	MIDSTATE MEDICAL CENTER					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)	
		FY 2008 ACTUAL	FY 2009	AMOUNT	%	
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE	
Ι.	ASSETS					
Α.	Current Assets:					
1	Cash and Cash Equivalents	\$43,912,798	\$41,146,505	(\$2,766,293)	-6%	
2	Short Term Investments	\$0	\$0	\$0	0%	
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$18,867,122	\$19,523,079	\$655,957	3%	
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,168,505	\$1,168,505	\$0	0%	
5	Due From Affiliates	\$0	\$0	\$0	0%	
6	Due From Third Party Payers	\$0	\$0	\$0	0%	
7	Inventories of Supplies	\$1,334,511	\$1,420,160	\$85,649	6%	
8	Prepaid Expenses	\$844,480	\$1,064,220	\$219,740	26%	
9	Other Current Assets	\$722,514	\$1,198,551	\$476,037	66%	
	Total Current Assets	\$66,849,930	\$65,521,020	(\$1,328,910)	-2%	
В.	Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$4,307,571	\$4,011,143	(\$296,428)	-7%	
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%	
3	Funds Held in Escrow	\$29,467,813	\$10,167,560	(\$19,300,253)	-65%	
4	Other Noncurrent Assets Whose Use is Limited	\$345,625	\$165,433	(\$180,192)	-52%	
	Total Noncurrent Assets Whose Use is Limited:	\$34,121,009	\$14,344,136	(\$19,776,873)	-58%	
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%	
6	Long Term Investments	\$8,917,138	\$11,876,168	\$2,959,030	33%	
7	Other Noncurrent Assets	\$6,651,916	\$10,632,628	\$3,980,712	60%	
C.	Net Fixed Assets:					
1	Property, Plant and Equipment	\$164,114,389	\$176,407,097	\$12,292,708	7%	
2	Less: Accumulated Depreciation	\$81,325,824	\$89,995,490	\$8,669,666	11%	
	Property, Plant and Equipment, Net	\$82,788,565	\$86,411,607	\$3,623,042	4%	
3	Construction in Progress	\$8,576,054	\$30,689,886	\$22,113,832	258%	
	Total Net Fixed Assets	\$91,364,619	\$117,101,493	\$25,736,874	28%	
	Total Assets	\$207,904,612	\$219,475,445	\$11,570,833	6%	
		φ201,304,01Z	φ∠13,473,443	φ11,370,033	070	

MIDSTATE MEDICAL CENTER										
TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION										
						(2)		(4)	(5)	(6)
						DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE
DNET ASSETS										
PS:										
and Accrued Expenses	\$6,372,719	\$8,052,494	\$1,679,775	26%						
and Payroll Taxes	\$8,407,726	\$9,287,548	\$879,822	10%						
ty Payers	\$437,607	\$885,467	\$447,860	102%						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0	\$0000,101	\$0	0%						
Long Term Debt	\$2,460,000	\$2,390,000	(\$70,000)	-3%						
Notes Payable	\$0	\$0	\$0	0%						
bilities	\$0	\$6,956,870	\$6,956,870	0%						
bilities	\$17,678,052	\$27,572,379	\$9,894,327	56%						
let of Current Portion)	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%						
et of Current Portion)	\$0	\$0	\$0	0%						
Debt	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%						
Liability	\$26,949,323	\$49,059,528	\$22,110,205	82%						
Liabilities	\$6,662,299	\$5,021,141	(\$1,641,158)	-25%						
Liabilities	\$118,916,622	\$136,995,669	\$18,079,047	15%						
sets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%						
Assets or Equity	\$63,218,152	\$48,490,546	(\$14,727,606)	-23%						
ricted Net Assets	\$2,746,781	\$1,630,516	(\$1,116,265)	-41%						
tricted Net Assets	\$5,345,005	\$4,786,335	(\$558,670)	-10%						
	\$71,309,938	\$54,907,397	(\$16,402,541)	-23%						
and Net Assets	\$207,904,612	\$219,475,445	\$11,570,833	6%						
and Net Assets		\$207,904,612	\$207,904,612 \$219,475,445 	\$207,904,612 \$219,475,445 \$11,570,833						

	MIDSTATE M	EDICAL CENTER			
	TWELVE MONT	HS ACTUAL FILING			
		L YEAR 2009			
	REPORT 150 - HOSPITAL STATEM				
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6)
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$328,452,941	\$347,627,051	\$19,174,110	6%
2	Less: Allowances	\$158,909,174	\$171,786,129	\$12,876,955	8%
3	Less: Charity Care	\$3,077,163	\$3,370,587	\$293,424	10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$166,466,604	\$172,470,335	\$6,003,731	4%
5	Other Operating Revenue	\$5,054,429	\$6,266,748	\$1,212,319	24%
6	Net Assets Released from Restrictions	\$252,892	\$247,839	(\$5,053)	-2%
	Total Operating Revenue	\$171,773,925	\$178,984,922	\$7,210,997	4%
В.	Operating Expenses:				
1	Salaries and Wages	\$60,044,160	\$64,452,411	\$4,408,251	7%
2	Fringe Benefits	\$17,118,000	\$17,142,705	\$24,705	0%
3	Physicians Fees	\$1,300,029	\$1,394,538	\$94,509	7%
4	Supplies and Drugs	\$18,086,377	\$18,898,512	\$812,135	4%
5	Depreciation and Amortization	\$9,014,558	\$8,728,633	(\$285,925)	-3%
6	Bad Debts	\$9,879,112	\$9,717,615	(\$161,497)	-2%
7	Interest	\$2,795,157	\$2,456,574	(\$338,583)	-12%
8	Malpractice	\$5,421,558	\$5,321,837	(\$99,721)	-2%
9	Other Operating Expenses	\$43,454,745	\$45,157,016	\$1,702,271	4%
	Total Operating Expenses	\$167,113,696	\$173,269,841	\$6,156,145	4%
	Income/(Loss) From Operations	\$4,660,229	\$5,715,081	\$1,054,852	23%
C.	Non-Operating Revenue:				
1	Income from Investments	(\$2,906,566)	\$598,843	\$3,505,409	-121%
2	Gifts, Contributions and Donations	\$25,000	\$25,000	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$1,973,056	\$148,548	(\$1,824,508)	-92%
	Total Non-Operating Revenue	(\$908,510)	\$772,391	\$1,680,901	-185%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,751,719	\$6,487,472	\$2,735,753	73%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$579,781	\$579,781	0%
	All Other Adjustments	\$0	(\$1,697,922)	(\$1,697,922)	0%
	Total Other Adjustments	\$0	(\$1,118,141)	(\$1,118,141)	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,751,719	\$5,369,331	\$1,617,612	43%
	Principal Payments	\$0	\$2,460,000	\$2,460,000	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
Ι.	<u>GROSS REVENUE BY PAYER</u>			[1
A.	INPATIENT GROSS REVENUE MEDICARE TRADITIONAL	\$88,470,680	\$90,235,806	\$1,765,126	2%
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$10,950,263	\$12,565,983	\$1,615,720	15%
3	MEDICARE MANAGED CARE	\$9,702,177	\$8,800,629	(\$901,548)	-9%
4	MEDICAID MEDICAID MANAGED CARE	\$6,405,843	\$6,999,331	\$593,488	9%
5	CHAMPUS/TRICARE	\$64,457	\$267,316	\$202,859	315%
6		\$1,153,180	\$3,625,611	\$2,472,431	214%
7	NON-GOVERNMENT MANAGED CARE	\$37,992,983	\$40,024,818	\$2,031,835	5%
8	WORKER'S COMPENSATION	\$703,722	\$696,841	(\$6,881)	-1%
9	SELF- PAY/UNINSURED	\$4,351,081	\$4,002,999	(\$348,082)	-8%
10	SAGA	\$3,160,467	\$4,651,402	\$1,490,935	47%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$162,954,853	\$171,870,736	\$8,915,883	5%
В.	OUTPATIENT GROSS REVENUE	¢102,001,000	¢,o.o,.oo	\$0,010,000	0,0
1	MEDICARE TRADITIONAL	\$46,878,278	\$48,194,129	\$1,315,851	3%
2	MEDICARE MANAGED CARE	\$7,233,348	\$8,895,648	\$1,662,300	23%
3	MEDICAID	\$7,333,811	\$7,798,176	\$464,365	6%
4	MEDICAID MANAGED CARE	\$11,376,148	\$13,807,404	\$2,431,256	21%
5	CHAMPUS/TRICARE	\$271,513	\$279,643	\$8,130	3%
6	COMMERCIAL INSURANCE	\$2,215,774	\$5,723,438	\$3,507,664	158%
7	NON-GOVERNMENT MANAGED CARE	\$77,111,959	\$75,543,101	(\$1,568,858)	-2%
8	WORKER'S COMPENSATION	\$2,519,889	\$2,792,538	\$272,649	11%
9	SELF- PAY/UNINSURED	\$6,495,074	\$6,982,432	\$487,358	8%
10	SAGA	\$4,062,294	\$5,739,806	\$1,677,512	41%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$165,498,088	\$175,756,315	\$10,258,227	6%
		+ , ,	<i>•••••••••••••••••••••••••••••••••••••</i>	<i>••••</i> ,•,	
c.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$135,348,958	\$138,429,935	\$3,080,977	2%
2	MEDICARE MANAGED CARE	\$18,183,611	\$21,461,631	\$3,278,020	18%
3	MEDICAID	\$17,035,988	\$16,598,805	(\$437,183)	-3%
4	MEDICAID MANAGED CARE	\$17,781,991	\$20,806,735	\$3,024,744	17%
5	CHAMPUS/TRICARE	\$335,970	\$546,959	\$210,989	63%
6	COMMERCIAL INSURANCE	\$3,368,954	\$9,349,049	\$5,980,095	178%
7	NON-GOVERNMENT MANAGED CARE	\$115,104,942	\$115,567,919	\$462,977	0%
8	WORKER'S COMPENSATION	\$3,223,611	\$3,489,379	\$265,768	8%
	SELF- PAY/UNINSURED	\$10,846,155	\$10,985,431	\$139,276	1%
10	SAGA	\$7,222,761	\$10,391,208	\$3,168,447	44%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$328,452,941	\$347,627,051	\$19,174,110	6%
II.	NET REVENUE BY PAYER				1
	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$39,121,701	\$38,089,274	(\$1,032,427)	-3%
2	MEDICARE MANAGED CARE	\$4,830,308	\$5,757,808	\$927,500	19%
3	MEDICAID	\$3,757,850	\$3,709,833	(\$48,017)	-1%
4	MEDICAID MANAGED CARE	\$2,560,538	\$2,989,391	\$428,853	17%
5	CHAMPUS/TRICARE	\$30,312	\$86,070	\$55,758	184%
6	COMMERCIAL INSURANCE	\$1,106,506	\$2,404,239	\$1,297,733	117%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
7		¢25.065.746	¢27.409.462	¢1 440 717	69/
7	NON-GOVERNMENT MANAGED CARE WORKER'S COMPENSATION	\$25,965,746 \$633,442	<u>\$27,408,463</u> \$594,872	\$1,442,717	<u>6%</u> -6%
0 9	SELF- PAY/UNINSURED		\$594,872 \$125,703	(\$38,570)	
9 10	SAGA	\$210,806 \$788,928	\$888,557	(\$85,103) \$99,629	-40% 13%
11	OTHER	\$700,920		\$99,029	0%
	TOTAL INPATIENT NET REVENUE	\$79,006,137	\$82,054,210	\$3,048,073	4%
В.	OUTPATIENT NET REVENUE	\$75,000,157	ψ02,034,210	ψ 3,0 40,073	470
1	MEDICARE TRADITIONAL	\$15,598,444	\$15,714,828	\$116,384	1%
2	MEDICARE MANAGED CARE	\$2,457,231	\$2,831,705	\$374,474	15%
3	MEDICAID	\$2,251,605	\$2,393,728	\$142,123	6%
4	MEDICAID MANAGED CARE	\$3,377,674	\$4,609,407	\$1,231,733	36%
5	CHAMPUS/TRICARE	\$127,684	\$90,039	(\$37,645)	-29%
6	COMMERCIAL INSURANCE	\$2,098,402	\$3,796,759	\$1,698,357	81%
7	NON-GOVERNMENT MANAGED CARE	\$51,253,449	\$50,897,830	(\$355,619)	-1%
8	WORKER'S COMPENSATION	\$2,236,737	\$2,371,115	\$134,378	6%
9	SELF- PAY/UNINSURED	\$267,402	\$369,633	\$102,231	38%
10	SAGA	\$617,430	\$691,793	\$74,363	12%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$80,286,058	\$83,766,837	\$3,480,779	4%
С.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$54,720,145	\$53,804,102	(\$916,043)	-2%
2		\$7,287,539	\$8,589,513	\$1,301,974	18%
3	MEDICAID	\$6,009,455	\$6,103,561	\$94,106	2%
4	MEDICAID MANAGED CARE	\$5,938,212	\$7,598,798	\$1,660,586	28%
5	CHAMPUS/TRICARE	\$157,996	\$176,109	\$18,113	11%
6	COMMERCIAL INSURANCE	\$3,204,908	\$6,200,998	\$2,996,090	93%
7	NON-GOVERNMENT MANAGED CARE	\$77,219,195	\$78,306,293	\$1,087,098	1%
8	WORKER'S COMPENSATION	\$2,870,179	\$2,965,987	\$95,808	3%
	SELF- PAY/UNINSURED	\$478,208	\$495,336	\$17,128	4%
10	SAGA OTHER	\$1,406,358 \$0	<u>\$1,580,350</u> \$0	\$173,992 \$0	<u>12%</u> 0%
	TOTAL NET REVENUE		•		4%
	TOTAL NET REVENUE	\$159,292,195	\$165,821,047	\$6,528,852	4 70
	STATISTICS BY PAYER				
	STATISTICS BT FATER				
A.	DISCHARGES				
 -	MEDICARE TRADITIONAL	4.119	4.105	(14)	0%
2	MEDICARE MANAGED CARE	511	603	92	18%
3	MEDICAID	592	605	13	2%
4	MEDICAID MANAGED CARE	924	937	13	1%
5	CHAMPUS/TRICARE	5	10	5	100%
6	COMMERCIAL INSURANCE	88	244	156	177%
7	NON-GOVERNMENT MANAGED CARE	2,952	2,816	(136)	-5%
8	WORKER'S COMPENSATION	32	28	(4)	-13%
9	SELF- PAY/UNINSURED	297	302	5	2%
10	SAGA	202	305	103	51%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,722	9,955	233	2%
В.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	23,346	21,601	(1,745)	-7%
2	MEDICARE MANAGED CARE	2,744	2,856	112	4%
3	MEDICAID	3,180	2,661	(519)	

