

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$28,239,000	\$47,781,000	\$19,542,000	69%
2	Short Term Investments	\$15,145,000	\$19,181,000	\$4,036,000	27%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,872,000	\$39,081,000	(\$791,000)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$3,483,000	\$4,068,000	\$585,000	17%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$923,000	\$1,114,000	\$191,000	21%
8	Prepaid Expenses	\$1,669,000	\$2,050,000	\$381,000	23%
9	Other Current Assets	\$1,173,000	\$1,056,000	(\$117,000)	-10%
	Total Current Assets	\$90,504,000	\$114,331,000	\$23,827,000	26%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$7,478,000	\$7,744,000	\$266,000	4%
2	Board Designated for Capital Acquisition	\$74,520,000	\$75,890,000	\$1,370,000	2%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$13,696,000	\$12,785,000	(\$911,000)	-7%
	Total Noncurrent Assets Whose Use is Limited:	\$95,694,000	\$96,419,000	\$725,000	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,787,000	\$3,831,000	\$44,000	1%
7	Other Noncurrent Assets	\$3,180,000	\$2,621,000	(\$559,000)	-18%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$343,372,000	\$367,111,000	\$23,739,000	7%
2	Less: Accumulated Depreciation	\$196,218,000	\$215,843,000	\$19,625,000	10%
	Property, Plant and Equipment, Net	\$147,154,000	\$151,268,000	\$4,114,000	3%
3	Construction in Progress	\$7,855,000	\$5,902,000	(\$1,953,000)	-25%
	Total Net Fixed Assets	\$155,009,000	\$157,170,000	\$2,161,000	1%
	Total Assets	\$348,174,000	\$374,372,000	\$26,198,000	8%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$12,856,000	\$15,479,000	\$2,623,000	20%
2	Salaries, Wages and Payroll Taxes	\$19,091,000	\$22,755,000	\$3,664,000	19%
3	Due To Third Party Payers	\$301,000	\$66,000	(\$235,000)	-78%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,650,000	\$2,670,000	\$20,000	1%
6	Current Portion of Notes Payable	\$181,000	\$234,000	\$53,000	29%
7	Other Current Liabilities	\$8,255,000	\$11,504,000	\$3,249,000	39%
	Total Current Liabilities	\$43,334,000	\$52,708,000	\$9,374,000	22%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$75,840,000	\$71,095,000	(\$4,745,000)	-6%
2	Notes Payable (Net of Current Portion)	\$4,906,000	\$4,820,000	(\$86,000)	-2%
	Total Long Term Debt	\$80,746,000	\$75,915,000	(\$4,831,000)	-6%
3	Accrued Pension Liability	\$33,172,000	\$89,528,000	\$56,356,000	170%
4	Other Long Term Liabilities	\$15,118,000	\$18,111,000	\$2,993,000	20%
	Total Long Term Liabilities	\$129,036,000	\$183,554,000	\$54,518,000	42%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$161,623,000	\$124,916,000	(\$36,707,000)	-23%
2	Temporarily Restricted Net Assets	\$8,011,000	\$6,606,000	(\$1,405,000)	-18%
3	Permanently Restricted Net Assets	\$6,170,000	\$6,588,000	\$418,000	7%
	Total Net Assets	\$175,804,000	\$138,110,000	(\$37,694,000)	-21%
	Total Liabilities and Net Assets	\$348,174,000	\$374,372,000	\$26,198,000	8%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$745,115,582	\$845,270,408	\$100,154,826	13%
2	Less: Allowances	\$447,597,544	\$519,918,005	\$72,320,461	16%
3	Less: Charity Care	\$4,682,373	\$7,535,167	\$2,852,794	61%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$292,835,665	\$317,817,236	\$24,981,571	9%
5	Other Operating Revenue	\$9,473,861	\$9,128,624	(\$345,237)	-4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$302,309,526	\$326,945,860	\$24,636,334	8%
B. Operating Expenses:					
1	Salaries and Wages	\$134,437,726	\$144,007,579	\$9,569,853	7%
2	Fringe Benefits	\$30,055,179	\$32,667,393	\$2,612,214	9%
3	Physicians Fees	\$2,669,799	\$2,397,057	(\$272,742)	-10%
4	Supplies and Drugs	\$27,631,816	\$30,920,282	\$3,288,466	12%
5	Depreciation and Amortization	\$19,715,758	\$20,406,140	\$690,382	4%
6	Bad Debts	\$19,516,594	\$17,055,645	(\$2,460,949)	-13%
7	Interest	\$3,795,151	\$3,974,237	\$179,086	5%
8	Malpractice	\$2,177,002	\$3,655,926	\$1,478,924	68%
9	Other Operating Expenses	\$53,470,514	\$50,678,056	(\$2,792,458)	-5%
	Total Operating Expenses	\$293,469,539	\$305,762,315	\$12,292,776	4%
	Income/(Loss) From Operations	\$8,839,987	\$21,183,545	\$12,343,558	140%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,690,000	(\$1,387,000)	(\$3,077,000)	-182%
2	Gifts, Contributions and Donations	\$1,420,000	\$387,000	(\$1,033,000)	-73%
3	Other Non-Operating Gains/(Losses)	(\$1,191,000)	(\$1,393,000)	(\$202,000)	17%
	Total Non-Operating Revenue	\$1,919,000	(\$2,393,000)	(\$4,312,000)	-225%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$10,758,987	\$18,790,545	\$8,031,558	75%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$10,758,987	\$18,790,545	\$8,031,558	75%
	Principal Payments	\$0	\$2,769,000	\$2,769,000	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$179,292,894	\$190,629,016	\$11,336,122	6%
2	MEDICARE MANAGED CARE	\$12,264,878	\$21,647,995	\$9,383,117	77%
3	MEDICAID	\$12,063,303	\$13,739,395	\$1,676,092	14%
4	MEDICAID MANAGED CARE	\$9,723,351	\$10,895,772	\$1,172,421	12%
5	CHAMPUS/TRICARE	\$747,167	\$722,673	(\$24,494)	-3%
6	COMMERCIAL INSURANCE	\$7,775,156	\$8,143,245	\$368,089	5%
7	NON-GOVERNMENT MANAGED CARE	\$85,527,199	\$95,716,072	\$10,188,873	12%
8	WORKER'S COMPENSATION	\$3,472,658	\$4,437,829	\$965,171	28%
9	SELF- PAY/UNINSURED	\$8,749,188	\$9,544,072	\$794,884	9%
10	SAGA	\$5,580,200	\$8,235,376	\$2,655,176	48%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$325,195,994	\$363,711,445	\$38,515,451	12%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$127,628,565	\$144,379,461	\$16,750,896	13%
2	MEDICARE MANAGED CARE	\$11,704,015	\$19,842,403	\$8,138,388	70%
3	MEDICAID	\$13,353,711	\$14,724,852	\$1,371,141	10%
4	MEDICAID MANAGED CARE	\$20,722,785	\$25,274,700	\$4,551,915	22%
5	CHAMPUS/TRICARE	\$1,591,457	\$1,666,742	\$75,285	5%
6	COMMERCIAL INSURANCE	\$20,288,872	\$22,986,673	\$2,697,801	13%
7	NON-GOVERNMENT MANAGED CARE	\$187,553,934	\$213,291,746	\$25,737,812	14%
8	WORKER'S COMPENSATION	\$10,920,416	\$10,289,290	(\$631,126)	-6%
9	SELF- PAY/UNINSURED	\$15,387,063	\$15,462,076	\$75,013	0%
10	SAGA	\$10,768,771	\$13,641,022	\$2,872,251	27%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$419,919,589	\$481,558,965	\$61,639,376	15%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$306,921,459	\$335,008,477	\$28,087,018	9%
2	MEDICARE MANAGED CARE	\$23,968,893	\$41,490,398	\$17,521,505	73%
3	MEDICAID	\$25,417,014	\$28,464,247	\$3,047,233	12%
4	MEDICAID MANAGED CARE	\$30,446,136	\$36,170,472	\$5,724,336	19%
5	CHAMPUS/TRICARE	\$2,338,624	\$2,389,415	\$50,791	2%
6	COMMERCIAL INSURANCE	\$28,064,028	\$31,129,918	\$3,065,890	11%
7	NON-GOVERNMENT MANAGED CARE	\$273,081,133	\$309,007,818	\$35,926,685	13%
8	WORKER'S COMPENSATION	\$14,393,074	\$14,727,119	\$334,045	2%
9	SELF- PAY/UNINSURED	\$24,136,251	\$25,006,148	\$869,897	4%
10	SAGA	\$16,348,971	\$21,876,398	\$5,527,427	34%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$745,115,583	\$845,270,410	\$100,154,827	13%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$62,552,141	\$63,315,939	\$763,798	1%
2	MEDICARE MANAGED CARE	\$4,730,980	\$6,203,355	\$1,472,375	31%
3	MEDICAID	\$3,721,889	\$3,871,680	\$149,791	4%
4	MEDICAID MANAGED CARE	\$2,508,145	\$2,876,267	\$368,122	15%
5	CHAMPUS/TRICARE	\$197,389	\$199,932	\$2,543	1%
6	COMMERCIAL INSURANCE	\$2,473,245	\$2,235,955	(\$237,290)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$40,126,721	\$44,810,017	\$4,683,296	12%
8	WORKER'S COMPENSATION	\$2,757,617	\$3,312,060	\$554,443	20%
9	SELF- PAY/UNINSURED	\$1,863,574	\$812,274	(\$1,051,300)	-56%
10	SAGA	\$785,416	\$769,452	(\$15,964)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$121,717,117	\$128,406,931	\$6,689,814	5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$36,156,119	\$42,550,081	\$6,393,962	18%
2	MEDICARE MANAGED CARE	\$2,646,746	\$3,898,616	\$1,251,870	47%
3	MEDICAID	\$3,798,971	\$1,392,471	(\$2,406,500)	-63%
4	MEDICAID MANAGED CARE	\$6,165,161	\$7,313,075	\$1,147,914	19%
5	CHAMPUS/TRICARE	\$438,431	\$649,861	\$211,430	48%
6	COMMERCIAL INSURANCE	\$10,287,941	\$10,513,265	\$225,324	2%
7	NON-GOVERNMENT MANAGED CARE	\$83,987,694	\$98,181,485	\$14,193,791	17%
8	WORKER'S COMPENSATION	\$8,265,866	\$7,286,631	(\$979,235)	-12%
9	SELF- PAY/UNINSURED	\$3,414,782	\$3,717,142	\$302,360	9%
10	SAGA	\$1,596,047	\$1,944,153	\$348,106	22%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$156,757,758	\$177,446,780	\$20,689,022	13%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$98,708,260	\$105,866,020	\$7,157,760	7%
2	MEDICARE MANAGED CARE	\$7,377,726	\$10,101,971	\$2,724,245	37%
3	MEDICAID	\$7,520,860	\$5,264,151	(\$2,256,709)	-30%
4	MEDICAID MANAGED CARE	\$8,673,306	\$10,189,342	\$1,516,036	17%
5	CHAMPUS/TRICARE	\$635,820	\$849,793	\$213,973	34%
6	COMMERCIAL INSURANCE	\$12,761,186	\$12,749,220	(\$11,966)	0%
7	NON-GOVERNMENT MANAGED CARE	\$124,114,415	\$142,991,502	\$18,877,087	15%
8	WORKER'S COMPENSATION	\$11,023,483	\$10,598,691	(\$424,792)	-4%
9	SELF- PAY/UNINSURED	\$5,278,356	\$4,529,416	(\$748,940)	-14%
10	SAGA	\$2,381,463	\$2,713,605	\$332,142	14%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$278,474,875	\$305,853,711	\$27,378,836	10%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	7,036	6,724	(312)	-4%
2	MEDICARE MANAGED CARE	479	677	198	41%
3	MEDICAID	504	536	32	6%
4	MEDICAID MANAGED CARE	745	777	32	4%
5	CHAMPUS/TRICARE	36	36	0	0%
6	COMMERCIAL INSURANCE	405	372	(33)	-8%
7	NON-GOVERNMENT MANAGED CARE	4,246	4,091	(155)	-4%
8	WORKER'S COMPENSATION	74	79	5	7%
9	SELF- PAY/UNINSURED	416	350	(66)	-16%
10	SAGA	260	322	62	24%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	14,201	13,964	(237)	-2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	32,963	31,070	(1,893)	-6%
2	MEDICARE MANAGED CARE	2,008	3,077	1,069	53%
3	MEDICAID	2,777	2,624	(153)	-6%
4	MEDICAID MANAGED CARE	2,238	2,345	107	5%
5	CHAMPUS/TRICARE	177	126	(51)	-29%
6	COMMERCIAL INSURANCE	1,428	1,208	(220)	-15%
7	NON-GOVERNMENT MANAGED CARE	14,255	13,568	(687)	-5%
8	WORKER'S COMPENSATION	209	278	69	33%
9	SELF- PAY/UNINSURED	2,041	1,768	(273)	-13%
10	SAGA	1,323	1,564	241	18%
11	OTHER	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL PATIENT DAYS	59,419	57,628	(1,791)	-3%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	236,363	226,169	(10,194)	-4%
2	MEDICARE MANAGED CARE	17,211	26,929	9,718	56%
3	MEDICAID	35,477	33,703	(1,774)	-5%
4	MEDICAID MANAGED CARE	36,337	40,440	4,103	11%
5	CHAMPUS/TRICARE	2,256	2,112	(144)	-6%
6	COMMERCIAL INSURANCE	28,398	28,004	(394)	-1%
7	NON-GOVERNMENT MANAGED CARE	244,950	253,278	8,328	3%
8	WORKER'S COMPENSATION	19,958	18,440	(1,518)	-8%
9	SELF- PAY/UNINSURED	16,934	15,709	(1,225)	-7%
10	SAGA	13,065	13,336	271	2%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	650,949	658,120	7,171	1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$30,677,222	\$38,199,945	\$7,522,723	25%
2	MEDICARE MANAGED CARE	\$2,666,994	\$4,847,371	\$2,180,377	82%
3	MEDICAID	\$4,697,109	\$5,873,423	\$1,176,314	25%
