$0 \$0	0%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$1,878,821	\$1,947,487	\$68,666	4%
11	Housekeeping	\$979,263	\$971,774	(\$7,489)	-1%
12	Laundry & Linen	\$18,992	\$0	(\$18,992)	-100%
13	Operation of Plant	\$3,188,681	\$3,407,585	\$218,904	7%
14	Security	\$441,145	\$517,967	\$76,822	17%
15	Repairs and Maintenance	\$1,195,715	\$1,198,709	\$2,994	0%
16	Central Sterile Supply	\$266,169	\$267,244	\$1,075	0%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
17	Pharmacy Department	\$6,542,318	\$7,601,777	\$1,059,459	16%
18	Other General Services	\$2,132,851	\$2,126,018	(\$6,833)	0%
10	Total General Services	\$28,131,890	\$30,840,332	\$2,708,442	10%
	Total General Services	\$20,131,090	\$30,040,332	\$2,700,442	1070
B.	Professional Services:				
1	Medical Care Administration	\$82,434	\$93,895	\$11,461	14%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,143,628	\$1,544,145	\$400,517	35%
4	Medical Records	\$1,173,694	\$1,140,241	(\$33,453)	-3%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$131,714	\$124,533	(\$7,181)	-5%
-	Total Professional Services	\$2,531,470	\$2,902,814	\$371,344	15%
C.	Special Services:				
1	Operating Room	\$4,837,641	\$5,257,709	\$420,068	9%
2	Recovery Room	\$454,976	\$534,443	\$79,467	17%
3	Anesthesiology	\$107,483	\$197,859	\$90,376	84%
4	Delivery Room	\$1,319,953	\$1,207,346	(\$112,607)	-9%
5	Diagnostic Radiology	\$2,344,859	\$2,340,966	(\$3,893)	0%
6	Diagnostic Ultrasound	\$868,057	\$907,576	\$39,519	5%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$488,168	\$487,707	(\$461)	0%
9	CT Scan	\$648,236	\$662,655	\$14,419	2%
10	Laboratory	\$5,805,036	\$7,061,290	\$1,256,254	22%
11	Blood Storing/Processing	\$354,117	\$309,209	(\$44,908)	-13%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$491,338	\$508,122	\$16,784	3%
14	Electroencephalography	\$124,201	\$138,478	\$14,277	11%
15	Occupational Therapy	\$0	\$0 \$0	\$0	0%
16	Speech Pathology	\$0	\$0 \$0	\$0	0%
17 18	Audiology	\$0	\$0 \$726,070	\$0	0% 7%
19	Respiratory Therapy Pulmonary Function	\$677,807		\$48,263 \$0	0%
20	Intravenous Therapy	\$0 \$363,033	\$0 \$382,578	\$19,545	5%
21	Shock Therapy	\$0	\$302,376	\$19,545 \$0	0%
22	Psychiatry / Psychology Services	\$0	\$0 \$0	\$0 \$0	0%
23	Renal Dialysis	\$0	\$0 \$0	\$0 \$0	0%
24	Emergency Room	\$3,574,946	\$3,475,728	(\$99,218)	-3%
25	MRI	\$1,754,028	\$1,572,962	(\$181,066)	-10%
26	PET Scan	\$212,451	\$270,590	\$58,139	27%
27	PET/CT Scan	\$0	\$270,390	\$00,139	0%
28	Endoscopy	\$758,572	\$830,432	\$71,860	9%
29	Sleep Center	\$452,771	\$477,899	\$25,128	6%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$278,280	\$282,982	\$4,702	2%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,273,110	\$1,785,337	\$512,227	40%
-	Total Special Services	\$27,189,063	\$29,417,938	\$2,228,875	8%
D.	Routine Services:				
1	Medical & Surgical Units	\$3,491,631	\$3,541,413	\$49,782	1%
2	Intensive Care Unit	\$2,470,784	\$2,604,342	\$133,558	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
4	Developing the Unit	₽0.400.770	#0.000.407	# 400,000	00/
4	Psychiatric Unit	\$2,123,778	\$2,260,167	\$136,389	6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$456,063	\$510,296	\$54,233	12%
7	Newborn Nursery Unit	\$449,590	\$506,036	\$56,446	13%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,432,552	\$2,540,423	\$107,871	4%
10	Ambulatory Surgery	\$1,197,079	\$1,219,968	\$22,889	2%
11	Home Care	\$6,037,295	\$5,853,684	(\$183,611)	-3%
12	Outpatient Clinics	\$7,158,684	\$2,020,251	(\$5,138,433)	-72%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$25,817,456	\$21,056,580	(\$4,760,876)	-18%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$31,571,550	\$26,406,928	(\$5,164,622)	-16%
	Total Operating Expenses - All Departments*	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%
	*A E. The total operating expenses amount above	must agree with the to	tal operating exp	enses amount on I	Report 150.

	DAY KIMBALL HOSPITAL								
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)									
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013					
A.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$106,400,269	\$113,405,335	\$104,649,330					
2	Other Operating Revenue	3,994,274	6,539,058	6,431,641					
3	Total Operating Revenue	\$110,394,543	\$119,944,393	\$111,080,971					
4	Total Operating Expenses	108,436,817	115,241,429	110,624,592					
5	Income/(Loss) From Operations	\$1,957,726	\$4,702,964	\$456,379					
6	Total Non-Operating Revenue	1,333,404	483,967	430,535					
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,291,130	\$5,186,931	\$886,914					
В.	Profitability Summary								
1	Hospital Operating Margin	1.75%	3.91%	0.41%					
2	Hospital Non Operating Margin	1.19%	0.40%	0.39%					
3	Hospital Total Margin	2.95%	4.31%	0.80%					
4	Income/(Loss) From Operations	\$1,957,726	\$4,702,964	\$456,379					
5	Total Operating Revenue	\$110,394,543	\$119,944,393	\$111,080,971					
6	Total Non-Operating Revenue	\$1,333,404	\$483,967	\$430,535					
7	Total Revenue	\$111,727,947	\$120,428,360	\$111,511,506					
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,291,130	\$5,186,931	\$886,914					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$16,542,725	\$16,901,258	\$7,050,300					
2	Hospital Total Net Assets	\$24,758,534	\$27,415,950	\$16,084,923					
3	Hospital Change in Total Net Assets	\$2,584,573	\$2,657,416	(\$11,331,027					
4	Hospital Change in Total Net Assets %	111.7%	10.7%	-41.3%					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.58	0.53	0.50					
2	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592					
3	Total Gross Revenue	\$183,998,991	\$212,323,692	\$216,749,399					
4	Total Other Operating Revenue	\$3,673,638	\$6,224,434	\$4,807,000					

	DAY	KIMBALL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
(1)	(2)	ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013				
5	Private Payment to Cost Ratio	1.10	1.15	1.20				
6	Total Non-Government Payments	\$47,103,686	\$49,706,680	\$47,019,920				
7	Total Uninsured Payments	\$170,368	\$471,460	\$251,298				
8	Total Non-Government Charges	\$77,494,199	\$85,690,455	\$81,728,750				
9	Total Uninsured Charges	\$3,618,734	\$4,643,918	\$3,976,255				
				. , ,				
10	Medicare Payment to Cost Ratio	0.94	0.92	0.89				
11	Total Medicare Payments	\$38,521,730	\$39,330,519	\$40,088,820				
12	Total Medicare Charges	\$70,963,921	\$81,187,119	\$89,912,718				
13	Medicaid Payment to Cost Ratio	0.77	0.82	0.75				
14	Total Medicaid Payments	\$15,279,999	\$19,019,832	\$16,352,315				
15	Total Medicaid Charges	\$34,186,225	\$43,919,379	\$43,908,073				
16	Uncompensated Care Cost	\$2,196,343	\$2,200,156	\$1,859,896				
17	Charity Care	\$446,519	\$710,098	\$703,850				
18	Bad Debts	\$3,354,712	\$3,462,360	\$3,021,107				
19	Total Uncompensated Care	\$3,801,231	\$4,172,458	\$3,724,957				
20	Uncompensated Care % of Total Expenses	2.0%	1.9%	1.7%				
21	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592				
E.	Liquidity Measures Summary							
1	Current Ratio	2	2	1				
2	Total Current Assets	\$28,768,813	\$33,417,651	\$32,034,489				
3	Total Current Liabilities	\$15,545,937	\$16,933,182	\$23,572,485				
4	Days Cash on Hand	38	28	28				
5	Cash and Cash Equivalents	\$2,168,500	\$2,156,339	\$5,285,678				
6	Short Term Investments	8,537,281	6,363,563	2,705,332				

	DAY KIMBAL	L HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2011	FY 2012	FY 2013				
7	Total Cash and Short Term Investments	\$10,705,781	\$8,519,902	\$7,991,010				
8	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592				
9	Depreciation Expense	\$4,627,959	\$4,830,289	\$4,726,233				
10	Operating Expenses less Depreciation Expense	\$103,808,858	\$110,411,140	\$105,898,359				
11	Days Revenue in Patient Accounts Receivable	40	50	41				
12	Net Patient Accounts Receivable	\$11,823,463	\$12,743,539	\$12,792,119				
13	Due From Third Party Payers	\$0	\$2,645,109	\$0				
14	Due To Third Party Payers	\$165,119	\$0	\$1,067,507				
4-	Total Net Patient Accounts Receivable and Third Party Payer	* * * * * * * * * * * * * * * * * * *	A45 000 040	0.11 70.1 0.10				
15	Activity	\$11,658,344	\$15,388,648	\$11,724,612				
16	Total Net Patient Revenue	\$106,400,269	\$113,405,335	\$104,649,330				
17	Average Payment Period	55	56	81				
18	Total Current Liabilities	\$15,545,937	\$16,933,182	\$23,572,485				
19	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592				
20	Depreciation Expense	\$4,627,959	\$4,830,289	\$4,726,233				
21	Total Operating Expenses less Depreciation Expense	\$103,808,858	\$110,411,140	\$105,898,359				
F.	Solvency Measures Summary							
1	Equity Financing Ratio	28.4	28.1	16.6				
2	Total Net Assets	\$24,758,534	\$27,415,950	\$16,084,923				
3	Total Assets	\$87,068,035	\$97,735,341	\$96,999,419				
4	Cash Flow to Total Debt Ratio	24.1	29.9	10.5				
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,291,130	\$5,186,931	\$886,914				
6	Depreciation Expense	\$4,627,959	\$4,830,289	\$4,726,233				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$7,919,089	\$10,017,220	\$5,613,147				
8	Total Current Liabilities	\$15,545,937	\$16,933,182	\$23,572,485				
9	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688				
10	Total Current Liabilities and Total Long Term Debt	\$32,809,701	\$33,450,732	\$53,291,173				

	DAY KIME	BALL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2011</u>	FY 2012	FY 2013				
11	Long Term Debt to Capitalization Ratio	41.1	37.6	64.9				
12	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688				
13	Total Net Assets	\$24,758,534	\$27,415,950	\$16,084,923				
14	Total Long Term Debt and Total Net Assets	\$42,022,298	\$43,933,500	\$45,803,611				
15	Debt Service Coverage Ratio	6.0	6.8	4.2				
16	Excess Revenues over Expenses	3,291,130	\$5,186,931	\$886,914				
17	Interest Expense	917,695	\$1,028,742	\$952,190				
18	Depreciation and Amortization Expense	4,627,959	\$4,830,289	\$4,726,233				
19	Principal Payments	560,000	\$590,000	\$593,333				
G.	Other Financial Ratios							
20	Average Age of Plant	13.9	14.1	15.0				
21	Accumulated Depreciation	64,431,275	67,985,808	70,767,132				
22	Depreciation and Amortization Expense	4,627,959	4,830,289	4,726,233				
Н.	Utilization Measures Summary							
1	Patient Days	18,418	18,484	16,124				
2	Discharges	5,182	5,097	4,331				
3	ALOS	3.6	3.6	3.7				
4	Staffed Beds	72	65	65				
5	Available Beds	-	122	122				
6	Licensed Beds	122	122	122				
7	Occupancy of Staffed Beds	70.1%	77.9%	68.0%				
8	Occupancy of Available Beds	41.4%	41.5%	36.2%				
9	Full Time Equivalent Employees	802.8	835.4	806.7				
I.	Hospital Gross Revenue Payer Mix Percentage		25.50					
1 2	Non-Government Gross Revenue Payer Mix Percentage Medicare Gross Revenue Payer Mix Percentage	40.1% 38.6%	38.2% 38.2%	35.9% 41.5%				

	DAY KIMBA	LL HOSPITAL						
	TWELVE MONTH	S ACTUAL FILING						
	FISCAL YEAR 2013							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013				
3	Medicaid Gross Revenue Payer Mix Percentage	18.6%	20.7%	20.3%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.2%	1.8%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.7%	0.7%	0.6%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
				_				
8	Non-Government Gross Revenue (Charges)	\$73,875,465	\$81,046,537	\$77,752,495				
9	Medicare Gross Revenue (Charges)	\$70,963,921	\$81,187,119	\$89,912,718				
10	Medicaid Gross Revenue (Charges)	\$34,186,225	\$43,919,379	\$43,908,073				
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0				
12	Uninsured Gross Revenue (Charges)	\$3,618,734	\$4,643,918	\$3,976,255				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,354,646	\$1,526,739	\$1,199,858				
14	Total Gross Revenue (Charges)	\$183,998,991	\$212,323,692	\$216,749,399				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	46.2%	45.3%	45.0%				
2	Medicare Net Revenue Payer Mix Percentage	37.9%	36.2%	38.6%				
3	Medicaid Net Revenue Payer Mix Percentage	15.1%	17.5%	15.7%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.4%	0.2%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.6%	0.5%	0.4%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
-	Total Total State	1.001070	100.070					
8	Non-Government Net Revenue (Payments)	\$46,933,318	\$49,235,220	\$46,768,622				
9	Medicare Net Revenue (Payments)	\$38,521,730	\$39,330,519	\$40,088,820				
10	Medicaid Net Revenue (Payments)	\$15,279,999	\$19,019,832	\$16,352,315				
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0				
12	Uninsured Net Revenue (Payments)	\$170,368	\$471,460	\$251,298				
13	CHAMPUS / TRICARE Net Revenue Payments)	\$617,829	\$567,688	\$445,300				
14	Total Net Revenue (Payments)	\$101,523,244	\$108,624,719	\$103,906,355				
K.	<u>Discharges</u>	,						
1	Non-Government (Including Self Pay / Uninsured)	1,542	1,425	1,099				
2	Medicare	2,368	2,208	1,947				
3	Medical Assistance	1,240	1,427	1,265				
4	Medicaid	1,240	1,427	1,265				
5	Other Medical Assistance	-	-	-				
6	CHAMPUS / TRICARE	32	37	20				

OFFICE OF	HEALTH CARE ACCESS TWELVE MON	THS ACTUAL FILING		DAY KIMBALL HOSPIT				
	DAY KIMBALL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FI	SCAL YEAR 2013						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2011	FY 2012	<u>FY 2013</u>				
7	Uninsured (Included In Non-Government)	69	71	59				
8	Total	5,182	5,097	4,331				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	1.13800	1.05430	0.95760				
2	Medicare	1.05360	1.14840	1.24490				
3	Medical Assistance	0.69320	0.83000	0.89240				
4	Medicaid	0.69320	0.83000	0.89240				
5	Other Medical Assistance	0.00000	0.00000	0.00000				
6	CHAMPUS / TRICARE	0.55510	0.54180	1.10190				
7	Uninsured (Included In Non-Government)	0.76760	0.95210	0.89780				
8	Total Case Mix Index	0.98940	1.02855	1.06838				
M.	Emergency Department Visits							
1	Emergency Room - Treated and Admitted	3,521	3,285	2,777				
2	Emergency Room - Treated and Discharged	25,284	24,726	21,49				
3	Total Emergency Room Visits	28,805	28,011	24,268				