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	2,482	2,499	17	1%
5	CHAMPUS/TRICARE	22	57	35	159%
6	COMMERCIAL INSURANCE	283	824	541	191%
7	NON-GOVERNMENT MANAGED CARE	10,653	9,804	(849)	-8%
8	WORKER'S COMPENSATION	82	62	(20)	-24%
9	SELF- PAY/UNINSURED	1,367	1,077	(290)	-21%
10	SAGA	1,204	1,432	228	19%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	45,363	42,873	(2,490)	-5%
		00.004		0.40	40/
1		29,684	29,930	246	1%
2	MEDICARE MANAGED CARE	4,282	5,675	1,393	33%
3	MEDICAID MEDICAID MANAGED CARE	7,311 18,253	7,341 21,239	30 2,986	0% 16%
4 5	CHAMPUS/TRICARE	328	356	2,986	9%
6	COMMERCIAL INSURANCE	2,312	5,181	2,869	124%
7	NON-GOVERNMENT MANAGED CARE	65,682	62,235	(3,447)	-5%
8	WORKER'S COMPENSATION	2,196	2,377	181	-5 %
9	SELF- PAY/UNINSURED	9,691	9,564	(127)	-1%
10	SAGA	4,444	5,765	1,321	30%
11	OTHER	4,444	0	0	0%
	TOTAL OUTPATIENT VISITS	144,183	149,663	5,480	4%
	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVE		* • • • • • • • • • • • • • • • • • • •	* 0.40.000	50/
1	MEDICARE TRADITIONAL	\$11,860,000	\$12,500,000	\$640,000	5%
2	MEDICARE MANAGED CARE	\$1,520,000	\$1,900,000	\$380,000	25%
3	MEDICAID MEDICAID MANAGED CARE	\$3,840,000 \$6,710,000	\$4,150,000 \$8,300,000	\$310,000 \$1,590,000	<u>8%</u> 24%
4 5	CHAMPUS/TRICARE	\$150,000	<u>\$8,300,000</u> \$165,000	\$1,590,000	10%
6	COMMERCIAL INSURANCE	\$150,000	\$1,700,000	\$810,000	91%
7	NON-GOVERNMENT MANAGED CARE	\$20,390,000	\$20,785,000	\$395,000	2%
8	WORKER'S COMPENSATION	\$760,000	\$700,000	(\$60,000)	-8%
9	SELF- PAY/UNINSURED	\$5,600,000	\$5,700,000	\$100,000	2%
10	SAGA	\$2,180,000	\$3,600,000	\$1,420,000	65%
11	OTHER	\$0	<u>\$0,000,000</u>	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	ψŬ	ψ0	ΨΟ	070
	GROSS REVENUE	\$53,900,000	\$59,500,000	\$5,600,000	10%
В.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU	Ε	· · ·		
1	MEDICARE TRADITIONAL	\$3,100,000	\$3,050,000	(\$50,000)	-2%
2	MEDICARE MANAGED CARE	\$400,000	\$560,000	\$160,000	40%
3	MEDICAID	\$1,100,000	\$1,050,000	(\$50,000)	-5%
4	MEDICAID MANAGED CARE	\$2,010,000	\$2,700,000	\$690,000	34%
5	CHAMPUS/TRICARE	\$60,000	\$65,000	\$5,000	8%
6	COMMERCIAL INSURANCE	\$700,000	\$1,071,000	\$371,000	53%
7	NON-GOVERNMENT MANAGED CARE	\$12,970,000	\$12,665,000	(\$305,000)	-2%
8	WORKER'S COMPENSATION	\$720,000	\$673,000	(\$47,000)	-7%
9	SELF- PAY/UNINSURED	\$220,000	\$260,000	\$40,000	18%
10	SAGA	\$375,000	\$406,000	\$31,000	8%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT			AC (E AC)	
	NET REVENUE	\$21,655,000	\$22,500,000	\$845,000	4%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
С.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,028	7,736	(292)	-4%
2	MEDICARE MANAGED CARE	727	998	271	37%
3	MEDICAID	4,356	3,981	(375)	-9%
4	MEDICAID MANAGED CARE	12,988	13,979	991	8%
5	CHAMPUS/TRICARE	207	216	9	4%
6	COMMERCIAL INSURANCE	1,095	1,973	878	80%
7	NON-GOVERNMENT MANAGED CARE	22,492	19,922	(2,570)	-11%
8	WORKER'S COMPENSATION	1,168	969	(199)	-17%
9	SELF- PAY/UNINSURED	7,735	7,025	(710)	-9%
10	SAGA	3,106	3,681	575	19%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	61,902	60,480	(1,422)	-2%

MIDSTATE MEDICAL CENTER 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>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
1.	OFERATING EXPENSE BI CATEGORT				
Α.	Salaries & Wages:				
1	Nursing Salaries	\$23,131,224	\$24,579,480	\$1,448,256	6%
2	Physician Salaries	\$7,910,672	\$8,816,052	\$905,380	11%
3	Non-Nursing, Non-Physician Salaries	\$29,002,264	\$31,056,879	\$2,054,615	7%
	Total Salaries & Wages	\$60,044,160	\$64,452,411	\$4,408,251	7%
В.	Fringe Benefits:			(*	
1	Nursing Fringe Benefits	\$6,593,854	\$6,537,518	(\$56,336)	-1%
2	Physician Fringe Benefits Non-Nursing, Non-Physician Fringe Benefits	\$2,256,152 \$8,267,994	\$2,399,979	\$143,827 (\$62,786)	<u> </u>
3	Total Fringe Benefits	\$0,207,994 \$17,118,000	\$8,205,208 \$17,142,705	(\$62,786) \$24,705	-1% 0%
	Total Thinge Benefits	\$17,110,000	\$17,1 4 2,705	ψ24,705	078
C.	Contractual Labor Fees:				
1	Nursing Fees	\$1,616,842	\$942,232	(\$674,610)	-42%
2	Physician Fees	\$1,300,029	\$1,394,538	\$94,509	7%
3	Non-Nursing, Non-Physician Fees	\$15,998,757	\$16,741,709	\$742,952	5%
	Total Contractual Labor Fees	\$18,915,628	\$19,078,479	\$162,851	1%
D.	Medical Supplies and Pharmaceutical Cost:		.	.	
1	Medical Supplies	\$12,511,216	\$13,806,330	\$1,295,114	10%
2	Pharmaceutical Costs Total Medical Supplies and Pharmaceutical Cost	\$5,575,161	\$5,092,182	(\$482,979)	-9%
	Total Medical Supplies and Pharmaceutical Cost	\$18,086,377	\$18,898,512	\$812,135	4%
Е.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,912,544	\$3,668,711	\$756,167	26%
2	Depreciation-Equipment	\$6,045,147	\$4,997,455	(\$1,047,692)	-17%
3	Amortization	\$56,867	\$62,467	\$5,600	10%
	Total Depreciation and Amortization	\$9,014,558	\$8,728,633	(\$285,925)	-3%
F.	Bad Debts:				
1	Bad Debts	\$9,879,112	\$9,717,615	(\$161,497)	-2%
_					
G.	Interest Expense:	#0 705 457	#0.450.574		400/
1	Interest Expense	\$2,795,157	\$2,456,574	(\$338,583)	-12%
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$5,421,558	\$5,321,837	(\$99,721)	-2%
		ψ0,421,000	φ0,021,001	(000,721)	270
Ι.	Utilities:				
1	Water	\$145,000	\$180,000	\$35,000	24%
2	Natural Gas	\$842,914	\$883,695	\$40,781	5%
3	Oil	\$110,776	\$64,538	(\$46,238)	-42%
4	Electricity	\$1,339,047	\$1,479,807	\$140,760	11%
5	Telephone	\$277,971	\$347,670	\$69,699	25%
6	Other Utilities	\$18,178	\$12,240	(\$5,938)	-33%
	Total Utilities	\$2,733,886	\$2,967,950	\$234,064	9%
	Pusinoss Exponsos				
J. 1	Business Expenses: Accounting Fees	\$87,710	\$206,107	\$118,397	135%
2	Legal Fees	\$202,353	\$246,226	\$43,873	22%
3	Consulting Fees	\$743,207	\$668,084	(\$75,123)	-10%
4	Dues and Membership	\$1,274,332	\$2,127,533	\$853,201	67%
5	Equipment Leases	\$462,069	\$810,470	\$348,401	75%
6	Building Leases	\$300,263	\$710,410	\$410,147	137%
7	Repairs and Maintenance	\$2,543,676	\$2,824,644	\$280,968	11%
8	Insurance	\$402,957	\$444,396	\$41,439	10%

MIDSTATE MEDICAL CENTER 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>	DIFFERENCE	DIFFERENCE
9	Travel	\$144,765	\$83,005	(\$61,760)	-43%
10	Conferences	\$35,522	\$38,293	\$2,771	8%
11	Property Tax	\$230,985	\$18,449	(\$212,536)	-92%
12	General Supplies	\$1,318,555	\$1,245,711	(\$72,844)	-6%
13	Licenses and Subscriptions	\$209,266	\$188,740	(\$20,526)	-10%
14	Postage and Shipping	\$179,267	\$175,218	(\$4,049)	-2%
15	Advertising	\$658,042	\$791,616	\$133,574	20%
16	Other Business Expenses	\$9,734,185	\$9,896,340	\$162,155	2%
	Total Business Expenses	\$18,527,154	\$20,475,242	\$1,948,088	11%
К.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$4,578,106	\$4,029,883	(\$548,223)	-12%
•		\$ 1,01 0,100	\$ 1,020,000	(\$0.10,220)	
	Total Operating Expenses - All Expense Categories*	\$167,113,696	\$173,269,841	\$6,156,145	4%
	the Katel enceting evenes amount character		the total energia		t on Donort 450
	*A K. The total operating expenses amount above	e must agree with	the total operating	g expenses amour	it on Report 150.
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$42,409,623	\$42,798,181	\$388.558	1%
2	General Accounting	\$1,876,907	\$1,985,843	\$108,936	6%
3	Patient Billing & Collection	\$1,960,419	\$1,961,815	\$1,396	0%
4	Admitting / Registration Office	\$1,627,761	\$1,541,895	(\$85,866)	-5%
5	Data Processing	\$3,644,729	\$4,397,271	\$752,542	21%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,089,344	\$915,042	(\$174,302)	-16%
8	Public Relations	\$1,312,641	\$1,491,151	\$178,510	14%
9	Purchasing	\$834,320	\$881,368	\$47,048	6%
10	Dietary and Cafeteria	\$2,977,543	\$3,023,048	\$45,505	2%
11	Housekeeping	\$2,634,808	\$2,696,469	\$61,661	2%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$5,436,845	\$5,535,338	\$98,493	2%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$6,533,682	\$6,207,339	(\$326,343)	-5%
18	Other General Services	\$12,674,269	\$12,174,189	(\$500,080)	-4%
	Total General Services	\$85,012,891	\$85,608,949	\$596,058	1%
В.	Professional Services:	* ******	A =0	*	
1	Medical Care Administration	\$341,238	\$533,472	\$192,234	56%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,242,249	\$1,733,731	\$491,482	40%
4	Medical Records	\$1,579,426	\$1,832,198	\$252,772	16%
5	Social Service	\$1,066,646	\$1,109,951	\$43,305	4%
6	Other Professional Services	\$2,841,955	\$2,888,514	\$46,559	2%
	Total Professional Services	\$7,071,514	\$8,097,866	\$1,026,352	15%
C.	Special Services:				
1	Operating Room	\$11,753,416	\$13,544,648	\$1,791,232	15%
2	Recovery Room	\$1,958,410	\$2,210,605	\$252,195	13%
3	Anesthesiology	\$422,734	\$505,528	\$82,794	20%
4	Delivery Room	\$0	\$0 \$0	\$0	0%
5	Diagnostic Radiology	\$5,905,248	\$6,006,240	\$100,992	2%
6	Diagnostic Ultrasound	\$874,102	\$907,305	\$33,203	4%
7	Radiation Therapy	\$2,014,322	\$2,141,746	\$127,424	6%

MIDSTATE MEDICAL CENTER 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	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
8	Radioisotopes	\$856,560	\$884,454	\$27,894	3%
9	CT Scan	\$1,010,564	\$1,022,271	\$11,707	1%
10	Laboratory	\$7,113,259	\$7,320,195	\$206,936	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,012,332	\$1,017,664	\$5,332	1%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,107,455	\$1,187,367	\$79,912	7%
19	Pulmonary Function	\$93,441	\$85,534	(\$7,907)	-8%
20	Intravenous Therapy	\$507,083	\$471,889	(\$35,194)	-7%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$10,699,397	\$11,725,038	\$1,025,641	10%
25	MRI	\$1,561,002	\$1,420,526	(\$140,476)	-9%
26	PET Scan	\$459,595	\$474,645	\$15,050	3%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,504,398	\$2,521,860	\$17,462	1%
29	Sleep Center	\$354,666	\$502,762	\$148,096	42%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$102,224	\$122,625	\$20,401	20%
32	Occupational Therapy / Physical Therapy	\$630,749	\$625,080	(\$5,669)	-1%
33 34	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services Total Special Services	\$1,282,648 \$52,223,605	\$1,605,082 \$56,303,064	\$322,434 \$4,079,459	25% 8%
		φJZ,ZZ3,003	\$30,303,004	\$4,075,455	070
D.	Routine Services:				
1	Medical & Surgical Units	\$16,314,037	\$16,929,652	\$615,615	4%
2	Intensive Care Unit	\$0	\$0	\$0	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,330,105	\$2,142,940	(\$187,165)	-8%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,161,544	\$4,187,370	\$25,826	1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
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	\$22,805,686	\$23,259,962	\$454,276	2%
E.	Other Departments:				
	Other Departments:		# ^	ድረ	00/
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$167,113,696	\$173,269,841	\$6,156,145	4%
		<i><i><i>q</i>.<i>oi</i>,<i>iio</i>,<i>ooo</i></i></i>	¥110,200,041	<i>40,100,140</i>	-170
	*A 0. The total operating expenses amount ab	ove must agree with	the total operating	g expenses amoun	t on Report 150.

		TE MEDICAL CENTER							
	FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2007	<u> </u>	<u>FY 2009</u>					
Α.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$154,243,792 \$	166,466,604	\$172,470,335					
2	Other Operating Revenue	5,745,078	5,307,321	6,514,587					
3	Total Operating Revenue	\$159,988,870	\$171,773,925	\$178,984,922					
4	Total Operating Expenses	153,965,816	167,113,696	173,269,841					
5	Income/(Loss) From Operations	\$6,023,054	\$4,660,229	\$5,715,081					
6	Total Non-Operating Revenue	2,837,373	(908,510)	(345,750					
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,860,427	\$3,751,719	\$5,369,331					
В.	Profitability Summary								
1	Hospital Operating Margin	3.70%	2.73%	3.20%					
2	Hospital Non Operating Margin	1.74%	-0.53%	-0.19%					
3	Hospital Total Margin	5.44%	2.20%	3.01%					
4	Income/(Loss) From Operations	\$6,023,054	\$4,660,229	\$5,715,081					
5	Total Operating Revenue	\$159,988,870	\$171,773,925	\$178,984,922					
6	Total Non-Operating Revenue	\$2,837,373	(\$908,510)	(\$345,750					
7	Total Revenue	\$162,826,243	\$170,865,415	\$178,639,172					
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,860,427	\$3,751,719	\$5,369,331					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$68,816,228	\$63,218,152	\$48,490,546					
2	Hospital Total Net Assets	\$77,200,784	\$71,309,938	\$54,907,397					
3	Hospital Change in Total Net Assets	\$77,200,784	(\$5,890,846)	(\$16,402,541					
4	Hospital Change in Total Net Assets %	0.0%	-7.6%	-23.0%					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.47	0.48	0.49					
2	Total Operating Expenses	\$146,150,404	\$159,022,197	\$173,269,841					
3	Total Gross Revenue	\$304,867,118	\$328,452,941	\$347,627,051					
4	Total Other Operating Revenue	\$4,558,512	\$5,307,321	\$6,541,587					
5	Private Payment to Cost Ratio	1.49	1.44	1.39					
6	Total Non-Government Payments	\$82,151,566	\$83,772,490	\$87,968,614					

		TE MEDICAL CENTER						
	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	FY 2007	<u>FY 2008</u>	FY 2009				
7	Total Uninsured Payments	\$462,214	\$478,208	\$495,336				
8	Total Non-Government Charges	\$125,733,439	\$132,543,662	\$139,391,778				
9	Total Uninsured Charges	\$9,326,794	\$10,846,155	\$10,985,431				
10	Medicare Payment to Cost Ratio	0.85	0.85	0.80				
11	Total Medicare Payments	\$57,444,132	\$62,007,684	\$62,393,615				
12	Total Medicare Charges	\$143,459,528	\$153,532,569	\$159,891,566				
13	Medicaid Payment to Cost Ratio	0.59	0.72	0.75				
14	Total Medicaid Payments	\$7,616,441	\$11,947,667	\$13,702,359				
15	Total Medicaid Charges	\$27,508,246	\$34,817,979	\$37,405,540				
16	Uncompensated Care Cost	\$4,575,133	\$6,173,100	\$6,403,138				
17	Charity Care	\$850,136	\$3,077,163	\$3,370,587				
18	Bad Debts	\$8,836,211	\$9,879,112	\$9,717,615				
19	Total Uncompensated Care	\$9,686,347	\$12,956,275	\$13,088,202				
20	Uncompensated Care % of Total Expenses	3.1%	3.9%	3.7%				
21	Total Operating Expenses	\$146,150,404	\$159,022,197	\$173,269,841				
E.	Liquidity Measures Summary							
1	Current Ratio	4.42	3.78	2.38				
2	Total Current Assets	\$64,609,526	\$66,849,930	\$65,521,020				
3	Total Current Liabilities	\$14,609,684	\$17,678,052	\$27,572,379				
4	Days Cash on Hand	100	101	91				
5	Cash and Cash Equivalents	\$39,816,847	\$43,912,798	\$41,146,505				
6	Short Term Investments	0	0	0				
7	Total Cash and Short Term Investments	\$39,816,847	\$43,912,798	\$41,146,505				
8	Total Operating Expenses	\$153,965,816	\$167,113,696	\$173,269,841				
9	Depreciation Expense	\$8,623,627	\$9,014,558	\$8,728,633				
10	Operating Expenses less Depreciation Expense	\$145,342,189	\$158,099,138	\$164,541,208				
11	Days Revenue in Patient Accounts Receivable	47.04	40.41	39.44				

