TWELVE MONTHS ACT FISCAL YEAR REPORT 100 - HOSPITAL BALANCE				
	2009			
REPORT 100 - HOSPITAL BALANCI				
	E SHEET INFORM			
(2)	(3)	(4)	(5)	(6)
DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE
SETS				
rrent Assets:				
	\$0	¢۵	\$0	00/
sh and Cash Equivalents		\$0		0%
ort Term Investments	\$0	\$0	\$0	0%
counts Receivable (Less: Allowance for Doubtful Accounts)	\$6,608,367	\$6,306,510	(\$301,857)	-5%
rrent Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
e From Affiliates	\$0	\$0	\$0	0%
e From Third Party Payers	\$0	\$0	\$0	0%
rentories of Supplies	\$1,134,838	\$1,140,534	\$5,696	1%
epaid Expenses	\$1,173,737	\$1,517,860	\$344,123	29%
ner Current Assets	\$1,198,005	\$1,707,366	\$509,361	43%
tal Current Assets	\$10,114,947	\$10,672,270	\$557,323	6%
ncurrent Assets Whose Use is Limited:				
ld by Trustee	\$0	\$0	\$0	0%
ard Designated for Capital Acquisition	\$0	\$0	\$0	0%
nds Held in Escrow	\$0	\$0	\$0	0%
ner Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
tal Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
erest in Net Assets of Foundation	\$0	\$0	\$0	0%
ng Term Investments	\$0	\$0	\$0	0%
ner Noncurrent Assets	\$4,908,223	\$8,911,918	\$4,003,695	82%
t Fixed Assets:				
operty, Plant and Equipment	\$56,160,839	\$56,490,008	\$329,169	1%
ss: Accumulated Depreciation	\$13,448,037	\$16,284,093	\$2,836,056	21%
operty, Plant and Equipment, Net	\$42,712,802	\$40,205,915	(\$2,506,887)	-6%
nstruction in Progress	\$162,764	\$235,793	\$73,029	45%
tal Net Fixed Assets	\$42,875,566	\$40,441,708	(\$2,433,858)	-6%
tel Acesto	\$57,898,736	\$60.025.896	\$2,127,160	4%
tal		Net Fixed Assets \$42,875,566	Net Fixed Assets \$42,875,566 \$40,441,708	Net Fixed Assets \$42,875,566 \$40,441,708 (\$2,433,858)

	ESSENT-SHAR	ON HOSPITAL				
	TWELVE MONTHS	ACTUAL FILING				
	FISCAL	YEAR 2009				
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)	
LINE	DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE	
	LIABILITIES AND NET ASSETS					
Α.	Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$2,235,113	\$1,950,304	(\$284,809)	-13%	
2	Salaries, Wages and Payroll Taxes	\$2,711,261	\$3,690,101	\$978,840	36%	
3	Due To Third Party Payers	\$208,044	\$435,106	\$227,062	109%	
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	\$1,146,567	\$956,509	(\$190,058)	-17%	
7	Other Current Liabilities	\$0	\$0	\$0	0%	
	Total Current Liabilities	\$6,300,985	\$7,032,020	\$731,035	12%	
В.	Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%	
2	Notes Payable (Net of Current Portion)	\$34,387,500	\$34,037,500	(\$350,000)	-1%	
	Total Long Term Debt	\$34,387,500	\$34,037,500	(\$350,000)	-1%	
3	Accrued Pension Liability	\$1,270,000	\$1,407,000	\$137,000	11%	
4	Other Long Term Liabilities	\$2,846,183	\$2,095,785	(\$750,398)	-26%	
	Total Long Term Liabilities	\$38,503,683	\$37,540,285	(\$963,398)	-3%	
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%	
C.	Net Assets:					
1	Unrestricted Net Assets or Equity	\$13,094,068	\$15,453,591	\$2,359,523	18%	
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%	
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%	
	Total Net Assets	\$13,094,068	\$15,453,591	\$2,359,523	18%	
	Total Liabilities and Net Assets	\$57,898,736	\$60,025,896	\$2,127,160	4%	

	ESSENT-SHA	RON HOSPITAL			
	TWELVE MONT	HS ACTUAL FILING			
	FISCA	L YEAR 2009			
	REPORT 150 - HOSPITAL STATEM	IENT OF OPERATION	NS INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$113,306,383	\$114,452,317	\$1,145,934	1%
2	Less: Allowances	\$57,893,603	\$62,168,698	\$4,275,095	7%
3	Less: Charity Care	\$767,308	\$430,330	(\$336,978)	-44%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$54,645,472	\$51,853,289	(\$2,792,183)	-5%
5	Other Operating Revenue	\$671,644	\$543,474	(\$128,170)	-19%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$55,317,116	\$52,396,763	(\$2,920,353)	-5%
В.	Operating Expenses:				
1	Salaries and Wages	\$16,999,525	\$15,544,600	(\$1,454,925)	-9%
2	Fringe Benefits	\$4,025,084	\$3,358,585	(\$666,499)	-17%
3	Physicians Fees	\$1,170,401	\$1,137,397	(\$33,004)	-3%
4	Supplies and Drugs	\$6,230,431	\$6,036,261	(\$194,170)	-3%
5	Depreciation and Amortization	\$3,473,151	\$3,422,746	(\$50,405)	-1%
6	Bad Debts	\$3,536,277	\$2,953,540	(\$582,737)	-16%
7	Interest	\$2,918,034	\$2,032,328	(\$885,706)	-30%
8	Malpractice	\$946,848	\$687,844	(\$259,004)	-27%
9	Other Operating Expenses	\$14,344,248	\$14,510,060	\$165,812	1%
	Total Operating Expenses	\$53,643,999	\$49,683,361	(\$3,960,638)	-7%
	Income/(Loss) From Operations	\$1,673,117	\$2,713,402	\$1,040,285	62%
C.	Non-Operating Revenue:				
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,673,117	\$2,713,402	\$1,040,285	62%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0 \$0	\$0 \$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,673,117	\$2,713,402	\$1,040,285	62%
	Principal Payments	\$0	\$350,000	\$350,000	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<u> </u>	GROSS REVENUE BY PAYER				1
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$29,829,658	\$29,942,831	\$113,173	0%
2	MEDICARE MANAGED CARE	\$551,369	\$554,199	\$2,830	1%
3	MEDICAID	\$194,390	\$476,638	\$282,248	145%
4	MEDICAID MANAGED CARE	\$757,209	\$822,083	\$64,874	9%
5	CHAMPUS/TRICARE	\$127,666	\$93,627	(\$34,039)	
6	COMMERCIAL INSURANCE	\$1,366,744	\$949,335	(\$417,409)	-31%
7	NON-GOVERNMENT MANAGED CARE	\$10,886,283	\$11,508,298	\$622,015	6%
8	WORKER'S COMPENSATION	\$1,551,279	\$1,442,633	(\$108,646)	-7%
9	SELF- PAY/UNINSURED	\$959,783	\$850,966	(\$108,817)	
10	SAGA OTHER	\$209,165	\$149,482	(\$59,683)	
11	TOTAL INPATIENT GROSS REVENUE	\$1,730,205 \$48,163,751	\$1,709,870 \$48,499,962	(\$20,335) \$336,211	-1% 1%
P	OUTPATIENT GROSS REVENUE	\$40,103,731	\$40,499,902	\$330,211	170
В. 1	MEDICARE TRADITIONAL	\$24,243,139	\$24,223,574	(\$19,565)	0%
2	MEDICARE MANAGED CARE	\$364,243	\$641,501	\$277,258	76%
3	MEDICAID	\$668,444	\$383,767	(\$284,677)	-43%
4	MEDICAID MANAGED CARE	\$1,098,342	\$1,578,060	\$479,718	44%
5	CHAMPUS/TRICARE	\$65.947	\$64,791	(\$1,156)	-2%
6	COMMERCIAL INSURANCE	\$2,950,956	\$2,562,294	(\$388,662)	
7	NON-GOVERNMENT MANAGED CARE	\$29,601,984	\$30,074,557	\$472,573	2%
8	WORKER'S COMPENSATION	\$1,643,871	\$1,716,346	\$72,475	4%
9	SELF- PAY/UNINSURED	\$2,307,276	\$1,991,028	(\$316,248)	-14%
10	SAGA	\$441,406	\$530,372	\$88,966	20%
11	OTHER	\$1,932,397	\$2,186,065	\$253,668	13%
	TOTAL OUTPATIENT GROSS REVENUE	\$65,318,005	\$65,952,355	\$634,350	1%
_					
	TOTAL GROSS REVENUE				
1		\$54,072,797	\$54,166,405	\$93,608	0%
2	MEDICARE MANAGED CARE MEDICAID	\$915,612	\$1,195,700	\$280,088	31%
3	MEDICAID MEDICAID MANAGED CARE	\$862,834 \$1,855,551	\$860,405 \$2,400,143	(\$2,429) \$544,592	0% 29%
5	CHAMPUS/TRICARE	\$193,613	\$158,418	(\$35,195)	
6		\$195,013	\$3,511,629	(\$806,071)	
7	NON-GOVERNMENT MANAGED CARE	\$40.488.267	\$41,582,855	\$1,094,588	-13%
8	WORKER'S COMPENSATION	\$3,195,150	\$3,158,979	(\$36,171)	
	SELF- PAY/UNINSURED	\$3,267,059	\$2,841,994	(\$425,065)	
10		\$650,571	\$679,854	\$29,283	5%
11	OTHER	\$3,662,602	\$3,895,935	\$233,333	6%
	TOTAL GROSS REVENUE	\$113,481,756	\$114,452,317	\$970,561	1%
Ш.	NET REVENUE BY PAYER				
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$15,791,995	\$14,678,400	(\$1,113,595)	-7%
2	MEDICARE MANAGED CARE	\$234,503	\$254,349	\$19,846	8%
3		\$122,927	\$29,978	(\$92,949)	
4		\$339,060	\$332,914	(\$6,146)	
5		\$122,063	\$93,215	(\$28,848)	
6		\$806,477	\$150,057	(\$656,420)	
7 8	NON-GOVERNMENT MANAGED CARE WORKER'S COMPENSATION	\$6,157,675 \$461,069	\$6,246,307	\$88,632 (\$16,070)	1% -4%
9	SELF- PAY/UNINSURED	\$461,069	\$444,090 \$83,830	(\$16,979) \$29,620	-4% 55%
9 10	SAGA	\$54,210	\$69,998	\$29,620 (\$7,269)	
10		ψι ι ,201	Ψ U 3,330	(ψ1,209)	-370

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
		· · · ·	÷		
11	OTHER	\$719,448	\$485,849	(\$233,599)	-32%
	TOTAL INPATIENT NET REVENUE	\$24,886,694	\$22,868,987	(\$2,017,707)	-8%
В.		\$0.450.050	\$ 0,000,100	(\$004.007)	40/
1	MEDICARE TRADITIONAL	\$6,458,350	\$6,226,483	(\$231,867)	-4%
2	MEDICARE MANAGED CARE	\$110,567	\$184,754	\$74,187	67%
3		\$214,530	\$47,361	(\$167,169)	-78%
4 5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	\$267,684 \$26,254	\$411,273 \$28,826	\$143,589 \$2,572	54% 10%
5 6		\$1,908,240	\$20,020	(\$547.403)	-29%
7	NON-GOVERNMENT MANAGED CARE	\$15,890,192	\$15,717,953	(\$172,239)	-29%
8	WORKER'S COMPENSATION	\$538,011	\$665,187	\$127,176	24%
9	SELF- PAY/UNINSURED	\$224,699	\$606,321	\$381,622	170%
10	SAGA	\$74,655	\$113,894	\$39,239	53%
11	OTHER	\$509,323	\$474,152	(\$35,171)	-7%
	TOTAL OUTPATIENT NET REVENUE	\$26,222,505	\$25,837,041	(\$385,464)	-1%
		<i><i><i></i></i></i>	<i>420,001,011</i>	(\$555,101)	170
с.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$22,250,345	\$20,904,883	(\$1,345,462)	-6%
2	MEDICARE MANAGED CARE	\$345,070	\$439,103	\$94,033	27%
3	MEDICAID	\$337,457	\$77,339	(\$260,118)	-77%
4	MEDICAID MANAGED CARE	\$606,744	\$744,187	\$137,443	23%
5	CHAMPUS/TRICARE	\$148,317	\$122,041	(\$26,276)	-18%
6	COMMERCIAL INSURANCE	\$2,714,717	\$1,510,894	(\$1,203,823)	-44%
7	NON-GOVERNMENT MANAGED CARE	\$22,047,867	\$21,964,260	(\$83,607)	0%
8	WORKER'S COMPENSATION	\$999,080	\$1,109,277	\$110,197	11%
9	SELF- PAY/UNINSURED	\$278,909	\$690,151	\$411,242	147%
10	SAGA	\$151,922	\$183,892	\$31,970	21%
11	OTHER	\$1,228,771	\$960,001	(\$268,770)	-22%
	TOTAL NET REVENUE	\$51,109,199	\$48,706,028	(\$2,403,171)	-5%
III.	STATISTICS BY PAYER				
Α.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,548	1,456	(92)	-6%
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	26	28	(92)	-0%
3	MEDICARE MANAGED CARE	20	<u></u>	21	8% 105%
4		98	101	3	3%
4	CHAMPUS/TRICARE	90	2	(9)	-82%
6		87	2	(33)	-82 %
7	NON-GOVERNMENT MANAGED CARE	756	724	(33)	
8	WORKER'S COMPENSATION	29	27	(32)	-4%
0 9	SELF- PAY/UNINSURED	79	72	(2)	-7%
9 10	SAGA	15	12	(1)	-9%
11	OTHER	165	139	(1)	-1%
	TOTAL DISCHARGES	2,834	2,658	(176)	-10% -6%
В.	PATIENT DAYS	2,004	2,000	(170)	-078
1	MEDICARE TRADITIONAL	8,103	7,860	(243)	-3%
2	MEDICARE MANAGED CARE	160	141	(19)	-12%
3	MEDICAID	72	118	46	64%
4	MEDICAID MANAGED CARE	231	242	11	5%
5	CHAMPUS/TRICARE	35	9	(26)	-74%
6	COMMERCIAL INSURANCE	288	209	(79)	-27%
7	NON-GOVERNMENT MANAGED CARE	2,039	2,122	83	4%
8	WORKER'S COMPENSATION	89	76	(13)	-15%
9	SELF- PAY/UNINSURED	210	205	(5)	-2%
10	SAGA	58	48	(10)	-17%
11	OTHER	521	436	(85)	-16%
		041	-00	(00)	

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
					•
	TOTAL PATIENT DAYS	11,806	11,466	(340)	-3%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	30,223	29,014	(1,209)	-4%
2	MEDICARE MANAGED CARE	786	885	99	13%
3	MEDICAID	639	516	(123)	-19%
4	MEDICAID MANAGED CARE	1,584	1,758	174	11%
5		116	89	(27)	-23%
6		3,161	2,372	(789)	-25%
7		30,375	28,422	(1,953)	-6%
8		1,195	1,192	(3)	0%
9	SELF- PAY/UNINSURED	3,580	3,658	78	2%
10	SAGA	405	141	(264)	-65%
11	OTHER TOTAL OUTPATIENT VISITS	2,917 74,981	859 68,906	(2,058) (6,075)	-71% - 8%
	TOTAL OUTPATIENT VISITS	74,901	00,900	(6,075)	-0%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVE		.	* = -	ļ]
1	MEDICARE TRADITIONAL	\$2,633,053	\$3,174,738	\$541,685	21%
2	MEDICARE MANAGED CARE	\$39,163	\$85,253	\$46,090	118%
3	MEDICAID	\$160,212	\$97,073	(\$63,139)	-39%
4	MEDICAID MANAGED CARE	\$484,345	\$625,427	\$141,082	29%
5	CHAMPUS/TRICARE	\$29,174	\$25,001	(\$4,173)	-14%
6	COMMERCIAL INSURANCE	\$479,814	\$859,706	\$379,892	79%
7	NON-GOVERNMENT MANAGED CARE	\$5,675,734	\$5,331,290	(\$344,444)	-6%
8	WORKER'S COMPENSATION	\$345,896	\$365,898	\$20,002	6%
9	SELF- PAY/UNINSURED	\$1,453,227	\$1,418,308	(\$34,919)	-2%
10	SAGA	\$140,780	\$191,577	\$50,797	36%
11	OTHER TOTAL EMERGENCY DEPARTMENT OUTPATIENT	\$795,763	\$930,713	\$134,950	17%
	GROSS REVENUE	\$12,237,161	\$13,104,984	\$867,823	7%
В.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU	. , ,	ψ13,10 4 ,30 4	4007,023	1 /0
1	MEDICARE TRADITIONAL	\$662,076	\$802,409	\$140.333	21%
2	MEDICARE MANAGED CARE	\$7,688	\$18,509	\$10.821	141%
3	MEDICAID	\$14.851	\$18,706	\$3,855	26%
4	MEDICAID MANAGED CARE	\$110,118	\$64,674	(\$45,444)	-41%
5	CHAMPUS/TRICARE	\$10,644	\$9,619	(\$1,025)	-10%
6	COMMERCIAL INSURANCE	\$162,370	\$81,221	(\$81,149)	-50%
7	NON-GOVERNMENT MANAGED CARE	\$2,577,718	\$2,178,449	(\$399,269)	-15%
8	WORKER'S COMPENSATION	\$59,728	\$21,737	(\$37,991)	
9	SELF- PAY/UNINSURED	\$88,834	\$438,146	\$349,312	393%
10	SAGA	\$32,175	\$42,837	\$10,662	33%
11	OTHER	\$82,710	\$92,660	\$9,950	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT		i	· · · ·	
	NET REVENUE	\$3,808,912	\$3,768,967	(\$39,945)	-1%
	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	2,762	2,961	199	7%
2	MEDICARE MANAGED CARE	34	77	43	126%
3	MEDICAID	148	223	75	51%
4		724	773	49	7%
5		48	34	(14)	
6		588	813	225	38%
7	NON-GOVERNMENT MANAGED CARE	6,959	6,428	(531)	-8%
8	WORKER'S COMPENSATION	594	528	(66)	-11%
9	SELF- PAY/UNINSURED	1,821	1,652	(169)	
10	SAGA	151	141	(10)	
11	OTHER	927	859	(68)	-7%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	14,756	14,489	(267)	-2%

