

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$24,305,080	\$35,947,283	\$11,642,203	48%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$38,296,752	\$40,048,674	\$1,751,922	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$5,710,122	\$5,703,122	(\$7,000)	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$7,446,576	\$8,953,005	\$1,506,429	20%
8	Prepaid Expenses	\$5,445,640	\$5,912,325	\$466,685	9%
9	Other Current Assets	\$8,017,666	\$8,840,322	\$822,656	10%
	Total Current Assets	\$89,221,836	\$105,404,731	\$16,182,895	18%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$16,039,083	\$50,380,333	\$34,341,250	214%
	Total Noncurrent Assets Whose Use is Limited:	\$16,039,083	\$50,380,333	\$34,341,250	214%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$9,801,413	\$9,839,253	\$37,840	0%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$178,862,292	\$453,265,861	\$274,403,569	153%
2	Less: Accumulated Depreciation	\$143,073,377	\$145,688,175	\$2,614,798	2%
	Property, Plant and Equipment, Net	\$35,788,915	\$307,577,686	\$271,788,771	759%
3	Construction in Progress	\$14,702,819	\$24,275,272	\$9,572,453	65%
	Total Net Fixed Assets	\$50,491,734	\$331,852,958	\$281,361,224	557%
	Total Assets	\$165,554,066	\$497,477,275	\$331,923,209	200%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

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1	Accounts Payable and Accrued Expenses	\$10,381,117	\$12,391,589	\$2,010,472	19%
2	Salaries, Wages and Payroll Taxes	\$5,426,177	\$6,681,872	\$1,255,695	23%
3	Due To Third Party Payers	\$16,725,852	\$23,955,553	\$7,229,701	43%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$10,215,965	\$10,687,389	\$471,424	5%
	Total Current Liabilities	\$42,749,111	\$53,716,403	\$10,967,292	26%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$162,402,467	\$197,596,169	\$35,193,702	22%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$162,402,467	\$197,596,169	\$35,193,702	22%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	(\$39,597,512)	\$246,164,703	\$285,762,215	-722%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	(\$39,597,512)	\$246,164,703	\$285,762,215	-722%
	Total Liabilities and Net Assets	\$165,554,066	\$497,477,275	\$331,923,209	200%

JOHN DEMPSEY HOSPITAL					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$740,812,802	\$842,247,138	\$101,434,336	14%
2	Less: Allowances	\$393,780,093	\$483,865,467	\$90,085,374	23%
3	Less: Charity Care	\$327,517	\$436,729	\$109,212	33%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$346,705,192	\$357,944,942	\$11,239,750	3%
5	Provision for Bad Debts	\$9,405,021	\$6,034,067	(\$3,370,954)	-36%
	Net Patient Service Revenue less provision for bad debts	\$337,300,171	\$351,910,875	\$14,610,704	4%
6	Other Operating Revenue	\$22,995,416	\$26,160,445	\$3,165,029	14%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$360,295,587	\$378,071,320	\$17,775,733	5%
B. Operating Expenses:					
1	Salaries and Wages	\$107,310,852	\$116,973,417	\$9,662,565	9%
2	Fringe Benefits	\$57,429,802	\$67,192,452	\$9,762,650	17%
3	Physicians Fees	\$23,033,317	\$25,300,774	\$2,267,457	10%
4	Supplies and Drugs	\$58,778,144	\$61,621,182	\$2,843,038	5%
5	Depreciation and Amortization	\$7,879,044	\$8,910,972	\$1,031,928	13%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$0	\$0	\$0	0%
8	Malpractice Insurance Cost	\$3,128,114	\$3,128,112	(\$2)	0%
9	Other Operating Expenses	\$83,219,985	\$90,702,014	\$7,482,029	9%
	Total Operating Expenses	\$340,779,258	\$373,828,923	\$33,049,665	10%
	Income/(Loss) From Operations	\$19,516,329	\$4,242,397	(\$15,273,932)	-78%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$550,000	\$550,000	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$350,209)	(\$354,307)	(\$4,098)	1%
	Total Non-Operating Revenue	\$199,791	\$195,693	(\$4,098)	-2%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$19,716,120	\$4,438,090	(\$15,278,030)	-77%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$8,002,293	\$281,324,125	\$273,321,832	3416%
	Total Other Adjustments	\$8,002,293	\$281,324,125	\$273,321,832	3416%
	Excess/(Deficiency) of Revenue Over Expenses	\$27,718,413	\$285,762,215	\$258,043,802	931%
	Principal Payments	\$1	\$1	\$0	0%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$120,575,635	\$124,303,198	\$3,727,563	3%
2	MEDICARE MANAGED CARE	\$31,060,011	\$38,256,470	\$7,196,459	23%
3	MEDICAID	\$71,652,252	\$76,233,705	\$4,581,453	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$894,989	\$910,445	\$15,456	2%
6	COMMERCIAL INSURANCE	\$392,342	\$348,424	(\$43,918)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$68,266,938	\$76,133,503	\$7,866,565	12%
8	WORKER'S COMPENSATION	\$1,320,198	\$1,380,324	\$60,126	5%
9	SELF- PAY/UNINSURED	\$571,912	\$419,392	(\$152,520)	-27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$325,470	\$248,767	(\$76,703)	-24%
	TOTAL INPATIENT GROSS REVENUE	\$295,059,747	\$318,234,228	\$23,174,481	8%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$118,521,715	\$137,627,645	\$19,105,930	16%
2	MEDICARE MANAGED CARE	\$35,149,230	\$46,103,990	\$10,954,760	31%
3	MEDICAID	\$104,478,208	\$120,947,843	\$16,469,635	16%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,070,634	\$3,067,819	(\$2,815)	0%
6	COMMERCIAL INSURANCE	\$897,981	\$860,747	(\$37,234)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$199,596,595	\$235,578,293	\$35,981,698	18%
8	WORKER'S COMPENSATION	\$4,463,919	\$4,752,282	\$288,363	6%
9	SELF- PAY/UNINSURED	\$2,766,356	\$3,649,810	\$883,454	32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$172,656	\$192,553	\$19,897	12%
	TOTAL OUTPATIENT GROSS REVENUE	\$469,117,294	\$552,780,982	\$83,663,688	18%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$239,097,350	\$261,930,843	\$22,833,493	10%
2	MEDICARE MANAGED CARE	\$66,209,241	\$84,360,460	\$18,151,219	27%
3	MEDICAID	\$176,130,460	\$197,181,548	\$21,051,088	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,965,623	\$3,978,264	\$12,641	0%
6	COMMERCIAL INSURANCE	\$1,290,323	\$1,209,171	(\$81,152)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$267,863,533	\$311,711,796	\$43,848,263	16%
8	WORKER'S COMPENSATION	\$5,784,117	\$6,132,606	\$348,489	6%
9	SELF- PAY/UNINSURED	\$3,338,268	\$4,069,202	\$730,934	22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$498,126	\$441,320	(\$56,806)	-11%
	TOTAL GROSS REVENUE	\$764,177,041	\$871,015,210	\$106,838,169	14%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$63,431,864	\$64,050,633	\$618,769	1%
2	MEDICARE MANAGED CARE	\$13,858,997	\$15,718,574	\$1,859,577	13%
3	MEDICAID	\$26,840,885	\$30,400,390	\$3,559,505	13%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$370,931	\$402,791	\$31,860	9%
6	COMMERCIAL INSURANCE	\$253,205	\$175,556	(\$77,649)	-31%
7	NON-GOVERNMENT MANAGED CARE	\$37,771,592	\$38,438,483	\$666,891	2%
8	WORKER'S COMPENSATION	\$1,112,388	\$917,468	(\$194,920)	-18%
9	SELF- PAY/UNINSURED	\$154,699	\$128,016	(\$26,683)	-17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$38,788	\$35,042	(\$3,746)	-10%
	TOTAL INPATIENT NET REVENUE	\$143,833,349	\$150,266,953	\$6,433,604	4%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$38,463,609	\$39,943,387	\$1,479,778	4%
2	MEDICARE MANAGED CARE	\$9,036,250	\$10,164,044	\$1,127,794	12%
3	MEDICAID	\$36,745,878	\$38,640,049	\$1,894,171	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$987,633	\$880,967	(\$106,666)	-11%
6	COMMERCIAL INSURANCE	\$645,945	\$329,807	(\$316,138)	-49%
7	NON-GOVERNMENT MANAGED CARE	\$109,187,539	\$114,708,152	\$5,520,613	5%
8	WORKER'S COMPENSATION	\$3,546,623	\$2,039,142	(\$1,507,481)	-43%
9	SELF- PAY/UNINSURED	\$705,866	\$765,058	\$59,192	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$52,912	\$8,524	(\$44,388)	-84%
	TOTAL OUTPATIENT NET REVENUE	\$199,372,255	\$207,479,130	\$8,106,875	4%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$101,895,473	\$103,994,020	\$2,098,547	2%
2	MEDICARE MANAGED CARE	\$22,895,247	\$25,882,618	\$2,987,371	13%
3	MEDICAID	\$63,586,763	\$69,040,439	\$5,453,676	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,358,564	\$1,283,758	(\$74,806)	-6%
6	COMMERCIAL INSURANCE	\$899,150	\$505,363	(\$393,787)	-44%
7	NON-GOVERNMENT MANAGED CARE	\$146,959,131	\$153,146,635	\$6,187,504	4%
8	WORKER'S COMPENSATION	\$4,659,011	\$2,956,610	(\$1,702,401)	-37%
9	SELF- PAY/UNINSURED	\$860,565	\$893,074	\$32,509	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$91,700	\$43,566	(\$48,134)	-52%
	TOTAL NET REVENUE	\$343,205,604	\$357,746,083	\$14,540,479	4%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	3,177	3,155	(22)	-1%
2	MEDICARE MANAGED CARE	819	862	43	5%
3	MEDICAID	2,300	2,394	94	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	43	39	(4)	-9%
6	COMMERCIAL INSURANCE	12	14	2	17%
7	NON-GOVERNMENT MANAGED CARE	2,432	2,549	117	5%
8	WORKER'S COMPENSATION	30	32	2	7%
9	SELF- PAY/UNINSURED	21	22	1	5%
10	SAGA	0	0	0	0%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	12	12	0	0%
	TOTAL DISCHARGES	8,846	9,079	233	3%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	15,483	14,572	(911)	-6%
2	MEDICARE MANAGED CARE	3,747	4,040	293	8%
3	MEDICAID	9,594	9,373	(221)	-2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	154	129	(25)	-16%
6	COMMERCIAL INSURANCE	49	34	(15)	-31%
7	NON-GOVERNMENT MANAGED CARE	9,166	9,420	254	3%
8	WORKER'S COMPENSATION	58	71	13	22%
9	SELF- PAY/UNINSURED	93	61	(32)	-34%
10	SAGA	0	0	0	0%
11	OTHER	40	46	6	15%
	TOTAL PATIENT DAYS	38,384	37,746	(638)	-2%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	93,536	99,209	5,673	6%
2	MEDICARE MANAGED CARE	26,705	31,275	4,570	17%
3	MEDICAID	82,249	89,487	7,238	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	2,096	2,424	328	16%
6	COMMERCIAL INSURANCE	758	828	70	9%
7	NON-GOVERNMENT MANAGED CARE	151,672	211,676	60,004	40%
8	WORKER'S COMPENSATION	2,130	2,077	(53)	-2%
9	SELF- PAY/UNINSURED	4,079	4,860	781	19%
10	SAGA	0	0	0	0%
11	OTHER	899	154	(745)	-83%
	TOTAL OUTPATIENT VISITS	364,124	441,990	77,866	21%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$12,731,194	\$14,441,431	\$1,710,237	13%
2	MEDICARE MANAGED CARE	\$3,563,942	\$4,572,677	\$1,008,735	28%
3	MEDICAID	\$13,710,835	\$15,723,985	\$2,013,150	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$212,162	\$259,227	\$47,065	22%
6	COMMERCIAL INSURANCE	\$224,315	\$287,045	\$62,730	28%
7	NON-GOVERNMENT MANAGED CARE	\$20,309,240	\$22,745,103	\$2,435,863	12%
8	WORKER'S COMPENSATION	\$941,858	\$930,268	(\$11,590)	-1%
9	SELF- PAY/UNINSURED	\$1,450,217	\$1,753,704	\$303,487	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$144,543	\$141,505	(\$3,038)	-2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$53,288,306	\$60,854,945	\$7,566,639	14%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,938,150	\$2,996,649	\$58,499	2%
2	MEDICARE MANAGED CARE	\$784,741	\$932,592	\$147,851	19%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$2,522,742	\$2,728,481	\$205,739	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$43,868	\$50,533	\$6,665	15%
6	COMMERCIAL INSURANCE	\$108,589	\$116,165	\$7,576	7%
7	NON-GOVERNMENT MANAGED CARE	\$9,285,062	\$9,878,773	\$593,711	6%
8	WORKER'S COMPENSATION	\$606,390	\$425,940	(\$180,450)	-30%
9	SELF- PAY/UNINSURED	\$121,996	\$109,547	(\$12,449)	-10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,851	\$7,597	\$3,746	97%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$16,415,389	\$17,246,277	\$830,888	5%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	5,063	5,149	86	2%
2	MEDICARE MANAGED CARE	1,458	1,678	220	15%
3	MEDICAID	7,464	7,438	(26)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	124	128	4	3%
6	COMMERCIAL INSURANCE	114	143	29	25%
7	NON-GOVERNMENT MANAGED CARE	9,647	9,654	7	0%
8	WORKER'S COMPENSATION	608	567	(41)	-7%
9	SELF- PAY/UNINSURED	804	856	52	6%
10	SAGA	0	0	0	0%
11	OTHER	88	73	(15)	-17%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	25,370	25,686	316	1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$35,825,105	\$38,080,409	\$2,255,304	6%
2	Physician Salaries	\$3,099,619	\$3,767,525	\$667,906	22%
3	Non-Nursing, Non-Physician Salaries	\$68,386,128	\$75,125,483	\$6,739,355	10%
	Total Salaries & Wages	\$107,310,852	\$116,973,417	\$9,662,565	9%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$19,135,000	\$21,164,041	\$2,029,041	11%
2	Physician Fringe Benefits	\$756,287	\$931,016	\$174,729	23%
3	Non-Nursing, Non-Physician Fringe Benefits	\$37,538,515	\$45,097,395	\$7,558,880	20%
	Total Fringe Benefits	\$57,429,802	\$67,192,452	\$9,762,650	17%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$5,288,836	\$1,429,529	(\$3,859,307)	-73%
2	Physician Fees	\$23,033,317	\$25,300,774	\$2,267,457	10%
3	Non-Nursing, Non-Physician Fees	\$33,147,976	\$40,873,015	\$7,725,039	23%
	Total Contractual Labor Fees	\$61,470,129	\$67,603,318	\$6,133,189	10%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$37,582,816	\$35,572,399	(\$2,010,417)	-5%
2	Pharmaceutical Costs	\$21,195,328	\$26,048,783	\$4,853,455	23%
	Total Medical Supplies and Pharmaceutical Cost	\$58,778,144	\$61,621,182	\$2,843,038	5%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$2,223,625	\$3,324,085	\$1,100,460	49%
2	Depreciation-Equipment	\$5,655,419	\$5,586,887	(\$68,532)	-1%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$7,879,044	\$8,910,972	\$1,031,928	13%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$0	\$0	\$0	0%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$3,128,114	\$3,128,112	(\$2)	0%
I.	<u>Utilities:</u>				
1	Water	\$46,862	\$52,692	\$5,830	12%
2	Natural Gas	\$338,217	\$361,285	\$23,068	7%
3	Oil	\$113,107	\$11,718	(\$101,389)	-90%
4	Electricity	\$1,623,345	\$1,842,019	\$218,674	13%
5	Telephone	\$1,054,651	\$1,063,802	\$9,151	1%
6	Other Utilities	\$58,011	\$50,958	(\$7,053)	-12%
	Total Utilities	\$3,234,193	\$3,382,474	\$148,281	5%
J.	<u>Business Expenses:</u>				

