

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$28,181,027	\$19,361,929	(\$8,819,098)	-31%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,291,912	\$23,676,854	\$384,942	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,168,505	\$0	(\$1,168,505)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,599,146	\$1,896,399	\$297,253	19%
8	Prepaid Expenses	\$1,138,539	\$2,561,470	\$1,422,931	125%
9	Other Current Assets	\$1,258,006	\$1,416,029	\$158,023	13%
	Total Current Assets	\$56,637,135	\$48,912,681	(\$7,724,454)	-14%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,195,310	\$11,682,166	(\$513,144)	-4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$6,312,325	\$6,312,325	0%
4	Other Noncurrent Assets Whose Use is Limited	\$278,277	\$119,216	(\$159,061)	-57%
	Total Noncurrent Assets Whose Use is Limited:	\$12,473,587	\$18,113,707	\$5,640,120	45%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$12,946,811	\$12,501,552	(\$445,259)	-3%
7	Other Noncurrent Assets	\$21,708,793	\$29,971,427	\$8,262,634	38%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$231,167,762	\$242,571,664	\$11,403,902	5%
2	Less: Accumulated Depreciation	\$98,568,512	\$111,313,262	\$12,744,750	13%
	Property, Plant and Equipment, Net	\$132,599,250	\$131,258,402	(\$1,340,848)	-1%
3	Construction in Progress	\$1,372,133	\$338,221	(\$1,033,912)	-75%
	Total Net Fixed Assets	\$133,971,383	\$131,596,623	(\$2,374,760)	-2%
	Total Assets	\$237,737,709	\$241,095,990	\$3,358,281	1%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$7,161,187	\$3,860,594	(\$3,300,593)	-46%
2	Salaries, Wages and Payroll Taxes	\$8,443,767	\$9,082,834	\$639,067	8%
3	Due To Third Party Payers	\$942,231	\$1,800,530	\$858,299	91%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,335,000	\$0	(\$2,335,000)	-100%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$10,442,247	\$10,646,951	\$204,704	2%
	Total Current Liabilities	\$29,324,432	\$25,390,909	(\$3,933,523)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$80,580,000	\$88,754,643	\$8,174,643	10%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$80,580,000	\$88,754,643	\$8,174,643	10%
3	Accrued Pension Liability	\$52,087,773	\$57,749,335	\$5,661,562	11%
4	Other Long Term Liabilities	\$2,001,497	\$1,953,497	(\$48,000)	-2%
	Total Long Term Liabilities	\$134,669,270	\$148,457,475	\$13,788,205	10%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$58,808,950	\$52,820,335	(\$5,988,615)	-10%
2	Temporarily Restricted Net Assets	\$1,962,184	\$1,966,917	\$4,733	0%
3	Permanently Restricted Net Assets	\$12,972,873	\$12,460,354	(\$512,519)	-4%
	Total Net Assets	\$73,744,007	\$67,247,606	(\$6,496,401)	-9%
	Total Liabilities and Net Assets	\$237,737,709	\$241,095,990	\$3,358,281	1%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$374,870,862	\$423,415,942	\$48,545,080	13%
2	Less: Allowances	\$189,210,727	\$223,635,468	\$34,424,741	18%
3	Less: Charity Care	\$3,637,983	\$3,025,038	(\$612,945)	-17%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$182,022,152	\$196,755,436	\$14,733,284	8%
5	Other Operating Revenue	\$18,496,119	\$14,343,247	(\$4,152,872)	-22%
6	Net Assets Released from Restrictions	\$199,314	\$241,164	\$41,850	21%
	Total Operating Revenue	\$200,717,585	\$211,339,847	\$10,622,262	5%
B. Operating Expenses:					
1	Salaries and Wages	\$69,225,416	\$73,213,622	\$3,988,206	6%
2	Fringe Benefits	\$21,359,834	\$26,412,104	\$5,052,270	24%
3	Physicians Fees	\$1,479,671	\$1,503,048	\$23,377	2%
4	Supplies and Drugs	\$19,243,667	\$22,136,153	\$2,892,486	15%
5	Depreciation and Amortization	\$10,982,105	\$12,845,628	\$1,863,523	17%
6	Bad Debts	\$10,465,542	\$7,875,420	(\$2,590,122)	-25%
7	Interest	\$2,221,191	\$2,222,925	\$1,734	0%
8	Malpractice	\$5,917,588	\$5,172,300	(\$745,288)	-13%
9	Other Operating Expenses	\$49,286,758	\$52,294,087	\$3,007,329	6%
	Total Operating Expenses	\$190,181,772	\$203,675,287	\$13,493,515	7%
	Income/(Loss) From Operations	\$10,535,813	\$7,664,560	(\$2,871,253)	-27%
C. Non-Operating Revenue:					
1	Income from Investments	\$261,107	\$130,175	(\$130,932)	-50%