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
T	OPERATING EXPENSE BY CATEGORY				
I.	OPERATING EXPENSE BY CATEGORY				
Α.	Salaries & Wages:				
1	Nursing Salaries	\$7,074,932	\$6,533,428	(\$541,504)	-8%
2	Physician Salaries	\$557,887	\$0	(\$557,887)	-100%
3	Non-Nursing, Non-Physician Salaries	\$9,366,706	\$9,011,172	(\$355,534)	-4%
	Total Salaries & Wages	\$16,999,525	\$15,544,600	(\$1,454,925)	-9%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$1,675,642	\$1,425,678	(\$249,964)	-15%
2	Physician Fringe Benefits Non-Nursing, Non-Physician Fringe Benefits	\$132,023	\$0 \$1,932,907	(\$132,023)	<u>-100%</u> -13%
3	Total Fringe Benefits	\$2,217,419 \$4,025,084	\$1,932,907	(\$284,512) (\$666,499)	-13% -17%
	Total Thinge Benefits	φ 4 ,023,004	\$3,330,303	(\$000,433)	-1770
C.	Contractual Labor Fees:				
1	Nursing Fees	\$498,177	\$739,745	\$241,568	48%
2	Physician Fees	\$1,170,401	\$1,137,397	(\$33,004)	-3%
3	Non-Nursing, Non-Physician Fees	\$327,901	\$104,193	(\$223,708)	-68%
	Total Contractual Labor Fees	\$1,996,479	\$1,981,335	(\$15,144)	-1%
D.	Medical Supplies and Pharmaceutical Cost:	<u> </u>	* / * * * * *	<u> </u>	
1	Medical Supplies	\$4,845,494	\$4,879,877	\$34,383	1%
2	Pharmaceutical Costs Total Medical Supplies and Pharmaceutical Cost	\$1,384,937 \$6,230,431	\$1,156,384 \$6,036,261	(\$228,553) (\$194,170)	<u>-17%</u> -3%
	Total Medical Supplies and Pharmaceutical Cost	\$0,230,431	\$0,030,20 Ι	(\$194,170)	-3%
Е.	Depreciation and Amortization:				
1	Depreciation-Building	\$1,548,381	\$1,575,185	\$26,804	2%
2	Depreciation-Equipment	\$1,641,905	\$1,847,561	\$205,656	13%
3	Amortization	\$282,865	\$0	(\$282,865)	-100%
	Total Depreciation and Amortization	\$3,473,151	\$3,422,746	(\$50,405)	-1%
F.	Bad Debts:	• · · · · ·			
1	Bad Debts	\$3,536,277	\$2,953,540	(\$582,737)	-16%
~	Internet Evenence				
G .	Interest Expense:	¢0.019.024	¢0,000,000	(1005 706)	200/
1	Interest Expense	\$2,918,034	\$2,032,328	(\$885,706)	-30%
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$946,848	\$687,844	(\$259,004)	-27%
		<i>ve.e.e.e</i>	+ , - · · ·	(+===;===;)	
I.	Utilities:				
1	Water	\$125,051	\$115,488	(\$9,563)	-8%
2	Natural Gas	\$24,186	\$26,348	\$2,162	9%
3	Oil	\$614,482	\$483,152	(\$131,330)	-21%
4	Electricity	\$953,090	\$820,953	(\$132,137)	-14%
5	Telephone	\$78,342	\$94,380	\$16,038	20%
6	Other Utilities Total Utilities	\$38,043 \$1,833,194	\$38,745 \$1,579,066	\$702 (\$254,128)	<u>2%</u> -14%
		\$1,000,10 4	φ1,573,000	(\$254,120)	-14/0
J.	Business Expenses:				
1	Accounting Fees	\$90,350	\$80,100	(\$10,250)	-11%
2	Legal Fees	\$365,312	\$178,031	(\$187,281)	-51%
3	Consulting Fees	\$166,932	\$149,024	(\$17,908)	-11%
4	Dues and Membership	\$0	\$0	\$0	0%
5	Equipment Leases	\$286,669	\$276,766	(\$9,903)	-3%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,667,761	\$1,707,964	\$40,203	2%
8	Insurance	\$620,887	\$646,792	\$25,905	4%

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	Travel	\$74,413	\$28,506	(\$45,907)	-62%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$300,210	\$344,486	\$44,276	15%
12	General Supplies	\$293,052	\$254,011	(\$39,041)	-13%
13	Licenses and Subscriptions	\$72,296	\$48,174	(\$24,122)	-33%
14	Postage and Shipping	\$51,263	\$42,283	(\$8,980)	-18%
15	Advertising	\$304,838	\$247,486	(\$57,352)	-19%
16	Other Business Expenses	\$7,390,993	\$8,083,433	\$692,440	9%
	Total Business Expenses	\$11,684,976	\$12,087,056	\$402,080	3%
К.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
		\$ 5	ψu	ψ0	070
	Total Operating Expenses - All Expense Categories*	\$53,643,999	\$49,683,361	(\$3,960,638)	-7%
	*A K The total energing evidences amount above	must sarss with	the total energia		t on Donort 150
	*A K. The total operating expenses amount above	e must agree with	the total operatin	g expenses amour	it on Report 150.
II.	OPERATING EXPENSE BY DEPARTMENT				
11.	OPERATING EXPENSE BT DEFARTMENT				
Α.	General Services:				
1	General Administration	\$7,344,995	\$6,593,062	(\$751,933)	-10%
2	General Accounting	\$0	\$0	\$0	0%
3	Patient Billing & Collection	\$0	\$0	\$0	0%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$521,281	\$448,808	(\$72,473)	-14%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$895,825	\$839,961	(\$55,864)	-6%
11	Housekeeping	\$573,854	\$484,917	(\$88,937)	-15%
12	Laundry & Linen	\$259,951	\$220,395	(\$39,556)	-15%
13	Operation of Plant	\$2,989,602	\$2,694,259	(\$295,343)	-10%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0 \$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$2,162,034	\$1,976,130	(\$185,904)	-9%
18	Other General Services Total General Services	\$16,971,583 \$31,719,125	\$15,263,842 \$28.521.374	(\$1,707,741) (\$3,197,751)	-10% - 10%
		\$31,719,125	\$20,521,574	(\$3,197,731)	-10%
B.	Professional Services:				
1	Medical Care Administration	\$851,875	\$902,839	\$50,964	6%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$845,298	\$956,989	\$111,691	13%
4	Medical Records	\$0	\$0	\$0	0%
5	Social Service	\$325,115	\$222,915	(\$102,200)	-31%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,022,288	\$2,082,743	\$60,455	3%
C.	Special Services:				
1	Operating Room	\$1,918,975	\$1,851,293	(\$67,682)	-4%
2	Recovery Room	\$207,445	\$195,456	(\$11,989)	-6%
3	Anesthesiology	\$36,172	\$37,148	\$976	3%
4	Delivery Room	\$366,013	\$285,056	(\$80,957)	-22%
5	Diagnostic Radiology	\$1,915,910	\$1,713,927	(\$201,983)	-11%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$0	\$0	\$0	0%

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
8	Radioisotopes	\$395,046	\$339,983	(\$55,063)	-14%
<u> </u>	CT Scan	\$241,564	\$247,539	(\$55,063) \$5,975	-14%
10	Laboratory	\$2,867,695	\$2,770,169	(\$97,526)	-3%
11	Blood Storing/Processing	\$2,867,695	\$2,770,109	(\$97,320) \$0	-3 // 0%
12	Cardiology	\$0	\$0 \$0	\$0 \$0	0%
13	Electrocardiology	\$480,410	\$348,408	(\$132,002)	-27%
14	Electroencephalography	\$6,154	\$3,723	(\$2,431)	-40%
15	Occupational Therapy	\$88,799	\$79,109	(\$9,690)	-11%
16	Speech Pathology	\$71,570	\$75,875	\$4,305	6%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$432,196	\$364,244	(\$67,952)	-16%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$46,782	\$101,864	\$55,082	118%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$1,748,057	\$1,706,368	(\$41,689)	-2%
25	MRI	\$300,140	\$301,401	\$1,261	0%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$553,524	\$601,657	\$48,133	9%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,303,219	\$2,305,762	\$2,543	0%
	Total Special Services	\$13,979,671	\$13,328,982	(\$650,689)	-5%
		-			
D.	Routine Services:				
1	Medical & Surgical Units	\$2,687,281	\$2,567,682	(\$119,599)	-4%
2	Intensive Care Unit	\$1,081,956	\$1,092,334	\$10,378	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,834,027	\$1,839,351	\$5,324	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$319,651	\$250,895	(\$68,756)	-22%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$5,922,915	\$5,750,262	(\$172,653)	-3%
E.	Other Departments:	+ +			
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
· · ·					
	Total Operating Expenses - All Departments*	\$53,643,999	\$49,683,361	(\$3,960,638)	-7%
	*A 0. The total operating expenses amount abo	-			

		-SHARON HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINA	NCIAL AND STATISTICAL D	ATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	FY 2007	<u>FY 2008</u>	<u>FY 2009</u>					
Α.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$50,528,737	\$ 54,645,472	\$51,853,289					
2	Other Operating Revenue	681,293	671,644	543,474					
3	Total Operating Revenue	\$51,210,030	\$55,317,116	\$52,396,763					
4	Total Operating Expenses	49,475,601	53,643,999	49,683,361					
5	Income/(Loss) From Operations	\$1,734,429	\$1,673,117	\$2,713,402					
6	Total Non-Operating Revenue	0	0	0					
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,734,429	\$1,673,117	\$2,713,402					
В.	Profitability Summary								
1	Hospital Operating Margin	3.39%	3.02%	5.18%					
2	Hospital Non Operating Margin	0.00%	0.00%	0.00%					
3	Hospital Total Margin	3.39%	3.02%	5.18%					
4	Income/(Loss) From Operations	\$1,734,429	\$1,673,117	\$2,713,402					
5	Total Operating Revenue	\$51,210,030	\$55,317,116	\$52,396,763					
6	Total Non-Operating Revenue	\$0	\$0	\$0					
7	Total Revenue	\$51,210,030	\$55,317,116	\$52,396,763					
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,734,429	\$1,673,117	\$2,713,402					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$11,400,566	\$13,094,068	\$15,453,591					
2	Hospital Total Net Assets	\$11,400,566	\$13,094,068	\$15,453,591					
3	Hospital Change in Total Net Assets	\$11,400,566	\$1,693,502	\$2,359,523					
4	Hospital Change in Total Net Assets %	0.0%	14.9%	18.0%					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.46	0.47	0.43					
2	Total Operating Expenses	\$49,475,601	\$54,135,451	\$49,683,361					
3	Total Gross Revenue	\$106,264,639	\$113,481,757	\$114,452,317					
4	Total Other Operating Revenue	\$681,293	\$496,271	\$543,474					
5	Private Payment to Cost Ratio	1.16	1.13	1.18					
6	Total Non-Government Payments	\$24,460,714	\$26,040,573	\$25,274,582					

		-SHARON HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009				
7	Total Uninsured Payments	\$589,716	\$278,909	\$690,151				
8	Total Non-Government Charges	\$47,707,723	\$51,268,176	\$51,095,457				
9	Total Uninsured Charges	\$3,053,966	\$3,267,059	\$2,841,994				
10	Medicare Payment to Cost Ratio	0.87	0.87	0.89				
11	Total Medicare Payments	\$20,790,988	\$22,595,415	\$21,343,986				
12	Total Medicare Charges	\$51,492,379	\$54,988,409	\$55,362,105				
13	Medicaid Payment to Cost Ratio	0.76	0.73	0.58				
14	Total Medicaid Payments	\$790,876	\$944,201	\$821,526				
15	Total Medicaid Charges	\$2,248,070	\$2,718,385	\$3,260,548				
16	Uncompensated Care Cost	\$1,357,809	\$2,044,048	\$1,461,984				
17	Charity Care	\$438,669	\$767,308	\$430,330				
18	Bad Debts	\$2,496,357	\$3,536,277	\$2,953,540				
19	Total Uncompensated Care	\$2,935,026	\$4,303,585	\$3,383,870				
20	Uncompensated Care % of Total Expenses	2.7%	3.8%	2.9%				
21	Total Operating Expenses	\$49,475,601	\$54,135,451	\$49,683,361				
E.	Liquidity Measures Summary							
1	Current Ratio	1.85	1.61	1.52				
2	Total Current Assets	\$12,179,151	\$10,114,947	\$10,672,270				
3	Total Current Liabilities	\$6,597,855	\$6,300,985	\$7,032,020				
4	Days Cash on Hand	0	0	0				
5	Cash and Cash Equivalents	\$0	\$0	\$0				
6	Short Term Investments	0	0	0				
7	Total Cash and Short Term Investments	\$0	\$0	\$0				
8	Total Operating Expenses	\$49,475,601	\$53,643,999	\$49,683,361				
9	Depreciation Expense	\$2,751,597	\$3,473,151	\$3,422,746				
10	Operating Expenses less Depreciation Expense	\$46,724,004	\$50,170,848	\$46,260,615				
11	Days Revenue in Patient Accounts Receivable	42.96	42.75	41.33				

	REPORT 185 - HOSPITAL FINANCIA	AL AND STATISTICAL	DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	<u> </u>	FY 2008	<u> </u>					
12	Net Patient Accounts Receivable	\$ 5,961,568	\$ 6,608,367	\$ 6,306,510					
13	Due From Third Party Payers	\$0	\$0	\$C					
14	Due To Third Party Payers	\$15,025	\$208,044	\$435,106					
	Total Net Patient Accounts Receivable and Third Party Payer		• • • • • • • • • • • • • • • • • • •	•					
15	Activity	\$ 5,946,543	\$ 6,400,323	\$ 5,871,404					
16	Total Net Patient Revenue	\$50,528,737	\$ 54,645,472	\$ 51,853,289					
17	Average Payment Period	51.54	45.84	55.48					
18	Total Current Liabilities	\$6,597,855	\$6,300,985	\$7,032,020					
19	Total Operating Expenses	\$49,475,601	\$53,643,999	\$49,683,361					
20	Depreciation Expense	\$2,751,597	\$3,473,151	\$3,422,746					
21	Total Operating Expenses less Depreciation Expense	\$46,724,004	\$50,170,848	\$46,260,615					
F.	Solvency Measures Summary								
1	Equity Financing Ratio	20.2	22.6	25.7					
2	Total Net Assets	\$11,400,566	\$13,094,068	\$15,453,591					
3	Total Assets	\$56,418,546	\$57,898,736	\$60,025,896					
4	Cash Flow to Total Debt Ratio	10.9	12.6	14.9					
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,734,429	\$1,673,117	\$2,713,402					
6	Depreciation Expense	\$2,751,597	\$3,473,151	\$3,422,746					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,486,026	\$5,146,268	\$6,136,148					
8	Total Current Liabilities	\$6,597,855	\$6,300,985	\$7,032,020					
9	Total Long Term Debt	\$34,408,057	\$34,387,500	\$34,037,500					
10	Total Current Liabilities and Total Long Term Debt	\$41,005,912	\$40,688,485	\$41,069,520					
11	Long Term Debt to Capitalization Ratio	75.1	72.4	68.8					
12	Total Long Term Debt	\$34,408,057	\$34,387,500	\$34,037,500					
13	Total Net Assets	\$11,400,566	\$13,094,068	\$15,453,591					
14	Total Long Term Debt and Total Net Assets	\$45,808,623	\$47,481,568	\$49,491,091					
15	Debt Service Coverage Ratio	3.6	2.8	3.4					
16	Excess Revenues over Expenses	\$1,734,429	\$1,673,117	\$2,713,402					
17	Interest Expense	\$1,729,608	\$2,918,034	\$2,032,328					
18	Depreciation and Amortization Expense	\$2,751,597	\$3,473,151	\$3,422,746					

		RON HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
. ,		ACTUAL	ACTUAL	ACTUAL				
	DESCRIPTION	FY 2007	FY 2008	FY 2009				
19	Principal Payments	\$0	\$0	\$350,000				
G.	Other Financial Ratios							
20	Average Age of Plant	3.7	3.9	4.8				
21	Accumulated Depreciation	\$10,264,761	\$13,448,037	\$16,284,093				
22	Depreciation and Amortization Expense	\$2,751,597	\$3,473,151	\$3,422,746				
H.	Utilization Measures Summary							
1	Patient Days	11,470	11,806	11,466				
2	Discharges	2,837	2,834	2,658				
3	ALOS	4.0	4.2	4.3				
4	Staffed Beds	47	47	47				
5	Available Beds	-	-	94				
6	Licensed Beds	94	94	94				
6	Occupancy of Staffed Beds	66.9%	68.8%	66.8%				
7	Occupancy of Available Beds	33.4%	34.4%	33.4%				
8	Full Time Equivalent Employees	290.1	283.0	255.3				
I.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	42.0%	42.3%	42.2%				
2	Medicare Gross Revenue Payer Mix Percentage	48.5%	48.5%	48.4%				
3	Medicaid Gross Revenue Payer Mix Percentage	2.1%	2.4%	2.8%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.5%	3.8%	4.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.9%	2.9%	2.5%				
6 7	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage Total Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1% 100.0%				
8	Non-Government Gross Revenue (Charges)	\$44,653,757	\$48,001,117	\$48,253,463				
9	Medicare Gross Revenue (Charges)	\$51,492,379	\$54,988,409	\$55,362,105				
10	Medicaid Gross Revenue (Charges)	\$2,248,070	\$2,718,385	\$3,260,548				
11	Other Medical Assistance Gross Revenue (Charges)	\$4,761,544	\$4,313,174	\$4,575,789				
12	Uninsured Gross Revenue (Charges)	\$3,053,966	\$3,267,059	\$2,841,994				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$54,923	\$193,613	\$158,418				
14	Total Gross Revenue (Charges)	\$106,264,639	\$113,481,757	\$114,452,317				
J.	Hospital Net Revenue Payer Mix Percentage							