	DAY KIMI	BALL HOSPITAL						
		THS ACTUAL FILING	i					
	FISCAL YEAR 2013							
	REPORT 200 - HOSPITAL ME	DICARE MANAGED (CARE ACTIVITY	1	T.			
(1)	(2)	(2)	(4)	(E)	(6)			
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %			
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE			
I.	MEDICARE MANAGED CARE							
1.	MEDICARE MANAGED CARE							
A.	ANTHEM - MEDICARE BLUE CONNECTICUT							
1	Inpatient Charges	\$407,305	\$68,020	(\$339,285)	-83%			
2	Inpatient Payments	\$219,962	\$27,726	(\$192,236)	-87%			
	Outpatient Charges	\$747,130	\$400,293	(\$346,837)	-46%			
	Outpatient Payments	\$393,733	\$142,186	(\$251,547)	-64%			
	Discharges Patient Days	20 96	7	(13) (63)	-65%			
6 7	Outpatient Visits (Excludes ED Visits)	1,036	33 594	(63)	-66% -43%			
8	Emergency Department Outpatient Visits	1,036	26	(30)	-43% -54%			
9	Emergency Department Inpatient Admissions	0	0	(30)	0%			
_	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,154,435	\$468,313	(\$686,122)	-59%			
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$613,695	\$169,912	(\$443,783)	-72%			
		¥ = 2,222	, ,,,	(* -,,				
B.	CIGNA HEALTHCARE							
1	Inpatient Charges	\$0	\$0	\$0	0%			
2	Inpatient Payments	\$0	\$0	\$0	0%			
	Outpatient Charges	\$0	\$17	\$17	0%			
	Outpatient Payments	\$0	\$17	\$17	0%			
	Discharges	0	0	0	0%			
6	Patient Days	0	0	0	0%			
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%			
8	Emergency Department Outpatient Visits	0	0	0	0%			
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0	0	0	0% 0 %			
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$17 \$17	\$17 \$17	0%			
	TOTAL INFAILENT & OUTFAILENT FATMENTS	Ψ0	Ψ17	Φ17	0 /0			
C.	CONNECTICARE, INC.							
1	Inpatient Charges	\$1,570,022	\$2,005,918	\$435,896	28%			
2	Inpatient Payments	\$810,543	\$1,000,168	\$189,625	23%			
3	Outpatient Charges	\$4,040,389	\$4,715,363	\$674,974	17%			
4	Outpatient Payments	\$1,584,873	\$1,610,089	\$25,216	2%			
	Discharges	103	113	10	10%			
	Patient Days	430	398	(32)	-7%			
7	Outpatient Visits (Excludes ED Visits)	5,308	8,007	2,699	51%			
8	Emergency Department Outpatient Visits	217	258	41	19%			
9	Emergency Department Inpatient Admissions	0	0	0	0%			
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,610,411	\$6,721,281	\$1,110,870	20%			
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,395,416	\$2,610,257	\$214,841	9%			
D.	HEALTHNET OF CONNECTICUT							
<u> </u>	Inpatient Charges	\$0	\$0	\$0	0%			
2	Inpatient Charges Inpatient Payments	\$0	\$0 \$0	\$0	0%			
	Outpatient Charges	\$0	\$0	\$0	0%			
	Outpatient Payments	\$0	\$0	\$0	0%			
	Discharges	0	0	0	0%			
	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 KIMBA	LL HOSPITAL			
		IS ACTUAL FILING	<u> </u>		
		EAR 2013			
	REPORT 200 - HOSPITAL MEDIC	CARE MANAGED (CARE ACTIVITY		
		(2)		(=)	(2)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	DESCRIPTION	AOTOAL	AUTUAL	DITTERCHOL	DITTERCHOL
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$134,270	\$72,164	(\$62,106)	-46%
2	Inpatient Payments	\$28,449	\$27,400	(\$1,049)	-4%
3	Outpatient Charges	\$95,849	\$97,737	\$1,888	2%
5	Outpatient Payments	\$40,546	\$6,257	(\$34,289)	-85%
6	Discharges Patient Days	16 78	6 25	(10) (53)	-63% -68%
7	Outpatient Visits (Excludes ED Visits)	132	75	(57)	-43%
8	Emergency Department Outpatient Visits	26	24	(2)	-8%
9	Emergency Department Outputient Visits Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$230,119	\$169,901	(\$60,218)	-26%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$68,995	\$33,657	(\$35,338)	-51%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAG				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0 \$0	\$0 \$0	\$0	0%
5	Outpatient Payments Discharges	\$0 0	\$0 0	\$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%
G.	UNITED HEALTHCARE INSURANCE COMPANY			•	
1	Inpatient Charges	\$2,716,543	\$4,686,174	\$1,969,631	73%
2	Inpatient Payments	\$1,407,378	\$2,289,200	\$881,822	63%
3	Outpatient Charges	\$5,530,027 \$2,320,688	\$7,186,575 \$2,769,805	\$1,656,548 \$449,117	30% 19%
5	Outpatient Payments Discharges	193	\$2,769,605 248	\$449,117	28%
6	Patient Days	667	1,106	439	66%
7	Outpatient Visits (Excludes ED Visits)	8,441	13,573	5,132	61%
8	Emergency Department Outpatient Visits	472	604	132	28%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,246,570	\$11,872,749	\$3,626,179	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,728,066	\$5,059,005	\$1,330,939	36%
H.	WELLCARE OF CONNECTICUT	.	A	A -	<u></u>
1	Inpatient Charges	\$0 \$0	\$0	\$0 \$0	0%
2	Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges Outpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
5	Discharges	0	<u>\$0</u>	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.	AETNA				

	DAY KIMI	BALL HOSPITAL			
		THS ACTUAL FILING	<u> </u>		
		L YEAR 2013			
	REPORT 200 - HOSPITAL ME		CARE ACTIVITY		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	1	#40.000	Фоо ооо	# 40.070	000/
2	Inpatient Charges Inpatient Payments	\$18,029 \$7,077	\$28,899 \$24,873	\$10,870 \$17,796	60% 251%
3	Outpatient Charges	\$54,063	\$110,727	\$56,664	105%
4	Outpatient Charges Outpatient Payments	\$15,907	\$39,677	\$23,770	149%
5	Discharges	2	3	1	50%
6	Patient Days	3	12	9	300%
7	Outpatient Visits (Excludes ED Visits)	76	256	180	237%
8	Emergency Department Outpatient Visits	7	3	(4)	-57%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$72,092	\$139,626	\$67,534	94%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,984	\$64,550	\$41,566	181%
	LILIMANIA				
J.	HUMANA Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0 \$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	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	0%
<u> </u>	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
М.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

	DAY KIMBA	LL HOSPITAL			
		IS ACTUAL FILING			
		YEAR 2013			
	REPORT 200 - HOSPITAL MEDI		ARE ACTIVITY		
	KEI OKI 200 - HOOI HAE MEDI	CARE MANAGED	ANE AUTIVITI		
(1)	(2)	(3)	(4)	(5)	(6)
(')	(2)	FY 2012	FY 2013	AMOUNT	<u>(0)</u> %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
		71010712	7101071=		
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%
		ų į		40	
N.	EVERCARE				
1	Inpatient Charges	\$118,500	\$20,386	(\$98,114)	-83%
2	Inpatient Payments	\$62,563	\$8,582	(\$53,981)	-86%
3	Outpatient Charges	\$208,736	\$29,618	(\$179,118)	-86%
4	Outpatient Payments	\$69,292	\$0	(\$69,292)	-100%
5	Discharges	9	1	(8)	-89%
6	Patient Days	32	6	(26)	-81%
7	Outpatient Visits (Excludes ED Visits)	478	79	(399)	-83%
8	Emergency Department Outpatient Visits	29	3	(26)	-90%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$327,236	\$50,004	(\$277,232)	-85%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$131,855	\$8,582	(\$123,273)	-93%
		V 101,000	+0,002	(4:10,1:0)	
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$4,964,669	\$6,881,561	\$1,916,892	39%
	TOTAL INPATIENT PAYMENTS	\$2,535,972	\$3,377,949	\$841,977	33%
	TOTAL OUTPATIENT CHARGES	\$10,676,194	\$12,540,330	\$1,864,136	17%
	TOTAL OUTPATIENT PAYMENTS	\$4,425,039	\$4,568,031	\$142,992	3%
	TOTAL DISCHARGES	343	378	35	10%
	TOTAL PATIENT DAYS	1,306	1,580	274	21%
		,,,,,,	,		
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,471	22,585	7,114	46%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	-, -	,	,	
	VISITS	807	918	111	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT			- 1 •	
	ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,640,863	\$19,421,891	\$3,781,028	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,961,011	\$7,945,980	\$984,969	149

		KIMBALL HOSPITAI MONTHS ACTUAL F			
		FISCAL YEAR 2013	ILING		
	REPORT 250 - HOSPITAI		SED CARE ACTIVI	TY	
(4)	(0)	(0)	(4)	(F)	(0)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				T
	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
A.	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 Outpatient Visits (Excludes ED Visits)	0	0	0	0% 0%
7 8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
_					
B.	COMMUNITY HEALTH NETWORK OF CT	₽045 004	ФО	(#C4E 004)	4000/
1	Inpatient Charges	\$645,984	\$0 \$0	(\$645,984)	-100%
3	Inpatient Payments Outpatient Charges	\$78,988 \$2,473,349	\$0 \$0	(\$78,988) (\$2,473,349)	-100% -100%
4	Outpatient Payments	\$2,473,349	\$0 \$0	(\$207,891)	-100%
5	Discharges	62	0	(62)	-100%
6	Patient Days	169	0	(169)	-100%
7	Outpatient Visits (Excludes ED Visits)	5,678	0	(5,678)	-100%
8	Emergency Department Outpatient Visits	821	0	(821)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,119,333	\$0	(\$3,119,333)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$286,879	\$0	(\$286,879)	-100%
C.	HEALTHNET OF THE NORTHEAST, INC.				
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% 0%
8 9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
=	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$ 0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%
		+5		,	370
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$179,997	\$141,843	(\$38,154)	
2	Inpatient Payments	\$146,120	\$34,500	(\$111,620)	
	Outpatient Charges	\$1,129,494	\$976,202	(\$153,292)	
4	Outpatient Payments	\$912,991	\$447,234	(\$465,757)	-51%
5 6	Discharges Patient Days	10 35	8 42	(2)	-20% 20%
7	Outpatient Visits (Excludes ED Visits)	3,882	870	(3,012)	
8	Emergency Department Outpatient Visits	0,002	41	(3,012)	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,309,491	\$1,118,045	(\$191,446)	

	DAY K	IMBALL HOSPITA	<u> </u>		
		ONTHS ACTUAL F			
		ISCAL YEAR 2013			
	REPORT 250 - HOSPITAL	MEDICAID MANAG	SED CARE ACTIVI	TY	
(4)	(0)	(0)	(4)	(F)	(6)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
		71010712	71010712	J 1 Z. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,059,111	\$481,734	(\$577,377)	-55%
				•	
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 6	Discharges Patient Days	0	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 Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT, PREFERRED	·			
F.	ONE				
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 TOTAL INPATIENT & OUTPATIENT CHARGES	\$ 0	0 \$0	0 \$0	0% 0%
-	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%
	TOTAL IN ATTENT & COTT ATTENT TATIONAL TO	40	Ψ0	Ψ	370
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$99,718	\$0	(\$99,718)	-100%
2	Inpatient Payments	\$6,340	\$0	(\$6,340)	-100%
3	Outpatient Charges	\$539,647	\$0	(\$539,647)	-100%
4	Outpatient Payments	\$102,069	\$0	(\$102,069)	-100%
5	Discharges	11	0	(11)	-100%
6	Patient Days	28	0	(28)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,132	0	(1,132)	-100%
8	Emergency Department Outpatient Visits	183	0	(183)	-100%
9	Emergency Department Inpatient Admissions	0	0	(\$000.005)	0%
<u> </u>	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$639,365 \$108,409	\$0 \$0	(\$639,365) (\$108,409)	-100% -100%
	TOTAL INPATIENT & COTPATIENT PATMENTS	\$100,409	ΦU	(\$100,409)	-100%
Н.	AETNA				
1	Inpatient Charges	\$241,097	\$0	(\$241,097)	-100%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$741,398	\$0	(\$741,398)	-100%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	26	0	(26)	-100%
6	Patient Days	96	0	(96)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,122	0	(1,122)	-100%
8	Emergency Department Outpatient Visits	339	0	(339)	-100%
9	Emergency Department Inpatient Admissions	0	0	(******************	0%
<u> </u>	TOTAL INPATIENT & OUTPATIENT CHARGES	\$982,495	\$0	(\$982,495)	-100%
-	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

	DAY KIMBALL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
		ISCAL YEAR 2013						
	REPORT 250 - HOSPITAL	MEDICAID MANAG	SED CARE ACTIVI	ГҮ	I			
(4)	(0)	(0)	(4)	(5)	(0)			
(1)	(2)	(3)	(4)	(5)	(6)			
		FY 2012	FY 2013	AMOUNT	o/ DIEEEDENIOE			
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE			
II.	TOTAL MEDICAID MANAGED CARE							
	TOTAL INPATIENT CHARGES	\$1,166,796	\$141,843	(\$1,024,953)	-88%			
	TOTAL INPATIENT PAYMENTS	\$231,448	\$34,500	(\$196,948)	-85%			
	TOTAL OUTPATIENT CHARGES	\$4,883,888	\$976,202	(\$3,907,686)	-80%			
	TOTAL OUTPATIENT PAYMENTS	\$1,222,951	\$447,234	(\$775,717)	-63%			
	TOTAL DISCHARGES	109	8	(101)	-93%			
	TOTAL PATIENT DAYS	328	42	(286)	-87%			
	TOTAL OUTPATIENT VISITS (EXCLUDES ED							
	VISITS)	11,814	870	(10,944)	-93%			
	TOTAL EMERGENCY DEPARTMENT							
	OUTPATIENT VISITS	1,343	41	(1,302)	-97%			
	TOTAL EMERGENCY DEPARTMENT			• • •				
	INPATIENT ADMISSIONS	0	0	0	0%			
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,050,684	\$1,118,045	(\$4,932,639)	-82%			
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,454,399	\$481,734	(\$972,665)				