	MIDSTATE MEDICAL CENTER 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		<u>FY 2009</u>		
12	Net Patient Accounts Receivable	\$	20,044,817	\$	18,867,122	\$	19,523,079		
13	Due From Third Party Payers		\$0		\$0		\$(
14	Due To Third Party Payers		\$164,932		\$437,607		\$885,46		
45	Total Net Patient Accounts Receivable and Third Party Payer	¢	40.070.005	¢	40,400,545	۴	40.007.040		
15	Activity	\$	19,879,885		18,429,515	\$ ¢	18,637,612		
16	Total Net Patient Revenue		\$154,243,792	\$	166,466,604	\$	172,470,335		
17	Average Payment Period		36.69		40.81		61.16		
18	Total Current Liabilities		\$14,609,684		\$17,678,052		\$27,572,379		
19	Total Operating Expenses		\$153,965,816		\$167,113,696		\$173,269,841		
20	Depreciation Expense		\$8,623,627		\$9,014,558		\$8,728,63		
21	Total Operating Expenses less Depreciation Expense		\$145,342,189		\$158,099,138		\$164,541,208		
F.	Solvency Measures Summary								
1	Equity Financing Ratio		44.2		34.3		25.0		
2	Total Net Assets		\$77,200,784		\$71,309,938		\$54,907,397		
3	Total Assets		\$174,604,770		\$207,904,612		\$219,475,445		
4	Cash Flow to Total Debt Ratio		24.2		12.4		12.8		
5	Excess/(Deficiency) of Revenues Over Expenses		\$8,860,427		\$3,751,719		\$5,369,331		
6	Depreciation Expense		\$8,623,627		\$9,014,558		\$8,728,63		
7	Excess of Revenues Over Expenses and Depreciation Expense		\$17,484,054		\$12,766,277		\$14,097,964		
8	Total Current Liabilities		\$14,609,684		\$17,678,052		\$27,572,379		
9	Total Long Term Debt		\$57,765,000		\$85,305,000		\$82,915,00		
10	Total Current Liabilities and Total Long Term Debt		\$72,374,684		\$102,983,052		\$110,487,379		
11	Long Term Debt to Capitalization Ratio		42.8		54.5		60.2		
12	Total Long Term Debt		\$57,765,000		\$85,305,000		\$82,915,000		
13	Total Net Assets		\$77,200,784		\$71,309,938		\$54,907,397		
14	Total Long Term Debt and Total Net Assets		\$134,965,784		\$156,614,938		\$137,822,397		
15	Debt Service Coverage Ratio		6.7		5.6		3.4		
16	Excess Revenues over Expenses		\$8,860,427		\$3,751,719		\$5,369,331		
17	Interest Expense		\$3,064,058		\$2,795,157		\$2,456,574		
18	Depreciation and Amortization Expense		\$8,623,627		\$9,014,558		\$8,728,633		

	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
(1)	(-)	ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u> </u>	<u> </u>	<u> </u>					
19	Principal Payments	\$0	\$0	\$2,460,000					
G.	Other Financial Ratios								
20	Average Age of Plant	9.0	9.0	10.3					
21	Accumulated Depreciation	\$77,610,340	\$81,325,824	\$89,995,490					
21	Depreciation and Amortization Expense	\$8,623,627	\$9,014,558	\$8,728,633					
Н.	Utilization Measures Summary								
1	Patient Days	44,321	45,363	42,873					
2	Discharges	9,664	9,722	9,955					
3	ALOS	4.6	4.7	4.3					
4	Staffed Beds	136	136	140					
5	Available Beds	_	_	142					
6	Licensed Beds	142	142	156					
-									
6	Occupancy of Staffed Beds	89.3%	91.4%	83.9%					
7	Occupancy of Available Beds	85.5%	87.5%	82.7%					
8	Full Time Equivalent Employees	866.4	909.0	950.5					
I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	38.2%	37.1%	36.9%					
2	Medicare Gross Revenue Payer Mix Percentage	47.1%	46.7%	46.0%					
3	Medicaid Gross Revenue Payer Mix Percentage	9.0%	10.6%	10.8%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.6%	2.2%	3.0%					
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	3.3%	3.2%					
6 7	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage Total Gross Revenue Payer Mix Percentage	0.1% 100.0%	0.1%	0.2%					
		¢440.400.045	¢101.007.507	¢400.400.047					
8	Non-Government Gross Revenue (Charges)	\$116,406,645	\$121,697,507	\$128,406,347					
9	Medicare Gross Revenue (Charges)	\$143,459,528 \$27,508,246	\$153,532,569	\$159,891,566 \$37,405,540					
10 11	Medicaid Gross Revenue (Charges) Other Medical Assistance Gross Revenue (Charges)	\$27,508,246	\$34,817,979 \$7,222,761	\$37,405,540 \$10,391,208					
12	Uninsured Gross Revenue (Charges)	\$9,326,794	\$10,846,155	\$10,391,208 \$10,985,431					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$385,254	\$335,970	\$546,959					
14	Total Gross Revenue (Charges)	\$304,867,118	\$328,452,941	\$347,627,051					
J.	Hospital Net Revenue Payer Mix Percentage								
1	Non-Government Net Revenue Payer Mix Percentage	54.9%	52.3%	52.8%					

	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL DA							
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	FY 2009					
2	Medicare Net Revenue Payer Mix Percentage	38.6%	38.9%	37.6%					
3	Medicaid Net Revenue Payer Mix Percentage	5.1%	7.5%	8.3%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.9%	1.0%					
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.3%	0.3%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Net Revenue (Payments)	\$81,689,352	\$83,294,282	\$87,473,278					
9	Medicare Net Revenue (Payments)	\$57,444,132	\$62,007,684	\$62,393,615					
10	Medicaid Net Revenue (Payments)	\$7,616,441	\$11,947,667	\$13,702,359					
11	Other Medical Assistance Net Revenue (Payments)	\$1,494,845	\$1,406,358	\$1,580,350					
12	Uninsured Net Revenue (Payments)	\$462,214	\$478,208	\$495,336					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$210,145	\$157,996	\$176,109					
14	Total Net Revenue (Payments)	\$148,917,129	\$159,292,195	\$165,821,047					
К.	Discharges								
1	Non-Government (Including Self Pay / Uninsured)	3,450	3,369	3,390					
2	Medicare	4,671	4,630	4,708					
3	Medical Assistance	1,531	1,718	1,847					
4	Medicaid	1,308	1,516	1,542					
5	Other Medical Assistance	223	202	305					
6	CHAMPUS / TRICARE	12	5	10					
7	Uninsured (Included In Non-Government)	284	297	302					
8	Total	9,664	9,722	9,955					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	0.934310	0.977650	1.008350					
2	Medicare	1.353670	1.433840	1.445170					
3	Medical Assistance	0.800027	0.814383	0.805267					
4	Medicaid	0.740490	0.774470	0.756420					
5	Other Medical Assistance	1.149240	1.113930	1.052230					
6	CHAMPUS / TRICARE	0.866980	1.062520	1.914120					
7	Uninsured (Included In Non-Government)	0.869040	0.860820	0.885530					
8	Total Case Mix Index	1.115646	1.166098	1.178165					
м.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	6,022	6,098	6,415					
2	Emergency Room - Treated and Discharged	63,826	61,902	60,480					
3	Total Emergency Room Visits	69,848	68,000	66,895					

(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	#4 440 740	¢4 554 044	¢1.10.000	4.00/
1	Inpatient Charges	\$1,410,716	\$1,551,614	\$140,898	10%
2	Inpatient Payments	\$711,590	\$762,705	\$51,115	7%
3	Outpatient Charges	\$873,155	\$918,928	\$45,773	5%
4	Outpatient Payments	\$297,309	\$306,377	\$9,068	3%
5	Discharges	76	86	10	13%
6	Patient Days	380	350	(30)	-8%
7	Outpatient Visits (Excludes ED Visits)	321	465	144	45%
8	Emergency Department Outpatient Visits	72	123	51	71%
9	Emergency Department Inpatient Admissions	68	67	(1)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,283,871	\$2,470,542	\$186,671	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,008,899	\$1,069,082	\$60,183	6%
Р	CIGNA HEALTHCARE				
B . ₁		\$0	\$0	\$0	0%
1	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0%
		\$0	7 -	\$0 \$0	
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
	Outpatient Payments				
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	-	-	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
	TOTAL INPATIENT & OUTPATIENT PATMENTS	۵ ۵	\$U	پ ۵	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$0	\$1.592.740	\$1.592.740	0%
2	Inpatient Payments	\$0	\$792,459	\$792,459	0%
3	Outpatient Charges	\$0	\$1,646,291	\$1,646,291	0%
4	Outpatient Payments	\$0 \$0	\$518,582	\$518,582	0%
5	Discharges	0	87	87	0%
6	Patient Days	0	357	357	0%
7	Outpatient Visits (Excludes ED Visits)	0	838	838	0%
8	Emergency Department Outpatient Visits	0	177	177	0%
9	Emergency Department Inpatient Admissions	0	69	69	0%
Ť	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$3,239,031	\$3,239,031	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,311,041	\$1,311,041	0%
		* *	<i></i>	÷.,•,•11	• / •

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$9,539,547	\$9,421,629	(\$117,918)	-1%
2	Inpatient Payments	\$4,118,718	\$4,202,644	\$83,926	2%
3	Outpatient Charges	\$6,360,193	\$6,330,429	(\$29,764)	0%
4	Outpatient Payments	\$2,159,922	\$2,006,746	(\$153,176)	-7%
5	Discharges	435	430	(5)	-1%
6	Patient Days	2,364	2,149	(215)	-9%
7	Outpatient Visits (Excludes ED Visits)	3,234	3,374	140	4%
8	Emergency Department Outpatient Visits	655	698	43	7%
9	Emergency Department Inpatient Admissions	345	358	13	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,899,740	\$15,752,058	(\$147,682)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,278,640	\$6,209,390	(\$69,250)	-1%
Ε.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
	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%
_		174.05			
F .	OXFORD HEALTH PLANS, INC - MEDICARE ADVAI		* ~	* ^	00/
1	Inpatient Charges	\$0	\$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%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	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%

(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%
	Inpatient Payments	\$0	\$0	\$0	0%
	Outpatient Charges	\$0	\$0	\$0	0%
	Outpatient Payments	\$0	\$0	\$0	0%
	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Н.	WELLCARE OF CONNECTICUT				
	Inpatient Charges	\$0	\$0	\$0	0%
	Inpatient Payments	\$0	\$0	\$0	0%
	Outpatient Charges	\$0	\$0	\$0	0%
	Outpatient Payments	\$0	\$0	\$0	0%
	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	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%
Ι.	AETNA				
	Inpatient Charges	\$0	\$0	\$0	0%
	Inpatient Payments	\$0	30 \$0	\$0	0%
	Outpatient Charges	\$0	\$0 \$0	\$0	0%
	Outpatient Payments	\$0	30 \$0	\$0	0%
	Discharges		0 0		0%
	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0% 0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0	0%
	TOTAL IN ATLENT & OUT ATLENT ATMENTS	φU	φU	φU	U %

(2) DESCRIPTION HUMANA Inpatient Charges Inpatient Payments Outpatient Payments Dutpatient Payments Discharges	(3) FY 2008 ACTUAL \$0 \$0 \$0 \$0	FY 2009 ACTUAL \$0	(5) AMOUNT DIFFERENCE	% DIFFERENCE
HUMANA Inpatient Charges Inpatient Payments Outpatient Charges Outpatient Payments	\$0 \$0	\$0		DIFFERENCE
Inpatient Charges Inpatient Payments Outpatient Charges Outpatient Payments	\$0			
Inpatient Charges Inpatient Payments Outpatient Charges Outpatient Payments	\$0			
Inpatient Payments Outpatient Charges Outpatient Payments	\$0			
Outpatient Charges Outpatient Payments			\$0	0%
Outpatient Payments	\$0	\$0	\$0	0%
	φυ	\$0	\$0	0%
Discharges	\$0	\$0	\$0	0%
Discharges	0	0	0	0%
Patient Days	0	0	0	0%
Outpatient Visits (Excludes ED Visits)	0	0	0	0%
Emergency Department Outpatient Visits	0	0	0	0%
Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
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		**	**	<u> </u>
UNICARE LIFE & HEALTH INSURANCE				
				0%
				0%
				0%
				0%
	-	0	0	0%
Patient Days	0	0	0	0%
	0	0	0	0%
Emergency Department Outpatient Visits	0	0	0	0%
	-	0	0	0%
	\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	Dutpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS SECURE HORIZONS npatient Charges npatient Payments Dutpatient Payments Discharges Patient Days Dutpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS UNICARE LIFE & HEALTH INSURANCE npatient Charges Dutpatient Payments Dutpatient Charges Dutpatient Charges Dutpatient Payments Discharges Patient Days Dutpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits Discharges Patient Days Dutpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	Dutpatient Visits (Excludes ED Visits) 0 Emergency Department Outpatient Visits 0 Emergency Department Inpatient Admissions 0 FOTAL INPATIENT & OUTPATIENT CHARGES \$0 FOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 SECURE HORIZONS 9 npatient Charges \$0 Dutpatient Payments \$0 Dutpatient Payments \$0 Discharges 0 Patient Days 0 Dutpatient Visits (Excludes ED Visits) 0 Emergency Department Outpatient Visits 0 Dutpatient Visits (Excludes ED Visits) 0 Emergency Department Inpatient Admissions 0 FOTAL INPATIENT & OUTPATIENT CHARGES \$0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 Outpatient Visits (Excludes ED Visits) 0 Emergency Department Inpatient Admissions 0 OTAL INPATIENT & OUTPATIENT PAYMENTS \$0 Dutpatient Charges \$0 Outpatient Payments \$0 Dutpatient Charges \$0 Dutpatient Payments \$0 Dutpatient Charges \$0 <t< td=""><td>Dutpatient Visits (Excludes ED Visits)00Emergency Department Inpatient Admissions00COTAL INPATIENT & OUTPATIENT CHARGES\$0\$0FOTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$0SECURE HORIZONS</td><td>Dutpatient Visits (Excludes ED Visits) 0 0 0 0 Emergency Department Outpatient Visits 0 0 0 0 COTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 \$0 FOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 \$0 SECURE HORIZONS \$0 \$0 \$0 npatient Charges \$0 \$0 \$0 \$0 \$0 \$0 \$0 Dutpatient Charges \$0 \$0 \$0 \$0 \$0 \$0 Dutpatient Payments \$0 \$0 \$0 \$0 \$0 \$0 Discharges 0 0 0 0 0 0 0 Dutpatient Visits (Excludes ED Visits) 0</td></t<>	Dutpatient Visits (Excludes ED Visits)00Emergency Department Inpatient Admissions00COTAL INPATIENT & OUTPATIENT CHARGES\$0\$0FOTAL INPATIENT & OUTPATIENT PAYMENTS\$0\$0SECURE HORIZONS	Dutpatient Visits (Excludes ED Visits) 0 0 0 0 Emergency Department Outpatient Visits 0 0 0 0 COTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 \$0 FOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 \$0 SECURE HORIZONS \$0 \$0 \$0 npatient Charges \$0 \$0 \$0 \$0 \$0 \$0 \$0 Dutpatient Charges \$0 \$0 \$0 \$0 \$0 \$0 Dutpatient Payments \$0 \$0 \$0 \$0 \$0 \$0 Discharges 0 0 0 0 0 0 0 Dutpatient Visits (Excludes ED Visits) 0