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounting Fees	\$76,480	\$103,348	\$26,868	35%
2	Legal Fees	\$350,268	\$573,056	\$222,788	64%
3	Consulting Fees	\$0	\$0	\$0	0%
4	Dues and Membership	\$462,667	\$433,111	(\$29,556)	-6%
5	Equipment Leases	\$2,668,173	\$2,974,217	\$306,044	11%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$7,729,172	\$5,714,448	(\$2,014,724)	-26%
8	Insurance	\$262,652	\$271,645	\$8,993	3%
9	Travel	\$125,110	\$210,510	\$85,400	68%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$0	\$0	\$0	0%
13	Licenses and Subscriptions	\$322,651	\$258,207	(\$64,444)	-20%
14	Postage and Shipping	\$226,430	\$257,999	\$31,569	14%
15	Advertising	\$890,824	\$28,215	(\$862,609)	-97%
16	Corporate parent/system fees	\$242,267	\$254,293	\$12,026	5%
17	Computer Software	\$3,450,470	\$3,815,391	\$364,921	11%
18	Computer hardware & small equipment	\$80,219	\$51,355	(\$28,864)	-36%
19	Dietary / Food Services	\$4,700,724	\$5,028,098	\$327,374	7%
20	Lab Fees / Red Cross charges	\$1,291,648	\$1,743,121	\$451,473	35%
21	Billing & Collection / Bank Fees	\$449,780	\$461,538	\$11,758	3%
22	Recruiting / Employee Education & Recognition	\$0	\$9,744	\$9,744	0%
23	Laundry / Linen	\$758,112	\$768,795	\$10,683	1%
24	Professional / Physician Fees	\$1,010,397	\$1,037,211	\$26,814	3%
25	Waste disposal	\$1,991	\$185,729	\$183,738	9228%
26	Purchased Services - Medical	\$3,447,736	\$3,477,978	\$30,242	1%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$10,908,470	\$14,919,846	\$4,011,376	37%
	Total Business Expenses	\$39,456,241	\$42,577,855	\$3,121,614	8%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$2,092,739	\$2,439,141	\$346,402	17%
	Total Operating Expenses - All Expense Categories*	\$340,779,258	\$373,828,923	\$33,049,665	10%
*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$12,376,984	\$11,598,575	(\$778,409)	-6%
2	General Accounting	\$194,858	\$490,651	\$295,793	152%
3	Patient Billing & Collection	\$6,126,699	\$5,818,106	(\$308,593)	-5%
4	Admitting / Registration Office	\$1,992,558	\$2,171,671	\$179,113	9%
5	Data Processing	\$3,692,885	\$3,615,362	(\$77,523)	-2%
6	Communications	\$419,035	\$364,256	(\$54,779)	-13%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$667,710	\$592,816	(\$74,894)	-11%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$5,000,367	\$5,587,928	\$587,561	12%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Housekeeping	\$4,813,875	\$5,067,026	\$253,151	5%
12	Laundry & Linen	\$885,147	\$935,007	\$49,860	6%
13	Operation of Plant	\$4,088,074	\$4,386,049	\$297,975	7%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$4,425,932	\$3,966,645	(\$459,287)	-10%
16	Central Sterile Supply	\$2,830,950	\$2,291,983	(\$538,967)	-19%
17	Pharmacy Department	\$26,976,495	\$32,971,626	\$5,995,131	22%
18	Other General Services	\$21,842,093	\$21,862,322	\$20,229	0%
	Total General Services	\$96,333,662	\$101,720,023	\$5,386,361	6%
B.	Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$24,243,483	\$26,732,486	\$2,489,003	10%
3	Nursing Services Administration	\$6,710,269	\$7,712,374	\$1,002,105	15%
4	Medical Records	\$8,487,684	\$9,162,257	\$674,573	8%
5	Social Service	\$731,516	\$721,079	(\$10,437)	-1%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$40,172,952	\$44,328,196	\$4,155,244	10%
C.	Special Services:				
1	Operating Room	\$28,986,986	\$29,358,703	\$371,717	1%
2	Recovery Room	\$3,802,189	\$4,266,971	\$464,782	12%
3	Anesthesiology	\$3,853,375	\$3,732,142	(\$121,233)	-3%
4	Delivery Room	\$3,163,829	\$3,173,760	\$9,931	0%
5	Diagnostic Radiology	\$8,796,055	\$10,320,833	\$1,524,778	17%
6	Diagnostic Ultrasound	\$884,424	\$935,615	\$51,191	6%
7	Radiation Therapy	\$2,723,407	\$4,406,021	\$1,682,614	62%
8	Radioisotopes	\$1,486,032	\$1,568,713	\$82,681	6%
9	CT Scan	\$1,045,618	\$1,077,339	\$31,721	3%
10	Laboratory	\$17,683,557	\$18,273,757	\$590,200	3%
11	Blood Storing/Processing	\$2,391,001	\$2,890,304	\$499,303	21%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$4,318,161	\$4,552,568	\$234,407	5%
14	Electroencephalography	\$664,684	\$738,197	\$73,513	11%
15	Occupational Therapy	\$0	\$862,546	\$862,546	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,929,648	\$4,276,864	\$347,216	9%
19	Pulmonary Function	\$624,609	\$679,591	\$54,982	9%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$234,304	\$235,071	\$767	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$11,715,416	\$12,443,246	\$727,830	6%
25	MRI	\$1,292,523	\$1,804,805	\$512,282	40%
26	PET Scan	\$284,686	\$278,054	(\$6,632)	-2%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$933,925	\$1,014,650	\$80,725	9%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$6,927,297	\$8,242,821	\$1,315,524	19%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
32	Occupational Therapy / Physical Therapy	\$911,324	\$1,094,457	\$183,133	20%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,932,214	\$2,088,180	\$155,966	8%
	Total Special Services	\$108,585,264	\$118,315,208	\$9,729,944	9%
D.	Routine Services:				
1	Medical & Surgical Units	\$32,938,393	\$37,063,745	\$4,125,352	13%
2	Intensive Care Unit	\$7,837,011	\$8,360,123	\$523,112	7%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$6,277,492	\$6,659,874	\$382,382	6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$13,473,746	\$14,757,468	\$1,283,722	10%
9	Rehabilitation Unit	\$3,756,367	\$3,978,954	\$222,587	6%
10	Ambulatory Surgery	\$9,428,433	\$10,228,220	\$799,787	8%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$21,975,938	\$28,417,112	\$6,441,174	29%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$95,687,380	\$109,465,496	\$13,778,116	14%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$340,779,258	\$373,828,923	\$33,049,665	10%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$286,757,590	\$337,300,171	\$351,910,875
2	Other Operating Revenue	21,955,590	22,995,416	26,160,445
3	Total Operating Revenue	\$308,713,180	\$360,295,587	\$378,071,320
4	Total Operating Expenses	326,572,641	340,779,258	373,828,923
5	Income/(Loss) From Operations	(\$17,859,461)	\$19,516,329	\$4,242,397
6	Total Non-Operating Revenue	9,539,892	8,202,084	281,519,818
7	Excess/(Deficiency) of Revenue Over Expenses	(\$8,319,569)	\$27,718,413	\$285,762,215
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-5.61%	5.30%	0.64%
2	Hospital Non Operating Margin	3.00%	2.23%	42.68%
3	Hospital Total Margin	-2.61%	7.52%	43.32%
4	Income/(Loss) From Operations	(\$17,859,461)	\$19,516,329	\$4,242,397
5	Total Operating Revenue	\$308,713,180	\$360,295,587	\$378,071,320
6	Total Non-Operating Revenue	\$9,539,892	\$8,202,084	\$281,519,818
7	Total Revenue	\$318,253,072	\$368,497,671	\$659,591,138
8	Excess/(Deficiency) of Revenue Over Expenses	(\$8,319,569)	\$27,718,413	\$285,762,215
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$71,355,029	(\$39,597,512)	\$246,164,703
2	Hospital Total Net Assets	\$71,355,029	(\$39,597,512)	\$246,164,703
3	Hospital Change in Total Net Assets	(\$8,319,569)	(\$110,952,541)	\$285,762,215
4	Hospital Change in Total Net Assets %	89.6%	-155.5%	-721.7%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.47	0.43	0.42
2	Total Operating Expenses	\$326,572,641	\$340,779,258	\$373,828,923