2	Gifts, Contributions and Donations	\$18,750	\$247,500	\$228,750	1220%
3	Other Non-Operating Gains/(Losses)	\$973,487	\$795,107	(\$178,380)	-18%
	Total Non-Operating Revenue	\$1,253,344	\$1,172,782	(\$80,562)	-6%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$11,789,157	\$8,837,342	(\$2,951,815)	-25%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$668,077	(\$610,653)	(\$1,278,730)	-191%
	All Other Adjustments	(\$1,387,309)	(\$106,639)	\$1,280,670	-92%
	Total Other Adjustments	(\$719,232)	(\$717,292)	\$1,940	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$11,069,925	\$8,120,050	(\$2,949,875)	-27%
	Principal Payments	\$2,390,000	\$82,915,000	\$80,525,000	3369%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$88,106,748	\$95,456,131	\$7,349,383	8%
2	MEDICARE MANAGED CARE	\$17,136,048	\$22,714,680	\$5,578,632	33%
3	MEDICAID	\$11,923,947	\$19,391,649	\$7,467,702	63%
4	MEDICAID MANAGED CARE	\$8,492,542	\$10,618,522	\$2,125,980	25%
5	CHAMPUS/TRICARE	\$251,124	\$220,664	(\$30,460)	-12%
6	COMMERCIAL INSURANCE	\$2,393,449	\$2,404,103	\$10,654	0%
7	NON-GOVERNMENT MANAGED CARE	\$45,652,482	\$48,215,834	\$2,563,352	6%
8	WORKER'S COMPENSATION	\$703,113	\$1,054,325	\$351,212	50%
9	SELF- PAY/UNINSURED	\$3,934,556	\$3,391,142	(\$543,414)	-14%
10	SAGA	\$2,586,617	\$0	(\$2,586,617)	-100%
11	OTHER	\$0	\$741,619	\$741,619	0%
	TOTAL INPATIENT GROSS REVENUE	\$181,180,626	\$204,208,669	\$23,028,043	13%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$49,405,253	\$55,940,191	\$6,534,938	13%
2	MEDICARE MANAGED CARE	\$11,910,936	\$16,629,348	\$4,718,412	40%
3	MEDICAID	\$11,098,634	\$20,822,023	\$9,723,389	88%
4	MEDICAID MANAGED CARE	\$18,271,615	\$20,758,054	\$2,486,439	14%
5	CHAMPUS/TRICARE	\$409,664	\$543,893	\$134,229	33%
6	COMMERCIAL INSURANCE	\$3,506,977	\$3,806,959	\$299,982	9%
7	NON-GOVERNMENT MANAGED CARE	\$84,004,741	\$89,558,740	\$5,553,999	7%
8	WORKER'S COMPENSATION	\$2,557,327	\$2,875,382	\$318,055	12%
9	SELF- PAY/UNINSURED	\$7,741,172	\$7,307,136	(\$434,036)	-6%
10	SAGA	\$4,783,917	\$0	(\$4,783,917)	-100%
11	OTHER	\$0	\$965,547	\$965,547	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$193,690,236	\$219,207,273	\$25,517,037	13%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$137,512,001	\$151,396,322	\$13,884,321	10%
2	MEDICARE MANAGED CARE	\$29,046,984	\$39,344,028	\$10,297,044	35%
3	MEDICAID	\$23,022,581	\$40,213,672	\$17,191,091	75%
4	MEDICAID MANAGED CARE	\$26,764,157	\$31,376,576	\$4,612,419	17%
5	CHAMPUS/TRICARE	\$660,788	\$764,557	\$103,769	16%
6	COMMERCIAL INSURANCE	\$5,900,426	\$6,211,062	\$310,636	5%
7	NON-GOVERNMENT MANAGED CARE	\$129,657,223	\$137,774,574	\$8,117,351	6%
8	WORKER'S COMPENSATION	\$3,260,440	\$3,929,707	\$669,267	21%
9	SELF- PAY/UNINSURED	\$11,675,728	\$10,698,278	(\$977,450)	-8%
10	SAGA	\$7,370,534	\$0	(\$7,370,534)	-100%
11	OTHER	\$0	\$1,707,166	\$1,707,166	0%
	TOTAL GROSS REVENUE	\$374,870,862	\$423,415,942	\$48,545,080	13%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$36,815,810	\$40,060,687	\$3,244,877	9%
2	MEDICARE MANAGED CARE	\$7,108,600	\$8,517,337	\$1,408,737	20%
3	MEDICAID	\$4,396,911	\$6,069,950	\$1,673,039	38%
4	MEDICAID MANAGED CARE	\$3,328,078	\$3,735,434	\$407,356	12%
5	CHAMPUS/TRICARE	\$103,021	\$82,451	(\$20,570)	-20%
6	COMMERCIAL INSURANCE	\$1,714,399	\$1,843,918	\$129,519	8%
7	NON-GOVERNMENT MANAGED CARE	\$30,284,098	\$32,290,415	\$2,006,317	7%
8	WORKER'S COMPENSATION	\$568,636	\$888,034	\$319,398	56%
9	SELF- PAY/UNINSURED	\$102,665	\$303,258	\$200,593	195%
10	SAGA	\$392,213	\$0	(\$392,213)	-100%
11	OTHER	\$0	\$272,976	\$272,976	0%

**MIDSTATE MEDICAL CENTER
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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$84,814,431	\$94,064,460	\$9,250,029	11%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$15,499,035	\$16,632,192	\$1,133,157	7%
2	MEDICARE MANAGED CARE	\$3,734,870	\$4,825,098	\$1,090,228	29%
3	MEDICAID	\$3,182,821	\$4,460,061	\$1,277,240	40%
4	MEDICAID MANAGED CARE	\$5,513,562	\$6,488,567	\$975,005	18%
5	CHAMPUS/TRICARE	\$168,060	\$203,226	\$35,166	21%
6	COMMERCIAL INSURANCE	\$2,873,808	\$3,295,023	\$421,215	15%