		DAY KIMBALL HOSI	PITAL							
	TV	VELVE MONTHS ACTU	AL FILING							
		FISCAL YEAR 20	13							
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION										
/1\	(1) (2) (3) (4) (5) (6)									
(')	(2)	FY 2012	FY 2013	AMOUNT	%					
<u>LINE</u>	DESCRIPTION	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE					
l.	<u>ASSETS</u>									
Α.	Current Assets:									
1	Cash and Cash Equivalents	\$3,277,302	\$6,386,290	\$3,108,988	95%					
2	Short Term Investments	\$6,363,563	\$2,705,332	(\$3,658,231)	-57%					
	Accounts Receivable (Less: Allowance for									
3	Doubtful Accounts)	\$14,676,491	\$14,973,355	\$296,864	2%					
4	Current Assets Whose Use is Limited for Current Liabilities	\$324,188	\$7,166,565	\$6,842,377	2111%					
5	Due From Affiliates	\$0	\$0	\$0	0%					
6	Due From Third Party Payers	\$2,645,109	\$0	(\$2,645,109)	-100%					
7	Inventories of Supplies	\$2,276,547	\$2,348,921	\$72,374	3%					
8	Prepaid Expenses	\$301,350	\$489,720	\$188,370	63%					
9	Other Current Assets	\$1,534,648	\$1,462,227	(\$72,421)	-5%					
	Total Current Assets	\$31,399,198	\$35,532,410	\$4,133,212	13%					
В.	Noncurrent Assets Whose Use is Limited:									
1	Held by Trustee	\$4,310,243	\$4,538,749	\$228,506	5%					
2	Board Designated for Capital Acquisition	\$4,310,243	\$4,338,749	\$228,308	0%					
3	Funds Held in Escrow	\$1,292,108	\$2,340,577	\$1,048,469	81%					
<u> </u>	Fullus Field III Esciow	\$1,292,100	\$2,340,377	\$1,046,469	0170					
4	Other Noncurrent Assets Whose Use is Limited	\$6,157,077	\$3,941,601	(\$2,215,476)	-36%					
	Total Noncurrent Assets Whose Use is Limited:	\$11,759,428	\$10,820,927	(\$938,501)	-8%					
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%					
6	Long Term Investments	\$8,045,237	\$10,747,916	\$2,702,679	34%					
7	Other Noncurrent Assets	\$541,087	\$1,318,867	\$777,780	144%					
C.	Net Fixed Assets:									
1	Property, Plant and Equipment	\$101,365,601	\$102,281,427	\$915,826	1%					
2	Less: Accumulated Depreciation	\$68,176,177	\$70,912,402	\$2,736,225	\$0					
	Property, Plant and Equipment, Net	\$33,189,424	\$31,369,025	(\$1,820,399)	-5%					
3	Construction in Progress	\$3,849,846	\$10,356,162	\$6,506,316	169%					
	Total Net Fixed Assets	\$37,039,270	\$41,725,187	\$4,685,917	13%					
	Total Assets	\$88,784,220	\$100,145,307	\$11,361,087	13%					
II.	LIABILITIES AND NET ASSETS									
Α.	Current Liabilities:									

TWELVE MONTHS ACTUAL FILING

		TWELVE MONTHS ACTU	IAL FILING						
FISCAL YEAR 2013									
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION									
(1) <u>LINE</u>	(2) DESCRIPTION	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE				
			<u></u>						
1	Accounts Payable and Accrued Expenses	\$7,634,538	\$9,938,871	\$2,304,333	30%				
2	Salaries, Wages and Payroll Taxes	\$1,754,581	\$1,910,817	\$156,236	9%				
3	Due To Third Party Payers	\$0	\$1,067,507	\$1,067,507	0%				
4	Due To Affiliates	\$0	\$0	\$0	0%				
5	Current Portion of Long Term Debt	\$767,324	\$804,612	\$37,288	5%				
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%				
7	Other Current Liabilities	\$8,576,531	\$11,954,086	\$3,377,555	39%				
	Total Current Liabilities	\$18,732,974	\$25,675,893	\$6,942,919	37%				
В.	Long Term Debt:								
1	Bonds Payable (Net of Current Portion)	\$16,517,550	\$29,718,688	\$13,201,138	80%				
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%				
	Total Long Term Debt	\$16,517,550	\$29,718,688	\$13,201,138	80%				
3	Accrued Pension Liability	\$36,868,659	\$27,623,323	(\$9,245,336)	-25%				
4	Other Long Term Liabilities	\$0	\$0	\$0	0%				
	Total Long Term Liabilities	\$53,386,209	\$57,342,011	\$3,955,802	7%				
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$ 0	0%				
C.	Net Assets:								
1	Unrestricted Net Assets or Equity	\$6,143,359	\$8,092,517	\$1,949,158	32%				
2	Temporarily Restricted Net Assets	\$6,314,783	\$4,729,199	(\$1,585,584)	-25%				
3	Permanently Restricted Net Assets	\$4,206,895	\$4,305,687	\$98,792	2%				
	Total Net Assets	\$16,665,037	\$17,127,403	\$462,366	3%				

\$88,784,220

\$100,145,307

\$11,361,087

13%

Total Liabilities and Net Assets

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT	

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	<u>DIFFERENCE</u>	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$238,043,925	\$251,673,888	\$13,629,963	6%
2	Less: Allowances	\$108,357,670	\$121,374,335	\$13,016,665	12%
3	Less: Charity Care	\$710,098	\$703,850	(\$6,248)	-1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$128,976,157	\$129,595,703	\$619,546	0%
5	Provision for Bad Debts	\$0	\$3,254,039	\$3,254,039	0%
	Net Patient Service Revenue less provision for bad debts	\$128,976,157	\$126,341,664	(\$2,634,493)	-2%
6	Other Operating Revenue	\$7,112,901	\$7,007,903	(\$104,998)	-1%
7	Net Assets Released from Restrictions	\$314,624	\$1,631,364	\$1,316,740	419%
	Total Operating Revenue	\$136,403,682	\$134,980,931	(\$1,422,751)	-1%
В.	Operating Expenses:				
1	Salaries and Wages	\$64,606,556	\$69,876,205	\$5,269,649	8%
2	Fringe Benefits	\$19,913,051	\$20,635,260	\$722,209	4%
3	Physicians Fees	\$2,826,039	\$4,499,816	\$1,673,777	59%
4	Supplies and Drugs	\$15,730,813	\$17,557,028	\$1,826,215	12%
5	Depreciation and Amortization	\$4,887,639	\$4,803,745	(\$83,894)	-2%
6	Bad Debts	\$3,709,571	\$0	(\$3,709,571)	-100%
7	Interest Expense	\$1,028,742	\$952,190	(\$76,552)	-7%
8	Malpractice Insurance Cost	\$872,121	\$869,801	(\$2,320)	0%
9	Other Operating Expenses	\$22,448,450	\$24,728,251	\$2,279,801	10%
	Total Operating Expenses	\$136,022,982	\$143,922,296	\$7,899,314	6%
	Income/(Loss) From Operations	\$380,700	(\$8,941,365)	(\$9,322,065)	-2449%
C.	Non-Operating Revenue:				
1	Income from Investments	\$105,171	\$878,011	\$772,840	735%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$381,767	(\$447,476)	(\$829,243)	-217%
	Total Non-Operating Revenue	\$486,938	\$430,535	(\$56,403)	-12%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$867,638	(\$8,510,830)	(\$9,378,468)	-1081%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

	DAY	KIMBALL HOSPITA	L		
	TWELVE	MONTHS ACTUAL F	ILING		
		FISCAL YEAR 2013			
	REPORT 350 - PARENT CORPORATION CO	NSOLIDATED STATE	MENT OF OPERA	TIONS INFORMATI	ON
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$867,638	(\$8,510,830)	(\$9,378,468)	-1081%

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING DAY KIMBALL HOSPITAL DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 **REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (2) (4) (1) (3) (5) ACTUAL ACTUAL **ACTUAL** LINE DESCRIPTION FY 2011 FY 2012 FY 2013 A. Parent Corporation Statement of Operations Summary

1	Net Patient Revenue	\$115,157,319	\$128,976,157	\$126,341,664
2	Other Operating Revenue	4,494,080	7,427,525	8,639,267
3	Total Operating Revenue	\$119,651,399	\$136,403,682	\$134,980,931
4	Total Operating Expenses	121,166,696	136,022,982	143,922,296
5	Income/(Loss) From Operations	(\$1,515,297)	\$380,700	(\$8,941,365)
6	Total Non-Operating Revenue	1,333,404	486,938	430,535
7	Excess/(Deficiency) of Revenue Over Expenses	(\$181,893)	\$867,638	(\$8,510,830)
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	-1.25%	0.28%	-6.60%
2	Parent Corporation Non-Operating Margin	1.10%	0.36%	0.32%
3	Parent Corporation Total Margin	-0.15%	0.63%	-6.29%
4	Income/(Loss) From Operations	(\$1,515,297)	\$380,700	(\$8,941,365)
5	Total Operating Revenue	\$119,651,399	\$136,403,682	\$134,980,931
6	Total Non-Operating Revenue	\$1,333,404	\$486,938	\$430,535
7	Total Revenue	\$120,984,803	\$136,890,620	\$135,411,466
8	Excess/(Deficiency) of Revenue Over Expenses	(\$181,893)	\$867,638	(\$8,510,830)
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$10,104,119	\$6,143,359	\$8,092,517
2	Parent Corporation Total Net Assets	\$18,323,663	\$16,665,037	\$17,127,403
3	Parent Corporation Change in Total Net Assets	(\$885,674)	(\$1,658,626)	\$462,366
4	Parent Corporation Change in Total Net Assets %	95.4%	-9.1%	2.8%
D.	Liquidity Measures Summary			
1	Current Ratio	1.71	1.68	1.38
2	Total Current Assets	\$27,865,271	\$31,399,198	\$35,532,410
3	Total Current Liabilities	\$16,293,781	\$18,732,974	\$25,675,893
REPOR	RT 100 PAGE	E 30 of 57		10/9/2014, 1:32 PM

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
<u>LINE</u>	DESCRIPTION	FY 2011	FY 2012	FY 2013	
4	Days Cash on Hand	35	27	24	
5	Cash and Cash Equivalents	\$2,768,481	\$3,277,302	\$6,386,290	
6	Short Term Investments	\$8,537,281	\$6,363,563	\$2,705,332	
7	Total Cash and Short Term Investments	\$11,305,762	\$9,640,865	\$9,091,622	
8	Total Operating Expenses	\$121,166,696	\$136,022,982	\$143,922,296	
9	Depreciation Expense	\$4,685,726	\$4,887,639	\$4,803,745	
10	Operating Expenses less Depreciation Expense	\$116,480,970	\$131,135,343	\$139,118,551	
11	Days Revenue in Patient Accounts Receivable	40	49	40	
12	Net Patient Accounts Receivable	\$ 12,857,684	\$ 14,676,491	\$ 14,973,355	
13	Due From Third Party Payers	\$0	\$2,645,109	\$0	
14	Due To Third Party Payers	\$165,119	\$0	\$1,067,507	
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 12,692,565	\$ 17,321,600	\$ 13,905,848	
16	Total Net Patient Revenue	\$115,157,319	\$128,976,157	\$126,341,664	
17	Average Payment Period	51	52	67	
18	Total Current Liabilities	\$16,293,781	\$18,732,974	\$25,675,893	
19	Total Operating Expenses	\$121,166,696	\$136,022,982	\$143,922,296	
20	Depreciation Expense	\$4,685,726	\$4,887,639	\$4,803,745	
20	Total Operating Expenses less Depreciation Expense	\$116,480,970	\$131,135,343	\$139,118,551	
E.	Solvency Measures Summary				
1	Equity Financing Ratio	22.5	18.8	17.1	
2	Total Net Assets	\$18,323,663	\$16,665,037	\$17,127,403	
3	Total Assets	\$81,381,008	\$88,784,220	\$100,145,307	
4	Cash Flow to Total Debt Ratio	13.4	16.3	(6.7)	
5	Excess/(Deficiency) of Revenues Over Expenses	(\$181,893)	\$867,638	(\$8,510,830)	

	TWEEVE MONTHS ACT	O/LETTEING		AT KIIVIDALL 1103F117					
	DAY KIMBALL HO	SPITAL							
	TWELVE MONTHS ACT	TUAL FILING							
	FISCAL YEAR	2013							
	REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS								
(1) (2) (3) (4)									
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2011	FY 2012	FY 2013					
6	Depreciation Expense	\$4,685,726	\$4,887,639	\$4,803,745					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,503,833	\$5,755,277	(\$3,707,085)					
8	Total Current Liabilities	\$16,293,781	\$18,732,974	\$25,675,893					
9	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688					
10	Total Current Liabilities and Total Long Term Debt	\$33,557,545	\$35,250,524	\$55,394,581					
11	Long Term Debt to Capitalization Ratio	48.5	49.8	63.4					
12	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688					
13	Total Net Assets	\$18,323,663	\$16,665,037	\$17,127,403					
14	Total Long Term Debt and Total Net Assets	\$35,587,427	\$33,182,587	\$46,846,091					

			1					
					KIMBALL HOSPI			
					MONTHS ACTUA			
					ISCAL YEAR 201			
			REPORT 40	0 - HOSPITAL INF	PATIENT BED UTI	LIZATION BY DE	PARTMENT	
(4)	(0)	(0)	(0 -)	(01-)	(4)	(5)	(0)	(7)
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		DATIENT	DICOLLABORO OR	ADMICOLONIC	OTAFFED	AVAII ADI E	OCCUPANCY	OCCUPANCY
	DESCRIPTION	PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	<u>DAYS</u>	CU/CCU # PATIENT		BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
1	Adult Medical/Surgical	8,273	2,567	2,506	36	72	63.0%	31.5%
<u> </u>	Addit Medical/Surgical	0,213	2,307	2,500	30	12	03.0 /0	31.070
2	ICU/CCU (Excludes Neonatal ICU)	687	84	0	6	9	31.4%	20.9%
_	Legitor (Exercises Notificial 199)	001	0.1	J	J	J	01.170	20.070
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
	Psychiatric: Ages 18+	4,242	580	581	13	15	89.4%	77.5%
	TOTAL PSYCHIATRIC	4,242	580	581	13	15	89.4%	77.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
					_			
6	Maternity	1,459	569	539	5	8	79.9%	50.0%
7	Newborn	1,405	585	555	5	18	77.0%	21.4%
-	Newborn	1,405	565	555	5	10	11.0%	21.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
	Trochata 100			J	J	Ü	0.070	0.070
9	Pediatric	58	30	30	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	14,719	3,746	3,656	60	104	67.2%	38.8%
-	TOTAL INDATIFNED DED LITH IZATION	40 404	4 224	4 044	65	400	CO 00/	20.00/
	TOTAL INPATIENT BED UTILIZATION	16,124	4,331	4,211	65	122	68.0%	36.2%
-								
	TOTAL INPATIENT REPORTED YEAR	16,124	4,331	4,211	65	122	68.0%	36.2%
	TOTAL INPATIENT PRIOR YEAR	18,484		4,983	65	122	77.9%	41.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,360	· · · · · · · · · · · · · · · · · · ·	-772	0	0	-9.9%	-5.3%
	DITTERENCE II. REI ORTED VOIT RIOR TEAR	2,000	700				0.070	0.070
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-13%	-15%	-15%	0%	0%	-13%	-13%
	7	1070	1070	1070	0,70	0,70	10,0	10,0
	Total Licensed Beds and Bassinets	122						
(A) Th	nis number may not exceed the number of availa	ble beds for eac	h department or in	total.				
Note:	Total discharges do not include ICU/CCU patier	nts.						