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
3	Total Gross Revenue	\$667,350,681	\$764,177,041	\$871,015,210
4	Total Other Operating Revenue	\$21,955,590	\$22,955,416	\$26,710,445
5	<u>Private Payment to Cost Ratio</u>	1.10	1.28	1.18
6	Total Non-Government Payments	\$126,170,158	\$153,377,857	\$157,501,682
7	Total Uninsured Payments	\$824,761	\$860,565	\$893,074
8	Total Non-Government Charges	\$245,063,674	\$278,276,241	\$323,122,775
9	Total Uninsured Charges	\$3,972,101	\$3,338,268	\$4,069,202
10	<u>Medicare Payment to Cost Ratio</u>	0.88	0.94	0.90
11	Total Medicare Payments	\$114,480,474	\$124,790,720	\$129,876,638
12	Total Medicare Charges	\$274,532,150	\$305,306,591	\$346,291,303
13	<u>Medicaid Payment to Cost Ratio</u>	0.76	0.83	0.84
14	Total Medicaid Payments	\$51,867,164	\$63,586,763	\$69,040,439
15	Total Medicaid Charges	\$144,397,051	\$176,130,460	\$197,181,548
16	<u>Uncompensated Care Cost</u>	\$3,071,553	\$4,763,044	\$2,595,762
17	Charity Care	\$583,681	\$379,861	\$368,086
18	Bad Debts	\$5,899,534	\$10,621,825	\$5,865,466
19	Total Uncompensated Care	\$6,483,215	\$11,001,686	\$6,233,552
20	<u>Uncompensated Care % of Total Expenses</u>	0.9%	1.4%	0.7%
21	Total Operating Expenses	\$326,572,641	\$340,779,258	\$373,828,923
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1	2	2
2	Total Current Assets	\$67,323,525	\$89,221,836	\$105,404,731
3	Total Current Liabilities	\$48,824,468	\$42,749,111	\$53,716,403

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
4	<u>Days Cash on Hand</u>	0	27	36
5	Cash and Cash Equivalents	\$0	\$24,305,080	\$35,947,283
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$24,305,080	\$35,947,283
8	Total Operating Expenses	\$326,572,641	\$340,779,258	\$373,828,923
9	Depreciation Expense	\$8,906,755	\$7,879,044	\$8,910,972
10	Operating Expenses less Depreciation Expense	\$317,665,886	\$332,900,214	\$364,917,951
11	<u>Days Revenue in Patient Accounts Receivable</u>	37	23	17
12	Net Patient Accounts Receivable	\$33,443,105	\$38,296,752	\$40,048,674
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,491,574	\$16,725,852	\$23,955,553
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$28,951,531	\$21,570,900	\$16,093,121
16	Total Net Patient Revenue	\$286,757,590	\$337,300,171	\$351,910,875
17	<u>Average Payment Period</u>	56	47	54
18	Total Current Liabilities	\$48,824,468	\$42,749,111	\$53,716,403
19	Total Operating Expenses	\$326,572,641	\$340,779,258	\$373,828,923
20	Depreciation Expense	\$8,906,755	\$7,879,044	\$8,910,972
21	Total Operating Expenses less Depreciation Expense	\$317,665,886	\$332,900,214	\$364,917,951
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	55.4	(23.9)	49.5
2	Total Net Assets	\$71,355,029	(\$39,597,512)	\$246,164,703
3	Total Assets	\$128,730,041	\$165,554,066	\$497,477,275
4	<u>Cash Flow to Total Debt Ratio</u>	1.2	83.3	548.6

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
5	Excess/(Deficiency) of Revenues Over Expenses	(\$8,319,569)	\$27,718,413	\$285,762,215
6	Depreciation Expense	\$8,906,755	\$7,879,044	\$8,910,972
7	Excess of Revenues Over Expenses and Depreciation Expense	\$587,186	\$35,597,457	\$294,673,187
8	Total Current Liabilities	\$48,824,468	\$42,749,111	\$53,716,403
9	Total Long Term Debt	\$0	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$48,824,468	\$42,749,111	\$53,716,403
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	-
12	Total Long Term Debt	\$0	\$0	\$0
13	Total Net Assets	\$71,355,029	(\$39,597,512)	\$246,164,703
14	Total Long Term Debt and Total Net Assets	\$71,355,029	(\$39,597,512)	\$246,164,703
15	<u>Debt Service Coverage Ratio</u>	587,186.0	35,597,457.0	294,673,187.0
16	Excess Revenues over Expenses	(8,319,569)	\$27,718,413	\$285,762,215
17	Interest Expense	-	\$0	\$0
18	Depreciation and Amortization Expense	8,906,755	\$7,879,044	\$8,910,972
19	Principal Payments	1	\$1	\$1
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	15.6	18.2	16.3
21	Accumulated Depreciation	139,211,725	143,073,377	145,688,175
22	Depreciation and Amortization Expense	8,906,755	7,879,044	8,910,972
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	38,723	38,384	37,746
2	Discharges	8,669	8,846	9,079
3	ALOS	4.5	4.3	4.2
4	Staffed Beds	184	175	198
5	Available Beds	-	234	234

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
6	Licensed Beds	234	234	234
7	Occupancy of Staffed Beds	57.7%	60.1%	52.2%
8	Occupancy of Available Beds	45.3%	44.9%	44.2%
9	Full Time Equivalent Employees	1,303.8	1,283.8	1,363.6
I.	Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	36.1%	36.0%	36.6%
2	Medicare Gross Revenue Payer Mix Percentage	41.1%	40.0%	39.8%
3	Medicaid Gross Revenue Payer Mix Percentage	21.6%	23.0%	22.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	0.6%	0.4%	0.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.5%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$241,091,573	\$274,937,973	\$319,053,573
9	Medicare Gross Revenue (Charges)	\$274,532,150	\$305,306,591	\$346,291,303
10	Medicaid Gross Revenue (Charges)	\$144,397,051	\$176,130,460	\$197,181,548
11	Other Medical Assistance Gross Revenue (Charges)	\$242,402	\$498,126	\$441,320
12	Uninsured Gross Revenue (Charges)	\$3,972,101	\$3,338,268	\$4,069,202
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$3,115,404	\$3,965,623	\$3,978,264
14	Total Gross Revenue (Charges)	\$667,350,681	\$764,177,041	\$871,015,210
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	42.7%	44.4%	43.8%
2	Medicare Net Revenue Payer Mix Percentage	39.0%	36.4%	36.3%
3	Medicaid Net Revenue Payer Mix Percentage	17.7%	18.5%	19.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.3%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$125,345,397	\$152,517,292	\$156,608,608
9	Medicare Net Revenue (Payments)	\$114,480,474	\$124,790,720	\$129,876,638
10	Medicaid Net Revenue (Payments)	\$51,867,164	\$63,586,763	\$69,040,439
11	Other Medical Assistance Net Revenue (Payments)	\$81,071	\$91,700	\$43,566

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
12	Uninsured Net Revenue (Payments)	\$824,761	\$860,565	\$893,074
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,141,815	\$1,358,564	\$1,283,758
14	Total Net Revenue (Payments)	\$293,740,682	\$343,205,604	\$357,746,083
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	2,508	2,495	2,617
2	Medicare	3,846	3,996	4,017
3	Medical Assistance	2,277	2,312	2,406
4	Medicaid	2,272	2,300	2,394
5	Other Medical Assistance	5	12	12
6	CHAMPUS / TRICARE	38	43	39
7	Uninsured (Included In Non-Government)	45	21	22
8	Total	8,669	8,846	9,079
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.31510	1.38600	1.38600
2	Medicare	1.61340	1.62980	1.68970
3	Medical Assistance	1.37588	1.43205	1.41033
4	Medicaid	1.37650	1.43490	1.41260
5	Other Medical Assistance	1.09430	0.88660	0.95810
6	CHAMPUS / TRICARE	1.51030	1.17620	1.25070
7	Uninsured (Included In Non-Government)	1.06040	1.25540	1.48810
8	Total Case Mix Index	1.46426	1.50715	1.52624
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	5,251	5,450	5,450
2	Emergency Room - Treated and Discharged	24,390	25,370	25,686
3	Total Emergency Room Visits	29,641	30,820	31,136