7	NON-GOVERNMENT MANAGED CARE	\$56,272,298	\$60,157,455	\$3,885,157	7%
8	WORKER'S COMPENSATION	\$2,101,858	\$2,406,457	\$304,599	14%
9	SELF- PAY/UNINSURED	\$540,733	\$519,914	(\$20,819)	-4%
10	SAGA	\$370,710	\$0	(\$370,710)	-100%
11	OTHER	\$0	\$246,214	\$246,214	0%
	TOTAL OUTPATIENT NET REVENUE	\$90,257,755	\$99,234,207	\$8,976,452	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$52,314,845	\$56,692,879	\$4,378,034	8%
2	MEDICARE MANAGED CARE	\$10,843,470	\$13,342,435	\$2,498,965	23%
3	MEDICAID	\$7,579,732	\$10,530,011	\$2,950,279	39%
4	MEDICAID MANAGED CARE	\$8,841,640	\$10,224,001	\$1,382,361	16%
5	CHAMPUS/TRICARE	\$271,081	\$285,677	\$14,596	5%
6	COMMERCIAL INSURANCE	\$4,588,207	\$5,138,941	\$550,734	12%
7	NON-GOVERNMENT MANAGED CARE	\$86,556,396	\$92,447,870	\$5,891,474	7%
8	WORKER'S COMPENSATION	\$2,670,494	\$3,294,491	\$623,997	23%
9	SELF- PAY/UNINSURED	\$643,398	\$823,172	\$179,774	28%
10	SAGA	\$762,923	\$0	(\$762,923)	-100%
11	OTHER	\$0	\$519,190	\$519,190	0%
	TOTAL NET REVENUE	\$175,072,186	\$193,298,667	\$18,226,481	10%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,870	3,930	60	2%
2	MEDICARE MANAGED CARE	749	896	147	20%
3	MEDICAID	754	965	211	28%
4	MEDICAID MANAGED CARE	987	1,141	154	16%
5	CHAMPUS/TRICARE	20	19	(1)	-5%
6	COMMERCIAL INSURANCE	158	127	(31)	-20%
7	NON-GOVERNMENT MANAGED CARE	2,850	2,890	40	1%
8	WORKER'S COMPENSATION	28	26	(2)	-7%
9	SELF- PAY/UNINSURED	234	209	(25)	-11%
10	SAGA	168	0	(168)	-100%
11	OTHER	0	32	32	0%
	TOTAL DISCHARGES	9,818	10,235	417	4%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	20,097	20,405	308	2%
2	MEDICARE MANAGED CARE	3,628	4,795	1,167	32%
3	MEDICAID	3,560	4,689	1,129	32%
4	MEDICAID MANAGED CARE	2,641	3,133	492	19%
5	CHAMPUS/TRICARE	58	58	0	0%
6	COMMERCIAL INSURANCE	624	485	(139)	-22%
7	NON-GOVERNMENT MANAGED CARE	9,854	9,845	(9)	0%
8	WORKER'S COMPENSATION	79	82	3	4%
9	SELF- PAY/UNINSURED	969	870	(99)	-10%
10	SAGA	849	0	(849)	-100%
11	OTHER	0	242	242	0%
	TOTAL PATIENT DAYS	42,359	44,604	2,245	5%
C.	OUTPATIENT VISITS				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	28,244	29,164	920	3%
2	MEDICARE MANAGED CARE	6,981	8,212	1,231	18%
3	MEDICAID	8,674	16,495	7,821	90%
4	MEDICAID MANAGED CARE	23,987	27,167	3,180	13%
5	CHAMPUS/TRICARE	417	475	58	14%
6	COMMERCIAL INSURANCE	3,441	3,657	216	6%
7	NON-GOVERNMENT MANAGED CARE	64,594	63,755	(839)	-1%
8	WORKER'S COMPENSATION	2,207	2,346	139	6%
9	SELF- PAY/UNINSURED	9,549	8,654	(895)	-9%
10	SAGA	3,931	0	(3,931)	-100%
11	OTHER	0	347	347	0%
	TOTAL OUTPATIENT VISITS	152,025	160,272	8,247	5%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$13,300,000	\$15,650,000	\$2,350,000	18%
2	MEDICARE MANAGED CARE	\$2,300,000	\$3,385,000	\$1,085,000	47%
3	MEDICAID	\$5,800,000	\$11,800,000	\$6,000,000	103%
4	MEDICAID MANAGED CARE	\$11,200,000	\$13,600,000	\$2,400,000	21%
5	CHAMPUS/TRICARE	\$250,000	\$255,000	\$5,000	2%
6	COMMERCIAL INSURANCE	\$1,300,000	\$1,950,000	\$650,000	50%
7	NON-GOVERNMENT MANAGED CARE	\$22,950,000	\$24,150,000	\$1,200,000	5%
8	WORKER'S COMPENSATION	\$700,000	\$790,000	\$90,000	13%
9	SELF- PAY/UNINSURED	\$6,300,000	\$6,100,000	(\$200,000)	-3%
10	SAGA	\$2,400,000	\$0	(\$2,400,000)	-100%
11	OTHER	\$0	\$300,000	\$300,000	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$66,500,000	\$77,980,000	\$11,480,000	17%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,800,000	\$3,200,000	\$400,000	14%
2	MEDICARE MANAGED CARE	\$660,000	\$850,000	\$190,000	29%
3	MEDICAID	\$1,100,000	\$2,500,000	\$1,400,000	127%
4	MEDICAID MANAGED CARE	\$3,000,000	\$3,500,000	\$500,000	17%
5	CHAMPUS/TRICARE	\$80,000	\$80,000	\$0	0%
6	COMMERCIAL INSURANCE	\$770,000	\$1,100,000	\$330,000	43%
7	NON-GOVERNMENT MANAGED CARE	\$13,800,000	\$14,400,000	\$600,000	4%
8	WORKER'S COMPENSATION	\$600,000	\$650,000	\$50,000	8%
9	SELF- PAY/UNINSURED	\$350,000	\$300,000	(\$50,000)	-14%
10	SAGA	\$240,000	\$0	(\$240,000)	-100%
11	OTHER	\$0	\$40,000	\$40,000	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$23,400,000	\$26,620,000	\$3,220,000	14%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,355	9,276	921	11%
2	MEDICARE MANAGED CARE	1,466	1,856	390	27%