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	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009				
2	Medicare Net Revenue Payer Mix Percentage	43.5%	44.2%	43.8%				
3	Medicaid Net Revenue Payer Mix Percentage	1.7%	1.8%	1.7%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	3.6%	2.7%	2.3%				
5	Uninsured Net Revenue Payer Mix Percentage	1.2%	0.5%	1.4%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.3%	0.3%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Net Revenue (Payments)	\$23,870,998	\$25,761,664	\$24,584,431				
9	Medicare Net Revenue (Payments)	\$20,790,988	\$22,595,415	\$21,343,986				
10	Medicaid Net Revenue (Payments)	\$790,876	\$944,201	\$821,526				
11	Other Medical Assistance Net Revenue (Payments)	\$1,696,283	\$1,380,693	\$1,143,893				
12	Uninsured Net Revenue (Payments)	\$589,716	\$278,909	\$690,151				
13	CHAMPUS / TRICARE Net Revenue Payments)	\$23,255	\$148,317	\$122,041				
14	Total Net Revenue (Payments)	\$47,762,116	\$51,109,199	\$48,706,028				
К.	Discharges							
1	Non-Government (Including Self Pay / Uninsured)	924	951	877				
2	Medicare	1,581	1,574	1,484				
3	Medical Assistance	332	298	295				
4	Medicaid	123	118	142				
5	Other Medical Assistance	209	180	153				
6	CHAMPUS / TRICARE	-	11	2				
7	Uninsured (Included In Non-Government)	78	79	72				
8	Total	2,837	2,834	2,658				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	1.106100	0.974900	1.029900				
2	Medicare	1.153400	1.159100	1.132200				
3	Medical Assistance	0.959067	0.856986	0.934078				
4	Medicaid	1.048900	0.934000	0.778900				
5	Other Medical Assistance	0.906200	0.806500	1.078100				
6	CHAMPUS / TRICARE	0.000000	0.529200	2.097100				
7	Uninsured (Included In Non-Government)	1.079200	0.946700	0.834800				
8	Total Case Mix Index	1.115252	1.063075	1.077183				
М.	Emergency Department Visits							
1	Emergency Room - Treated and Admitted	1,618	1,607	1,524				
2	Emergency Room - Treated and Discharged	14,386	14,756	14,489				
3	Total Emergency Room Visits	16,004	16,363	16,013				

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$1,832	\$1,832	0%
4	Outpatient Payments	\$0	\$422	\$422	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,832	\$1,832	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$422	\$422	0%
В.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0 \$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0 \$0	\$0	\$0	0%
5	Discharges	¢0 0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
U	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$18,376	\$129,512	\$111,136	605%
4	Outpatient Payments	\$5,477	\$26,603	\$21,126	386%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	4	105	101	2525%
8	Emergency Department Outpatient Visits	4	2	(2)	-50%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,376	\$129,512	\$111,136	605%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,477	\$26,603	\$21,126	386%

(1)	(2)	(3)	(4)	(5)	(6)
(1)	(-/	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$11,144	\$11,144	0%
2	Inpatient Payments	\$0	\$5,734	\$5,734	0%
3	Outpatient Charges	\$36	\$47,234	\$47,198	131106%
4	Outpatient Payments	\$0	\$9,791	\$9,791	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	4	4	0%
7	Outpatient Visits (Excludes ED Visits)	1	30	29	2900%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$36	\$58,378	\$58,342	162061%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$15,525	\$15,525	0%
Ε.	OTHER MEDICARE MANAGED CARE	• • • • • • • •	.	.	
1	Inpatient Charges	\$175,939	\$302,891	\$126,952	72%
2	Inpatient Payments	\$88,917	\$137,142	\$48,225	54%
3	Outpatient Charges	\$119,776	\$169,790	\$50,014	42%
4	Outpatient Payments	\$31,325	\$45,069	\$13,744	44%
5	Discharges	10	12	2	20%
6	Patient Days	50	78	28	56%
-	Outpatient Visits (Excludes ED Visits)	107	133	26	24%
8	Emergency Department Outpatient Visits	18	32	14	78%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$295,715	\$472,681	\$176,966	60%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$120,242	\$182,211	\$61,969	52%
-	OXFORD HEALTH PLANS, INC - MEDICARE ADVAN				
F .	Inpatient Charges	S0	\$58,336	\$58,336	0%
2	Inpatient Charges	\$0 \$0	\$2,604	\$2,604	0%
2	Outpatient Charges	\$0	\$2,604 \$5,133	\$2,604 \$3,295	
3	Outpatient Charges	\$1,838	هم (133) \$910	₅3,295 \$134	179% 17%
5	Discharges Patient Days	0	<u> </u>	2 13	0% 0%
6	Outpatient Days Outpatient Visits (Excludes ED Visits)		7		250%
	Emergency Department Outpatient Visits	2	<u> </u>	5 (3)	-100%
8		3	0	(3)	
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	-	\$63,469	\$61,631	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,838 \$776	<u>\$63,469</u> \$3,514	\$01,631 \$2,738	<u>3353%</u> 353%
	IUTAL INFATIENT & OUTPATIENT PATMENTS	\$116	ə 3 ,314	⊅ ∠,/38	303%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
				-	
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
	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%
	TOTĂL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Η.	WELLCARE OF CONNECTICUT	↑7 4 000	¢45 400	(\$50.450)	70%
1	Inpatient Charges	\$71,286	\$15,133	(\$56,153)	-79%
2	Inpatient Payments	\$25,805	\$5,889	(\$19,916)	-77%
3	Outpatient Charges	\$14,847	\$11,341	(\$3,506)	-24%
4	Outpatient Payments	\$1,010	\$4,250	\$3,240	321%
5	Discharges	3	1	(2)	-67%
	Patient Days	34	3	(31)	-91%
	Outpatient Visits (Excludes ED Visits)	9	4	(5)	-56%
8	Emergency Department Outpatient Visits	1	6	5	500%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$86,133	\$26,474	(\$59,659)	-69%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$26,815	\$10,139	(\$16,676)	-62%
I.	AETNA				
I. 1	Inpatient Charges	\$0	\$61,611	\$61,611	0%
2	Inpatient Payments	\$0 \$0	\$35,780	\$35,780	0%
2	Outpatient Charges	پر \$58,756	\$71,085	\$12,329	21%
-	Outpatient Charges	\$31,122	\$20,043	(\$11,079)	-36%
4 5	Discharges	په ٦٦,122 0	<u>φ20,043</u> 5	(\$11,079)	-30%
6	Patient Days	0	20	20	0%
-	Outpatient Visits (Excludes ED Visits)	48	52	4	8%
8	Emergency Department Outpatient Visits	40	<u> </u>	9	0%
	Emergency Department Inpatient Admissions	0	9	9	0%
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$58,756	\$132,696	\$73,940	126%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,756	\$55,823	\$73,940	79%
	TOTAL INFATIENT & OUTFATIENT FATMENTS	\$31,1ZZ	φ00,0Z0	φ 24 ,701	19%

(2)	(3) FY 2008	(4)	(5)	(6)
	F1 2000	FY 2009	AMÒÚNT	%
DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
HUMANA				
npatient Charges	\$0	\$0	\$0	0%
npatient Payments	\$0	\$0	\$0	0%
Outpatient Charges	\$0	\$20,765	\$20,765	0%
Outpatient Payments	\$0	\$4,986	\$4,986	0%
Discharges	0	0	0	0%
atient Days	0	0	0	0%
Outpatient Visits (Excludes ED Visits)	0	14	14	0%
mergency Department Outpatient Visits	0	6	6	0%
mergency Department Inpatient Admissions	0	0	0	0%
	\$0	\$20,765	\$20,765	0%
OTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$4,986	\$4,986	0%
				0%
				0%
				0%
		1		0%
		÷		0%
				0%
				0%
	-	-	-	0%
			-	0%
				0%
OTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	\$ 0	.	* 0	00/
				0%
				0%
				0%
				0%
	-	-	-	0%
				0%
				0%
			-	0%
mergency Department Inpatient Admissions				0%
				0%
	\$0	\$0	\$0	0%
	mergency Department Inpatient Admissions DTAL INPATIENT & OUTPATIENT CHARGES DTAL INPATIENT & OUTPATIENT PAYMENTS SECURE HORIZONS patient Charges patient Payments utpatient Payments utpatient Payments ischarges atient Days utpatient Visits (Excludes ED Visits) mergency Department Outpatient Visits mergency Department Inpatient Admissions DTAL INPATIENT & OUTPATIENT CHARGES DTAL INPATIENT & OUTPATIENT CHARGES DTAL INPATIENT & OUTPATIENT PAYMENTS INICARE LIFE & HEALTH INSURANCE patient Charges patient Payments utpatient Payments utpatient Payments ischarges atient Days utpatient Visits (Excludes ED Visits) mergency Department Outpatient Visits mergency Department Outpatient Visits mergency Department Inpatient Admissions DTAL INPATIENT & OUTPATIENT CHARGES DTAL INPATIENT & OUTPATIENT PAYMENTS	OTAL INPATIENT & OUTPATIENT CHARGES\$0OTAL INPATIENT & OUTPATIENT PAYMENTS\$0DESECURE HORIZONS\$0patient Charges\$0patient Payments\$0utpatient Charges\$0utpatient Payments\$0ischarges0atient Days0utpatient Visits (Excludes ED Visits)0mergency Department Outpatient Visits0OTAL INPATIENT & OUTPATIENT CHARGES\$0OTAL INPATIENT & OUTPATIENT CHARGES\$0UNICARE LIFE & HEALTH INSURANCE\$0patient Charges\$0utpatient Charges\$0utpatient Payments\$0utpatient Payments\$0utpatient Charges\$0patient Charges\$0patient Charges\$0utpatient Payments\$0utpatient Payments\$0utpatient Payments\$0utpatient Payments\$0utpatient Visits (Excludes ED Visits)0mergency Department Outpatient Visits0mergency Department Outpatient Visits0Mergency Department Outpatient Visits0Mergency Department Inpatient Admissions0OTAL INPATIENT & OUTPATIENT CHARGES\$0	DTAL INPATIENT & OUTPATIENT CHARGES\$0\$20,765DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$4,986DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$0patient Charges\$0\$0patient Charges\$0\$0utpatient Payments\$0\$0utpatient Payments\$0\$0sischarges00atient Days00utpatient Visits (Excludes ED Visits)00mergency Department Outpatient Visits00OTAL INPATIENT & OUTPATIENT CHARGES\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$0patient Charges\$0\$0\$0patient Charges\$0\$0\$0utpatient Payments\$0\$0\$0utpatient Payments\$0\$0\$0 <td>DTAL INPATIENT & OUTPATIENT CHARGES\$0\$20,765\$20,765DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$4,986\$4,986DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$0\$0patient Charges\$0\$0\$0\$0patient Charges\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0ischarges0000upatient Visits (Excludes ED Visits)000mergency Department Inpatient Admissions000OTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0patient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0patient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0</td>	DTAL INPATIENT & OUTPATIENT CHARGES\$0\$20,765\$20,765DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$4,986\$4,986DTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$0\$0patient Charges\$0\$0\$0\$0patient Charges\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0ischarges0000upatient Visits (Excludes ED Visits)000mergency Department Inpatient Admissions000OTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0patient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0DTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0patient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0upatient Payments\$0\$0\$0\$0

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
B.A.					
М . 1	UNIVERSAL AMERICAN Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0 \$0	<u> </u>	\$0	0%
3	Outpatient Charges	\$0 \$0	<u>\$0</u> \$0	\$0	0%
4	Outpatient Payments	\$0 \$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	\$304,144	\$105,084	(\$199,060)	-65%
2	Inpatient Payments	\$119,781	\$67,200	(\$52,581)	-44%
3	Outpatient Charges	\$150,614	\$184,809	\$34,195	23%
4	Outpatient Payments	\$40,857	\$72,680	\$31,823	78%
5	Discharges	13	7	(6)	-46%
6	Patient Days	76	23	(53)	-70%
7	Outpatient Visits (Excludes ED Visits)	581	462	(119)	-20%
8	Emergency Department Outpatient Visits	8	22	14	175%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$454,758	\$289,893	(\$164,865)	-36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$160,638	\$139,880	(\$20,758)	-13%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	* 554.000	*FFA AOO	¢0.000	40/
	TOTAL INPATIENT CHARGES	\$551,369 \$234,503	\$554,199 \$254,349	\$2,830 \$19,846	1% 8%
	TOTAL OUTPATIENT PATMENTS	\$364,243	\$641,501	\$19,848	76%
	TOTAL OUTPATIENT PAYMENTS	\$110,567	\$184,754	\$74,187	67%
	TOTAL DISCHARGES	26	28	2	8%
	TOTAL PATIENT DAYS	160	141	(19)	-12%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED			(10)	
	VISITS)	752	808	56	7%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	34	77	43	126%
	TOTAL EMERGENCY DEPARTMENT		-		
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$915,612	\$1,195,700	\$280,088	31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$345,070	\$439,103	\$94,033	27%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
А.	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
1	Inpatient Charges	\$478,979	\$53,998	(\$424,981)	-89%
2	Inpatient Payments	\$206,629	\$23,550	(\$183,079)	-89%
3	Outpatient Charges	\$673,798	\$250,275	(\$423,523)	-63%
4	Outpatient Payments	\$164,216	\$65,098	(\$99,118)	-60%
5	Discharges	62	φ00,000 9	(\$33,110)	-85%
6	Patient Days	150	16	(134)	-89%
7	Outpatient Visits (Excludes ED Visits)	633	146	(487)	-77%
8	Emergency Department Outpatient Visits	405	126	(279)	-69%
9	Emergency Department Inpatient Admissions	0	0	0	0%
•	TOTAL INPATIENT & OUTPATIENT		0		0,0
	CHARGES	\$1,152,777	\$304,273	(\$848,504)	-74%
	TOTAL INPATIENT & OUTPATIENT	<i>•••••••••••••••••••••••••••••••••••••</i>	*** • • • • •	(+++++,+++)	
	PAYMENTS	\$370,845	\$88,648	(\$282,197)	-76%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$75,923	\$347,367	\$271,444	358%
2	Inpatient Payments	\$55,923	\$143,757	\$87,834	157%
3	Outpatient Charges	\$93,095	\$824,721	\$731,626	786%
4	Outpatient Payments	\$22,689	\$212,935	\$190,246	838%
5	Discharges	10	44	34	340%
6	Patient Days	28	109	81	289%
7	Outpatient Visits (Excludes ED Visits)	32	558	526	1644%
8	Emergency Department Outpatient Visits	67	350	283	422%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$169,018	\$1,172,088	\$1,003,070	593%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$78,612	\$356,692	\$278,080	354%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$116,191	\$0	(\$116,191)	-100%
2	Inpatient Payments	\$30,361	\$0	(\$30,361)	-100%
3	Outpatient Charges	\$223,605	\$16,898	(\$206,707)	-92%
4	Outpatient Payments	\$54,496	\$6,537	(\$47,959)	-88%
5	Discharges	13	0	(13)	-100%
6	Patient Days	27	0	(27)	-100%
7	Outpatient Visits (Excludes ED Visits)	132	27	(105)	
8	Emergency Department Outpatient Visits	108	5	(103)	-95%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$339,796	\$16,898	(\$322,898)	-95%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$84,857	\$6,537	(\$78,320)	-92%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
					T
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$59,550	\$208,705	\$149,155	250%
2	Inpatient Payments	\$29,591	\$91,869	\$62,278	210%
3	Outpatient Charges	\$99,674	\$346,290	\$246,616	247%
4	Outpatient Payments	\$24,292	\$86,149	\$61,857	255%
5	Discharges	10	25	15	150%
6	Patient Days	21	63	42	200%
7	Outpatient Visits (Excludes ED Visits)	48	166	118	246%
8	Emergency Department Outpatient Visits	138	237	99	72%
9	Emergency Department Inpatient Admissions	0	0	0	0%
5	TOTAL INPATIENT & OUTPATIENT	0	0	0	070
	CHARGES	\$159,224	\$554,995	\$395,771	249%
	TOTAL INPATIENT & OUTPATIENT	\$1 3 5,224	ψυυτ,υυυ	4000,771	24370
	PAYMENTS	\$53,883	\$178,018	\$124,135	230%
		400,000	φ170,010	ψ124,133	23070
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$503	\$503	0%
4	Outpatient Payments	\$0	\$377	\$377	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
-	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$503	\$503	0%
	TOTAL INPATIENT & OUTPATIENT	• -	,		
	PAYMENTS	\$0	\$377	\$377	0%
	FIRST CHOICE OF CONNECTICUT,			4	
F.	PREFERRED ONE				
1	Inpatient Charges	\$26,566	\$0	(\$26,566)	-100%
2	Inpatient Payments	\$16,556	\$0 \$0	(\$16,556)	
3	Outpatient Charges	\$8,170	\$0 \$0	(\$8,170)	
4	Outpatient Payments	\$1,991	\$0 \$0	(\$1,991)	
5	Discharges	3	0 0	(3)	
6	Patient Days	5	0	(5)	
7	Outpatient Visits (Excludes ED Visits)	15	0	(15)	
8	Emergency Department Outpatient Visits	6	0	(13)	

