

YALE-NEW HAVEN 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	\$17,908,000	\$51,804,000	\$33,896,000	189%
2	Short Term Investments	\$421,364,000	\$456,660,000	\$35,296,000	8%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$120,598,000	\$123,653,000	\$3,055,000	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$13,046,000	\$14,065,000	\$1,019,000	8%
8	Prepaid Expenses	\$5,486,000	\$5,058,000	(\$428,000)	-8%
9	Other Current Assets	\$27,784,000	\$34,795,000	\$7,011,000	25%
	Total Current Assets	\$606,186,000	\$686,035,000	\$79,849,000	13%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$197,952,000	\$76,806,000	(\$121,146,000)	-61%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$11,501,000	\$11,105,000	(\$396,000)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$209,453,000	\$87,911,000	(\$121,542,000)	-58%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$114,587,000	\$81,859,000	(\$32,728,000)	-29%
7	Other Noncurrent Assets	\$67,593,000	\$63,073,000	(\$4,520,000)	-7%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$794,579,000	\$844,702,000	\$50,123,000	6%
2	Less: Accumulated Depreciation	\$540,188,000	\$553,768,000	\$13,580,000	3%
	Property, Plant and Equipment, Net	\$254,391,000	\$290,934,000	\$36,543,000	14%
3	Construction in Progress	\$196,369,000	\$360,678,000	\$164,309,000	84%
	Total Net Fixed Assets	\$450,760,000	\$651,612,000	\$200,852,000	45%
	Total Assets	\$1,448,579,000	\$1,570,490,000	\$121,911,000	8%

YALE-NEW HAVEN 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	\$164,260,000	\$193,651,000	\$29,391,000	18%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,600,000	\$11,075,000	\$8,475,000	326%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$394,000	\$1,110,000	\$716,000	182%
	Total Current Liabilities	\$167,254,000	\$205,836,000	\$38,582,000	23%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$394,789,000	\$388,966,000	(\$5,823,000)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$394,789,000	\$388,966,000	(\$5,823,000)	-1%
3	Accrued Pension Liability	\$105,483,000	\$192,862,000	\$87,379,000	83%
4	Other Long Term Liabilities	\$160,630,000	\$195,295,000	\$34,665,000	22%
	Total Long Term Liabilities	\$660,902,000	\$777,123,000	\$116,221,000	18%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$513,076,000	\$514,304,000	\$1,228,000	0%
2	Temporarily Restricted Net Assets	\$81,229,000	\$47,505,000	(\$33,724,000)	-42%
3	Permanently Restricted Net Assets	\$26,118,000	\$25,722,000	(\$396,000)	-2%
	Total Net Assets	\$620,423,000	\$587,531,000	(\$32,892,000)	-5%
	Total Liabilities and Net Assets	\$1,448,579,000	\$1,570,490,000	\$121,911,000	8%

YALE-NEW HAVEN 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	\$2,991,749,000	\$3,516,548,000	\$524,799,000	18%
2	Less: Allowances	\$1,872,033,000	\$2,246,404,000	\$374,371,000	20%
3	Less: Charity Care	\$70,300,000	\$73,500,000	\$3,200,000	5%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,049,416,000	\$1,196,644,000	\$147,228,000	14%
5	Other Operating Revenue	\$25,057,000	\$17,653,000	(\$7,404,000)	-30%
6	Net Assets Released from Restrictions	\$32,531,000	\$22,815,000	(\$9,716,000)	-30%
	Total Operating Revenue	\$1,107,004,000	\$1,237,112,000	\$130,108,000	12%
B. Operating Expenses:					
1	Salaries and Wages	\$420,413,000	\$452,606,000	\$32,193,000	8%
2	Fringe Benefits	\$105,482,000	\$124,181,000	\$18,699,000	18%
3	Physicians Fees	\$53,588,000	\$64,272,000	\$10,684,000	20%
4	Supplies and Drugs	\$172,806,000	\$193,416,000	\$20,610,000	12%
5	Depreciation and Amortization	\$41,583,000	\$43,050,000	\$1,467,000	4%
6	Bad Debts	\$19,347,000	\$24,873,000	\$5,526,000	29%
7	Interest	\$4,168,000	\$1,549,000	(\$2,619,000)	-63%
8	Malpractice	\$20,053,000	\$19,909,000	(\$144,000)	-1%
9	Other Operating Expenses	\$220,473,000	\$245,840,000	\$25,367,000	12%
	Total Operating Expenses	\$1,057,913,000	\$1,169,696,000	\$111,783,000	11%
	Income/(Loss) From Operations	\$49,091,000	\$67,416,000	\$18,325,000	37%
C. Non-Operating Revenue:					
1	Income from Investments	\$25,811,000	(\$39,251,000)	(\$65,062,000)	-252%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$74,212,000)	\$24,736,000	\$98,948,000	-133%
	Total Non-Operating Revenue	(\$48,401,000)	(\$14,515,000)	\$33,886,000	-70%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$690,000	\$52,901,000	\$52,211,000	7567%
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	\$690,000	\$52,901,000	\$52,211,000	7567%
	Principal Payments	\$0	\$3,402,000	\$3,402,000	0%

**YALE-NEW HAVEN 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.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$604,398,461	\$706,070,311	\$101,671,850	17%
2	MEDICARE MANAGED CARE	\$88,787,002	\$122,556,300	\$33,769,298	38%
3	MEDICAID	\$223,670,573	\$267,526,938	\$43,856,365	20%
4	MEDICAID MANAGED CARE	\$154,178,867	\$207,540,295	\$53,361,428	35%
5	CHAMPUS/TRICARE	\$11,658,995	\$11,355,606	(\$303,389)	-3%
6	COMMERCIAL INSURANCE	\$54,464,685	\$63,751,831	\$9,287,146	17%
7	NON-GOVERNMENT MANAGED CARE	\$676,458,041	\$813,334,758	\$136,876,717	20%
8	WORKER'S COMPENSATION	\$10,418,265	\$12,855,506	\$2,437,241	23%
9	SELF- PAY/UNINSURED	\$44,993,420	\$47,689,294	\$2,695,874	6%
10	SAGA	\$84,690,031	\$105,510,597	\$20,820,566	25%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$1,953,718,340	\$2,358,191,436	\$404,473,096	21%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$231,224,451	\$257,984,831	\$26,760,380	12%
2	MEDICARE MANAGED CARE	\$35,802,575	\$49,617,825	\$13,815,250	39%
3	MEDICAID	\$54,114,360	\$63,752,865	\$9,638,505	18%
4	MEDICAID MANAGED CARE	\$91,073,422	\$83,530,711	(\$7,542,711)	-8%
5	CHAMPUS/TRICARE	\$4,801,906	\$6,731,377	\$1,929,471	40%
6	COMMERCIAL INSURANCE	\$26,455,031	\$32,056,888	\$5,601,857	21%
7	NON-GOVERNMENT MANAGED CARE	\$499,971,730	\$560,110,572	\$60,138,842	12%
8	WORKER'S COMPENSATION	\$5,665,583	\$6,611,525	\$945,942	17%
9	SELF- PAY/UNINSURED	\$56,884,008	\$61,677,977	\$4,793,969	8%
10	SAGA	\$32,037,594	\$36,281,683	\$4,244,089	13%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$1,038,030,660	\$1,158,356,254	\$120,325,594	12%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$835,622,912	\$964,055,142	\$128,432,230	15%
2	MEDICARE MANAGED CARE	\$124,589,577	\$172,174,125	\$47,584,548	38%
3	MEDICAID	\$277,784,933	\$331,279,803	\$53,494,870	19%
4	MEDICAID MANAGED CARE	\$245,252,289	\$291,071,006	\$45,818,717	19%
5	CHAMPUS/TRICARE	\$16,460,901	\$18,086,983	\$1,626,082	10%
6	COMMERCIAL INSURANCE	\$80,919,716	\$95,808,719	\$14,889,003	18%
7	NON-GOVERNMENT MANAGED CARE	\$1,176,429,771	\$1,373,445,330	\$197,015,559	17%
8	WORKER'S COMPENSATION	\$16,083,848	\$19,467,031	\$3,383,183	21%
9	SELF- PAY/UNINSURED	\$101,877,428	\$109,367,271	\$7,489,843	7%
10	SAGA	\$116,727,625	\$141,792,280	\$25,064,655	21%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$2,991,749,000	\$3,516,547,690	\$524,798,690	18%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$243,757,966	\$246,353,479	\$2,595,513	1%
2	MEDICARE MANAGED CARE	\$30,495,000	\$42,453,015	\$11,958,015	39%
3	MEDICAID	\$50,905,001	\$50,128,355	(\$776,646)	-2%
4	MEDICAID MANAGED CARE	\$33,591,000	\$34,973,923	\$1,382,923	4%

**YALE-NEW HAVEN 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
5	CHAMPUS/TRICARE	\$1,993,750	\$3,296,905	\$1,303,155	65%
6	COMMERCIAL INSURANCE	\$39,655,000	\$44,690,484	\$5,035,484	13%
7	NON-GOVERNMENT MANAGED CARE	\$239,337,069	\$303,701,649	\$64,364,580	27%
8	WORKER'S COMPENSATION	\$16,461,887	\$4,688,944	(\$11,772,943)	-72%
9	SELF- PAY/UNINSURED	\$5,801,293	\$2,265,747	(\$3,535,546)	-61%
10	SAGA	\$9,589,495	\$12,917,081	\$3,327,586	35%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$671,587,461	\$745,469,582	\$73,882,121	11%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$59,720,000	\$65,111,112	\$5,391,112	9%
2	MEDICARE MANAGED CARE	\$8,366,000	\$10,798,466	\$2,432,466	29%
3	MEDICAID	\$7,577,053	\$14,375,213	\$6,798,160	90%
4	MEDICAID MANAGED CARE	\$28,575,000	\$31,207,159	\$2,632,159	9%
5	CHAMPUS/TRICARE	\$2,252,325	\$1,708,262	(\$544,063)	-24%
6	COMMERCIAL INSURANCE	\$24,066,000	\$24,599,020	\$533,020	2%
7	NON-GOVERNMENT MANAGED CARE	\$203,514,786	\$232,927,154	\$29,412,368	14%
8	WORKER'S COMPENSATION	\$636,523	\$281,060	(\$355,463)	-56%
9	SELF- PAY/UNINSURED	\$10,330,649	\$16,658,247	\$6,327,598	61%
10	SAGA	\$3,309,947	\$7,619,153	\$4,309,206	130%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$348,348,283	\$405,284,846	\$56,936,563	16%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$303,477,966	\$311,464,591	\$7,986,625	3%
2	MEDICARE MANAGED CARE	\$38,861,000	\$53,251,481	\$14,390,481	37%
3	MEDICAID	\$58,482,054	\$64,503,568	\$6,021,514	10%
4	MEDICAID MANAGED CARE	\$62,166,000	\$66,181,082	\$4,015,082	6%
5	CHAMPUS/TRICARE	\$4,246,075	\$5,005,167	\$759,092	18%
6	COMMERCIAL INSURANCE	\$63,721,000	\$69,289,504	\$5,568,504	9%
7	NON-GOVERNMENT MANAGED CARE	\$442,851,855	\$536,628,803	\$93,776,948	21%
8	WORKER'S COMPENSATION	\$17,098,410	\$4,970,004	(\$12,128,406)	-71%
9	SELF- PAY/UNINSURED	\$16,131,942	\$18,923,994	\$2,792,052	17%
10	SAGA	\$12,899,442	\$20,536,234	\$7,636,792	59%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$1,019,935,744	\$1,150,754,428	\$130,818,684	13%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	13,803	14,313	510	4%
2	MEDICARE MANAGED CARE	1,918	2,449	531	28%
3	MEDICAID	4,297	4,629	332	8%
4	MEDICAID MANAGED CARE	5,984	6,193	209	3%
5	CHAMPUS/TRICARE	328	305	(23)	-7%
6	COMMERCIAL INSURANCE	1,140	1,180	40	4%
7	NON-GOVERNMENT MANAGED CARE	20,550	20,959	409	2%
8	WORKER'S COMPENSATION	212	238	26	12%
9	SELF- PAY/UNINSURED	1,559	1,533	(26)	-2%
10	SAGA	2,333	2,609	276	12%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	52,124	54,408	2,284	4%