3	MEDICAID	5,220	10,600	5,380	103%
4	MEDICAID MANAGED CARE	16,598	19,653	3,055	18%
5	CHAMPUS/TRICARE	302	307	5	2%
6	COMMERCIAL INSURANCE	1,366	2,168	802	59%
7	NON-GOVERNMENT MANAGED CARE	24,624	26,032	1,408	6%
8	WORKER'S COMPENSATION	943	1,059	116	12%
9	SELF- PAY/UNINSURED	7,524	7,108	(416)	-6%
10	SAGA	2,544	0	(2,544)	-100%
11	OTHER	0	277	277	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	68,942	78,336	9,394	14%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$25,964,260	\$27,000,880	\$1,036,620	4%
2	Physician Salaries	\$9,314,012	\$8,870,537	(\$443,475)	-5%
3	Non-Nursing, Non-Physician Salaries	\$33,947,144	\$37,342,205	\$3,395,061	10%
	Total Salaries & Wages	\$69,225,416	\$73,213,622	\$3,988,206	6%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$8,009,974	\$9,772,478	\$1,762,504	22%
2	Physician Fringe Benefits	\$2,873,372	\$3,169,452	\$296,080	10%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,476,488	\$13,470,174	\$2,993,686	29%
	Total Fringe Benefits	\$21,359,834	\$26,412,104	\$5,052,270	24%
C. Contractual Labor Fees:					
1	Nursing Fees	\$254,247	\$374,172	\$119,925	47%
2	Physician Fees	\$1,479,671	\$1,503,048	\$23,377	2%
3	Non-Nursing, Non-Physician Fees	\$17,627,594	\$18,181,627	\$554,033	3%
	Total Contractual Labor Fees	\$19,361,512	\$20,058,847	\$697,335	4%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$13,667,837	\$15,736,625	\$2,068,788	15%
2	Pharmaceutical Costs	\$5,575,830	\$6,399,528	\$823,698	15%
	Total Medical Supplies and Pharmaceutical Cost	\$19,243,667	\$22,136,153	\$2,892,486	15%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$4,678,169	\$5,668,645	\$990,476	21%
2	Depreciation-Equipment	\$6,241,469	\$7,096,397	\$854,928	14%
3	Amortization	\$62,467	\$80,586	\$18,119	29%
	Total Depreciation and Amortization	\$10,982,105	\$12,845,628	\$1,863,523	17%
F. Bad Debts:					
1	Bad Debts	\$10,465,542	\$7,875,420	(\$2,590,122)	-25%
G. Interest Expense:					
1	Interest Expense	\$2,221,191	\$2,222,925	\$1,734	0%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$5,917,588	\$5,172,300	(\$745,288)	-13%
I. Utilities:					
1	Water	\$180,000	\$275,000	\$95,000	53%
2	Natural Gas	\$1,111,959	\$909,088	(\$202,871)	-18%
3	Oil	\$29,752	\$26,005	(\$3,747)	-13%
4	Electricity	\$1,619,465	\$1,820,146	\$200,681	12%
5	Telephone	\$315,518	\$325,439	\$9,921	3%
6	Other Utilities	\$13,856	\$16,509	\$2,653	19%
	Total Utilities	\$3,270,550	\$3,372,187	\$101,637	3%
J. Business Expenses:					
1	Accounting Fees	\$162,170	\$133,155	(\$29,015)	-18%
2	Legal Fees	\$155,210	\$258,741	\$103,531	67%
3	Consulting Fees	\$896,077	\$1,297,000	\$400,923	45%
4	Dues and Membership	\$2,615,994	\$2,129,239	(\$486,755)	-19%
5	Equipment Leases	\$934,206	\$855,683	(\$78,523)	-8%
6	Building Leases	\$2,653,015	\$3,114,529	\$461,514	17%
7	Repairs and Maintenance	\$3,336,389	\$3,592,108	\$255,719	8%
8	Insurance	\$341,801	\$316,731	(\$25,070)	-7%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$74,530	\$86,377	\$11,847	16%
10	Conferences	\$56,275	\$140,987	\$84,712	151%
11	Property Tax	\$107,671	\$87,376	(\$20,295)	-19%
12	General Supplies	\$1,477,098	\$1,254,525	(\$222,573)	-15%
13	Licenses and Subscriptions	\$159,512	\$182,898	\$23,386	15%
14	Postage and Shipping	\$179,407	\$194,014	\$14,607	8%
15	Advertising	\$912,871	\$745,692	(\$167,179)	-18%
16	Other Business Expenses	\$9,953,603	\$10,422,748	\$469,145	5%
	Total Business Expenses	\$24,015,829	\$24,811,803	\$795,974	3%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$4,118,538	\$5,554,298	\$1,435,760	35%
	Total Operating Expenses - All Expense Categories*	\$190,181,772	\$203,675,287	\$13,493,515	7%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$52,906,410	\$55,688,066	\$2,781,656	5%
2	General Accounting	\$1,963,323	\$1,987,142	\$23,819	1%
3	Patient Billing & Collection	\$1,862,117	\$1,868,587	\$6,470	0%
4	Admitting / Registration Office	\$1,571,762	\$1,655,366	\$83,604	5%
5	Data Processing	\$4,890,521	\$5,557,356	\$666,835	14%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,092,966	\$968,572	(\$124,394)	-11%
8	Public Relations	\$1,606,780	\$1,757,584	\$150,804	9%