4	MEDICAID MANAGED CARE	\$9,082,831	\$11,224,861	\$2,142,030	24%
5	CHAMPUS/TRICARE	\$673,256	\$770,885	\$97,629	15%
6	COMMERCIAL INSURANCE	\$5,820,018	\$6,743,305	\$923,287	16%
7	NON-GOVERNMENT MANAGED CARE	\$51,488,092	\$59,497,009	\$8,008,917	16%
8	WORKER'S COMPENSATION	\$2,169,769	\$2,114,224	(\$55,545)	-3%
9	SELF- PAY/UNINSURED	\$9,510,664	\$9,012,034	(\$498,630)	-5%
10	SAGA	\$5,201,890	\$6,996,879	\$1,794,989	35%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$121,987,845	\$145,279,936	\$23,292,091	19%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,577,915	\$7,318,316	\$740,401	11%
2	MEDICARE MANAGED CARE	\$556,142	\$966,329	\$410,187	74%
3	MEDICAID	\$1,042,862	\$1,382,678	\$339,816	33%
4	MEDICAID MANAGED CARE	\$2,588,454	\$3,669,880	\$1,081,426	42%
5	CHAMPUS/TRICARE	\$285,629	\$264,096	(\$21,533)	-8%
6	COMMERCIAL INSURANCE	\$2,358,909	\$2,397,846	\$38,937	2%
7	NON-GOVERNMENT MANAGED CARE	\$26,217,813	\$29,332,236	\$3,114,423	12%
8	WORKER'S COMPENSATION	\$1,719,372	\$1,594,408	(\$124,964)	-7%
9	SELF- PAY/UNINSURED	\$535,212	\$452,650	(\$82,562)	-15%
10	SAGA	\$787,161	\$947,888	\$160,727	20%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$42,669,469	\$48,326,327	\$5,656,858	13%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	15,196	15,017	(179)	-1%
2	MEDICARE MANAGED CARE	1,270	1,872	602	47%
3	MEDICAID	3,109	3,110	1	0%
4	MEDICAID MANAGED CARE	8,609	9,285	676	8%
5	CHAMPUS/TRICARE	612	567	(45)	-7%
6	COMMERCIAL INSURANCE	4,423	4,368	(55)	-1%
7	NON-GOVERNMENT MANAGED CARE	38,272	36,811	(1,461)	-4%
8	WORKER'S COMPENSATION	2,381	2,040	(341)	-14%
9	SELF- PAY/UNINSURED	7,362	6,707	(655)	-9%
10	SAGA	3,509	3,699	190	5%
11	OTHER	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	84,743	83,476	(1,267)	-1%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$41,906,969	\$44,128,939	\$2,221,970	5%
2	Physician Salaries	\$20,128,394	\$21,517,184	\$1,388,790	7%
3	Non-Nursing, Non-Physician Salaries	\$72,402,363	\$78,361,456	\$5,959,093	8%
	Total Salaries & Wages	\$134,437,726	\$144,007,579	\$9,569,853	7%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$9,368,800	\$10,009,289	\$640,489	7%
2	Physician Fringe Benefits	\$4,499,861	\$4,880,508	\$380,647	8%
3	Non-Nursing, Non-Physician Fringe Benefits	\$16,186,518	\$17,777,596	\$1,591,078	10%
	Total Fringe Benefits	\$30,055,179	\$32,667,393	\$2,612,214	9%
C. Contractual Labor Fees:					
1	Nursing Fees	\$1,888,419	\$405,124	(\$1,483,295)	-79%
2	Physician Fees	\$2,669,799	\$2,397,057	(\$272,742)	-10%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$4,558,218	\$2,802,181	(\$1,756,037)	-39%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$20,738,494	\$23,717,146	\$2,978,652	14%
2	Pharmaceutical Costs	\$6,893,322	\$7,203,136	\$309,814	4%
	Total Medical Supplies and Pharmaceutical Cost	\$27,631,816	\$30,920,282	\$3,288,466	12%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$9,216,927	\$9,723,581	\$506,654	5%
2	Depreciation-Equipment	\$10,369,542	\$10,529,869	\$160,327	2%
3	Amortization	\$129,289	\$152,690	\$23,401	18%
	Total Depreciation and Amortization	\$19,715,758	\$20,406,140	\$690,382	4%
F. Bad Debts:					
1	Bad Debts	\$19,516,594	\$17,055,645	(\$2,460,949)	-13%
G. Interest Expense:					
1	Interest Expense	\$3,795,151	\$3,974,237	\$179,086	5%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$2,177,002	\$3,655,926	\$1,478,924	68%
I. Utilities:					
1	Water	\$203,239	\$190,799	(\$12,440)	-6%
2	Natural Gas	\$136,763	\$129,529	(\$7,234)	-5%
3	Oil	\$1,330,956	\$1,214,392	(\$116,564)	-9%
4	Electricity	\$2,634,405	\$2,702,808	\$68,403	3%
5	Telephone	\$1,257,883	\$1,237,961	(\$19,922)	-2%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$5,563,246	\$5,475,489	(\$87,757)	-2%
J. Business Expenses:					
1	Accounting Fees	\$240,568	\$275,000	\$34,432	14%
2	Legal Fees	\$508,767	\$585,661	\$76,894	15%
3	Consulting Fees	\$2,441,963	\$3,753,160	\$1,311,197	54%
4	Dues and Membership	\$510,318	\$615,893	\$105,575	21%
5	Equipment Leases	\$1,756,773	\$1,803,536	\$46,763	3%
6	Building Leases	\$3,194,795	\$3,527,544	\$332,749	10%
7	Repairs and Maintenance	\$2,311,214	\$2,284,768	(\$26,446)	-1%
8	Insurance	\$395,728	\$455,308	\$59,580	15%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$1,224,422	\$1,294,802	\$70,380	6%
10	Conferences	\$263,587	\$169,675	(\$93,912)	-36%
11	Property Tax	\$125,308	\$124,863	(\$445)	0%
12	General Supplies	\$2,229,331	\$2,313,629	\$84,298	4%
13	Licenses and Subscriptions	\$322,708	\$408,103	\$85,395	26%
14	Postage and Shipping	\$280,211	\$353,878	\$73,667	26%
15	Advertising	\$593,389	\$868,521	\$275,132	46%
16	Other Business Expenses	\$5,812,119	\$5,390,132	(\$421,987)	-7%
	Total Business Expenses	\$22,211,201	\$24,224,473	\$2,013,272	9%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$23,807,648	\$20,572,970	(\$3,234,678)	-14%
	Total Operating Expenses - All Expense Categories*	\$293,469,539	\$305,762,315	\$12,292,776	4%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$26,121,584	\$31,404,649	\$5,283,065	20%
2	General Accounting	\$1,033,879	\$1,061,868	\$27,989	3%
3	Patient Billing & Collection	\$23,030,425	\$20,845,505	(\$2,184,920)	-9%
4	Admitting / Registration Office	\$3,210,323	\$3,297,209	\$86,886	3%
5	Data Processing	\$12,253,540	\$13,290,957	\$1,037,417	8%
6	Communications	\$1,963,063	\$1,963,030	(\$33)	0%
7	Personnel	\$31,868,365	\$34,504,719	\$2,636,354	8%
8	Public Relations	\$1,393,402	\$1,814,964	\$421,562	30%
9	Purchasing	\$1,634,989	\$1,571,559	(\$63,430)	-4%
10	Dietary and Cafeteria	\$3,801,320	\$3,731,234	(\$70,086)	-2%
11	Housekeeping	\$2,754,898	\$2,655,534	(\$99,364)	-4%
12	Laundry & Linen	\$1,049,806	\$855,740	(\$194,066)	-18%
13	Operation of Plant	\$13,282,564	\$13,052,676	(\$229,888)	-2%
14	Security	\$1,227,965	\$1,156,233	(\$71,732)	-6%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$2,176,755	\$2,774,712	\$597,957	27%
17	Pharmacy Department	\$8,862,163	\$9,456,323	\$594,160	7%
18	Other General Services	\$732,887	\$707,895	(\$24,992)	-3%
	Total General Services	\$136,397,928	\$144,144,807	\$7,746,879	6%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$8,942,855	\$5,280,069	(\$3,662,786)	-41%
2	Residency Program	\$3,372,013	\$3,546,022	\$174,009	5%
3	Nursing Services Administration	\$3,217,872	\$2,792,058	(\$425,814)	-13%
4	Medical Records	\$3,790,557	\$3,922,425	\$131,868	3%
5	Social Service	\$291,934	\$277,601	(\$14,333)	-5%
6	Other Professional Services	\$394,996	\$272,201	(\$122,795)	-31%
	Total Professional Services	\$20,010,227	\$16,090,376	(\$3,919,851)	-20%
C.	<u>Special Services:</u>				
1	Operating Room	\$13,977,276	\$16,814,992	\$2,837,716	20%
2	Recovery Room	\$3,290,722	\$3,192,694	(\$98,028)	-3%
3	Anesthesiology	\$810,444	\$790,429	(\$20,015)	-2%
4	Delivery Room	\$25,500	\$4,846	(\$20,654)	-81%
5	Diagnostic Radiology	\$8,936,053	\$9,362,184	\$426,131	5%
6	Diagnostic Ultrasound	\$1,351,052	\$1,482,784	\$131,732	10%
7	Radiation Therapy	\$1,535,222	\$1,644,051	\$108,829	7%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$693,962	\$679,979	(\$13,983)	-2%
9	CT Scan	\$2,813,347	\$2,866,811	\$53,464	2%
10	Laboratory	\$12,272,856	\$12,755,816	\$482,960	4%
11	Blood Storing/Processing	\$1,584,699	\$1,761,905	\$177,206	11%
12	Cardiology	\$473,229	\$463,926	(\$9,303)	-2%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$925,536	\$1,113,827	\$188,291	20%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$177,636	\$244,709	\$67,073	38%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,005,249	\$1,072,002	\$66,753	7%
19	Pulmonary Function	\$53,847	\$52,794	(\$1,053)	-2%
20	Intravenous Therapy	\$450,688	\$484,460	\$33,772	7%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$5,159,445	\$6,610,423	\$1,450,978	28%
23	Renal Dialysis	\$190,454	\$204,269	\$13,815	7%
24	Emergency Room	\$19,567,919	\$19,435,241	(\$132,678)	-1%
25	MRI	\$1,980,771	\$2,071,487	\$90,716	5%
26	PET Scan	\$554,786	\$523,542	(\$31,244)	-6%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$494,030	\$428,846	(\$65,184)	-13%
29	Sleep Center	\$592,539	\$529,016	(\$63,523)	-11%
30	Lithotripsy	\$352,575	\$0	(\$352,575)	-100%
31	Cardiac Catheterization/Rehabilitation	\$1,078,909	\$936,154	(\$142,755)	-13%
32	Occupational Therapy / Physical Therapy	\$2,585,854	\$2,671,274	\$85,420	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,590,260	\$2,833,753	\$243,493	9%
	Total Special Services	\$85,524,860	\$91,032,214	\$5,507,354	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$19,314,737	\$19,628,144	\$313,407	2%
2	Intensive Care Unit	\$7,232,904	\$6,752,085	(\$480,819)	-7%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,127,779	\$2,468,869	\$341,090	16%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$5,267,035	\$4,433,660	(\$833,375)	-16%
7	Newborn Nursery Unit	\$32,671	\$879,403	\$846,732	2592%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,529,530	\$2,675,650	\$146,120	6%
11	Home Care	\$10,887,414	\$11,068,137	\$180,723	2%
12	Outpatient Clinics	\$4,030,300	\$6,485,619	\$2,455,319	61%
13	Other Routine Services	\$114,154	\$103,351	(\$10,803)	-9%
	Total Routine Services	\$51,536,524	\$54,494,918	\$2,958,394	6%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$293,469,539	\$305,762,315	\$12,292,776	4%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$270,571,932	\$ 292,835,665	\$317,817,236
2	Other Operating Revenue	10,264,619	9,473,861	9,128,624
3	Total Operating Revenue	\$280,836,551	\$302,309,526	\$326,945,860
4	Total Operating Expenses	272,687,506	293,469,539	305,762,315
5	Income/(Loss) From Operations	\$8,149,045	\$8,839,987	\$21,183,545
6	Total Non-Operating Revenue	5,075,158	1,919,000	(2,393,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$13,224,203	\$10,758,987	\$18,790,545
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.85%	2.91%	6.53%
2	Hospital Non Operating Margin	1.78%	0.63%	-0.74%
3	Hospital Total Margin	4.63%	3.54%	5.79%
4	Income/(Loss) From Operations	\$8,149,045	\$8,839,987	\$21,183,545
5	Total Operating Revenue	\$280,836,551	\$302,309,526	\$326,945,860
6	Total Non-Operating Revenue	\$5,075,158	\$1,919,000	(\$2,393,000)
7	Total Revenue	\$285,911,709	\$304,228,526	\$324,552,860
8	Excess/(Deficiency) of Revenue Over Expenses	\$13,224,203	\$10,758,987	\$18,790,545
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$179,992,000	\$161,623,000	\$124,916,000
2	Hospital Total Net Assets	\$194,473,000	\$175,804,000	\$138,110,000
3	Hospital Change in Total Net Assets	\$194,473,000	(\$18,669,000)	(\$37,694,000)
4	Hospital Change in Total Net Assets %	0.0%	-9.6%	-21.4%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.42	0.39	0.36
2	Total Operating Expenses	\$272,687,500	\$293,469,539	\$305,762,315
3	Total Gross Revenue	\$636,964,246	\$745,115,583	\$845,270,410
4	Total Other Operating Revenue	\$8,669,886	\$7,763,035	\$7,458,624
5	<u>Private Payment to Cost Ratio</u>	1.17	1.20	1.31
6	Total Non-Government Payments	\$144,557,353	\$153,177,440	\$170,868,829