ACTUAL ACTU 9 Emergency Department Inpatient Admissions 0 TOTAL INPATIENT & OUTPATIENT 0 CHARGES \$34,736 TOTAL INPATIENT & OUTPATIENT \$18,547 G. UNITED HEALTHCARE 1 1 Inpatient Charges \$0 2 Inpatient Payments \$0	2009 JAL 0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,335	AMOUNT DIFFERENCE 0 (\$34,736) (\$18,547) \$0	% DIFFERENCE 0% -100% -100%
9 Emergency Department Inpatient Admissions 0 7 TOTAL INPATIENT & OUTPATIENT \$34,736 CHARGES \$34,736 TOTAL INPATIENT & OUTPATIENT \$18,547 PAYMENTS \$18,547 G. UNITED HEALTHCARE 1 Inpatient Charges \$0 2 Inpatient Payments \$0 3 Outpatient Charges \$0 4 Outpatient Payments \$0 5 Discharges 0	0 \$0 \$0 \$0 \$0	0 (\$34,736) (\$18,547)	0% -100%
TOTAL INPATIENT & OUTPATIENT \$34,736 CHARGES \$34,736 TOTAL INPATIENT & OUTPATIENT \$18,547 PAYMENTS \$18,547 G. UNITED HEALTHCARE 1 Inpatient Charges 2 Inpatient Payments 3 Outpatient Charges 4 Outpatient Payments 5 Discharges	\$0 \$0 \$0 \$0	(\$34,736) (\$18,547)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES \$34,736 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$18,547 G. UNITED HEALTHCARE 1 Inpatient Charges \$0 2 Inpatient Payments \$0 3 Outpatient Charges \$0 4 Outpatient Payments \$0 5 Discharges 0	\$0 \$0 \$0 \$0	(\$34,736) (\$18,547)	-100%
CHARGES\$34,736TOTAL INPATIENT & OUTPATIENT PAYMENTS\$18,547G.UNITED HEALTHCARE1Inpatient Charges2Inpatient Payments3Outpatient Charges4Outpatient Payments5Discharges00	\$0 \$0 \$0	(\$18,547)	
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$18,547 G. UNITED HEALTHCARE \$18,547 1 Inpatient Charges \$0 2 Inpatient Payments \$0 3 Outpatient Charges \$0 4 Outpatient Payments \$0 5 Discharges 0	\$0 \$0 \$0	(\$18,547)	
PAYMENTS\$18,547G.UNITED HEALTHCARE1Inpatient Charges2Inpatient Payments3Outpatient Charges4Outpatient Payments5Discharges00	\$0 \$0		-100%
G.UNITED HEALTHCARE1Inpatient Charges2Inpatient Payments3Outpatient Charges4Outpatient Payments5Discharges00	\$0 \$0		-100%
1Inpatient Charges\$02Inpatient Payments\$03Outpatient Charges\$04Outpatient Payments\$05Discharges0	\$0	\$0	
1Inpatient Charges\$02Inpatient Payments\$03Outpatient Charges\$04Outpatient Payments\$05Discharges0	\$0	\$0	
2Inpatient Payments\$03Outpatient Charges\$0\$4Outpatient Payments\$05Discharges0	\$0		0%
3Outpatient Charges\$0\$4Outpatient Payments\$05Discharges0		\$0	0%
4Outpatient Payments\$05Discharges0		\$1,335	0%
5 Discharges 0	\$375	\$375	0%
	0	0	0%
	0	0	0%
7 Outpatient Visits (Excludes ED Visits) 0	3	3	0%
8 Emergency Department Outpatient Visits 0	1	1	0%
9 Emergency Department Inpatient Admissions 0	0	0	0%
TOTAL INPATIENT & OUTPATIENT	Ű		070
	\$1,335	\$1,335	0%
TOTAL INPATIENT & OUTPATIENT	\$1,000	\$1,000	0,10
PAYMENTS \$0	\$375	\$375	0%
H. AETNA	10.010	<u> </u>	
	12,013	\$212,013	0%
	73,738	\$73,738	0%
	38,038	\$138,038	0%
	39,802	\$39,802	0%
5 Discharges 0	23	23	0%
6 Patient Days 0	54	54	0%
7 Outpatient Visits (Excludes ED Visits) 0	84	84	0%
8 Emergency Department Outpatient Visits 0	54	54	0%
9 Emergency Department Inpatient Admissions 0 TOTAL INPATIENT & OUTPATIENT	0	0	0%
	50.054	¢250.054	0%
TOTAL INPATIENT & OUTPATIENT	50,051	\$350,051	U%
	13,540	\$113,540	0%
II. TOTAL MEDICAID MANAGED CARE	r		
TOTAL INPATIENT CHARGES \$757,209 \$82	22,083	\$64,874	9%
	32,914	(\$6,146)	-2%
	78,060	\$479,718	44%
	11,273	\$143,589	54%
TOTAL DISCHARGES 98	101	3	3%
TOTAL PATIENT DAYS 231	242	11	5%
TOTAL OUTPATIENT VISITS			0,0
(EXCLUDES ED VISITS) 860	985	125	15%
TOTAL EMERGENCY DEPARTMENT			
OUTPATIENT VISITS 724	773	49	7%
TOTAL EMERGENCY DEPARTMENT		10	. 70
INPATIENT ADMISSIONS 0	0	0	0%
TOTAL INPATIENT & OUTPATIENT	-	•	
	00,143	\$544,592	29%
TOTAL INPATIENT & OUTPATIENT	.,	·····	
	44,187	\$137,443	23%

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

	SHARON HOSPITAL HOLDING CO, INC.						
	TWELVE	E MONTHS ACTUAL FILIN	IG				
	FISCAL YEAR 2009						
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2008	FY 2009	AMOUNT	%		
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE		
I.	ASSETS						
Α.	Current Assets:						
1	Cash and Cash Equivalents	\$0	\$0	\$0	0%		
2	Short Term Investments	\$0	\$0	\$0	0%		
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$6,656,193	\$6,542,170	(\$114,023)	-2%		
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%		
5	Due From Affiliates	\$0	\$0	\$0 \$0	0%		
6	Due From Third Party Payers	\$0	\$0	\$0	0%		
7	Inventories of Supplies	\$1,134,838	\$1,140,534	\$5.696	1%		
. 8	Prepaid Expenses	\$1,173,737	\$1,526,863	\$353,126	30%		
9	Other Current Assets	\$1,198,005	\$1,707,366	\$509,361	43%		
	Total Current Assets	\$10,162,773	\$10,916,933	\$754,160	7%		
В.	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%		
	Other Noncurrent Assets Whose Use is	A 0	•	\$ 0			
4	Limited Total Noncurrent Assets Whose Use is	\$0	\$0	\$0	0%		
	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	\$2,805,449	\$5,731,597	\$2,926,148	104%		
C.	Net Fixed Assets:						
1	Property, Plant and Equipment	\$56,810,980	\$57,287,531	\$476,551	1%		
2	Less: Accumulated Depreciation	\$13,550,284	\$16,518,636	\$2,968,352	\$0		
	Property, Plant and Equipment, Net	\$43,260,696	\$40,768,895	(\$2,491,801)	-6%		
3	Construction in Progress	\$162,764	\$235,793	\$73,029	45%		
	Total Net Fixed Assets	\$43,423,460	\$41,004,688	(\$2,418,772)	-6%		
	Total Assets	\$56,391,682	\$57,653,218	\$1,261,536	2%		
		\$JU,J91,002	φ07,000,218	φ1,201,330	2%		

	SHARON H	OSPITAL HOLDING CO,	INC.				
	TWELVE MONTHS ACTUAL FILING						
		FISCAL YEAR 2009					
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %		
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE		
١١.	LIABILITIES AND NET ASSETS						
Α.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$2,293,783	\$1,983,168	(\$310,615)	-14%		
2	Salaries, Wages and Payroll Taxes	\$2,711,261	\$3,690,101	\$978,840	36%		
3	Due To Third Party Payers	\$208,044	\$435,106	\$227,062	109%		
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	\$1,146,567	\$956,509	(\$190,058)	-17%		
7	Other Current Liabilities	\$0	\$0	\$0	0%		
	Total Current Liabilities	\$6,359,655	\$7,064,884	\$705,229	11%		
В.	Long Term Debt:_						
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%		
2	Notes Payable (Net of Current Portion)	\$34,387,500	\$34,037,500	(\$350,000)	-1%		
	Total Long Term Debt	\$34,387,500	\$34,037,500	(\$350,000)	-1%		
3	Accrued Pension Liability	\$1,270,000	\$1,407,000	\$137,000	11%		
4	Other Long Term Liabilities	\$2,845,183	\$2,094,785	(\$750,398)	-26%		
	Total Long Term Liabilities	\$38,502,683	\$37,539,285	(\$963,398)	-3%		
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$11,529,344	\$13,049,049	\$1,519,705	13%		
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%		
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%		
	Total Net Assets	\$11,529,344	\$13,049,049	\$1,519,705	13%		
	Total Liabilities and Net Assets	\$56,391,682	\$57,653,218	\$1,261,536	2%		

		MONTHS ACTUAL I	-						
		FISCAL YEAR 2009							
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION (1) (2) (2) (2) (4) (5)									
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %				
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$114,704,910	\$119,040,764	\$4,335,854	4%				
2	Less: Allowances	\$58,413,494	\$64,299,694	\$5,886,200	10%				
3	Less: Charity Care	\$767,308	\$430,330	(\$336,978)	-44%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$55,524,108	\$54,310,740	(\$1,213,368)	-2%				
5	Other Operating Revenue	\$671,644	\$543,474	(\$128,170)	-19%				
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%				
	Total Operating Revenue	\$56,195,752	\$54,854,214	(\$1,341,538)	-2%				
в.	Operating Expenses:								
1	Salaries and Wages	\$17,824,032	\$17,820,772	(\$3,260)	0%				
2	Fringe Benefits	\$4,066,438	\$3,452,342	(\$614,096)	-15%				
3	Physicians Fees	\$1,323,821	\$1,276,543	(\$47,278)	-4%				
4	Supplies and Drugs	\$6,339,785	\$6,139,169	(\$200,616)	-3%				
5	Depreciation and Amortization	\$3,568,388	\$3,555,043	(\$13,345)	0%				
6	Bad Debts	\$3,827,007	\$2,882,152	(\$944,855)	-25%				
7	Interest	\$2,918,034	\$2,032,328	(\$885,706)	-30%				
8	Malpractice	\$946,848	\$687,844	(\$259,004)	-27%				
9	Other Operating Expenses	\$15,128,465	\$15,134,438	\$5,973	0%				
	Total Operating Expenses	\$55,942,818	\$52,980,631	(\$2,962,187)	-5%				
	Income/(Loss) From Operations	\$252,934	\$1,873,583	\$1,620,649	641%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$0	\$0	\$0	0%				
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%				
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%				
	Total Non-Operating Revenue	\$0	\$0	\$0	0%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$252,934	\$1,873,583	\$1,620,649	641%				
	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	\$252,934	\$1,873,583	\$1,620,649	641%				

	SHARON HOSPITAL HO	LDING CO, INC.								
	TWELVE MONTHS AC									
	FISCAL YEA	R 2009								
	REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)						
		ACTUAL	ACTUAL	ACTUAL						
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009						
Α.	Parent Corporation Statement of Operations Summary									
1	Net Patient Revenue	\$50,528,737	\$55,524,108	\$54,310,740						
2	Other Operating Revenue	681,293	671,644	543,474						
3	Total Operating Revenue	\$51,210,030	\$56,195,752	\$54,854,214						
4	Total Operating Expenses	49,475,601	55,942,818	52,980,631						
5	Income/(Loss) From Operations	\$1,734,429	\$252,934	\$1,873,583						
6	Total Non-Operating Revenue	0	0	0						
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,734,429	\$252,934	\$1,873,583						
В.	Parent Corporation Profitability Summary									
1	Parent Corporation Operating Margin	3.39%	0.45%	3.42%						
2	Parent Corporation Non-Operating Margin	0.00%	0.00%	0.00%						
3	Parent Corporation Total Margin	3.39%	0.45%	3.42%						
4	Income/(Loss) From Operations	\$1,734,429	\$252,934	\$1,873,583						
5	Total Operating Revenue	\$51,210,030	\$56,195,752	\$54,854,214						
6	Total Non-Operating Revenue	\$0	\$0	\$0						
7	Total Revenue	\$51,210,030	\$56,195,752	\$54,854,214						
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,734,429	\$252,934	\$1,873,583						
C.	Parent Corporation Net Assets Summary									
1	Parent Corporation Unrestricted Net Assets	\$11,400,566	\$11,529,344	\$13,049,049						
2	Parent Corporation Total Net Assets	\$11,400,566	\$11,529,344	\$13,049,049						
3	Parent Corporation Change in Total Net Assets	\$11,400,566	\$128,778	\$1,519,705						
4	Parent Corporation Change in Total Net Assets %	0.0%	1.1%	13.2%						

	SHARON HOSPITAL HO	DLDING CO, INC.						
	TWELVE MONTHS AG	CTUAL FILING						
	FISCAL YE	AR 2009						
	REPORT 385 - PARENT CORPORATION CONS	OLIDATED FINANCIAL	DATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	<u> </u>	<u> </u>	<u> </u>				
D.	Liquidity Measures Summary							
1	Current Ratio	1.85	1.60	1.55				
2	Total Current Assets	\$12,179,151	\$10,162,773	\$10,916,933				
3	Total Current Liabilities	\$6,597,855	\$6,359,655	\$7,064,884				
4	Days Cash on Hand	0	0	0				
5	Cash and Cash Equivalents	\$0	\$0	\$0				
6	Short Term Investments	0	0	0				
7	Total Cash and Short Term Investments	\$0	\$0	\$0				
8	Total Operating Expenses	\$49,475,601	\$55,942,818	\$52,980,631				
9	Depreciation Expense	\$2,751,597	\$3,568,388	\$3,555,043				
10	Operating Expenses less Depreciation Expense	\$46,724,004	\$52,374,430	\$49,425,588				
11	Days Revenue in Patient Accounts Receivable	43	42	41				
12	Net Patient Accounts Receivable	\$ 5,961,568	\$ 6,656,193	\$ 6,542,170				
13	Due From Third Party Payers	\$0	\$0	\$0				
14	Due To Third Party Payers	\$15,025	\$208,044	\$435,106				
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 5,946,543	\$ 6,448,149	\$ 6,107,064				
16	Total Net Patient Revenue	\$50,528,737	\$55,524,108	\$54,310,740				
17	Average Payment Period	52	44	52				
18	Total Current Liabilities	\$6,597,855	\$6,359,655	\$7,064,884				
19	Total Operating Expenses	\$49,475,601	\$55,942,818	\$52,980,631				
20	Depreciation Expense	\$2,751,597	\$3,568,388	\$3,555,043				
21	Total Operating Expenses less Depreciation Expense	\$46,724,004	\$52,374,430	\$49,425,588				

	SHARON HOSPITAL HOLD	ING CO, INC.							
	TWELVE MONTHS ACTU	IAL FILING							
	FISCAL YEAR	2009							
	REPORT 385 - PARENT CORPORATION CONSOLI	DATED FINANCIAL D	ATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u> </u>	<u>FY 2008</u>	FY 2009					
E.	Solvency Measures Summary								
1	Equity Financing Ratio	20.2	20.4	22.6					
2	Total Net Assets	\$11,400,566	\$11,529,344	\$13,049,049					
3	Total Assets	\$56,418,546	\$56,391,682	\$57,653,218					
4	Cash Flow to Total Debt Ratio	10.9	9.4	13.2					
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,734,429	\$252,934	\$1,873,583					
6	Depreciation Expense	\$2,751,597	\$3,568,388	\$3,555,043					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,486,026	\$3,821,322	\$5,428,626					
8	Total Current Liabilities	\$6,597,855	\$6,359,655	\$7,064,884					
9	Total Long Term Debt	\$34,408,057	\$34,387,500	\$34,037,500					
10	Total Current Liabilities and Total Long Term Debt	\$41,005,912	\$40,747,155	\$41,102,384					
11	Long Term Debt to Capitalization Ratio	75.1	74.9	72.3					
12	Total Long Term Debt	\$34,408,057	\$34,387,500	\$34,037,500					
13	Total Net Assets	\$11,400,566	\$11,529,344	\$13,049,049					
14	Total Long Term Debt and Total Net Assets	\$45,808,623	\$45,916,844	\$47,086,549					

	ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009					
	BEDOD	T 400 - HOSPITAL INF				
	REPOR	1 400 - HOSPITAL INF	ATIENT BED UTILIZ	LATION BY DEPART		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				.,	OCCUPANCY	OCCUPANCY
		PATIENT	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
INE	DESCRIPTION	DAYS	BEDS (A)	BEDS	BEDS (A)	<u>BEDS</u>
4	A duit Mardine I/Oursele et	5 570	00	47	00.40/	00.5
1	Adult Medical/Surgical	5,572	22	47	69.4%	32.59
2	ICU/CCU (Excludes Neonatal ICU)	1,726	5	11	94.6%	43.0
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0
	Psychiatric: Ages 18+	2,987	12	12	68.2%	68.2
	TOTAL PSYCHIATRIC	2,987	12	12	68.2%	68.2
5	Rehabilitation	0	0	0	0.0%	0.0
6	Maternity	672	4	8	46.0%	23.0
7	Newborn	509	4	16	34.9%	8.7
8	Neonatal ICU	0	0	0	0.0%	0.0
9	Pediatric	0	0	0	0.0%	0.0
10	Other	0	0	0	0.0%	0.0
	TOTAL EXCLUDING NEWBORN	10,957	43	78	69.8%	38.5
	TOTAL INPATIENT BED UTILIZATION	11,466	47	94	66.8%	33.4
	TOTAL INPATIENT REPORTED YEAR	11,466	47	94	66.8%	33.4
	TOTAL INPATIENT PRIOR YEAR	11,806	47	94	68.8%	34.4
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-340	0	0	-2.0%	-1.0
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	0%	0%	-3%	-3
	Total Licensed Beds and Bassinets	94				