9	Purchasing	\$920,698	\$991,221	\$70,523	8%
10	Dietary and Cafeteria	\$3,154,969	\$3,352,613	\$197,644	6%
11	Housekeeping	\$2,903,696	\$3,037,385	\$133,689	5%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$6,086,577	\$6,418,563	\$331,986	5%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$6,918,307	\$8,027,540	\$1,109,233	16%
18	Other General Services	\$13,181,617	\$14,143,176	\$961,559	7%
	Total General Services	\$99,059,743	\$105,453,171	\$6,393,428	6%
B.	Professional Services:				
1	Medical Care Administration	\$479,266	\$1,163,957	\$684,691	143%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,898,950	\$1,856,243	(\$42,707)	-2%
4	Medical Records	\$1,939,591	\$2,098,970	\$159,379	8%
5	Social Service	\$1,302,432	\$1,504,752	\$202,320	16%
6	Other Professional Services	\$3,533,148	\$4,213,231	\$680,083	19%
	Total Professional Services	\$9,153,387	\$10,837,153	\$1,683,766	18%
C.	Special Services:				
1	Operating Room	\$13,962,042	\$16,660,791	\$2,698,749	19%
2	Recovery Room	\$2,396,394	\$2,508,569	\$112,175	5%
3	Anesthesiology	\$394,417	\$299,839	(\$94,578)	-24%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$6,185,177	\$6,126,960	(\$58,217)	-1%
6	Diagnostic Ultrasound	\$895,866	\$956,071	\$60,205	7%
7	Radiation Therapy	\$1,939,729	\$2,255,391	\$315,662	16%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$885,973	\$920,843	\$34,870	4%
9	CT Scan	\$1,006,091	\$1,108,273	\$102,182	10%
10	Laboratory	\$7,484,776	\$7,568,477	\$83,701	1%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,052,110	\$1,024,793	(\$27,317)	-3%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,224,949	\$1,306,801	\$81,852	7%
19	Pulmonary Function	\$87,868	\$86,797	(\$1,071)	-1%
20	Intravenous Therapy	\$425,337	\$306,466	(\$118,871)	-28%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$12,604,234	\$12,045,761	(\$558,473)	-4%
25	MRI	\$1,405,934	\$1,419,179	\$13,245	1%
26	PET Scan	\$371,405	\$48,580	(\$322,825)	-87%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,675,091	\$2,719,567	\$44,476	2%
29	Sleep Center	\$737,951	\$818,971	\$81,020	11%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$121,228	\$163,275	\$42,047	35%
32	Occupational Therapy / Physical Therapy	\$735,065	\$803,247	\$68,182	9%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,607,978	\$1,752,817	\$144,839	9%
	Total Special Services	\$58,199,615	\$60,901,468	\$2,701,853	5%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$17,265,434	\$18,788,316	\$1,522,882	9%
2	Intensive Care Unit	\$0	\$0	\$0	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,219,914	\$2,242,696	\$22,782	1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,283,679	\$4,527,106	\$243,427	6%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$23,769,027	\$25,558,118	\$1,789,091	8%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$925,377	\$925,377	0%
	Total Operating Expenses - All Departments*	\$190,181,772	\$203,675,287	\$13,493,515	7%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$172,470,335	\$ 182,022,152	\$196,755,436
2	Other Operating Revenue	6,514,587	18,695,433	14,584,411
3	Total Operating Revenue	\$178,984,922	\$200,717,585	\$211,339,847
4	Total Operating Expenses	173,269,841	190,181,772	203,675,287
5	Income/(Loss) From Operations	\$5,715,081	\$10,535,813	\$7,664,560
6	Total Non-Operating Revenue	(345,750)	534,112	455,490
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,369,331	\$11,069,925	\$8,120,050
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.20%	5.24%	3.62%
2	Hospital Non Operating Margin	-0.19%	0.27%	0.22%
3	Hospital Total Margin	3.01%	5.50%	3.83%
4	Income/(Loss) From Operations	\$5,715,081	\$10,535,813	\$7,664,560
5	Total Operating Revenue	\$178,984,922	\$200,717,585	\$211,339,847
6	Total Non-Operating Revenue	(\$345,750)	\$534,112	\$455,490
7	Total Revenue	\$178,639,172	\$201,251,697	\$211,795,337
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,369,331	\$11,069,925	\$8,120,050
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$48,490,546	\$58,808,950	\$52,820,335
2	Hospital Total Net Assets	\$62,932,116	\$73,744,007	\$67,247,606