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,659,139	\$3,856,355	\$2,197,216	132%
2	Inpatient Payments	\$719,932	\$1,547,197	\$827,265	115%
3	Outpatient Charges	\$1,875,305	\$6,426,164	\$4,550,859	243%
4	Outpatient Payments	\$486,776	\$1,362,614	\$875,838	180%
5	Discharges	47	91	44	94%
6	Patient Days	229	568	339	148%
7	Outpatient Visits (Excludes ED Visits)	1,713	3,929	2,216	129%
8	Emergency Department Outpatient Visits	106	284	178	168%
9	Emergency Department Inpatient Admissions	26	64	38	146%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,534,444	\$10,282,519	\$6,748,075	191%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,206,708	\$2,909,811	\$1,703,103	141%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$9,705,883	\$9,685,688	(\$20,195)	0%
2	Inpatient Payments	\$4,626,404	\$4,676,219	\$49,815	1%
3	Outpatient Charges	\$11,608,135	\$13,430,244	\$1,822,109	16%
4	Outpatient Payments	\$3,095,494	\$3,099,455	\$3,961	0%
5	Discharges	240	244	4	2%
6	Patient Days	1,034	966	(68)	-7%
7	Outpatient Visits (Excludes ED Visits)	8,456	8,815	359	4%
8	Emergency Department Outpatient Visits	348	352	4	1%
9	Emergency Department Inpatient Admissions	90	171	81	90%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$21,314,018	\$23,115,932	\$1,801,914	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,721,898	\$7,775,674	\$53,776	1%
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$1,221,247	\$1,423,674	\$202,427	17%
2	Inpatient Payments	\$553,734	\$530,548	(\$23,186)	-4%
3	Outpatient Charges	\$1,455,600	\$1,012,949	(\$442,651)	-30%
4	Outpatient Payments	\$343,583	\$204,445	(\$139,138)	-40%
5	Discharges	42	33	(9)	-21%
6	Patient Days	177	128	(49)	-28%
7	Outpatient Visits (Excludes ED Visits)	863	839	(24)	-3%
8	Emergency Department Outpatient Visits	96	79	(17)	-18%
9	Emergency Department Inpatient Admissions	8	21	13	163%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,676,847	\$2,436,623	(\$240,224)	-9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$897,317	\$734,993	(\$162,324)	-18%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$11,396,351	\$13,271,323	\$1,874,972	16%
2	Inpatient Payments	\$4,772,923	\$4,940,324	\$167,401	4%
3	Outpatient Charges	\$12,558,132	\$15,403,747	\$2,845,615	23%
4	Outpatient Payments	\$3,113,570	\$3,173,998	\$60,428	2%
5	Discharges	292	286	(6)	-2%
6	Patient Days	1,355	1,250	(105)	-8%
7	Outpatient Visits (Excludes ED Visits)	8,450	9,787	1,337	16%
8	Emergency Department Outpatient Visits	516	558	42	8%
9	Emergency Department Inpatient Admissions	90	203	113	126%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,954,483	\$28,675,070	\$4,720,587	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,886,493	\$8,114,322	\$227,829	3%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$984,891	\$1,475,331	\$490,440	50%
2	Inpatient Payments	\$469,983	\$434,205	(\$35,778)	-8%
3	Outpatient Charges	\$276,690	\$197,831	(\$78,859)	-29%
4	Outpatient Payments	\$75,360	\$48,692	(\$26,668)	-35%
5	Discharges	36	18	(18)	-50%
6	Patient Days	175	150	(25)	-14%
7	Outpatient Visits (Excludes ED Visits)	98	65	(33)	-34%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
8	Emergency Department Outpatient Visits	86	69	(17)	-20%
9	Emergency Department Inpatient Admissions	5	17	12	240%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,261,581	\$1,673,162	\$411,581	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$545,343	\$482,897	(\$62,446)	-11%
I.	AETNA				
1	Inpatient Charges	\$5,556,082	\$7,308,459	\$1,752,377	32%
2	Inpatient Payments	\$2,501,433	\$3,108,958	\$607,525	24%
3	Outpatient Charges	\$7,135,771	\$9,142,369	\$2,006,598	28%
4	Outpatient Payments	\$1,863,430	\$2,162,882	\$299,452	16%
5	Discharges	149	159	10	7%
6	Patient Days	715	806	91	13%
7	Outpatient Visits (Excludes ED Visits)	5,478	5,809	331	6%
8	Emergency Department Outpatient Visits	292	310	18	6%
9	Emergency Department Inpatient Admissions	56	117	61	109%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,691,853	\$16,450,828	\$3,758,975	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,364,863	\$5,271,840	\$906,977	21%
J.	HUMANA				
1	Inpatient Charges	\$43,053	\$169,246	\$126,193	293%
2	Inpatient Payments	\$28,313	\$81,169	\$52,856	187%
3	Outpatient Charges	\$39,659	\$48,448	\$8,789	22%
4	Outpatient Payments	\$12,487	\$14,798	\$2,311	19%
5	Discharges	1	7	6	600%
6	Patient Days	2	24	22	1100%
7	Outpatient Visits (Excludes ED Visits)	32	42	10	31%
8	Emergency Department Outpatient Visits	5	7	2	40%
9	Emergency Department Inpatient Admissions	2	7	5	250%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$82,712	\$217,694	\$134,982	163%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$40,800	\$95,967	\$55,167	135%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$493,365	\$1,066,394	\$573,029	116%
2	Inpatient Payments	\$186,275	\$399,954	\$213,679	115%
3	Outpatient Charges	\$199,938	\$442,238	\$242,300	121%
4	Outpatient Payments	\$45,550	\$97,160	\$51,610	113%
5	Discharges	12	24	12	100%
6	Patient Days	60	148	88	147%
7	Outpatient Visits (Excludes ED Visits)	157	311	154	98%
8	Emergency Department Outpatient Visits	9	19	10	111%
9	Emergency Department Inpatient Admissions	10	18	8	80%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$693,303	\$1,508,632	\$815,329	118%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$231,825	\$497,114	\$265,289	114%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$31,060,011	\$38,256,470	\$7,196,459	23%
	TOTAL INPATIENT PAYMENTS	\$13,858,997	\$15,718,574	\$1,859,577	13%
	TOTAL OUTPATIENT CHARGES	\$35,149,230	\$46,103,990	\$10,954,760	31%
	TOTAL OUTPATIENT PAYMENTS	\$9,036,250	\$10,164,044	\$1,127,794	12%
	TOTAL DISCHARGES	819	862	43	5%
	TOTAL PATIENT DAYS	3,747	4,040	293	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	25,247	29,597	4,350	17%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,458	1,678	220	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	287	618	331	115%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$66,209,241	\$84,360,460	\$18,151,219	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,895,247	\$25,882,618	\$2,987,371	13%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
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%
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%
D. OTHER MEDICAID MANAGED CARE					
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%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$92,247,000	\$99,565,000	\$7,318,000	8%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$48,472,000	\$50,591,000	\$2,119,000	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$80,294,000	\$88,132,000	\$7,838,000	10%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$9,673,000	\$11,732,000	\$2,059,000	21%
8	Prepaid Expenses	\$6,764,000	\$8,504,000	\$1,740,000	26%
9	Other Current Assets	\$73,452,000	\$63,264,000	(\$10,188,000)	-14%
	Total Current Assets	\$310,902,000	\$321,788,000	\$10,886,000	4%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$139,530,000	\$191,542,000	\$52,012,000	37%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$876,470,000	\$1,183,153,000	\$306,683,000	35%
2	Less: Accumulated Depreciation	\$465,242,000	\$494,450,000	\$29,208,000	\$0
	Property, Plant and Equipment, Net	\$411,228,000	\$688,703,000	\$277,475,000	67%
3	Construction in Progress	\$384,211,000	\$256,477,000	(\$127,734,000)	-33%
	Total Net Fixed Assets	\$795,439,000	\$945,180,000	\$149,741,000	19%
	Total Assets	\$1,245,871,000	\$1,458,510,000	\$212,639,000	17%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$41,032,000	\$43,595,000	\$2,563,000	6%
2	Salaries, Wages and Payroll Taxes	\$23,540,000	\$27,244,000	\$3,704,000	16%
3	Due To Third Party Payers	\$16,726,000	\$23,956,000	\$7,230,000	43%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,498,000	\$5,787,000	\$289,000	5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$32,770,000	\$35,557,000	\$2,787,000	9%
	Total Current Liabilities	\$119,566,000	\$136,139,000	\$16,573,000	14%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$210,700,000	\$204,913,000	(\$5,787,000)	-3%
	Total Long Term Debt	\$210,700,000	\$204,913,000	(\$5,787,000)	-3%
3	Accrued Pension Liability	\$800,024,000	\$874,393,000	\$74,369,000	9%
4	Other Long Term Liabilities	\$79,609,000	\$57,294,000	(\$22,315,000)	-28%
	Total Long Term Liabilities	\$1,090,333,000	\$1,136,600,000	\$46,267,000	4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$648,621,000)	(\$666,313,000)	(\$17,692,000)	3%
2	Temporarily Restricted Net Assets	\$684,532,000	\$852,023,000	\$167,491,000	24%
3	Permanently Restricted Net Assets	\$61,000	\$61,000	\$0	0%
	Total Net Assets	\$35,972,000	\$185,771,000	\$149,799,000	416%
	Total Liabilities and Net Assets	\$1,245,871,000	\$1,458,510,000	\$212,639,000	17%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,071,396,542	\$1,167,107,227	\$95,710,685	9%
2	Less: Allowances	\$540,819,537	\$620,578,125	\$79,758,588	15%
3	Less: Charity Care	\$327,517	\$436,729	\$109,212	33%
4	Less: Other Deductions	\$6,289,720	\$6,137,731	(\$151,989)	-2%
	Total Net Patient Revenue	\$523,959,768	\$539,954,642	\$15,994,874	3%
5	Provision for Bad Debts	\$10,999,593	\$7,079,054	(\$3,920,539)	-36%
	Net Patient Service Revenue less provision for bad debts	\$512,960,175	\$532,875,588	\$19,915,413	4%
6	Other Operating Revenue	\$208,207,357	\$210,390,321	\$2,182,964	1%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$721,167,532	\$743,265,909	\$22,098,377	3%
B. Operating Expenses:					
1	Salaries and Wages	\$386,057,921	\$403,799,745	\$17,741,824	5%
2	Fringe Benefits	\$227,377,720	\$251,673,183	\$24,295,463	11%
3	Physicians Fees	\$56,839,626	\$61,801,052	\$4,961,426	9%
4	Supplies and Drugs	\$90,226,126	\$89,992,837	(\$233,289)	0%
5	Depreciation and Amortization	\$37,829,946	\$41,468,473	\$3,638,527	10%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$0	\$0	\$0	0%
8	Malpractice Insurance Cost	\$9,798,851	\$9,210,184	(\$588,667)	-6%
9	Other Operating Expenses	\$198,911,541	\$195,631,949	(\$3,279,592)	-2%
	Total Operating Expenses	\$1,007,041,731	\$1,053,577,423	\$46,535,692	5%
	Income/(Loss) From Operations	(\$285,874,199)	(\$310,311,514)	(\$24,437,315)	9%
C. Non-Operating Revenue:					
1	Income from Investments	\$176,325	\$141,271	(\$35,054)	-20%
2	Gifts, Contributions and Donations	\$7,174,656	\$6,865,194	(\$309,462)	-4%
3	Other Non-Operating Gains/(Losses)	\$432,733,171	\$453,104,571	\$20,371,400	5%
	Total Non-Operating Revenue	\$440,084,152	\$460,111,036	\$20,026,884	5%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$154,209,953	\$149,799,522	(\$4,410,431)	-3%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$154,209,953	\$149,799,522	(\$4,410,431)	-3%

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$450,315,219	\$512,960,175	\$532,875,588
2	Other Operating Revenue	208,895,000	208,207,357	210,390,321
3	Total Operating Revenue	\$659,210,219	\$721,167,532	\$743,265,909
4	Total Operating Expenses	945,312,704	1,007,041,731	1,053,577,423
5	Income/(Loss) From Operations	(\$286,102,485)	(\$285,874,199)	(\$310,311,514)
6	Total Non-Operating Revenue	465,166,000	440,084,152	460,111,036
7	Excess/(Deficiency) of Revenue Over Expenses	\$179,063,515	\$154,209,953	\$149,799,522
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	-25.45%	-24.62%	-25.79%
2	Parent Corporation Non-Operating Margin	41.37%	37.90%	38.23%
3	Parent Corporation Total Margin	15.93%	13.28%	12.45%
4	Income/(Loss) From Operations	(\$286,102,485)	(\$285,874,199)	(\$310,311,514)
5	Total Operating Revenue	\$659,210,219	\$721,167,532	\$743,265,909
6	Total Non-Operating Revenue	\$465,166,000	\$440,084,152	\$460,111,036
7	Total Revenue	\$1,124,376,219	\$1,161,251,684	\$1,203,376,945
8	Excess/(Deficiency) of Revenue Over Expenses	\$179,063,515	\$154,209,953	\$149,799,522
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$17,703,000	(\$648,621,000)	(\$666,313,000)
2	Parent Corporation Total Net Assets	\$576,794,000	\$35,972,000	\$185,771,000
3	Parent Corporation Change in Total Net Assets	\$179,064,000	(\$540,822,000)	\$149,799,000
4	Parent Corporation Change in Total Net Assets %	145.0%	-93.8%	416.4%
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.95	2.60	2.36