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
м.	UNIVERSAL AMERICAN				[
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0 \$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%
Ν.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL MEDICATLE MANAGED CATLE				
	TOTAL INPATIENT CHARGES	\$10,950,263	\$12,565,983	\$1,615,720	15%
	TOTAL INPATIENT PAYMENTS	\$4,830,308	\$5,757,808	\$927,500	19%
	TOTAL OUTPATIENT CHARGES	\$7,233,348	\$8,895,648	\$1,662,300	23%
	TOTAL OUTPATIENT PAYMENTS	\$2,457,231	\$2,831,705	\$374,474	15%
	TOTAL DISCHARGES	511	603	92	18%
	TOTAL PATIENT DAYS	2,744	2,856	112	4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	3,555	4,677	1,122	32%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	727	998	271	37%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	413	494	81	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,183,611	\$21,461,631	\$3,278,020	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,287,539	\$8,589,513	\$1,301,974	18%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				_
	ANTHEM BLUE CROSS AND BLUE SHIELD				
Α.	OF CONNECTICUT				
1	Inpatient Charges	\$553,810	\$0	(\$553,810)	-100%
2	Inpatient Payments	\$195,183	\$0 \$0	(\$195,183)	-100%
3	Outpatient Charges	\$1,763,814	\$0 \$0	(\$1,763,814)	
4	Outpatient Payments	\$546,782	\$0 \$0	(\$546,782)	-100%
5	Discharges	64	0	(64)	-100%
6	Patient Days	180	0	(180)	-100%
7	Outpatient Visits (Excludes ED Visits)	552	0	(552)	-100%
8	Emergency Department Outpatient Visits	2,356	0	(2,356)	
9	Emergency Department Inpatient Admissions	2,000	0	(2,000)	-100%
3	TOTAL INPATIENT & OUTPATIENT	25	0	(23)	-10078
	CHARGES	\$2,317,624	\$0	(\$2,317,624)	-100%
	TOTAL INPATIENT & OUTPATIENT	Ψ 2 ,017,024	ψυ	(#2,017,024)	100 /0
	PAYMENTS	\$741,965	\$0	(\$741,965)	-100%
		<i></i> ,	<u> </u>	(\$1.1,000)	
в.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$4,876,848	\$5,745,567	\$868,719	18%
2	Inpatient Payments	\$1,990,943	\$2,498,395	\$507,452	25%
3	Outpatient Charges	\$8,267,594	\$11,679,656	\$3,412,062	41%
4	Outpatient Payments	\$2,397,602	\$3,971,083	\$1,573,481	66%
5	Discharges	697	781	φ1,070,401 84	12%
6	Patient Days	1,902	2,077	175	9%
7	Outpatient Visits (Excludes ED Visits)	4,087	6,567	2,480	61%
8	Emergency Department Outpatient Visits	8,965	11,540	2,575	29%
9	Emergency Department Inpatient Admissions	88	118	30	34%
3	TOTAL INPATIENT & OUTPATIENT	00	110	50	5470
	CHARGES	\$13,144,442	\$17,425,223	\$4,280,781	33%
	TOTAL INPATIENT & OUTPATIENT	ψ13,177,772	ψ17, 4 23,223	ψ4,200,701	5570
	PAYMENTS	\$4,388,545	\$6,469,478	\$2,080,933	47%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$642,601	\$0	(\$642,601)	-100%
2	Inpatient Payments	\$263,024	\$0	(\$263,024)	
3	Outpatient Charges	\$821,043	\$0 \$0	(\$821,043)	
4	Outpatient Payments	\$270,944	\$0 \$0	(\$270,944)	
5	Discharges	110	0	(110)	-100%
6	Patient Days	281	0	(281)	-100%
7	Outpatient Visits (Excludes ED Visits)	423	0	(423)	-100%
8	Emergency Department Outpatient Visits	921	0	(921)	-100%
9	Emergency Department Inpatient Admissions	9	0	(921)	-100%
5	TOTAL INPATIENT & OUTPATIENT	5	0	(3)	10070
	CHARGES	\$1,463,644	\$0	(\$1,463,644)	-100%
	TOTAL INPATIENT & OUTPATIENT	ψι,+00,0++	ΨU	(#1,403,044)	- 100 /0
	PAYMENTS	\$533,968	\$0	(\$533,968)	-100%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
					1
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$703,472	\$703,472	0%
2	Inpatient Payments	\$0	\$273,422	\$273,422	0%
3	Outpatient Charges	\$0	\$1,045,248	\$1,045,248	0%
4	Outpatient Payments	\$0	\$313,736	\$313,736	0%
5	Discharges	0	88	88	0%
6	Patient Days	0	235	235	0%
7	Outpatient Visits (Excludes ED Visits)	0	260	260	0%
8	Emergency Department Outpatient Visits	0	1,002	1.002	0%
9	Emergency Department Inpatient Admissions	0	19	19	0%
-	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$1,748,720	\$1,748,720	0%
	TOTAL INPATIENT & OUTPATIENT		<i>•••••••••••••••••••••••••••••••••••••</i>	+ .,,	
	PAYMENTS	\$0	\$587,158	\$587,158	0%
			. ,		
Ε.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,				
F.	PREFERRED ONE				
1	Inpatient Charges	\$332,584	\$0	(\$332,584)	
2	Inpatient Payments	\$111,388	\$0	(\$111,388)	
3	Outpatient Charges	\$523,697	\$0	(\$523,697)	-100%
4	Outpatient Payments	\$162,346	\$0	(\$162,346)	
5	Discharges	53	0	(53)	
6	Patient Days	119	0	(119)	
7	Outpatient Visits (Excludes ED Visits)	203	0	(203)	
8	Emergency Department Outpatient Visits	746	0	(746)	-100%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	8	0	(8)	-100%
	TOTAL INPATIENT & OUTPATIENT				
		\$856,281	\$0	(\$856,281)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	¢070 704	¢o	(4070 704)	4000/
	PATMENIS	\$273,734	\$0	(\$273,734)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$286,120	\$286,120	0%
2	Inpatient Payments	\$0 \$0	\$115,186	\$115,186	0%
3	Outpatient Charges	\$0 \$0	\$383,821	\$383,821	0%
4	Outpatient Payments	\$0	\$114,984	\$114,984	0%
5	Discharges	0	35	35	0%
6	Patient Days	0	99	99	0%
7	Outpatient Visits (Excludes ED Visits)	0	160	160	0%
8	Emergency Department Outpatient Visits	0	468	468	0%
9	Emergency Department Inpatient Admissions	0	8	8	0%
	TOTĂL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$669,941	\$669,941	0%
	TOTAL INPATIENT & OUTPATIENT			_	
	PAYMENTS	\$0	\$230,170	\$230,170	0%
<u>H.</u>	AETNA	* 0	\$004.470	\$004.470	00/
1	Inpatient Charges	\$0	\$264,172	\$264,172	0%
2	Inpatient Payments	\$0 \$0	\$102,388	\$102,388	0%
3	Outpatient Charges	\$0 \$0	\$698,679	\$698,679	0%
4 5	Outpatient Payments Discharges	پ 0 0	\$209,604 33	\$209,604 33	0% 0%
6	Patient Days	0		88	0%
7	Outpatient Visits (Excludes ED Visits)	0	273	273	0%
8	Emergency Department Outpatient Visits	0	969	969	0%
9	Emergency Department Inpatient Admissions	0	10	10	0%
•	TOTAL INPATIENT & OUTPATIENT				0,0
	CHARGES	\$0	\$962,851	\$962,851	0%
	TOTAL INPATIENT & OUTPATIENT	·			
	PAYMENTS	\$0	\$311,992	\$311,992	0%
II.	TOTAL MEDICAID MANAGED CARE				
			.	A-	
	TOTAL INPATIENT CHARGES	\$6,405,843	\$6,999,331	\$593,488	9%
	TOTAL INPATIENT PAYMENTS	\$2,560,538	\$2,989,391	\$428,853	17%
	TOTAL OUTPATIENT CHARGES	\$11,376,148	\$13,807,404	\$2,431,256	21%
	TOTAL OUTPATIENT PAYMENTS TOTAL DISCHARGES	\$3,377,674	\$4,609,407	\$1,231,733	36%
	TOTAL DISCHARGES	924 2,482	937 2,499	<u>13</u> 17	1% 1%
	TOTAL OUTPATIENT VISITS	2,402	2,499	17	170
	(EXCLUDES ED VISITS)	5.265	7,260	1,995	38%
	TOTAL EMERGENCY DEPARTMENT	5,205	7,200	1,335	5078
	OUTPATIENT VISITS	12,988	13,979	991	8%
	TOTAL EMERGENCY DEPARTMENT	12,000	10,019	551	578
	INPATIENT ADMISSIONS	130	155	25	19%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$17,781,991	\$20,806,735	\$3,024,744	17%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$5,938,212	\$7,598,798	\$1,660,586	28%

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

	MIDSTATE MED	CAL CENTER AND SUB	SIDIARIES		
	TWELVE	MONTHS ACTUAL FILIN	IG		
		FISCAL YEAR 2009			
	REPORT 300 - HOSP	ITAL BALANCE SHEET I	NFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$45,476,555	\$42,246,786	(\$3,229,769)	-7%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$21,803,628	\$22,801,140	\$997,512	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,168,505	\$1,168,505	\$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	\$1,334,511	\$1,420,160	\$85,649	6%
8	Prepaid Expenses	\$889,429	\$1,094,329	\$204,900	23%
9	Other Current Assets	\$722,514	\$1,198,551	\$476,037	66%
	Total Current Assets	\$71,395,142	\$69,929,471	(\$1,465,671)	-2%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$4,823,527	\$4,011,143	(\$812,384)	-17%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$29,467,813	\$10,167,560	(\$19,300,253)	-65%
4	Other Noncurrent Assets Whose Use is Limited	\$345,625	\$165,433	(\$180,192)	-52%
	Total Noncurrent Assets Whose Use is Limited:	\$34,636,965	\$14,344,136	(\$20,292,829)	-59%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$11,791,694	\$11,876,168	\$84,474	1%
7	Other Noncurrent Assets	\$4,614,287	\$8,550,946	\$3,936,659	85%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$168,201,175	\$179,654,023	\$11,452,848	7%
2	Less: Accumulated Depreciation	\$83,829,702	\$91,993,843	\$8,164,141	\$0
	Property, Plant and Equipment, Net	\$84,371,473	\$87,660,180	\$3,288,707	4%
3	Construction in Progress	\$8,576,054	\$30,689,886	\$22,113,832	258%
	Total Net Fixed Assets	\$92,947,527	\$118,350,066	\$25,402,539	27%
	Total Assets	\$215,385,615	\$223,050,787	\$7,665,172	4%
		φ ε ι J, JOJ, UIJ	Ψ Ζ ΖJ,UJU,IOI	φ1,003,11Z	4 70

A. Q 1 A 2 S 3 E		MONTHS ACTUAL FILIN FISCAL YEAR 2009 TAL BALANCE SHEET I (3) FY 2008 <u>ACTUAL</u> \$7,146,986	NFORMATION (4) FY 2009 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
LINE II. <u>L</u> A. <u>C</u> 1 A 2 S 3 E	(2) <u>DESCRIPTION</u> <u>LIABILITIES AND NET ASSETS</u> <u>Current Liabilities:</u> Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes	TAL BALANCE SHEET I (3) FY 2008 ACTUAL \$7,146,986	(4) FY 2009 <u>ACTUAL</u>	AMOUNT	%
LINE II. <u>L</u> A. <u>C</u> 1 A 2 S 3 E	(2) <u>DESCRIPTION</u> <u>LIABILITIES AND NET ASSETS</u> <u>Current Liabilities:</u> Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes	(3) FY 2008 <u>ACTUAL</u> \$7,146,986	(4) FY 2009 <u>ACTUAL</u>	AMOUNT	%
LINE II. <u>L</u> A. <u>C</u> 1 A 2 S 3 E	DESCRIPTION LIABILITIES AND NET ASSETS Current Liabilities: Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes	FY 2008 ACTUAL \$7,146,986	FY 2009 ACTUAL	AMOUNT	%
II. <u>L</u> A. <u>C</u> 1 <i>A</i> 2 <u>S</u> 3 E	LIABILITIES AND NET ASSETS Current Liabilities: Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes	\$7,146,986			DIFFERENCE
A. () 1 A 2 S 3 [Current Liabilities: Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes		¢0 077 007		
1 A 2 S 3 D	Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes		¢0,077,007		
2 S 3 E	Salaries, Wages and Payroll Taxes		¢0.077.007		
3 E		#0 500 000	\$8,677,307	\$1,530,321	21%
	Due To Third Party Pavers	\$8,538,903	\$9,288,643	\$749,740	9%
4 C		\$492,330	\$885,467	\$393,137	80%
	Due To Affiliates	\$0	\$0	\$0	0%
5 (Current Portion of Long Term Debt	\$2,460,000	\$2,390,000	(\$70,000)	-3%
6 0	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7 (Other Current Liabilities	\$163,149	\$6,956,870	\$6,793,721	4164%
ד	Total Current Liabilities	\$18,801,368	\$28,198,287	\$9,396,919	50%
В. <u>L</u>	Long Term Debt:				
1 E	Bonds Payable (Net of Current Portion)	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%
2 1	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
1	Total Long Term Debt	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%
3 A	Accrued Pension Liability	\$26,949,323	\$49,059,528	\$22,110,205	82%
4 (Other Long Term Liabilities	\$7,166,789	\$5,510,174	(\$1,656,615)	-23%
1	Total Long Term Liabilities	\$119,421,112	\$137,484,702	\$18,063,590	15%
5 li	nterest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. <u>N</u>	Net Assets:				
1 L	Unrestricted Net Assets or Equity	\$68,408,363	\$50,950,947	(\$17,457,416)	-26%
2 T	Temporarily Restricted Net Assets	\$2,746,781	\$1,630,516	(\$1,116,265)	-41%
3 F	Permanently Restricted Net Assets	\$6,007,991	\$4,786,335	(\$1,221,656)	-20%
٦	Total Net Assets	\$77,163,135	\$57,367,798	(\$19,795,337)	-26%
	Total Liabilities and Net Assets	\$215,385,615	\$223,050,787	\$7,665,172	

	TWELVE	MONTHS ACTUAL F	FILING		
		FISCAL YEAR 2009			
	REPORT 350 - HOSPITAL S	TATEMENT OF OPE	RATIONS INFORM	IATION	
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$335,017,567	\$347,627,051	\$12,609,484	4%
2	Less: Allowances	\$159,693,034	\$171,786,129	\$12,093,095	8%
3	Less: Charity Care	\$3,095,013	\$3,370,587	\$275,574	9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$172,229,520	\$172,470,335	\$240,815	0%
5	Other Operating Revenue	\$15,357,232	\$18,473,460	\$3,116,228	20%
6	Net Assets Released from Restrictions	\$252,892	\$247,839	(\$5,053)	-2%
	Total Operating Revenue	\$187,839,644	\$191,191,634	\$3,351,990	2%
В.	Operating Expenses:				
1	Salaries and Wages	\$63,689,538	\$65,452,831	\$1,763,293	3%
2	Fringe Benefits	\$17,985,378	\$17,450,768	(\$534,610)	-3%
3	Physicians Fees	\$4,511,727	\$4,866,690	\$354,963	8%
4	Supplies and Drugs	\$18,394,599	\$19,189,397	\$794,798	4%
5	Depreciation and Amortization	\$9,516,570	\$9,179,180	(\$337,390)	-4%
6	Bad Debts	\$9,915,116	\$9,717,615	(\$197,501)	-2%
7	Interest	\$2,795,157	\$2,456,574	(\$338,583)	-12%
8	Malpractice	\$5,437,362	\$5,437,362	\$0	,
9	Other Operating Expenses	\$50,901,179	\$51,502,068	\$600,889	1%
	Total Operating Expenses	\$183,146,626	\$185,252,485	\$2,105,859	1%
	Income/(Loss) From Operations	\$4,693,018	\$5,939,149	\$1,246,131	27%
C.	Non-Operating Revenue:				
1	Income from Investments	(\$2,728,124)	\$529,585	\$3,257,709	-119%
2	Gifts, Contributions and Donations	\$25,000	\$25,000	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$2,007,525	\$330,892	(\$1,676,633)	-84%
	Total Non-Operating Revenue	(\$695,599)	\$885,477	\$1,581,076	-227%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,997,419	\$6,824,626	\$2,827,207	71%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$579,781	\$579,781	0%
	All Other Adjustments	\$0	(\$2,709,325)	(\$2,709,325)	0%
	Total Other Adjustments	\$0	(\$2,129,544)	(\$2,129,544)	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,997,419	\$4,695,082	\$697,663	17%

	TWELVE MONTHS AC	TUAL FILING		
	FISCAL YEA	AR 2009		
	REPORT 385 - PARENT CORPORATION CONSC	LIDATED FINANCIAL D	ATA ANALYSIS	
(1)	(2)	(3)	(4)	(5)
(1)	(2)	ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
Α.	Parent Corporation Statement of Operations Summary			
1	Net Patient Revenue	\$159,523,384	\$172,229,520	\$172,470,335
2	Other Operating Revenue	14,783,706	15,610,124	18,721,299
3	Total Operating Revenue	\$174,307,090	\$187,839,644	\$191,191,634
4	Total Operating Expenses	168,826,496	183,146,626	185,252,485
5	Income/(Loss) From Operations	\$5,480,594	\$4,693,018	\$5,939,149
6	Total Non-Operating Revenue	3,102,031	(695,599)	(1,244,067)
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,582,625	\$3,997,419	\$4,695,082
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	3.09%	2.51%	3.13%
2	Parent Corporation Non-Operating Margin	1.75%	-0.37%	-0.65%
3	Parent Corporation Total Margin	4.84%	2.14%	2.47%
4	Income/(Loss) From Operations	\$5,480,594	\$4,693,018	\$5,939,149
5	Total Operating Revenue	\$174,307,090	\$187,839,644	\$191,191,634
6	Total Non-Operating Revenue	\$3,102,031	(\$695,599)	(\$1,244,067)
7	Total Revenue	\$177,409,121	\$187,144,045	\$189,947,567
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,582,625	\$3,997,419	\$4,695,082
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$72,965,092	\$68,408,363	\$50,950,947
2	Parent Corporation Total Net Assets	\$82,078,870	\$77,163,135	\$57,367,798
3	Parent Corporation Change in Total Net Assets	\$82,078,870	(\$4,915,735)	(\$19,795,337)
4	Parent Corporation Change in Total Net Assets %	0.0%	-6.0%	-25.7%