3	Hospital Change in Total Net Assets	(\$8,377,822)	\$10,811,891	(\$6,496,401)
4	Hospital Change in Total Net Assets %	88.3%	17.2%	-8.8%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.49	0.48	0.47
2	Total Operating Expenses	\$173,269,841	\$190,181,772	\$203,675,287
3	Total Gross Revenue	\$347,627,051	\$374,870,862	\$423,415,942
4	Total Other Operating Revenue	\$6,541,587	\$18,695,433	\$14,584,411
5	Private Payment to Cost Ratio	1.39	1.40	1.47
6	Total Non-Government Payments	\$87,968,614	\$94,458,495	\$101,704,474

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$495,336	\$643,398	\$823,172
8	Total Non-Government Charges	\$139,391,778	\$150,493,817	\$158,613,621
9	Total Uninsured Charges	\$10,985,431	\$11,675,728	\$10,698,278
10	<u>Medicare Payment to Cost Ratio</u>	0.80	0.78	0.79
11	Total Medicare Payments	\$62,393,615	\$63,158,315	\$70,035,314
12	Total Medicare Charges	\$159,891,566	\$166,558,985	\$190,740,350
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.68	0.62
14	Total Medicaid Payments	\$13,702,359	\$16,421,372	\$20,754,012
15	Total Medicaid Charges	\$37,405,540	\$49,786,738	\$71,590,248
16	<u>Uncompensated Care Cost</u>	\$6,403,138	\$6,815,201	\$5,068,840
17	Charity Care	\$3,370,587	\$3,637,983	\$3,025,038
18	Bad Debts	\$9,717,615	\$10,465,542	\$7,875,420
19	Total Uncompensated Care	\$13,088,202	\$14,103,525	\$10,900,458
20	<u>Uncompensated Care % of Total Expenses</u>	3.7%	3.6%	2.5%
21	Total Operating Expenses	\$173,269,841	\$190,181,772	\$203,675,287
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.38	1.93	1.93
2	Total Current Assets	\$65,521,020	\$56,637,135	\$48,912,681
3	Total Current Liabilities	\$27,572,379	\$29,324,432	\$25,390,909
4	<u>Days Cash on Hand</u>	91	57	37
5	Cash and Cash Equivalents	\$41,146,505	\$28,181,027	\$19,361,929
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$41,146,505	\$28,181,027	\$19,361,929
8	Total Operating Expenses	\$173,269,841	\$190,181,772	\$203,675,287
9	Depreciation Expense	\$8,728,633	\$10,982,105	\$12,845,628
10	Operating Expenses less Depreciation Expense	\$164,541,208	\$179,199,667	\$190,829,659
11	<u>Days Revenue in Patient Accounts Receivable</u>	39.44	44.82	40.58

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 19,523,079	\$ 23,291,912	\$ 23,676,854
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$885,467	\$942,231	\$1,800,530
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 18,637,612	\$ 22,349,681	\$ 21,876,324
16	Total Net Patient Revenue	\$172,470,335	\$ 182,022,152	\$ 196,755,436
17	<u>Average Payment Period</u>	61.16	59.73	48.57
18	Total Current Liabilities	\$27,572,379	\$29,324,432	\$25,390,909
19	Total Operating Expenses	\$173,269,841	\$190,181,772	\$203,675,287
20	Depreciation Expense	\$8,728,633	\$10,982,105	\$12,845,628
21	Total Operating Expenses less Depreciation Expense	\$164,541,208	\$179,199,667	\$190,829,659
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	27.7	31.0	27.9
2	Total Net Assets	\$62,932,116	\$73,744,007	\$67,247,606
3	Total Assets	\$227,500,164	\$237,737,709	\$241,095,990
4	<u>Cash Flow to Total Debt Ratio</u>	12.8	20.1	18.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,369,331	\$11,069,925	\$8,120,050
6	Depreciation Expense	\$8,728,633	\$10,982,105	\$12,845,628
7	Excess of Revenues Over Expenses and Depreciation Expense	\$14,097,964	\$22,052,030	\$20,965,678
8	Total Current Liabilities	\$27,572,379	\$29,324,432	\$25,390,909
9	Total Long Term Debt	\$82,915,000	\$80,580,000	\$88,754,643
10	Total Current Liabilities and Total Long Term Debt	\$110,487,379	\$109,904,432	\$114,145,552
11	<u>Long Term Debt to Capitalization Ratio</u>	56.9	52.2	56.9
12	Total Long Term Debt	\$82,915,000	\$80,580,000	\$88,754,643
13	Total Net Assets	\$62,932,116	\$73,744,007	\$67,247,606
14	Total Long Term Debt and Total Net Assets	\$145,847,116	\$154,324,007	\$156,002,249
15	<u>Debt Service Coverage Ratio</u>	3.4	5.3	0.3
16	Excess Revenues over Expenses	\$5,369,331	\$11,069,925	\$8,120,050
17	Interest Expense	\$2,456,574	\$2,221,191	\$2,222,925
18	Depreciation and Amortization Expense	\$8,728,633	\$10,982,105	\$12,845,628