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
2	Total Current Assets	\$313,591,000	\$310,902,000	\$321,788,000
3	Total Current Liabilities	\$106,409,000	\$119,566,000	\$136,139,000
4	<u>Days Cash on Hand</u>	18	35	36
5	Cash and Cash Equivalents	\$45,897,000	\$92,247,000	\$99,565,000
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$45,897,000	\$92,247,000	\$99,565,000
8	Total Operating Expenses	\$945,312,704	\$1,007,041,731	\$1,053,577,423
9	Depreciation Expense	\$32,780,000	\$37,829,946	\$41,468,473
10	Operating Expenses less Depreciation Expense	\$912,532,704	\$969,211,785	\$1,012,108,950
11	<u>Days Revenue in Patient Accounts Receivable</u>	32	23	18
12	Net Patient Accounts Receivable	\$ 43,781,000	\$ 48,472,000	\$ 50,591,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,492,000	\$16,726,000	\$23,956,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,289,000	\$ 31,746,000	\$ 26,635,000
16	Total Net Patient Revenue	\$450,315,219	\$512,960,175	\$532,875,588
17	<u>Average Payment Period</u>	43	45	49
18	Total Current Liabilities	\$106,409,000	\$119,566,000	\$136,139,000
19	Total Operating Expenses	\$945,312,704	\$1,007,041,731	\$1,053,577,423
20	Depreciation Expense	\$32,780,000	\$37,829,946	\$41,468,473
20	Total Operating Expenses less Depreciation Expense	\$912,532,704	\$969,211,785	\$1,012,108,950
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	64.4	2.9	12.7
2	Total Net Assets	\$576,794,000	\$35,972,000	\$185,771,000

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
3	Total Assets	\$894,987,000	\$1,245,871,000	\$1,458,510,000
4	<u>Cash Flow to Total Debt Ratio</u>	77.8	58.1	56.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$179,063,515	\$154,209,953	\$149,799,522
6	Depreciation Expense	\$32,780,000	\$37,829,946	\$41,468,473
7	Excess of Revenues Over Expenses and Depreciation Expense	\$211,843,515	\$192,039,899	\$191,267,995
8	Total Current Liabilities	\$106,409,000	\$119,566,000	\$136,139,000
9	Total Long Term Debt	\$165,895,000	\$210,700,000	\$204,913,000
10	Total Current Liabilities and Total Long Term Debt	\$272,304,000	\$330,266,000	\$341,052,000
11	<u>Long Term Debt to Capitalization Ratio</u>	22.3	85.4	52.4
12	Total Long Term Debt	\$165,895,000	\$210,700,000	\$204,913,000
13	Total Net Assets	\$576,794,000	\$35,972,000	\$185,771,000
14	Total Long Term Debt and Total Net Assets	\$742,689,000	\$246,672,000	\$390,684,000

JOHN DEMPSEY HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	27,303	6,946	7,073	134	159	55.8%	47.0%
2	ICU/CCU (Excludes Neonatal ICU)	1,002	164	0	16	20	17.2%	13.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,503	789	759	18	25	83.8%	60.3%
	TOTAL PSYCHIATRIC	5,503	789	759	18	25	83.8%	60.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,700	793	804	20	20	37.0%	37.0%
7	Newborn	1,238	551	569	10	10	33.9%	33.9%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	36,508	8,528	8,636	188	224	53.2%	44.7%
	TOTAL INPATIENT BED UTILIZATION	37,746	9,079	9,205	198	234	52.2%	44.2%
	TOTAL INPATIENT REPORTED YEAR	37,746	9,079	9,205	198	234	52.2%	44.2%
	TOTAL INPATIENT PRIOR YEAR	38,384	8,846	8,776	175	234	60.1%	44.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-638	233	429	23	0	-7.9%	-0.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	3%	5%	13%	0%	-13%	-2%
	Total Licensed Beds and Bassinets	234						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	4,352	4,309	-43	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,847	6,527	680	12%
3	Emergency Department Scans	4,215	4,965	750	18%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	14,414	15,801	1,387	10%
B. MRI Scans (A)					
1	Inpatient Scans	1,006	981	-25	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,331	6,664	333	5%
3	Emergency Department Scans	225	189	-36	-16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	7,562	7,834	272	4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	1	4	3	300%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	1	4	3	300%
D. PET/CT Scans (A)					
1	Inpatient Scans	3	1	-2	-67%
2	Outpatient Scans (Excluding Emergency Department Scans)	403	411	8	2%
3	Emergency Department Scans	0	2	2	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	406	414	8	2%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	228	191	-37	-16%
2	Outpatient Procedures	6,881	11,173	4,292	62%
	Total Linear Accelerator Procedures	7,109	11,364	4,255	60%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	274	335	61	22%
2	Outpatient Procedures	518	135	-383	-74%
	Total Cardiac Catheterization Procedures	792	470	-322	-41%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	198	220	22	11%
2	Elective Procedures	230	62	-168	-73%
	Total Cardiac Angioplasty Procedures	428	282	-146	-34%
H. Electrophysiology Studies					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Studies	58	133	75	129%
2	Outpatient Studies	128	4	-124	-97%
	Total Electrophysiology Studies	186	137	-49	-26%
I.	<u>Surgical Procedures</u>				
1	Inpatient Surgical Procedures	2,241	2,290	49	2%
2	Outpatient Surgical Procedures	8,525	8,237	-288	-3%
	Total Surgical Procedures	10,766	10,527	-239	-2%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	236	246	10	4%
2	Outpatient Endoscopy Procedures	3,705	4,080	375	10%
	Total Endoscopy Procedures	3,941	4,326	385	10%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	5,450	5,450	0	0%
2	Emergency Room Visits: Treated and Discharged	25,370	25,686	316	1%
	Total Emergency Room Visits	30,820	31,136	316	1%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	19,797	19,044	-753	-4%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	9,836	15,511	5,675	58%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	7,679	6,393	-1,286	-17%
	Total Hospital Clinic Visits	37,312	40,948	3,636	10%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	26,525	32,054	5,529	21%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	4,558	5,096	538	12%
4	Gastroenterology	3,705	4,080	375	10%
5	Other Outpatient Visits	277,189	302,984	25,795	9%
	Total Other Hospital Outpatient Visits	311,977	344,214	32,237	10%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	558.5	576.5	18.0	3%
2	Total Physician FTEs	37.9	42.6	4.7	12%
3	Total Non-Nursing and Non-Physician FTEs	687.4	744.5	57.1	8%
	Total Hospital Full Time Equivalent Employees	1,283.8	1,363.6	79.8	6%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital	8,525	8,237	-288	-3%
	Total Outpatient Surgical Procedures(A)	8,525	8,237	-288	-3%
B. Outpatient Endoscopy Procedures					
1	Hospital	3,705	4,080	375	10%
	Total Outpatient Endoscopy Procedures(B)	3,705	4,080	375	10%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	25,370	25,686	316	1%
	Total Outpatient Hospital Emergency Room Visits(C)	25,370	25,686	316	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$151,635,646	\$162,559,668	\$10,924,022	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$77,290,861	\$79,769,207	\$2,478,346	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.97%	49.07%	-1.90%	-4%
4	DISCHARGES	3,996	4,017	21	1%
5	CASE MIX INDEX (CMI)	1.62980	1.68970	0.05990	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,512.68080	6,787.52490	274.84410	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,867.75	\$11,752.33	(\$115.42)	-1%
8	PATIENT DAYS	19,230	18,612	(618)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,019.29	\$4,285.90	\$266.62	7%
10	AVERAGE LENGTH OF STAY	4.8	4.6	(0.2)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$153,670,945	\$183,731,635	\$30,060,690	20%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$47,499,859	\$50,107,431	\$2,607,572	5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.91%	27.27%	-3.64%	-12%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	101.34%	113.02%	11.68%	12%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,049.63551	4,540.17892	490.54341	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,729.42	\$11,036.44	(\$692.97)	-6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$305,306,591	\$346,291,303	\$40,984,712	13%
18	TOTAL ACCRUED PAYMENTS	\$124,790,720	\$129,876,638	\$5,085,918	4%
19	TOTAL ALLOWANCES	\$180,515,871	\$216,414,665	\$35,898,794	20%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$70,551,390	\$78,281,643	\$7,730,253	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$39,291,884	\$39,659,523	\$367,639	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	55.69%	50.66%	-5.03%	-9%
4	DISCHARGES	2,495	2,617	122	5%
5	CASE MIX INDEX (CMI)	1.38600	1.38600	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,458.07000	3,627.16200	169.09200	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,362.37	\$10,934.04	(\$428.34)	-4%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$505.38	\$818.29	\$312.91	62%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,747,623	\$2,968,068	\$1,220,445	70%
10	PATIENT DAYS	9,366	9,586	220	2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,195.16	\$4,137.23	(\$57.93)	-1%
12	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-2%
NON-GOVERNMENT OUTPATIENT					