0	FFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACT			WIDC			UBSIDIARIES
	MIDSTATE MEDICAL CENTER		SUBSIDIARIES				
	TWELVE MONTHS AC	TUAL	FILING				
	FISCAL YEA	R 200	9				
	REPORT 385 - PARENT CORPORATION CONSC	LIDAT	ED FINANCIAL	DA.	TA ANALYSIS		
(1)	(2)		(3)		(4)		(5)
(-)			ACTUAL		ACTUAL	A	CTUAL
LINE	DESCRIPTION		FY 2007		FY 2008		FY 2009
D.	Liquidity Measures Summary						
1	Current Ratio		4.29		3.80		2.48
2	Total Current Assets		\$68,534,175		\$71,395,142	\$	69,929,471
3	Total Current Liabilities		\$15,979,198		\$18,801,368	\$	28,198,287
4	Days Cash on Hand		95		96		88
5	Cash and Cash Equivalents		\$41,516,783		\$45,476,555	\$	42,246,786
6	Short Term Investments		0		0		0
7	Total Cash and Short Term Investments		\$41,516,783		\$45,476,555	\$	42,246,786
8	Total Operating Expenses		\$168,826,496		\$183,146,626	\$1	85,252,485
9	Depreciation Expense		\$9,195,956		\$9,516,570		\$9,179,180
10	Operating Expenses less Depreciation Expense		\$159,630,540		\$173,630,056	\$1	76,073,305
11	Days Revenue in Patient Accounts Receivable	_	50		45		46
12	Net Patient Accounts Receivable	\$	22,235,089	\$	21,803,628	\$	22,801,140
13	Due From Third Party Payers		\$0		\$0		\$0
14	Due To Third Party Payers		\$224,932		\$492,330		\$885,467
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$	22,010,157	\$	21,311,298	\$	21,915,673
16	Total Net Patient Revenue		\$159,523,384		\$172,229,520	\$1	72,470,335
17	Average Payment Period		37		40		58
18	Total Current Liabilities		\$15,979,198		\$18,801,368	\$	28,198,287
19	Total Operating Expenses		\$168,826,496		\$183,146,626	\$1	85,252,485
20	Depreciation Expense		\$9,195,956		\$9,516,570		\$9,179,180
21	Total Operating Expenses less Depreciation Expense		\$159,630,540		\$173,630,056	\$1	76,073,305

	MIDSTATE MEDICAL CENTER A	ND SUBSIDIARIES							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009								
	REPORT 385 - PARENT CORPORATION CONSOLI	DATED FINANCIAL D	ATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
(')	(2)			ACTUAL					
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>					
E.	Solvency Measures Summary								
1	Equity Financing Ratio	45.3	35.8	25.7					
2	Total Net Assets	\$82,078,870	\$77,163,135	\$57,367,798					
3	Total Assets	\$181,387,055	\$215,385,615	\$223,050,787					
4	Cash Flow to Total Debt Ratio	24.1	13.0	12.5					
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,582,625	\$3,997,419	\$4,695,082					
6	Depreciation Expense	\$9,195,956	\$9,516,570	\$9,179,180					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,778,581	\$13,513,989	\$13,874,262					
8	Total Current Liabilities	\$15,979,198	\$18,801,368	\$28,198,287					
9	Total Long Term Debt	\$57,765,000	\$85,305,000	\$82,915,000					
10	Total Current Liabilities and Total Long Term Debt	\$73,744,198	\$104,106,368	\$111,113,287					
11	Long Term Debt to Capitalization Ratio	41.3	52.5	59.1					
12	Total Long Term Debt	\$57,765,000	\$85,305,000	\$82,915,000					
13	Total Net Assets	\$82,078,870	\$77,163,135	\$57,367,798					
14	Total Long Term Debt and Total Net Assets	\$139,843,870	\$162,468,135	\$140,282,798					

			ATE MEDICAL CEN				
		TWELVE	MONTHS ACTUAL				
			FISCAL YEAR 2009				
	REPOR	RT 400 - HOSPITAL INF	PATIENT BED UTILIZ	ZATION BY DEPART	MENT		
(4)	(2)	(2)	(4)	(5)	(6)	(7)	
(1)	(2)	(3)	(4)	(5)		(7) OCCUPANCY	
		PATIENT	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE	
	DESCRIPTION	DAYS	BEDS (A)	BEDS	BEDS (A)	BEDS	
			<u>BEBO (A)</u>	<u>BLB0</u>	<u>DEDO (A)</u>	DEDO	
1	Adult Medical/Surgical	33,728	102	102	90.6%	90.6%	
•	ridar modica, cargical	00,120	102	102	00.070	00.070	
2	ICU/CCU (Excludes Neonatal ICU)	1,970	7	9	77.1%	60.0%	
		,					
	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%	
4	Psychiatric: Ages 18+	1,929	6	6	88.1%	88.1%	
	TOTAL PSYCHIATRIC	1,929	6	6	88.1%	88.1%	
5	Rehabilitation	0	0	0	0.0%	0.0%	
		0.001	40	40	50.40/	50.40/	
6	Maternity	2,664	13	13	56.1%	56.1%	
7	Newborn	2,582	12	12	58.9%	58.9%	
1	Newbolli	2,302	12	12	30.976	50.976	
8	Neonatal ICU	0	0	0	0.0%	0.0%	
Ŭ		•	•		0.070	0.070	
9	Pediatric	0	0	0	0.0%	0.0%	
10	Other	0	0	0	0.0%	0.0%	
	TOTAL EXCLUDING NEWBORN	40,291	128	130	86.2%	84.9%	
	TOTAL INPATIENT BED UTILIZATION	42,873	140	142	83.9%	82.7%	
		10.070					
		42,873	140	142	83.9%	82.7%	
	TOTAL INPATIENT PRIOR YEAR DIFFERENCE #: REPORTED VS. PRIOR YEAR	45,363 -2,490	136	142 0	91.4% -7.5%	87.5% -4.8%	
	DIFFERENCE #: REPORTED VS. PRIOR TEAR	-2,490	4	U	-7.3%	-4.8%	
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	3%	0%	-8%	-5%	
	DIFFERENCE %: REFORTED V3. FRIUR TEAR	-3%	3%	0%	-8 %	-3%	
	Total Licensed Beds and Bassinets	156					
		150					
(A) T	his number may not exceed the number of available	beds for each departs	nent or in total				
(~) [in a number may not exceed the number of available						

		TATE MEDICAL CEN MONTHS ACTUAL			
		FISCAL YEAR 2009			
	REPORT 450 - HOSPITAL INPATIENT AN			IZATION AND FTE	5
(1)	(2)	(3)	(4)	(5)	(6)
	DECODIDITION	ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u> </u>	<u> </u>	DIFFERENCE	DIFFERENCE
Α.	CT Scans (A)				
1	Inpatient Scans	6,571	6,824	253	4%
	Outpatient Scans (Excluding Emergency Department	-,-	- / -		
2	Scans)	6,955	6,705	-250	-4%
3	Emergency Department Scans	8,349	8,625	276	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	21,875	22,154	279	1%
-					
<u>В.</u> 1	MRI Scans (A) Inpatient Scans	1,072	1,220	148	14%
	Outpatient Scans (Excluding Emergency Department	1,072	1,220	140	14%
2	Scans)	6,005	7,194	1,189	20%
3	Emergency Department Scans	293	256	-37	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	7,370	8,670	1,300	18%
C.	PET Scans (A)				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D.	PET/CT Scans (A)				
1	Inpatient Scans	17	3	-14	-82%
	Outpatient Scans (Excluding Emergency Department				
2	Scans) Emergency Department Scans	483	420	-63	-13%
3	Other Non-Hospital Providers' Scans (A)	0	0	0	<u> </u>
4	Total PET/CT Scans	500	423	-77	-15%
			120		1070
	(A) If the Hospital is not the primary provider of the	se scans, the Hospit	al must obtain the fi	scal year	
	volume of each of these types of scans from the				
Ε.	Linear Accelerator Procedures				
1	Inpatient Procedures	336	134	-202	-60%
2	Outpatient Procedures Total Linear Accelerator Procedures	6,190	5,403	-787 - 989	-13% -15%
	Total Linear Accelerator Procedures	6,526	5,537	-909	-13%
F.	Cardiac Catheterization Procedures				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G.	Cardiac Angioplasty Procedures				
1	Primary Procedures	0	0	0	
	Primary Procedures Elective Procedures	0	0	0	0%
1	Primary Procedures				0%
1 2	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures	0	0	0	0%
1 2 H.	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies	0 0	0 0	0 0	0% 0%
1 2	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies	0	0	0	0% 0%
1 2 H. 1	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies	0 0 0	0 0 0	0 0	0% 0% 0% 0%
1 2 H. 1	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0% 0% 0%
1 2 H. 1 2	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0% 0% 0% 0% 0%
1 2 H. 1 2 1	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures Inpatient Surgical Procedures	0 0 0 0 0 0 2,446	0 0 0 0 0 2,448	0 0 0 0 0 0 0	0% 0% 0% 0% 0%
1 2 H. 1 2	Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0 2 -97	0% 0% 0% 0% 0% 0% -2% -1%

	-	TATE MEDICAL CENTE MONTHS ACTUAL FI							
	IWELVE	FISCAL YEAR 2009	LING						
	REPORT 450 - HOSPITAL INPATIENT AN				•				
(1)	(2)	(3)	(4)	(5)	(6)				
. /									
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE				
	Endoscopy Procedures								
1	Inpatient Endoscopy Procedures	1,206	1,160	-46	-4%				
2	Outpatient Endoscopy Procedures	7,001	6,379	-622	-9%				
	Total Endoscopy Procedures	8,207	7,539	-668	-8%				
К.	Hospital Emergency Room Visits								
	Emergency Room Visits: Treated and Admitted	6,098	6,415	317	5%				
	Emergency Room Visits: Treated and Discharged	61,902	60,480	-1,422	-2%				
	Total Emergency Room Visits	68,000	66,895	-1,105	-2%				
L.	Hospital Clinic Visits								
	Substance Abuse Treatment Clinic Visits	0	0	0	0%				
1	Dental Clinic Visits	0	0	0	0%				
	Psychiatric Clinic Visits	0	0	0	0%				
	Medical Clinic Visits	0	0	0	0%				
5	Specialty Clinic Visits	2,600	2,192	-408	-16%				
0	Total Hospital Clinic Visits	2,600	2,192	-408	-16%				
М.	Other Hospital Outpatient Visits								
	Rehabilitation (PT/OT/ST)	186	186	0	0%				
	Cardiology	2,281	2,283	2	0%				
	Chemotherapy	532	308	-224	-42%				
4	Gastroenterology	7,001	6,379	-622	-9%				
5	Other Outpatient Visits	72,234	79,910	7,676	11%				
	Total Other Hospital Outpatient Visits	82,234	89,066	6,832	8%				
N.	Hospital Full Time Equivalent Employees								
1	Total Nursing FTEs	284.0	304.2	20.2	7%				
	Total Physician FTEs	45.3	47.6	2.3	5%				
3	Total Non-Nursing and Non-Physician FTEs	579.7	598.7	19.0	3%				
	Total Hospital Full Time Equivalent Employees	909.0	950.5	41.5	5%				

	MIDSTATE MEL	DICAL CENTER			
	TWELVE MONTHS	ACTUAL FILIN	IG		
		YEAR 2009			
REF	ORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOS	SCOPY AND EM	ERGENCY RO	OM SERVICES	BY LOCATION
			(1)	(=)	(2)
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	
	DESCRIPTION	112000	112009	DITTERENCE	DITTENENCE
Α.	Outpatient Surgical Procedures				
1	Main hospital campus	5,877	5,780	-97	-2%
	Total Outpatient Surgical Procedures(A)	5,877	5,780	-97	-2%
В.	Outpatient Endoscopy Procedures				
1	Main hospital campus	7,001	6,379	-622	-9%
	Total Outpatient Endoscopy Procedures(B)	7,001	6,379	-622	-9%
C.	Outpatient Hospital Emergency Room Visits				
1	883 Paddock Ave	18.435	11.712	-6.723	-36%
2	Main hospital campus	43,467	42,387	-1,080	-2%
3	61 Pomeroy Ave	0	6,381	6,381	0%
	Total Outpatient Hospital Emergency Room Visits(61,902	60,480	-1,422	-2%
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 45	0.		
	(B) Must agree with Total Outpatient Endoscopy Procee	lures on Report	450		
	(C) Must agree with Emergency Room Visits Treated an	d Discharged o	n Report 450.		

		MEDICAL CENTER								
	TWELVE MO	NTHS ACTUAL FILING								
	FI	SCAL YEAR 2009								
	REPORT FORM 500 - CALCUL	ATION OF DSH UPPER I		ЛТ						
	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS									
		IENT DATA: COMPARA	IVE ANALIS	513						
		ACTUAL	ACTUAL	AMOUNT	%					
LINE	DESCRIPTION	<u> </u>	FY 2009	DIFFERENCE	<u>DIFFERENCE</u>					
Ι.	DATA BY MAJOR PAYER CATEGORY									
Α.	MEDICARE									
	MEDICARE INPATIENT									
1	INPATIENT ACCRUED CHARGES	\$99,420,943	\$102,801,789	\$3,380,846	3%					
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$43,952,009	\$43,847,082	(\$104,927)	0%					
_	INPATIENT PAYMENTS / INPATIENT CHARGES	44.21%	42.65%	-1.56%	-4%					
4	DISCHARGES	4.630	4,708	78	2%					
5	CASE MIX INDEX (CMI)	1.43384	1.44517	0.01133	1%					
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,638.67920	6,803.86036	165.18116	2%					
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,620.60	\$6,444.44	(\$176.15)	-3%					
8	PATIENT DAYS	26,090	24,457	(1,633)	-6%					
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,684.63	\$1,792.82	\$108.19	6%					
10	AVERAGE LENGTH OF STAY	5.6	5.2	(0.4)	-8%					
-	MEDICARE OUTPATIENT									
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,111,626	\$57,089,777	\$2,978,151	6%					
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,055,675	\$18,546,533	\$490,858	3%					
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.37%	32.49%	-0.88%	-3%					
14	OUTPATIENT CHARGES / INPATIENT CHARGES	54.43%	55.53%	1.11%	2%					
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,519.96029	2,614.53300	94.57271	4%					
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,165.06	\$7,093.63	(\$71.43)	-1%					
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)									
17	TOTAL ACCRUED CHARGES	\$153,532,569	\$159,891,566	\$6,358,997	4%					
18	TOTAL ACCRUED PAYMENTS	\$62,007,684	\$62,393,615	\$385,931	1%					
19	TOTAL ALLOWANCES	\$91,524,885	\$97,497,951	\$5,973,066	7%					

	MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009						
	REPORT FORM 500 - CALCULATION (of dsh upper p	PAYMENT LI	TIN			
	AND BASELINE UNDERPAYMENT DA	ATA: COMPARAT	IVE ANALYS	SIS			
		ACTUAL	ACTUAL	AMOUNT	0/		
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE		
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)						
	NON-GOVERNMENT INPATIENT						
	INPATIENT ACCRUED CHARGES	\$44,200,966	\$48,350,269	\$4,149,303	9%		
_	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$27,916,500	\$30,533,277	\$2,616,777	9%		
-	INPATIENT PAYMENTS / INPATIENT CHARGES	63.16%	63.15%	-0.01%	0%		
	DISCHARGES	3,369	3,390	21	1%		
-	CASE MIX INDEX (CMI)	0.97765	1.00835	0.03070	3%		
-	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,293.70285	3,418.30650	124.60365	4%		
	INPATIENT ACCRUED PAYMENT / CMAD	\$8,475.72	\$8,932.28	\$456.56	5%		
-	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,855.12)	(\$2,487.84)	(\$632.72)	34%		
-	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,110,226)	(\$8,504,200)	(\$2,393,974)	39%		
	PATIENT DAYS	12,385	11,767	(618)	-5%		
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,254.06	\$2,594.82	\$340.77	15%		
12	AVERAGE LENGTH OF STAY	3.7	3.5	(0.2)	-6%		
13	NON-GOVERNMENT OUTPATIENT OUTPATIENT ACCRUED CHARGES (OP CHGS)	£00.240.000	£04.044.500	¢0,000,040	20/		
	OUTPATIENT ACCRUED CHARGES (OF CHISS)	\$88,342,696 \$55,855,990	\$91,041,509 \$57,435,337	\$2,698,813 \$1,579,347	3%		
	OUTPATIENT ACCROLED FAIMENTS (OF FMIT)	63.23%	63.09%	-0.14%	0%		
	OUTPATIENT CHARGES / INPATIENT CHARGES	199.87%	188.30%	-0.14%	-6%		
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,733.48503	6,383.22644	(350.25859)	-5%		
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,295.26	\$8,997.85	\$702.60	-3 %		
	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,130.19)	(\$1,904.22)	(\$774.03)	68%		
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$7,610,144)	(\$12,155,082)	(\$4,544,939)	60%		
		(+.,,,	(+-=,-==,===)	(+ , - : ,)			
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)						
21	TOTAL ACCRUED CHARGES	\$132,543,662	\$139,391,778	\$6,848,116	5%		
22	TOTAL ACCRUED PAYMENTS	\$83,772,490	\$87,968,614	\$4,196,124	5%		
23	TOTAL ALLOWANCES	\$48,771,172	\$51,423,164	\$2,651,992	5%		
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,720,370)	(\$20,659,282)	(\$6,938,913)	51%		
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA						
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$117,832,946	\$123,130,052	\$5,297,106	4%		
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$84,094,997	\$87,350,337	\$3,255,340	4%		
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)						
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,737,949	\$35,779,715	\$2,041,766	6%		
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	28.63%	29.06%	0.43%			