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
7	Total Uninsured Payments	\$5,522,850	\$5,278,356	\$4,529,416
8	Total Non-Government Charges	\$305,320,178	\$339,674,486	\$379,871,003
9	Total Uninsured Charges	\$23,438,945	\$24,136,251	\$25,006,148
10	<u>Medicare Payment to Cost Ratio</u>	0.87	0.82	0.86
11	Total Medicare Payments	\$99,597,190	\$106,085,986	\$115,967,991
12	Total Medicare Charges	\$270,622,082	\$330,890,352	\$376,498,875
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.74	0.67
14	Total Medicaid Payments	\$14,497,323	\$16,194,166	\$15,453,493
15	Total Medicaid Charges	\$47,810,583	\$55,863,150	\$64,634,719
16	<u>Uncompensated Care Cost</u>	\$8,364,034	\$9,432,675	\$8,817,506
17	Charity Care	\$3,830,903	\$4,682,373	\$7,535,167
18	Bad Debts	\$15,972,374	\$19,516,594	\$17,055,645
19	Total Uncompensated Care	\$19,803,277	\$24,198,967	\$24,590,812
20	<u>Uncompensated Care % of Total Expenses</u>	3.1%	3.2%	2.9%
21	Total Operating Expenses	\$272,687,500	\$293,469,539	\$305,762,315
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.51	2.09	2.17
2	Total Current Assets	\$96,822,000	\$90,504,000	\$114,331,000
3	Total Current Liabilities	\$38,637,000	\$43,334,000	\$52,708,000
4	<u>Days Cash on Hand</u>	53	58	86
5	Cash and Cash Equivalents	\$33,255,000	\$28,239,000	\$47,781,000
6	Short Term Investments	3,482,000	15,145,000	19,181,000
7	Total Cash and Short Term Investments	\$36,737,000	\$43,384,000	\$66,962,000
8	Total Operating Expenses	\$272,687,506	\$293,469,539	\$305,762,315
9	Depreciation Expense	\$18,310,976	\$19,715,758	\$20,406,140
10	Operating Expenses less Depreciation Expense	\$254,376,530	\$273,753,781	\$285,356,175
11	<u>Days Revenue in Patient Accounts Receivable</u>	56.87	49.32	44.81

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
12	Net Patient Accounts Receivable	\$ 42,643,000	\$ 39,872,000	\$ 39,081,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$489,000	\$301,000	\$66,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 42,154,000	\$ 39,571,000	\$ 39,015,000
16	Total Net Patient Revenue	\$270,571,932	\$ 292,835,665	\$ 317,817,236
17	<u>Average Payment Period</u>	55.44	57.78	67.42
18	Total Current Liabilities	\$38,637,000	\$43,334,000	\$52,708,000
19	Total Operating Expenses	\$272,687,506	\$293,469,539	\$305,762,315
20	Depreciation Expense	\$18,310,976	\$19,715,758	\$20,406,140
21	Total Operating Expenses less Depreciation Expense	\$254,376,530	\$273,753,781	\$285,356,175
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	54.8	50.5	36.9
2	Total Net Assets	\$194,473,000	\$175,804,000	\$138,110,000
3	Total Assets	\$355,084,000	\$348,174,000	\$374,372,000
4	<u>Cash Flow to Total Debt Ratio</u>	25.8	24.6	30.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$13,224,203	\$10,758,987	\$18,790,545
6	Depreciation Expense	\$18,310,976	\$19,715,758	\$20,406,140
7	Excess of Revenues Over Expenses and Depreciation Expense	\$31,535,179	\$30,474,745	\$39,196,685
8	Total Current Liabilities	\$38,637,000	\$43,334,000	\$52,708,000
9	Total Long Term Debt	\$83,550,000	\$80,746,000	\$75,915,000
10	Total Current Liabilities and Total Long Term Debt	\$122,187,000	\$124,080,000	\$128,623,000
11	<u>Long Term Debt to Capitalization Ratio</u>	30.1	31.5	35.5
12	Total Long Term Debt	\$83,550,000	\$80,746,000	\$75,915,000
13	Total Net Assets	\$194,473,000	\$175,804,000	\$138,110,000
14	Total Long Term Debt and Total Net Assets	\$278,023,000	\$256,550,000	\$214,025,000
15	<u>Debt Service Coverage Ratio</u>	10.9	9.0	6.4
16	Excess Revenues over Expenses	\$13,224,203	\$10,758,987	\$18,790,545
17	Interest Expense	\$3,182,947	\$3,795,151	\$3,974,237
18	Depreciation and Amortization Expense	\$18,310,976	\$19,715,758	\$20,406,140

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
19	Principal Payments	\$0	\$0	\$2,769,000
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	9.7	10.0	10.6
21	Accumulated Depreciation	\$176,916,000	\$196,218,000	\$215,843,000
22	Depreciation and Amortization Expense	\$18,310,976	\$19,715,758	\$20,406,140
H. <u>Utilization Measures Summary</u>				
1	Patient Days	56,749	59,419	57,628
2	Discharges	13,795	14,201	13,964
3	ALOS	4.1	4.2	4.1
4	Staffed Beds	163	176	176
5	Available Beds	-	-	214
6	Licensed Beds	297	214	297
6	Occupancy of Staffed Beds	95.4%	92.5%	89.7%
7	Occupancy of Available Beds	52.3%	76.1%	73.8%
8	Full Time Equivalent Employees	1,872.8	1,911.0	1,977.0
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	44.3%	42.3%	42.0%
2	Medicare Gross Revenue Payer Mix Percentage	42.5%	44.4%	44.5%
3	Medicaid Gross Revenue Payer Mix Percentage	7.5%	7.5%	7.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.8%	2.2%	2.6%
5	Uninsured Gross Revenue Payer Mix Percentage	3.7%	3.2%	3.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$281,881,233	\$315,538,235	\$354,864,855
9	Medicare Gross Revenue (Charges)	\$270,622,082	\$330,890,352	\$376,498,875
10	Medicaid Gross Revenue (Charges)	\$47,810,583	\$55,863,150	\$64,634,719
11	Other Medical Assistance Gross Revenue (Charges)	\$11,523,044	\$16,348,971	\$21,876,398
12	Uninsured Gross Revenue (Charges)	\$23,438,945	\$24,136,251	\$25,006,148
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,688,359	\$2,338,624	\$2,389,415
14	Total Gross Revenue (Charges)	\$636,964,246	\$745,115,583	\$845,270,410
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	53.3%	53.1%	54.4%

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
2	Medicare Net Revenue Payer Mix Percentage	38.2%	38.1%	37.9%
3	Medicaid Net Revenue Payer Mix Percentage	5.6%	5.8%	5.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.5%	0.9%	0.9%
5	Uninsured Net Revenue Payer Mix Percentage	2.1%	1.9%	1.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.2%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$139,034,503	\$147,899,084	\$166,339,413
9	Medicare Net Revenue (Payments)	\$99,597,190	\$106,085,986	\$115,967,991
10	Medicaid Net Revenue (Payments)	\$14,497,323	\$16,194,166	\$15,453,493
11	Other Medical Assistance Net Revenue (Payments)	\$1,195,186	\$2,381,463	\$2,713,605
12	Uninsured Net Revenue (Payments)	\$5,522,850	\$5,278,356	\$4,529,416
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,086,782	\$635,820	\$849,793
14	Total Net Revenue (Payments)	\$260,933,834	\$278,474,875	\$305,853,711
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	5,236	5,141	4,892
2	Medicare	7,051	7,515	7,401
3	Medical Assistance	1,479	1,509	1,635
4	Medicaid	1,199	1,249	1,313
5	Other Medical Assistance	280	260	322
6	CHAMPUS / TRICARE	29	36	36
7	Uninsured (Included In Non-Government)	413	416	350
8	Total	13,795	14,201	13,964
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.993100	1.032560	1.056390
2	Medicare	1.245100	1.290670	1.329030
3	Medical Assistance	0.803085	0.847766	0.871967
4	Medicaid	0.772700	0.817700	0.841010
5	Other Medical Assistance	0.933200	0.992200	0.998200
6	CHAMPUS / TRICARE	0.765200	0.866400	0.970510
7	Uninsured (Included In Non-Government)	0.930900	0.988600	1.007240
8	Total Case Mix Index	1.101052	1.149091	1.179075
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	6,815	9,956	8,816
2	Emergency Room - Treated and Discharged	80,354	84,743	83,476
3	Total Emergency Room Visits	87,169	94,699	92,292