**YALE-NEW HAVEN 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
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	86,832	86,703	(129)	0%
2	MEDICARE MANAGED CARE	12,219	14,095	1,876	15%
3	MEDICAID	29,982	32,181	2,199	7%
4	MEDICAID MANAGED CARE	27,140	26,917	(223)	-1%
5	CHAMPUS/TRICARE	1,513	1,108	(405)	-27%
6	COMMERCIAL INSURANCE	6,211	6,582	371	6%
7	NON-GOVERNMENT MANAGED CARE	87,226	90,130	2,904	3%
8	WORKER'S COMPENSATION	964	1,139	175	18%
9	SELF- PAY/UNINSURED	6,522	6,345	(177)	-3%
10	SAGA	14,148	14,399	251	2%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	272,757	279,599	6,842	3%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	90,564	101,639	11,075	12%
2	MEDICARE MANAGED CARE	13,414	19,617	6,203	46%
3	MEDICAID	36,246	38,792	2,546	7%
4	MEDICAID MANAGED CARE	92,520	117,617	25,097	27%
5	CHAMPUS/TRICARE	2,645	2,801	156	6%
6	COMMERCIAL INSURANCE	10,555	11,597	1,042	10%
7	NON-GOVERNMENT MANAGED CARE	229,921	234,486	4,565	2%
8	WORKER'S COMPENSATION	2,815	3,060	245	9%
9	SELF- PAY/UNINSURED	31,937	34,425	2,488	8%
10	SAGA	15,749	17,726	1,977	13%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	526,366	581,760	55,394	11%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$24,751,695	\$25,553,879	\$802,184	3%
2	MEDICARE MANAGED CARE	\$3,426,774	\$4,679,828	\$1,253,054	37%
3	MEDICAID	\$14,819,805	\$14,299,187	(\$520,618)	-4%
4	MEDICAID MANAGED CARE	\$27,114,163	\$33,366,858	\$6,252,695	23%
5	CHAMPUS/TRICARE	\$540,046	\$599,723	\$59,677	11%
6	COMMERCIAL INSURANCE	\$4,836,154	\$5,312,765	\$476,611	10%
7	NON-GOVERNMENT MANAGED CARE	\$62,909,906	\$61,661,870	(\$1,248,036)	-2%
8	WORKER'S COMPENSATION	\$1,730,852	\$2,163,180	\$432,328	25%
9	SELF- PAY/UNINSURED	\$20,637,312	\$20,025,149	(\$612,163)	-3%
10	SAGA	\$13,424,535	\$13,985,022	\$560,487	4%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$174,191,242	\$181,647,461	\$7,456,219	4%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$5,091,935	\$4,734,266	(\$357,669)	-7%
2	MEDICARE MANAGED CARE	\$734,513	\$1,032,473	\$297,960	41%
3	MEDICAID	\$1,870,108	\$3,212,623	\$1,342,515	72%
4	MEDICAID MANAGED CARE	\$6,138,443	\$8,694,716	\$2,556,273	42%
5	CHAMPUS/TRICARE	\$174,369	\$165,286	(\$9,083)	-5%
6	COMMERCIAL INSURANCE	\$3,934,704	\$3,156,076	(\$778,628)	-20%
7	NON-GOVERNMENT MANAGED CARE	\$22,458,882	\$24,475,105	\$2,016,223	9%

**YALE-NEW HAVEN 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
8	WORKER'S COMPENSATION	\$705,042	\$1,262,245	\$557,203	79%
9	SELF- PAY/UNINSURED	\$2,663,886	\$742,233	(\$1,921,653)	-72%
10	SAGA	\$1,639,126	\$1,639,899	\$773	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$45,411,008	\$49,114,922	\$3,703,914	8%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	10,236	10,723	487	5%
2	MEDICARE MANAGED CARE	1,292	1,758	466	36%
3	MEDICAID	8,082	7,912	(170)	-2%
4	MEDICAID MANAGED CARE	20,442	24,696	4,254	21%
5	CHAMPUS/TRICARE	366	388	22	6%
6	COMMERCIAL INSURANCE	2,368	2,553	185	8%
7	NON-GOVERNMENT MANAGED CARE	33,331	32,273	(1,058)	-3%
8	WORKER'S COMPENSATION	1,085	1,271	186	17%
9	SELF- PAY/UNINSURED	11,509	11,886	377	3%
10	SAGA	7,362	8,122	760	10%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	96,073	101,582	5,509	6%

**YALE-NEW HAVEN 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.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$165,795,000	\$178,889,000	\$13,094,000	8%
2	Physician Salaries	\$44,672,000	\$48,173,000	\$3,501,000	8%
3	Non-Nursing, Non-Physician Salaries	\$209,946,000	\$225,544,000	\$15,598,000	7%
	Total Salaries & Wages	\$420,413,000	\$452,606,000	\$32,193,000	8%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$41,598,000	\$49,082,000	\$7,484,000	18%
2	Physician Fringe Benefits	\$11,208,000	\$13,217,000	\$2,009,000	18%
3	Non-Nursing, Non-Physician Fringe Benefits	\$52,676,000	\$61,882,000	\$9,206,000	17%
	Total Fringe Benefits	\$105,482,000	\$124,181,000	\$18,699,000	18%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$1,655,000	\$1,740,000	\$85,000	5%
2	Physician Fees	\$53,588,000	\$64,272,000	\$10,684,000	20%
3	Non-Nursing, Non-Physician Fees	\$9,759,000	\$10,528,000	\$769,000	8%
	Total Contractual Labor Fees	\$65,002,000	\$76,540,000	\$11,538,000	18%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$114,823,000	\$128,266,000	\$13,443,000	12%
2	Pharmaceutical Costs	\$57,983,000	\$65,150,000	\$7,167,000	12%
	Total Medical Supplies and Pharmaceutical Cost	\$172,806,000	\$193,416,000	\$20,610,000	12%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$18,756,000	\$17,338,000	(\$1,418,000)	-8%
2	Depreciation-Equipment	\$22,827,000	\$25,712,000	\$2,885,000	13%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$41,583,000	\$43,050,000	\$1,467,000	4%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$19,347,000	\$24,873,000	\$5,526,000	29%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$4,168,000	\$1,549,000	(\$2,619,000)	-63%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$20,053,000	\$19,909,000	(\$144,000)	-1%
I.	<u>Utilities:</u>				
1	Water	\$414,000	\$506,000	\$92,000	22%
2	Natural Gas	\$141,000	\$149,000	\$8,000	6%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$11,507,000	\$10,961,000	(\$546,000)	-5%
5	Telephone	\$6,309,000	\$5,298,000	(\$1,011,000)	-16%
6	Other Utilities	\$1,025,000	\$888,000	(\$137,000)	-13%
	Total Utilities	\$19,396,000	\$17,802,000	(\$1,594,000)	-8%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$878,000	\$928,000	\$50,000	6%
2	Legal Fees	\$2,616,000	\$3,050,000	\$434,000	17%
3	Consulting Fees	\$419,000	\$1,314,000	\$895,000	214%
4	Dues and Membership	\$1,740,000	\$1,826,000	\$86,000	5%
5	Equipment Leases	\$2,284,000	\$2,377,000	\$93,000	4%
6	Building Leases	\$9,402,000	\$9,580,000	\$178,000	2%
7	Repairs and Maintenance	\$14,979,000	\$16,793,000	\$1,814,000	12%
8	Insurance	\$0	\$0	\$0	0%

**YALE-NEW HAVEN 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	\$7,000	\$7,000	\$0	0%
10	Conferences	\$2,353,000	\$1,672,000	(\$681,000)	-29%
11	Property Tax	\$63,000	\$27,000	(\$36,000)	-57%
12	General Supplies	\$13,123,000	\$14,311,000	\$1,188,000	9%
13	Licenses and Subscriptions	\$1,240,000	\$1,141,000	(\$99,000)	-8%
14	Postage and Shipping	\$552,000	\$622,000	\$70,000	13%
15	Advertising	\$373,000	\$1,335,000	\$962,000	258%
16	Other Business Expenses	\$139,634,000	\$160,787,000	\$21,153,000	15%
	Total Business Expenses	\$189,663,000	\$215,770,000	\$26,107,000	14%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$1,057,913,000	\$1,169,696,000	\$111,783,000	11%
	*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	\$36,554,452	\$44,323,792	\$7,769,340	21%
2	General Accounting	\$3,949,526	\$4,358,516	\$408,990	10%
3	Patient Billing & Collection	\$14,480,295	\$15,032,585	\$552,290	4%
4	Admitting / Registration Office	\$5,596,433	\$6,311,576	\$715,143	13%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$2,707,448	\$2,752,775	\$45,327	2%
7	Personnel	\$4,688,170	\$4,200,849	(\$487,321)	-10%
8	Public Relations	\$1,102,561	\$1,006,182	(\$96,379)	-9%
9	Purchasing	\$1,085,948	\$1,119,516	\$33,568	3%
10	Dietary and Cafeteria	\$16,423,843	\$17,123,980	\$700,137	4%
11	Housekeeping	\$13,198,039	\$13,281,073	\$83,034	1%
12	Laundry & Linen	\$0	\$82,543	\$82,543	0%
13	Operation of Plant	\$15,466,405	\$15,188,772	(\$277,633)	-2%
14	Security	\$4,363,242	\$4,434,286	\$71,044	2%
15	Repairs and Maintenance	\$8,833,249	\$9,993,202	\$1,159,953	13%
16	Central Sterile Supply	\$2,511,184	\$3,044,547	\$533,363	21%
17	Pharmacy Department	\$32,470,554	\$34,102,773	\$1,632,219	5%
18	Other General Services	\$318,553,909	\$352,602,110	\$34,048,201	11%
	Total General Services	\$481,985,258	\$528,959,077	\$46,973,819	10%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$18,289,584	\$21,421,107	\$3,131,523	17%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$12,102,926	\$12,556,668	\$453,742	4%
4	Medical Records	\$6,449,252	\$6,784,947	\$335,695	5%
5	Social Service	\$2,432,613	\$2,418,754	(\$13,859)	-1%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$39,274,375	\$43,181,476	\$3,907,101	10%
C.	<u>Special Services:</u>				
1	Operating Room	\$61,392,481	\$70,391,932	\$8,999,451	15%
2	Recovery Room	\$4,767,950	\$5,242,099	\$474,149	10%
3	Anesthesiology	\$9,671,736	\$14,898,846	\$5,227,110	54%
4	Delivery Room	\$7,320,775	\$7,127,254	(\$193,521)	-3%
5	Diagnostic Radiology	\$49,535,697	\$52,746,701	\$3,211,004	6%
6	Diagnostic Ultrasound	\$3,103,060	\$2,950,130	(\$152,930)	-5%
7	Radiation Therapy	\$8,321,520	\$9,594,919	\$1,273,399	15%

**YALE-NEW HAVEN 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	\$4,180,270	\$5,321,933	\$1,141,663	27%
9	CT Scan	\$2,922,210	\$3,130,348	\$208,138	7%
10	Laboratory	\$38,939,680	\$42,495,499	\$3,555,819	9%
11	Blood Storing/Processing	\$14,774,538	\$17,097,960	\$2,323,422	16%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$208,409	\$266,137	\$57,728	28%
14	Electroencephalography	\$926,193	\$1,134,065	\$207,872	22%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$9,854,970	\$10,323,544	\$468,574	5%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$5,178,951	\$5,269,079	\$90,128	2%
23	Renal Dialysis	\$2,280,441	\$2,342,452	\$62,011	3%
24	Emergency Room	\$33,672,727	\$37,328,467	\$3,655,740	11%
25	MRI	\$3,016,532	\$3,697,703	\$681,171	23%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,108,262	\$2,150,241	\$41,979	2%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$156,928	\$94,829	(\$62,099)	-40%
31	Cardiac Catheterization/Rehabilitation	\$2,310,996	\$2,824,708	\$513,712	22%
32	Occupational Therapy / Physical Therapy	\$3,529,676	\$3,818,623	\$288,947	8%
33	Dental Clinic	\$966,131	\$1,177,678	\$211,547	22%
34	Other Special Services	\$2,875,980	\$4,375,210	\$1,499,230	52%
	Total Special Services	\$272,016,113	\$305,800,357	\$33,784,244	12%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$86,473,505	\$97,354,195	\$10,880,690	13%
2	Intensive Care Unit	\$30,533,589	\$32,727,875	\$2,194,286	7%
3	Coronary Care Unit	\$5,096,203	\$5,254,368	\$158,165	3%
4	Psychiatric Unit	\$11,292,969	\$11,659,799	\$366,830	3%
5	Pediatric Unit	\$11,616,619	\$11,723,551	\$106,932	1%
6	Maternity Unit	\$5,041,304	\$5,232,899	\$191,595	4%
7	Newborn Nursery Unit	\$3,153,304	\$3,242,924	\$89,620	3%
8	Neonatal ICU	\$14,760,672	\$16,104,080	\$1,343,408	9%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$16,402,827	\$17,239,895	\$837,068	5%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$55,333,963	\$64,053,356	\$8,719,393	16%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$239,704,955	\$264,592,942	\$24,887,987	10%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$24,932,299	\$27,162,148	\$2,229,849	9%
	Total Operating Expenses - All Departments*	\$1,057,913,000	\$1,169,696,000	\$111,783,000	11%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