		KIMBALL HOSPITAL	ING						
		MONTHS ACTUAL FIL	LING						
	FISCAL YEAR 2013 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
(1)	(2)	(3)	(4)	(5)	(6)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE				
A.	CT Scans (A)								
1	Inpatient Scans	1,561	1,385	-176	-11%				
2	Outpatient Scans (Excluding Emergency Department Scans)	3,074	3,224	150	5%				
3	Emergency Department Scans	3,763	3,681	-82	-2%				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%				
	Total CT Scans	8,398	8,290	-108	-1%				
В	MRI Scans (A)								
B.	Inpatient Scans	504	433	-71	-14%				
'	Outpatient Scans (Excluding Emergency Department	304	+00	-11	-1-70				
2	Scans)	4,948	4,504	-444	-9%				
	Emergency Department Scans	158	207	49	31%				
4	Other Non-Hospital Providers' Scans (A) Total MRI Scans	0 5,610	5,144	<u>0</u> -466	0% - 8%				
	Total Will Cours	3,010	3,144	-400	-07				
C.	PET Scans (A)								
1	Inpatient Scans	0	0	0	0%				
•	Outpatient Scans (Excluding Emergency Department	404	227	00	440/				
3	Scans) Emergency Department Scans	161 0	227 0	66 0	41% 0%				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%				
	Total PET Scans	161	227	66	41%				
-	DET/OT On the (A)								
D.	PET/CT Scans (A) Inpatient Scans	0	0	0	0%				
ı	Outpatient Scans (Excluding Emergency Department	0	U	0	0 /				
2	Scans)	0	0	0	0%				
3	Emergency Department Scans	0	0	0	0%				
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0	0 0	<u>0</u>	0% 0 %				
	Total FET/OT Scalls	0	<u>U</u>	<u> </u>	0 /				
	(A) If the Hospital is not the primary provider of thes	e scans, the Hospital	must obtain the fis	scal year					
	volume of each of these types of scans from the	primary provider of th	e scans.						
E.	Linear Accelerator Procedures								
<u></u>	Inpatient Procedures	0	0	0	0%				
2	Outpatient Procedures	0	0	0	0%				
	Total Linear Accelerator Procedures	0	0	0	0%				
-	Cording Cathotoxization Procedures								
F.	<u>Cardiac Catheterization Procedures</u> Inpatient Procedures	0	0	0	0%				
2	Outpatient Procedures	0	0	0	09				
	Total Cardiac Catheterization Procedures	Ö	0	0	0%				
	Ocadica Applicated D								
G .	<u>Cardiac Angioplasty Procedures</u> Primary Procedures	0	0	0	0%				
	Elective Procedures	0	0	0	09				
	Total Cardiac Angioplasty Procedures	0	0	0	0%				
<u>H.</u>	Electrophysiology Studies				22				
<u>1</u> 2	Inpatient Studies Outpatient Studies	0	0	0	0% 0%				
	Total Electrophysiology Studies	0	0	0	0%				

		Y KIMBALL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2013 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
	REPORT 450 - HOSPITAL INFATIENT AND OUTFATIENT OTHER SERVICES UTILIZATION AND FIES								
(1)	(2)	(3)	(4)	(5)	(6)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE				
I.	Surgical Procedures								
1	Inpatient Surgical Procedures	722	685	-37	-5%				
2	Outpatient Surgical Procedures	3,008	2,872	-136	-5%				
	Total Surgical Procedures	3,730	3,557	-173	-5%				
J.	Endoscopy Procedures								
1	Inpatient Endoscopy Procedures	190	181	-9	-5%				
2	Outpatient Endoscopy Procedures	3,584	940	-2,644	-74%				
	Total Endoscopy Procedures	3,774	1,121	-2,653	-70%				
	Hospital Emergency Room Visits	0.005	0.777	500	450/				
	Emergency Room Visits: Treated and Admitted Emergency Room Visits: Treated and Discharged	3,285 24,726	2,777 21,491	-508 -3,235	-15% -13%				
	Total Emergency Room Visits	28,011	24,268	-3,743	-13% -13%				
			,	5,1.15					
L.	Hospital Clinic Visits								
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%				
2	Dental Clinic Visits	0	0	0	0%				
	Psychiatric Clinic Visits	9,511	11,707	2,196	23%				
	Medical Clinic Visits	0	0	0	0%				
	Medical Clinic Visits - Pediatric Clinic Medical Clinic Visits - Urgent Care Clinic	0	0	0	0% 0%				
	Medical Clinic Visits - Orgent Care Clinic Medical Clinic Visits - Family Practice Clinic	0	0	0	0%				
	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%				
9	Specialty Clinic Visits	43,039	0	-43,039	-100%				
	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%				
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%				
	Specialty Clinic Visits - OB-GYN Clinic Specialty Clinic Visits - Other Speciality Clinics	0	0 13,555	0 13,555	0% 0%				
13	Total Hospital Clinic Visits	52,550	25,262	-27,288	-52%				
		5_,555	,						
М.	Other Hospital Outpatient Visits								
1	Rehabilitation (PT/OT/ST)	78,067	76,952	-1,115	-1%				
2	Cardiac Rehabilitation	3,762	3,695	-67	-2%				
3	Chemotherapy	828	1,223	395	48%				
<u>4</u> 5	Gastroenterology Other Outpatient Visits	3,584 145,964	3,149 70,581	-435 -75,383	-12% -52%				
<u> </u>	Total Other Hospital Outpatient Visits	232,205	155,600	-76,605	-33%				
N.	Hospital Full Time Equivalent Employees								
1	Total Nursing FTEs	274.2	284.1	9.9	4%				
2	Total Physician FTEs	16.1	5.6	-10.5	-65%				
3	Total Non-Nursing and Non-Physician FTEs Total Hospital Full Time Equivalent Employees	545.1	517.0 806.7	-28.1 -28.7	-5% - 3%				
	Total Hospital Full Time Equivalent Employees	835.4	000.7	-28.7	-3%				

KE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EME	ERGENCY RO	OM SERVICES E	BY LOCATION
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
Α.	Outpatient Surgical Procedures				
1	Day Kimball Hospital	3,008	2,872	-136	-5%
	Total Outpatient Surgical Procedures(A)	3,008	2,872	-136	-5%
B.	Outpatient Endoscopy Procedures				
1	Day Kimball Hospital	3,584	940	-2,644	-74%
	Total Outpatient Endoscopy Procedures(B)	3,584	940	-2,644	-74%
C.	Outpatient Hospital Emergency Room Visits				
1	Day Kimball Hospital	24,726	21,491	-3,235	-13%
	Total Outpatient Hospital Emergency Room Visits(C)	24,726	21,491	-3,235	-13%
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 450			
	(B) Must agree with Total Outpatient Endoscopy Proced		450		

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
_	MEDICADE				
Α.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$30,239,942	\$33,963,600	\$3,723,658	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,000,400	\$17,499,150	\$498,750	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.22%	51.52%	-4.70%	-8%
4	DISCHARGES	2,208	1,947	(261)	-12%
5	CASE MIX INDEX (CMI)	1.14840	1.24490	0.09650	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,535.66720	2,423.82030	(111.84690)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,704.51	\$7,219.66	\$515.15	8%
8	PATIENT DAYS	8,953	8,161	(792)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,898.85	\$2,144.24	\$245.39	13%
10	AVERAGE LENGTH OF STAY	4.1	4.2	0.1	3%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,947,177	\$55,949,118	\$5,001,941	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,330,119	\$22,589,670	\$259,551	1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.83%	40.38%	-3.45%	-8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	168.48%	164.73%	-3.74%	-2%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,719.95974	3,207.34353	(512.61621)	-14%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,002.79	\$7,043.11	\$1,040.32	17%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$81,187,119	\$89,912,718	\$8,725,599	11%
18	TOTAL ACCRUED PAYMENTS	\$39,330,519	\$40,088,820	\$758,301	2%
19	TOTAL ALLOWANCES	\$41,856,600	\$49,823,898	\$7,967,298	19%
B.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$15,647,815	\$15,604,585	(\$43,230)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,925,362	\$8,770,228	\$844,866	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.65%	56.20%		11%
4	DISCHARGES	1,425	1,099	(326)	-23%
5	CASE MIX INDEX (CMI)	1.05430	0.95760	(0.09670)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,502.37750	1,052.40240	(449.97510)	-30%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,275.21	\$8,333.53	\$3,058.32	58%
-	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,429.29	(\$1,113.87)	(\$2,543.17)	-178%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,147,339	(\$1,172,244)	(\$3,319,584)	-155%
	PATIENT DAYS	4,316	3,481	(835)	-19%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,836.27	\$2,519.46	\$683.18	37%
	AVERAGE LENGTH OF STAY	3.0	3.2	0.1	5%
	NON COVERNMENT OUTDATIENT				
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,042,640	\$66,124,165	(\$3,918,475)	-6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,781,318	\$38,249,692	(\$3,531,626)	-8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	59.65%	57.85%	-1.81%	-3%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

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

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE	
LIINE	DESCRIPTION	<u>F1 2012</u>	<u>F1 2013</u>	DIFFERENCE	DIFFERENCE	
16	OUTPATIENT CHARGES / INPATIENT CHARGES	447.62%	423.75%	-23.87%	-5%	
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,378.57503	4,656.99391	(1,721.58112)	-27%	
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,550.26	\$8,213.39	\$1,663.13	25%	
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$547.47)	(\$1,170.28)	(\$622.80)	114%	
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,492,103)	(\$5,449,976)	(\$1,957,874)	56%	
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$85,690,455	\$81,728,750	(\$3,961,705)	-5%	
22	TOTAL ACCRUED PAYMENTS	\$49,706,680	\$47,019,920	(\$2,686,760)	-5%	
23	TOTAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%	
23	TOTAL ALLOWANCES	\$35,963,775	\$34,700,03U	(\$1,274,945)	-4%	
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,344,763)	(\$6,622,221)	(\$5,277,457)	392%	
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$85,690,455	\$81,728,750	(\$3,961,705)	-5%	
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$49,706,680	\$47,019,920	(\$2,686,760)	-5%	
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%	
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.99%	42.47%	0.48%		
C.	UNINSURED					
	UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$989,974	\$856,999	(\$132,975)	-13%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$50,127	\$38,867	(\$11,260)	-22%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.06%	4.54%	-0.53%	-10%	
4	DISCHARGES	71	59	(12)	-17%	
5	CASE MIX INDEX (CMI)	0.95210	0.89780	(0.05430)	-6%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	67.59910	52.97020	(14.62890)	-22%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$741.53	\$733.75	(\$7.78)	-1%	
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,533.68	\$7,599.78	\$3,066.10	68%	
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,962.97	\$6,485.90	\$522.93	9%	
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$403,092	\$343,560	(\$59,532)	-15%	
11	PATIENT DAYS	192	208	16	8%	
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$261.08	\$186.86	(\$74.22)	-28%	
13	AVERAGE LENGTH OF STAY	2.7	3.5	0.8	30%	
	UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,653,944	\$3,119,256	(\$534,688)	-15%	
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$421,333	\$212,431	(\$208,902)	-50%	
16	OUTPATIENT ACCROED FATMENTS (OF FMT) OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.53%	6.81%	-4.72%	-41%	
	OUTPATIENT CHARGES / INPATIENT CHARGES OUTPATIENT CHARGES / INPATIENT CHARGES	369.09%			-41%	
17			363.97%	-5.12%	-18%	
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	262.05741	214.74483	(47.31258)		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,607.79	\$989.23	(\$618.56)	-38%	
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,942.47	\$7,224.16	\$2,281.69	46%	
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,395.00	\$6,053.88	\$1,658.89	38%	
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,151,741	\$1,300,040	\$148,299	13%	
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,643,918	\$3,976,255	(\$667,663)	-14%	