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$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%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$9,401,488	\$13,752,919	\$4,351,431	46%
2	Inpatient Payments	\$3,626,473	\$3,940,976	\$314,503	9%
3	Outpatient Charges	\$9,133,547	\$11,446,191	\$2,312,644	25%
4	Outpatient Payments	\$2,065,460	\$2,248,936	\$183,476	9%
5	Discharges	367	412	45	12%
6	Patient Days	1,518	1,950	432	28%
7	Outpatient Visits (Excludes ED Visits)	12,440	14,454	2,014	16%
8	Emergency Department Outpatient Visits	991	1,077	86	9%
9	Emergency Department Inpatient Admissions	297	327	30	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,535,035	\$25,199,110	\$6,664,075	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,691,933	\$6,189,912	\$497,979	9%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$2,863,390	\$7,895,076	\$5,031,686	176%
2	Inpatient Payments	\$1,104,507	\$2,262,379	\$1,157,872	105%
3	Outpatient Charges	\$2,570,468	\$8,396,212	\$5,825,744	227%
4	Outpatient Payments	\$581,286	\$1,649,680	\$1,068,394	184%
5	Discharges	112	265	153	137%
6	Patient Days	490	1,127	637	130%
7	Outpatient Visits (Excludes ED Visits)	3,501	10,603	7,102	203%
8	Emergency Department Outpatient Visits	279	795	516	185%
9	Emergency Department Inpatient Admissions	95	215	120	126%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,433,858	\$16,291,288	\$10,857,430	200%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,685,793	\$3,912,059	\$2,226,266	132%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$0	\$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%

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

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

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$12,264,878	\$21,647,995	\$9,383,117	77%
	TOTAL INPATIENT PAYMENTS	\$4,730,980	\$6,203,355	\$1,472,375	31%
	TOTAL OUTPATIENT CHARGES	\$11,704,015	\$19,842,403	\$8,138,388	70%
	TOTAL OUTPATIENT PAYMENTS	\$2,646,746	\$3,898,616	\$1,251,870	47%
	TOTAL DISCHARGES	479	677	198	41%
	TOTAL PATIENT DAYS	2,008	3,077	1,069	53%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,941	25,057	9,116	57%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,270	1,872	602	47%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	392	542	150	38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,968,893	\$41,490,398	\$17,521,505	73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,377,726	\$10,101,971	\$2,724,245	37%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$5,356,748	\$1,532,553	(\$3,824,195)	-71%
2	Inpatient Payments	\$1,381,777	\$404,563	(\$977,214)	-71%
3	Outpatient Charges	\$13,341,477	\$4,051,699	(\$9,289,778)	-70%
4	Outpatient Payments	\$3,969,175	\$1,172,334	(\$2,796,841)	-70%
5	Discharges	424	112	(312)	-74%
6	Patient Days	1,188	320	(868)	-73%
7	Outpatient Visits (Excludes ED Visits)	17,852	4,994	(12,858)	-72%
8	Emergency Department Outpatient Visits	5,543	1,649	(3,894)	-70%
9	Emergency Department Inpatient Admissions	79	23	(56)	-71%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,698,225	\$5,584,252	(\$13,113,973)	-70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,350,952	\$1,576,897	(\$3,774,055)	-71%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$2,150,397	\$6,063,482	\$3,913,085	182%
2	Inpatient Payments	\$554,696	\$1,600,639	\$1,045,943	189%
3	Outpatient Charges	\$2,873,720	\$11,407,595	\$8,533,875	297%
4	Outpatient Payments	\$854,950	\$3,300,715	\$2,445,765	286%
5	Discharges	175	471	296	169%
6	Patient Days	512	1,359	847	165%
7	Outpatient Visits (Excludes ED Visits)	3,845	14,062	10,217	266%
8	Emergency Department Outpatient Visits	1,194	5,016	3,822	320%
9	Emergency Department Inpatient Admissions	24	61	37	154%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,024,117	\$17,471,077	\$12,446,960	248%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,409,646	\$4,901,354	\$3,491,708	248%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$1,438,247	\$0	(\$1,438,247)	-100%
2	Inpatient Payments	\$370,997	\$0	(\$370,997)	-100%
3	Outpatient Charges	\$1,786,653	\$0	(\$1,786,653)	-100%
4	Outpatient Payments	\$531,541	\$0	(\$531,541)	-100%
5	Discharges	82	0	(82)	-100%
6	Patient Days	280	0	(280)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,391	0	(2,391)	-100%
8	Emergency Department Outpatient Visits	742	0	(742)	-100%
9	Emergency Department Inpatient Admissions	18	0	(18)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,224,900	\$0	(\$3,224,900)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$902,538	\$0	(\$902,538)	-100%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$512,190	\$1,676,847	\$1,164,657	227%
2	Inpatient Payments	\$132,120	\$442,654	\$310,534	235%
3	Outpatient Charges	\$2,296,106	\$5,963,248	\$3,667,142	160%
4	Outpatient Payments	\$683,106	\$1,725,428	\$1,042,322	153%
5	Discharges	35	81	46	131%
6	Patient Days	202	334	132	65%
7	Outpatient Visits (Excludes ED Visits)	3,072	7,351	4,279	139%
8	Emergency Department Outpatient Visits	954	690	(264)	-28%
9	Emergency Department Inpatient Admissions	30	37	7	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,808,296	\$7,640,095	\$4,831,799	172%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$815,226	\$2,168,082	\$1,352,856	166%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$265,769	\$0	(\$265,769)	-100%
2	Inpatient Payments	\$68,555	\$0	(\$68,555)	-100%
3	Outpatient Charges	\$424,829	\$0	(\$424,829)	-100%
4	Outpatient Payments	\$126,389	\$0	(\$126,389)	-100%
5	Discharges	29	0	(29)	-100%
6	Patient Days	56	0	(56)	-100%
7	Outpatient Visits (Excludes ED Visits)	568	0	(568)	-100%
8	Emergency Department Outpatient Visits	176	0	(176)	-100%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	8	0	(8)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$690,598	\$0	(\$690,598)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$194,944	\$0	(\$194,944)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$1,622,890	\$1,622,890	0%
2	Inpatient Payments	\$0	\$428,411	\$428,411	0%
3	Outpatient Charges	\$0	\$3,852,158	\$3,852,158	0%
4	Outpatient Payments	\$0	\$1,114,598	\$1,114,598	0%
5	Discharges	0	113	113	0%
6	Patient Days	0	332	332	0%
7	Outpatient Visits (Excludes ED Visits)	0	4,748	4,748	0%
8	Emergency Department Outpatient Visits	0	1,930	1,930	0%
9	Emergency Department Inpatient Admissions	0	26	26	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,475,048	\$5,475,048	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,543,009	\$1,543,009	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$9,723,351	\$10,895,772	\$1,172,421	12%
	TOTAL INPATIENT PAYMENTS	\$2,508,145	\$2,876,267	\$368,122	15%
	TOTAL OUTPATIENT CHARGES	\$20,722,785	\$25,274,700	\$4,551,915	22%
	TOTAL OUTPATIENT PAYMENTS	\$6,165,161	\$7,313,075	\$1,147,914	19%
	TOTAL DISCHARGES	745	777	32	4%
	TOTAL PATIENT DAYS	2,238	2,345	107	5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	27,728	31,155	3,427	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	8,609	9,285	676	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	159	147	(12)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,446,136	\$36,170,472	\$5,724,336	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,673,306	\$10,189,342	\$1,516,036	17%

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

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

MIDDLESEX HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$30,927,000	\$50,111,000	\$19,184,000	62%
2	Short Term Investments	\$15,145,000	\$19,181,000	\$4,036,000	27%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,430,000	\$39,854,000	(\$576,000)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$3,635,000	\$4,226,000	\$591,000	16%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$923,000	\$1,114,000	\$191,000	21%
8	Prepaid Expenses	\$1,978,000	\$2,334,000	\$356,000	18%
9	Other Current Assets	\$1,196,000	\$1,093,000	(\$103,000)	-9%
	Total Current Assets	\$94,234,000	\$117,913,000	\$23,679,000	25%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$8,073,000	\$8,318,000	\$245,000	3%
2	Board Designated for Capital Acquisition	\$74,520,000	\$75,890,000	\$1,370,000	2%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$13,696,000	\$12,785,000	(\$911,000)	-7%
	Total Noncurrent Assets Whose Use is Limited:	\$96,289,000	\$96,993,000	\$704,000	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,787,000	\$3,831,000	\$44,000	1%
7	Other Noncurrent Assets	\$3,374,000	\$2,867,000	(\$507,000)	-15%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$356,286,000	\$381,173,000	\$24,887,000	7%
2	Less: Accumulated Depreciation	\$200,948,000	\$221,166,000	\$20,218,000	\$0
	Property, Plant and Equipment, Net	\$155,338,000	\$160,007,000	\$4,669,000	3%
3	Construction in Progress	\$8,028,000	\$5,985,000	(\$2,043,000)	-25%
	Total Net Fixed Assets	\$163,366,000	\$165,992,000	\$2,626,000	2%
	Total Assets	\$361,050,000	\$387,596,000	\$26,546,000	7%

MIDDLESEX HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$13,364,000	\$15,978,000	\$2,614,000	20%
2	Salaries, Wages and Payroll Taxes	\$19,683,000	\$23,614,000	\$3,931,000	20%
3	Due To Third Party Payers	\$301,000	\$66,000	(\$235,000)	-78%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,870,000	\$2,905,000	\$35,000	1%
6	Current Portion of Notes Payable	\$200,000	\$273,000	\$73,000	37%
7	Other Current Liabilities	\$8,506,000	\$11,841,000	\$3,335,000	39%
	Total Current Liabilities	\$44,924,000	\$54,677,000	\$9,753,000	22%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$82,318,000	\$77,347,000	(\$4,971,000)	-6%
2	Notes Payable (Net of Current Portion)	\$5,155,000	\$5,118,000	(\$37,000)	-1%
	Total Long Term Debt	\$87,473,000	\$82,465,000	(\$5,008,000)	-6%
3	Accrued Pension Liability	\$33,172,000	\$89,528,000	\$56,356,000	170%
4	Other Long Term Liabilities	\$15,272,000	\$18,333,000	\$3,061,000	20%
	Total Long Term Liabilities	\$135,917,000	\$190,326,000	\$54,409,000	40%
5	Interest in Net Assets of Affiliates or Joint	\$793,000	\$612,000	(\$181,000)	-23%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$165,235,000	\$128,787,000	(\$36,448,000)	-22%
2	Temporarily Restricted Net Assets	\$8,011,000	\$6,606,000	(\$1,405,000)	-18%
3	Permanently Restricted Net Assets	\$6,170,000	\$6,588,000	\$418,000	7%
	Total Net Assets	\$179,416,000	\$141,981,000	(\$37,435,000)	-21%
	Total Liabilities and Net Assets	\$361,050,000	\$387,596,000	\$26,546,000	7%

MIDDLESEX HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$763,044,000	\$864,085,000	\$101,041,000	13%
2	Less: Allowances	\$452,597,000	\$525,570,000	\$72,973,000	16%
3	Less: Charity Care	\$4,682,000	\$7,535,000	\$2,853,000	61%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$305,765,000	\$330,980,000	\$25,215,000	8%
5	Other Operating Revenue	\$9,890,000	\$9,513,000	(\$377,000)	-4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$315,655,000	\$340,493,000	\$24,838,000	8%
B. Operating Expenses:					
1	Salaries and Wages	\$143,116,000	\$152,978,000	\$9,862,000	7%
2	Fringe Benefits	\$31,737,000	\$34,408,000	\$2,671,000	8%
3	Physicians Fees	\$2,669,799	\$2,397,000	(\$272,799)	-10%
4	Supplies and Drugs	\$28,535,000	\$31,774,000	\$3,239,000	11%
5	Depreciation and Amortization	\$20,305,000	\$21,019,000	\$714,000	4%
6	Bad Debts	\$19,574,000	\$17,108,000	(\$2,466,000)	-13%
7	Interest	\$4,153,000	\$4,320,000	\$167,000	4%
8	Malpractice	\$2,443,688	\$3,933,000	\$1,489,312	61%
9	Other Operating Expenses	\$55,840,513	\$53,227,000	(\$2,613,513)	-5%
	Total Operating Expenses	\$308,374,000	\$321,164,000	\$12,790,000	4%
	Income/(Loss) From Operations	\$7,281,000	\$19,329,000	\$12,048,000	165%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,831,000	(\$1,380,000)	(\$3,211,000)	-175%
2	Gifts, Contributions and Donations	\$1,420,000	\$387,000	(\$1,033,000)	-73%
3	Other Non-Operating Gains/(Losses)	(\$1,193,000)	(\$1,246,000)	(\$53,000)	4%
	Total Non-Operating Revenue	\$2,058,000	(\$2,239,000)	(\$4,297,000)	-209%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$9,339,000	\$17,090,000	\$7,751,000	83%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$9,339,000	\$17,090,000	\$7,751,000	83%