YALE-NEW HAVEN 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	\$934,600,000	\$ 1,049,416,000	\$1,196,644,000
2	Other Operating Revenue	39,970,000	57,588,000	40,468,000
3	Total Operating Revenue	\$974,570,000	\$1,107,004,000	\$1,237,112,000
4	Total Operating Expenses	955,964,000	1,057,913,000	1,169,696,000
5	Income/(Loss) From Operations	\$18,606,000	\$49,091,000	\$67,416,000
6	Total Non-Operating Revenue	26,517,000	(48,401,000)	(14,515,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$45,123,000	\$690,000	\$52,901,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	1.86%	4.64%	5.51%
2	Hospital Non Operating Margin	2.65%	-4.57%	-1.19%
3	Hospital Total Margin	4.51%	0.07%	4.33%
4	Income/(Loss) From Operations	\$18,606,000	\$49,091,000	\$67,416,000
5	Total Operating Revenue	\$974,570,000	\$1,107,004,000	\$1,237,112,000
6	Total Non-Operating Revenue	\$26,517,000	(\$48,401,000)	(\$14,515,000)
7	Total Revenue	\$1,001,087,000	\$1,058,603,000	\$1,222,597,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$45,123,000	\$690,000	\$52,901,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$524,025,000	\$513,076,000	\$514,304,000
2	Hospital Total Net Assets	\$650,782,000	\$620,423,000	\$587,531,000
3	Hospital Change in Total Net Assets	\$650,782,000	(\$30,359,000)	(\$32,892,000)
4	Hospital Change in Total Net Assets %	0.0%	-4.7%	-5.3%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.34	0.33	0.33
2	Total Operating Expenses	\$911,234,753	\$995,620,658	\$1,169,696,000
3	Total Gross Revenue	\$2,676,487,400	\$2,991,749,000	\$3,516,547,690
4	Total Other Operating Revenue	\$10,647,797	\$10,741,356	\$11,389,417
5	Private Payment to Cost Ratio	1.21	1.24	1.24
6	Total Non-Government Payments	\$489,907,624	\$539,803,207	\$629,812,305

YALE-NEW HAVEN 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
7	Total Uninsured Payments	\$11,750,038	\$16,131,942	\$18,923,994
8	Total Non-Government Charges	\$1,243,570,250	\$1,375,310,763	\$1,598,088,351
9	Total Uninsured Charges	\$76,077,413	\$101,877,428	\$109,367,271
10	<u>Medicare Payment to Cost Ratio</u>	1.05	1.08	0.97
11	Total Medicare Payments	\$302,224,950	\$342,338,966	\$364,716,072
12	Total Medicare Charges	\$844,868,676	\$960,212,489	\$1,136,229,267
13	<u>Medicaid Payment to Cost Ratio</u>	0.59	0.70	0.63
14	Total Medicaid Payments	\$93,100,854	\$120,648,054	\$130,684,650
15	Total Medicaid Charges	\$463,299,574	\$523,037,222	\$622,350,809
16	<u>Uncompensated Care Cost</u>	\$21,814,064	\$28,433,056	\$32,346,108
17	Charity Care	\$15,690,901	\$21,323,315	\$27,032,315
18	Bad Debts	\$48,636,474	\$64,422,171	\$70,527,250
19	Total Uncompensated Care	\$64,327,375	\$85,745,486	\$97,559,565
20	<u>Uncompensated Care % of Total Expenses</u>	2.4%	2.9%	2.8%
21	Total Operating Expenses	\$911,234,753	\$995,620,658	\$1,169,696,000
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.65	3.62	3.33
2	Total Current Assets	\$383,513,000	\$606,186,000	\$686,035,000
3	Total Current Liabilities	\$144,701,000	\$167,254,000	\$205,836,000
4	<u>Days Cash on Hand</u>	85	158	165
5	Cash and Cash Equivalents	\$15,058,000	\$17,908,000	\$51,804,000
6	Short Term Investments	197,033,000	421,364,000	456,660,000
7	Total Cash and Short Term Investments	\$212,091,000	\$439,272,000	\$508,464,000
8	Total Operating Expenses	\$955,964,000	\$1,057,913,000	\$1,169,696,000
9	Depreciation Expense	\$41,982,000	\$41,583,000	\$43,050,000
10	Operating Expenses less Depreciation Expense	\$913,982,000	\$1,016,330,000	\$1,126,646,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	48.70	41.95	37.72

YALE-NEW HAVEN 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
12	Net Patient Accounts Receivable	\$ 124,686,000	\$ 120,598,000	\$ 123,653,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 124,686,000	\$ 120,598,000	\$ 123,653,000
16	Total Net Patient Revenue	\$934,600,000	\$ 1,049,416,000	\$ 1,196,644,000
17	Average Payment Period	57.79	60.07	66.68
18	Total Current Liabilities	\$144,701,000	\$167,254,000	\$205,836,000
19	Total Operating Expenses	\$955,964,000	\$1,057,913,000	\$1,169,696,000
20	Depreciation Expense	\$41,982,000	\$41,583,000	\$43,050,000
21	Total Operating Expenses less Depreciation Expense	\$913,982,000	\$1,016,330,000	\$1,126,646,000
F. Solvency Measures Summary				
1	Equity Financing Ratio	46.5	42.8	37.4
2	Total Net Assets	\$650,782,000	\$620,423,000	\$587,531,000
3	Total Assets	\$1,400,438,000	\$1,448,579,000	\$1,570,490,000
4	Cash Flow to Total Debt Ratio	16.0	7.5	16.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$45,123,000	\$690,000	\$52,901,000
6	Depreciation Expense	\$41,982,000	\$41,583,000	\$43,050,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$87,105,000	\$42,273,000	\$95,951,000
8	Total Current Liabilities	\$144,701,000	\$167,254,000	\$205,836,000
9	Total Long Term Debt	\$398,499,000	\$394,789,000	\$388,966,000
10	Total Current Liabilities and Total Long Term Debt	\$543,200,000	\$562,043,000	\$594,802,000
11	Long Term Debt to Capitalization Ratio	38.0	38.9	39.8
12	Total Long Term Debt	\$398,499,000	\$394,789,000	\$388,966,000
13	Total Net Assets	\$650,782,000	\$620,423,000	\$587,531,000
14	Total Long Term Debt and Total Net Assets	\$1,049,281,000	\$1,015,212,000	\$976,497,000
15	Debt Service Coverage Ratio	21.6	11.1	19.7
16	Excess Revenues over Expenses	\$45,123,000	\$690,000	\$52,901,000
17	Interest Expense	\$4,229,000	\$4,168,000	\$1,549,000
18	Depreciation and Amortization Expense	\$41,982,000	\$41,583,000	\$43,050,000

YALE-NEW HAVEN 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
19	Principal Payments	\$0	\$0	\$3,402,000
G. Other Financial Ratios				
20	Average Age of Plant	11.9	13.0	12.9
21	Accumulated Depreciation	\$498,261,000	\$540,188,000	\$553,768,000
22	Depreciation and Amortization Expense	\$41,982,000	\$41,583,000	\$43,050,000
H. Utilization Measures Summary				
1	Patient Days	267,144	272,757	279,599
2	Discharges	51,478	52,124	54,408
3	ALOS	5.2	5.2	5.1
4	Staffed Beds	897	752	851
5	Available Beds	-	-	895
6	Licensed Beds	944	847	944
6	Occupancy of Staffed Beds	81.6%	99.4%	90.0%
7	Occupancy of Available Beds	77.5%	88.2%	85.6%
8	Full Time Equivalent Employees	5,958.0	6,343.9	6,648.0
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	43.6%	42.6%	42.3%
2	Medicare Gross Revenue Payer Mix Percentage	31.6%	32.1%	32.3%
3	Medicaid Gross Revenue Payer Mix Percentage	17.3%	17.5%	17.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.0%	3.9%	4.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.8%	3.4%	3.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.7%	0.6%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$1,167,492,837	\$1,273,433,335	\$1,488,721,080
9	Medicare Gross Revenue (Charges)	\$844,868,676	\$960,212,489	\$1,136,229,267
10	Medicaid Gross Revenue (Charges)	\$463,299,574	\$523,037,222	\$622,350,809
11	Other Medical Assistance Gross Revenue (Charges)	\$105,916,000	\$116,727,625	\$141,792,280
12	Uninsured Gross Revenue (Charges)	\$76,077,413	\$101,877,428	\$109,367,271
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$18,832,900	\$16,460,901	\$18,086,983
14	Total Gross Revenue (Charges)	\$2,676,487,400	\$2,991,749,000	\$3,516,547,690
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	52.4%	51.3%	53.1%

YALE-NEW HAVEN 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
2	Medicare Net Revenue Payer Mix Percentage	33.1%	33.6%	31.7%
3	Medicaid Net Revenue Payer Mix Percentage	10.2%	11.8%	11.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.8%	1.3%	1.8%
5	Uninsured Net Revenue Payer Mix Percentage	1.3%	1.6%	1.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	1.3%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$478,157,586	\$523,671,265	\$610,888,311
9	Medicare Net Revenue (Payments)	\$302,224,950	\$342,338,966	\$364,716,072
10	Medicaid Net Revenue (Payments)	\$93,100,854	\$120,648,054	\$130,684,650
11	Other Medical Assistance Net Revenue (Payments)	\$16,388,000	\$12,899,442	\$20,536,235
12	Uninsured Net Revenue (Payments)	\$11,750,038	\$16,131,942	\$18,923,994
13	CHAMPUS / TRICARE Net Revenue Payments)	\$11,669,940	\$4,246,075	\$5,005,167
14	Total Net Revenue (Payments)	\$913,291,368	\$1,019,935,744	\$1,150,754,429
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	23,560	23,461	23,910
2	Medicare	14,737	15,721	16,762
3	Medical Assistance	12,910	12,614	13,431
4	Medicaid	10,555	10,281	10,822
5	Other Medical Assistance	2,355	2,333	2,609
6	CHAMPUS / TRICARE	271	328	305
7	Uninsured (Included In Non-Government)	1,568	1,559	1,533
8	Total	51,478	52,124	54,408
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.188200	1.273800	1.274800
2	Medicare	1.612200	1.659100	1.665300
3	Medical Assistance	1.030253	1.150488	1.149383
4	Medicaid	0.997200	1.132400	1.129900
5	Other Medical Assistance	1.178400	1.230200	1.230200
6	CHAMPUS / TRICARE	1.530700	1.493100	1.492900
7	Uninsured (Included In Non-Government)	1.119870	1.266400	1.277500
8	Total Case Mix Index	1.271773	1.361548	1.365367
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	26,834	26,849	26,820
2	Emergency Room - Treated and Discharged	95,941	96,073	101,582
3	Total Emergency Room Visits	122,775	122,922	128,402

**YALE-NEW HAVEN 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	\$5,747,893	\$6,334,588	\$586,695	10%
2	Inpatient Payments	\$922,621	\$2,467,694	\$1,545,073	167%
3	Outpatient Charges	\$1,577,190	\$2,612,753	\$1,035,563	66%
4	Outpatient Payments	\$412,311	\$717,931	\$305,620	74%
5	Discharges	128	138	10	8%
6	Patient Days	702	587	(115)	-16%
7	Outpatient Visits (Excludes ED Visits)	725	1,172	447	62%
8	Emergency Department Outpatient Visits	73	109	36	49%
9	Emergency Department Inpatient Admissions	78	79	1	1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,325,083	\$8,947,341	\$1,622,258	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,334,932	\$3,185,625	\$1,850,693	139%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$290,340	\$290,340	0%
2	Inpatient Payments	\$0	\$53,048	\$53,048	0%
3	Outpatient Charges	\$0	\$21,843	\$21,843	0%
4	Outpatient Payments	\$0	\$5,921	\$5,921	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	38	38	0%
7	Outpatient Visits (Excludes ED Visits)	0	10	10	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$312,183	\$312,183	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$58,969	\$58,969	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$673,261	\$9,432,643	\$8,759,382	1301%
2	Inpatient Payments	\$354,884	\$2,271,943	\$1,917,059	540%
3	Outpatient Charges	\$694,449	\$5,049,276	\$4,354,827	627%
4	Outpatient Payments	\$194,521	\$1,097,209	\$902,688	464%
5	Discharges	26	197	171	658%
6	Patient Days	110	995	885	805%
7	Outpatient Visits (Excludes ED Visits)	202	1,901	1,699	841%
8	Emergency Department Outpatient Visits	19	168	149	784%
9	Emergency Department Inpatient Admissions	17	105	88	518%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,367,710	\$14,481,919	\$13,114,209	959%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$549,405	\$3,369,152	\$2,819,747	513%