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

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

TOTAL ACCRUED PAYMENTS		AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
INPATIENT ACCRUED PAYMENTS FY 2013 DIFFERENCE DIF	%	AMOUNT	ACTUAL	ACTUAL				
TOTAL ACCRUED PAYMENTS	DIFFERENCE				DESCRIPTION	LINE		
TOTAL ALLOWANCES								
STATE OF CONNECTICUT MEDICAID S1,534,833 S1,643,600 \$88,767	-47%	(\$220,162)	\$251,298	\$471,460	TOTAL ACCRUED PAYMENTS	24		
D. STATE OF CONNECTICUT MEDICAID	-11%	(\$447,501)	\$3,724,957	\$4,172,458	TOTAL ALLOWANCES	25		
D. STATE OF CONNECTICUT MEDICAID								
MEDICAID INPATIENT	6%	\$88,767	\$1,643,600	\$1,554,833	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	26		
MEDICAID INPATIENT								
Impatient Accrued Charges \$14,050,362 \$13,894,334 \$(\$156,028)					STATE OF CONNECTICUT MEDICAID	D.		
Impatient Accrued Charges \$14,050,362 \$13,894,334 \$(\$156,028)					MEDICAID INDATIENT			
2 NPATIENT ACCRUED PAYMENTS (IP PMT)	-1%	(\$156 O28)	¢12 904 224	\$14.050.362		1		
3 NPATIENT PAYMENTS / NIPATIENT CHARGES 47.89% 34.62% -13.27%	-1%	`				-		
DISCHARGES	-29% -28%	(, , , , , , , , , , , , , , , , , , ,			` '			
5 CASE MIX INDEX (CMI) 0.83000 0.89240 0.06240 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 1,184.4100 1,128.88600 (55.52400) 7 INPATENT ACCRUED PAYMENT / CMAD \$5,880.92 \$4,260.82 (51,420.09) 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD \$1,023.59 \$2,988.83 \$1,935.24 9 MEDICARE - MEDICAID IP PMT / CMAD \$1,023.59 \$2,988.83 \$1,935.24 10 INPATENT UPPER LIMIT (GVER) / UNDERPAYMENT \$1,212,353 \$3,340,185 \$2,127.832 11 PATIENT DAYS \$1,311.35 \$1,085,78 \$22,255,77 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,311.35 \$1,085,78 \$522,557 13 AVERAGE LENGTH OF STAY \$3.6 \$3.5 \$(0.1) MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED PAYMENTS (OPEGS) \$29,889,017 \$30,013,739 \$144,722 15 OUTPATIENT ACCRUED PAYMENTS (OPEMT) \$12,291,299 \$11,542,331 \$(5749,968) 16 OUTPATIENT CHARGES (OPEMT) \$12,291,299 \$11,542	-20% -11%							
6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT (CMAD 8,58,680,92 \$4,260,82 (\$1,420,09) 8 NON-GOVERNIMENT - MEDICAD IP PATT (CMAD 9 MEDICARE - MEDICAID IP PATT (CMAD 1,023,59 \$2,958,83 \$1,935,24 (10) 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT (DAY) 13 AVERAGE LENGTH OF STAY 14 OUTPATIENT ACCRUED PAYMENT (DAY) 15 OUTPATIENT ACCRUED CHARGES (OP CHGS) 16 OUTPATIENT ACCRUED PAYMENTS (OP PMT) 17 OUTPATIENT ACCRUED PAYMENTS (OP PMT) 18 OUTPATIENT PAYMENTS (OUTPATIENT CHARGES (DED) 19 OUTPATIENT CHARGES / 11,594, 33, 43% (20) \$3, 333, 393, 384, 386 (20,595) 19 OUTPATIENT ACCRUED PAYMENTS (OP PMT) 19 OUTPATIENT CHARGES / 11,594, 33, 46% (20,996) 19 OUTPATIENT CHARGES / 11,594, 33, 46% (20,996) 10 OUTPATIENT EXPLORATES / 00 OUTPATIENT CHARGES (DED) 10 OUTPATIENT EXPLORATES / 00 OUTPATIENT CHARGES (DED) 11 OUTPATIENT ACCRUED PAYMENTS / OPED 12 NON-GOVERNIMENT - MEDICAID OP PMT / OPED 13 AUSTRAL ACCRUED PAYMENTS / OPED 14 MEDICAE - MEDICAID OP PMT / OPED 15 OUTPATIENT CHARGES / 11,594, 33, 46% (20,996) 17 OUTPATIENT CHARGES / 00 PMT / OPED 18 AUSTRAL ACCRUED PAYMENTS / OPED 19 AUSTRAL ACCRUED PAYMENTS / OPED 19 AUSTRAL ACCRUED PAYMENTS / OPED 20 NON-GOVERNIMENT - MEDICAID OP PMT / OPED 21 MEDICAE - MEDICAID OP PMT / OPED 22 AUSTRAL ACCRUED PAYMENTS / OPED 23 TOTAL ACCRUED PAYMENTS / OPED 24 MEDICAE - MEDICAID OP PMT / OPED 25 AUSTRAL ACCRUED PAYMENTS 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT 27 TOTAL ACCRUED CHARGES / 343,919,379 \$43,908,073 (\$11,306) 28 AUSTRAL ACCRUED PAYMENTS 29 TOTAL ACCRUED CHARGES / 32,855,756 \$2,856,211 29 TOTAL ACCRUED CHARGES / 343,919,379 \$43,908,073 (\$11,306) 20 TOTAL ALLOWANCES 20 TOTAL ALLOWANCES 21 AUSTRAL ACCRUED PAYMENTS 21 TOTAL ACCRUED CHARGES / 343,919,379 \$43,908,073 (\$11,306) 20 TOTAL ALLOWANCES 20 TOTAL ALLOWANCES 20 TOTAL ALLOWANCES 21 AUSTRAL ACCRUED PAYMENTS 20 TOTAL ALLOWANCES 21 AUSTRAL ACCRUED PAYMENTS 21 TOTAL ACCRUED CHARGES 22 AUSTRAL ACCRUED PAYMENTS 23 TOTAL ACCRUED CHARGES 248,99,547 \$27,5	8%	` ′						
7 INPATIENT ACCRUED PAYMENT / CMAD	-5%							
8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 1 (\$405.70) \$4,072.71 \$4,478.41 9 MEDICARE - MEDICAID IP PMT / CMAD 1 (\$1,023.59) \$2,956.83 \$1,935.24 11 PATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 12 (NPATIENT DAYS 15,131 4,430 (701) 12 (NPATIENT DAYS 15,131 4,430 (701) 12 (NPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY 13 AVERAGE LENGTH OF STAY 14 OUTPATIENT ACCRUED CHARGES (OP CHGS) 15 OUTPATIENT ACCRUED CHARGES (OP PMT) 16 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 17 OUTPATIENT CHARGES / INPATIENT CHARGES 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 19 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED 21 NEDICAID OP PMT / OPED 21 NEDICAID OP PMT / OPED 21 NEDICAID OP PMT / OPED 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 23 TOTAL ACCRUED PAYMENTS / OPED 24 TOTAL ACCRUED CHARGES 25 (S26.57) 26 TOTAL AUCRUED CHARGES 26 (S27.57) 27 TOTAL ACCRUED CHARGES 27 (S27.555,758 S2.666,211 28 TOTAL AUCRUED CHARGES 38 (S27.555,758 S2.666,211 29 OTHER MEDICAID ASSISTANCE (O.M.A.) 20 OTHER MEDICAL ASSISTANCE (O.M.A.) 20 OTHER MEDICAL ASSISTANCE (O.M.A.) 31 NEATENT ACCRUED CHARGES 30 S0 S0 30 NON-GOVERNENT / OND SO	-25%	` ′						
9 MEDICARE - MEDICAID IP PMT / CMAD	-1104%					-		
10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$1,212,353 \$3,340,185 \$2,127,832 11 PATIENT DAYS 5,131 4,430 (701) 12 INPATIENT ACCRUED PAYMENT / PATIENT DAYY \$1,311.35 \$1,085,78 (\$225,57) 13 AVERAGE LENGTH OF STAY \$3.6 3.5 (0.1)	189%		· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
PATIENT DAYS	176%							
12 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,311.35 \$1,085.78 (\$225.57)	-14%			1 ' ' ' 1				
MEDICAID OUTPATIENT	-17%	` /						
MEDICAID OUTPATIENT	-17%	`` (
14 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$29,869,017 \$30,013,739 \$144,722 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$12,291,299 \$11,542,331 (\$748,968) 16 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 41,15% 38,46% -2,69% 17 OUTPATIENT CHARGES / INPATIENT CHARGES 212,59% 216,01% 3,43% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 3,033,59353 2,732,58005 (301,01348) 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$4,051,73 \$4,223,97 \$172,24 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$2,498,53 \$3,989,42 \$1,490,89 21 MEDICARE - MEDICAID OP PMT / OPED \$1,951,06 \$2,819,14 \$868,08 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703,528 \$1,784,817 MEDICAID TOTALS (INPATIENT + OUTPATIENT)	-570	(0.1)	3.3	3.0	AVERAGE LENGTH OF STATE	13		
15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$12,291,299 \$11,542,331 (\$748,968) 16 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 41.15% 38.46% -2.69% 17 OUTPATIENT CHARGES / INPATIENT CHARGES 212.59% 216.01% 3.43% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 3,033.59353 2,732.58005 (301.01348) 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$4,051.73 \$4,223.97 \$172.24 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$2,498.53 \$3,989.42 \$1,490.89 21 MEDICARE - MEDICAID OP PMT / OPED \$1,951.06 \$2,819.14 \$868.08 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703,528 \$1,784,817 MEDICAID TOTALS (INPATIENT + OUTPATIENT) \$43,919,379 \$43,908,073 (\$11,306) 24 TOTAL ACCRUED CHARGES \$43,919,379 \$43,908,073 (\$11,306) 25 TOTAL ALLOWANCES \$24,899,547 \$27,555,758 \$2,656,211 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$7,131,064 \$11,043,713 \$3,912,649 E. OTHER MEDICAL ASSISTANCE (O.M.A.) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0					MEDICAID OUTPATIENT			
16 DUTPATIENT PAYMENTS / OUTPATIENT CHARGES 41.15% 38.46% -2.69% 17 DUTPATIENT CHARGES 212.59% 216.01% 3.43% 3.43% 18 DUTPATIENT CHARGES (OPED) 3,033.59353 2,732.58005 (301.01348) 19 DUTPATIENT ACCRUED PAYMENTS / OPED \$4,051.73 \$4,223.97 \$172.24 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$2,498.53 \$3,989.42 \$1,490.89 21 MEDICARE - MEDICAID OP PMT / OPED \$1,951.06 \$2,819.14 \$868.08 22 DUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703.528 \$1,784,817 \$1701.4 ACCRUED CHARGES \$43,919,379 \$43,908,073 (\$11,306) \$101.4 ACCRUED PAYMENTS \$19,019,832 \$16,352,315 (\$2,667,517) \$101.4 ALCOWANCES \$24,899,547 \$27,555,758 \$2,656,211 \$101.4 ALCOWANCES \$24,899,547 \$27,555,758 \$2,656,211 \$101.4 ALCOWANCES \$101.4 ALC	0%	\$144,722	\$30,013,739	\$29,869,017	OUTPATIENT ACCRUED CHARGES (OP CHGS)	14		
17 OUTPATIENT CHARGES / INPATIENT CHARGES 212.59% 216.01% 3.43% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 3,033.59353 2,732.58005 (301.01348) 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$4,051.73 \$4,223.97 \$172.24 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$2,498.53 \$3,989.42 \$1,490.89 21 MEDICARE - MEDICAID OP PMT / OPED \$1,951.06 \$2,819.14 \$868.08 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703,528 \$1,784,817	-6%	(\$748,968)	\$11,542,331	\$12,291,299	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	15		
18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 3,033.59353 2,732.58005 (301.01348) 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$4,051.73 \$4,223.97 \$172.24 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$2,498.53 \$3,989.42 \$1,490.89 21 MEDICARE - MEDICAID OP PMT / OPED \$1,951.06 \$2,819.14 \$668.08 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703,528 \$1,784,817	-7%	-2.69%	38.46%	41.15%	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16		
19 OUTPATIENT ACCRUED PAYMENTS / OPED	2%	3.43%	216.01%	212.59%	OUTPATIENT CHARGES / INPATIENT CHARGES	17		
20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$2,498.53 \$3,989.42 \$1,490.89 21 MEDICARE - MEDICAID OP PMT / OPED \$1,951.06 \$2,819.14 \$868.08 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703,528 \$1,784,817	-10%	(301.01348)	2,732.58005	3,033.59353	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	18		
MEDICARE - MEDICAID OP PMT / OPED	4%	\$172.24	\$4,223.97	\$4,051.73	OUTPATIENT ACCRUED PAYMENTS / OPED	19		
22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,918,711 \$7,703,528 \$1,784,817	60%	\$1,490.89	\$3,989.42	\$2,498.53	NON-GOVERNMENT - MEDICAID OP PMT / OPED	20		
MEDICAID TOTALS (INPATIENT + OUTPATIENT)	44%	\$868.08	\$2,819.14	\$1,951.06	MEDICARE - MEDICAID OP PMT / OPED	21		
23 TOTAL ACCRUED CHARGES \$43,919,379 \$43,908,073 (\$11,306) 24 TOTAL ACCRUED PAYMENTS \$19,019,832 \$16,352,315 (\$2,667,517) 25 TOTAL ALLOWANCES \$24,899,547 \$27,555,758 \$2,656,211 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$7,131,064 \$11,043,713 \$3,912,649 E. OTHER MEDICAL ASSISTANCE (O.M.A.)	30%	\$1,784,817	\$7,703,528	\$5,918,711	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	22		
23 TOTAL ACCRUED CHARGES \$43,919,379 \$43,908,073 (\$11,306) 24 TOTAL ACCRUED PAYMENTS \$19,019,832 \$16,352,315 (\$2,667,517) 25 TOTAL ALLOWANCES \$24,899,547 \$27,555,758 \$2,656,211 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$7,131,064 \$11,043,713 \$3,912,649 E. OTHER MEDICAL ASSISTANCE (O.M.A.)								
24 TOTAL ACCRUED PAYMENTS \$19,019,832 \$16,352,315 (\$2,667,517) 25 TOTAL ALLOWANCES \$24,899,547 \$27,555,758 \$2,656,211 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$7,131,064 \$11,043,713 \$3,912,649 E. OTHER MEDICAL ASSISTANCE (O.M.A.)					MEDICAID TOTALS (INPATIENT + OUTPATIENT)			
25 TOTAL ALLOWANCES \$24,899,547 \$27,555,758 \$2,656,211 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$7,131,064 \$11,043,713 \$3,912,649 E. OTHER MEDICAL ASSISTANCE (O.M.A.) OTHER MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES \$0 \$0 \$0 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 4 DISCHARGES	0%	(\$11,306)	\$43,908,073	\$43,919,379	TOTAL ACCRUED CHARGES	23		
26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$7,131,064 \$11,043,713 \$3,912,649 E. OTHER MEDICAL ASSISTANCE (O.M.A.) OTHER MEDICAL ASSISTANCE INPATIENT 1 INPATIENT ACCRUED CHARGES \$0 \$0 \$0 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES \$0.00% \$0.00% 4 DISCHARGES	-14%	(\$2,667,517)	\$16,352,315	\$19,019,832	TOTAL ACCRUED PAYMENTS	24		
E. OTHER MEDICAL ASSISTANCE (O.M.A.) OTHER MEDICAL ASSISTANCE INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES	11%	\$2,656,211	\$27,555,758	\$24,899,547	TOTAL ALLOWANCES	25		
E. OTHER MEDICAL ASSISTANCE (O.M.A.) OTHER MEDICAL ASSISTANCE INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES								
OTHER MEDICAL ASSISTANCE INPATIENT 1 INPATIENT ACCRUED CHARGES \$0 \$0 \$0 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 0.00% 4 DISCHARGES - - - -	55%	\$3,912,649	\$11,043,713	\$7,131,064	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	26		
OTHER MEDICAL ASSISTANCE INPATIENT 1 INPATIENT ACCRUED CHARGES \$0 \$0 \$0 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 0.00% 4 DISCHARGES - - - -						_		
1 INPATIENT ACCRUED CHARGES \$0 \$0 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 4 DISCHARGES - -		-			OTHER MEDICAL ASSISTANCE (O.M.A.)	E.		
1 INPATIENT ACCRUED CHARGES \$0 \$0 \$0 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 0.00% 4 DISCHARGES - - - -					OTHER MEDICAL ASSISTANCE INDATIENT			
2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 0.00% 4 DISCHARGES - - - -		02	ΦΩ	0.9	 	4		
3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 0.00% 4 DISCHARGES - - - -	0%		· · · · · · · · · · · · · · · · · · ·					
4 DISCHARGES	0%	·			·			
	0% 0%	0.00%	0.00%	0.00%				
5 ICASE MIVINDEV (CMI) 0.00000 0.00000 0.00000 0.00000 0.000000		0.00000	0.0000	0.00000				
5 CASE MIX INDEX (CMI) 0.00000 0.00000 0.00000 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 0.00000 0.00000 0.00000	0% 0%							

TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013

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

	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	IVE ANALYSI	S	
		4071141	4071141	AMOUNT	0/
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,275.21	\$8,333.53	\$3,058.32	58%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,704.51	\$7,219.66	\$515.15	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$6,550.26	\$8,213.39	\$1,663.13	25%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,002.79	\$7,043.11	\$1,040.32	17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIE	NT)			
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
20	TOTAL OTHER MEDICAL ASSISTANCE OFFER LIMIT UNDERFATMENT	\$0	φυ	φυ	078
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICA	AL ASSISTANCE	<u>)</u>		
	TOTAL MEDICAL ACCIOTANCE INDATIENT				
	TOTAL MEDICAL ASSISTANCE INPATIENT	# 44.050.000	***	(0450,000)	40/
1	INPATIENT ACCRUED CHARGES	\$14,050,362	\$13,894,334	(\$156,028)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,728,533	\$4,809,984	(\$1,918,549)	-29%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.89%	34.62%	-13.27%	-28%
4	DISCHARGES	1,427	1,265	(162)	-11%
5	CASE MIX INDEX (CMI)	0.83000 1.184.41000	0.89240	0.06240	8%
6 7	CASE MIX ADJUSTED DISCHARGES (CMAD) INPATIENT ACCRUED PAYMENT / CMAD	,	1,128.88600	(55.52400)	-5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,680.92 (\$405.70)	\$4,260.82 \$4,072.71	(\$1,420.09) \$4,478.41	-25% -1104%
	MEDICARE - TOTAL MEDICAL ASSISTANCE IF PINIT / CINIAD	\$1,023.59	\$2,958.83	\$1,935.24	189%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,212,353	\$3,340,185	\$2,127,832	176%
	PATIENT DAYS				-14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	5,131 \$1,311.35	4,430 \$1,085.78	(701) (\$225.57)	-17%
	AVERAGE LENGTH OF STAY	3.6	3.5	(\$225.57)	-3%
13	AVERAGE ELNOTTOL GIAT	3.0	3.3	(0.1)	-570
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,869,017	\$30,013,739	\$144,722	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,291,299	\$11,542,331	(\$748,968)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.15%	38.46%	-2.69%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	212.59%	216.01%	3.43%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,033.59353	2,732.58005	(301.01348)	-10%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

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

	AND BASELINE UNDERPAYMENT DAT	A. CONFARA	IIVE ANALI 31	<u> </u>	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,051.73	\$4,223.97	\$172.24	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,498.53	\$3,989.42	\$1,490.89	60%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,951.06	\$2,819.14	\$868.08	44%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,918,711	\$7,703,528	\$1,784,817	30%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEN	<u>T)</u>			
23	TOTAL ACCRUED CHARGES	\$43,919,379	\$43,908,073	(\$11,306)	0%
24	TOTAL ACCRUED PAYMENTS	\$19,019,832	\$16,352,315	(\$2,667,517)	-14%
25	TOTAL ALLOWANCES	\$24,899,547	\$27,555,758	\$2,656,211	11%
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$323,493	\$222,098	(\$101,395)	-31%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$89,377	\$94,784	\$5,407	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.63%	42.68%		54%
4	DISCHARGES	37	20	(17)	-46%
5	CASE MIX INDEX (CMI)	0.54180	1.10190	0.56010	103%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20.04660	22.03800	1.99140	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,458.46	\$4,300.93	(\$157.53)	-4%
8	PATIENT DAYS	84	52	(32)	-38%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,064.01	\$1,822.77	\$758.76	71%
10	AVERAGE LENGTH OF STAY	2.3	2.6	0.3	15%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,203,246	\$977,760	(\$225,486)	-19%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$478,311	\$350,516	(\$127,795)	-27%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$1,526,739	\$1,199,858	(\$326,881)	-21%
14	TOTAL ACCRUED PAYMENTS	\$567,688	\$445,300	(\$122,388)	-22%
15	TOTAL ALLOWANCES	\$959,051	\$754,558	(\$204,493)	-21%
	OTHER DATA				
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$6,224,434	\$4,807,000	(\$1,417,434)	-23%
2	TOTAL OPERATING EXPENSES	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$710,098	\$703,850	(\$6,248)	-1%
	BAD DEBTS (CHARGES)	\$3,462,360	\$3,021,107	(\$441,253)	-13%
6	UNCOMPENSATED CARE (CHARGES)	\$4,172,458	\$3,724,957	(\$447,501)	-11%
7	COST OF UNCOMPENSATED CARE	\$2,051,611	\$1,689,082	(\$362,529)	-18%
		+- ,30.,0.1	Ţ :,500,00 <u>2</u>	(+352,520)	.070
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOL	_OGY)			
8	TOTAL ACCRUED CHARGES	\$43,919,379	\$43,908,073	(\$11,306)	0%
9	TOTAL ACCRUED PAYMENTS	\$19,019,832	\$16,352,315	(\$2,667,517)	-14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$21,595,301	\$19,910,119	(\$1,685,183)	-8%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