	ESSE	NT-SHARON HOSPI	TAL			
	TWELVE	E MONTHS ACTUAL I				
		FISCAL YEAR 2009				
	REPORT 450 - HOSPITAL INPATIENT AN	ND OUTPATIENT OTH	IER SERVICES UTIL	IZATION AND FTE	6	
(1)	(1) (2) (3) (4) (5)					
(1)	(2)	(3)	(+)	(3)	(6)	
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE	
Α.	CT Scans (A) Inpatient Scans	c07	574	20	<u> </u>	
1	Outpatient Scans (Excluding Emergency Department	607	571	-36	-6%	
2	Scans)	3,165	2,289	-876	-28%	
3	Emergency Department Scans	1,601	2,993	1,392	87%	
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%	
	Total CT Scans	5,373	5,853	480	9%	
	MRI Scans (A) Inpatient Scans	200	202	14	E0/	
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	289	303	14	5%	
2	Scans)	1,999	1,710	-289	-14%	
3	Emergency Department Scans	30	48	18	60%	
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%	
	Total MRI Scans	2,318	2,061	-257	-11%	
C.	PET Scans (A)					
<u> </u>	Inpatient Scans	0	0	0	0%	
	Outpatient Scans (Excluding Emergency Department		0	0	0,0	
2	Scans)	0	0	0	0%	
	Emergency Department Scans	0	0	0	0%	
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%	
	Total PET Scans	0	0	0	0%	
D.	PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%	
	Outpatient Scans (Excluding Emergency Department					
2	Scans)	0	0	0	0%	
3	Emergency Department Scans	0	0	0	0%	
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0	0	0	0% 0%	
		0	•	0	070	
	(A) If the Hospital is not the primary provider of the	se scans, the Hospita	al must obtain the fi	scal year		
	volume of each of these types of scans from the					
Ε.	Linear Accelerator Procedures				00/	
1	Inpatient Procedures	0	0	0	0%	
2	Outpatient Procedures Total Linear Accelerator Procedures	0	0	0	0% 0%	
		0	U	0	0 /0	
F.	Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%	
2	Outpatient Procedures	0	0	0	0%	
	Total Cardiac Catheterization Procedures	0	0	0	0%	
G.	Cardiac Angioplasty Procedures					
	Primary Procedures	0	0	0	0%	
2	Elective Procedures	0	0	0	0%	
	Total Cardiac Angioplasty Procedures	0	0	0	0%	
-	Electrophysiology Studies		-	-		
1	Inpatient Studies Outpatient Studies	0	0	0	<u> </u>	
	Total Electrophysiology Studies	0	0	0	<u> </u>	
					070	
١.	Surgical Procedures					
1	Inpatient Surgical Procedures	547	507	-40	-7%	
2	Outpatient Surgical Procedures	1,508	1,522	14	1%	
	Total Surgical Procedures	2,055	2,029	-26	-1%	
<u> </u>						

		NT-SHARON HOSPITA						
	TWELVE	MONTHS ACTUAL FI	LING					
		FISCAL YEAR 2009						
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
(1)	(2)	(3)	(4)	(5)	(6)			
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE			
J.	Endoscopy Procedures							
1	Inpatient Endoscopy Procedures	100	127	27	27%			
2	Outpatient Endoscopy Procedures	1,151	1,040	-111	-10%			
	Total Endoscopy Procedures	1,251	1,167	-84	-7%			
Κ.	Hospital Emergency Room Visits							
1	Emergency Room Visits: Treated and Admitted	1,607	1,524	-83	-5%			
2	Emergency Room Visits: Treated and Discharged	14,756	14,489	-267	-2%			
	Total Emergency Room Visits	16,363	16,013	-350	-2%			
L.	Hospital Clinic Visits							
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%			
	Dental Clinic Visits	0	0	0	0%			
	Psychiatric Clinic Visits	0	0	0	0%			
4	Medical Clinic Visits	0	0	0	0%			
5	Specialty Clinic Visits	0	0	0	0%			
	Total Hospital Clinic Visits	0	0	0	0%			
М.	Other Hospital Outpatient Visits							
1	Rehabilitation (PT/OT/ST)	9,240	10,243	1,003	11%			
2	Cardiology	3,068	5,532	2,464	80%			
	Chemotherapy	704	721	17	2%			
4	Gastroenterology	0	0	0	0%			
5	Other Outpatient Visits	47,084	49,232	2,148	5%			
	Total Other Hospital Outpatient Visits	60,096	65,728	5,632	9%			
N.	Hospital Full Time Equivalent Employees							
1 1	Total Nursing FTEs	90.0	81.3	-8.7	-10%			
2	Total Physician FTEs	0.0	0.0	0.0	-10/8			
2	Total Non-Nursing and Non-Physician FTEs	193.0	174.0	-19.0	-10%			
5	Total Hospital Full Time Equivalent Employees	283.0	255.3	-19.0 -27.7	-10%			
		203.0	233.3	-21.1	-10/0			

	ESSENT-SHAF	RON HOSPITAL							
	TWELVE MONTH		NG						
		YEAR 2009							
REP	ORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EN	IERGENCY RO	OM SERVICES	BY LOCATION				
(1)	(2)	(3)	(4)	(5)	(6)				
					<u> </u>				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	<u> </u>	<u> </u>	DIFFERENCE	DIFFERENCE				
Α.	Outpatient Surgical Procedures								
1	Sharon Hospital	1.508	1.522	14	1%				
	Total Outpatient Surgical Procedures(A)	1,508	1,522	14	1%				
В.	Outpatient Endoscopy Procedures								
1	Sharon Hospital	1,151	1,040	-111	-10%				
	Total Outpatient Endoscopy Procedures(B)	1,151	1,040	-111	-10%				
C.	Outpatient Hospital Emergency Room Visits								
1	Sharon Hospital	14,756	14,489	-267	-2%				
	Total Outpatient Hospital Emergency Room Visits(14,756	14,489	-267	-2%				
	(A) Must agree with Total Outpatient Surgical Procedur	es on Report 45	50.		<u> </u>				
		•							
	(B) Must agree with Total Outpatient Endoscopy Proce	dures on Repor	t 450.						
	(C) Must agree with Emergency Room Visits Treated an	nd Discharged o	on Report 450.						

		SHARON HOSPITAL			
	TWELVE MO	NTHS ACTUAL FILING			
	FI	SCAL YEAR 2009			
	REPORT FORM 500 - CALCUL	ATION OF DSH UPPER F	PAYMENT LIN	ЛТ	
	AND BASELINE UNDERPAY				
		IENT DATA. COMPARAT	IVE ANALIS	513	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u> </u>	FY 2009	DIFFERENCE	DIFFERENCE
Ι.	DATA BY MAJOR PAYER CATEGORY				
Α.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$30,381,027	\$30,497,030	\$116,003	0%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,026,498	\$14,932,749	(\$1,093,749)	-7%
_	INPATIENT PAYMENTS / INPATIENT CHARGES	52.75%	48.96%	-3.79%	-7%
4	DISCHARGES	1,574	1,484	(90)	-6%
5	CASE MIX INDEX (CMI)	1.15910	1.13220	(0.02690)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,824.42340	1,680.18480	(144.23860)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,784.42	\$8,887.56	\$103.15	1%
8	PATIENT DAYS	8,263	8,001	(262)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,939.55	\$1,866.36	(\$73.19)	-4%
10	AVERAGE LENGTH OF STAY	5.2	5.4	0.1	3%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,607,382	\$24,865,075	\$257,693	1%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,568,917	\$6,411,237	(\$157,680)	-2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.69%	25.78%	-0.91%	-3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	81.00%	81.53%	0.54%	1%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,274.87525	1,209.94639	(64.92886)	-5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,152.60	\$5,298.78	\$146.18	3%
-	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$54,988,409	\$55,362,105	\$373,696	1%
18	TOTAL ACCRUED PAYMENTS	\$22,595,415	\$21,343,986	(\$1,251,429)	-6%
19	TOTAL ALLOWANCES	\$32,392,994	\$34,018,119	\$1,625,125	5%
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	ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009							
<u> </u>	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYMENT DA	ATA: COMPARAT	IVE ANALYS	512				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2008	<u>FY 2009</u>	DIFFERENCE	<u>DIFFERENCE</u>			
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)							
	NON-GOVERNMENT INPATIENT							
-	INPATIENT ACCRUED CHARGES	\$14,764,089	\$14,751,232	(\$12,857)	0%			
_	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,479,431	\$6,924,284	(\$555,147)	-7%			
-	INPATIENT PAYMENTS / INPATIENT CHARGES	50.66%	46.94%	-3.72%	-7%			
	DISCHARGES	951	877	(74)	-8%			
	CASE MIX INDEX (CMI)	0.97490	1.02990	0.05500	6%			
	CASE MIX ADJUSTED DISCHARGES (CMAD)	927.12990	903.22230	(23.90760)	-3%			
	INPATIENT ACCRUED PAYMENT / CMAD	\$8,067.30	\$7,666.20	(\$401.09)	-5%			
-	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$717.12	\$1,221.36	\$504.24	70%			
-	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$664,866	\$1,103,161	\$438,296	66%			
	PATIENT DAYS	2,626	2,612	(14)	-1%			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,848.22	\$2,650.95	(\$197.27)	-7%			
12	AVERAGE LENGTH OF STAY	2.8	3.0	0.2	8%			
	NON-GOVERNMENT OUTPATIENT							
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$36,504,087	\$36,344,225	(\$159,862)	0%			
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,561,142	\$18,350,298	(\$139,802)	-1%			
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.85%	50.49%	-0.36%	-1%			
	OUTPATIENT CHARGES / INPATIENT CHARGES	247.25%	246.38%	-0.87%	0%			
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,351.33957	2,160.76090	(190.57867)	-8%			
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,893.86	\$8,492.52	\$598.66	8%			
	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,741.26)	(\$3,193.74)	(\$452.48)	17%			
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,445,639)	(\$6,900,906)	(\$455,267)	7%			
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)							
	TOTAL ACCRUED CHARGES	\$51,268,176	\$51,095,457	(\$172,719)	0%			
	TOTAL ACCRUED PAYMENTS	\$26,040,573	\$25,274,582	(\$765,991)	-3%			
23	TOTAL ALLOWANCES	\$25,227,603	\$25,820,875	\$593,272	2%			
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,780,774)	(\$5,797,745)	(\$16,971)	0%			
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA							
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$51,268,176	\$51,095,456	(\$172,720)	0%			
-	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$31,211,776	\$29,524,736	(\$1,687,040)	-5%			
-	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)		,	(
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$20,056,400	\$21,570,720	\$1,514,320	8%			
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.12%	42.22%	3.10%				

	ESSENT-SH/	ARON HOSPITAL			
	TWELVE MONT	HS ACTUAL FILING			
	FISC	AL YEAR 2009			
	REPORT FORM 500 - CALCULAT	ION OF DSH UPPER P	PAYMENT LI	ИГ	
	AND BASELINE UNDERPAYMEN			SIS	
		ACTUAL	ACTUAL	AMOUNT	%
	DEGODIDITION				
LINE	DESCRIPTION	<u> </u>	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
<u>с</u> .	UNINSURED				
1	UNINSURED INPATIENT INPATIENT ACCRUED CHARGES	\$959,783	\$850,966	(\$108,817)	-119
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$54,210	\$83,830	\$29,620	559
	INPATIENT PAYMENTS / INPATIENT CHARGES	5.65%	9.85%	4.20%	749
•	DISCHARGES	79	72	(7)	-99
	CASE MIX INDEX (CMI)	0.94670	0.83480	(0.11190)	-12
	CASE MIX ADJUSTED DISCHARGES (CMAD)	74.78930	60.10560	(14.68370)	-20
7	INPATIENT ACCRUED PAYMENT / CMAD	\$724.84	\$1,394.71	\$669.88	92
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7.342.46	\$6,271,49	(\$1,070,97)	-15
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,059.58	\$7,492.85	(\$566.73)	-7
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$602,770	\$450,362	(\$152,408)	-25
11	PATIENT DAYS	210	205	(5)	-2
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$258.14	\$408.93	\$150.78	58
13	AVERAGE LENGTH OF STAY	2.7	2.8	0.2	7'
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,307,276	\$1,991,028	(\$316,248)	-14
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$224.699	\$606.321	\$381,622	170
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9,74%	30.45%	20.71%	213
	OUTPATIENT CHARGES / INPATIENT CHARGES	240.40%	233.97%	-6.42%	-3
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	189.91252	168.46033	(21.45218)	-11
-	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,183.17	\$3,599.19	\$2,416.02	204
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,710.69	\$4,893.33	(\$1,817.36)	-27
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,969,42	\$1,699,59	(\$2,269,84)	-57
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$753,843	\$286,313	(\$467,531)	-62
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$3,267,059	\$2,841,994	(\$425,065)	-13'
24	TOTAL ACCRUED PAYMENTS	\$278,909	\$690,151	\$411,242	147
25	TOTAL ALLOWANCES	\$2,988,150	\$2,151,843	(\$836,307)	-28
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,356,614	\$736,675	(\$619,939)	-46

	ESSENT-S	HARON HOSPITAL			
	TWELVE MON	ITHS ACTUAL FILING			
	FIS	CAL YEAR 2009			
	REPORT FORM 500 - CALCULA	TION OF DSH UPPER F	PAYMENT LIN	літ	
	AND BASELINE UNDERPAYM				
		LINT DATA. COMPARAT	IVE ANALIS	515	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u> </u>	FY 2009	DIFFERENCE	<u>DIFFERENCE</u>
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT INPATIENT ACCRUED CHARGES	0051 500	\$4 000 TO 1	0.47.100	
	INPATIENT ACCRUED CHARGES INPATIENT ACCRUED PAYMENTS (IP PMT)	\$951,599	\$1,298,721	\$347,122	36%
	INPATIENT ACCRUED PAYMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES	\$461,987 48,55%	\$362,892 27.94%	(\$99,095) -20.61%	-219 -429
•	DISCHARGES	48.55%	27.94%	-20.61%	-429
	CASE MIX INDEX (CMI)	0.93400	0.77890	(0.15510)	-179
	CASE MIX ADJUSTED DISCHARGES (CMAD)	110.21200	110.60380	0.39180	-177
-	INPATIENT ACCRUED PAYMENT / CMAD	\$4,191.80	\$3,281.01	(\$910.79)	-22%
	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,875.49	\$4,385.19	\$509.70	139
-	MEDICARE - MEDICAID IP PMT / CMAD	\$4,592.62	\$5,606.56	\$1,013.94	22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$506,161	\$620,106	\$113,945	23%
11	PATIENT DAYS	303	360	57	19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,524.71	\$1,008.03	(\$516.68)	-34%
13	AVERAGE LENGTH OF STAY	2.6	2.5	(0.0)	-1%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,766,786	\$1,961,827	\$195,041	119
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$482,214	\$458,634	(\$23,580)	-5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.29%	23.38%	-3.92%	-149
17	OUTPATIENT CHARGES / INPATIENT CHARGES	185.66%	151.06%	-34.61%	-19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	219.08466	214.50291	(4.58175)	-29
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,201.04	\$2,138.12	(\$62.91)	-3%
	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,692.82	\$6,354.39	\$661.57	12%
	MEDICARE - MEDICAID OP PMT / OPED	\$2,951.56	\$3,160.65	\$209.10	79
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$646,641	\$677,969	\$31,328	5%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,718,385	\$3,260,548	\$542,163	20%
24	TOTAL ACCRUED PAYMENTS	\$944,201	\$821,526	(\$122,675)	-13%
25	TOTAL ALLOWANCES	\$1,774,184	\$2,439,022	\$664,838	37%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,152,802	\$1,298,076	\$145,273	13%

		RON HOSPITAL			
		L YEAR 2009			
	REPORT FORM 500 - CALCULATIO			літ	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
Ε.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
	INPATIENT ACCRUED CHARGES	\$1,939,370	\$1,859,352	(\$80,018)	-4%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$796,715	\$555,847	(\$240,868)	-30%
-	INPATIENT PAYMENTS / INPATIENT CHARGES	41.08%	29.89%	-11.19%	-27%
	DISCHARGES CASE MIX INDEX (CMI)	180	153	(27)	-15%
-	CASE MIX INDEX (CMI) CASE MIX ADJUSTED DISCHARGES (CMAD)	0.80650	1.07810	0.27160	<u> </u>
-	INPATIENT ACCRUED PAYMENT / CMAD	\$5,488.15	\$3,369.81	(\$2,118.35)	-39%
	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,488.15	\$4,296.40	(\$2,118.35) \$1,717.25	-39%
	MEDICARE - O.M.A. IP PMT / CMAD	\$2,579.14	\$5,517.76	\$2,221.49	67%
-	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$478,519	\$910.150	\$431.631	90%
	PATIENT DAYS	579	484	(95)	-16%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,376.02	\$1,148.44	(\$227.57)	-17%
	AVERAGE LENGTH OF STAY	3.2	3.2	(0.1)	-2%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,373,804	\$2,716,437	\$342,633	14%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$583,978	\$588,046	\$4,068	1%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.60%	21.65%	-2.95%	-12%
	OUTPATIENT CHARGES / INPATIENT CHARGES	122.40%	146.10%	23.70%	19%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	220.32140	223.52672	3.20532	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,650.57	\$2,630.76	(\$19.81)	-1% 12%
-	MEDICARE - O.M.A. OP PMT / CMAD	\$5,243.29 \$2,502.02	\$5,861.75 \$2,668.01	\$618.47 \$165.99	12%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,502.02	\$596,372	\$45,123	8%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$4,313,174	\$4,575,789	\$262,615	6%
24	TOTAL ACCRUED PAYMENTS	\$1,380,693	\$1,143,893	(\$236,800)	-17%
25	TOTAL ALLOWANCES	\$2,932,481	\$3,431,896	\$499,415	17%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,029,768	\$1,506,523	\$476,755	46%