**YALE-NEW HAVEN 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	\$68,700,135	\$90,221,146	\$21,521,011	31%
2	Inpatient Payments	\$25,234,495	\$32,304,400	\$7,069,905	28%
3	Outpatient Charges	\$29,529,492	\$35,736,676	\$6,207,184	21%
4	Outpatient Payments	\$7,284,716	\$7,635,485	\$350,769	5%
5	Discharges	1,481	1,740	259	17%
6	Patient Days	9,368	10,543	1,175	13%
7	Outpatient Visits (Excludes ED Visits)	8,685	10,765	2,080	24%
8	Emergency Department Outpatient Visits	783	912	129	16%
9	Emergency Department Inpatient Admissions	963	1,111	148	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$98,229,627	\$125,957,822	\$27,728,195	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,519,211	\$39,939,885	\$7,420,674	23%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$3,208,881	\$5,709,084	\$2,500,203	78%
2	Inpatient Payments	\$530,880	\$2,240,618	\$1,709,738	322%
3	Outpatient Charges	\$510,205	\$1,998,398	\$1,488,193	292%
4	Outpatient Payments	\$194,717	\$394,145	\$199,428	102%
5	Discharges	54	116	62	115%
6	Patient Days	339	615	276	81%
7	Outpatient Visits (Excludes ED Visits)	482	2,316	1,834	380%
8	Emergency Department Outpatient Visits	89	269	180	202%
9	Emergency Department Inpatient Admissions	108	62	(46)	-43%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,719,086	\$7,707,482	\$3,988,396	107%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$725,597	\$2,634,763	\$1,909,166	263%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$6,089,004	\$5,669,989	(\$419,015)	-7%
2	Inpatient Payments	\$2,242,967	\$1,523,876	(\$719,091)	-32%
3	Outpatient Charges	\$2,224,268	\$2,178,005	(\$46,263)	-2%
4	Outpatient Payments	\$87,192	\$570,510	\$483,318	554%
5	Discharges	131	140	9	7%
6	Patient Days	876	651	(225)	-26%
7	Outpatient Visits (Excludes ED Visits)	939	1,003	64	7%
8	Emergency Department Outpatient Visits	81	134	53	65%
9	Emergency Department Inpatient Admissions	105	109	4	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,313,272	\$7,847,994	(\$465,278)	-6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,330,159	\$2,094,386	(\$235,773)	-10%

**YALE-NEW HAVEN 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	\$131,613	\$0	(\$131,613)	-100%
2	Inpatient Payments	\$81,975	\$0	(\$81,975)	-100%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	8	0	(8)	-100%
6	Patient Days	20	0	(20)	-100%
7	Outpatient Visits (Excludes ED Visits)	509	0	(509)	-100%
8	Emergency Department Outpatient Visits	85	0	(85)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$131,613	\$0	(\$131,613)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$81,975	\$0	(\$81,975)	-100%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$4,236,215	\$4,196,484	(\$39,731)	-1%
2	Inpatient Payments	\$1,127,178	\$1,198,649	\$71,471	6%
3	Outpatient Charges	\$1,266,971	\$1,825,603	\$558,632	44%
4	Outpatient Payments	\$192,543	\$345,407	\$152,864	79%
5	Discharges	90	104	14	16%
6	Patient Days	804	598	(206)	-26%
7	Outpatient Visits (Excludes ED Visits)	580	632	52	9%
8	Emergency Department Outpatient Visits	162	157	(5)	-3%
9	Emergency Department Inpatient Admissions	0	84	84	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,503,186	\$6,022,087	\$518,901	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,319,721	\$1,544,056	\$224,335	17%
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%

**YALE-NEW HAVEN 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	\$702,026	\$702,026	0%
2	Inpatient Payments	\$0	\$392,787	\$392,787	0%
3	Outpatient Charges	\$0	\$195,271	\$195,271	0%
4	Outpatient Payments	\$0	\$31,858	\$31,858	0%
5	Discharges	0	13	13	0%
6	Patient Days	0	68	68	0%
7	Outpatient Visits (Excludes ED Visits)	0	60	60	0%
8	Emergency Department Outpatient Visits	0	8	8	0%
9	Emergency Department Inpatient Admissions	0	7	7	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$897,297	\$897,297	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$424,645	\$424,645	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%

**YALE-NEW HAVEN 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	\$88,787,002	\$122,556,300	\$33,769,298	38%
	TOTAL INPATIENT PAYMENTS	\$30,495,000	\$42,453,015	\$11,958,015	39%
	TOTAL OUTPATIENT CHARGES	\$35,802,575	\$49,617,825	\$13,815,250	39%
	TOTAL OUTPATIENT PAYMENTS	\$8,366,000	\$10,798,466	\$2,432,466	29%
	TOTAL DISCHARGES	1,918	2,449	531	28%
	TOTAL PATIENT DAYS	12,219	14,095	1,876	15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,122	17,859	5,737	47%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,292	1,758	466	36%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,271	1,557	286	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$124,589,577	\$172,174,125	\$47,584,548	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$38,861,000	\$53,251,481	\$14,390,481	37%

**YALE-NEW HAVEN 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	\$55,902,249	\$25,517,555	(\$30,384,694)	-54%
2	Inpatient Payments	\$12,343,748	\$4,426,833	(\$7,916,915)	-64%
3	Outpatient Charges	\$33,810,620	\$30,974,206	(\$2,836,414)	-8%
4	Outpatient Payments	\$10,425,736	\$11,355,829	\$930,093	9%
5	Discharges	2,238	739	(1,499)	-67%
6	Patient Days	9,867	3,265	(6,602)	-67%
7	Outpatient Visits (Excludes ED Visits)	23,510	7,341	(16,169)	-69%
8	Emergency Department Outpatient Visits	6,703	2,112	(4,591)	-68%
9	Emergency Department Inpatient Admissions	991	301	(690)	-70%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$89,712,869	\$56,491,761	(\$33,221,108)	-37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,769,484	\$15,782,662	(\$6,986,822)	-31%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$65,002,815	\$122,764,151	\$57,761,336	89%
2	Inpatient Payments	\$13,573,079	\$20,295,461	\$6,722,382	50%
3	Outpatient Charges	\$40,848,751	\$37,483,955	(\$3,364,796)	-8%
4	Outpatient Payments	\$12,773,336	\$13,948,355	\$1,175,019	9%
5	Discharges	2,457	3,943	1,486	60%
6	Patient Days	11,362	16,084	4,722	42%
7	Outpatient Visits (Excludes ED Visits)	36,172	54,350	18,178	50%
8	Emergency Department Outpatient Visits	9,741	17,738	7,997	82%
9	Emergency Department Inpatient Admissions	1,239	2,273	1,034	83%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$105,851,566	\$160,248,106	\$54,396,540	51%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$26,346,415	\$34,243,816	\$7,897,401	30%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$20,888,312	\$0	(\$20,888,312)	-100%
2	Inpatient Payments	\$4,782,204	\$0	(\$4,782,204)	-100%
3	Outpatient Charges	\$8,110,696	\$0	(\$8,110,696)	-100%
4	Outpatient Payments	\$2,856,278	\$0	(\$2,856,278)	-100%
5	Discharges	695	0	(695)	-100%
6	Patient Days	3,458	0	(3,458)	-100%
7	Outpatient Visits (Excludes ED Visits)	5,679	0	(5,679)	-100%
8	Emergency Department Outpatient Visits	1,664	0	(1,664)	-100%
9	Emergency Department Inpatient Admissions	282	0	(282)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,999,008	\$0	(\$28,999,008)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,638,482	\$0	(\$7,638,482)	-100%

**YALE-NEW HAVEN 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	\$1,180,173	\$19,636,222	\$18,456,049	1564%
2	Inpatient Payments	\$195,909	\$3,547,443	\$3,351,534	1711%
3	Outpatient Charges	\$487,099	\$14,631,976	\$14,144,877	2904%
4	Outpatient Payments	\$478,563	\$5,500,199	\$5,021,636	1049%
5	Discharges	35	410	375	1071%
6	Patient Days	196	2,455	2,259	1153%
7	Outpatient Visits (Excludes ED Visits)	59	19,633	19,574	33176%
8	Emergency Department Outpatient Visits	152	1,461	1,309	861%
9	Emergency Department Inpatient Admissions	25	170	145	580%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,667,272	\$34,268,198	\$32,600,926	1955%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$674,472	\$9,047,642	\$8,373,170	1241%
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	\$11,205,318	\$0	(\$11,205,318)	-100%
2	Inpatient Payments	\$2,696,060	\$0	(\$2,696,060)	-100%
3	Outpatient Charges	\$7,816,256	\$0	(\$7,816,256)	-100%
4	Outpatient Payments	\$2,041,087	\$0	(\$2,041,087)	-100%
5	Discharges	559	0	(559)	-100%
6	Patient Days	2,257	0	(2,257)	-100%
7	Outpatient Visits (Excludes ED Visits)	6,658	0	(6,658)	-100%
8	Emergency Department Outpatient Visits	2,182	0	(2,182)	-100%

**YALE-NEW HAVEN 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	260	0	(260)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,021,574	\$0	(\$19,021,574)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,737,147	\$0	(\$4,737,147)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$977	\$977	0%
4	Outpatient Payments	\$0	\$968	\$968	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	6	6	0%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$977	\$977	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$968	\$968	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$39,622,367	\$39,622,367	0%
2	Inpatient Payments	\$0	\$6,704,186	\$6,704,186	0%
3	Outpatient Charges	\$0	\$439,597	\$439,597	0%
4	Outpatient Payments	\$0	\$401,808	\$401,808	0%
5	Discharges	0	1,101	1,101	0%
6	Patient Days	0	5,113	5,113	0%
7	Outpatient Visits (Excludes ED Visits)	0	11,591	11,591	0%
8	Emergency Department Outpatient Visits	0	3,383	3,383	0%
9	Emergency Department Inpatient Admissions	0	494	494	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$40,061,964	\$40,061,964	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$7,105,994	\$7,105,994	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$154,178,867	\$207,540,295	\$53,361,428	35%
	TOTAL INPATIENT PAYMENTS	\$33,591,000	\$34,973,923	\$1,382,923	4%
	TOTAL OUTPATIENT CHARGES	\$91,073,422	\$83,530,711	(\$7,542,711)	-8%
	TOTAL OUTPATIENT PAYMENTS	\$28,575,000	\$31,207,159	\$2,632,159	9%
	TOTAL DISCHARGES	5,984	6,193	209	3%
	TOTAL PATIENT DAYS	27,140	26,917	(223)	-1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	72,078	92,921	20,843	29%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	20,442	24,696	4,254	21%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,797	3,238	441	16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$245,252,289	\$291,071,006	\$45,818,717	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$62,166,000	\$66,181,082	\$4,015,082	6%

**YALE-NEW HAVEN 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

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$25,781,000	\$60,217,000	\$34,436,000	134%
2	Short Term Investments	\$421,368,000	\$456,660,000	\$35,292,000	8%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$124,000,000	\$128,416,000	\$4,416,000	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$14,625,000	\$14,721,000	\$96,000	1%
8	Prepaid Expenses	\$6,183,000	\$6,309,000	\$126,000	2%
9	Other Current Assets	\$27,343,000	\$35,687,000	\$8,344,000	31%
	Total Current Assets	\$619,300,000	\$702,010,000	\$82,710,000	13%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$11,501,000	\$11,105,000	(\$396,000)	-3%
2	Board Designated for Capital Acquisition	\$197,952,000	\$76,806,000	(\$121,146,000)	-61%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$209,453,000	\$87,911,000	(\$121,542,000)	-58%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$118,867,000	\$85,813,000	(\$33,054,000)	-28%
7	Other Noncurrent Assets	\$65,310,000	\$60,255,000	(\$5,055,000)	-8%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$818,932,000	\$869,996,000	\$51,064,000	6%
2	Less: Accumulated Depreciation	\$552,072,000	\$566,061,000	\$13,989,000	\$0
	Property, Plant and Equipment, Net	\$266,860,000	\$303,935,000	\$37,075,000	14%
3	Construction in Progress	\$196,429,000	\$360,678,000	\$164,249,000	84%
	Total Net Fixed Assets	\$463,289,000	\$664,613,000	\$201,324,000	43%
	Total Assets	\$1,476,219,000	\$1,600,602,000	\$124,383,000	8%

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$169,454,000	\$199,157,000	\$29,703,000	18%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,406,000	\$12,270,000	\$8,864,000	260%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$521,000	\$2,065,000	\$1,544,000	296%
	Total Current Liabilities	\$173,381,000	\$213,492,000	\$40,111,000	23%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$394,059,000	\$388,034,000	(\$6,025,000)	-2%
2	Notes Payable (Net of Current Portion)	\$8,859,000	\$8,495,000	(\$364,000)	-4%
	Total Long Term Debt	\$402,918,000	\$396,529,000	(\$6,389,000)	-2%
3	Accrued Pension Liability	\$105,483,000	\$192,862,000	\$87,379,000	83%
4	Other Long Term Liabilities	\$161,691,000	\$197,752,000	\$36,061,000	22%
	Total Long Term Liabilities	\$670,092,000	\$787,143,000	\$117,051,000	17%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$525,399,000	\$526,740,000	\$1,341,000	0%
2	Temporarily Restricted Net Assets	\$81,229,000	\$47,505,000	(\$33,724,000)	-42%
3	Permanently Restricted Net Assets	\$26,118,000	\$25,722,000	(\$396,000)	-2%
	Total Net Assets	\$632,746,000	\$599,967,000	(\$32,779,000)	-5%
	Total Liabilities and Net Assets	\$1,476,219,000	\$1,600,602,000	\$124,383,000	8%