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$207,724,851	\$244,841,132	\$37,116,281	18%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$114,085,973	\$117,842,159	\$3,756,186	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.92%	48.13%	-6.79%	-12%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	294.43%	312.77%	18.34%	6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,346.04241	8,185.17877	839.13636	11%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$15,530.26	\$14,397.02	(\$1,133.25)	-7%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,800.85)	(\$3,360.57)	\$440.27	-12%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$27,921,187)	(\$27,506,891)	\$414,296	-1%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$278,276,241	\$323,122,775	\$44,846,534	16%
22	TOTAL ACCRUED PAYMENTS	\$153,377,857	\$157,501,682	\$4,123,825	3%
23	TOTAL ALLOWANCES	\$124,898,384	\$165,621,093	\$40,722,709	33%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$26,173,564)	(\$24,538,823)	\$1,634,741	-6%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$274,937,974	\$319,053,572	\$44,115,598	16%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$152,517,292	\$156,608,607	\$4,091,315	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,420,682	\$162,444,965	\$40,024,283	33%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.53%	50.91%	6.39%	
<u>C. UNINSURED</u>					
<u>UNINSURED INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$571,912	\$419,392	(\$152,520)	-27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$154,699	\$128,016	(\$26,683)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.05%	30.52%	3.47%	13%
4	DISCHARGES	21	22	1	5%
5	CASE MIX INDEX (CMI)	1.25540	1.48810	0.23270	19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	26.36340	32.73820	6.37480	24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,867.95	\$3,910.29	(\$1,957.65)	-33%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,494.43	\$7,023.74	\$1,529.31	28%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,999.80	\$7,842.03	\$1,842.23	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$158,175	\$256,734	\$98,559	62%
11	PATIENT DAYS	93	61	(32)	-34%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,663.43	\$2,098.62	\$435.19	26%
13	AVERAGE LENGTH OF STAY	4.4	2.8	(1.7)	-37%
<u>UNINSURED OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,766,356	\$3,649,810	\$883,454	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$705,866	\$765,058	\$59,192	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.52%	20.96%	-4.55%	-18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	483.70%	870.26%	386.56%	80%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	101.57765	191.45768	89.88003	88%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,949.03	\$3,995.96	(\$2,953.06)	-42%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,581.23	\$10,401.05	\$1,819.82	21%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,780.39	\$7,040.48	\$2,260.09	47%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$485,580	\$1,347,954	\$862,374	178%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$3,338,268	\$4,069,202	\$730,934	22%
24	TOTAL ACCRUED PAYMENTS	\$860,565	\$893,074	\$32,509	4%
25	TOTAL ALLOWANCES	\$2,477,703	\$3,176,128	\$698,425	28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$643,756	\$1,604,688	\$960,932	149%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$71,652,252	\$76,233,705	\$4,581,453	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,840,885	\$30,400,390	\$3,559,505	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.46%	39.88%	2.42%	6%
4	DISCHARGES	2,300	2,394	94	4%
5	CASE MIX INDEX (CMI)	1.43490	1.41260	(0.02230)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,300.27000	3,381.76440	81.49440	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,132.94	\$8,989.51	\$856.57	11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,229.44	\$1,944.53	(\$1,284.91)	-40%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,734.81	\$2,762.82	(\$971.99)	-26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,325,891	\$9,343,209	(\$2,982,682)	-24%
11	PATIENT DAYS	9,594	9,373	(221)	-2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,797.67	\$3,243.40	\$445.73	16%
13	AVERAGE LENGTH OF STAY	4.2	3.9	(0.3)	-6%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,478,208	\$120,947,843	\$16,469,635	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,745,878	\$38,640,049	\$1,894,171	5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.17%	31.95%	-3.22%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	145.81%	158.65%	12.84%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,353.69610	3,798.17741	444.48130	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,956.83	\$10,173.31	(\$783.52)	-7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,573.43	\$4,223.70	(\$349.73)	-8%
21	MEDICARE - MEDICAID OP PMT / OPED	\$772.59	\$863.13	\$90.54	12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,591,018	\$3,278,324	\$687,305	27%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$176,130,460	\$197,181,548	\$21,051,088	12%
24	TOTAL ACCRUED PAYMENTS	\$63,586,763	\$69,040,439	\$5,453,676	9%
25	TOTAL ALLOWANCES	\$112,543,697	\$128,141,109	\$15,597,412	14%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,916,909	\$12,621,532	(\$2,295,377)	-15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$325,470	\$248,767	(\$76,703)	-24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,788	\$35,042	(\$3,746)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.92%	14.09%	2.17%	18%
4	DISCHARGES	12	12	-	0%
5	CASE MIX INDEX (CMI)	0.88660	0.95810	0.07150	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	10.63920	11.49720	0.85800	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,645.76	\$3,047.87	(\$597.89)	-16%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,716.61	\$7,886.16	\$169.55	2%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,221.99	\$8,704.45	\$482.47	6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$87,475	\$100,077	\$12,601	14%
11	PATIENT DAYS	40	46	6	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$969.70	\$761.78	(\$207.92)	-21%
13	AVERAGE LENGTH OF STAY	3.3	3.8	0.5	15%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$172,656	\$192,553	\$19,897	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$52,912	\$8,524	(\$44,388)	-84%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.65%	4.43%	-26.22%	-86%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	53.05%	77.40%	24.35%	46%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6.36578	9.28835	2.92257	46%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,311.94	\$917.71	(\$7,394.23)	-89%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,218.33	\$13,479.31	\$6,260.98	87%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,417.48	\$10,118.74	\$6,701.26	196%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,755	\$93,986	\$72,231	332%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$498,126	\$441,320	(\$56,806)	-11%
24	TOTAL ACCRUED PAYMENTS	\$91,700	\$43,566	(\$48,134)	-52%
25	TOTAL ALLOWANCES	\$406,426	\$397,754	(\$8,672)	-2%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$109,230	\$194,063	\$84,833	78%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$71,977,722	\$76,482,472	\$4,504,750	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,879,673	\$30,435,432	\$3,555,759	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.34%	39.79%	2.45%	7%
4	DISCHARGES	2,312	2,406	94	4%
5	CASE MIX INDEX (CMI)	1.43205	1.41033	(0.02172)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,310.90920	3,393.26160	82.35240	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,118.52	\$8,969.37	\$850.86	10%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,243.86	\$1,964.66	(\$1,279.19)	-39%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,749.23	\$2,782.95	(\$966.28)	-26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,413,366	\$9,443,285	(\$2,970,081)	-24%
11	PATIENT DAYS	9,634	9,419	(215)	-2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,790.08	\$3,231.28	\$441.20	16%
13	AVERAGE LENGTH OF STAY	4.2	3.9	(0.3)	-6%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,650,864	\$121,140,396	\$16,489,532	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,798,790	\$38,648,573	\$1,849,783	5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.16%	31.90%	-3.26%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	145.39%	158.39%	13.00%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,360.06189	3,807.46576	447.40387	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,951.82	\$10,150.73	(\$801.08)	-7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,578.44	\$4,246.28	(\$332.16)	-7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$777.60	\$885.71	\$108.11	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,612,773	\$3,372,310	\$759,537	29%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$176,628,586	\$197,622,868	\$20,994,282	12%
24	TOTAL ACCRUED PAYMENTS	\$63,678,463	\$69,084,005	\$5,405,542	8%
25	TOTAL ALLOWANCES	\$112,950,123	\$128,538,863	\$15,588,740	14%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$894,989	\$910,445	\$15,456	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$370,931	\$402,791	\$31,860	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.45%	44.24%	2.80%	7%
4	DISCHARGES	43	39	(4)	-9%
5	CASE MIX INDEX (CMI)	1.17620	1.25070	0.07450	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	50.57660	48.77730	(1.79930)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,334.04	\$8,257.76	\$923.71	13%
8	PATIENT DAYS	154	129	(25)	-16%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,408.64	\$3,122.41	\$713.77	30%
10	AVERAGE LENGTH OF STAY	3.6	3.3	(0.3)	-8%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,070,634	\$3,067,819	(\$2,815)	0%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$987,633	\$880,967	(\$106,666)	-11%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$3,965,623	\$3,978,264	\$12,641	0%
14	TOTAL ACCRUED PAYMENTS	\$1,358,564	\$1,283,758	(\$74,806)	-6%
15	TOTAL ALLOWANCES	\$2,607,059	\$2,694,506	\$87,447	3%
H. OTHER DATA					

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	OTHER OPERATING REVENUE	\$22,955,416	\$26,710,445	\$3,755,029	16%
2	TOTAL OPERATING EXPENSES	\$340,779,258	\$373,828,923	\$33,049,665	10%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$379,861	\$368,086	(\$11,775)	-3%
5	BAD DEBTS (CHARGES)	\$10,621,825	\$5,865,466	(\$4,756,359)	-45%
6	UNCOMPENSATED CARE (CHARGES)	\$11,001,686	\$6,233,552	(\$4,768,134)	-43%
7	COST OF UNCOMPENSATED CARE	\$4,818,336	\$2,538,383	(\$2,279,953)	-47%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$176,628,586	\$197,622,868	\$20,994,282	12%
9	TOTAL ACCRUED PAYMENTS	\$63,678,463	\$69,084,005	\$5,405,542	8%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$77,356,866	\$80,474,588	\$3,117,721	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,678,403	\$11,390,583	(\$2,287,821)	-17%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$295,059,747	\$318,234,228	\$23,174,481	8%
2	TOTAL INPATIENT PAYMENTS	\$143,833,349	\$150,266,953	\$6,433,604	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	48.75%	47.22%	-1.53%	-3%
4	TOTAL DISCHARGES	8,846	9,079	233	3%
5	TOTAL CASE MIX INDEX	1.50715	1.52624	0.01909	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	13,332.23660	13,856.72580	524.48920	4%
7	TOTAL OUTPATIENT CHARGES	\$469,117,294	\$552,780,982	\$83,663,688	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	158.99%	173.70%	14.71%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$199,372,255	\$207,479,130	\$8,106,875	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.50%	37.53%	-4.97%	-12%
11	TOTAL CHARGES	\$764,177,041	\$871,015,210	\$106,838,169	14%
12	TOTAL PAYMENTS	\$343,205,604	\$357,746,083	\$14,540,479	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	44.91%	41.07%	-3.84%	-9%
14	PATIENT DAYS	38,384	37,746	(638)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$224,508,357	\$239,952,585	\$15,444,228	7%
2	INPATIENT PAYMENTS	\$104,541,465	\$110,607,430	\$6,065,965	6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	46.56%	46.10%	-0.47%	-1%
4	DISCHARGES	6,351	6,462	111	2%
5	CASE MIX INDEX	1.55474	1.58303	0.02829	2%
6	CASE MIX ADJUSTED DISCHARGES	9,874.16660	10,229.56380	355.39720	4%
7	OUTPATIENT CHARGES	\$261,392,443	\$307,939,850	\$46,547,407	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	116.43%	128.33%	11.90%	10%
9	OUTPATIENT PAYMENTS	\$85,286,282	\$89,636,971	\$4,350,689	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.63%	29.11%	-3.52%	-11%
11	TOTAL CHARGES	\$485,900,800	\$547,892,435	\$61,991,635	13%

JOHN DEMPSEY HOSPITAL					
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FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
12	TOTAL PAYMENTS	\$189,827,747	\$200,244,401	\$10,416,654	5%
13	TOTAL PAYMENTS / CHARGES	39.07%	36.55%	-2.52%	-6%
14	PATIENT DAYS	29,018	28,160	(858)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$296,073,053	\$347,648,034	\$51,574,981	17%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.8	4.6	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.7	(0.1)	-2%
3	UNINSURED	4.4	2.8	(1.7)	-37%
4	MEDICAID	4.2	3.9	(0.3)	-6%
5	OTHER MEDICAL ASSISTANCE	3.3	3.8	0.5	15%
6	CHAMPUS / TRICARE	3.6	3.3	(0.3)	-8%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.2)	-4%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$764,177,041	\$871,015,210	\$106,838,169	14%
2	TOTAL GOVERNMENT DEDUCTIONS	\$296,073,053	\$347,648,034	\$51,574,981	17%
3	UNCOMPENSATED CARE	\$11,001,686	\$6,233,552	(\$4,768,134)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,420,682	\$162,444,965	\$40,024,283	33%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$429,495,421	\$516,326,551	\$86,831,130	20%
7	TOTAL ACCRUED PAYMENTS	\$334,681,620	\$354,688,659	\$20,007,039	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.	\$334,681,620	\$354,688,659	\$20,007,039	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4379634588	0.4072129337	(0.0307505250)	-7%
11	COST OF UNCOMPENSATED CARE	\$4,818,336	\$2,538,383	(\$2,279,953)	-47%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,678,403	\$11,390,583	(\$2,287,821)	-17%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$18,496,740	\$13,928,966	(\$4,567,774)	-25%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,591,018	\$3,278,324	\$687,305	27%
2	OTHER MEDICAL ASSISTANCE	\$109,230	\$194,063	\$84,833	78%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$643,756	\$1,604,688	\$960,932	149%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,344,004	\$5,077,075	\$1,733,071	52%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$343,205,604	\$357,746,082	\$14,540,478	4.24%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$764,177,043	\$871,015,211	\$106,838,168	13.98%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$11,001,686	\$6,233,552	(\$4,768,134)	-43.34%