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$2,460,000	\$2,390,000	\$82,915,000
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	10.3	9.0	8.7
21	Accumulated Depreciation	\$89,995,490	\$98,568,512	\$111,313,262
22	Depreciation and Amortization Expense	\$8,728,633	\$10,982,105	\$12,845,628
H. <u>Utilization Measures Summary</u>				
1	Patient Days	42,873	42,359	44,604
2	Discharges	9,955	9,818	10,235
3	ALOS	4.3	4.3	4.4
4	Staffed Beds	140	142	144
5	Available Beds	-	156	156
6	Licensed Beds	156	156	156
6	Occupancy of Staffed Beds	83.9%	81.7%	84.9%
7	Occupancy of Available Beds	82.7%	74.4%	78.3%
8	Full Time Equivalent Employees	950.5	985.8	1,018.6
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	36.9%	37.0%	34.9%
2	Medicare Gross Revenue Payer Mix Percentage	46.0%	44.4%	45.0%
3	Medicaid Gross Revenue Payer Mix Percentage	10.8%	13.3%	16.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.0%	2.0%	0.4%
5	Uninsured Gross Revenue Payer Mix Percentage	3.2%	3.1%	2.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$128,406,347	\$138,818,089	\$147,915,343
9	Medicare Gross Revenue (Charges)	\$159,891,566	\$166,558,985	\$190,740,350
10	Medicaid Gross Revenue (Charges)	\$37,405,540	\$49,786,738	\$71,590,248
11	Other Medical Assistance Gross Revenue (Charges)	\$10,391,208	\$7,370,534	\$1,707,166
12	Uninsured Gross Revenue (Charges)	\$10,985,431	\$11,675,728	\$10,698,278
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$546,959	\$660,788	\$764,557
14	Total Gross Revenue (Charges)	\$347,627,051	\$374,870,862	\$423,415,942
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	52.8%	53.6%	52.2%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	37.6%	36.1%	36.2%
3	Medicaid Net Revenue Payer Mix Percentage	8.3%	9.4%	10.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.4%	0.3%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.4%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$87,473,278	\$93,815,097	\$100,881,302
9	Medicare Net Revenue (Payments)	\$62,393,615	\$63,158,315	\$70,035,314
10	Medicaid Net Revenue (Payments)	\$13,702,359	\$16,421,372	\$20,754,012
11	Other Medical Assistance Net Revenue (Payments)	\$1,580,350	\$762,923	\$519,190
12	Uninsured Net Revenue (Payments)	\$495,336	\$643,398	\$823,172
13	CHAMPUS / TRICARE Net Revenue Payments)	\$176,109	\$271,081	\$285,677
14	Total Net Revenue (Payments)	\$165,821,047	\$175,072,186	\$193,298,667
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,390	3,270	3,252
2	Medicare	4,708	4,619	4,826
3	Medical Assistance	1,847	1,909	2,138
4	Medicaid	1,542	1,741	2,106
5	Other Medical Assistance	305	168	32
6	CHAMPUS / TRICARE	10	20	19
7	Uninsured (Included In Non-Government)	302	234	209
8	Total	9,955	9,818	10,235
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.008350	1.034840	1.029630
2	Medicare	1.445170	1.424870	1.406880
3	Medical Assistance	0.805267	0.840037	0.904263
4	Medicaid	0.756420	0.811130	0.900810
5	Other Medical Assistance	1.052230	1.139610	1.131530
6	CHAMPUS / TRICARE	1.914120	1.121740	0.911390
7	Uninsured (Included In Non-Government)	0.885530	1.074940	0.978100
8	Total Case Mix Index	1.178165	1.180634	1.181103
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	6,415	6,380	6,629
2	Emergency Room - Treated and Discharged	60,480	68,942	78,336
3	Total Emergency Room Visits	66,895	75,322	84,965

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,751,349	\$2,314,400	\$563,051	32%
2	Inpatient Payments	\$740,656	\$924,071	\$183,415	25%
3	Outpatient Charges	\$1,039,673	\$1,250,302	\$210,629	20%
4	Outpatient Payments	\$347,462	\$503,247	\$155,785	45%
5	Discharges	79	108	29	37%
6	Patient Days	384	499	115	30%
7	Outpatient Visits (Excludes ED Visits)	415	503	88	21%
8	Emergency Department Outpatient Visits	135	134	(1)	-1%
9	Emergency Department Inpatient Admissions	68	89	21	31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,791,022	\$3,564,702	\$773,680	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,088,118	\$1,427,318	\$339,200	31%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,886,070	\$4,105,645	\$2,219,575	118%