YNH NETWORK CORPORATION					
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	\$3,035,335,000	\$3,615,981,000	\$580,646,000	19%
2	Less: Allowances	\$1,883,935,000	\$2,303,547,000	\$419,612,000	22%
3	Less: Charity Care	\$70,300,000	\$73,500,000	\$3,200,000	5%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,081,100,000	\$1,238,934,000	\$157,834,000	15%
5	Other Operating Revenue	\$59,930,000	\$42,656,000	(\$17,274,000)	-29%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$1,141,030,000	\$1,281,590,000	\$140,560,000	12%
B. Operating Expenses:					
1	Salaries and Wages	\$441,377,000	\$476,977,000	\$35,600,000	8%
2	Fringe Benefits	\$109,248,000	\$128,535,000	\$19,287,000	18%
3	Physicians Fees	\$248,000	\$175,000	(\$73,000)	-29%
4	Supplies and Drugs	\$455,471,000	\$513,829,000	\$58,358,000	13%
5	Depreciation and Amortization	\$42,951,000	\$44,525,000	\$1,574,000	4%
6	Bad Debts	\$19,348,000	\$25,600,000	\$6,252,000	32%
7	Interest	\$4,641,000	\$1,605,000	(\$3,036,000)	-65%
8	Malpractice	\$20,605,000	\$20,742,000	\$137,000	1%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses	\$1,093,889,000	\$1,211,988,000	\$118,099,000	11%
	Income/(Loss) From Operations	\$47,141,000	\$69,602,000	\$22,461,000	48%
C. Non-Operating Revenue:					
1	Income from Investments	\$25,357,000	(\$41,276,000)	(\$66,633,000)	-263%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$74,212,000)	\$24,736,000	\$98,948,000	-133%
	Total Non-Operating Revenue	(\$48,855,000)	(\$16,540,000)	\$32,315,000	-66%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,714,000)	\$53,062,000	\$54,776,000	-3196%
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	(\$1,714,000)	\$53,062,000	\$54,776,000	-3196%

YNH NETWORK CORPORATION				
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	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$962,660,000	\$1,081,100,000	\$1,238,934,000
2	Other Operating Revenue	42,081,000	59,930,000	42,656,000
3	Total Operating Revenue	\$1,004,741,000	\$1,141,030,000	\$1,281,590,000
4	Total Operating Expenses	987,628,000	1,093,889,000	1,211,988,000
5	Income/(Loss) From Operations	\$17,113,000	\$47,141,000	\$69,602,000
6	Total Non-Operating Revenue	26,619,000	(48,855,000)	(16,540,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$43,732,000	(\$1,714,000)	\$53,062,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.66%	4.32%	5.50%
2	Parent Corporation Non-Operating Margin	2.58%	-4.47%	-1.31%
3	Parent Corporation Total Margin	4.24%	-0.16%	4.19%
4	Income/(Loss) From Operations	\$17,113,000	\$47,141,000	\$69,602,000
5	Total Operating Revenue	\$1,004,741,000	\$1,141,030,000	\$1,281,590,000
6	Total Non-Operating Revenue	\$26,619,000	(\$48,855,000)	(\$16,540,000)
7	Total Revenue	\$1,031,360,000	\$1,092,175,000	\$1,265,050,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$43,732,000	(\$1,714,000)	\$53,062,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$538,801,000	\$525,399,000	\$526,740,000
2	Parent Corporation Total Net Assets	\$665,558,000	\$632,746,000	\$599,967,000
3	Parent Corporation Change in Total Net Assets	\$665,558,000	(\$32,812,000)	(\$32,779,000)
4	Parent Corporation Change in Total Net Assets %	0.0%	-4.9%	-5.2%

YNH NETWORK CORPORATION				
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>	2.63	3.57	3.29
2	Total Current Assets	\$396,143,000	\$619,300,000	\$702,010,000
3	Total Current Liabilities	\$150,564,000	\$173,381,000	\$213,492,000
4	<u>Days Cash on Hand</u>	85	155	162
5	Cash and Cash Equivalents	\$22,628,000	\$25,781,000	\$60,217,000
6	Short Term Investments	197,037,000	421,368,000	456,660,000
7	Total Cash and Short Term Investments	\$219,665,000	\$447,149,000	\$516,877,000
8	Total Operating Expenses	\$987,628,000	\$1,093,889,000	\$1,211,988,000
9	Depreciation Expense	\$43,466,000	\$42,951,000	\$44,525,000
10	Operating Expenses less Depreciation Expense	\$944,162,000	\$1,050,938,000	\$1,167,463,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	48	42	38
12	Net Patient Accounts Receivable	\$ 127,693,000	\$ 124,000,000	\$ 128,416,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 127,693,000	\$ 124,000,000	\$ 128,416,000
16	Total Net Patient Revenue	\$962,660,000	\$1,081,100,000	\$1,238,934,000
17	<u>Average Payment Period</u>	58	60	67
18	Total Current Liabilities	\$150,564,000	\$173,381,000	\$213,492,000
19	Total Operating Expenses	\$987,628,000	\$1,093,889,000	\$1,211,988,000
20	Depreciation Expense	\$43,466,000	\$42,951,000	\$44,525,000
21	Total Operating Expenses less Depreciation Expense	\$944,162,000	\$1,050,938,000	\$1,167,463,000

YNH NETWORK CORPORATION				
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>	46.5	42.9	37.5
2	Total Net Assets	\$665,558,000	\$632,746,000	\$599,967,000
3	Total Assets	\$1,431,028,000	\$1,476,219,000	\$1,600,602,000
4	<u>Cash Flow to Total Debt Ratio</u>	15.6	7.2	16.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$43,732,000	(\$1,714,000)	\$53,062,000
6	Depreciation Expense	\$43,466,000	\$42,951,000	\$44,525,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$87,198,000	\$41,237,000	\$97,587,000
8	Total Current Liabilities	\$150,564,000	\$173,381,000	\$213,492,000
9	Total Long Term Debt	\$407,332,000	\$402,918,000	\$396,529,000
10	Total Current Liabilities and Total Long Term Debt	\$557,896,000	\$576,299,000	\$610,021,000
11	<u>Long Term Debt to Capitalization Ratio</u>	38.0	38.9	39.8
12	Total Long Term Debt	\$407,332,000	\$402,918,000	\$396,529,000
13	Total Net Assets	\$665,558,000	\$632,746,000	\$599,967,000
14	Total Long Term Debt and Total Net Assets	\$1,072,890,000	\$1,035,664,000	\$996,496,000

YALE-NEW HAVEN 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	154,464	474	484	89.3%	87.4%
2	ICU/CCU (Excludes Neonatal ICU)	30,843	105	107	80.5%	79.0%
3	Psychiatric: Ages 0 to 17	4,110	12	15	93.8%	75.1%
4	Psychiatric: Ages 18+	26,237	73	73	98.5%	98.5%
	TOTAL PSYCHIATRIC	30,347	85	88	97.8%	94.5%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	16,911	55	55	84.2%	84.2%
7	Newborn	9,922	29	40	93.7%	68.0%
8	Neonatal ICU	16,912	47	52	98.6%	89.1%
9	Pediatric	20,200	56	69	98.8%	80.2%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	269,677	822	855	89.9%	86.4%
	TOTAL INPATIENT BED UTILIZATION	279,599	851	895	90.0%	85.6%
	TOTAL INPATIENT REPORTED YEAR	279,599	851	895	90.0%	85.6%
	TOTAL INPATIENT PRIOR YEAR	272,757	752	847	99.4%	88.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	6,842	99	48	-9.4%	-2.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	3%	13%	6%	-9%	-3%
	Total Licensed Beds and Bassinets	944				
(A) This number may not exceed the number of available beds for each department or in total.						

YALE-NEW HAVEN 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	32,312	36,496	4,184	13%
2	Outpatient Scans (Excluding Emergency Department Scans)	37,260	42,452	5,192	14%
3	Emergency Department Scans	14,925	17,340	2,415	16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	84,497	96,288	11,791	14%
B. MRI Scans (A)					
1	Inpatient Scans	6,193	7,102	909	15%
2	Outpatient Scans (Excluding Emergency Department Scans)	17,850	18,433	583	3%
3	Emergency Department Scans	7,150	7,529	379	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	31,193	33,064	1,871	6%
C. PET Scans (A)					
1	Inpatient Scans	119	29	-90	-76%
2	Outpatient Scans (Excluding Emergency Department Scans)	169	89	-80	-47%
3	Emergency Department Scans	68	36	-32	-47%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	356	154	-202	-57%
D. PET/CT Scans (A)					
1	Inpatient Scans	88	169	81	92%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,288	1,375	87	7%
3	Emergency Department Scans	516	562	46	9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,892	2,106	214	11%
(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	1,351	1,170	-181	-13%
2	Outpatient Procedures	27,907	26,329	-1,578	-6%
	Total Linear Accelerator Procedures	29,258	27,499	-1,759	-6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	2,843	3,038	195	7%
2	Outpatient Procedures	1,162	1,265	103	9%
	Total Cardiac Catheterization Procedures	4,005	4,303	298	7%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	14	9	-5	-36%
2	Elective Procedures	1,107	1,271	164	15%
	Total Cardiac Angioplasty Procedures	1,121	1,280	159	14%
H. Electrophysiology Studies					
1	Inpatient Studies	244	400	156	64%
2	Outpatient Studies	30	90	60	200%
	Total Electrophysiology Studies	274	490	216	79%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	12,504	13,202	698	6%
2	Outpatient Surgical Procedures	19,628	21,118	1,490	8%
	Total Surgical Procedures	32,132	34,320	2,188	7%

YALE-NEW HAVEN 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	174	251	77	44%
2	Outpatient Endoscopy Procedures	11,862	13,220	1,358	11%
	Total Endoscopy Procedures	12,036	13,471	1,435	12%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	26,849	26,820	-29	0%
2	Emergency Room Visits: Treated and Discharged	96,073	101,582	5,509	6%
	Total Emergency Room Visits	122,922	128,402	5,480	4%
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	1,266	1,192	-74	-6%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	75,333	83,631	8,298	11%
	Total Hospital Clinic Visits	76,599	84,823	8,224	11%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	23,622	25,440	1,818	8%
4	Gastroenterology	12,983	12,180	-803	-6%
5	Other Outpatient Visits	317,089	544,140	227,051	72%
	Total Other Hospital Outpatient Visits	353,694	581,760	228,066	64%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	2,111.1	2,226.7	115.6	5%
2	Total Physician FTEs	678.5	705.9	27.4	4%
3	Total Non-Nursing and Non-Physician FTEs	3,554.3	3,715.4	161.1	5%
	Total Hospital Full Time Equivalent Employees	6,343.9	6,648.0	304.1	5%

YALE-NEW HAVEN 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	Temple Medical Center	4,511	5,145	634	14%
2	Yale New Haven Hospital	15,117	15,973	856	6%
	Total Outpatient Surgical Procedures(A)	19,628	21,118	1,490	8%
B. Outpatient Endoscopy Procedures					
1	Temple Medical Center	5,912	6,991	1,079	18%
2	Yale New Haven Hospital	5,950	6,229	279	5%
	Total Outpatient Endoscopy Procedures(B)	11,862	13,220	1,358	11%
C. Outpatient Hospital Emergency Room Visits					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	19,729	21,819	2,090	11%
3	Yale New Haven Hospital	76,344	79,763	3,419	4%
	Total Outpatient Hospital Emergency Room Visits(C)	96,073	101,582	5,509	6%
(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.					

YALE-NEW HAVEN 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	\$693,185,463	\$828,626,611	\$135,441,148	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$274,252,966	\$288,806,494	\$14,553,528	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.56%	34.85%	-4.71%	-12%
4	DISCHARGES	15,721	16,762	1,041	7%
5	CASE MIX INDEX (CMI)	1.65910	1.66530	0.00620	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	26,082.71110	27,913.75860	1,831.04750	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,514.74	\$10,346.39	(\$168.36)	-2%
8	PATIENT DAYS	99,051	100,798	1,747	2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,768.81	\$2,865.20	\$96.40	3%
10	AVERAGE LENGTH OF STAY	6.3	6.0	(0.3)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$267,027,026	\$307,602,656	\$40,575,630	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$68,086,000	\$75,909,578	\$7,823,578	11%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.50%	24.68%	-0.82%	-3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	38.52%	37.12%	-1.40%	-4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,056.00103	6,222.38732	166.38630	3%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,242.73	\$12,199.43	\$956.70	9%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$960,212,489	\$1,136,229,267	\$176,016,778	18%
18	TOTAL ACCRUED PAYMENTS	\$342,338,966	\$364,716,072	\$22,377,106	7%
19	TOTAL ALLOWANCES	\$617,873,523	\$771,513,195	\$153,639,672	25%