JOHN DEMPSEY HOSPITAL
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	FY AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,551,390	\$78,281,643	\$7,730,253
2	MEDICARE	\$151,635,646	162,559,668	\$10,924,022
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$71,977,722	76,482,472	\$4,504,750
4	MEDICAID	\$71,652,252	76,233,705	\$4,581,453
5	OTHER MEDICAL ASSISTANCE	\$325,470	248,767	(\$76,703)
6	CHAMPUS / TRICARE	\$894,989	910,445	\$15,456
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$571,912	419,392	(\$152,520)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$224,508,357	\$239,952,585	\$15,444,228
	TOTAL INPATIENT CHARGES	\$295,059,747	\$318,234,228	\$23,174,481
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$207,724,851	\$244,841,132	\$37,116,281
2	MEDICARE	\$153,670,945	183,731,635	\$30,060,690
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$104,650,864	121,140,396	\$16,489,532
4	MEDICAID	\$104,478,208	120,947,843	\$16,469,635
5	OTHER MEDICAL ASSISTANCE	\$172,656	192,553	\$19,897
6	CHAMPUS / TRICARE	\$3,070,634	3,067,819	(\$2,815)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,766,356	3,649,810	\$883,454
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$261,392,443	\$307,939,850	\$46,547,407
	TOTAL OUTPATIENT CHARGES	\$469,117,294	\$552,780,982	\$83,663,688
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$278,276,241	\$323,122,775	\$44,846,534
2	TOTAL MEDICARE	\$305,306,591	\$346,291,303	\$40,984,712
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$176,628,586	\$197,622,868	\$20,994,282
4	TOTAL MEDICAID	\$176,130,460	\$197,181,548	\$21,051,088
5	TOTAL OTHER MEDICAL ASSISTANCE	\$498,126	\$441,320	(\$56,806)
6	TOTAL CHAMPUS / TRICARE	\$3,965,623	\$3,978,264	\$12,641
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,338,268	\$4,069,202	\$730,934
	TOTAL GOVERNMENT CHARGES	\$485,900,800	\$547,892,435	\$61,991,635
	TOTAL CHARGES	\$764,177,041	\$871,015,210	\$106,838,169
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$39,291,884	\$39,659,523	\$367,639
2	MEDICARE	\$77,290,861	79,769,207	\$2,478,346
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,879,673	30,435,432	\$3,555,759
4	MEDICAID	\$26,840,885	30,400,390	\$3,559,505
5	OTHER MEDICAL ASSISTANCE	\$38,788	35,042	(\$3,746)
6	CHAMPUS / TRICARE	\$370,931	402,791	\$31,860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$154,699	128,016	(\$26,683)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$104,541,465	\$110,607,430	\$6,065,965
	TOTAL INPATIENT PAYMENTS	\$143,833,349	\$150,266,953	\$6,433,604
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$114,085,973	\$117,842,159	\$3,756,186
2	MEDICARE	\$47,499,859	50,107,431	\$2,607,572
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,798,790	38,648,573	\$1,849,783
4	MEDICAID	\$36,745,878	38,640,049	\$1,894,171
5	OTHER MEDICAL ASSISTANCE	\$52,912	8,524	(\$44,388)
6	CHAMPUS / TRICARE	\$987,633	880,967	(\$106,666)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$705,866	765,058	\$59,192
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$85,286,282	\$89,636,971	\$4,350,689
	TOTAL OUTPATIENT PAYMENTS	\$199,372,255	\$207,479,130	\$8,106,875
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$153,377,857	\$157,501,682	\$4,123,825
2	TOTAL MEDICARE	\$124,790,720	\$129,876,638	\$5,085,918
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$63,678,463	\$69,084,005	\$5,405,542
4	TOTAL MEDICAID	\$63,586,763	\$69,040,439	\$5,453,676
5	TOTAL OTHER MEDICAL ASSISTANCE	\$91,700	\$43,566	(\$48,134)
6	TOTAL CHAMPUS / TRICARE	\$1,358,564	\$1,283,758	(\$74,806)

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL 2016	FY AMOUNT DIFFERENCE
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$860,565	\$893,074	\$32,509
	TOTAL GOVERNMENT PAYMENTS	\$189,827,747	\$200,244,401	\$10,416,654
	TOTAL PAYMENTS	\$343,205,604	\$357,746,083	\$14,540,479
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.23%	8.99%	-0.24%
2	MEDICARE	19.84%	18.66%	-1.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.42%	8.78%	-0.64%
4	MEDICAID	9.38%	8.75%	-0.62%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.03%	-0.01%
6	CHAMPUS / TRICARE	0.12%	0.10%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07%	0.05%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.38%	27.55%	-1.83%
	TOTAL INPATIENT PAYER MIX	38.61%	36.54%	-2.08%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.18%	28.11%	0.93%
2	MEDICARE	20.11%	21.09%	0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.69%	13.91%	0.21%
4	MEDICAID	13.67%	13.89%	0.21%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.02%	0.00%
6	CHAMPUS / TRICARE	0.40%	0.35%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.36%	0.42%	0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	34.21%	35.35%	1.15%
	TOTAL OUTPATIENT PAYER MIX	61.39%	63.46%	2.08%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.45%	11.09%	-0.36%
2	MEDICARE	22.52%	22.30%	-0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.83%	8.51%	0.68%
4	MEDICAID	7.82%	8.50%	0.68%
5	OTHER MEDICAL ASSISTANCE	0.01%	0.01%	0.00%
6	CHAMPUS / TRICARE	0.11%	0.11%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%	0.04%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.46%	30.92%	0.46%
	TOTAL INPATIENT PAYER MIX	41.91%	42.00%	0.10%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.24%	32.94%	-0.30%
2	MEDICARE	13.84%	14.01%	0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.72%	10.80%	0.08%
4	MEDICAID	10.71%	10.80%	0.09%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.00%	-0.01%
6	CHAMPUS / TRICARE	0.29%	0.25%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.21%	0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.85%	25.06%	0.21%
	TOTAL OUTPATIENT PAYER MIX	58.09%	58.00%	-0.10%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,495	2,617	122

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL 2016	FY AMOUNT DIFFERENCE
2	MEDICARE	3,996	4,017	21
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,312	2,406	94
4	MEDICAID	2,300	2,394	94
5	OTHER MEDICAL ASSISTANCE	12	12	-
6	CHAMPUS / TRICARE	43	39	(4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21	22	1
	TOTAL GOVERNMENT DISCHARGES	6,351	6,462	111
	TOTAL DISCHARGES	8,846	9,079	233
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,366	9,586	220
2	MEDICARE	19,230	18,612	(618)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,634	9,419	(215)
4	MEDICAID	9,594	9,373	(221)
5	OTHER MEDICAL ASSISTANCE	40	46	6
6	CHAMPUS / TRICARE	154	129	(25)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	93	61	(32)
	TOTAL GOVERNMENT PATIENT DAYS	29,018	28,160	(858)
	TOTAL PATIENT DAYS	38,384	37,746	(638)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.7	(0.1)
2	MEDICARE	4.8	4.6	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	3.9	(0.3)
4	MEDICAID	4.2	3.9	(0.3)
5	OTHER MEDICAL ASSISTANCE	3.3	3.8	0.5
6	CHAMPUS / TRICARE	3.6	3.3	(0.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.4	2.8	(1.7)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.6	4.4	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38600	1.38600	0.00000
2	MEDICARE	1.62980	1.68970	0.05990
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.43205	1.41033	(0.02172)
4	MEDICAID	1.43490	1.41260	(0.02230)
5	OTHER MEDICAL ASSISTANCE	0.88660	0.95810	0.07150
6	CHAMPUS / TRICARE	1.17620	1.25070	0.07450
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.25540	1.48810	0.23270
	TOTAL GOVERNMENT CASE MIX INDEX	1.55474	1.58303	0.02829
	TOTAL CASE MIX INDEX	1.50715	1.52624	0.01909
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$274,937,974	\$319,053,572	\$44,115,598
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$152,517,292	\$156,608,607	\$4,091,315
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,420,682	\$162,444,965	\$40,024,283
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.53%	50.91%	6.39%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$379,861	\$368,086	(\$11,775)
9	BAD DEBTS	\$10,621,825	\$5,865,466	(\$4,756,359)
10	TOTAL UNCOMPENSATED CARE	\$11,001,686	\$6,233,552	(\$4,768,134)
11	TOTAL OTHER OPERATING REVENUE	\$22,955,416	\$26,710,445	\$3,755,029
12	TOTAL OPERATING EXPENSES	\$340,779,258	\$373,828,923	\$33,049,665

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,458.07000	3,627.16200	169.09200
2	MEDICARE	6,512.68080	6,787.52490	274.84410
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,310.90920	3,393.26160	82.35240
4	MEDICAID	3,300.27000	3,381.76440	81.49440
5	OTHER MEDICAL ASSISTANCE	10.63920	11.49720	0.85800
6	CHAMPUS / TRICARE	50.57660	48.77730	(1.79930)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26.36340	32.73820	6.37480
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	9,874.16660	10,229.56380	355.39720
	TOTAL CASE MIX ADJUSTED DISCHARGES	13,332.23660	13,856.72580	524.48920
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,346.04241	8,185.17877	839.13636
2	MEDICARE	4,049.63551	4,540.17892	490.54341
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,360.06189	3,807.46576	447.40387
4	MEDICAID	3,353.69610	3,798.17741	444.48130
5	OTHER MEDICAL ASSISTANCE	6.36578	9.28835	2.92257
6	CHAMPUS / TRICARE	147.52948	131.41369	-16.11579
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	101.57765	191.45768	89.88003
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	7,557.22688	8,479.05838	921.83150
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	14,903.26929	16,664.23715	1,760.96786
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,362.37	\$10,934.04	(\$428.34)
2	MEDICARE	\$11,867.75	\$11,752.33	(\$115.42)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,118.52	\$8,969.37	\$850.86
4	MEDICAID	\$8,132.94	\$8,989.51	\$856.57
5	OTHER MEDICAL ASSISTANCE	\$3,645.76	\$3,047.87	(\$597.89)
6	CHAMPUS / TRICARE	\$7,334.04	\$8,257.76	\$923.71
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,867.95	\$3,910.29	(\$1,957.65)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,587.37	\$10,812.53	\$225.16
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,788.39	\$10,844.33	\$55.94
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,530.26	\$14,397.02	(\$1,133.25)
2	MEDICARE	\$11,729.42	\$11,036.44	(\$692.97)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,951.82	\$10,150.73	(\$801.08)
4	MEDICAID	\$10,956.83	\$10,173.31	(\$783.52)
5	OTHER MEDICAL ASSISTANCE	\$8,311.94	\$917.71	(\$7,394.23)
6	CHAMPUS / TRICARE	\$6,694.48	\$6,703.77	\$9.29
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,949.03	\$3,995.96	(\$2,953.06)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,285.39	\$10,571.57	(\$713.82)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$13,377.75	\$12,450.56	(\$927.19)
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$2,591,018	\$3,278,324	\$687,305
2	OTHER MEDICAL ASSISTANCE	\$109,230	\$194,063	\$84,833
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$643,756	\$1,604,688	\$960,932
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,344,004	\$5,077,075	\$1,733,071
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$764,177,041	\$871,015,210	\$106,838,169
2	TOTAL GOVERNMENT DEDUCTIONS	\$296,073,053	\$347,648,034	\$51,574,981
3	UNCOMPENSATED CARE	\$11,001,686	\$6,233,552	(\$4,768,134)

JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL 2016	FY AMOUNT DIFFERENCE
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,420,682	\$162,444,965	\$40,024,283
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$429,495,421	\$516,326,551	\$86,831,130
7	TOTAL ACCRUED PAYMENTS	\$334,681,620	\$354,688,659	\$20,007,039
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$334,681,620	\$354,688,659	\$20,007,039
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4379634588	0.4072129337	(0.0307505250)
11	COST OF UNCOMPENSATED CARE	\$4,818,336	\$2,538,383	(\$2,279,953)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$13,678,403	\$11,390,583	(\$2,287,821)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$18,496,740	\$13,928,966	(\$4,567,774)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	55.69%	50.66%	-5.03%
2	MEDICARE	50.97%	49.07%	-1.90%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.34%	39.79%	2.45%
4	MEDICAID	37.46%	39.88%	2.42%
5	OTHER MEDICAL ASSISTANCE	11.92%	14.09%	2.17%
6	CHAMPUS / TRICARE	41.45%	44.24%	2.80%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.05%	30.52%	3.47%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	46.56%	46.10%	-0.47%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	48.75%	47.22%	-1.53%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.92%	48.13%	-6.79%
2	MEDICARE	30.91%	27.27%	-3.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35.16%	31.90%	-3.26%
4	MEDICAID	35.17%	31.95%	-3.22%
5	OTHER MEDICAL ASSISTANCE	30.65%	4.43%	-26.22%
6	CHAMPUS / TRICARE	32.16%	28.72%	-3.45%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25.52%	20.96%	-4.55%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	32.63%	29.11%	-3.52%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.50%	37.53%	-4.97%
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$343,205,604	\$357,746,083	\$14,540,479
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$343,205,604	\$357,746,083	\$14,540,479
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	CALCULATED NET REVENUE	\$353,827,429	\$357,746,083	\$3,918,654
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$343,205,604	\$357,746,082	\$14,540,478
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$10,621,825	\$1	(\$10,621,824)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$764,177,041	\$871,015,210	\$106,838,169
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$764,177,041	\$871,015,210	\$106,838,169