	MIDSTATE N	IEDICAL CENTER						
	TWELVE MONT	HS ACTUAL FILING						
	FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYME	NT DATA: COMPARAT	IVE ANALYS	SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE			
	DESCRIPTION		112003	DITTERENCE				
C.	UNINSURED							
	UNINSURED INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$4,351,081	\$4,002,999	(\$348,082)	-89			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$210,806	\$125,703	(\$85,103)	-409			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.84%	3.14%	-1.70%	-35%			
	DISCHARGES	297	302	5	29			
	CASE MIX INDEX (CMI)	0.86082	0.88553	0.02471	39			
	CASE MIX ADJUSTED DISCHARGES (CMAD)	255.66354	267.43006	11.76652	5'			
	INPATIENT ACCRUED PAYMENT / CMAD	\$824.54	\$470.04	(\$354.50)	-43			
-	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,651.17	\$8,462.24	\$811.07	11'			
-	MEDICARE - UNINSURED IP PMT / CMAD	\$5,796.05	\$5,974.40	\$178.35	39			
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,481,839	\$1,597,734	\$115,896	89			
	PATIENT DAYS	1,367	1,077	(290)	-219			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$154.21	\$116.72	(\$37.49)	-24			
13	AVERAGE LENGTH OF STAY	4.6	3.6	(1.0)	-23			
	UNINSURED OUTPATIENT							
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,495,074	\$6,982,432	\$487,358	8			
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$267,402	\$369,633	\$102,231	38			
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.12%	5.29%	1.18%	29			
	OUTPATIENT CHARGES / INPATIENT CHARGES	149.27%	174.43%	25.16%	17			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	443.34660	526.77866	83.43206	19'			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$603.14	\$701.69	\$98.54	16			
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,692.11	\$8,296.17	\$604.06	8			
	MEDICARE - UNINSURED OP PMT / OPED	\$6,561.92	\$6,391.95	(\$169.97)	-3			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,909,204	\$3,367,141	\$457,936	16			
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)		-					
23	TOTAL ACCRUED CHARGES	\$10,846,155	\$10,985,431	\$139,276	1'			
24	TOTAL ACCRUED PAYMENTS	\$478,208	\$495,336	\$17,128	4			
25	TOTAL ALLOWANCES	\$10,367,947	\$10,490,095	\$122,148	19			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,391,043	\$4,964,875	\$573,832	139			

	MIDSTATE	MEDICAL CENTER						
	TWELVE MON	NTHS ACTUAL FILING						
	FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYM			212				
		LINT DATA: COMPARA	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	040,400,000	645 700 000	(\$000.000)				
	INPATIENT ACCRUED CHARGES INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,108,020	\$15,799,960	(\$308,060)	-29			
	INPATIENT ACCRUED PAYMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES	\$6,318,388	\$6,699,224 42,40%	\$380,836 3.18%	6%			
•	DISCHARGES	1.516	42.40%	3.18%	29			
	CASE MIX INDEX (CMI)	0.77447	0.75642	(0.01805)	-29			
	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,174.09652	1,166.39964	(7.69688)	-19			
	INPATIENT ACCRUED PAYMENT / CMAD	\$5,381.49	\$5,743.51	\$362.02	79			
	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,094.23	\$3,188.78	\$94.55	39			
	MEDICARE - MEDICAID IP PMT / CMAD	\$1,239.11	\$700.94	(\$538.17)	-43%			
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,454,830	\$817,571	(\$637,259)	-449			
11	PATIENT DAYS	5,662	5,160	(502)	-9%			
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,115.93	\$1,298.30	\$182.37	16%			
13	AVERAGE LENGTH OF STAY	3.7	3.3	(0.4)	-10%			
	MEDICAID OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,709,959	\$21,605,580	\$2,895,621	15%			
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5.629.279	\$7.003.135	\$1.373.856	249			
-	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.09%	32.41%	2.33%	89			
	OUTPATIENT CHARGES / INPATIENT CHARGES	116.15%	136.74%	20.59%	189			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,760.88047	2,108.60055	347.72008	20%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,196.85	\$3,321.22	\$124.37	49			
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,098.40	\$5,676.63	\$578.23	119			
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,968.21	\$3,772.41	(\$195.80)	-5%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,987,541	\$7,954,500	\$966,959	149			
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)							
23	TOTAL ACCRUED CHARGES	\$34,817,979	\$37,405,540	\$2,587,561	7%			
24	TOTAL ACCRUED PAYMENTS	\$11,947,667	\$13,702,359	\$1,754,692	15%			
25	TOTAL ALLOWANCES	\$22,870,312	\$23,703,181	\$832,869	4%			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,442,371	\$8,772,070	\$329,699	49			

	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYMENT I	DATA: COMPARAT	IVE ANALYS	SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	DIFFERENCE			
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)							
	OTHER MEDICAL ASSISTANCE INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$3,160,467	\$4,651,402	\$1,490,935	47%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$788,928	\$888,557	\$99,629	13%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.96%	19.10%	-5.86%	-23%			
4	DISCHARGES	202	305	103	51%			
5	CASE MIX INDEX (CMI)	1.11393	1.05223	(0.06170)	-6%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	225.01386	320.93015	95.91629	43%			
	INPATIENT ACCRUED PAYMENT / CMAD	\$3,506.13	\$2,768.69	(\$737.44)	-21%			
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$4,969.59	\$6,163.59	\$1,194.00	24%			
	MEDICARE - O.M.A. IP PMT / CMAD	\$3,114.46	\$3,675.75	\$561.28	18%			
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$700,798	\$1,179,659	\$478,861	68%			
	PATIENT DAYS	1,204	1,432	228	19%			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$655.26	\$620.50	(\$34.76)	-5%			
13	AVERAGE LENGTH OF STAY	6.0	4.7	(1.3)	-21%			
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,062,294	\$5,739,806	\$1,677,512	41%			
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$617,430	\$691,793	\$74,363	12%			
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.20%	12.05%	-3.15%	-21%			
	OUTPATIENT CHARGES / INPATIENT CHARGES OUTPATIENT EQUIVALENT DISCHARGES (OPED)	128.53%	123.40%	-5.14%	-4%			
18 19	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	259.63992 \$2,378.02	376.36842 \$1,838.07	116.72851 (\$539.95)	45%			
	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$2,378.02	\$7,159.78	(\$539.95) \$1,242.55	-23%			
	MEDICARE - O.M.A. OP PMT / CMAD	\$4,787.04	\$5,255.56	\$468.52	10%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,242,906	\$1,978,026	\$735,119	59%			
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)							
	TOTAL ACCRUED CHARGES	\$7,222,761	\$10,391,208	\$3,168,447	44%			
24	TOTAL ACCRUED PAYMENTS	\$1,406,358	\$1,580,350	\$173,992	12%			
25	TOTAL ALLOWANCES	\$5,816,403	\$8,810,858	\$2,994,455	51%			
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,943,704	\$3,157,684	\$1,213,980	62%			

	TWELVE MONTHS AC				
	FISCAL YE				
	REPORT FORM 500 - CALCULATION O	F DSH UPPER F	PAYMENT LIN	TIN	
	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	TIVE ANALYS	SIS	
		ACTUAL	ACTUAL	AMOUNT	%
=	DEGODIDEION				
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	<u>DIFFERENCE</u>
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL A	<u>SSISTANCE</u>)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$19,268,487	\$20,451,362	\$1,182,875	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,107,316	\$7,587,781	\$480,465	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.89%	37.10%	0.22%	1%
4	DISCHARGES	1,718	1,847	129	8%
5	CASE MIX INDEX (CMI)	0.81438	0.80527	(0.00912)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,399.11038	1,487.32979	88.21941	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,079.88	\$5,101.61	\$21.73	0%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,395.84	\$3,830.67	\$434.83	13%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,540.71	\$1,342.83	(\$197.88)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,155,628	\$1,997,229	(\$158,399)	-7%
11	PATIENT DAYS	6,866	6,592	(274)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,035.15	\$1,151.06	\$115.91	11%
13	AVERAGE LENGTH OF STAY	4.0	3.6	(0.4)	-11%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,772,253	\$27,345,386	\$4,573,133	20%
-	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,246,709	\$7,694,928	\$1,448,219	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.43%	28.14%	0.71%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	118.18%	133.71%	15.53%	13%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,020.52039	2,484.96897	464.44859	23%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,091.63	\$3,096.59	\$4.96	0%
	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,203.62	\$5,901.26	\$697.64	13%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,073.43	\$3,997.04	(\$76.39)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,230,447	\$9,932,526	\$1,702,078	21%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$42,040,740	\$47,796,748	\$5,756,008	14%
-	TOTAL ACCRUED PAYMENTS	\$13,354,025	\$15,282,709	\$1,928,684	14%
24					

	MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING									
	FISCAL Y									
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT									
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS										
		ATA: COMPARAT	IVE ANALYS	515						
		ACTUAL	ACTUAL	AMOUNT	%					
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	DIFFERENCE					
G.	CHAMPUS / TRICARE									
	CHAMPUS / TRICARE INPATIENT INPATIENT ACCRUED CHARGES	A 04.457	\$007 040	\$000 0F0	0450					
1	INPATIENT ACCRUED CHARGES INPATIENT ACCRUED PAYMENTS (IP PMT)	\$64,457 \$30,312	\$267,316 \$86,070	\$202,859 \$55,758	315%					
2	INPATIENT ACCINED FAIMENTS (IF FMT)	47.03%	32.20%	۵ 55,758 -14.83%	-32%					
4	DISCHARGES	5	10	-14.05%	100%					
5	CASE MIX INDEX (CMI)	1.06252	1.91412	0.85160	80%					
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5.31260	19.14120	13.82860	260%					
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,705.68	\$4,496.58	(\$1,209.10)	-21%					
8	PATIENT DAYS	22	57	35	159%					
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,377.82	\$1,510.00	\$132.18	10%					
10	AVERAGE LENGTH OF STAY	4.4	5.7	1.3	30%					
	CHAMPUS / TRICARE OUTPATIENT									
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$271,513	\$279,643	\$8,130	3%					
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$127,684	\$90,039	(\$37,645)	-29%					
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)									
13	TOTAL ACCRUED CHARGES	\$335,970	\$546,959	\$210,989	63%					
14	TOTAL ACCRUED PAYMENTS	\$157,996	\$176,109	\$18,113	11%					
15	TOTAL ALLOWANCES	\$177,974	\$370,850	\$192,876	108%					
Н.	OTHER DATA									
1	OTHER OPERATING REVENUE	\$5,307,321	\$6,541,587	\$1,234,266	23%					
2	TOTAL OPERATING EXPENSES	\$159,022,197	\$173,269,841	\$14,247,644	9%					
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,132,791	\$1,261,662	\$128,871	11%					
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)									
4	CHARITY CARE (CHARGES)	\$3,077,163	\$3,370,587	\$293,424	10%					
5	BAD DEBTS (CHARGES)	\$9,879,112	\$9,717,615	(\$161,497)	-2%					
6	UNCOMPENSATED CARE (CHARGES)	\$12,956,275	\$13,088,202	\$131,927	1%					
7	COST OF UNCOMPENSATED CARE	\$6,328,179	\$6,290,685	(\$37,494)	-1%					
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)									
8	TOTAL ACCRUED CHARGES	\$42,040,740	\$47,796,748	\$5,756,008	14%					
9	TOTAL ACCRUED PAYMENTS	\$13,354,025	\$15,282,709	\$1,928,684	14%					
10	COST OF TOTAL MEDICAL ASSISTANCE	\$20,533,782	\$22,972,925	\$2,439,143	12%					
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,179,757	\$7,690,216	\$510,459	7%					

	MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT								
	AND BASELINE UNDERPAYN	IENT DATA: COMPARA	FIVE ANALYS	SIS					
		ACTUAL	ACTUAL	AMOUNT	0/				
		ACTUAL		AMOUNT	%				
LINE	DESCRIPTION	<u> </u>	FY 2009	DIFFERENCE	DIFFERENCE				
П.	AGGREGATE DATA								
Α.	TOTALS - ALL PAYERS								
1	TOTAL INPATIENT CHARGES	\$162,954,853	\$171,870,736	\$8,915,883	5%				
2	TOTAL INPATIENT PAYMENTS	\$79,006,137	\$82,054,210	\$3,048,073	4%				
3	TOTAL INPATIENT PAYMENTS / CHARGES	48.48%	47.74%	-0.74%	-2%				
4	TOTAL DISCHARGES	9,722	9,955	233	2%				
5	TOTAL CASE MIX INDEX	1.16610	1.17817	0.01207	1%				
6	TOTAL CASE MIX ADJUSTED DISCHARGES	11,336.80503	11,728.63785	391.83282	3%				
7	TOTAL OUTPATIENT CHARGES	\$165,498,088	\$175,756,315	\$10,258,227	6%				
8	OUTPATIENT CHARGES / INPATIENT CHARGES	101.56%	102.26%	0.70%	1%				
9	TOTAL OUTPATIENT PAYMENTS	\$80,286,058	\$83,766,837	\$3,480,779	4%				
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	48.51%	47.66%	-0.85%	-2%				
11	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,110	6%				
12	TOTAL PAYMENTS	\$159,292,195	\$165,821,047	\$6,528,852	4%				
13	TOTAL PAYMENTS / TOTAL CHARGES	48.50%	47.70%	-0.80%	-2%				
14	PATIENT DAYS	45,363	42,873	(2,490)	-5%				
	TOTALS - ALL GOVERNMENT PAYERS								
1	INPATIENT CHARGES	\$118,753,887	\$123,520,467	\$4,766,580	4%				
2	INPATIENT PAYMENTS GOVT. INPATIENT PAYMENTS / CHARGES	\$51,089,637	\$51,520,933	\$431,296	1%				
3	GOVI. INPATIENT PAYMENTS / CHARGES	43.02%	41.71%	-1.31%	-3%				
4	CASE MIX INDEX	6,353	6,565	212	3%				
5	CASE MIX INDEX CASE MIX ADJUSTED DISCHARGES	1.26603	1.26585	(0.00018)	0%				
6	OUTPATIENT CHARGES	8,043.10218	8,310.33135	267.22917	<u> </u>				
7	OUTPATIENT CHARGES	\$77,155,392	\$84,714,806	\$7,559,414	10%				
-	OUTPATIENT CHARGES / INPATIENT CHARGES	64.97%	68.58%	3.61%					
9	OUTPATIENT PAYMENTS	\$24,430,068	\$26,331,500	\$1,901,432					
10 11	TOTAL CHARGES	31.66% \$195,909,279	31.08% \$208,235,273	-0.58% \$12,325,994	-2%				
11	TOTAL CHARGES	\$195,909,279 \$75,519,705	\$208,235,273	\$12,325,994 \$2,332,728	6% 3%				
12	TOTAL PAYMENTS / CHARGES	\$75,519,705 38.55%	\$77,852,433	\$2,332,728	-3%				
13	PATIENT DAYS	38.55%	31,106	-1.16%	-3%				
	TOTAL GOVERNMENT DEDUCTIONS	\$120,389,574	\$130,382,840	\$9,993,266	-0% 8%				
15		φ120,389,574	φ130,302,840	\$9,993,200	8%				
C.	AVERAGE LENGTH OF STAY								
1	MEDICARE	5.6	5.2	(0.4)	-8%				
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.5	(0.2)	-6%				
3	UNINSURED	4.6	3.6	(1.0)	-23%				
4	MEDICAID	3.7	3.3	(0.4)	-10%				
5	OTHER MEDICAL ASSISTANCE	6.0	4.7	(1.3)	-21%				
6	CHAMPUS / TRICARE	4.4	5.7	1.3	30%				
7	TOTAL AVERAGE LENGTH OF STAY	4.7	4.3	(0.4)	-8%				
				(0.1)	0,0				