YALE-NEW HAVEN 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	\$786,334,411	\$937,631,389	\$151,296,978	19%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$301,255,249	\$355,346,824	\$54,091,575	18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.31%	37.90%	-0.41%	-1%
4	DISCHARGES	23,461	23,910	449	2%
5	CASE MIX INDEX (CMI)	1.27380	1.27480	0.00100	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29,884.62180	30,480.46800	595.84620	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,080.61	\$11,658.18	\$1,577.57	16%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$434.13	(\$1,311.80)	(\$1,745.93)	-402%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,973,825	(\$39,984,166)	(\$52,957,992)	-408%
10	PATIENT DAYS	100,923	104,196	3,273	3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,985.00	\$3,410.37	\$425.37	14%
12	AVERAGE LENGTH OF STAY	4.3	4.4	0.1	1%
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$588,976,352	\$660,456,962	\$71,480,610	12%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$238,547,958	\$274,465,481	\$35,917,523	15%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.50%	41.56%	1.05%	3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	74.90%	70.44%	-4.46%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	17,572,64340	16,841.93399	(730,70940)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,574.96	\$16,296.55	\$2,721.59	20%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,332.23)	(\$4,097.12)	(\$1,764.89)	76%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$40,983,428)	(\$69,003,488)	(\$28,020,060)	68%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$1,375,310,763	\$1,598,088,351	\$222,777,588	16%
22	TOTAL ACCRUED PAYMENTS	\$539,803,207	\$629,812,305	\$90,009,098	17%
23	TOTAL ALLOWANCES	\$835,507,556	\$968,276,046	\$132,768,490	16%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$28,009,602)	(\$108,987,654)	(\$80,978,052)	289%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$1,283,059,223	\$1,470,510,479	\$187,451,256	15%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$558,379,616	\$656,779,736	\$98,400,120	18%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$724,679,607	\$813,730,743	\$89,051,136	12%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.48%	55.34%	-1.14%	

YALE-NEW HAVEN 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	\$44,993,420	\$47,689,294	\$2,695,874	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,801,293	\$2,265,747	(\$3,535,546)	-61%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.89%	4.75%	-8.14%	-63%
4	DISCHARGES	1,559	1,533	(26)	-2%
5	CASE MIX INDEX (CMI)	1.26640	1.27750	0.01110	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,974.31760	1,958.40750	(15.91010)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,938.38	\$1,156.93	(\$1,781.45)	-61%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,142.23	\$10,501.25	\$3,359.02	47%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,576.36	\$9,189.45	\$1,613.09	21%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,958,146	\$17,996,691	\$3,038,545	20%
11	PATIENT DAYS	6,522	6,345	(177)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$889.50	\$357.09	(\$532.40)	-60%
13	AVERAGE LENGTH OF STAY	4.2	4.1	(0.0)	-1%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$56,884,008	\$61,677,977	\$4,793,969	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,330,649	\$16,658,247	\$6,327,598	61%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.16%	27.01%	8.85%	49%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	126.43%	129.33%	2.91%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,971.00306	1,982.67432	11.67126	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,241.32	\$8,401.91	\$3,160.59	60%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,333.65	\$7,894.65	(\$439.00)	-5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,001.42	\$3,797.52	(\$2,203.89)	-37%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,828,811	\$7,529,249	(\$4,299,562)	-36%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$101,877,428	\$109,367,271	\$7,489,843	7%
24	TOTAL ACCRUED PAYMENTS	\$16,131,942	\$18,923,994	\$2,792,052	17%
25	TOTAL ALLOWANCES	\$85,745,486	\$90,443,277	\$4,697,791	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$26,786,958	\$25,525,940	(\$1,261,017)	-5%

YALE-NEW HAVEN 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	\$377,849,440	\$475,067,233	\$97,217,793	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$84,496,001	\$85,102,278	\$606,277	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.36%	17.91%	-4.45%	-20%
4	DISCHARGES	10,281	10,822	541	5%
5	CASE MIX INDEX (CMI)	1.13240	1.12990	(0.00250)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,642.20440	12,227.77780	585.57340	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,257.73	\$6,959.75	(\$297.98)	-4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,822.88	\$4,698.43	\$1,875.55	66%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,257.01	\$3,386.63	\$129.63	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$37,918,769	\$41,411,019	\$3,492,250	9%
11	PATIENT DAYS	57,122	59,098	1,976	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,479.22	\$1,440.02	(\$39.20)	-3%
13	AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)	-2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$145,187,782	\$147,283,576	\$2,095,794	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,152,053	\$45,582,372	\$9,430,319	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.90%	30.95%	6.05%	24%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	38.42%	31.00%	-7.42%	-19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,950.45071	3,355.11007	(595.34063)	-15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,151.37	\$13,585.95	\$4,434.58	48%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,423.59	\$2,710.60	(\$1,712.99)	-39%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,091.36	(\$1,386.52)	(\$3,477.88)	-166%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,261,808	(\$4,651,942)	(\$12,913,750)	-156%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$523,037,222	\$622,350,809	\$99,313,587	19%
24	TOTAL ACCRUED PAYMENTS	\$120,648,054	\$130,684,650	\$10,036,596	8%
25	TOTAL ALLOWANCES	\$402,389,168	\$491,666,159	\$89,276,991	22%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$46,180,577	\$36,759,077	(\$9,421,500)	-20%

YALE-NEW HAVEN 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	\$84,690,031	\$105,510,597	\$20,820,566	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,589,495	\$12,917,081	\$3,327,586	35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.32%	12.24%	0.92%	8%
4	DISCHARGES	2,333	2,609	276	12%
5	CASE MIX INDEX (CMI)	1.23020	1.23020	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,870.05660	3,209.59180	339.53520	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,341.22	\$4,024.52	\$683.30	20%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,739.39	\$7,633.66	\$894.27	13%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,173.52	\$6,321.86	(\$851.66)	-12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,588,408	\$20,290,592	(\$297,817)	-1%
11	PATIENT DAYS	14,148	14,399	251	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$677.80	\$897.08	\$219.28	32%
13	AVERAGE LENGTH OF STAY	6.1	5.5	(0.5)	-9%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$32,037,594	\$36,281,683	\$4,244,089	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,309,947	\$7,619,154	\$4,309,207	130%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.33%	21.00%	10.67%	103%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	37.83%	34.39%	-3.44%	-9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	882.55614	897.15075	14.59461	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,750.41	\$8,492.61	\$4,742.20	126%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,824.55	\$7,803.94	(\$2,020.61)	-21%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,492.32	\$3,706.82	(\$3,785.51)	-51%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,612,396	\$3,325,574	(\$3,286,822)	-50%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$116,727,625	\$141,792,280	\$25,064,655	21%
24	TOTAL ACCRUED PAYMENTS	\$12,899,442	\$20,536,235	\$7,636,793	59%
25	TOTAL ALLOWANCES	\$103,828,183	\$121,256,045	\$17,427,862	17%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$27,200,804	\$23,616,165	(\$3,584,639)	-13%

YALE-NEW HAVEN 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	\$462,539,471	\$580,577,830	\$118,038,359	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$94,085,496	\$98,019,359	\$3,933,863	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.34%	16.88%	-3.46%	-17%
4	DISCHARGES	12,614	13,431	817	6%
5	CASE MIX INDEX (CMI)	1.15049	1.14938	(0.00110)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,512,26100	15,437,36960	925,10860	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,483.17	\$6,349.49	(\$133.69)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,597.44	\$5,308.70	\$1,711.26	48%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,031.57	\$3,996.90	(\$34.67)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$58,507,178	\$61,701,611	\$3,194,433	5%
11	PATIENT DAYS	71,270	73,497	2,227	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,320.13	\$1,333.65	\$13.52	1%
13	AVERAGE LENGTH OF STAY	5.7	5.5	(0.2)	-3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$177,225,376	\$183,565,259	\$6,339,883	4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$39,462,000	\$53,201,526	\$13,739,526	35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.27%	28.98%	6.72%	30%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	38.32%	31.62%	-6.70%	-17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,833,00684	4,252,26082	(580,74602)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,165.10	\$12,511.35	\$4,346.25	53%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,409.86	\$3,785.20	(\$1,624.66)	-30%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,077.63	(\$311.92)	(\$3,389.55)	-110%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,874,203	(\$1,326,368)	(\$16,200,572)	-109%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$639,764,847	\$764,143,089	\$124,378,242	19%
24	TOTAL ACCRUED PAYMENTS	\$133,547,496	\$151,220,885	\$17,673,389	13%
25	TOTAL ALLOWANCES	\$506,217,351	\$612,922,204	\$106,704,853	21%

YALE-NEW HAVEN 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	\$11,658,995	\$11,355,606	(\$303,389)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,993,750	\$3,296,905	\$1,303,155	65%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.10%	29.03%	11.93%	70%
4	DISCHARGES	328	305	(23)	-7%
5	CASE MIX INDEX (CMI)	1.49310	1.49290	(0.00020)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	489.73680	455.33450	(34.40230)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,071.06	\$7,240.62	\$3,169.56	78%
8	PATIENT DAYS	1,513	1,108	(405)	-27%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,317.75	\$2,975.55	\$1,657.80	126%
10	AVERAGE LENGTH OF STAY	4.6	3.6	(1.0)	-21%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,801,906	\$6,731,377	\$1,929,471	40%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,252,325	\$1,708,262	(\$544,063)	-24%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$16,460,901	\$18,086,983	\$1,626,082	10%
14	TOTAL ACCRUED PAYMENTS	\$4,246,075	\$5,005,167	\$759,092	18%
15	TOTAL ALLOWANCES	\$12,214,826	\$13,081,816	\$866,990	7%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$10,741,356	\$11,389,417	\$648,061	6%
2	TOTAL OPERATING EXPENSES	\$995,620,658	\$1,169,696,000	\$174,075,342	17%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$10,022,280	\$11,037,310	\$1,015,030	10%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$21,323,315	\$27,032,315	\$5,709,000	27%
5	BAD DEBTS (CHARGES)	\$64,422,171	\$70,527,250	\$6,105,079	9%
6	UNCOMPENSATED CARE (CHARGES)	\$85,745,486	\$97,559,565	\$11,814,079	14%
7	COST OF UNCOMPENSATED CARE	\$30,238,151	\$33,812,537	\$3,574,386	12%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$639,764,847	\$764,143,089	\$124,378,242	19%
9	TOTAL ACCRUED PAYMENTS	\$133,547,496	\$151,220,885	\$17,673,389	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$225,613,117	\$264,839,402	\$39,226,285	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$92,065,621	\$113,618,517	\$21,552,896	23%

**YALE-NEW HAVEN 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	\$1,953,718,340	\$2,358,191,436	\$404,473,096	21%
2	TOTAL INPATIENT PAYMENTS	\$671,587,461	\$745,469,582	\$73,882,121	11%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.37%	31.61%	-2.76%	-8%
4	TOTAL DISCHARGES	52,124	54,408	2,284	4%
5	TOTAL CASE MIX INDEX	1.36155	1.36537	0.00382	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	70,969,33070	74,286,93070	3,317,60000	5%
7	TOTAL OUTPATIENT CHARGES	\$1,038,030,660	\$1,158,356,254	\$120,325,594	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	53.13%	49.12%	-4.01%	-8%
9	TOTAL OUTPATIENT PAYMENTS	\$348,348,283	\$405,284,847	\$56,936,564	16%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.56%	34.99%	1.43%	4%
11	TOTAL CHARGES	\$2,991,749,000	\$3,516,547,690	\$524,798,690	18%
12	TOTAL PAYMENTS	\$1,019,935,744	\$1,150,754,429	\$130,818,685	13%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.09%	32.72%	-1.37%	-4%
14	PATIENT DAYS	272,757	279,599	6,842	3%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$1,167,383,929	\$1,420,560,047	\$253,176,118	22%
2	INPATIENT PAYMENTS	\$370,332,212	\$390,122,758	\$19,790,546	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.72%	27.46%	-4.26%	-13%
4	DISCHARGES	28,663	30,498	1,835	6%
5	CASE MIX INDEX	1.43337	1.43637	0.00300	0%
6	CASE MIX ADJUSTED DISCHARGES	41,084,70890	43,806,46270	2,721,75380	7%
7	OUTPATIENT CHARGES	\$449,054,308	\$497,899,292	\$48,844,984	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	38.47%	35.05%	-3.42%	-9%
9	OUTPATIENT PAYMENTS	\$109,800,325	\$130,819,366	\$21,019,041	19%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.45%	26.27%	1.82%	7%
11	TOTAL CHARGES	\$1,616,438,237	\$1,918,459,339	\$302,021,102	19%
12	TOTAL PAYMENTS	\$480,132,537	\$520,942,124	\$40,809,587	8%
13	TOTAL PAYMENTS / CHARGES	29.70%	27.15%	-2.55%	-9%
14	PATIENT DAYS	171,834	175,403	3,569	2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$1,136,305,700	\$1,397,517,215	\$261,211,515	23%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.3	6.0	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.4	0.1	1%
3	UNINSURED	4.2	4.1	(0.0)	-1%
4	MEDICAID	5.6	5.5	(0.1)	-2%
5	OTHER MEDICAL ASSISTANCE	6.1	5.5	(0.5)	-9%
6	CHAMPUS / TRICARE	4.6	3.6	(1.0)	-21%
7	TOTAL AVERAGE LENGTH OF STAY	5.2	5.1	(0.1)	-2%