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL 2016	FY AMOUNT DIFFERENCE
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$764,177,043	\$871,015,211	\$106,838,168
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)	(\$1)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,001,686	\$6,233,552	(\$4,768,134)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,001,686	\$6,233,552	(\$4,768,134)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,001,686	\$6,233,552	(\$4,768,134)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

JOHN DEMPSEY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,281,643
2	MEDICARE	162,559,668
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	76,482,472
4	MEDICAID	76,233,705
5	OTHER MEDICAL ASSISTANCE	248,767
6	CHAMPUS / TRICARE	910,445
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	419,392
	TOTAL INPATIENT GOVERNMENT CHARGES	\$239,952,585
	TOTAL INPATIENT CHARGES	\$318,234,228
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$244,841,132
2	MEDICARE	183,731,635
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	121,140,396
4	MEDICAID	120,947,843
5	OTHER MEDICAL ASSISTANCE	192,553
6	CHAMPUS / TRICARE	3,067,819
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,649,810
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$307,939,850
	TOTAL OUTPATIENT CHARGES	\$552,780,982
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$323,122,775
2	TOTAL GOVERNMENT ACCRUED CHARGES	547,892,435
	TOTAL ACCRUED CHARGES	\$871,015,210
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$39,659,523
2	MEDICARE	79,769,207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,435,432
4	MEDICAID	30,400,390
5	OTHER MEDICAL ASSISTANCE	35,042
6	CHAMPUS / TRICARE	402,791
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	128,016
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$110,607,430
	TOTAL INPATIENT PAYMENTS	\$150,266,953
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$117,842,159
2	MEDICARE	50,107,431
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,648,573
4	MEDICAID	38,640,049
5	OTHER MEDICAL ASSISTANCE	8,524
6	CHAMPUS / TRICARE	880,967
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	765,058
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$89,636,971
	TOTAL OUTPATIENT PAYMENTS	\$207,479,130
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$157,501,682
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	200,244,401
	TOTAL ACCRUED PAYMENTS	\$357,746,083

JOHN DEMPSEY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,617
2	MEDICARE	4,017
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,406
4	MEDICAID	2,394
5	OTHER MEDICAL ASSISTANCE	12
6	CHAMPUS / TRICARE	39
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22
	TOTAL GOVERNMENT DISCHARGES	6,462
	TOTAL DISCHARGES	9,079
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38600
2	MEDICARE	1.68970
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.41033
4	MEDICAID	1.41260
5	OTHER MEDICAL ASSISTANCE	0.95810
6	CHAMPUS / TRICARE	1.25070
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.48810
	TOTAL GOVERNMENT CASE MIX INDEX	1.58303
	TOTAL CASE MIX INDEX	1.52624
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$319,053,572
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$156,608,607
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$162,444,965
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.91%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$368,086
9	BAD DEBTS	\$5,865,466
10	TOTAL UNCOMPENSATED CARE	\$6,233,552
11	TOTAL OTHER OPERATING REVENUE	\$26,710,445
12	TOTAL OPERATING EXPENSES	\$373,828,923
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$357,746,083
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$357,746,083
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	CALCULATED NET REVENUE	\$357,746,083
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$357,746,082

JOHN DEMPSEY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$871,015,210
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$871,015,210
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$871,015,211
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,233,552
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,233,552
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,233,552
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	140	109	(31)	-22%
2	Number of Approved Applicants	91	98	7	8%
3	Total Charges (A)	\$379,861	\$368,086	(\$11,775)	-3%
4	Average Charges	\$4,174	\$3,756	(\$418)	-10%
5	Ratio of Cost to Charges (RCC)	0.473770	0.432928	(0.040842)	-9%
6	Total Cost	\$179,967	\$159,355	(\$20,612)	-11%
7	Average Cost	\$1,978	\$1,626	(\$352)	-18%
8	Charity Care - Inpatient Charges	\$99,312	\$69,559	(\$29,753)	-30%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	157,023	135,521	(21,502)	-14%
10	Charity Care - Emergency Department Charges	123,526	163,006	39,480	32%
11	Total Charges (A)	\$379,861	\$368,086	(\$11,775)	-3%
12	Charity Care - Number of Patient Days	17	14	(3)	-18%
13	Charity Care - Number of Discharges	9	6	(3)	-33%
14	Charity Care - Number of Outpatient ED Visits	83	64	(19)	-23%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	273	184	(89)	-33%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$2,356,240	\$2,459,442	\$103,202	4%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,811,758	1,301,137	(2,510,621)	-66%
3	Bad Debts - Emergency Department	4,453,827	2,104,887	(2,348,940)	-53%
4	Total Bad Debts (A)	\$10,621,825	\$5,865,466	(\$4,756,359)	-45%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$379,861	\$368,086	(\$11,775)	-3%
2	Bad Debts (A)	10,621,825	5,865,466	(4,756,359)	-45%
3	Total Uncompensated Care (A)	\$11,001,686	\$6,233,552	(\$4,768,134)	-43%
4	Uncompensated Care - Inpatient Services	\$2,455,552	\$2,529,001	\$73,449	3%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,968,781	1,436,658	(2,532,123)	-64%
6	Uncompensated Care - Emergency Department	4,577,353	2,267,893	(2,309,460)	-50%
7	Total Uncompensated Care (A)	\$11,001,686	\$6,233,552	(\$4,768,134)	-43%

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

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$274,937,974	\$319,053,572	\$44,115,598	16%
2	Total Contractual Allowances	\$122,420,682	\$162,444,965	\$40,024,283	33%
	Total Accrued Payments (A)	\$152,517,292	\$156,608,607	\$4,091,315	3%
	Total Discount Percentage	44.53%	50.91%	6.39%	14%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$275,367,921	\$295,059,747	\$318,234,228
2	Outpatient Gross Revenue	\$391,982,760	\$469,117,294	\$552,780,982
3	Total Gross Patient Revenue	\$667,350,681	\$764,177,041	\$871,015,210
4	Net Patient Revenue	\$286,757,590	\$337,300,171	\$351,910,875
B. Total Operating Expenses				
1	Total Operating Expense	\$326,572,641	\$340,779,258	\$373,828,923
C. Utilization Statistics				
1	Patient Days	38,723	38,384	37,746
2	Discharges	8,669	8,846	9,079
3	Average Length of Stay	4.5	4.3	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	93,845	99,411	103,312
0	Equivalent (Adjusted) Discharges (ED)	21,009	22,910	24,849
D. Case Mix Statistics				
1	Case Mix Index	1.46426	1.50715	1.52624
2	Case Mix Adjusted Patient Days (CMAPD)	56,701	57,850	57,609
3	Case Mix Adjusted Discharges (CMAD)	12,694	13,332	13,857
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	137,413	149,827	157,678
5	Case Mix Adjusted Equivalent Discharges (CMAED)	30,763	34,529	37,926
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$17,234	\$19,909	\$23,076
2	Total Gross Revenue per Discharge	\$76,981	\$86,387	\$95,937
3	Total Gross Revenue per EPD	\$7,111	\$7,687	\$8,431
4	Total Gross Revenue per ED	\$31,765	\$33,355	\$35,052
5	Total Gross Revenue per CMAEPD	\$4,857	\$5,100	\$5,524
6	Total Gross Revenue per CMAED	\$21,693	\$22,131	\$22,966

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
7	Inpatient Gross Revenue per EPD	\$2,934	\$2,968	\$3,080
8	Inpatient Gross Revenue per ED	\$13,107	\$12,879	\$12,806
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$7,405	\$8,788	\$9,323
2	Net Patient Revenue per Discharge	\$33,079	\$38,130	\$38,761
3	Net Patient Revenue per EPD	\$3,056	\$3,393	\$3,406
4	Net Patient Revenue per ED	\$13,649	\$14,723	\$14,162
5	Net Patient Revenue per CMAEPD	\$2,087	\$2,251	\$2,232
6	Net Patient Revenue per CMAED	\$9,322	\$9,769	\$9,279
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$8,434	\$8,878	\$9,904
2	Total Operating Expense per Discharge	\$37,671	\$38,524	\$41,175
3	Total Operating Expense per EPD	\$3,480	\$3,428	\$3,618
4	Total Operating Expense per ED	\$15,544	\$14,874	\$15,044
5	Total Operating Expense per CMAEPD	\$2,377	\$2,274	\$2,371
6	Total Operating Expense per CMAED	\$10,616	\$9,869	\$9,857
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$36,895,430	\$35,825,105	\$38,080,409
2	Nursing Fringe Benefits Expense	\$19,514,370	\$19,135,000	\$21,164,041
3	Total Nursing Salary and Fringe Benefits Expense	\$56,409,800	\$54,960,105	\$59,244,450
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$2,571,218	\$3,099,619	\$3,767,525
2	Physician Fringe Benefits Expense	\$618,052	\$756,287	\$931,016
3	Total Physician Salary and Fringe Benefits Expense	\$3,189,270	\$3,855,906	\$4,698,541
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$65,156,560	\$68,386,128	\$75,125,483

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$35,596,592	\$37,538,515	\$45,097,395
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$100,753,152	\$105,924,643	\$120,222,878
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$104,623,208	\$107,310,852	\$116,973,417
2	Total Fringe Benefits Expense	\$55,729,014	\$57,429,802	\$67,192,452
3	Total Salary and Fringe Benefits Expense	\$160,352,222	\$164,740,654	\$184,165,869
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	603.8	558.5	576.5
2	Total Physician FTEs	36.1	37.9	42.6
3	Total Non-Nursing, Non-Physician FTEs	663.9	687.4	744.5
4	Total Full Time Equivalent Employees (FTEs)	1,303.8	1,283.8	1,363.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$61,105	\$64,145	\$66,054
2	Nursing Fringe Benefits Expense per FTE	\$32,319	\$34,261	\$36,711
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$93,425	\$98,407	\$102,766
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$71,225	\$81,784	\$88,440
2	Physician Fringe Benefits Expense per FTE	\$17,121	\$19,955	\$21,855
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$88,345	\$101,739	\$110,294
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$98,142	\$99,485	\$100,907
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$53,617	\$54,609	\$60,574
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$151,760	\$154,095	\$161,481
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$80,245	\$83,588	\$85,783

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Total Fringe Benefits Expense per FTE	\$42,744	\$44,734	\$49,276
3	Total Salary and Fringe Benefits Expense per FTE	\$122,988	\$128,323	\$135,059
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$4,141	\$4,292	\$4,879
2	Total Salary and Fringe Benefits Expense per Discharge	\$18,497	\$18,623	\$20,285
3	Total Salary and Fringe Benefits Expense per EPD	\$1,709	\$1,657	\$1,783
4	Total Salary and Fringe Benefits Expense per ED	\$7,632	\$7,191	\$7,411
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,167	\$1,100	\$1,168
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,213	\$4,771	\$4,856