MIDDLESEX HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$282,594,267	\$305,765,000	\$330,980,000
2	Other Operating Revenue	10,802,733	9,890,000	9,513,000
3	Total Operating Revenue	\$293,397,000	\$315,655,000	\$340,493,000
4	Total Operating Expenses	286,492,000	308,374,000	321,164,000
5	Income/(Loss) From Operations	\$6,905,000	\$7,281,000	\$19,329,000
6	Total Non-Operating Revenue	5,201,000	2,058,000	(2,239,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$12,106,000	\$9,339,000	\$17,090,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	2.31%	2.29%	5.71%
2	Parent Corporation Non-Operating Margin	1.74%	0.65%	-0.66%
3	Parent Corporation Total Margin	4.05%	2.94%	5.05%
4	Income/(Loss) From Operations	\$6,905,000	\$7,281,000	\$19,329,000
5	Total Operating Revenue	\$293,397,000	\$315,655,000	\$340,493,000
6	Total Non-Operating Revenue	\$5,201,000	\$2,058,000	(\$2,239,000)
7	Total Revenue	\$298,598,000	\$317,713,000	\$338,254,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$12,106,000	\$9,339,000	\$17,090,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$183,154,000	\$165,235,000	\$128,787,000
2	Parent Corporation Total Net Assets	\$197,635,000	\$179,416,000	\$141,981,000
3	Parent Corporation Change in Total Net Assets	\$197,635,000	(\$18,219,000)	(\$37,435,000)
4	Parent Corporation Change in Total Net Assets %	0.0%	-9.2%	-20.9%

MIDDLESEX HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.48	2.10	2.16
2	Total Current Assets	\$100,164,000	\$94,234,000	\$117,913,000
3	Total Current Liabilities	\$40,308,000	\$44,924,000	\$54,677,000
4	<u>Days Cash on Hand</u>	54	58	84
5	Cash and Cash Equivalents	\$35,831,000	\$30,927,000	\$50,111,000
6	Short Term Investments	3,482,000	15,145,000	19,181,000
7	Total Cash and Short Term Investments	\$39,313,000	\$46,072,000	\$69,292,000
8	Total Operating Expenses	\$286,492,000	\$308,374,000	\$321,164,000
9	Depreciation Expense	\$18,832,000	\$20,305,000	\$21,019,000
10	Operating Expenses less Depreciation Expense	\$267,660,000	\$288,069,000	\$300,145,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	55	48	44
12	Net Patient Accounts Receivable	\$ 42,940,000	\$ 40,430,000	\$ 39,854,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$489,000	\$301,000	\$66,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 42,451,000	\$ 40,129,000	\$ 39,788,000
16	Total Net Patient Revenue	\$282,594,267	\$305,765,000	\$330,980,000
17	<u>Average Payment Period</u>	55	57	66
18	Total Current Liabilities	\$40,308,000	\$44,924,000	\$54,677,000
19	Total Operating Expenses	\$286,492,000	\$308,374,000	\$321,164,000
20	Depreciation Expense	\$18,832,000	\$20,305,000	\$21,019,000
21	Total Operating Expenses less Depreciation Expense	\$267,660,000	\$288,069,000	\$300,145,000

MIDDLESEX HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
E. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	53.7	49.7	36.6
2	Total Net Assets	\$197,635,000	\$179,416,000	\$141,981,000
3	Total Assets	\$367,861,000	\$361,050,000	\$387,596,000
4	<u>Cash Flow to Total Debt Ratio</u>	23.7	22.4	27.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$12,106,000	\$9,339,000	\$17,090,000
6	Depreciation Expense	\$18,832,000	\$20,305,000	\$21,019,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$30,938,000	\$29,644,000	\$38,109,000
8	Total Current Liabilities	\$40,308,000	\$44,924,000	\$54,677,000
9	Total Long Term Debt	\$90,505,000	\$87,473,000	\$82,465,000
10	Total Current Liabilities and Total Long Term Debt	\$130,813,000	\$132,397,000	\$137,142,000
11	<u>Long Term Debt to Capitalization Ratio</u>	31.4	32.8	36.7
12	Total Long Term Debt	\$90,505,000	\$87,473,000	\$82,465,000
13	Total Net Assets	\$197,635,000	\$179,416,000	\$141,981,000
14	Total Long Term Debt and Total Net Assets	\$288,140,000	\$266,889,000	\$224,446,000

MIDDLESEX HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	36,834	111	121	90.9%	83.4%
2	ICU/CCU (Excludes Neonatal ICU)	8,992	28	33	88.0%	74.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,780	17	20	93.2%	79.2%
	TOTAL PSYCHIATRIC	5,780	17	20	93.2%	79.2%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,091	11	20	77.0%	42.3%
7	Newborn	2,931	9	20	89.2%	40.2%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	54,697	167	194	89.7%	77.2%
	TOTAL INPATIENT BED UTILIZATION	57,628	176	214	89.7%	73.8%
	TOTAL INPATIENT REPORTED YEAR	57,628	176	214	89.7%	73.8%
	TOTAL INPATIENT PRIOR YEAR	59,419	176	214	92.5%	76.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,791	0	0	-2.8%	-2.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	0%	0%	-3%	-3%
	Total Licensed Beds and Bassinets	297				
(A) This number may not exceed the number of available beds for each department or in total.						

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	9,335	8,968	-367	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	16,544	17,632	1,088	7%
3	Emergency Department Scans	12,551	12,109	-442	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	38,430	38,709	279	1%
B. MRI Scans (A)					
1	Inpatient Scans	1,070	1,138	68	6%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,468	8,663	195	2%
3	Emergency Department Scans	81	47	-34	-42%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	9,619	9,848	229	2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	21	25	4	19%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	21	25	4	19%
D. PET/CT Scans (A)					
1	Inpatient Scans	5	3	-2	-40%
2	Outpatient Scans (Excluding Emergency Department Scans)	628	625	-3	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	633	628	-5	-1%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	223	178	-45	-20%
2	Outpatient Procedures	8,834	10,311	1,477	17%
	Total Linear Accelerator Procedures	9,057	10,489	1,432	16%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	146	142	-4	-3%
2	Outpatient Procedures	303	269	-34	-11%
	Total Cardiac Catheterization Procedures	449	411	-38	-8%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,071	3,023	-48	-2%
2	Outpatient Surgical Procedures	7,481	7,890	409	5%
	Total Surgical Procedures	10,552	10,913	361	3%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	696	865	169	24%
2	Outpatient Endoscopy Procedures	2,078	1,801	-277	-13%
	Total Endoscopy Procedures	2,774	2,666	-108	-4%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	9,956	8,816	-1,140	-11%
2	Emergency Room Visits: Treated and Discharged	84,743	83,476	-1,267	-1%
	Total Emergency Room Visits	94,699	92,292	-2,407	-3%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	28,154	28,696	542	2%
4	Medical Clinic Visits	41,898	44,636	2,738	7%
5	Specialty Clinic Visits	7,454	7,457	3	0%
	Total Hospital Clinic Visits	77,506	80,789	3,283	4%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	43,380	44,882	1,502	3%
2	Cardiology	3,710	3,604	-106	-3%
3	Chemotherapy	183	190	7	4%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	453,768	445,179	-8,589	-2%
	Total Other Hospital Outpatient Visits	501,041	493,855	-7,186	-1%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	469.0	501.0	32.0	7%
2	Total Physician FTEs	111.0	121.0	10.0	9%
3	Total Non-Nursing and Non-Physician FTEs	1,331.0	1,355.0	24.0	2%
	Total Hospital Full Time Equivalent Employees	1,911.0	1,977.0	66.0	3%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	MH OP Center Saybrook Road	3,562	3,612	50	1%
2	Middlesex Hospital	3,919	4,278	359	9%
	Total Outpatient Surgical Procedures(A)	7,481	7,890	409	5%
B. Outpatient Endoscopy Procedures					
1	MH Shoreline Oscopy Room	2,078	0	-2,078	-100%
2	Middlesex Hospital	0	1,801	1,801	0%
	Total Outpatient Endoscopy Procedures(B)	2,078	1,801	-277	-13%
C. Outpatient Hospital Emergency Room Visits					
1	MH Marlborough ED	24,520	23,248	-1,272	-5%
2	MH Shoreline ED	23,596	21,534	-2,062	-9%
3	Middlesex Hospital ED	36,627	38,694	2,067	6%
	Total Outpatient Hospital Emergency Room Visits(C)	84,743	83,476	-1,267	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$191,557,772	\$212,277,011	\$20,719,239	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$67,283,121	\$69,519,294	\$2,236,173	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.12%	32.75%	-2.37%	-7%
4	DISCHARGES	7,515	7,401	(114)	-2%
5	CASE MIX INDEX (CMI)	1.29067	1.32903	0.03836	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,699,38505	9,836,15103	136,76598	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,936.84	\$7,067.73	\$130.89	2%
8	PATIENT DAYS	34,971	34,147	(824)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,923.97	\$2,035.88	\$111.91	6%
10	AVERAGE LENGTH OF STAY	4.7	4.6	(0.0)	-1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,332,580	\$164,221,864	\$24,889,284	18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$38,802,865	\$46,448,697	\$7,645,832	20%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.85%	28.28%	0.44%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	72.74%	77.36%	4.63%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,466.15430	5,725.56590	259.41160	5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,098.75	\$8,112.51	\$1,013.76	14%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$330,890,352	\$376,498,875	\$45,608,523	14%
18	TOTAL ACCRUED PAYMENTS	\$106,085,986	\$115,967,991	\$9,882,005	9%
19	TOTAL ALLOWANCES	\$224,804,366	\$260,530,884	\$35,726,518	16%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$105,524,201	\$117,841,218	\$12,317,017	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$47,221,157	\$51,170,306	\$3,949,149	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.75%	43.42%	-1.33%	-3%
4	DISCHARGES	5,141	4,892	(249)	-5%
5	CASE MIX INDEX (CMI)	1.03256	1.05639	0.02383	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,308.39096	5,167.85988	(140.53108)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,895.57	\$9,901.64	\$1,006.07	11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,958.72)	(\$2,833.91)	(\$875.19)	45%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,397,677)	(\$14,645,250)	(\$4,247,573)	41%
10	PATIENT DAYS	17,933	16,822	(1,111)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,633.20	\$3,041.87	\$408.67	16%
12	AVERAGE LENGTH OF STAY	3.5	3.4	(0.0)	-1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$234,150,285	\$262,029,785	\$27,879,500	12%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$105,956,283	\$119,698,523	\$13,742,240	13%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.25%	45.68%	0.43%	1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	221.89%	222.36%	0.47%	0%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,407.49329	10,877.77036	(529.72293)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,288.31	\$11,003.96	\$1,715.65	18%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,189.56)	(\$2,891.45)	(\$701.89)	32%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$24,977,335)	(\$31,452,528)	(\$6,475,193)	26%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$339,674,486	\$379,871,003	\$40,196,517	12%
22	TOTAL ACCRUED PAYMENTS	\$153,177,440	\$170,868,829	\$17,691,389	12%
23	TOTAL ALLOWANCES	\$186,497,046	\$209,002,174	\$22,505,128	12%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$35,375,012)	(\$46,097,778)	(\$10,722,765)	30%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$310,924,870	\$348,525,471	\$37,600,601	12%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$159,757,732	\$179,147,745	\$19,390,013	12%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$151,167,138	\$169,377,726	\$18,210,588	12%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.62%	48.60%	-0.02%	