YALE-NEW HAVEN 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	\$2,991,749,000	\$3,516,547,690	\$524,798,690	18%
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,136,305,700	\$1,397,517,215	\$261,211,515	23%
3	UNCOMPENSATED CARE	\$85,745,486	\$97,559,565	\$11,814,079	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$724,679,607	\$813,730,743	\$89,051,136	12%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$1,946,730,793	\$2,308,807,523	\$362,076,730	19%
7	TOTAL ACCRUED PAYMENTS	\$1,045,018,207	\$1,207,740,167	\$162,721,960	16%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$10,022,280	\$11,037,310	\$1,015,030	10%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$1,055,040,487	\$1,218,777,477	\$163,736,990	16%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3526500676	0.3465835201	(0.0060665475)	-2%
11	COST OF UNCOMPENSATED CARE	\$30,238,151	\$33,812,537	\$3,574,386	12%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$92,065,621	\$113,618,517	\$21,552,896	23%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$122,303,772	\$147,431,054	\$25,127,282	21%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$8,261,808	(\$4,651,942)	(\$12,913,750)	-156%
2	OTHER MEDICAL ASSISTANCE	\$27,200,804	\$23,616,165	(\$3,584,639)	-13%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$26,786,958	\$25,525,940	(\$1,261,017)	-5%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$62,249,569	\$44,490,164	(\$17,759,406)	-29%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$26,978,976	\$34,852,261	\$7,873,285	29.18%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$1,056,937,000	\$1,196,644,000	\$139,707,000	13.22%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$1,095	\$0	(\$1,095)	-100.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$2,991,749,000	\$3,516,547,690	\$524,798,690	17.54%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$3,901,514	\$813,614	(\$3,087,900)	-79.15%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$89,647,000	\$98,373,179	\$8,726,179	9.73%

YALE-NEW HAVEN 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)	\$786,334,411	\$937,631,389	\$151,296,978
2	MEDICARE	\$693,185,463	828,626,611	\$135,441,148
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$462,539,471	580,577,830	\$118,038,359
4	MEDICAID	\$377,849,440	475,067,233	\$97,217,793
5	OTHER MEDICAL ASSISTANCE	\$84,690,031	105,510,597	\$20,820,566
6	CHAMPUS / TRICARE	\$11,658,995	11,355,606	(\$303,389)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$44,993,420	47,689,294	\$2,695,874
	TOTAL INPATIENT GOVERNMENT CHARGES	\$1,167,383,929	\$1,420,560,047	\$253,176,118
	TOTAL INPATIENT CHARGES	\$1,953,718,340	\$2,358,191,436	\$404,473,096
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$588,976,352	\$660,456,962	\$71,480,610
2	MEDICARE	\$267,027,026	307,602,656	\$40,575,630
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$177,225,376	183,565,259	\$6,339,883
4	MEDICAID	\$145,187,782	147,283,576	\$2,095,794
5	OTHER MEDICAL ASSISTANCE	\$32,037,594	36,281,683	\$4,244,089
6	CHAMPUS / TRICARE	\$4,801,906	6,731,377	\$1,929,471
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$56,884,008	61,677,977	\$4,793,969
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$449,054,308	\$497,899,292	\$48,844,984
	TOTAL OUTPATIENT CHARGES	\$1,038,030,660	\$1,158,356,254	\$120,325,594
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,375,310,763	\$1,598,088,351	\$222,777,588
2	TOTAL MEDICARE	\$960,212,489	\$1,136,229,267	\$176,016,778
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$639,764,847	\$764,143,089	\$124,378,242
4	TOTAL MEDICAID	\$523,037,222	\$622,350,809	\$99,313,587
5	TOTAL OTHER MEDICAL ASSISTANCE	\$116,727,625	\$141,792,280	\$25,064,655
6	TOTAL CHAMPUS / TRICARE	\$16,460,901	\$18,086,983	\$1,626,082
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$101,877,428	\$109,367,271	\$7,489,843
	TOTAL GOVERNMENT CHARGES	\$1,616,438,237	\$1,918,459,339	\$302,021,102
	TOTAL CHARGES	\$2,991,749,000	\$3,516,547,690	\$524,798,690
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$301,255,249	\$355,346,824	\$54,091,575
2	MEDICARE	\$274,252,966	288,806,494	\$14,553,528
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$94,085,496	98,019,359	\$3,933,863
4	MEDICAID	\$84,496,001	85,102,278	\$606,277
5	OTHER MEDICAL ASSISTANCE	\$9,589,495	12,917,081	\$3,327,586
6	CHAMPUS / TRICARE	\$1,993,750	3,296,905	\$1,303,155
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,801,293	2,265,747	(\$3,535,546)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$370,332,212	\$390,122,758	\$19,790,546
	TOTAL INPATIENT PAYMENTS	\$671,587,461	\$745,469,582	\$73,882,121
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$238,547,958	\$274,465,481	\$35,917,523
2	MEDICARE	\$68,086,000	75,909,578	\$7,823,578
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,462,000	53,201,526	\$13,739,526
4	MEDICAID	\$36,152,053	45,582,372	\$9,430,319
5	OTHER MEDICAL ASSISTANCE	\$3,309,947	7,619,154	\$4,309,207
6	CHAMPUS / TRICARE	\$2,252,325	1,708,262	(\$544,063)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,330,649	16,658,247	\$6,327,598
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$109,800,325	\$130,819,366	\$21,019,041
	TOTAL OUTPATIENT PAYMENTS	\$348,348,283	\$405,284,847	\$56,936,564
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$539,803,207	\$629,812,305	\$90,009,098
2	TOTAL MEDICARE	\$342,338,966	\$364,716,072	\$22,377,106
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$133,547,496	\$151,220,885	\$17,673,389
4	TOTAL MEDICAID	\$120,648,054	\$130,684,650	\$10,036,596
5	TOTAL OTHER MEDICAL ASSISTANCE	\$12,899,442	\$20,536,235	\$7,636,793
6	TOTAL CHAMPUS / TRICARE	\$4,246,075	\$5,005,167	\$759,092
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,131,942	\$18,923,994	\$2,792,052
	TOTAL GOVERNMENT PAYMENTS	\$480,132,537	\$520,942,124	\$40,809,587
	TOTAL PAYMENTS	\$1,019,935,744	\$1,150,754,429	\$130,818,685

YALE-NEW HAVEN 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)	26.28%	26.66%	0.38%
2	MEDICARE	23.17%	23.56%	0.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.46%	16.51%	1.05%
4	MEDICAID	12.63%	13.51%	0.88%
5	OTHER MEDICAL ASSISTANCE	2.83%	3.00%	0.17%
6	CHAMPUS / TRICARE	0.39%	0.32%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.50%	1.36%	-0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.02%	40.40%	1.38%
	TOTAL INPATIENT PAYER MIX	65.30%	67.06%	1.76%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.69%	18.78%	-0.91%
2	MEDICARE	8.93%	8.75%	-0.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.92%	5.22%	-0.70%
4	MEDICAID	4.85%	4.19%	-0.66%
5	OTHER MEDICAL ASSISTANCE	1.07%	1.03%	-0.04%
6	CHAMPUS / TRICARE	0.16%	0.19%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.90%	1.75%	-0.15%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.01%	14.16%	-0.85%
	TOTAL OUTPATIENT PAYER MIX	34.70%	32.94%	-1.76%
	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)	29.54%	30.88%	1.34%
2	MEDICARE	26.89%	25.10%	-1.79%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.22%	8.52%	-0.71%
4	MEDICAID	8.28%	7.40%	-0.89%
5	OTHER MEDICAL ASSISTANCE	0.94%	1.12%	0.18%
6	CHAMPUS / TRICARE	0.20%	0.29%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.57%	0.20%	-0.37%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.31%	33.90%	-2.41%
	TOTAL INPATIENT PAYER MIX	65.85%	64.78%	-1.07%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.39%	23.85%	0.46%
2	MEDICARE	6.68%	6.60%	-0.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.87%	4.62%	0.75%
4	MEDICAID	3.54%	3.96%	0.42%
5	OTHER MEDICAL ASSISTANCE	0.32%	0.66%	0.34%
6	CHAMPUS / TRICARE	0.22%	0.15%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01%	1.45%	0.43%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	10.77%	11.37%	0.60%
	TOTAL OUTPATIENT PAYER MIX	34.15%	35.22%	1.07%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

YALE-NEW HAVEN 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)	23,461	23,910	449
2	MEDICARE	15,721	16,762	1,041
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,614	13,431	817
4	MEDICAID	10,281	10,822	541
5	OTHER MEDICAL ASSISTANCE	2,333	2,609	276
6	CHAMPUS / TRICARE	328	305	(23)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,559	1,533	(26)
	TOTAL GOVERNMENT DISCHARGES	28,663	30,498	1,835
	TOTAL DISCHARGES	52,124	54,408	2,284
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	100,923	104,196	3,273
2	MEDICARE	99,051	100,798	1,747
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	71,270	73,497	2,227
4	MEDICAID	57,122	59,098	1,976
5	OTHER MEDICAL ASSISTANCE	14,148	14,399	251
6	CHAMPUS / TRICARE	1,513	1,108	(405)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,522	6,345	(177)
	TOTAL GOVERNMENT PATIENT DAYS	171,834	175,403	3,569
	TOTAL PATIENT DAYS	272,757	279,599	6,842
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.4	0.1
2	MEDICARE	6.3	6.0	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.7	5.5	(0.2)
4	MEDICAID	5.6	5.5	(0.1)
5	OTHER MEDICAL ASSISTANCE	6.1	5.5	(0.5)
6	CHAMPUS / TRICARE	4.6	3.6	(1.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.2	4.1	(0.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.0	5.8	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	5.2	5.1	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.27380	1.27480	0.00100
2	MEDICARE	1.65910	1.66530	0.00620
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.15049	1.14938	(0.00110)
4	MEDICAID	1.13240	1.12990	(0.00250)
5	OTHER MEDICAL ASSISTANCE	1.23020	1.23020	0.00000
6	CHAMPUS / TRICARE	1.49310	1.49290	(0.00020)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.26640	1.27750	0.01110
	TOTAL GOVERNMENT CASE MIX INDEX	1.43337	1.43637	0.00300
	TOTAL CASE MIX INDEX	1.36155	1.36537	0.00382
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,283,059,223	\$1,470,510,479	\$187,451,256
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$558,379,616	\$656,779,736	\$98,400,120
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$724,679,607	\$813,730,743	\$89,051,136
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.48%	55.34%	-1.14%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$10,022,280	\$11,037,310	\$1,015,030
8	CHARITY CARE	\$21,323,315	\$27,032,315	\$5,709,000
9	BAD DEBTS	\$64,422,171	\$70,527,250	\$6,105,079
10	TOTAL UNCOMPENSATED CARE	\$85,745,486	\$97,559,565	\$11,814,079
11	TOTAL OTHER OPERATING REVENUE	\$1,283,059,223	\$1,470,510,479	\$187,451,256
12	TOTAL OPERATING EXPENSES	\$995,620,658	\$1,169,696,000	\$174,075,342

YALE-NEW HAVEN 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>

YALE-NEW HAVEN 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)	29,884.62180	30,480.46800	595.84620
2	MEDICARE	26,082.71110	27,913.75860	1,831.04750
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,512.26100	15,437.36960	925.10860
4	MEDICAID	11,642.20440	12,227.77780	585.57340
5	OTHER MEDICAL ASSISTANCE	2,870.05660	3,209.59180	339.53520
6	CHAMPUS / TRICARE	489.73680	455.33450	(34.40230)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,974.31760	1,958.40750	(15.91010)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	41,084.70890	43,806.46270	2,721.75380
	TOTAL CASE MIX ADJUSTED DISCHARGES	70,969.33070	74,286.93070	3,317.60000
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,572.64340	16,841.93399	-730.70940
2	MEDICARE	6,056.00103	6,222.38732	166.38630
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,833.00684	4,252.26082	-580.74602
4	MEDICAID	3,950.45071	3,355.11007	-595.34063
5	OTHER MEDICAL ASSISTANCE	882.55614	897.15075	14.59461
6	CHAMPUS / TRICARE	135.09099	180.79792	45.70693
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,971.00306	1,982.67432	11.67126
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	11,024.09886	10,655.44607	-368.65279
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	28,596.74226	27,497.38006	-1,099.36220
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,080.61	\$11,658.18	\$1,577.57
2	MEDICARE	\$10,514.74	\$10,346.39	(\$168.36)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,483.17	\$6,349.49	(\$133.69)
4	MEDICAID	\$7,257.73	\$6,959.75	(\$297.98)
5	OTHER MEDICAL ASSISTANCE	\$3,341.22	\$4,024.52	\$683.30
6	CHAMPUS / TRICARE	\$4,071.06	\$7,240.62	\$3,169.56
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,938.38	\$1,156.93	(\$1,781.45)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,013.87	\$8,905.60	(\$108.27)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,463.07	\$10,035.00	\$571.94
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,574.96	\$16,296.55	\$2,721.59
2	MEDICARE	\$11,242.73	\$12,199.43	\$956.70
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,165.10	\$12,511.35	\$4,346.25
4	MEDICAID	\$9,151.37	\$13,585.95	\$4,434.58
5	OTHER MEDICAL ASSISTANCE	\$3,750.41	\$8,492.61	\$4,742.20
6	CHAMPUS / TRICARE	\$16,672.65	\$9,448.46	(\$7,224.19)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,241.32	\$8,401.91	\$3,160.59
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,960.03	\$12,277.23	\$2,317.20
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,181.40	\$14,739.03	\$2,557.64