FISCAL YEA REPORT FORM 500 - CALCULATION OF AND BASELINE UNDERPAYMENT DAT	DSH UPPER F			
AND BASELINE UNDERPAYMENT DAT	A: COMPARAT			
			SIS	
DESCRIPTION	Αςτιλι			
DESCRIPTION				
DESCRIPTION		ACTUAL	AMOUNT	%
	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
	\$328,452,941	\$347,627,051	\$19,174,110	6%
				8%
				6%
			, .	23%
	* / / -	//		7%
				4%
				11%
				4%
				-2%
			(,	-1%
			11 19 11	7%
	\$0	\$0	\$0	0%
IEDICAL ASSISTANCE UNDERPAYMENT	\$13,507,936	\$13,980,901	\$472,965	4%
CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
IEDICAID	\$6,987,541	\$7,954,500	\$966,959	14%
OTHER MEDICAL ASSISTANCE	\$1,943,704	\$3,157,684	\$1,213,980	62%
ININSURED (INCLUDED IN NON-GOVERNMENT)	\$4,391,043	\$4,964,875	\$573,832	13%
OTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$13,322,289	\$16,077,059	\$2,754,771	21%
DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
MPLOYEE SELF INSURANCE GROSS REVENUE	\$3,864,659	\$4,660,665	\$796.006	20.60%
LUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6.041.618			-10.82%
IET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	1-1- 1		10 A A	3.61%
LUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
ROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$328,452,941	\$347,627,051	\$19,174,110	5.84%
LUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
INCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,956,275	\$13,088,202	\$131,927	1.02%
	DTAL CHARGES DTAL GOVERNMENT DEDUCTIONS NCOMPENSATED CARE DTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES WPLOYEE SELF INSURANCE ALLOWANCE DTAL ADJUSTMENTS DTAL ACCRUED PAYMENTS UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) ET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. ATIO OF NET REVENUE TO TOTAL CHARGES DST OF UNCOMPENSATED CARE EDICAL ASSISTANCE (OVER) / UNDERPAYMENT PLUS OHCA ADJUSTMENT (OHCA INPUT) DTAL COST OF UNCOMPENSATED CARE AND EDICAL ASSISTANCE UNDERPAYMENT FALSUONCOMPENSATED CARE AND EDICAL ASSISTANCE UNDERPAYMENT FALCULATED UNDERPAYMENT EDICAL ASSISTANCE UNDERPAYMENT FALCULATED UNDERPAYMENT EDICAL ASSISTANCE UNDERPAYMENT FALCULATED UNDERPAYMENT FALCULATED UNDERPAYMENT FALCULATED UNDERPAYMENT EDICAL ASSISTANCE NINSURED (INCLUDED IN NON-GOVERNMENT) DTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) FATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600 MPLOYEE SELF INSURANCE GROSS REVENUE LUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE ET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS LUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE ROMENCIAL STATEMENTS LUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE SUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE SUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE SUS/MINUS OTHER ADJUST. TO OHCA DEFINED MET REVENUE SUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE SUS/MINUS OTHER ADJUST. TO OHCA DEFINED MET REVENUE SUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	DTAL CHARGES \$328,452,941 DTAL GOVERNMENT DEDUCTIONS \$120,389,574 NCOMPENSATED CARE \$12,956,275 DTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$33,73,949 MPLOYEE SELF INSURANCE ALLOWANCE \$2,077,046 DTAL ACQUED PAYMENTS \$169,160,844 DTAL ACCRUED PAYMENTS \$169,292,097 UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$11,32,791 ET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. \$160,424,888 ATIO OF NET REVENUE TO TOTAL CHARGES 0.4884257925 DST OF UNCOMPENSATED CARE \$6,328,179 EDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$7,179,757 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$00 DTAL COST OF UNCOMPENSATED CARE AND \$13,507,936 EDICAL ASSISTANCE UNDERPAYMENT \$13,507,936 MALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$13,322,289 CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$13,322,289 MINSURED (INCLUDED IN NON-GOVERNMENT) \$4,391,043 DTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$13,322,289 CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$13,322,289 MPLOYEE SELF INSURANCE GROSS REVENUE \$3,864,659 <td>DTAL CHARGES \$328,452,941 \$347,627,051 DTAL GOVERNMENT DEDUCTIONS \$120,389,574 \$130,382,840 NCOMPENSATED CARE \$12,956,275 \$13,088,202 DTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$33,737,949 \$35,779,715 WEDVYE SELF INSURANCE ALLOWANCE \$2,077,046 \$2,55,247 DTAL ADUSTMENTS \$169,160,644 \$181,806,004 TAL ADUSTMENTS \$169,160,644 \$181,806,004 DTAL CORUED PAYMENTS \$169,160,644 \$181,806,004 UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$1,132,791 \$1,26,622 ET REVENUE USED TO CALCULATE DSH FUTURE PYMINTS. \$160,424,888 \$167,082,709 ATIO OF NET REVENUE TO TOTAL CHARGES 0.4884257925 0.4806378230 DST OF UNCOMPENSATED CARE \$6,281,179 \$5,209,091 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$7,79,757 \$7,690,216 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 TAL COUNDERPAYMENT \$13,507,936 \$13,980,901 ALCULATED UNDERPAYMENT \$13,497,04 \$3,157,684 NINSURED (INCLUDED IN NON-GOVERNMENT) \$4,381,043</td> <td>DTAL CHARGES \$328,452,941 \$347,627,051 \$19,174,110 DTAL GOVERNMENT DEDUCTIONS \$120,389,574 \$130,382,840 \$9,993,266 NCOMPENSATED CARE \$12,966,275 \$130,382,840 \$9,993,266 TAL NOR-GOVERNMENT CONTRACTUAL ALLOWANCES \$33,77,949 \$35,779,715 \$2,041,766 MPLOYEE SELF INSURANCE ALLOWANCE \$2,077,046 \$2,855,247 \$478,201 DTAL ADUSTMENTS \$1169,820,997 \$165,821,047 \$6,528,950 UCD DSH PYMTS. (Gross DSH-Upper Limit Adj- OHCA Input) \$1,132,791 \$1,261,662 \$128,851 UTO OF NET REVENUE TO TOTAL CHARGES 0.498425725 0.408637203 (0,00778965) DST OF UNCOMPENSATED CARE \$6,328,179 \$6,290,685 (\$37,494) EDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$7,79,757 \$7,800,216 \$510,459 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 \$0 DTAL CCRUE (OVER) / UNDERPAYMENT \$7,197,757 \$7,800,216 \$510,459 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 \$0 STAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOG</td>	DTAL CHARGES \$328,452,941 \$347,627,051 DTAL GOVERNMENT DEDUCTIONS \$120,389,574 \$130,382,840 NCOMPENSATED CARE \$12,956,275 \$13,088,202 DTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$33,737,949 \$35,779,715 WEDVYE SELF INSURANCE ALLOWANCE \$2,077,046 \$2,55,247 DTAL ADUSTMENTS \$169,160,644 \$181,806,004 TAL ADUSTMENTS \$169,160,644 \$181,806,004 DTAL CORUED PAYMENTS \$169,160,644 \$181,806,004 UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$1,132,791 \$1,26,622 ET REVENUE USED TO CALCULATE DSH FUTURE PYMINTS. \$160,424,888 \$167,082,709 ATIO OF NET REVENUE TO TOTAL CHARGES 0.4884257925 0.4806378230 DST OF UNCOMPENSATED CARE \$6,281,179 \$5,209,091 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$7,79,757 \$7,690,216 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 TAL COUNDERPAYMENT \$13,507,936 \$13,980,901 ALCULATED UNDERPAYMENT \$13,497,04 \$3,157,684 NINSURED (INCLUDED IN NON-GOVERNMENT) \$4,381,043	DTAL CHARGES \$328,452,941 \$347,627,051 \$19,174,110 DTAL GOVERNMENT DEDUCTIONS \$120,389,574 \$130,382,840 \$9,993,266 NCOMPENSATED CARE \$12,966,275 \$130,382,840 \$9,993,266 TAL NOR-GOVERNMENT CONTRACTUAL ALLOWANCES \$33,77,949 \$35,779,715 \$2,041,766 MPLOYEE SELF INSURANCE ALLOWANCE \$2,077,046 \$2,855,247 \$478,201 DTAL ADUSTMENTS \$1169,820,997 \$165,821,047 \$6,528,950 UCD DSH PYMTS. (Gross DSH-Upper Limit Adj- OHCA Input) \$1,132,791 \$1,261,662 \$128,851 UTO OF NET REVENUE TO TOTAL CHARGES 0.498425725 0.408637203 (0,00778965) DST OF UNCOMPENSATED CARE \$6,328,179 \$6,290,685 (\$37,494) EDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$7,79,757 \$7,800,216 \$510,459 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 \$0 DTAL CCRUE (OVER) / UNDERPAYMENT \$7,197,757 \$7,800,216 \$510,459 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 \$0 STAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOG

-	MIDSTATE MEDICAL CENTER			
-	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA	1	Т	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE
		<u></u>		
I.	ACCRUED CHARGES AND PAYMENTS			
	INPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$44,200,966 \$99,420,943	\$48,350,269 102.801.789	\$4,149,303 \$3,380,846
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,268,487	20,451,362	\$3,380,846
	MEDICAID	\$16,108,020	15,799,960	(\$308,060)
	OTHER MEDICAL ASSISTANCE	\$3,160,467	4,651,402	\$1,490,935
		\$64,457	267,316	\$202,859
7		\$4,351,081	4,002,999	(\$348,082)
\vdash	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$118,753,887 \$162.954.853	\$123,520,467 \$171,870,736	\$4,766,580 \$8,915,883
\vdash		÷102,007,000	<i></i>	ψ0,010,000
	OUTPATIENT ACCRUED CHARGES			
-	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,342,696	\$91,041,509	\$2,698,813
		\$54,111,626	57,089,777	\$2,978,151
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$22,772,253 \$18,709,959	27,345,386 21,605,580	\$4,573,133 \$2,895,621
	OTHER MEDICAL ASSISTANCE	\$4.062.294	5,739,806	\$2,895,621
6	CHAMPUS / TRICARE	\$271,513	279,643	\$8,130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,495,074	6,982,432	\$487,358
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$77,155,392	\$84,714,806	\$7,559,414
	TOTAL OUTPATIENT CHARGES	\$165,498,088	\$175,756,315	\$10,258,227
C.	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,543,662	\$139,391,778	\$6,848,116
	TOTAL MEDICARE	\$153,532,569	\$159,891,566	\$6,358,997
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,040,740	\$47,796,748	\$5,756,008
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$34,817,979 \$7,222,761	\$37,405,540 \$10,391,208	\$2,587,561 \$3,168,447
	TOTAL CHAMPUS / TRICARE	\$335,970	\$546,959	\$210.989
-	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,846,155	\$10,985,431	\$139,276
	TOTAL GOVERNMENT CHARGES	\$195,909,279	\$208,235,273	\$12,325,994
	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,110
D.	INPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,916,500	\$30,533,277	\$2,616,777
	MEDICARE	\$43,952,009	43,847,082	(\$104,927)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,107,316	7,587,781	\$480,465
	MEDICAID OTHER MEDICAL ASSISTANCE	\$6,318,388	6,699,224	\$380,836 \$99,629
	CHAMPUS / TRICARE	\$788,928 \$30,312	888,557 86,070	\$99,629 \$55,758
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$210,806	125,703	(\$85,103)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$51,089,637	\$51,520,933	\$431,296
	TOTAL INPATIENT PAYMENTS	\$79,006,137	\$82,054,210	\$3,048,073
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,855,990	\$57,435,337	\$1,579,347
	MEDICARE	\$18,055,675	18,546,533	\$490,858
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,246,709	7,694,928	\$1,448,219
	MEDICAID	\$5,629,279	7,003,135	\$1,373,856
	OTHER MEDICAL ASSISTANCE	\$617,430	691,793	\$74,363
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$127,684 \$267,402	90,039 369,633	(\$37,645) \$102,231
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$24,430,068	\$26,331,500	\$1,901,432
-	TOTAL OUTPATIENT PAYMENTS	\$80,286,058	\$83,766,837	\$3,480,779
_				
F.	TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$83,772,490	\$87,968,614	\$4,196,124
	TOTAL NONGOVERNMENT (INCLODING SELF PAT / UNINSURED)	\$62,007,684	\$62,393,615	\$385,931
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,354,025	\$15,282,709	\$1,928,684
4	TOTAL MEDICAID	\$11,947,667	\$13,702,359	\$1,754,692
-	TOTAL OTHER MEDICAL ASSISTANCE	\$1,406,358	\$1,580,350	\$173,992
		\$157,996 \$478,208	\$176,109 \$405,336	\$18,113 \$17,128
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PAYMENTS	\$478,208 \$75,519,705	\$495,336 \$77,852,433	\$17,128 \$2,332,728
		\$159,292,195	\$165,821,047	\$6,528,852
	TOTAL PAYMENTS	\$109,292,190 I	\$100,021,047	\$0,5Z0,05Z I

	MIDSTATE MEDICAL CEN	ITER						
	TWELVE MONTHS ACTUAL	FILING						
	FISCAL YEAR 200	9						
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND							
	BASELINE UNDERPAYMEN							
(1)	(2)	(3)	(4)	(5)				
	PEOOPIPTION	ACTUAL		AMOUNT				
INE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE				
II.	PAYER MIX							
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.46%	13.91%	0.45				
	MEDICARE	30.27%	29.57%	-0.70				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.87%	5.88%	0.02				
4	MEDICAID	4.90%	4.55%	-0.36				
5	OTHER MEDICAL ASSISTANCE	0.96%	1.34%	0.38				
6		0.02%	0.08%	0.06				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYER MIX	1.32% 36.16%	1.15% 35.53%	-0.17 -0.62				
	TOTAL INPATIENT PAYER MIX	49.61%	49.44%	-0.02				
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.90%	26.19%	-0.71				
2	MEDICARE	16.47%	16.42%	-0.05				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.93%	7.87%	0.93				
4	MEDICAID	5.70%	6.22%	0.52				
5	OTHER MEDICAL ASSISTANCE	1.24%	1.65%	0.41				
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%	0.08%	0.00				
1	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	1.98% 23.49%	2.01% 24.37%	0.03				
	TOTAL OUTPATIENT PAYER MIX	50.39%	50.56%	0.00				
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00				
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS							
-		47 500/	10 110/	0.00				
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	17.53%	18.41% 26.44%	0.89				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.46%	4.58%	0.11				
4	MEDICAID	3.97%	4.04%	0.07				
5	OTHER MEDICAL ASSISTANCE	0.50%	0.54%	0.04				
6		0.02%	0.05%	0.03				
7		0.13%	0.08%	-0.06				
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	32.07% 49.60%	<u>31.07%</u> 49.48%	-1.00 -0.11				
		49.00 %	43.4078	-0.11				
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.07%	34.64%	-0.43				
	MEDICARE	11.33%	11.18%	-0.43				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.92%	4.64%	0.72				
	MEDICAID	3.53%	4.22%	0.69				
5	OTHER MEDICAL ASSISTANCE	0.39%	0.42%	0.03				
6		0.08%	0.05%	-0.03				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.22%	0.06				
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	15.34% 50.40%	15.88% 50.52%	0.54				
		50.40%	JU.J2%	0.1				
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ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL FY 2008 FY 2008 FY 2009 Dischanges III. DISCHARGES. PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA					MIDSTATE MEDICAL CENTER	
BEEPORT SSD - CALCULATION OF DSH UPPER PAYMENT DATA C CASELINE UNDERPAYMENT DATA D C ACTUAL ACTUAL ACTUAL Colspan="2">ACTUAL INNE DESCRIPTION C ACTUAL ACTUAL Colspan="2">ACTUAL INNE DESCRIPTION C ACTUAL ACTUAL Colspan="2">ACTUAL INNE DESCRIPTION C ACTUAL ACTUAL ACTUAL Colspan="2">ACTUAL INNE DESCRIPTION C ACTUAL ACTUAL<					TWELVE MONTHS ACTUAL FILING	
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11 TOTAL OTHER OPERATING REVENUE \$117.832.946 \$123.130.052 \$	\$131,9	\$1		. , ,		
	5,297,1 4,247,6					

	MIDSTATE MEDICAL	CENTER		
	TWELVE MONTHS ACTU	JAL FILING		
	FISCAL YEAR	2009		
	REPORT 550 - CALCULATION OF DSH U	PPER PAYMENT LIMIT AN	D	
	BASELINE UNDERPAY	IENT DATA		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE

	MIDSTATE MEDICAL CENTER			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM			
	BASELINE UNDERPAYMENT DATA			
	BASELINE UNDERFATMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
		ACTUAL	ACTUAL	AMOUNT
INE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
Α.	CASE MIX ADJUSTED DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,293.70285	3,418.30650	124.6036
	MEDICARE	6,638.67920	6,803.86036	165.1811
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,399.11038	1,487.32979	88.2194
		1,174.09652	1,166.39964	(7.6968
	OTHER MEDICAL ASSISTANCE	225.01386	320.93015	95.9162
	CHAMPUS / TRICARE	5.31260	19.14120	13.8286
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	255.66354	267.43006	11.7665
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	8,043.10218	8,310.33135	267.2291
	TOTAL CASE MIX ADJUSTED DISCHARGES	11,336.80503	11,728.63785	391.8328
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
		0 700 40500		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,733.48503	6,383.22644	-350.258
		2,519.96029	2,614.53300	94.572
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,020.52039	2,484.96897	464.448
	MEDICAID	1,760.88047	2,108.60055	347.720
	OTHER MEDICAL ASSISTANCE	259.63992	376.36842	116.728
6	CHAMPUS / TRICARE	21.06156	10.46114	-10.6004
7		443.34660	526.77866	83.4320
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,561.54224	5,109.96312	548.4208
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,295.02727	11,493.18956	198.162
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
0.				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,475.72	\$8,932.28	\$456.5
	MEDICARE	\$6,620.60	\$6,444.44	(\$176.1
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,079.88	\$5,101.61	\$21.7
4	MEDICAL AGGISTANCE (INCLUDING OTHER MEDICAL AGGISTANCE)	\$5,381.49	\$5,743.51	\$362.0
5	OTHER MEDICAL ASSISTANCE	\$3,506.13	\$2,768.69	(\$737.4
-	CHAMPUS / TRICARE	\$5,705.68	\$4,496.58	(\$1,209.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$824.54	\$470.04	(\$354.5
'	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,351.98	\$6,199.62	(\$152.3
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,968.99	\$6,996.06	\$27.0
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>T</i> U U U U U U U U U U	+
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,295.26	\$8,997.85	\$702.6
	MEDICARE	\$7,165.06	\$7,093.63	(\$71.4
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,091.63	\$3,096.59	\$4.9
	MEDICAID	\$3,196.85	\$3,321.22	\$124.3
5	OTHER MEDICAL ASSISTANCE	\$2,378.02	\$1,838.07	(\$539.9
6	CHAMPUS / TRICARE	\$6,062.42	\$8,607.00	\$2,544.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$603.14	\$701.69	\$98.5
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE		Ţ O	÷:010
		\$5,355.66	\$5,152.97	(\$202.6
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT FOUIVALENT DISCHARGE			\$180.3
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,108.09	\$7,288.39	

	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAY			
	BASELINE UNDERPAYMENT DATA			
	DAGELINE ONDENT ATMENT DATA			
(1)	(2)	(2)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE
		112000	112005	DITTERENCE
V	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
۰.				
1	MEDICAID	\$6,987,541	\$7,954,500	\$966,95
2	OTHER MEDICAL ASSISTANCE	\$1,943,704	\$3,157,684	\$1,213,98
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,391,043	\$4,964,875	\$573,83
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$13,322,289	\$16,077,059	\$2,754,77
		<i> </i>	<i><i><i>t</i>: <i>i</i>,<i>i</i>: <i>i</i>,<i>i</i>,<i>i</i>: <i>i</i>,<i>i</i>: <i></i></i></i>	, , , , , , , , ,
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO	LOGY)		
1	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,11
2	TOTAL GOVERNMENT DEDUCTIONS	\$120,389,574	\$130,382,840	\$9,993,26
3	UNCOMPENSATED CARE	\$12,956,275	\$13,088,202	\$131,92
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,737,949	\$35,779,715	\$2,041,76
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,077,046	\$2,555,247	\$478,20
6	TOTAL ADJUSTMENTS	\$169,160,844	\$181,806,004	\$12,645,16
7	TOTAL ACCRUED PAYMENTS	\$159,292,097	\$165,821,047	\$6,528,95
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,132,791	\$1,261,662	\$128,87
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$160,424,888	\$167,082,709	\$6,657,82
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4884257925	0.4806378230	(0.007787969
11		\$6,328,179	\$6,290,685	(\$37,49
12		\$7,179,757	\$7,690,216	\$510,45
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,507,936	\$13,980,901	\$472,96
67TT	RATIOS			
V 11.	KATIOS			
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.16%	63.15%	-0.01
2		44.21%	42.65%	-1.56
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.89%	37.10%	0.22
4	MEDICAID OTHER MEDICAL ASSISTANCE	39.23% 24.96%	42.40% 19.10%	3.18 -5.86
5 6	CHAMPUS / TRICARE	47.03%	32.20%	-5.80
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	47.03%	32.20%	-14.83
'	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	4.04 //	0. דו .0	-1.70
		40.000/	44 740/	4.04
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.02%	41.71%	-1.31
	TOTAL RATIO OF INPATIENT PATMENTS TO INPATIENT CHARGES	48.48%	47.74%	-0.74
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	1 1		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.23%	63.09%	-0.14
2	MEDICARE	33.37%	32.49%	-0.88
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.43%	28.14%	0.71
	MEDICAID	30.09%	32.41%	2.33
	OTHER MEDICAL ASSISTANCE	15.20%	12.05%	-3.15
3		47.03%	32.20%	-14.83
3 4	CHAMPUS / TRICARE			
3 4 5	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.12%	5.29%	1.18
3 4 5	CHAMPUS / TRICARE		5.29%	1.18
3 4 5	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)		5.29% 31.08%	<u> </u>

	MIDSTATE MEDICAL CENTER			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM			
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL		AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
VIII	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA			
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	110113		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT	s		
		-		
1	TOTAL ACCRUED PAYMENTS	\$159,292,195	\$165,821,047	\$6,528,852
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,132,791	\$1,261,662	\$128,871
	OHCA INFOT	\$1,132,791	\$1,201,002 \$167,082,709	\$6,657,723
		* · • • • ; • <u>-</u> • ; • • • •	¢.01,002,000	<i>v</i> , <i>v</i>
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,041,618	\$5,387,626	(\$653,992
4	CALCULATED NET REVENUE	\$178,133,329	\$172,470,335	(\$5,662,994
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$166,466,604	\$172,470,335	\$6,003,731
	REPORTING)	\$100,100,001	¢2,0,000	\$0,000,701
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$11,666,725	\$0	(\$11,666,725
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	INTS		
1	OHCA DEFINED GROSS REVENUE	\$328,452,941	\$347,627,051	\$19,174,110
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE	\$0 \$328,452,941	\$0 \$347,627,051	\$0 \$19,174,110
		\$320,432, 3 41	\$347,027,031	φ1 3 ,174,110
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$328,452,941	\$347,627,051	\$19,174,110
	REPORTING)			
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
-		φ0	ψU	ψυ
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	TS		
		\$10,050,075	\$10,000,000	\$101.007
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$12,956,275 \$0	\$13,088,202 \$0	\$131,927 \$0
2	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$12,956,275	\$13,088,202	\$131,927
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL	\$12,956,275	\$13,088,202	\$131,927
	REPORTING)			
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
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	MIDSTATE MEDICAL CENTER	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)		(2)
(1)	(2)	(3)
		ACTUAL
LINE	DESCRIPTION	<u>FY 2009</u>
<u>I.</u>	ACCRUED CHARGES AND PAYMENTS	
Α.	INPATIENT ACCRUED CHARGES	
A .	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,350,269
2	MEDICARE	102,801,789
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,451,362
4	MEDICAID	15,799,960
5	OTHER MEDICAL ASSISTANCE	4,651,402
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	<u>267,316</u> 4.002.999
1	TOTAL INPATIENT GOVERNMENT CHARGES	\$123,520,467
	TOTAL INPATIENT CHARGES	\$171,870,736
В.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,041,509
2		57,089,777
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	27,345,386 21,605,580
5	OTHER MEDICAL ASSISTANCE	5,739,806
6	CHAMPUS / TRICARE	279,643
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,982,432
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$84,714,806
	TOTAL OUTPATIENT CHARGES	\$175,756,315
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$139,391,778
2	TOTAL GOVERNMENT ACCRUED CHARGES	208,235,273
	TOTAL ACCRUED CHARGES	\$347,627,051
D.	INPATIENT ACCRUED PAYMENTS	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,533,277
2	MEDICARE	43,847,082
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,587,781
4	MEDICAID	6,699,224
5		888,557
6	CHAMPUS / TRICARE	86,070 125,703
1	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$51,520,933
	TOTAL INPATIENT PAYMENTS	\$82,054,210
		······································
E.	OUTPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,435,337
2		18,546,533
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	7,694,928 7,003,135
4	OTHER MEDICAL ASSISTANCE	691,793
6	CHAMPUS / TRICARE	90,039
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	369,633
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$26,331,500
	TOTAL OUTPATIENT PAYMENTS	\$83,766,837
F.	TOTAL ACCRUED PAYMENTS	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$87,968,614
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	77,852,433
	TOTAL ACCRUED PAYMENTS	\$165,821,047

	MIDSTATE MEDICAL CENTER	
	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)
. /		ACTUAL
LINE	DESCRIPTION	FY 2009
Ш.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
Α.	ACCRUED DISCHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,390
2	MEDICARE	4,708
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,847
	MEDICAID	1,542
5	OTHER MEDICAL ASSISTANCE	305
	CHAMPUS / TRICARE	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	302
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	6,565
		9,955
В.	CASE MIX INDEX	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00835
2	MEDICARE	1.44517
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.80527
4	MEDICAID	0.75642
5	OTHER MEDICAL ASSISTANCE	1.05223
6	CHAMPUS / TRICARE	1.91412
7		0.88553
	TOTAL GOVERNMENT CASE MIX INDEX	1.26585
	TOTAL CASE MIX INDEX	1.17817
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$123,130,052
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$87,350,337
-	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	401,000,001
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,779,715
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.06%
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,660,665
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,555,247
		¢4.004.000
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,261,662
<u> </u>		#0.070.507
8		\$3,370,587
9 10	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$9,717,615 \$13,088,202
10		φ13,088,202
11	TOTAL OTHER OPERATING REVENUE	\$6,541,587
12	TOTAL OPERATING EXPENSES	\$173,269,841
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	MIDSTATE MEDICAL CENTER	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)		(2)
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL <u>FY 2009</u>
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	\$165,821,047
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,261,662
	OHCA DEFINED NET REVENUE	\$167,082,709
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,387,626
	CALCULATED NET REVENUE	\$172,470,335
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$172,470,335
	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	\$347,627,05
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$347,627,05
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$347,627,057
	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)	\$13,088,202
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$13,088,202
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$13,088,202
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

	MIDSTATE MEDICA				
	TWELVE MONTHS ACT				
	REPORT 650 - HOSPITAL UNC				
	REFORT 050 - HOSFITAE ONC				
(1)	(2)	(3)	(4)	(5)	(6)
(')	(*)	ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	5,932	5,649	(283)	-59
2	Number of Approved Applicants	5,635	5,367	(268)	-59
3	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	109
4	Average Charges	\$546	\$628	\$82	159
5	Ratio of Cost to Charges (RCC)	0.472328	0.476456	0.004128	1
6	Total Cost	\$1,453,430	\$1,605,936	\$152,506	10
7	Average Cost	\$258	\$299	\$41	169
8	Charity Care - Inpatient Charges	\$1,412,615	\$1,633,562	\$220,947	16
9	Charity Care - Outpatient Charges (Excludes ED Charges)	439,177	486,975	47,798	11
10	Charity Care - Emergency Department Charges	1,225,371	1,250,050	24,679	2
11	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10
12	Charity Care - Number of Patient Days	759	610	(149)	-20
13	Charity Care - Number of Discharges	425	363	(62)	-15
14	Charity Care - Number of Outpatient ED Visits	7,733	7,166	(567)	-7
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	943	998	55	6
В.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$3,259,432	\$3,009,219	(\$250,213)	-8'
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,721,117	1,744,183	23,066	1
3	Bad Debts - Emergency Department	4,898,563	4,964,213	65,650	11
4	Total Bad Debts (A)	\$9,879,112	\$9,717,615	(\$161,497)	-2
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$3,077,163	\$3,370,587	\$293,424	10
2	Bad Debts (A)	9,879,112	9,717,615	(161,497)	-2
3	Total Uncompensated Care (A)	\$12,956,275	\$13,088,202	\$131,927	1
4	Uncompensated Care - Inpatient Services	\$4,672,047	\$4,642,781	(\$29,266)	-1
_				,	
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,160,294	2,231,158	70,864	3
6	Uncompensated Care - Emergency Department	6,123,934	6,214,263	90,329	1
7	Total Uncompensated Care (A)	\$12,956,275	\$13,088,202	\$131,927	1

		MIDSTATE MEDICAL C			
		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		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$117,832,946	\$123,130,052	\$5,297,106	4%
2	Total Contractual Allowances	\$33,737,949	\$35,779,715	\$2,041,766	6%
	Total Accrued Payments (A)	\$84,094,997	\$87,350,337	\$3,255,340	4%
	Total Discount Percentage	28.63%	29.06%	0.43%	1%
(A) A	Accrued Payments associated with Non-Governm	ent Contractual Allowance	es must exclude any redu	ction for Uncompens	sated Care.

	MIDSTATE MEDICAL CEN	NTER						
	TWELVE MONTHS ACTUAL	FILING						
	FISCAL YEAR 200	9						
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>				
Α.	Gross and Net Revenue							
1	Inpatient Gross Revenue	\$149,050,841	\$162,954,853	\$171,870,736				
2	Outpatient Gross Revenue	\$155,816,277	\$165,498,088	\$175,756,315				
3	Total Gross Patient Revenue	\$304,867,118	\$328,452,941	\$347,627,051				
4	Net Patient Revenue	\$154,243,792	\$166,466,604	\$172,470,335				
В.	Total Operating Expenses							
1	Total Operating Expense	\$153,965,816	\$167,113,696	\$173,269,841				
C.	Utilization Statistics							
1	Patient Days	44,321	45,363	42,873				
2	Discharges	9,664	9,722	9,955				
3	Average Length of Stay	4.6	4.7	4.3				
4	Equivalent (Adjusted) Patient Days (EPD)	90,654	91,434	86,715				
0	Equivalent (Adjusted) Pischarges (ED)	19,767	19,596	20,135				
0								
D.	Case Mix Statistics							
1	Case Mix Index	1.11565	1.16610	1.17817				
2	Case Mix Adjusted Patient Days (CMAPD)	49,447	52,898	50,511				
3	Case Mix Adjusted Discharges (CMAD)	10,782	11,337	11,729				
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	101,138	106,621	102,165				
5	Case Mix Adjusted Equivalent Discharges (CMAED)	22,053	22,851	23,722				
	Curson Devenue Dev Statistic							
E.	Gross Revenue Per Statistic	A O 070	A7 044	* 0.400				
1	Total Gross Revenue per Patient Day	\$6,879	\$7,241	\$8,108				
2	Total Gross Revenue per Discharge	\$31,547	\$33,785	\$34,920				
3	Total Gross Revenue per EPD	\$3,363	\$3,592	\$4,009				
4	Total Gross Revenue per ED	\$15,423	\$16,761	\$17,265				
5	Total Gross Revenue per CMAEPD	\$3,014	\$3,081	\$3,403				
6	Total Gross Revenue per CMAED	\$13,825	\$14,374	\$14,654				
7	Inpatient Gross Revenue per EPD	\$1,644	\$1,782	\$1,982				
8	Inpatient Gross Revenue per ED	\$7,541	\$8,316	\$8,536				

	MIDSTATE MEDICAL CENTER			
	TWELVE MONTHS ACTUAL FILI	NG		
	FISCAL YEAR 2009			
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL	REVENUE AND EX	KPENSE	
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$3,480	\$3.670	\$4,023
2	Net Patient Revenue per Discharge	\$15,961	\$17,123	\$17,325
3	Net Patient Revenue per EPD	\$1,701	\$1,821	\$1,989
4	Net Patient Revenue per ED	\$7,803	\$8,495	\$8,566
5	Net Patient Revenue per CMAEPD	\$1,525	\$1,561	\$1,688
6	Net Patient Revenue per CMAED	\$6,994	\$7,285	\$7,270
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G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$3,474	\$3,684	\$4,041
2	Total Operating Expense per Discharge	\$15,932	\$17,189	\$17,405
3	Total Operating Expense per EPD	\$1,698	\$1,828	\$1,998
4	Total Operating Expense per ED	\$7,789	\$8,528	\$8,605
5	Total Operating Expense per CMAEPD	\$1,522	\$1,567	\$1,696
6	Total Operating Expense per CMAED	\$6,982	\$7,313	\$7,304
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$20,538,115	\$23,131,224	\$24,579,480
2	Nursing Fringe Benefits Expense	\$7,126,230	\$6,593,854	\$6,537,518
3	Total Nursing Salary and Fringe Benefits Expense	\$27,664,345	\$29,725,078	\$31,116,998
I.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$6,363,410	\$7,910,672	\$8,816,052
2	Physician Fringe Benefits Expense	\$2,207,950	\$2,256,152	\$2,399,979
3	Total Physician Salary and Fringe Benefits Expense	\$8,571,360	\$10,166,824	\$11,216,031
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$27,702,677	\$29,002,264	\$31,056,879
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$9,612,167	\$8,267,994	\$8,205,208
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$37,314,844	\$37,270,258	\$39,262,087
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К.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$54,604,202	\$60,044,160	\$64,452,411
2	Total Fringe Benefits Expense	\$18,946,347	\$17,118,000	\$17,142,705
3	Total Salary and Fringe Benefits Expense	\$73,550,549	\$77,162,160	\$81,595,116