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

	AND BASELINE UNDERPAYMENT DAT	A: COMPARAT	IVE ANALYSI	> 	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,575,469	\$3,557,804	\$982,334	38%
Ξ.	AGGREGATE DATA				
A.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$60,261,612	\$63,684,617	\$3,423,005	6%
2	TOTAL INPATIENT PAYMENTS	\$31,743,672	\$31,174,146	(\$569,526)	-2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	52.68%	48.95%	-3.73%	-7%
	TOTAL DISCHARGES	5,097	4,331	(766)	-15%
	TOTAL CASE MIX INDEX	1.02855	1.06838	0.03983	4%
	TOTAL CASE MIX ADJUSTED DISCHARGES	5,242.50130	4,627.14670	(615.35460)	-12%
	TOTAL OUTPATIENT CHARGES	\$152,062,080	\$153,064,782	\$1,002,702	1%
	OUTPATIENT CHARGES / INPATIENT CHARGES	252.34%	240.35%	-11.99%	-5%
	TOTAL OUTPATIENT PAYMENTS	\$76,881,047	\$72,732,209	(\$4,148,838)	-5%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.56%	47.52%	-3.04%	-6%
	TOTAL DAVAGENTS	\$212,323,692	\$216,749,399	\$4,425,707	2%
	TOTAL PAYMENTS / TOTAL CHARGES	\$108,624,719	\$103,906,355	(\$4,718,364)	-4% -6%
	TOTAL PAYMENTS / TOTAL CHARGES PATIENT DAYS	51.16%	47.94% 16.124	-3.22%	-13%
14	FATIENT DATS	18,484	10,124	(2,360)	-13%
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$44,613,797	\$48,080,032	\$3,466,235	8%
2	INPATIENT PAYMENTS	\$23,818,310	\$22,403,918	(\$1,414,392)	-6%
	GOVT. INPATIENT PAYMENTS / CHARGES	53.39%	46.60%	-6.79%	-13%
4	DISCHARGES	3,672	3,232	(440)	-12%
5	CASE MIX INDEX	1.01855	1.10605	0.08749	9%
6	CASE MIX ADJUSTED DISCHARGES	3,740.12380	3,574.74430	(165.37950)	-4%
7	OUTPATIENT CHARGES	\$82,019,440	\$86,940,617	\$4,921,177	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	183.84%	180.82%	-3.02%	-2%
9	OUTPATIENT PAYMENTS	\$35,099,729	\$34,482,517	(\$617,212)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.79%	39.66%	-3.13%	-7%
11	TOTAL CHARGES	\$126,633,237	\$135,020,649	\$8,387,412	7%
12	TOTAL PAYMENTS	\$58,918,039	\$56,886,435	(\$2,031,604)	-3%
13	TOTAL PAYMENTS / CHARGES	46.53%	42.13%	-4.39%	-9%
14	PATIENT DAYS	14,168	12,643	(1,525)	-11%
15	TOTAL GOVERNMENT DEDUCTIONS	\$67,715,198	\$78,134,214	\$10,419,016	15%
	AVERAGE LENGTH OF STAY				
	MEDICARE	4.1	4.2	0.1	3%
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.2	0.1	5%
	UNINSURED	2.7	3.5	0.8	30%
	MEDICAID	3.6	3.5	(0.1)	-3%
	OTHER MEDICAL ASSISTANCE	-	- 2.6	- 0.2	0%
	CHAMPUS / TRICARE	2.3	2.6	0.3	15%
7	TOTAL AVERAGE LENGTH OF STAY	3.6	3.7	0.1	3%
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$212,323,692	\$216,749,399	\$4,425,707	2%
	TOTAL GOVERNMENT DEDUCTIONS	\$67,715,198	\$78,134,214	\$10,419,016	15%

FISCAL YEAR 2013

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	<u>DESCRIPTION</u>	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE		
3	UNCOMPENSATED CARE	\$4,172,458	\$3,724,957	(\$447,501)			
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%		
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$52,012	\$1,896,369	\$1,844,357	3546%		
6	TOTAL ADJUSTMENTS	\$107,923,443	\$118,464,370	\$10,540,927	10%		
7	TOTAL ACCRUED PAYMENTS	\$104,400,249	\$98,285,029	(\$6,115,220)	-6%		
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%		
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$104,400,249	\$98,285,029	(\$6,115,220)	-6%		
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4917032481	0.4534500647	(0.0382531834)	-8%		
11	COST OF UNCOMPENSATED CARE	\$2,051,611	\$1,689,082	(\$362,529)	-18%		
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,575,469	\$3,557,804	\$982,334	38%		
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%		
14	TOTAL COST OF UNCOMPENSATED CARE AND						
	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,627,080	\$5,246,886	\$619,805	13%		
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	<u>GY)</u>					
1	MEDICAID	\$5,918,711	\$7,703,528	\$1,784,817	30%		
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%		
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,554,833	\$1,643,600	\$88,767	6%		
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,473,544	\$9,347,128	\$1,873,584	25%		
٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600						
٧.	DATA GOLD IN REGONGLEATIONS IN RELIGITIOS 330 AND GOL	<u>4</u>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,136,868	\$3,866,194	\$729,326	23.25%		
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,780,586	\$742,945	(\$4,037,641)	-84.46%		
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$113,405,335	\$104,649,330	(\$8,756,005)	-7.72%		
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%		
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$212,323,722	\$216,749,429	\$4,425,707	2.08%		
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$75,774	\$119,186	\$43,412	57.29%		
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,248,232	\$3,844,143	(\$404,089)	-9.51%		

FISCAL YEAR 2013

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NPATIENT ACCRUED CHARGES \$15,601,265 \$	LINE	<u>DESCRIPTION</u>			AMOUNT <u>DIFFERENCE</u>
NPATIENT ACCRUED CHARGES \$15,601,265 \$	_	ACCRUED CHARGES AND DAVMENTS			
1 NON-GOVERNMENT (INCLUDING STEIP PAY / UNINSURED)	1.	ACCRUED CHARGES AND PAYMENTS			
2 MEDICARE S00.238-92 33.985.800 \$3.7236.8 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$14,050.302 13.884,334 81.56.02 4 MEDICALD S14,050.302 13.884,334 81.56.02 5 OTHER MEDICAL ASSISTANCE \$2.209.8 13.884,334 81.56.02 7 UNINSURED INCLUDED IN NON-GOVERNMENT) \$889,974 889,899 (\$1.207 7 OTAL INPATENT OVERNMENT CHARGES \$44,613,797 \$480,890,903 \$3.126,700 7 OTAL INPATENT OVERNMENT CHARGES \$44,613,797 \$480,890,903 \$3.126,700 7 OTAL INPATENT OVERNMENT CHARGES \$50,261,612 \$35,884,617 \$3,422,00 8 OUTA-TIENT ACCOURD CHARGES \$50,000,000 \$50,124,165 \$53,684,617 \$3,422,00 8 OUTA-TIENT ACCOURD CHARGES \$50,000,000 \$50,124,165 \$55,000,000 1 OTHER OFFICE OF ASSISTANCE \$50,000,000 \$50,124,165 \$55,000,000 2 MEDICAR ASSISTANCE INJUDING OTHER MEDICAL ASSISTANCE \$20,880,177 \$30,013,739 \$144,72 3 MEDICAR ASSISTANCE INJUDING OTHER MEDICAL ASSISTANCE \$20,880,177 \$30,013,739 \$144,72 5 OTHER MEDICAL ASSISTANCE \$0.000,000,000,000,000,000,000,000,000,0					
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)					(\$43,230) \$3,723,658
5 OTHER MEDICAL ASSISTANCE			. , ,		(\$156,028)
6 CHAMPUS/TRICARE 522,495 707AL INPATIENT GOVERNMENT CHARGES 544,613,797 598,917,77 5			· ' ' ' '		(\$156,028)
TOTAL INPATIENT GOVERNMENT CHARGES					\$0 (\$101.395)
TOTAL INPATIENT CHARGES \$89,261,612 \$83,884,617 \$93,423,00					(\$132,975)
B. OUTPATIENT ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$70.042,640 \$66,124,165 \$3.916,477 \$5.50,947,177					\$3,466,235
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$570.042,640 \$861,241,65 \$3196.47 \$3.00		TOTAL INPATIENT CHARGES	\$60,261,612	\$63,684,617	\$3,423,005
REDICARE \$50.947.117 56.949.118 \$5.001.3 \$1.0					
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$29,889.017 \$30,013,739 \$144,72 \$144,72 \$150,000 \$12,00					(\$3,918,475) \$5,001,041
5 OTHER MEDICAL ASSISTANCE \$1,203,246 977,760 \$225,48 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$3,653,944 31,19,256 \$534,68 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$3,653,944 38,940,817 \$49,21,17 1 TOTAL OUTPATIENT GOVERNMENT CHARGES \$152,062,080 \$153,064,782 \$1,002,70 1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$86,690,465 \$81,728,750 \$3,912,718 \$89,725,18 2 TOTAL MEDICARE \$81,187,119 \$89,912,718 \$89,725,19 \$89,912,718 \$89,725,19 3 TOTAL MEDICARE \$341,891,379 \$43,998,073 \$13,998,08,073 \$11,197,199 \$10,719,199,199,199,199 \$10,719,099,073 \$11,199,199,199,199,199,199,199,199,199,			· ' ' ' '	, ,	\$144,722
6 CHAMPUS / TRICARE \$1,203,246 977,700 \$225,49 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$3,653,944 31,192,56 \$553,065 7 TOTAL OUTPATIENT CHARGES \$82,019,440 \$86,94,017 \$4,921,17 7 TOTAL OUTPATIENT CHARGES \$152,062,080 \$153,064,782 \$1,002,70 C. TOTAL ACCRUED CHARGES \$152,062,080 \$153,064,782 \$1,002,70 1 TOTAL NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$85,690,456 \$81,728,750 \$3,917,70 2 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$43,919,379 \$43,908,073 \$611,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$43,919,379 \$43,908,073 \$611,30 4 TOTAL MEDICAL ASSISTANCE \$1,567,39 \$1,199,856 \$30,80 5 TOTAL OTHER MEDICAL ASSISTANCE \$1,567,39 \$1,199,856 \$30,80 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$4,643,918 \$3,376,255 \$567,66 TOTAL CHARGES \$12,2323,692 \$216,749,399 \$4,425,70 D. INPATIENT ACCRUED PAYMENTS \$1,000,000 \$1,749,915 \$3,808,41 TONO-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,792,5362 \$8,770,228 \$844,86 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,916,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,726,553 4,009,904 \$1,918,54 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$1,221,290 11,522,311 \$1,414,59 A MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$1,221,290 11,	4	MEDICAID	\$29,869,017	30,013,739	\$144,722
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$3,863,944 3,119,256 \$5,54,68				-	\$0 (\$225,486)
TOTAL OUTPATIENT CHARGES			. , ,		(\$534,688)
C. TOTAL ACCRUED CHARGES 1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$85,690,465 \$81,728,750 \$3,981,771 \$89,912.718 \$89,728.750 \$3,1071AL MEDICALA ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$43,919,379 \$43,908,073 \$51,139 \$43,008,073 \$51,130 \$51,130 \$43,019,379 \$43,008,073 \$51,130 \$5					\$4,921,177
1 TOTAL NONGOVERNMENT (INCLUDING SELP PAY / UNINSURED)		TOTAL OUTPATIENT CHARGES	\$152,062,080	\$153,064,782	\$1,002,702
TOTAL MEDICARE \$81,197,119 \$89,112,718 \$87,25,593 \$70,700, MEDICARE \$70,700, MEDICAL ASSISTANCE \$70,700, MEDICAL					
3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)					(\$3,961,705) \$9,725,500
4 TOTAL MEDICAID			. , ,		(\$11,306)
Formation	4	TOTAL MEDICAID	\$43,919,379	\$43,908,073	(\$11,306)
TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)			T -		(\$226.994)
TOTAL GOVERNMENT CHARGES \$126,633,237 \$135,020,649 \$8,387,41					(\$667,663)
D. INPATIENT ACCRUED PAYMENTS S7,925,362 \$8,770,228 \$844,96		TOTAL GOVERNMENT CHARGES	\$126,633,237	\$135,020,649	\$8,387,412
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$7,925,362 \$8,770,228 \$844,86		TOTAL CHARGES	\$212,323,692	\$216,749,399	\$4,425,707
MEDICARE	D.	INPATIENT ACCRUED PAYMENTS			
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,728,533 4,809,984 (\$1,918,54) 4 MEDICALD \$6,728,533 4,809,984 (\$1,918,54) 5 OTHER MEDICAL ASSISTANCE \$0 0 0 6 CHAMPUS / TRICARE \$89,377 94,784 \$5,40 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$550,127 38,867 (\$11,26 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$53,818,310 \$22,403,918 \$1,414,39 TOTAL INPATIENT GOVERNMENT PAYMENTS \$23,818,310 \$22,403,918 \$1,414,99 TOTAL INPATIENT PAYMENTS \$31,743,672 \$31,174,146 \$569,52 E. OUTPATIENT ACCRUED PAYMENTS \$41,781,318 \$38,249,692 \$3,531,62 E. OUTPATIENT ACCRUED PAYMENTS \$22,330,119 \$22,589,670 \$259,55 3 MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) \$12,291,299 11,542,331 \$748,96 4 MEDICALD \$12,291,299 11,542,331 \$748,96 5 OTHER MEDICAL ASSISTANCE \$90 0 0 6 CHAMPUS / TRICARE \$478,311 \$30,516 \$127,79 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$42,333 \$212,431 \$20,90 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$42,333 \$212,431 \$20,90 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,999,729 \$34,482,517 \$617,21 TOTAL OUTPATIENT FORMENT S \$39,330,519 \$40,088,820 \$758,30 3 TOTAL ACCRUED PAYMENTS \$39,330,519 \$40,088,820 \$758,30 3 TOTAL OUTPATIENT PAYMENTS \$39,019,832 \$16,352,315 \$2,667,51 4 TOTAL OHDER MEDICAL ASSISTANCE \$19,019,832 \$16,352,315 \$2,667,51 4 TOTAL OHDER MEDICAL ASSISTANCE \$90 \$90,90 \$90,90 \$90,90 5 TOTAL OHER MEDICAL ASSISTANCE \$90,90 \$90,90 6 TOTAL OHER MEDICAL ASSISTANCE \$90,90 \$90,90 7 TOTAL OHER MEDICAL ASSISTANCE \$90,90 \$9					\$844,866
MEDICAID			. , ,	, ,	(\$1,918,549)
6 CHAMPUS / TRICARE \$89,377 94,784 \$5,40 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$50,127 38,867 (\$11,26 TOTAL INPATIENT GOVERNMENT PAYMENTS \$23,818,310 \$22,403,918 (\$1,414,39 TOTAL INPATIENT PAYMENTS \$31,743,672 \$31,174,146 (\$569,52 E. OUTPATIENT ACCRUED PAYMENTS \$41,781,318 \$38,249,692 (\$3,531,62 2 MEDICARE \$22,330,119 22,589,670 \$259,55 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$12,291,299 \$11,542,331 (\$748,96 4 MEDICAL ASSISTANCE \$0 0 \$\$478,96 5 OTHER MEDICAL ASSISTANCE \$0 0 \$\$27,93 6 CHAMPUS / TRICARE \$478,311 \$50,516 (\$\$127,79 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$421,333 \$212,431 (\$208,90 8 \$76,881,047 \$72,732,209 \$34,482,517 \$617,21 9 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 \$34,482,517 \$617,21 </td <td>4</td> <td>MEDICAID</td> <td>\$6,728,533</td> <td></td> <td>(\$1,918,549)</td>	4	MEDICAID	\$6,728,533		(\$1,918,549)
TOTAL INPATIENT GOVERNMENT PAYMENTS \$23,818,310 \$22,403,918 (\$1,414,39)				-	\$0 \$5.407
TOTAL INPATIENT PAYMENTS \$31,743,672 \$31,174,146 (\$569,52					(\$11,260)
E. OUTPATIENT ACCRUED PAYMENTS \$41,781,318 \$38,249,692 (\$3,531,62 2 MEDICARE \$22,330,119 22,589,670 \$259,55 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$12,291,299 11,542,331 (\$748,96 4 MEDICAL ASSISTANCE \$0 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0<					(\$1,414,392)
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$41,781,318 \$38,249,692 (\$3,531,62 2 MEDICARE \$22,330,119 22,589,670 \$259,55 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$12,291,299 11,542,331 (\$748,96 4 MEDICAID \$12,291,299 11,542,331 (\$748,96 5 OTHER MEDICAL ASSISTANCE \$0 0 \$ 6 CHAMPUS / TRICARE \$478,311 350,516 (\$127,79 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$421,333 212,431 (\$208,90 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 \$34,482,517 (\$617,21 TOTAL OUTPATIENT PAYMENTS \$76,881,047 \$72,732,209 (\$4,148,83 F. TOTAL ACCRUED PAYMENTS \$49,706,680 \$47,019,920 (\$2,686,76 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL OTHER MEDICAL ASSISTANCE \$19,019,832 \$16,352,315 (\$2,667,51 5		TOTAL INPATIENT PAYMENTS	\$31,743,672	\$31,174,146	(\$569,526)
MEDICARE					
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$12,291,299 11,542,331 (\$748,96 4 MEDICAID \$12,291,299 11,542,331 (\$748,96 5 OTHER MEDICAL ASSISTANCE \$0					(\$3,531,626)
4 MEDICAID \$12,291,299 11,542,331 (\$748,96 5 OTHER MEDICAL ASSISTANCE \$0 0 \$ 6 CHAMPUS / TRICARE \$478,311 350,516 (\$127,79 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$421,333 212,431 (\$208,99 8 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 \$34,482,517 (\$617,21 8 TOTAL OUTPATIENT PAYMENTS \$76,881,047 \$72,732,209 (\$4,148,83 9 TOTAL ACCRUED PAYMENTS \$49,706,680 \$47,019,920 (\$2,686,76 1 TOTAL MONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$49,706,680 \$47,019,920 (\$2,686,76 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL OTHER MEDICAL ASSISTANCE \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$0 5 TOTAL OTHER MEDICAL					\$259,551 (\$748,968)
6 CHAMPUS / TRICARE \$478,311 350,516 (\$127,79 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$421,333 212,431 (\$208,90 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 \$34,482,517 (\$617,21 TOTAL OUTPATIENT PAYMENTS \$76,881,047 \$72,732,209 (\$4,148,83 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$49,706,680 \$47,019,920 (\$2,686,76 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL OTHER MEDICAL ASSISTANCE \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$0 \$0 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60	4	MEDICAID	\$12,291,299	11,542,331	(\$748,968)
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$421,333 212,431 (\$208,90 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 \$34,482,517 (\$617,21 TOTAL OUTPATIENT PAYMENTS \$76,881,047 \$72,732,209 (\$4,148,83 F. TOTAL ACCRUED PAYMENTS *** *** *** 1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$49,706,680 \$47,019,920 (\$2,686,76 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51* 4 TOTAL OTHER MEDICAL ASSISTANCE \$19,019,832 \$16,352,315 (\$2,667,51* 5 TOTAL OTHER MEDICAL ASSISTANCE \$19,019,832 \$16,352,315 (\$2,667,51* 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$0 \$0 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$12,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GO	-				\$0 (\$127.705)
TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$35,099,729 \$34,482,517 (\$617,21) TOTAL OUTPATIENT PAYMENTS \$76,881,047 \$72,732,209 (\$4,148,83) F. TOTAL ACCRUED PAYMENTS \$49,706,680 \$47,019,920 (\$2,686,76) 2 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$49,706,680 \$47,019,920 (\$2,686,76) 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51) 4 TOTAL MEDICALD \$19,019,832 \$16,352,315 (\$2,667,51) 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$0 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38) 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,160) TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60) TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60) TOTAL OTHER MEDICAL ASSISTANCE \$56,886,435 (\$2,031,60) TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435					(\$208,902)
F. TOTAL ACCRUED PAYMENTS 1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$49,706,680 \$47,019,920 (\$2,686,76 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL MEDICALD \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$ 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60	-	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$35,099,729	\$34,482,517	(\$617,212)
1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$49,706,680 \$47,019,920 (\$2,686,76 2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL MEDICALOR \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$0 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60		TOTAL OUTPATIENT PAYMENTS	\$76,881,047	\$72,732,209	(\$4,148,838)
2 TOTAL MEDICARE \$39,330,519 \$40,088,820 \$758,30 3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL MEDICAID \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$ 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60	-				
3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$19,019,832 \$16,352,315 (\$2,667,51 4 TOTAL MEDICAID \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$ 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60					(\$2,686,760) \$759,301
4 TOTAL MEDICAID \$19,019,832 \$16,352,315 (\$2,667,51 5 TOTAL OTHER MEDICAL ASSISTANCE \$0 \$0 \$ 6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60			. , ,		\$758,301 (\$2,667,517)
6 TOTAL CHAMPUS / TRICARE \$567,688 \$445,300 (\$122,38 7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16 TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60	4	TOTAL MEDICAID	\$19,019,832	\$16,352,315	(\$2,667,517)
7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$471,460 \$251,298 (\$220,16) TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60)			T -		\$0 (\$122 388)
TOTAL GOVERNMENT PAYMENTS \$58,918,039 \$56,886,435 (\$2,031,60					(\$220,162)
IOIAL PAYMENTS \$108,624,719 \$103,906,355 \$4,718,36				. , ,	(\$2,031,604)
	\vdash	IUIAL PAYMENIS	\$108,624,719	\$103,906,355	(\$4,718,364)