YALE-NEW HAVEN 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	\$8,261,808	(\$4,651,942)	(\$12,913,750)
2	OTHER MEDICAL ASSISTANCE	\$27,200,804	\$23,616,165	(\$3,584,639)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$26,786,958	\$25,525,940	(\$1,261,017)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$62,249,569	\$44,490,164	(\$17,759,406)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$2,991,749,000	\$3,516,547,690	\$524,798,690
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,136,305,700	\$1,397,517,215	\$261,211,515
3	UNCOMPENSATED CARE	\$85,745,486	\$97,559,565	\$11,814,079
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$724,679,607	\$813,730,743	\$89,051,136
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$1,946,730,793	\$2,308,807,523	\$362,076,730
7	TOTAL ACCRUED PAYMENTS	\$1,045,018,207	\$1,207,740,167	\$162,721,960
8	UCP DSH PAYMENTS (OHCA INPUT)	\$10,022,280	\$11,037,310	\$1,015,030
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$1,055,040,487	\$1,218,777,477	\$163,736,990
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3526500676	0.3465835201	(0.0060665475)
11	COST OF UNCOMPENSATED CARE	\$30,238,151	\$33,812,537	\$3,574,386
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$92,065,621	\$113,618,517	\$21,552,896
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$122,303,772	\$147,431,054	\$25,127,282
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.31%	37.90%	-0.41%
2	MEDICARE	39.56%	34.85%	-4.71%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.34%	16.88%	-3.46%
4	MEDICAID	22.36%	17.91%	-4.45%
5	OTHER MEDICAL ASSISTANCE	11.32%	12.24%	0.92%
6	CHAMPUS / TRICARE	17.10%	29.03%	11.93%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12.89%	4.75%	-8.14%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.72%	27.46%	-4.26%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.37%	31.61%	-2.76%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.50%	41.56%	1.05%
2	MEDICARE	25.50%	24.68%	-0.82%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.27%	28.98%	6.72%
4	MEDICAID	24.90%	30.95%	6.05%
5	OTHER MEDICAL ASSISTANCE	10.33%	21.00%	10.67%
6	CHAMPUS / TRICARE	46.90%	25.38%	-21.53%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.16%	27.01%	8.85%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.45%	26.27%	1.82%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	33.56%	34.99%	1.43%

YALE-NEW HAVEN 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	\$1,019,935,744	\$1,150,754,429	\$130,818,685
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$10,022,280	\$11,037,310	\$1,015,030
	OHCA DEFINED NET REVENUE	\$1,029,958,024	\$1,161,791,739	\$131,833,715
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$26,978,976	\$34,852,261	\$7,873,285
4	CALCULATED NET REVENUE	\$1,121,359,171	\$1,196,644,000	\$75,284,829
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,056,937,000	\$1,196,644,000	\$139,707,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$64,422,171	\$0	(\$64,422,171)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$2,991,749,000	\$3,516,547,690	\$524,798,690
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$1,095	\$0	(\$1,095)
	CALCULATED GROSS REVENUE	\$2,991,750,095	\$3,516,547,690	\$524,797,595
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,991,749,000	\$3,516,547,690	\$524,798,690
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1,095	\$0	(\$1,095)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$85,745,486	\$97,559,565	\$11,814,079
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,901,514	\$813,614	(\$3,087,900)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$89,647,000	\$98,373,179	\$8,726,179
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$89,647,000	\$98,373,179	\$8,726,179
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

YALE-NEW HAVEN 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)	\$937,631,389
2	MEDICARE	828,626,611
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	580,577,830
4	MEDICAID	475,067,233
5	OTHER MEDICAL ASSISTANCE	105,510,597
6	CHAMPUS / TRICARE	11,355,606
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	47,689,294
	TOTAL INPATIENT GOVERNMENT CHARGES	\$1,420,560,047
	TOTAL INPATIENT CHARGES	\$2,358,191,436
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$660,456,962
2	MEDICARE	307,602,656
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	183,565,259
4	MEDICAID	147,283,576
5	OTHER MEDICAL ASSISTANCE	36,281,683
6	CHAMPUS / TRICARE	6,731,377
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	61,677,977
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$497,899,292
	TOTAL OUTPATIENT CHARGES	\$1,158,356,254
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$1,598,088,351
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,918,459,339
	TOTAL ACCRUED CHARGES	\$3,516,547,690
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$355,346,824
2	MEDICARE	288,806,494
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	98,019,359
4	MEDICAID	85,102,278
5	OTHER MEDICAL ASSISTANCE	12,917,081
6	CHAMPUS / TRICARE	3,296,905
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,265,747
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$390,122,758
	TOTAL INPATIENT PAYMENTS	\$745,469,582
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$274,465,481
2	MEDICARE	75,909,578
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	53,201,526
4	MEDICAID	45,582,372
5	OTHER MEDICAL ASSISTANCE	7,619,154
6	CHAMPUS / TRICARE	1,708,262
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16,658,247
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$130,819,366
	TOTAL OUTPATIENT PAYMENTS	\$405,284,847
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$629,812,305
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	520,942,124
	TOTAL ACCRUED PAYMENTS	\$1,150,754,429

YALE-NEW HAVEN 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>
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,910
2	MEDICARE	16,762
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,431
4	MEDICAID	10,822
5	OTHER MEDICAL ASSISTANCE	2,609
6	CHAMPUS / TRICARE	305
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1533
	TOTAL GOVERNMENT DISCHARGES	30,498
	TOTAL DISCHARGES	54,408
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,27480
2	MEDICARE	1,66530
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,14938
4	MEDICAID	1,12990
5	OTHER MEDICAL ASSISTANCE	1,23020
6	CHAMPUS / TRICARE	1,49290
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,27750
	TOTAL GOVERNMENT CASE MIX INDEX	1,43637
	TOTAL CASE MIX INDEX	1,36537
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,470,510,479
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$656,779,736
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$813,730,743
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.34%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$11,037,310
8	CHARITY CARE	\$27,032,315
9	BAD DEBTS	\$70,527,250
10	TOTAL UNCOMPENSATED CARE	\$97,559,565
11	TOTAL OTHER OPERATING REVENUE	\$11,389,417
12	TOTAL OPERATING EXPENSES	\$1,169,696,000

YALE-NEW HAVEN 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	\$1,150,754,429
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$11,037,310
	OHCA DEFINED NET REVENUE	\$1,161,791,739
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$34,852,261
	CALCULATED NET REVENUE	\$1,196,644,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,196,644,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$3,516,547,690
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$3,516,547,690
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$3,516,547,690
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$97,559,565
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$813,614
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$98,373,179
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$98,373,179
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

YALE-NEW HAVEN 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	3,801	4,326	525	14%
2	Number of Approved Applicants	2,485	2,846	361	15%
3	Total Charges (A)	\$21,323,315	\$27,032,315	\$5,709,000	27%
4	Average Charges	\$8,581	\$9,498	\$918	11%
5	Ratio of Cost to Charges (RCC)	0.339110	0.331598	(0.007512)	-2%
6	Total Cost	\$7,230,949	\$8,963,862	\$1,732,912	24%
7	Average Cost	\$2,910	\$3,150	\$240	8%
8	Charity Care - Inpatient Charges	\$10,610,482	\$13,102,297	\$2,491,815	23%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	8,550,649	11,125,929	2,575,280	30%
10	Charity Care - Emergency Department Charges	2,162,184	2,804,089	641,905	30%
11	Total Charges (A)	\$21,323,315	\$27,032,315	\$5,709,000	27%
12	Charity Care - Number of Patient Days	9,526	10,792	1,266	13%
13	Charity Care - Number of Discharges	1,171	986	(185)	-16%
14	Charity Care - Number of Outpatient ED Visits	2,508	2,445	(63)	-3%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	15,047	13,606	(1,441)	-10%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$31,309,175	\$34,276,243	\$2,967,068	9%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	27,366,542	29,959,980	2,593,438	9%
3	Bad Debts - Emergency Department	5,746,454	6,291,027	544,573	9%
4	Total Bad Debts (A)	\$64,422,171	\$70,527,250	\$6,105,079	9%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$21,323,315	\$27,032,315	\$5,709,000	27%
2	Bad Debts (A)	64,422,171	70,527,250	6,105,079	9%
3	Total Uncompensated Care (A)	\$85,745,486	\$97,559,565	\$11,814,079	14%
4	Uncompensated Care - Inpatient Services	\$41,919,657	\$47,378,540	\$5,458,883	13%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	35,917,191	41,085,909	5,168,718	14%
6	Uncompensated Care - Emergency Department	7,908,638	9,095,116	1,186,478	15%
7	Total Uncompensated Care (A)	\$85,745,486	\$97,559,565	\$11,814,079	14%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

YALE-NEW HAVEN 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	\$1,786,985,977	\$1,953,718,340	\$2,358,191,436
2	Outpatient Gross Revenue	\$889,501,423	\$1,038,030,660	\$1,158,356,254
3	Total Gross Patient Revenue	\$2,676,487,400	\$2,991,749,000	\$3,516,547,690
4	Net Patient Revenue	\$934,600,000	\$1,049,416,000	\$1,196,644,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$955,964,000	\$1,057,913,000	\$1,169,696,000
C. <u>Utilization Statistics</u>				
1	Patient Days	267,144	272,757	279,599
2	Discharges	51,478	52,124	54,408
3	Average Length of Stay	5.2	5.2	5.1
4	Equivalent (Adjusted) Patient Days (EPD)	400,119	417,676	416,940
0	Equivalent (Adjusted) Discharges (ED)	77,102	79,818	81,134
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.27177	1.36155	1.36537
2	Case Mix Adjusted Patient Days (CMAPD)	339,747	371,372	381,755
3	Case Mix Adjusted Discharges (CMAD)	65,468	70,969	74,287
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	508,861	568,685	569,276
5	Case Mix Adjusted Equivalent Discharges (CMAED)	98,056	108,676	110,777
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,019	\$10,969	\$12,577
2	Total Gross Revenue per Discharge	\$51,993	\$57,397	\$64,633
3	Total Gross Revenue per EPD	\$6,689	\$7,163	\$8,434
4	Total Gross Revenue per ED	\$34,714	\$37,482	\$43,343
5	Total Gross Revenue per CMAEPD	\$5,260	\$5,261	\$6,177
6	Total Gross Revenue per CMAED	\$27,295	\$27,529	\$31,744
7	Inpatient Gross Revenue per EPD	\$4,466	\$4,678	\$5,656
8	Inpatient Gross Revenue per ED	\$23,177	\$24,477	\$29,066

YALE-NEW HAVEN 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	\$3,498	\$3,847	\$4,280
2	Net Patient Revenue per Discharge	\$18,155	\$20,133	\$21,994
3	Net Patient Revenue per EPD	\$2,336	\$2,513	\$2,870
4	Net Patient Revenue per ED	\$12,122	\$13,148	\$14,749
5	Net Patient Revenue per CMAEPD	\$1,837	\$1,845	\$2,102
6	Net Patient Revenue per CMAED	\$9,531	\$9,656	\$10,802
G. <u>Operating Expense Per Statistic</u>				
1	Total Operating Expense per Patient Day	\$3,578	\$3,879	\$4,183
2	Total Operating Expense per Discharge	\$18,570	\$20,296	\$21,499
3	Total Operating Expense per EPD	\$2,389	\$2,533	\$2,805
4	Total Operating Expense per ED	\$12,399	\$13,254	\$14,417
5	Total Operating Expense per CMAEPD	\$1,879	\$1,860	\$2,055
6	Total Operating Expense per CMAED	\$9,749	\$9,735	\$10,559
H. <u>Nursing Salary and Fringe Benefits Expense</u>				
1	Nursing Salary Expense	\$151,629,000	\$165,795,000	\$178,889,000
2	Nursing Fringe Benefits Expense	\$39,067,000	\$41,598,000	\$49,082,000
3	Total Nursing Salary and Fringe Benefits Expense	\$190,696,000	\$207,393,000	\$227,971,000
I. <u>Physician Salary and Fringe Expense</u>				
1	Physician Salary Expense	\$38,785,000	\$44,672,000	\$48,173,000
2	Physician Fringe Benefits Expense	\$9,993,000	\$11,208,000	\$13,217,000
3	Total Physician Salary and Fringe Benefits Expense	\$48,778,000	\$55,880,000	\$61,390,000
J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>				
1	Non-Nursing, Non-Physician Salary Expense	\$190,382,000	\$209,946,000	\$225,544,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$49,051,000	\$52,676,000	\$61,882,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$239,433,000	\$262,622,000	\$287,426,000
K. <u>Total Salary and Fringe Benefits Expense</u>				
1	Total Salary Expense	\$380,796,000	\$420,413,000	\$452,606,000
2	Total Fringe Benefits Expense	\$98,111,000	\$105,482,000	\$124,181,000
3	Total Salary and Fringe Benefits Expense	\$478,907,000	\$525,895,000	\$576,787,000