	ESSENT-SHARON TWELVE MONTHS AC				
	FISCAL YE				
	REPORT FORM 500 - CALCULATION O				
	AND BASELINE UNDERPAYMENT DA	TA: COMPARA	FIVE ANALYS	SIS	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
			112000	DITTERCENCE	DITTERCENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL AS	SSISTANCE)			
••	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL A	SSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES	A 0.000.000	* 0 450 570	\$007.101	
-		\$2,890,969	\$3,158,073	\$267,104	9%
	INPATIENT ACCRUED PAYMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES	\$1,258,702	\$918,739	(\$339,963)	-27%
3	DISCHARGES	43.54%	29.09%	-14.45%	-33%
	CASE MIX INDEX (CMI)	298	295	(3)	-1%
5	CASE MIX INDEX (CMI) CASE MIX ADJUSTED DISCHARGES (CMAD)	0.85699	0.93408	0.07709	9%
6	INPATIENT ACCRUED PAYMENT / CMAD	255.38200	275.55310	20.17110	8%
		\$4,928.70	\$3,334.16	(\$1,594.54)	-32%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,138.59	\$4,332.04	\$1,193.45	38%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,855.72	\$5,553.40 \$1.530.257	\$1,697.69 \$545.576	44%
10 11	PATIENT DAYS	\$984,680 882	\$1,530,257	\$545,576 (38)	55% 4%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,427.10	844 \$1.088.55	(38)	-4%
12	AVERAGE LENGTH OF STAY		\$1,088.55	. ,	
13		3.0	2.9	(0.1)	-3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,140,590	\$4,678,264	\$537,674	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,066,192	\$1,046,680	(\$19,512)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.75%	22.37%	-3.38%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.22%	148.14%	4.91%	3%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	439.40607	438.02963	(1.37643)	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,426,44	\$2.389.52	(\$36.92)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,467.42	\$6,103.00	\$635.58	12%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,726.16	\$2,909.26	\$183.10	7%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,197,890	\$1,274,342	\$76,452	6%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$7,031,559	\$7,836,337	\$804,778	11%
23	TOTAL ACCRUED PAYMENTS	\$2,324,894	\$1,965,419	(\$359,475)	-15%
25	TOTAL ALLOWANCES	\$4,706,665	\$5,870,918	\$1,164,253	25%
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	ESSENT-SHARO				
	REPORT FORM 500 - CALCULATION				
	AND BASELINE UNDERPAYMENT D	ATA: COMPARAT	IVE ANALYS	SIS	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$127,666	\$93.627	(\$34,039)	-27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$122,063	\$93,215	(\$28,848)	-24%
	INPATIENT PAYMENTS / INPATIENT CHARGES	95.61%	99.56%	3.95%	4%
4	DISCHARGES	11	2	(9)	-82%
5	CASE MIX INDEX (CMI)	0.52920	2.09710	1.56790	296%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5.82120	4.19420	(1.62700)	-28%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$20,968.70	\$22,224.74	\$1,256.04	6%
8	PATIENT DAYS	35	9	(26)	-74%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,487.51	\$10,357.22	\$6,869.71	197%
10	AVERAGE LENGTH OF STAY	3.2	4.5	1.3	41%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$65,947	\$64,791	(\$1,156)	-2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,254	\$28,826	\$2,572	10%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
	TOTAL ACCRUED CHARGES	\$193,613	\$158,418	(\$35,195)	-18%
14	TOTAL ACCRUED PAYMENTS	\$148,317	\$122,041	(\$26,276)	-18%
15	TOTAL ALLOWANCES	\$45,296	\$36,377	(\$8,919)	-20%
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$496,271	\$543,474	\$47,203	10%
2	TOTAL OPERATING EXPENSES	\$54,135,451	\$49,683,361	(\$4,452,090)	-8%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$175,373	\$185,269	\$9,896	6%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$767,308	\$430,330	(\$336,978)	-44%
5	BAD DEBTS (CHARGES)	\$3,536,277	\$2,953,540	(\$582,737)	-16%
6	UNCOMPENSATED CARE (CHARGES)	\$4,303,585	\$3,383,870	(\$919,715)	-21%
7	COST OF UNCOMPENSATED CARE	\$1,944,872	\$1,445,509	(\$499,364)	-26%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)				
8	TOTAL ACCRUED CHARGES	\$7,031,559	\$7,836,337	\$804,778	11%
9	TOTAL ACCRUED PAYMENTS	\$2,324,894	\$1,965,419	(\$359,475)	-15%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$3,177,696	\$3,347,496	\$169,800	5%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$852,802	\$1,382,077	\$529,275	62%

		ARON HOSPITAL			
	-	AL YEAR 2009			
	REPORT FORM 500 - CALCULAT	TION OF DSH UPPER F	YAYMENT LIN		
	AND BASELINE UNDERPAYME	NT DATA: COMPARAT	IVE ANALYS	SIS	
-		A 071141	AOTUAL		0/
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	DIFFERENCE
П.	AGGREGATE DATA				
	TOTALS - ALL PAYERS				
	TOTAL INPATIENT CHARGES	\$48,163,751	\$48,499,962	\$336,211	1%
	TOTAL INPATIENT PAYMENTS	\$24,886,694	\$22,868,987	(\$2,017,707)	-8%
	TOTAL INPATIENT PAYMENTS / CHARGES	51.67%	47.15%	-4.52%	-9%
	TOTAL DISCHARGES	2,834	2,658	(176)	-6%
-	TOTAL CASE MIX INDEX	1.06308	1.07718	0.01411	1%
-	TOTAL CASE MIX ADJUSTED DISCHARGES	3,012.75650	2,863.15440	(149.60210)	-5%
	TOTAL OUTPATIENT CHARGES	\$65,318,006	\$65,952,355	\$634,349	1%
	OUTPATIENT CHARGES / INPATIENT CHARGES	135.62%	135.98%	0.37%	0%
	TOTAL OUTPATIENT PAYMENTS	\$26,222,505	\$25,837,041	(\$385,464)	-1%
-	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.15%	39.18%	-0.97%	-2%
	TOTAL CHARGES	\$113,481,757	\$114,452,317	\$970,560	1%
• =	TOTAL PAYMENTS	\$51,109,199	\$48,706,028	(\$2,403,171)	-5%
-	TOTAL PAYMENTS / TOTAL CHARGES	45.04%	42.56%	-2.48%	-6%
14	PATIENT DAYS	11,806	11,466	(340)	-3%
_					
	TOTALS - ALL GOVERNMENT PAYERS	000.000.000	Acc 7 10 700	A 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	10/
1	INPATIENT CHARGES	\$33,399,662	\$33,748,730	\$349,068	1%
2	INPATIENT PAYMENTS GOVT. INPATIENT PAYMENTS / CHARGES	\$17,407,263	\$15,944,703	(\$1,462,560)	-8%
3	DISCHARGES	52.12%	47.25%	-4.87%	-9%
4	CASE MIX INDEX	1,883	1,781	(102)	-5% -1%
	CASE MIX INDEX CASE MIX ADJUSTED DISCHARGES	1.10761	1.10047 1,959.93210	(0.00714)	-1%
6	OUTPATIENT CHARGES	2,085.62660 \$28,813,919	1,959.93210	(125.69450) \$794,211	-6%
8	OUTPATIENT CHARGES	\$28,813,919 86.27%	\$29,608,130	\$794,211 1.46%	3%
8 9	OUTPATIENT CHARGES / INPATIENT CHARGES	\$7,661,363	\$7,486,743	(\$174,620)	-2%
9 10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.59%	\$7,486,743	-1.30%	-2%
-	TOTAL CHARGES	\$62,213,581	\$63,356,860	\$1,143,279	-5%
	TOTAL PAYMENTS	\$25,068,626	\$23,431,446	(\$1,637,180)	-7%
	TOTAL PAYMENTS / CHARGES	40.29%	36.98%	-3.31%	-1%
-	PATIENT DAYS	9.180	8.854	(326)	-6%
	TOTAL GOVERNMENT DEDUCTIONS	\$37,144,955	\$39,925,414	\$2,780,459	-4 %
		ψυτ, 100	ψ00,020, 1 14	ψ2,100,408	1 70
C.	AVERAGE LENGTH OF STAY				
	MEDICARE	5.2	5.4	0.1	3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.8	3.0	0.2	8%
	UNINSURED	2.7	2.8	0.2	7%
-	MEDICAID	2.6	2.5	(0.0)	-1%
5	OTHER MEDICAL ASSISTANCE	3.2	3.2	(0.1)	-2%
	CHAMPUS / TRICARE	3.2	4.5	1.3	41%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.1	4%

	ESSENT-SHARON H				
	TWELVE MONTHS ACT				
	FISCAL YEA				
	REPORT FORM 500 - CALCULATION OF	DSH UPPER F	PAYMENT LI	TIN	
	AND BASELINE UNDERPAYMENT DAT	A: COMPARA	IVE ANALYS	SIS	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$113,481,757	\$114,452,317	\$970,560	1%
	TOTAL GOVERNMENT DEDUCTIONS	\$37,144,955	\$39,925,414	\$2,780,459	7%
ů.	UNCOMPENSATED CARE	\$4,303,585	\$3,383,870	(\$919,715)	
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$20,056,400	\$21,570,720	\$1,514,320	8%
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$867,617	\$866,283	(\$1,334)	0%
-	TOTAL ADJUSTMENTS	\$62,372,557	\$65,746,287	\$3,373,730	5%
7	TOTAL ACCRUED PAYMENTS	\$51,109,200	\$48,706,030	(\$2,403,170)	-5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$175,373	\$185,269	\$9,896	6%
-	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$51,284,573	\$48,891,299	(\$2,393,274)	-5%
	RATIO OF NET REVENUE TO TOTAL CHARGES COST OF UNCOMPENSATED CARE	0.4519190957	0.4271761401	(0.0247429556)	-5%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,944,872	\$1,445,509	(\$499,364)	-26%
		\$852,802	\$1,382,077	\$529,275	62%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	A O ZOZ OZ 4	\$0,007,500	\$00.040	40
		\$2,797,674	\$2,827,586	\$29,912	19
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
		-	-		
	MEDICAID	\$646,641	\$677,969	\$31,328	5%
2	OTHER MEDICAL ASSISTANCE	\$1,029,768	\$1,506,523	\$476,755	46%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,356,614 \$3,033,023	\$736,675 \$2,921,167	(\$619,939) (\$111,856)	-46%
4	TOTAL CALCULATED UNDERPATMENT (UPPER LIMIT METHODOLOGY)	\$3,033,023	\$2,921,167	(3008,111¢)	-4%
۷.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,614,539	\$1,649,950	\$35,411	2.19%
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,536,277	\$2,961,992	(\$574,285)	-16.24%
-	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$54,820,846	\$51,853,289	(\$2,967,557)	-5.41%
4	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$0	\$0	\$0 \$970.561	0.00%
5 6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$113,481,756 \$0	\$114,452,317 \$0		0.86%
	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$0	\$3,383,870	\$0 (\$919,715)	-21.37%
		φ4,503,565	φ 0,000,07 0	(\$919,715)	-21.37 /0

	ESSENT-SHARON HOSPITAL			
	TWELVE MONTHS ACTUAL FILIN	IG		
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PA	YMENT LIMIT AND		
	BASELINE UNDERPAYMENT DA	ТА		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
•				
	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,764,089	\$14,751,232	(\$12,857
	MEDICARE	\$30,381,027	30,497,030	\$116,003
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,890,969	3,158,073	\$267,104
	MEDICAID	\$951,599	1,298,721	\$347,122
		\$1,939,370	1,859,352	(\$80,018
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$127,666 \$959,783	93,627 850.966	(\$34,039) (\$108,817)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$33,399,662	\$33,748,730	\$349,068
	TOTAL INPATIENT CHARGES	\$48,163,751	\$48,499,962	\$336,211
			<u>·</u>	
		\$00 50 (00 =	#00.041.005	141-0-0
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,504,087	\$36,344,225	(\$159,862
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,607,382 \$4,140,590	24,865,075 4,678,264	\$257,693 \$537.674
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,140,590	1,961,827	\$195,041 \$195,041
	OTHER MEDICAL ASSISTANCE	\$2,373,804	2,716,437	\$342,633
	CHAMPUS / TRICARE	\$65,947	64,791	(\$1,156
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,307,276	1,991,028	(\$316,248
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$28,813,919	\$29,608,130	\$794,211
	TOTAL OUTPATIENT CHARGES	\$65,318,006	\$65,952,355	\$634,349
C.	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,268,176	\$51,095,457	(\$172,719
	TOTAL MEDICARE	\$54,988,409	\$55,362,105	\$373,696
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,031,559	\$7,836,337	\$804,778
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$2,718,385	\$3,260,548	\$542,163
	TOTAL OTHER MEDICAL ASSISTANCE	\$4,313,174 \$193,613	\$4,575,789 \$158,418	\$262,615 (\$35,195
-	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,267,059	\$2,841,994	(\$425,065
	TOTAL GOVERNMENT CHARGES	\$62,213,581	\$63,356,860	\$1,143,279
	TOTAL CHARGES	\$113,481,757	\$114,452,317	\$970,560
	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,479,431	\$6,924,284	(\$555,147
	MEDICARE	\$16,026,498	14,932,749	(\$1,093,749
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,258,702	918,739	(\$339,963
	MEDICAID	\$461,987	362,892	(\$99,095
	OTHER MEDICAL ASSISTANCE	\$796,715	555,847	(\$240,868
		\$122,063	93,215	(\$28,848
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$54,210 \$17,407,263	83,830 \$15,944,703	\$29,620 (\$1,462,560
	TOTAL INPATIENT PAYMENTS	\$24,886,694	\$22,868,987	(\$2,017,707
		+= .,,	+	(+=,• ,
	OUTPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,561,142	\$18,350,298	(\$210,844
		\$6,568,917	6,411,237	(\$157,680
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$1,066,192 \$482,214	1,046,680 458,634	<u>(</u> \$19,512) (\$23,580)
	OTHER MEDICAL ASSISTANCE	\$583,978	458,634 588,046	(\$23,580 \$4,068
	CHAMPUS / TRICARE	\$26,254	28,826	\$2,572
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$224,699	606,321	\$381,622
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$7,661,363	\$7,486,743	(\$174,620
	TOTAL OUTPATIENT PAYMENTS	\$26,222,505	\$25,837,041	(\$385,464
F.	TOTAL ACCRUED PAYMENTS			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,040,573	\$25,274,582	(\$765,991
2	TOTAL MEDICARE	\$22,595,415	\$21,343,986	(\$1,251,429
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,324,894	\$1,965,419	(\$359,475
		\$944,201	\$821,526	(\$122,675
	TOTAL OTHER MEDICAL ASSISTANCE	\$1,380,693	\$1,143,893	(\$236,800
	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$148,317 \$278,909	\$122,041 \$690,151	(\$26,276) \$411,242
	TOTAL GOVERNMENT PAYMENTS	\$25,068,626	\$23,431,446	(\$1,637,180
	TOTAL PAYMENTS	\$51,109,199	\$48,706,028	(\$2,403,171
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	ESSENT-SHARON HOSP	TAL		
	TWELVE MONTHS ACTUAL	FILING		
	FISCAL YEAR 200	9		
	REPORT 550 - CALCULATION OF DSH UPPE	R PAYMENT LIMIT AND		
	BASELINE UNDERPAYMEN	Τ DATA		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE
		<u></u>		
II.	PAYER MIX			
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.01%	12.89%	-0.129
	MEDICARE	26.77%	26.65%	-0.139
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.55%	2.76%	0.219
4	MEDICAID OTHER MEDICAL ASSISTANCE	0.84%	1.13% 1.62%	0.309
5 6	CHAMPUS / TRICARE	0.11%	0.08%	-0.08
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.85%	0.74%	-0.10%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.43%	29.49%	0.06%
	TOTAL INPATIENT PAYER MIX	42.44%	42.38%	-0.07%
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.17%	31.75%	-0.419
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.68%	21.73% 4.09%	0.04%
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.56%	1.71%	0.16%
5	OTHER MEDICAL ASSISTANCE	2.09%	2.37%	0.28%
6	CHAMPUS / TRICARE	0.06%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	2.03% 25.39%	1.74% 25.87%	-0.29% 0.48 %
	TOTAL OUTPATIENT GOVERNMENT PATER MIX	57.56%	57.62%	0.48
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
•.				
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.63%	14.22%	-0.42
		31.36%	30.66%	-0.709
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	2.46%	1.89% 0.75%	-0.589
5	OTHER MEDICAL ASSISTANCE	1.56%	1.14%	-0.429
6	CHAMPUS / TRICARE	0.24%	0.19%	-0.059
7		0.11%	0.17%	0.079
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	34.06% 48.69%	32.74% 46.95%	-1.32° -1.74°
		40.0378	40.3378	-1.74
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.00%	07 600/	4.000
1	MEDICARE	36.32% 12.85%	37.68% 13.16%	1.36%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.09%	2.15%	0.06%
4	MEDICAID	0.94%	0.94%	0.00%
5	OTHER MEDICAL ASSISTANCE	1.14%	1.21%	0.06%
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%	0.06% 1.24%	0.019
,	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.99%	15.37%	0.389
	TOTAL OUTPATIENT PAYER MIX	51.31%	53.05%	1.749
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