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$8,749,188	\$9,544,072	\$794,884	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,863,574	\$812,274	(\$1,051,300)	-56%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.30%	8.51%	-12.79%	-60%
4	DISCHARGES	416	350	(66)	-16%
5	CASE MIX INDEX (CMI)	0.98860	1.00724	0.01864	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	411.25760	352.53400	(58.72360)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,531.40	\$2,304.10	(\$2,227.30)	-49%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,364.17	\$7,597.54	\$3,233.38	74%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,405.44	\$4,763.63	\$2,358.19	98%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$989,256	\$1,679,342	\$690,087	70%
11	PATIENT DAYS	2,041	1,768	(273)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$913.07	\$459.43	(\$453.64)	-50%
13	AVERAGE LENGTH OF STAY	4.9	5.1	0.1	3%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,387,063	\$15,462,076	\$75,013	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,414,782	\$3,717,142	\$302,360	9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.19%	24.04%	1.85%	8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	175.87%	162.01%	-13.86%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	731.61283	567.02491	(164.58792)	-22%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,667.47	\$6,555.52	\$1,888.05	40%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,620.83	\$4,448.44	(\$172.39)	-4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$2,431.28	\$1,556.99	(\$874.29)	-36%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,778,755	\$882,852	(\$895,903)	-50%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$24,136,251	\$25,006,148	\$869,897	4%
24	TOTAL ACCRUED PAYMENTS	\$5,278,356	\$4,529,416	(\$748,940)	-14%
25	TOTAL ALLOWANCES	\$18,857,895	\$20,476,732	\$1,618,837	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,768,011	\$2,562,194	(\$205,816)	-7%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$21,786,654	\$24,635,167	\$2,848,513	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,230,034	\$6,747,947	\$517,913	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.60%	27.39%	-1.20%	-4%
4	DISCHARGES	1,249	1,313	64	5%
5	CASE MIX INDEX (CMI)	0.81770	0.84101	0.02331	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,021,30730	1,104,24613	82,93883	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,100.06	\$6,110.91	\$10.85	0%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,795.51	\$3,790.74	\$995.22	36%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$836.79	\$956.83	\$120.04	14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$854,615	\$1,056,570	\$201,955	24%
11	PATIENT DAYS	5,015	4,969	(46)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,242.28	\$1,358.01	\$115.73	9%
13	AVERAGE LENGTH OF STAY	4.0	3.8	(0.2)	-6%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,076,496	\$39,999,552	\$5,923,056	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,964,132	\$8,705,546	(\$1,258,586)	-13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.24%	21.76%	-7.48%	-26%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	156.41%	162.37%	5.96%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,953.56035	2,131.88779	178.32744	9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,100.50	\$4,083.49	(\$1,017.01)	-20%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,187.81	\$6,920.47	\$2,732.66	65%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,998.25	\$4,029.02	\$2,030.76	102%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,903,705	\$8,589,410	\$4,685,705	120%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$55,863,150	\$64,634,719	\$8,771,569	16%
24	TOTAL ACCRUED PAYMENTS	\$16,194,166	\$15,453,493	(\$740,673)	-5%
25	TOTAL ALLOWANCES	\$39,668,984	\$49,181,226	\$9,512,242	24%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,758,321	\$9,645,980	\$4,887,660	103%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$5,580,200	\$8,235,376	\$2,655,176	48%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$785,416	\$769,452	(\$15,964)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.08%	9.34%	-4.73%	-34%
4	DISCHARGES	260	322	62	24%
5	CASE MIX INDEX (CMI)	0.99220	0.99820	0.00600	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	257.97200	321.42040	63.44840	25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,044.58	\$2,393.91	(\$650.67)	-21%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,850.99	\$7,507.73	\$1,656.74	28%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,892.27	\$4,673.82	\$781.56	20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,004,096	\$1,502,262	\$498,166	50%
11	PATIENT DAYS	1,323	1,564	241	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$593.66	\$491.98	(\$101.69)	-17%
13	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-5%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,768,771	\$13,641,022	\$2,872,251	27%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,596,047	\$1,944,153	\$348,106	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.82%	14.25%	-0.57%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.98%	165.64%	-27.34%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	501.75271	533.35866	31.60595	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,180.94	\$3,645.11	\$464.17	15%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,107.36	\$7,358.84	\$1,251.48	20%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,917.81	\$4,467.39	\$549.59	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,965,770	\$2,382,723	\$416,953	21%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$16,348,971	\$21,876,398	\$5,527,427	34%
24	TOTAL ACCRUED PAYMENTS	\$2,381,463	\$2,713,605	\$332,142	14%
25	TOTAL ALLOWANCES	\$13,967,508	\$19,162,793	\$5,195,285	37%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,969,866	\$3,884,985	\$915,119	31%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$27,366,854	\$32,870,543	\$5,503,689	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,015,450	\$7,517,399	\$501,949	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.63%	22.87%	-2.77%	-11%
4	DISCHARGES	1,509	1,635	126	8%
5	CASE MIX INDEX (CMI)	0.84777	0.87197	0.02420	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,279,27930	1,425,66653	146,38723	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,483.91	\$5,272.90	(\$211.01)	-4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,411.66	\$4,628.74	\$1,217.08	36%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,452.94	\$1,794.83	\$341.90	24%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,858,711	\$2,558,832	\$700,121	38%
11	PATIENT DAYS	6,338	6,533	195	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,106.89	\$1,150.68	\$43.79	4%
13	AVERAGE LENGTH OF STAY	4.2	4.0	(0.2)	-5%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$44,845,267	\$53,640,574	\$8,795,307	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,560,179	\$10,649,699	(\$910,480)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.78%	19.85%	-5.92%	-23%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	163.87%	163.19%	-0.68%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,455,31306	2,665,24645	209,93339	9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,708.23	\$3,995.77	(\$712.46)	-15%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,580.08	\$7,008.19	\$2,428.12	53%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,390.52	\$4,116.74	\$1,726.22	72%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,869,476	\$10,972,133	\$5,102,658	87%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$72,212,121	\$86,511,117	\$14,298,996	20%
24	TOTAL ACCRUED PAYMENTS	\$18,575,629	\$18,167,098	(\$408,531)	-2%
25	TOTAL ALLOWANCES	\$53,636,492	\$68,344,019	\$14,707,527	27%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$747,167	\$722,673	(\$24,494)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$197,389	\$199,932	\$2,543	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.42%	27.67%	1.25%	5%
4	DISCHARGES	36	36	0	0%
5	CASE MIX INDEX (CMI)	0.86640	0.97051	0.10411	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	31.19040	34.93836	3.74796	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,328.52	\$5,722.42	(\$606.10)	-10%
8	PATIENT DAYS	177	126	(51)	-29%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,115.19	\$1,586.76	\$471.57	42%
10	AVERAGE LENGTH OF STAY	4.9	3.5	(1.4)	-29%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,591,457	\$1,666,742	\$75,285	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$438,431	\$649,861	\$211,430	48%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,338,624	\$2,389,415	\$50,791	2%
14	TOTAL ACCRUED PAYMENTS	\$635,820	\$849,793	\$213,973	34%
15	TOTAL ALLOWANCES	\$1,702,804	\$1,539,622	(\$163,182)	-10%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$7,763,035	\$7,458,624	(\$304,411)	-4%
2	TOTAL OPERATING EXPENSES	\$293,469,539	\$305,762,315	\$12,292,776	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,710,823	\$1,670,015	(\$40,808)	-2%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$4,682,373	\$7,535,167	\$2,852,794	61%
5	BAD DEBTS (CHARGES)	\$19,516,594	\$17,055,645	(\$2,460,949)	-13%
6	UNCOMPENSATED CARE (CHARGES)	\$24,198,967	\$24,590,812	\$391,845	2%
7	COST OF UNCOMPENSATED CARE	\$9,151,974	\$9,058,714	(\$93,260)	-1%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$72,212,121	\$86,511,117	\$14,298,996	20%
9	TOTAL ACCRUED PAYMENTS	\$18,575,629	\$18,167,098	(\$408,531)	-2%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$27,310,400	\$31,868,791	\$4,558,391	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,734,771	\$13,701,693	\$4,966,922	57%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$325,195,994	\$363,711,445	\$38,515,451	12%
2	TOTAL INPATIENT PAYMENTS	\$121,717,117	\$128,406,931	\$6,689,814	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.43%	35.30%	-2.12%	-6%
4	TOTAL DISCHARGES	14,201	13,964	(237)	-2%
5	TOTAL CASE MIX INDEX	1.14909	1.17908	0.02998	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	16,318,24571	16,464,61580	146,37009	1%
7	TOTAL OUTPATIENT CHARGES	\$419,919,589	\$481,558,965	\$61,639,376	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	129.13%	132.40%	3.27%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$156,757,758	\$177,446,780	\$20,689,022	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.33%	36.85%	-0.48%	-1%
11	TOTAL CHARGES	\$745,115,583	\$845,270,410	\$100,154,827	13%
12	TOTAL PAYMENTS	\$278,474,875	\$305,853,711	\$27,378,836	10%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.37%	36.18%	-1.19%	-3%
14	PATIENT DAYS	59,419	57,628	(1,791)	-3%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$219,671,793	\$245,870,227	\$26,198,434	12%
2	INPATIENT PAYMENTS	\$74,495,960	\$77,236,625	\$2,740,665	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	33.91%	31.41%	-2.50%	-7%
4	DISCHARGES	9,060	9,072	12	0%
5	CASE MIX INDEX	1.21522	1.24523	0.03002	2%
6	CASE MIX ADJUSTED DISCHARGES	11,009,85475	11,296,75592	286,90117	3%
7	OUTPATIENT CHARGES	\$185,769,304	\$219,529,180	\$33,759,876	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	84.57%	89.29%	4.72%	6%
9	OUTPATIENT PAYMENTS	\$50,801,475	\$57,748,257	\$6,946,782	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.35%	26.31%	-1.04%	-4%
11	TOTAL CHARGES	\$405,441,097	\$465,399,407	\$59,958,310	15%
12	TOTAL PAYMENTS	\$125,297,435	\$134,984,882	\$9,687,447	8%
13	TOTAL PAYMENTS / CHARGES	30.90%	29.00%	-1.90%	-6%
14	PATIENT DAYS	41,486	40,806	(680)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$280,143,662	\$330,414,525	\$50,270,863	18%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.7	4.6	(0.0)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.4	(0.0)	-1%
3	UNINSURED	4.9	5.1	0.1	3%
4	MEDICAID	4.0	3.8	(0.2)	-6%
5	OTHER MEDICAL ASSISTANCE	5.1	4.9	(0.2)	-5%
6	CHAMPUS / TRICARE	4.9	3.5	(1.4)	-29%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.1	(0.1)	-1%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$745,115,583	\$845,270,410	\$100,154,827	13%
2	TOTAL GOVERNMENT DEDUCTIONS	\$280,143,662	\$330,414,525	\$50,270,863	18%
3	UNCOMPENSATED CARE	\$24,198,967	\$24,590,812	\$391,845	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$151,167,138	\$169,377,726	\$18,210,588	12%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,516,239	\$11,178,347	\$1,662,108	17%
6	TOTAL ADJUSTMENTS	\$465,026,006	\$535,561,410	\$70,535,404	15%
7	TOTAL ACCRUED PAYMENTS	\$280,089,577	\$309,709,000	\$29,619,423	11%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$1,710,823	\$1,670,015	(\$40,808)	-2%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$281,800,400	\$311,379,015	\$29,578,615	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3781968951	0.3683779904	(0.0098189047)	-3%
11	COST OF UNCOMPENSATED CARE	\$9,151,974	\$9,058,714	(\$93,260)	-1%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,734,771	\$13,701,693	\$4,966,922	57%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$17,886,745	\$22,760,407	\$4,873,662	27%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,903,705	\$8,589,410	\$4,685,705	120%
2	OTHER MEDICAL ASSISTANCE	\$2,969,866	\$3,884,985	\$915,119	31%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,768,011	\$2,562,194	(\$205,816)	-7%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,641,582	\$15,036,589	\$5,395,007	56%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,356,542	\$16,618,413	\$2,261,871	15.75%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$14,360,790	\$11,963,512	(\$2,397,278)	-16.69%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$294,546,491	\$319,487,236	\$24,940,745	8.47%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$745,115,582	\$845,270,408	\$100,154,826	13.44%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$24,198,967	\$24,590,812	\$391,845	1.62%