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2012</u>	ACTUAL <u>FY</u> <u>2013</u>	AMOUNT <u>DIFFERENCE</u>
II.	PAYER MIX			
	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.37%	7.20%	-0.17%
	MEDICARE	14.24%		1.43%
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.62%		-0.21%
	MEDICAID OTHER MEDICAL ASSISTANCE	6.62% 0.00%		-0.21% 0.00%
	CHAMPUS / TRICARE	0.15%	0.10%	-0.05%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.47%	0.40%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	21.01% 28.38%		1.17% 1.00%
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.99%		-2.48%
	MEDICARE	24.00%		1.82%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	14.07% 14.07%		-0.22% -0.22%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	0.57%		-0.12%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.72%	1.44%	-0.28%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	38.63% 71.62%		1.48% -1.00%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
		100.0070	100.0076	0.0076
	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.30%		1.14%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.65% 6.19%	16.84% 4.63%	1.19% -1.57%
	MEDICAID	6.19%		-1.57%
	OTHER MEDICAL ASSISTANCE	0.00%		0.00%
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%	0.09%	0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	0.05% 21.93%	0.04% 21.56%	-0.01% - 0.37 %
	TOTAL INPATIENT PAYER MIX	29.22%		0.78%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.46%	36.81%	-1.65%
	MEDICARE	20.56%		1.18%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.32%		-0.21%
	MEDICAID OTHER MEDICAL ASSISTANCE	11.32% 0.00%		-0.21% 0.00%
	CHAMPUS / TRICARE	0.00%		-0.10%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.39%	0.20%	-0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	32.31% 70.78%		0.87% -0.78%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQU	JIRED DATA		
A.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,425	1,099	(326)
	MEDICARE	2,208		(261)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,427		(162)
	MEDICAID OTHER MEDICAL ASSISTANCE	1,427	1,265	(162)
6	CHAMPUS / TRICARE	37		(17)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	71	59	(12)
	TOTAL GOVERNMENT DISCHARGES	3,672	3,232	(440)

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	<u>DESCRIPTION</u>	ACTUAL FY 2012	ACTUAL <u>FY</u> 2013	AMOUNT <u>DIFFERENCE</u>
B.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,316	3,481	(835)
	MEDICARE	8,953	8,161	(792)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	5,131 5,131	4,430 4,430	(701) (701)
	OTHER MEDICAL ASSISTANCE	0,131	4,430	(701)
	CHAMPUS / TRICARE	84	52	(32)
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PATIENT DAYS	192 14,168	208 12,643	16 (1,525)
	TOTAL GOVERNMENT PATIENT DATS TOTAL PATIENT DAYS	18,484	16,124	(2,360)
		-,	-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.2	0.1
	MEDICARE	4.1	4.2	0.1
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	3.6 3.6	3.5 3.5	(0.1) (0.1)
	OTHER MEDICAL ASSISTANCE	0.0	0.0	- (0.1)
	CHAMPUS / TRICARE	2.3	2.6	0.3
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	2.7 3.9	3.5 3.9	0.8 0.1
	TOTAL AVERAGE LENGTH OF STAY	3.6	3.7	0.1
_	CACE MIV INDEV			
D.	CASE MIX INDEX			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05430	0.95760	(0.09670)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.14840 0.83000	1.24490 0.89240	0.09650 0.06240
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.83000	0.89240	0.06240
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.54180 0.95210	1.10190 0.89780	0.56010
	TOTAL GOVERNMENT CASE MIX INDEX	1.01855	1.10605	(0.05430) 0.08749
	TOTAL CASE MIX INDEX	1.02855	1.06838	0.03983
E.	OTHER REQUIRED DATA			
4	TOTAL CHARGES ACCOCIATED WITH NON COVERNMENT CONTRACTIVALALLOWANCES	\$05,000,455	₽04 700 7F0	(\$2,004,705)
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$85,690,455	\$81,728,750	(\$3,961,705)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$49,706,680	\$47,019,920	(\$2,686,760)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775 41.99%	\$34,708,830 42,47%	(\$1,274,945)
	TOTAL ACTUAL DISCOUNT PERCENTAGE EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,136,868	\$3,866,194	0.48% \$729,326
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$52,012	\$1,896,369	\$1,844,357
	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$0	\$0	
	OHCA INPUT) CHARITY CARE	\$710.000	\$702.9E0	\$0 (\$6,248)
	BAD DEBTS	\$710,098 \$3,462,360	\$703,850 \$3,021,107	(\$441,253)
10	TOTAL UNCOMPENSATED CARE	\$4,172,458	\$3,724,957	(\$447,501)
	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$6,224,434 \$115,241,429	\$4,807,000	(\$1,417,434) (\$4,616,837)
		φ113,241,429	\$110,624,592	(ψ4,010,637)
	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,502.37750	1,052.40240	(449.97510)
	MEDICARE	2,535.66720	2,423.82030	(111.84690)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	1,184.41000 1,184.41000	1,128.88600 1,128.88600	(55.52400) (55.52400)
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
	CHAMPUS / TRICARE	20.04660	22.03800	1.99140
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	67.59910	52.97020	(14.62890)

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE D	PESCRIPTION PERCENTION PROPERTY OF THE PERCENTY OF THE PERCENT	ACTUAL <u>FY 2012</u>	ACTUAL <u>FY</u> 2013	AMOUNT <u>DIFFERENCE</u>
T	OTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,740.12380	3,574.74430	(165,37950)
	OTAL CASE MIX ADJUSTED DISCHARGES	5,242.50130	4,627.14670	(615.35460)
D 0	WITDATIENT FOUNDAIDENT DISCULADOES ON OUR ATION (DEVENUE METHODOLOGY)			
В. <u>О</u>	UTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
	ON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,378.57503		-1,721.58112
	IEDICARE	3,719.95974 3,033.59353	,	-512.61621 -301.01348
	IEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) IEDICAID	3,033.59353	,	-301.01348
	THER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
	HAMPUS / TRICARE	137.62308		-49.57546
	NINSURED (INCLUDED IN NON-GOVERNMENT) OTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	262.05741 6,891.17635		-47.31258 -863.20515
	OTAL OUTPATIENT EQUIVALENT DISCHARGES	13,269.75138		-2,584.78627
C. IN	IPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
C. <u>II</u>	NEATIENT FATMENT FER CASE WITH ADJUSTED DISCHARGE			
	ON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,275.21	\$8,333.53	\$3,058.32
	IEDICARE IEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,704.51 \$5,680.92	\$7,219.66 \$4,260.82	\$515.15 (\$1.420.09)
	IEDICALD	\$5,680.92	\$4,260.82	(\$1,420.09)
	THER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
	HAMPUS / TRICARE	\$4,458.46	\$4,300.93	(\$157.53)
	NINSURED (INCLUDED IN NON-GOVERNMENT) OTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$741.53 \$6,368.32	\$733.75 \$6,267.28	(\$7.78) (\$101.04)
	OTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,055.06	\$6,737.23	\$682.17
D. O	UTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
D. <u>U</u>	OTFATIENT FATMENT FER COTFATIENT EQUIVALENT DISCHARGE			
	ON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,550.26	\$8,213.39	\$1,663.13
	IEDICARE	\$6,002.79	\$7,043.11	\$1,040.32
	IEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) IEDICAID	\$4,051.73 \$4,051.73	\$4,223.97 \$4,223.97	\$172.24 \$172.24
	THER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
	HAMPUS / TRICARE	\$3,475.51	\$3,980.98	\$505.47
	NINSURED (INCLUDED IN NON-GOVERNMENT) OTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$1,607.79	\$989.23	(\$618.56)
	OTAL GOVERNMENT GOTT ATTENT ATTIENT ENGLY ATTENT ENGLYACETY DIGGITARGE	\$5,093.43	\$5,720.42	\$626.99
T	OTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,793.71	\$6,806.97	\$1,013.26
v. <u>c</u>	ALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1 M	IEDICAID	\$5,918,711	\$7,703,528	\$1,784,817
	THER MEDICAL ASSISTANCE	\$0,916,711	\$1,703,328	\$1,764,617
	NINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,554,833	\$1,643,600	\$88,767
T	OTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,473,544	\$9,347,128	\$1,873,584
VI. C	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLO	DGY)		
1 T	OTAL CHARGES	\$212,323,692	\$216,749,399	\$4,425,707
	OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS	\$67,715,198	\$78,134,214	\$10,419,016
3 U	NCOMPENSATED CARE	\$4,172,458	\$3,724,957	(\$447,501)
	OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)
	MPLOYEE SELF INSURANCE ALLOWANCE OTAL ADJUSTMENTS	\$52,012 \$107,923,443	\$1,896,369 \$118.464.370	\$1,844,357 \$10,540,927
	OTAL ACCRUED PAYMENTS	\$104,400,249	\$98,285,029	(\$6,115,220)
8 U	CP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9 N 10 R	ET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS ATIO OF NET REVENUE TO TOTAL CHARGES	\$104,400,249 0.4917032481	\$98,285,029 0.4534500647	(\$6,115,220) (0.0382531834)
	OST OF UNCOMPENSATED CARE	\$2,051,611	\$1,689,082	(\$362,529)
12 M	IEDICAL ASSISTANCE UNDERPAYMENT	\$2,575,469	\$3,557,804	\$982,334
	LUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14 T	OTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,627,080	\$5,246,886	\$619,805
		. , , , , , , , , , , , , , , , , , , ,	. ,	,
VII. R	ATIOS			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