2 MEDICAL 1,574 1,484 (00) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 288 238 (11) (12) 24 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 110 112 (27) 7 ONINSURED TINCARE 110 112 (27) 7 TOTAL OSCHARGES 1483 1,781 (10) 1 TOTAL OSCHARGES 2,834 2,658 (17) 1 NON-GOVERNMENT DISCHARGES 2,844 2,658 (17) 1 NON-GOVERNMENT DISCHARGES 2,835 3,001 (12) 1 NON-GOVERNMENT INCLUDING OTHER MEDICAL ASSISTANCE) 8,82 8,444 0,68 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 8,82 8,444 0,68 6 OTHER MEDICAL ASSISTANCE 3,50 3,50 1,50 1,65 7 TOTAL OSCHARGES DI N NON-GOVERNMENT INTERNENT D 2,0 2,0 0,0 2,0 2,0 1,0 4,0 6,0 6,0					
ISCAL YEAR 2009 REPORT 550: CALCULATION OF DOB HUPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA (0) (1) (1) (1) (1) (1) (1) (1)		ESSENT-SHARON HOSPITAL		1	
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT DATA INTERPORT 550 - CALCULATION OF DSH UPPER PAYMENT DATA INTERPORT DATA I		TWELVE MONTHS ACTUAL FILING			
BASELINE UNDERPAYMENT DATA (D)		FISCAL YEAR 2009			
BASELINE UNDERPAYMENT DATA (D)		REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL AMOUNT LINE DESCRPTION IDISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA IDISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA IDISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA IDISCHARGES, IDIS					
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL AMOUNT LINE DESCRPTION IDISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA IDISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA IDISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA IDISCHARGES, IDIS					
LINE DESCRIPTION FY 2009 DIFFERENCE III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA <	(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION FY 2009 DIFFERENCE III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA <					
In Discharges, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA A Discharges 1 NON-GOVERNMENT INCLUDING SELF PAY / UNINSURED) 951 3 MEDICAL ASSISTANCE 1674 4 MEDICAL ASSISTANCE 188 5 OTHER MEDICAL ASSISTANCE 188 6 OTHER MEDICAL ASSISTANCE 189 707AL GOVERNMENT INCLUDING SELF PAY / UNINSURED) 172 707AL GOVERNMENT INSCHARGES 284 707AL GOVERNMENT INSCHARGES 284 1 NOR-GOVERNMENT INSCHARGES 188 1 NOR-GOVERNMENT INSCHARGES 284 1 NOR-GOVERNMENT INSCHARGES 284 1 NOR-GOVERNMENT INSCHARGES 284 1 NOR-GOVERNMENT INSCHARGES 284 3 MEDICAL ASSISTANCE 303 3 MEDICAL ASSISTANCE 573 4 MEDICAL ASSISTANCE 574 5 OTHER MEDICAL ASSISTANCE 52 6 OTHER MEDICAL ASSISTANCE 52 707AL GOVERNMENT PATTER DAYS <					
A. DISCHARGES. 1 NOU-GOVERNMENT (INCLUONG SELF PAY / UNINSURED) 961 2077 774 1 NOU-GOVERNMENT (INCLUONG SELF PAY / UNINSURED) 963 182 228 228 228 228 228 228 228 228 228 228 238 314 424 242 245 714 0.00 7153 142 242 245 714 0.00 7153 1753 177 179 2 19 2 19 19 2 19 19 2 19 19 2 19 107 1074 0.00 1000000000000000000000000000000000000	LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE
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Image: Constraint of the image: Constraint of th	1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,268,176	\$51,095,456	(\$172,720)
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3 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$20,056,400 \$21,570,720 \$1,514,320 4 TOTAL ACTUAL DISCOUNT PERCENTAGE 39.12% 42.22% 3.10% 5 EMPLOYEE SELF INSURANCE GROSS REVENUE \$1,614,539 \$1,649,950 \$35,411 6 EMPLOYEE SELF INSURANCE ALLOWANCE \$867,617 \$866,283 (\$1,334 7 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT \$175,373 \$185,269 0HCA INPUT) \$1767,308 \$430,330 \$336,978 8 CHARITY CARE \$767,308 \$430,330 \$336,978 9 BAD DEBTS \$3,536,277 \$2,953,540 \$582,737 10 TOTAL UNCOMPENSATED CARE \$4,303,585 \$3,383,870 \$919,715 11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$51,095,456 \$172,720					
4 TOTAL ACTUAL DISCOUNT PERCENTAGE 39.12% 42.22% 3.10% 5 EMPLOYEE SELF INSURANCE GROSS REVENUE \$1,614,539 \$1,649,950 \$35,411 6 EMPLOYEE SELF INSURANCE ALLOWANCE \$867,617 \$866,283 (\$1,334 7 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT \$175,373 \$185,269 0HCA INPUT) \$176,7,308 \$430,330 \$336,978 8 CHARITY CARE \$767,7,308 \$430,330 \$36,978 9 BAD DEBTS \$3,536,277 \$2,953,540 \$\$52,737 10 TOTAL UNCOMPENSATED CARE \$4,303,585 \$3,383,870 \$\$919,715 11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$\$51,095,456 \$\$172,720			\$20.056.400	\$21 570 720	¢1 511 000
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6 EMPLOYEE SELF INSURANCE ALLOWANCE \$867,617 \$866,283 (\$1,334 7 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT) \$175,373 \$185,269 \$9,896 8 CHARITY CARE \$767,308 \$430,330 (\$336,978 \$9 9 BAD DEBTS \$3,536,277 \$2,953,540 (\$582,737 10 TOTAL UNCOMPENSATED CARE \$4,303,585 \$3,383,870 (\$919,715 11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$51,095,456 (\$172,720					\$35,411
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8 CHARITY CARE \$767,308 \$430,330 (\$336,978 9 BAD DEBTS \$3,536,277 \$2,953,540 (\$582,737 10 TOTAL UNCOMPENSATED CARE \$4,303,585 \$3,383,870 (\$919,715 11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$51,095,456 (\$172,720			\$175,373	\$185,269	
9 BAD DEBTS \$3,536,277 \$2,953,540 (\$582,737 10 TOTAL UNCOMPENSATED CARE \$4,303,585 \$3,383,870 (\$919,715 11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$51,095,456 (\$172,720		,			\$9,896
10 TOTAL UNCOMPENSATED CARE \$4,303,585 \$3,383,870 (\$919,715 11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$51,095,456 (\$172,720					(\$336,978)
11 TOTAL OTHER OPERATING REVENUE \$51,268,176 \$51,095,456 (\$172,720			. , ,	. , ,	
			. , ,	. , ,	
			\$54,135,451	\$49,683,361	(\$4,452,090)

	ESSENT-SHARON H	IOSPITAL			
	TWELVE MONTHS AC	UAL FILING			
	FISCAL YEA	R 2009			
	REPORT 550 - CALCULATION OF DSH	UPPER PAYMEN	IT LIMIT AND		
	BASELINE UNDERPA	MENT DATA			
(1)	(2)		(3)	(4)	(5)
			ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION		FY 2008	FY 2009	DIFFERENCE

	ESSENT-SHARON HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM			
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
				AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
TX 7				
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
Α.	CASE MIX ADJUSTED DISCHARGES			
Α.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	927.12990	903.22230	(23.90760)
	MEDICARE	1,824.42340	1,680.18480	(144.23860)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	255.38200	275.55310	20.17110
4	MEDICAID	110.21200	110.60380	0.39180
	OTHER MEDICAL ASSISTANCE	145.17000	164.94930	19.77930
	CHAMPUS / TRICARE	5.82120	4.19420	(1.62700)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	74.78930	60.10560	(14.68370)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,085.62660	1,959.93210	(125.69450)
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,012.75650	2,863.15440	(149.60210)
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,351.33957	2,160.76090	-190.57867
		1,274.87525	1,209.94639	-64.92886
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	439.40607	438.02963	-1.37643
		219.08466 220.32140	214.50291 223.52672	-4.58175 3.20532
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	5.68215	1.38402	-4.29812
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	189.91252	168.46033	-4.29612 -21.45218
1	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,719.96346	1,649.36005	-70.60342
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,071.30304	3,810.12095	-261.18209
		4,071.00004	0,010.12000	201.10203
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
-				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,067.30	\$7,666.20	(\$401.09)
	MEDICARE	\$8,784.42	\$8,887.56	\$103.15
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,928.70	\$3,334.16	(\$1,594.54)
	MEDICAID	\$4,191.80	\$3,281.01	(\$910.79)
	OTHER MEDICAL ASSISTANCE	\$5,488.15	\$3,369.81	(\$2,118.35)
	CHAMPUS / TRICARE	\$20,968.70	\$22,224.74	\$1,256.04
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$724.84	\$1,394.71	\$669.88
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,346.30	\$8,135.33	(\$210.96)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,260.44	\$7,987.34	(\$273.10)
D				
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,893.86	\$8,492.52	\$598.66
1			\$5.298.78	\$146.18
		\$5 152 60		ψ110.10
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,152.60 \$2,426.44	<i>+</i> - <i>/</i>	(\$36.92)
2 3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,426.44	\$2,389.52	(\$36.92) (\$62.91)
2 3 4	MEDICARE	\$2,426.44 \$2,201.04	<i>+</i> - <i>/</i>	(\$62.91
2 3 4 5	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$2,426.44	\$2,389.52 \$2,138.12	
2 3 4 5	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE	\$2,426.44 \$2,201.04 \$2,650.57	\$2,389.52 \$2,138.12 \$2,630.76	(\$62.91) (\$19.81) \$16,207.24
2 3 4 5 6	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$2,426.44 \$2,201.04 \$2,650.57 \$4,620.44	\$2,389.52 \$2,138.12 \$2,630.76 \$20,827.68	(\$62.91) (\$19.81)
2 3 4 5 6	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,426.44 \$2,201.04 \$2,650.57 \$4,620.44	\$2,389.52 \$2,138.12 \$2,630.76 \$20,827.68	(\$62.91) (\$19.81) \$16,207.24

	ESSENT-SHARON HOSPITAL	<u>. </u>	<u>.</u>	
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN			
	BASELINE UNDERPAYMENT DATA			
	DAJELINE UNDERFATMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
				AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$646,641	\$677,969	\$31,328
2	OTHER MEDICAL ASSISTANCE	\$1,029,768	\$1,506,523	\$476,755
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,356,614	\$736,675	(\$619,939
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,033,023	\$2,921,167	(\$111,856
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOI	LOGY)		
				±
1	TOTAL CHARGES	\$113,481,757	\$114,452,317	\$970,560
2	TOTAL GOVERNMENT DEDUCTIONS	\$37,144,955	\$39,925,414	\$2,780,459
3	UNCOMPENSATED CARE	\$4,303,585	\$3,383,870	(\$919,715
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$20,056,400	\$21,570,720	\$1,514,320
5		\$867,617	\$866,283	(\$1,33
6	TOTAL ADJUSTMENTS	\$62,372,557	\$65,746,287	\$3,373,73
7	TOTAL ACCRUED PAYMENTS	\$51,109,200	\$48,706,030	(\$2,403,17
8	UCP DSH PAYMENTS (OHCA INPUT)	\$175,373	\$185,269	\$9,89 (\$2,393,27)
9 10	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS RATIO OF NET REVENUE TO TOTAL CHARGES	\$51,284,573	\$48,891,299	
10	COST OF UNCOMPENSATED CARE	0.4519190957 \$1,944,872	0.4271761401 \$1,445,509	(0.0247429556 (\$499,364
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,944,872	\$1,382,077	\$529,275
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$052,802	\$1,302,077	
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$2,797,674	\$2,827,586	\$29,912
17		φ2,101,014	φ2,021,000	φ20,012
VII	RATIOS			
1110				
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A. 1	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.66%	46.94%	-3.729
2	MEDICARE	52.75%	48.96%	-3.79
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43.54%	29.09%	-3.79
4	MEDICAL AGGISTANCE (INCLUDING OTHER MEDICAL AGGISTANCE)	48.55%	23.03%	-20.619
4 5	OTHER MEDICAL ASSISTANCE	41.08%	29.89%	-11.19
6	CHAMPUS / TRICARE	95.61%	99.56%	3.95
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.65%	9.85%	4.20
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	0.0076	0.0070	1.20
		ED 420/	47 350/	-4.87
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	52.12% 51.67%	47.25% 47.15%	-4.87
		51.07%	47.1370	-4.32
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	<u>† </u>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.85%	50.49%	-0.369
2	MEDICARE	26.69%	25.78%	-0.91
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.75%	22.37%	-3.38
4	MEDICAID	27.29%	23.38%	-3.929
5	OTHER MEDICAL ASSISTANCE	24.60%	21.65%	-2.959
6	CHAMPUS / TRICARE	39.81%	44.49%	4.68
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.74%	30.45%	20.719
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
		26.59%	25.29%	-1.30
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.59% 40.15%	25.29% 39.18%	-1.30 ^o -0.97 ^o

	ESSENT-SHARON HOSPITAL		I	
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
-	REPORT 550 - CALCULATION OF DSH UPPER PAYM	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
(1)	(2)			(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
X7TTT	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	TIONS		
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA			
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT	s		
7.1				
1	TOTAL ACCRUED PAYMENTS	\$51,109,199	\$48,706,028	(\$2,403,171)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	¢175 070	¢195.260	\$9,896
	OHCA DEFINED NET REVENUE	\$175,373 \$51,284,572	\$185,269 \$48,891,297	(\$2,393,275)
		+•·;=•·;••=	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(+=,,=,
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,536,277	\$2,961,992	(\$574,285)
4	CALCULATED NET REVENUE	\$59,104,048	\$51,853,289	(\$7,250,759)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$54,820,846	\$51,853,289	(\$2,967,557)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$4,283,202	\$0	(\$4,283,202)
_		-1170		
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME			
1	OHCA DEFINED GROSS REVENUE	\$113,481,757	\$114,452,317	\$970,560
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$113,481,757	\$114,452,317	\$970,560
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$113,481,756	\$114,452,317	\$970,561
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
-		ψı	ψU	(Φ1)
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	ITS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,303,585	\$3,383,870	(\$919,715)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$4,303,385	\$3,383,870	(\$919,715) \$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$4,303,585	\$3,383,870	(\$919,715)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,303,585	\$3,383,870	(\$919,715)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
L	1			