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,524,201	\$117,841,218	\$12,317,017
2	MEDICARE	\$191,557,772	212,277,011	\$20,719,239
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,366,854	32,870,543	\$5,503,689
4	MEDICAID	\$21,786,654	24,635,167	\$2,848,513
5	OTHER MEDICAL ASSISTANCE	\$5,580,200	8,235,376	\$2,655,176
6	CHAMPUS / TRICARE	\$747,167	722,673	(\$24,494)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,749,188	9,544,072	\$794,884
	TOTAL INPATIENT GOVERNMENT CHARGES	\$219,671,793	\$245,870,227	\$26,198,434
	TOTAL INPATIENT CHARGES	\$325,195,994	\$363,711,445	\$38,515,451
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$234,150,285	\$262,029,785	\$27,879,500
2	MEDICARE	\$139,332,580	164,221,864	\$24,889,284
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$44,845,267	53,640,574	\$8,795,307
4	MEDICAID	\$34,076,496	39,999,552	\$5,923,056
5	OTHER MEDICAL ASSISTANCE	\$10,768,771	13,641,022	\$2,872,251
6	CHAMPUS / TRICARE	\$1,591,457	1,666,742	\$75,285
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,387,063	15,462,076	\$75,013
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$185,769,304	\$219,529,180	\$33,759,876
	TOTAL OUTPATIENT CHARGES	\$419,919,589	\$481,558,965	\$61,639,376
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$339,674,486	\$379,871,003	\$40,196,517
2	TOTAL MEDICARE	\$330,890,352	\$376,498,875	\$45,608,523
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$72,212,121	\$86,511,117	\$14,298,996
4	TOTAL MEDICAID	\$55,863,150	\$64,634,719	\$8,771,569
5	TOTAL OTHER MEDICAL ASSISTANCE	\$16,348,971	\$21,876,398	\$5,527,427
6	TOTAL CHAMPUS / TRICARE	\$2,338,624	\$2,389,415	\$50,791
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$24,136,251	\$25,006,148	\$869,897
	TOTAL GOVERNMENT CHARGES	\$405,441,097	\$465,399,407	\$59,958,310
	TOTAL CHARGES	\$745,115,583	\$845,270,410	\$100,154,827
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,221,157	\$51,170,306	\$3,949,149
2	MEDICARE	\$67,283,121	69,519,294	\$2,236,173
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,015,450	7,517,399	\$501,949
4	MEDICAID	\$6,230,034	6,747,947	\$517,913
5	OTHER MEDICAL ASSISTANCE	\$785,416	769,452	(\$15,964)
6	CHAMPUS / TRICARE	\$197,389	199,932	\$2,543
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,863,574	812,274	(\$1,051,300)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$74,495,960	\$77,236,625	\$2,740,665
	TOTAL INPATIENT PAYMENTS	\$121,717,117	\$128,406,931	\$6,689,814
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,956,283	\$119,698,523	\$13,742,240
2	MEDICARE	\$38,802,865	46,448,697	\$7,645,832
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,560,179	10,649,699	(\$910,480)
4	MEDICAID	\$9,964,132	8,705,546	(\$1,258,586)
5	OTHER MEDICAL ASSISTANCE	\$1,596,047	1,944,153	\$348,106
6	CHAMPUS / TRICARE	\$438,431	649,861	\$211,430
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,414,782	3,717,142	\$302,360
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$50,801,475	\$57,748,257	\$6,946,782
	TOTAL OUTPATIENT PAYMENTS	\$156,757,758	\$177,446,780	\$20,689,022
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$153,177,440	\$170,868,829	\$17,691,389
2	TOTAL MEDICARE	\$106,085,986	\$115,967,991	\$9,882,005
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,575,629	\$18,167,098	(\$408,531)
4	TOTAL MEDICAID	\$16,194,166	\$15,453,493	(\$740,673)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,381,463	\$2,713,605	\$332,142
6	TOTAL CHAMPUS / TRICARE	\$635,820	\$849,793	\$213,973
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,278,356	\$4,529,416	(\$748,940)
	TOTAL GOVERNMENT PAYMENTS	\$125,297,435	\$134,984,882	\$9,687,447
	TOTAL PAYMENTS	\$278,474,875	\$305,853,711	\$27,378,836

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.16%	13.94%	-0.22%
2	MEDICARE	25.71%	25.11%	-0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.67%	3.89%	0.22%
4	MEDICAID	2.92%	2.91%	-0.01%
5	OTHER MEDICAL ASSISTANCE	0.75%	0.97%	0.23%
6	CHAMPUS / TRICARE	0.10%	0.09%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.17%	1.13%	-0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.48%	29.09%	-0.39%
	TOTAL INPATIENT PAYER MIX	43.64%	43.03%	-0.61%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.42%	31.00%	-0.43%
2	MEDICARE	18.70%	19.43%	0.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.02%	6.35%	0.33%
4	MEDICAID	4.57%	4.73%	0.16%
5	OTHER MEDICAL ASSISTANCE	1.45%	1.61%	0.17%
6	CHAMPUS / TRICARE	0.21%	0.20%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.07%	1.83%	-0.24%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.93%	25.97%	1.04%
	TOTAL OUTPATIENT PAYER MIX	56.36%	56.97%	0.61%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.96%	16.73%	-0.23%
2	MEDICARE	24.16%	22.73%	-1.43%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.52%	2.46%	-0.06%
4	MEDICAID	2.24%	2.21%	-0.03%
5	OTHER MEDICAL ASSISTANCE	0.28%	0.25%	-0.03%
6	CHAMPUS / TRICARE	0.07%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.67%	0.27%	-0.40%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	26.75%	25.25%	-1.50%
	TOTAL INPATIENT PAYER MIX	43.71%	41.98%	-1.73%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.05%	39.14%	1.09%
2	MEDICARE	13.93%	15.19%	1.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.15%	3.48%	-0.67%
4	MEDICAID	3.58%	2.85%	-0.73%
5	OTHER MEDICAL ASSISTANCE	0.57%	0.64%	0.06%
6	CHAMPUS / TRICARE	0.16%	0.21%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.23%	1.22%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.24%	18.88%	0.64%
	TOTAL OUTPATIENT PAYER MIX	56.29%	58.02%	1.73%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,141	4,892	(249)
2	MEDICARE	7,515	7,401	(114)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,509	1,635	126
4	MEDICAID	1,249	1,313	64
5	OTHER MEDICAL ASSISTANCE	260	322	62
6	CHAMPUS / TRICARE	36	36	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	416	350	(66)
	TOTAL GOVERNMENT DISCHARGES	9,060	9,072	12
	TOTAL DISCHARGES	14,201	13,964	(237)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,933	16,822	(1,111)
2	MEDICARE	34,971	34,147	(824)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,338	6,533	195
4	MEDICAID	5,015	4,969	(46)
5	OTHER MEDICAL ASSISTANCE	1,323	1,564	241
6	CHAMPUS / TRICARE	177	126	(51)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,041	1,768	(273)
	TOTAL GOVERNMENT PATIENT DAYS	41,486	40,806	(680)
	TOTAL PATIENT DAYS	59,419	57,628	(1,791)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.4	(0.0)
2	MEDICARE	4.7	4.6	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	4.0	(0.2)
4	MEDICAID	4.0	3.8	(0.2)
5	OTHER MEDICAL ASSISTANCE	5.1	4.9	(0.2)
6	CHAMPUS / TRICARE	4.9	3.5	(1.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.9	5.1	0.1
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.6	4.5	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.1	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03256	1.05639	0.02383
2	MEDICARE	1.29067	1.32903	0.03836
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84777	0.87197	0.02420
4	MEDICAID	0.81770	0.84101	0.02331
5	OTHER MEDICAL ASSISTANCE	0.99220	0.99820	0.00600
6	CHAMPUS / TRICARE	0.86640	0.97051	0.10411
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98860	1.00724	0.01864
	TOTAL GOVERNMENT CASE MIX INDEX	1.21522	1.24523	0.03002
	TOTAL CASE MIX INDEX	1.14909	1.17908	0.02998
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$310,924,870	\$348,525,471	\$37,600,601
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$159,757,732	\$179,147,745	\$19,390,013
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$151,167,138	\$169,377,726	\$18,210,588
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.62%	48.60%	-0.02%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,356,542	\$16,618,413	\$2,261,871
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,516,239	\$11,178,347	\$1,662,108
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$1,710,823	\$1,670,015	(\$40,808)
8	CHARITY CARE	\$4,682,373	\$7,535,167	\$2,852,794
9	BAD DEBTS	\$19,516,594	\$17,055,645	(\$2,460,949)
10	TOTAL UNCOMPENSATED CARE	\$24,198,967	\$24,590,812	\$391,845
11	TOTAL OTHER OPERATING REVENUE	\$310,924,870	\$348,525,471	\$37,600,601
12	TOTAL OPERATING EXPENSES	\$293,469,539	\$305,762,315	\$12,292,776

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

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,308.39096	5,167.85988	(140.53108)
2	MEDICARE	9,699.38505	9,836.15103	136.76598
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,279.27930	1,425.66653	146.38723
4	MEDICAID	1,021.30730	1,104.24613	82.93883
5	OTHER MEDICAL ASSISTANCE	257.97200	321.42040	63.44840
6	CHAMPUS / TRICARE	31.19040	34.93836	3.74796
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	411.25760	352.53400	(58.72360)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,009.85475	11,296.75592	286.90117
	TOTAL CASE MIX ADJUSTED DISCHARGES	16,318.24571	16,464.61580	146.37009
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,407.49329	10,877.77036	-529.72293
2	MEDICARE	5,466.15430	5,725.56590	259.41160
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,455.31306	2,665.24645	209.93339
4	MEDICAID	1,953.56035	2,131.88779	178.32744
5	OTHER MEDICAL ASSISTANCE	501.75271	533.35866	31.60595
6	CHAMPUS / TRICARE	76.67958	83.02886	6.34928
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	731.61283	567.02491	-164.58792
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	7,998.14694	8,473.84120	475.69426
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	19,405.64023	19,351.61156	-54.02867
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,895.57	\$9,901.64	\$1,006.07
2	MEDICARE	\$6,936.84	\$7,067.73	\$130.89
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,483.91	\$5,272.90	(\$211.01)
4	MEDICAID	\$6,100.06	\$6,110.91	\$10.85
5	OTHER MEDICAL ASSISTANCE	\$3,044.58	\$2,393.91	(\$650.67)
6	CHAMPUS / TRICARE	\$6,328.52	\$5,722.42	(\$606.10)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,531.40	\$2,304.10	(\$2,227.30)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,766.30	\$6,837.06	\$70.76
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,458.96	\$7,798.96	\$340.00
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,288.31	\$11,003.96	\$1,715.65
2	MEDICARE	\$7,098.75	\$8,112.51	\$1,013.76
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,708.23	\$3,995.77	(\$712.46)
4	MEDICAID	\$5,100.50	\$4,083.49	(\$1,017.01)
5	OTHER MEDICAL ASSISTANCE	\$3,180.94	\$3,645.11	\$464.17
6	CHAMPUS / TRICARE	\$5,717.70	\$7,826.93	\$2,109.23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,667.47	\$6,555.52	\$1,888.05
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,351.66	\$6,814.89	\$463.23
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,077.95	\$9,169.61	\$1,091.66

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,903,705	\$8,589,410	\$4,685,705
2	OTHER MEDICAL ASSISTANCE	\$2,969,866	\$3,884,985	\$915,119
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,768,011	\$2,562,194	(\$205,816)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,641,582	\$15,036,589	\$5,395,007
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$745,115,583	\$845,270,410	\$100,154,827
2	TOTAL GOVERNMENT DEDUCTIONS	\$280,143,662	\$330,414,525	\$50,270,863
3	UNCOMPENSATED CARE	\$24,198,967	\$24,590,812	\$391,845
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$151,167,138	\$169,377,726	\$18,210,588
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,516,239	\$11,178,347	\$1,662,108
6	TOTAL ADJUSTMENTS	\$465,026,006	\$535,561,410	\$70,535,404
7	TOTAL ACCRUED PAYMENTS	\$280,089,577	\$309,709,000	\$29,619,423
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,710,823	\$1,670,015	(\$40,808)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$281,800,400	\$311,379,015	\$29,578,615
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3781968951	0.3683779904	(0.0098189047)
11	COST OF UNCOMPENSATED CARE	\$9,151,974	\$9,058,714	(\$93,260)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$8,734,771	\$13,701,693	\$4,966,922
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$17,886,745	\$22,760,407	\$4,873,662
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.75%	43.42%	-1.33%
2	MEDICARE	35.12%	32.75%	-2.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.63%	22.87%	-2.77%
4	MEDICAID	28.60%	27.39%	-1.20%
5	OTHER MEDICAL ASSISTANCE	14.08%	9.34%	-4.73%
6	CHAMPUS / TRICARE	26.42%	27.67%	1.25%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21.30%	8.51%	-12.79%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.91%	31.41%	-2.50%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.43%	35.30%	-2.12%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.25%	45.68%	0.43%
2	MEDICARE	27.85%	28.28%	0.44%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.78%	19.85%	-5.92%
4	MEDICAID	29.24%	21.76%	-7.48%
5	OTHER MEDICAL ASSISTANCE	14.82%	14.25%	-0.57%
6	CHAMPUS / TRICARE	27.55%	38.99%	11.44%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22.19%	24.04%	1.85%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.35%	26.31%	-1.04%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	37.33%	36.85%	-0.48%