	BASELINE UNDERPAYMENT DATA	4		
(1)	(2)	(3)	(4)	(5)
	DESCRIPTION	ACTUAL FY 2012	ACTUAL <u>FY</u> <u>2013</u>	AMOUNT DIFFERENCE
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.65%	56.20%	5.55%
	MEDICARE	56.22%		-4.70%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47.89% 47.89%		-13.27%
	MEDICAID OTHER MEDICAL ASSISTANCE	0.00%		-13.27% 0.00%
6	CHAMPUS / TRICARE	27.63%		15.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.06%	4.54%	-0.53%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	53.39%		-6.79%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	52.68%	48.95%	-3.73%
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	59.65%	57.85%	-1.81%
2	MEDICARE	43.83%		-3.45%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	41.15% 41.15%		-2.69% -2.69%
	OTHER MEDICAL ASSISTANCE	0.00%		0.00%
	CHAMPUS / TRICARE	39.75%		-3.90%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.53%	6.81%	-4.72%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.79%		-3.13%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	50.56%	47.52%	-3.04%
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	IONS		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	<u> </u>		
	REGORGICIATION OF OHOR DEFINED HET NEVEROE TO HOST HAE ADDITED THE STATEMENTO			
1	TOTAL ACCRUED PAYMENTS	\$108,624,719	\$103,906,355	(\$4,718,364)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	40		\$0
	INPUT) OHCA DEFINED NET REVENUE	\$0 \$108,624,719	\$0 \$103,906,355	(\$4,718,364)
	OHOA DELINED HET KEVENGE	ψ100,02 4 ,113	\$100,000,000	(ψ4,710,304)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,780,586	\$742,945	(\$4,037,641)
4	CALCULATED NET REVENUE	\$119,952,521	\$104,649,300	(\$15,303,221)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$113,405,335	\$104,649,330	(\$8,756,005)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$6,547,186	(\$30)	(\$6,547,216)
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEI	NTS		
L	THE STATEMENT OF STORY DEFINED STORY REPERCE TO HOST TIME ASSISTED FIRE STATEMENT			
1	OHCA DEFINED GROSS REVENUE	\$212,323,692	\$216,749,399	\$4,425,707
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$212,323,692	\$216,749,399	\$4,425,707
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$212,323,722	\$216,749,429	\$4,425,707
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$30)	(\$30)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT	 S 		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,172,458	\$3,724,957	(\$447,501)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$75,774	\$119,186	\$43,412
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,248,232	\$3,844,143	(\$404,089)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,248,232	\$3,844,143	(\$404,089)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	TWELVE MONTHS ACTUAL EURIC	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2013	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013</u>
-	ACCRUED CHARGES AND DAVMENTS	
I.	ACCRUED CHARGES AND PAYMENTS	
A.	INPATIENT ACCRUED CHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,604,585
	MEDICARE (VICE AND ADDRESS AND	33,963,600
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	13,894,33 ⁴ 13,894,33 ⁴
	OTHER MEDICAL ASSISTANCE	13,094,33
	CHAMPUS / TRICARE	222,098
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	856,999
	TOTAL INPATIENT GOVERNMENT CHARGES	\$48,080,032
	TOTAL INPATIENT CHARGES	\$63,684,617
В.	OUTPATIENT ACCRUED CHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,124,165
	MEDICARE	55,949,118
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,013,739
	MEDICAID OTHER MEDICAL ACCIETANCE	30,013,739
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	977,760
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,119,256
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$86,940,617
	TOTAL OUTPATIENT CHARGES	\$153,064,782
C.	TOTAL ACCRUED CHARGES	
	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$81,728,750
	TOTAL GOVERNMENT ACCRUED CHARGES	135,020,649
	TOTAL ACCRUED CHARGES	\$216,749,399
D.	INPATIENT ACCRUED PAYMENTS	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,770,228
	MEDICARE	17,499,150
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,809,984
	MEDICAID OTHER MEDICAL ASSISTANCE	4,809,984
	CHAMPUS / TRICARE	94,784
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	38,867
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$22,403,918
	TOTAL INPATIENT PAYMENTS	\$31,174,146
_	OUTDATIENT ACCOUED DAYMENTS	
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,249,692
	MEDICARE	22,589,670
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,542,331
4	MEDICAID	11,542,331
	OTHER MEDICAL ASSISTANCE	(
	CHAMPUS / TRICARE	350,516
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT BAYMENTS	212,431 \$34,492,513
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$34,482,517 \$72,732,209
		ψ: Σ;: ΟΣ;ΣΟ
	TOTAL ACCRUED PAYMENTS	
	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$47,019,920
	TOTAL GOVERNMENT ACCRUED PAYMENTS	56,886,435
	TOTAL ACCRUED PAYMENTS	\$103,906,355
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2013** REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (2) (1) **ACTUAL** FY 2013 INE **DESCRIPTION** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1.099 1 **MEDICARE** 1.947 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 1,265 MEDICAID 1,265 4 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 20 UNINSURED (INCLUDED IN NON-GOVERNMENT) 59 7 **TOTAL GOVERNMENT DISCHARGES** 3.232 **TOTAL DISCHARGES** 4,331 В. **CASE MIX INDEX** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 0.95760 2 MEDICARE 1.24490 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 0.89240 **MEDICAID** 0.89240 4 OTHER MEDICAL ASSISTANCE 0.00000 5 CHAMPUS / TRICARE 1.10190 6 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 0.89780 **TOTAL GOVERNMENT CASE MIX INDEX** 1.10605 **TOTAL CASE MIX INDEX** 1.06838 OTHER REQUIRED DATA C. TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$81.728.750 ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$47,019,920 (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) \$34,708,830 3 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE 4 42.47% EMPLOYEE SELF INSURANCE GROSS REVENUE \$3,866,194 5 **EMPLOYEE SELF INSURANCE ALLOWANCE** 6 \$1,896,369 7 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT) \$0 **CHARITY CARE** 8 \$703,850 9 BAD DEBTS \$3,021,107 10 TOTAL UNCOMPENSATED CARE \$3,724,957 11 TOTAL OTHER OPERATING REVENUE \$4,807,000 12 TOTAL OPERATING EXPENSES \$110,624,592 III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS A. TOTAL ACCRUED PAYMENTS \$103,906,355 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) \$0 **OHCA DEFINED NET REVENUE** \$103,906,355 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE 3 \$742,945 CALCULATED NET REVENUE \$104,649,300 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$104,649,330 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) (\$30)B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS \$216,749,399 OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE

	DAY KIMBALL HOSPITAL	·
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2013	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
(')	\ - '	ACTUAL
INE	DESCRIPTION	FY 2013
	CALCULATED GROSS REVENUE	\$216,749,39
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$216,749,42
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,724,95
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$119,180
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,844,143
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,844,14
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$(

DAY KIMBALL HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (2) (1) (3) (4) (5) (6)**ACTUAL** ACTUAL **AMOUNT** % LINE DESCRIPTION FY 2012 FY 2013 DIFFERENCE **DIFFERENCE Hospital Charity Care (from HRS Report 500)** Number of Applicants -9% 417 380 (37)Number of Approved Applicants 2 -7% 389 360 (29)**Total Charges (A)** 3 (\$6,248)-1% \$710,098 \$703,850 **Average Charges** 7% \$1,825 \$1,955 \$130 Ratio of Cost to Charges (RCC) (0.050493)5 0.577798 0.527305 -9% 6 **Total Cost** \$410.293 \$371.144 (\$39.150)-10% **Average Cost** 7 \$1.055 \$1.031 (\$24) -2% Charity Care - Inpatient Charges \$205.754 \$195.219 (\$10.535)-5% 9 Charity Care - Outpatient Charges (Excludes ED Charges) 10% 277,713 305,980 28.267 Charity Care - Emergency Department Charges -11% 10 226.631 202.651 (23.980)**Total Charges (A)** 11 \$710,098 \$703,850 (\$6,248)-1% Charity Care - Number of Patient Days 322 319 -1% (3)Charity Care - Number of Discharges 30 46% 65 95 Charity Care - Number of Outpatient ED Visits 337 347 10 3% Charity Care - Number of Outpatient Visits (Excludes ED 751 24% 15 Visits) 929 178 В. Hospital Bad Debts (from HRS Report 500) Bad Debts - Inpatient Services \$516.441 \$384,245 (\$132,196)-26% 2 Bad Debts - Outpatient Services (Excludes ED Bad Debts) 1.251.944 1.259.497 7,553 1% Bad Debts - Emergency Department 3 1,693,975 1,377,365 (316,610)-19% Total Bad Debts (A) -13% \$3,462,360 \$3,021,107 (\$441,253) Hospital Uncompensated Care (from HRS Report 500) Charity Care (A) \$710,098 \$703,850 (\$6,248)-1% 2 Bad Debts (A) 3,462,360 3,021,107 (441,253)-13% **Total Uncompensated Care (A)** 3 \$4,172,458 \$3,724,957 (\$447,501) -11%

REPORT 100 PAGE 52 of 57 10/9/2014, 1:32 PM

\$722,195

1,529,657

1,920,606

\$4,172,458

\$579,464

1,565,477

1,580,016

\$3,724,957

(\$142,731)

35,820

(340,590)

(\$447,501)

-20%

2%

-18%

-11%

Uncompensated Care - Inpatient Services

Total Uncompensated Care (A)

Uncompensated Care - Emergency Department

Unc. Care)

5

6

7

Uncompensated Care - Outpatient Services (Excludes ED

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

		DAY KIMBALL HOSP	···		
		TWELVE MONTHS ACTUA	L FILING		
		FISCAL YEAR 201	<u>- </u>		
		ON-GOVERNMENT GROSS RE		ALLOWANCES,	
	ACCF	RUED PAYMENTS AND DISCOL	JNT PERCENTAGE		
				7=>	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$85,690,455	\$81,728,750	(\$3,961,705)	-5%
2	Total Contractual Allowances	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%
	Total Accrued Payments (A)	\$49,706,680	\$47,019,920	(\$2,686,760)	-5%
	Total Discount Percentage	41.99%	42.47%	0.48%	1%
(Δ) Δα	crued Payments associated with Non-Governr	ment Contractual Allowances r	nust exclude any reduction	n for Uncompensated	1 Care

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL EX 2011	ACTUAL EV 2012	ACTUAL EV 2012
<u>LINE</u>	DESCRIPTION	FY 2011	FY 2012	FY 2013
A.	Gross and Net Revenue			
11	Inpatient Gross Revenue	\$55,847,199	\$60,261,612	\$63,684,617
2	Outpatient Gross Revenue	\$128,151,792	\$152,062,080	\$153,064,782
3	Total Gross Patient Revenue	\$183,998,991	\$212,323,692	\$216,749,399
4	Net Patient Revenue	\$106,400,269	\$113,405,335	\$104,649,330
В.	Total Operating Expenses			
1	Total Operating Expense	\$108,436,817	\$115,241,429	\$110,624,592
C.	Utilization Statistics			
1	Patient Days	18,418	18,484	16,124
2	Discharges	5,182	5,097	4,331
3	Average Length of Stay	3.6	3.6	3.7
4	Equivalent (Adjusted) Patient Days (EPD)	60,682	65,126	54,878
0	Equivalent (Adjusted) Discharges (ED)	17,073	17,959	14,740
D.	Case Mix Statistics			
1	Case Mix Index	0.98940	1.02855	1.06838
2	Case Mix Adjusted Patient Days (CMAPD)	18,223	19,012	17,227
3	Case Mix Adjusted Discharges (CMAD)	5,127	5,243	4,627
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	60,038	66,985	58,630
5	Case Mix Adjusted Equivalent Discharges (CMAED)	16,892	18,471	15,748
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$9,990	\$11,487	\$13,443
2	Total Gross Revenue per Discharge	\$35,507	\$41,657	\$50,046
3	Total Gross Revenue per EPD	\$3,032	\$3,260	\$3,950
4	Total Gross Revenue per ED	\$10,777	\$11,823	\$14,704
5	Total Gross Revenue per CMAEPD	\$3,065	\$3,170	\$3,697
6	Total Gross Revenue per CMAED	\$10,893	\$11,495	\$13,763
7	Inpatient Gross Revenue per EPD	\$920	\$925	\$1,160
8	Inpatient Gross Revenue per ED	\$3,271	\$3,356	\$4,320

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

<u>LINE</u>			(4)	(5)
LIIIL	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
	<u>DECORITION</u>	112011	1 1 2012	112013
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$5,777	\$6,135	\$6,490
2	Net Patient Revenue per Discharge	\$20,533	\$22,249	\$24,163
3	Net Patient Revenue per EPD	\$1,753	\$1,741	\$1,907
4	Net Patient Revenue per ED	\$6,232	\$6,315	\$7,099
5	Net Patient Revenue per CMAEPD	\$1,772	\$1,693	\$1,785
6	Net Patient Revenue per CMAED	\$6,299	\$6,140	\$6,645
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$5,888	\$6,235	\$6,861
2	Total Operating Expense per Discharge	\$20,926	\$22,610	\$25,543
3	Total Operating Expense per EPD	\$1,787	\$1,770	\$2,016
4	Total Operating Expense per ED	\$6,351	\$6,417	\$7,505
5	Total Operating Expense per CMAEPD	\$1,806	\$1,720	\$1,887
6	Total Operating Expense per CMAED	\$6,419	\$6,239	\$7,024
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$16,321,836	\$16,633,835	\$17,402,531
2	Nursing Fringe Benefits Expense	\$5,178,948	\$5,673,578	\$6,244,691
3	Total Nursing Salary and Fringe Benefits Expense	\$21,500,784	\$22,307,413	\$23,647,222
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$4,033,097	\$3,748,829	\$1,443,401
2	Physician Fringe Benefits Expense	\$1,267,584	\$1,278,675	\$517,947
3	Total Physician Salary and Fringe Benefits Expense	\$5,300,681	\$5,027,504	\$1,961,348
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$29,275,732	\$30,660,397	\$28,859,814
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$9,301,366	\$10,457,849	\$10,356,001
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$38,577,098	\$41,118,246	\$39,215,815

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL FY 2012	ACTUAL FY 2013
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$49,630,665	\$51,043,061	\$47,705,746
2	Total Fringe Benefits Expense	\$15,747,898	\$17,410,102	\$17,118,639
3	Total Salary and Fringe Benefits Expense	\$65,378,563	\$68,453,163	\$64,824,385
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	259.3	274.2	284.1
2	Total Physician FTEs	18.1	16.1	5.6
3	Total Non-Nursing, Non-Physician FTEs	525.4	545.1	517.0
4	Total Full Time Equivalent Employees (FTEs)	802.8	835.4	806.7
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$62,946	\$60,663	\$61,255
2	Nursing Fringe Benefits Expense per FTE	\$19,973	\$20,691	\$21,981
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$82,919	\$81,355	\$83,236
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$222,823	\$232,847	\$257,750
2	Physician Fringe Benefits Expense per FTE	\$70,032	\$79,421	\$92,491
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$292,855	\$312,267	\$350,241
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense	e per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,721	\$56,247	\$55,822
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,703	\$19,185	\$20,031
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,424	\$75,432	\$75,853
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$61,822	\$61,100	\$59,137
2	Total Fringe Benefits Expense per FTE	\$19,616	\$20,840	\$21,221
3	Total Salary and Fringe Benefits Expense per FTE	\$81,438	\$81,941	\$80,357
Q.	Total Salary and Fringe Ben. Expense per Statistic			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL FY 2012	ACTUAL FY 2013
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,550	\$3,703	\$4,020
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,616	\$13,430	\$14,968
3	Total Salary and Fringe Benefits Expense per EPD	\$1,077	\$1,051	\$1,181
4	Total Salary and Fringe Benefits Expense per ED	\$3,829	\$3,812	\$4,398
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,089	\$1,022	\$1,106
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,870	\$3,706	\$4,116