A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU C. TOTAL AC 1 NON-GOVI 2 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAID	ED CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	(3) ACTUAL <u>FY 2009</u>
LINE DESCRIF A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL INF TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (2) PTION CD CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	(3) ACTUAL
LINE DESCRIF A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL INF TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (2) PTION CD CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	(3) ACTUAL
LINE DESCRIF A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL INF TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (2) PTION D CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED) E	(3) ACTUAL
LINE DESCRIF DESCRIF A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 TOTAL AC 1 TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	(2) ED CHARGES AND PAYMENTS ED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED) ENTITY (INCLUDING SELF PAY / UNINSURED)	(3) ACTUAL
LINE DESCRIF A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL INF TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 TOTAL AC 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	PTION D CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	ACTUAL
LINE DESCRIF A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL INF 1 NON-GOVI 2 MEDICAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 MEDICAL / 1 NON-GOVI 2 MEDICAL / 1 NON-GOVI 2 MEDICAL / 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	PTION D CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	ACTUAL
I. ACCRUE A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL // 4 MEDICAL // 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL // 4 MEDICAL // 7 UNINSURE 7 UNINSURE 7 UNINSURE 1 NON-GOVI 2 MEDICAL // 4 MEDICAL // 4 MEDICAL // 4 MEDICAL // 5 OTHER ME 6 CHAMPUS 7 UNINSURE 7	ED CHARGES AND PAYMENTS ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	<u>FY 2009</u>
A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF 8. OUTPATIE 1 NON-GOVI 2 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	T ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	
A. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF 8. OUTPATIE 1 NON-GOVI 2 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	T ACCRUED CHARGES ERNMENT (INCLUDING SELF PAY / UNINSURED)	
1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF 1 NON-GOVI 2 MEDICAL // 4 MEDICAL INF 0 TOTAL INF 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE 7 UNINSURE 1 TOTAL OU 0 TOTAL OU 0 TOTAL OU 1 TOTAL OU 2 TOTAL OU 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE <td>ERNMENT (INCLUDING SELF PAY / UNINSURED)</td> <td></td>	ERNMENT (INCLUDING SELF PAY / UNINSURED)	
3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF 0 TOTAL INF 0 TOTAL INF 0 TOTAL INF 0 TOTAL INF 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 6 CHAMPUS 7 UNINSURE 1 TOTAL OU TOTAL OU TOTAL OU 2 TOTAL OU 2 TOTAL OU 1 TOTAL OU 2 TOTAL OU 2 TOTAL OU 2 TOTAL OU 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL /		\$14,751,232
4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF B. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU C. TOTAL AC 1 TOTAL NO 2 TOTAL GO 1 TOTAL NO 2 TOTAL GO 1 TOTAL NO 2 TOTAL GO 1 TOTAL NO 2 TOTAL GO 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,497,030
5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF TOTAL INF 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU C TOTAL AC 1 TOTAL COU 2 TOTAL COU 0 TOTAL OU 0 TOTAL OU 0 TOTAL OU 1 TOTAL COU 2 TOTAL COU 2 TOTAL COU 2 MEDICAL AC 3 MEDICAL ME 4 MEDICAL 4 MEDICAL 4 MEDICAL 1 NON-GOVI 2		3,158,073
6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 0 TOTAL OU 1 NON-GOVI 2 MEDICAL AC 3 MEDICAL ME 4 MEDICAL ME 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI		1,298,721
7 UNINSURE TOTAL INF TOTAL INF 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 0 TOTAL OU 1 NON-GOVI 2 MEDICAL AC 0 TOTAL AC 1 NON-GOVI 2 MEDICAL 4 MEDICAL 4 MEDICAL 1 NON-GOVI 2 MEDICAL 1 NON-GOVI 2 MEDICAL 3	EDICAL ASSISTANCE	1,859,352
B. OUTPATIE 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL AC 1 TOTAL AC 0 TOTAL AC 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL 4 MEDICAL 1 NON-GOVI 2 MEDICAL 1 NON-GOVI 3 MEDICAL 4 MEDICAL 1 NON-GOVI 2 MEDICAL 1 NON-GOVI 1 NON-GOVI 2 MEDICAL 1 NON-GOVI 1 NON-GOVI 2 MEDICAL 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1 NON-GOVI 1		93,627
B. OUTPATIE 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL AC 1 TOTAL AC 0 TOTAL AC 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 1 NON-GOVI 2 MEDICARE 3 MEDICAL 1 NON-GOVI 2 MEDICARE 3 MEDICAL 1 NON-GOVI 2 MEDICARE 3 MEDICAL 1 NON-GOVI 2 MEDICARE 1 NON-GOVI 2 MEDICAL 1 NON-GOVI 2 MEDICAL	D (INCLUDED IN NON-GOVERNMENT)	850,966
B. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU TOTAL OU 0 TOTAL OU 0 TOTAL OU 1 TOTAL OU 0 TOTAL OU 1 TOTAL OU 0 TOTAL OU 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 3 MEDICAL / 4 MEDICAID 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS	PATIENT GOVERNMENT CHARGES	\$33,748,730
1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 0 MEDICAL / 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 MEDICAL / 1 NON-GOVI 2 MEDICAL / 1 NON-GOVI 2 MEDIC	PATIENT CHARGES	\$48,499,962
2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 1 TOTAL AC 0 TOTAL AC 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICARE 3 MEDICAL / 4 MEDICARE 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICARE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL /	NT ACCRUED CHARGES	
3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU C. TOTAL AC 2 TOTAL GO TOTAL AC 0 TOTAL AC 0 TOTAL AC 0 TOTAL AC 0 TOTAL AC 1 NON-GOVI 2 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF 1 NON-GOVI 2 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS	ERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,344,225
4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL OU 2 TOTAL GO 2 TOTAL GO TOTAL AC 0 TOTAL AC 0 TOTAL AC 0 MEDICAL 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF 1 NON-GOVI 2 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 3 MEDICAL 4 MEDICAID 1 NON-GOVI 2 MEDICARE 3 MEDICAL 1 NON-GOVI 2 MEDICARE 3 MEDICAL 1 NON-GOVI 2 MEDICARE 3 MEDICAL 1 NON-GOVI 1 NON-GOVI		24,865,075
5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU 0 TOTAL OU 1 TOTAL OU 2 TOTAL OU 2 TOTAL OU 1 TOTAL OU 2 TOTAL OU 2 TOTAL OU 2 TOTAL OU 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 3 MEDICAL / 4 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,678,264
6 CHAMPUS 7 UNINSURE TOTAL OU TOTAL OU TOTAL OU C. TOTAL AC 1 TOTAL AC 2 TOTAL AC TOTAL AC D. INPATIEN 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS		1,961,827
7 UNINSURE TOTAL OU TOTAL OU TOTAL OU 1 TOTAL AC 2 TOTAL AC 02 TOTAL GO TOTAL AC 0 TOTAL AC 0 TOTAL AC 0 INPATIENT 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICAL / 6 CHAMPUS 7 UNINSURE TOTAL INF 6 CHAMPUS 7 UNINSURE 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 3 MEDICAL / 4 MEDICAL / 3 MEDICAL / 4 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS		2,716,437
C. TOTAL OU TOTAL OU TOTAL OU C. TOTAL AC TOTAL AC TOTAL GO TOTAL AC D. INPATIENT 1 NON-GOV 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOV 2 MEDICAL 3 MEDICAL 3 MEDICAL 3 MEDICAL 5 OTHER ME 6 CHAMPUS		64,791
C. TOTAL OU C. TOTAL AC 1 TOTAL NO 2 TOTAL GO TOTAL GO D. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIEN 1 NON-GOVI 2 MEDICARE 3 MEDICAL MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	ED (INCLUDED IN NON-GOVERNMENT)	1,991,028
1 TOTAL NO 2 TOTAL GO TOTAL AC TOTAL AC 0 INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF 0 TOTAL INF 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICARE 3 MEDICAL / 4 MEDICAL / 6 CHAMPUS	ITPATIENT GOVERNMENT CHARGES	\$29,608,130 \$65,952,355
1 TOTAL NO 2 TOTAL GO TOTAL AC TOTAL AC 0 INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF 0 TOTAL INF 1 NON-GOVI 2 MEDICAL / 4 MEDICAL / 4 MEDICARE 3 MEDICAL / 4 MEDICAL / 6 CHAMPUS	CRUED CHARGES	
2 TOTAL GO TOTAL AC TOTAL AC D. INPATIENT 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	N-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$51,095,457
TOTAL AC D. INPATIENT 1 NON-GOVI 2 MEDICAL 3 MEDICAL 4 MEDICAL 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF 1 NON-GOVI 2 MEDICAL 4 MEDICAL 4 MEDICAL 6 CHAMPUS	VERNMENT ACCRUED CHARGES	63,356,860
1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS	CRUED CHARGES	\$114,452,317
1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICAL / 5 OTHER ME 6 CHAMPUS		
3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL / 4 MEDICALD 5 OTHER ME 6 CHAMPUS	ERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,924,284
4 MEDICAID 5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICALD 5 OTHER ME 6 CHAMPUS		14,932,749
5 OTHER ME 6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAL MEDICAL 5 OTHER ME 6 CHAMPUS	ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	918,739
6 CHAMPUS 7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS		362,892
7 UNINSURE TOTAL INF TOTAL INF E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	EDICAL ASSISTANCE	555,847
E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS		93,215
E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	D (INCLUDED IN NON-GOVERNMENT)	83,830
E. OUTPATIE 1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	PATIENT GOVERNMENT PAYMENTS	\$15,944,703
1 NON-GOVI 2 MEDICARE 3 MEDICAL 4 MEDICAID 5 OTHER ME 6 CHAMPUS	PATIENT PAYMENTS	\$22,868,987
2 MEDICARE 3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS		¢40.050.000
3 MEDICAL / 4 MEDICAID 5 OTHER ME 6 CHAMPUS	ERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,350,298
4 MEDICAID 5 OTHER ME 6 CHAMPUS	= ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	<u>6,411,237</u> 1,046,680
5 OTHER ME 6 CHAMPUS		458,634
6 CHAMPUS	EDICAL ASSISTANCE	588,046
		28,826
	D (INCLUDED IN NON-GOVERNMENT)	606,321
		\$7,486,743
	ITPATIENT GOVERNMENT PAYMENTS	\$25,837,041
F. TOTAL AC	ITPATIENT GOVERNMENT PAYMENTS ITPATIENT PAYMENTS	
		\$25,274,582
2 TOTAL GO	TPATIENT PAYMENTS	23,431,446
TOTAL AC	TPATIENT PAYMENTS	\$48,706,028

	ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009				
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND				
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES				
		1			
(1)	(2)	(3)			
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2009</u>			
П.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA				
Α.	ACCRUED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	877			
2	MEDICARE	1,484			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	295			
4	MEDICAID	142			
5	OTHER MEDICAL ASSISTANCE	153			
6	CHAMPUS / TRICARE	2			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72			
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	2,658			
		2,030			
В.	CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02990			
2	MEDICARE	1.13220			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93408			
4		0.77890			
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	1.07810			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.83480			
,	TOTAL GOVERNMENT CASE MIX INDEX	1.10047			
	TOTAL CASE MIX INDEX	1.07718			
С.		AF <i>i</i> AF <i>i</i> AF <i>i</i>			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,095,456			
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$29,524,736			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,570,720			
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.22%			
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,649,950			
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$866,283			
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$185,269			
8	CHARITY CARE	\$430,330			
9	BAD DEBTS	\$2,953,540			
10	TOTAL UNCOMPENSATED CARE	\$3,383,870			
11	TOTAL OTHER OPERATING REVENUE	\$543,474			
12	TOTAL OPERATING EXPENSES	\$49,683,361			

	ESSENT-SHARON HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
	DESCRIPTION	ACTUAL FY 2009
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$48,706,028
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$185,269
	OHCA DEFINED NET REVENUE	\$48,891,297
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,961,992
	CALCULATED NET REVENUE	\$51,853,289
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$51,853,289
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$114,452,317
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$114,452,317
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$114,452,317
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,383,870
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$3,383,870
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,383,870
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

	ESSENT-SHARON I				
	TWELVE MONTHS AC FISCAL YE				
	REPORT 650 - HOSPITAL UNC				
(1)	(2)	(3)	(4)	(5)	(6)
• •		ACTUAL	ACTÚAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
Α.	Hospital Charity Care (from HRS Report 500)				
А. 1	Number of Applicants	89	70	(19)	-219
2	Number of Approved Applicants	87	61	(19)	
2		07	01	(20)	-30
3	Total Charges (A)	\$767,308	\$430,330	(\$336,978)	-44
4	Average Charges	\$8,820	\$7,055	(\$1,765)	-20
5	Ratio of Cost to Charges (RCC)	0.462623	0.474964	0.012341	3'
6	Total Cost	\$354,974	\$204,391	(\$150,583)	
7	Average Cost	\$4,080	\$3,351	(\$729)	
'		φ4,000	ψ0,001	(\$123)	-10
8	Charity Care - Inpatient Charges	\$442,157	\$195,295	(\$246,862)	-56
9	Charity Care - Outpatient Charges (Excludes ED Charges)	236,116	177,460	(58,656)	-25
10	Charity Care - Emergency Department Charges	89,035	57,575	(31,460)	-35
11	Total Charges (A)	\$767,308	\$430,330	(\$336,978)	-44
12	Charity Care - Number of Patient Days	181	58	(123)	-68
13	Charity Care - Number of Discharges	43	23	(20)	
14	Charity Care - Number of Outpatient ED Visits	126	147	21	17
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	284	199	(85)	-30
				()	
В.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$797,180	\$800,628	\$3,448	0
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,387,508	1,073,676	(313,832)	
3	Bad Debts - Emergency Department	1,351,589	1,079,236	(272,353)	-20
4	Total Bad Debts (A)	\$3,536,277	\$2,953,540	(\$582,737)	-16
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$767,308	\$430,330	(\$336,978)	-44
2	Bad Debts (A)	3,536,277	2,953,540	(582,737)	-16
3	Total Uncompensated Care (A)	\$4,303,585	\$3,383,870	(\$919,715)	-21
4	Uncompensated Care - Inpatient Services	\$1,239,337	\$995,923	(\$243,414)	-20
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,623,624	1,251,136	(372,488)	-23
6	Uncompensated Care - Emergency Department	1,440,624	1,136,811	(303,813)	-23
7	Total Uncompensated Care (A)	\$4,303,585	\$3,383,870	(\$919,715)	-21
-		φ-1,000,000	<i>w</i> 0,000,070	(#010,710)	-21

		ESSENT-SHARON HOS	SPITAL		
		TWELVE MONTHS ACTUA			
		FISCAL YEAR 2			
	REPORT 685 - HOSPITAL NON-		•	ALLOWANCES,	
	ACCRUEI	D PAYMENTS AND DISCO	UNT PERCENTAGE		
(1)	(2)	(3)	(4)	(5)	(6)
. /		FY 2008	FY 2009		(-7
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$51,268,176	\$51,095,456	(\$172,720)	0%
2	Total Contractual Allowances	\$20,056,400	\$21,570,720	\$1,514,320	89
	Total Accrued Payments (A)	\$31,211,776	\$29,524,736	(\$1,687,040)	-5%
	Total Discount Percentage	39.12%	42.22%	3.10%	8%
(Δ) Δ	Accrued Payments associated with Non-Governm	ent Contractual Allowance	es must exclude anv redu	ction for Uncompany	sated Care

	ESSENT-SHARON HOSF	PITAL		
	TWELVE MONTHS ACTUA	_ FILING		
	FISCAL YEAR 20			
	REPORT 700 - STATISTICAL ANALYSIS OF HOSP	ITAL REVENUE AND E	XPENSE	
(1) <u>LINE</u>	(2) DESCRIPTION	(3) ACTUAL <u>FY 2007</u>	(4) ACTUAL <u>FY 2008</u>	(5) ACTUAL <u>FY 2009</u>
Α.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$45,208,272	\$48,163,751	\$48,499,962
2	Outpatient Gross Revenue	\$61,056,367	\$65,318,006	\$65,952,355
3	Total Gross Patient Revenue	\$106,264,639	\$113,481,757	\$114,452,317
4	Net Patient Revenue	\$50,528,737	\$54,645,472	\$51,853,289
В.	Total Operating Expenses			
1	Total Operating Expense	\$49,475,601	\$53,643,999	\$49,683,361
C.	Utilization Statistics			
1	Patient Days	11,470	11,806	11,466
2	Discharges	2,837	2,834	2,658
3	Average Length of Stay	4.0	4.2	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	26,961	27,817	27,058
0	Equivalent (Adjusted) Discharges (ED)	6,669	6,677	6,272
D.	Case Mix Statistics			
1	Case Mix Index	1.11525	1.06308	1.07718
2	Case Mix Adjusted Patient Days (CMAPD)	12,792	12,551	12,351
3	Case Mix Adjusted Discharges (CMAD)	3,164	3,013	2,863
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	30,068	29,571	29,146
5	Case Mix Adjusted Equivalent Discharges (CMAED)	7,437	7,099	6,757
Ε.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$9,265	\$9,612	\$9,982
2	Total Gross Revenue per Discharge	\$37,457	\$40,043	\$43,060
3	Total Gross Revenue per EPD	\$3,941	\$4,080	\$4,230
4	Total Gross Revenue per ED	\$15,935	\$16,995	\$18,247
5	Total Gross Revenue per CMAEPD	\$3,534	\$3,838	\$3,927
6	Total Gross Revenue per CMAED	\$14,288	\$15,987	\$16,939
7	Inpatient Gross Revenue per EPD	\$1,677	\$1,731	\$1,792
8	Inpatient Gross Revenue per ED	\$6,779	\$7,213	\$7,732

	ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILI					
	FISCAL YEAR 2009					
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL		VPENSE			
(1)	(2)	(3)	(4)	(5)		
		ACTUAL	ACTUAL	ACTUAL		
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>		
F.	Net Revenue Per Statistic					
1	Net Patient Revenue per Patient Day	\$4,405	\$4,629	\$4,522		
2	Net Patient Revenue per Discharge	\$17,811	\$19,282	\$19,508		
3	Net Patient Revenue per EPD	\$1,874	\$1,964	\$1,916		
4	Net Patient Revenue per ED	\$7,577	\$8,184	\$8,267		
5	Net Patient Revenue per CMAEPD	\$1,680	\$1,848	\$1,779		
6	Net Patient Revenue per CMAED	\$6,794	\$7,698	\$7,674		
G.	Operating Expense Per Statistic					
1	Total Operating Expense per Patient Day	\$4,313	\$4,544	\$4,333		
2	Total Operating Expense per Discharge	\$17,439	\$18,929	\$18,692		
3	Total Operating Expense per EPD	\$1,835	\$1,928	\$1,836		
4	Total Operating Expense per ED	\$7,419	\$8,034	\$7,921		
5	Total Operating Expense per CMAEPD	\$1,645	\$1,814	\$1,705		
6	Total Operating Expense per CMAED	\$6,653	\$7,557	\$7,353		
,			¢1,001	¢1,000		
Н.	Nursing Salary and Fringe Benefits Expense					
1	Nursing Salary Expense	\$6,711,083	\$7,074,932	\$6,533,428		
2	Nursing Fringe Benefits Expense	\$1,482,163	\$1,675,642	\$1,425,678		
3	Total Nursing Salary and Fringe Benefits Expense	\$8,193,246	\$8,750,574	\$7,959,106		
I.	Physician Salary and Fringe Expense					
1	Physician Salary Expense	\$666,167	\$557,887	\$0		
2	Physician Fringe Benefits Expense	\$147,125	\$132,023	\$0		
3	Total Physician Salary and Fringe Benefits Expense	\$813,292	\$689,910	\$0		
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense					
1	Non-Nursing, Non-Physician Salary Expense	\$9,164,545	\$9,366,706	\$9,011,172		
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$2,024,018	\$2,217,419	\$1,932,907		
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$11,188,563	\$11,584,125	\$10,944,079		
К.	Total Salary and Fringe Benefits Expense					
1	Total Salary Expense	\$16,541,795	\$16,999,525	\$15,544,600		
2	Total Fringe Benefits Expense	\$3,653,306	\$4,025,084	\$3,358,585		
3	Total Salary and Fringe Benefits Expense	\$20,195,101	\$21,024,609	\$18,903,185		

	ESSENT-SHARON HOSPIT	AL		
	TWELVE MONTHS ACTUAL F	ILING		
	FISCAL YEAR 2009			
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITA	AL REVENUE AND E	XPENSE	
(1) <u>LINE</u>	(2) DESCRIPTION	(3) ACTUAL <u>FY 2007</u>	(4) ACTUAL <u>FY 2008</u>	(5) ACTUAL <u>FY 2009</u>
L.	Total Full Time Equivalent Employees (FTEs)	96.0	90.0	81.3
1	Total Nursing FTEs			
2	Total Physician FTEs Total Non-Nursing, Non-Physician FTEs	3.0	0.0 193.0	0.0
3 4	Total Full Time Equivalent Employees (FTEs)	290.1	283.0	174.0 255.3
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$69,907	\$78,610	\$80,362
2	Nursing Fringe Benefits Expense per FTE	\$15,439	\$18,618	\$17,536
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$85,346	\$97,229	\$97,898
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$222,056	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$49,042	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$271,097	\$0	\$0
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense	e per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$47,957	\$48,532	\$51,788
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$10,591	\$11,489	\$11,109
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$58,548	\$60,021	\$62,897
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$57,021	\$60,069	\$60,888
2	Total Fringe Benefits Expense per FTE	\$12,593	\$14,223	\$13,155
3	Total Salary and Fringe Benefits Expense per FTE	\$69,614	\$74,292	\$74,043
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,761	\$1,781	\$1,649
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,118	\$7,419	\$7,112
3	Total Salary and Fringe Benefits Expense per EPD	\$749	\$756	\$699
4	Total Salary and Fringe Benefits Expense per ED	\$3,028	\$3,149	\$3,014
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$672	\$711	\$649
6	Total Salary and Fringe Benefits Expense per CMAED	\$2,715	\$2,962	\$2,798