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$278,474,875	\$305,853,711	\$27,378,836
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,710,823	\$1,670,015	(\$40,808)
	OHCA DEFINED NET REVENUE	\$280,185,698	\$307,523,726	\$27,338,028
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$14,360,790	\$11,963,512	(\$2,397,278)
4	CALCULATED NET REVENUE	\$318,903,385	\$319,487,238	\$583,853
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$294,546,491	\$319,487,236	\$24,940,745
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$24,356,894	\$2	(\$24,356,892)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$745,115,583	\$845,270,410	\$100,154,827
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$745,115,583	\$845,270,410	\$100,154,827
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$745,115,582	\$845,270,408	\$100,154,826
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$2	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,198,967	\$24,590,812	\$391,845
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,198,967	\$24,590,812	\$391,845
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$24,198,967	\$24,590,812	\$391,845
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDDLESEX HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$117,841,218
2	MEDICARE	212,277,011
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32,870,543
4	MEDICAID	24,635,167
5	OTHER MEDICAL ASSISTANCE	8,235,376
6	CHAMPUS / TRICARE	722,673
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,544,072
	TOTAL INPATIENT GOVERNMENT CHARGES	\$245,870,227
	TOTAL INPATIENT CHARGES	\$363,711,445
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$262,029,785
2	MEDICARE	164,221,864
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	53,640,574
4	MEDICAID	39,999,552
5	OTHER MEDICAL ASSISTANCE	13,641,022
6	CHAMPUS / TRICARE	1,666,742
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	15,462,076
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$219,529,180
	TOTAL OUTPATIENT CHARGES	\$481,558,965
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$379,871,003
2	TOTAL GOVERNMENT ACCRUED CHARGES	465,399,407
	TOTAL ACCRUED CHARGES	\$845,270,410
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,170,306
2	MEDICARE	69,519,294
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,517,399
4	MEDICAID	6,747,947
5	OTHER MEDICAL ASSISTANCE	769,452
6	CHAMPUS / TRICARE	199,932
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	812,274
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$77,236,625
	TOTAL INPATIENT PAYMENTS	\$128,406,931
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$119,698,523
2	MEDICARE	46,448,697
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,649,699
4	MEDICAID	8,705,546
5	OTHER MEDICAL ASSISTANCE	1,944,153
6	CHAMPUS / TRICARE	649,861
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,717,142
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$57,748,257
	TOTAL OUTPATIENT PAYMENTS	\$177,446,780
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$170,868,829
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	134,984,882
	TOTAL ACCRUED PAYMENTS	\$305,853,711

MIDDLESEX HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,892
2	MEDICARE	7,401
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,635
4	MEDICAID	1,313
5	OTHER MEDICAL ASSISTANCE	322
6	CHAMPUS / TRICARE	36
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	350
	TOTAL GOVERNMENT DISCHARGES	9,072
	TOTAL DISCHARGES	13,964
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05639
2	MEDICARE	1.32903
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87197
4	MEDICAID	0.84101
5	OTHER MEDICAL ASSISTANCE	0.99820
6	CHAMPUS / TRICARE	0.97051
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00724
	TOTAL GOVERNMENT CASE MIX INDEX	1.24523
	TOTAL CASE MIX INDEX	1.17908
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$348,525,471
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$179,147,745
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$169,377,726
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.60%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,618,413
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,178,347
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,670,015
8	CHARITY CARE	\$7,535,167
9	BAD DEBTS	\$17,055,645
10	TOTAL UNCOMPENSATED CARE	\$24,590,812
11	TOTAL OTHER OPERATING REVENUE	\$7,458,624
12	TOTAL OPERATING EXPENSES	\$305,762,315

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$305,853,711
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,670,015
	OHCA DEFINED NET REVENUE	\$307,523,726
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$11,963,512
	CALCULATED NET REVENUE	\$319,487,238
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$319,487,236
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$845,270,410
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$845,270,410
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$845,270,408
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,590,812
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,590,812
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$24,590,812
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	7,765	2,867	(4,898)	-63%
2	Number of Approved Applicants	1,384	1,906	522	38%
3	Total Charges (A)	\$4,682,373	\$7,535,167	\$2,852,794	61%
4	Average Charges	\$3,383	\$3,953	\$570	17%
5	Ratio of Cost to Charges (RCC)	0.422356	0.389797	(0.032559)	-8%
6	Total Cost	\$1,977,628	\$2,937,185	\$959,557	49%
7	Average Cost	\$1,429	\$1,541	\$112	8%
8	Charity Care - Inpatient Charges	\$1,221,985	\$2,481,924	\$1,259,939	103%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,300,384	2,031,778	731,394	56%
10	Charity Care - Emergency Department Charges	2,160,004	3,021,465	861,461	40%
11	Total Charges (A)	\$4,682,373	\$7,535,167	\$2,852,794	61%
12	Charity Care - Number of Patient Days	255	406	151	59%
13	Charity Care - Number of Discharges	67	114	47	70%
14	Charity Care - Number of Outpatient ED Visits	903	1,165	262	29%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,658	1,860	202	12%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$7,195,637	\$4,187,161	(\$3,008,476)	-42%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,673,797	3,431,596	(242,201)	-7%
3	Bad Debts - Emergency Department	8,647,160	9,436,888	789,728	9%
4	Total Bad Debts (A)	\$19,516,594	\$17,055,645	(\$2,460,949)	-13%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$4,682,373	\$7,535,167	\$2,852,794	61%
2	Bad Debts (A)	19,516,594	17,055,645	(2,460,949)	-13%
3	Total Uncompensated Care (A)	\$24,198,967	\$24,590,812	\$391,845	2%
4	Uncompensated Care - Inpatient Services	\$8,417,622	\$6,669,085	(\$1,748,537)	-21%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,974,181	5,463,374	489,193	10%
6	Uncompensated Care - Emergency Department	10,807,164	12,458,353	1,651,189	15%
7	Total Uncompensated Care (A)	\$24,198,967	\$24,590,812	\$391,845	2%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$259,591,498	\$325,195,994	\$363,711,445
2	Outpatient Gross Revenue	\$377,372,748	\$419,919,589	\$481,558,965
3	Total Gross Patient Revenue	\$636,964,246	\$745,115,583	\$845,270,410
4	Net Patient Revenue	\$270,571,932	\$292,835,665	\$317,817,236
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$272,687,506	\$293,469,539	\$305,762,315
C. <u>Utilization Statistics</u>				
1	Patient Days	56,749	59,419	57,628
2	Discharges	13,795	14,201	13,964
3	Average Length of Stay	4.1	4.2	4.1
4	Equivalent (Adjusted) Patient Days (EPD)	139,246	136,146	133,928
0	Equivalent (Adjusted) Discharges (ED)	33,849	32,538	32,453
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.10105	1.14909	1.17908
2	Case Mix Adjusted Patient Days (CMAPD)	62,484	68,278	67,948
3	Case Mix Adjusted Discharges (CMAD)	15,189	16,318	16,465
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	153,317	156,444	157,912
5	Case Mix Adjusted Equivalent Discharges (CMAED)	37,270	37,390	38,264
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$11,224	\$12,540	\$14,668
2	Total Gross Revenue per Discharge	\$46,174	\$52,469	\$60,532
3	Total Gross Revenue per EPD	\$4,574	\$5,473	\$6,311
4	Total Gross Revenue per ED	\$18,818	\$22,900	\$26,046
5	Total Gross Revenue per CMAEPD	\$4,155	\$4,763	\$5,353
6	Total Gross Revenue per CMAED	\$17,091	\$19,928	\$22,090
7	Inpatient Gross Revenue per EPD	\$1,864	\$2,389	\$2,716
8	Inpatient Gross Revenue per ED	\$7,669	\$9,994	\$11,207

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. <u>Net Revenue Per Statistic</u>				
1	Net Patient Revenue per Patient Day	\$4,768	\$4,928	\$5,515
2	Net Patient Revenue per Discharge	\$19,614	\$20,621	\$22,760
3	Net Patient Revenue per EPD	\$1,943	\$2,151	\$2,373
4	Net Patient Revenue per ED	\$7,993	\$9,000	\$9,793
5	Net Patient Revenue per CMAEPD	\$1,765	\$1,872	\$2,013
6	Net Patient Revenue per CMAED	\$7,260	\$7,832	\$8,306
G. <u>Operating Expense Per Statistic</u>				
1	Total Operating Expense per Patient Day	\$4,805	\$4,939	\$5,306
2	Total Operating Expense per Discharge	\$19,767	\$20,665	\$21,896
3	Total Operating Expense per EPD	\$1,958	\$2,156	\$2,283
4	Total Operating Expense per ED	\$8,056	\$9,019	\$9,422
5	Total Operating Expense per CMAEPD	\$1,779	\$1,876	\$1,936
6	Total Operating Expense per CMAED	\$7,317	\$7,849	\$7,991
H. <u>Nursing Salary and Fringe Benefits Expense</u>				
1	Nursing Salary Expense	\$39,024,938	\$41,906,969	\$44,128,939
2	Nursing Fringe Benefits Expense	\$8,665,132	\$9,368,800	\$10,009,289
3	Total Nursing Salary and Fringe Benefits Expense	\$47,690,070	\$51,275,769	\$54,138,228
I. <u>Physician Salary and Fringe Expense</u>				
1	Physician Salary Expense	\$18,222,024	\$20,128,394	\$21,517,184
2	Physician Fringe Benefits Expense	\$4,044,103	\$4,499,861	\$4,880,508
3	Total Physician Salary and Fringe Benefits Expense	\$22,266,127	\$24,628,255	\$26,397,692
J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>				
1	Non-Nursing, Non-Physician Salary Expense	\$69,477,768	\$72,402,363	\$78,361,456
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$15,433,453	\$16,186,518	\$17,777,596
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$84,911,221	\$88,588,881	\$96,139,052
K. <u>Total Salary and Fringe Benefits Expense</u>				
1	Total Salary Expense	\$126,724,730	\$134,437,726	\$144,007,579
2	Total Fringe Benefits Expense	\$28,142,688	\$30,055,179	\$32,667,393
3	Total Salary and Fringe Benefits Expense	\$154,867,418	\$164,492,905	\$176,674,972

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	467.4	469.0	501.0
2	Total Physician FTEs	106.5	111.0	121.0
3	Total Non-Nursing, Non-Physician FTEs	1298.9	1331.0	1355.0
4	Total Full Time Equivalent Employees (FTEs)	1,872.8	1,911.0	1,977.0
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$83,494	\$89,354	\$88,082
2	Nursing Fringe Benefits Expense per FTE	\$18,539	\$19,976	\$19,979
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,033	\$109,330	\$108,060
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$171,099	\$181,337	\$177,828
2	Physician Fringe Benefits Expense per FTE	\$37,973	\$40,539	\$40,335
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$209,072	\$221,876	\$218,163
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$53,490	\$54,397	\$57,831
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,882	\$12,161	\$13,120
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$65,372	\$66,558	\$70,951
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$67,666	\$70,349	\$72,841
2	Total Fringe Benefits Expense per FTE	\$15,027	\$15,727	\$16,524
3	Total Salary and Fringe Benefits Expense per FTE	\$82,693	\$86,077	\$89,365
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,729	\$2,768	\$3,066
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,226	\$11,583	\$12,652
3	Total Salary and Fringe Benefits Expense per EPD	\$1,112	\$1,208	\$1,319
4	Total Salary and Fringe Benefits Expense per ED	\$4,575	\$5,055	\$5,444
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,010	\$1,051	\$1,119
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,155	\$4,399	\$4,617