2	Inpatient Payments	\$821,621	\$1,367,081	\$545,460	66%
3	Outpatient Charges	\$1,734,598	\$3,860,313	\$2,125,715	123%
4	Outpatient Payments	\$550,214	\$1,058,112	\$507,898	92%
5	Discharges	91	150	59	65%
6	Patient Days	385	836	451	117%
7	Outpatient Visits (Excludes ED Visits)	845	1,485	640	76%
8	Emergency Department Outpatient Visits	199	367	168	84%
9	Emergency Department Inpatient Admissions	67	121	54	81%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,620,668	\$7,965,958	\$4,345,290	120%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,371,835	\$2,425,193	\$1,053,358	77%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$10,583,692	\$3,730,175	(\$6,853,517)	-65%
2	Inpatient Payments	\$4,302,502	\$1,401,664	(\$2,900,838)	-67%
3	Outpatient Charges	\$7,766,237	\$2,467,792	(\$5,298,445)	-68%
4	Outpatient Payments	\$2,414,683	\$694,293	(\$1,720,390)	-71%
5	Discharges	449	138	(311)	-69%
6	Patient Days	2,211	793	(1,418)	-64%
7	Outpatient Visits (Excludes ED Visits)	3,525	851	(2,674)	-76%
8	Emergency Department Outpatient Visits	904	376	(528)	-58%
9	Emergency Department Inpatient Admissions	366	112	(254)	-69%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,349,929	\$6,197,967	(\$12,151,962)	-66%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,717,185	\$2,095,957	(\$4,621,228)	-69%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
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. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$376,154	\$1,066,250	\$690,096	183%
2	Inpatient Payments	\$161,257	\$402,504	\$241,247	150%
3	Outpatient Charges	\$147,213	\$972,992	\$825,779	561%
4	Outpatient Payments	\$44,723	\$254,632	\$209,909	469%
5	Discharges	16	48	32	200%
6	Patient Days	72	232	160	222%
7	Outpatient Visits (Excludes ED Visits)	106	486	380	358%
8	Emergency Department Outpatient Visits	26	123	97	373%
9	Emergency Department Inpatient Admissions	14	40	26	186%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$523,367	\$2,039,242	\$1,515,875	290%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$205,980	\$657,136	\$451,156	219%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$157,868	\$425,146	\$267,278	169%
2	Inpatient Payments	\$67,678	\$179,464	\$111,786	165%
3	Outpatient Charges	\$61,020	\$202,345	\$141,325	232%
4	Outpatient Payments	\$18,538	\$51,617	\$33,079	178%
5	Discharges	8	11	3	38%
6	Patient Days	36	88	52	144%
7	Outpatient Visits (Excludes ED Visits)	24	72	48	200%
8	Emergency Department Outpatient Visits	19	36	17	89%
9	Emergency Department Inpatient Admissions	8	11	3	38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$218,888	\$627,491	\$408,603	187%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$86,216	\$231,081	\$144,865	168%
I. AETNA					
1	Inpatient Charges	\$740,082	\$980,915	\$240,833	33%
2	Inpatient Payments	\$311,410	\$400,954	\$89,544	29%
3	Outpatient Charges	\$512,913	\$660,949	\$148,036	29%
4	Outpatient Payments	\$161,998	\$199,805	\$37,807	23%
5	Discharges	34	40	6	18%
6	Patient Days	145	180	35	24%
7	Outpatient Visits (Excludes ED Visits)	269	257	(12)	-4%
8	Emergency Department Outpatient Visits	70	76	6	9%
9	Emergency Department Inpatient Admissions	25	31	6	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,252,995	\$1,641,864	\$388,869	31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$473,408	\$600,759	\$127,351	27%

**MIDSTATE MEDICAL CENTER
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % 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	\$1,640,833	\$10,092,149	\$8,451,316	515%
2	Inpatient Payments	\$703,476	\$3,841,599	\$3,138,123	446%
3	Outpatient Charges	\$649,282	\$7,214,655	\$6,565,373	1011%
4	Outpatient Payments	\$197,252	\$2,063,392	\$1,866,140	946%
5	Discharges	72	401	329	457%
6	Patient Days	395	2,167	1,772	449%
7	Outpatient Visits (Excludes ED Visits)	331	2,702	2,371	716%
8	Emergency Department Outpatient Visits	113	744	631	558%
9	Emergency Department Inpatient Admissions	57	329	272	477%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,290,115	\$17,306,804	\$15,016,689	656%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$900,728	\$5,904,991	\$5,004,263	556%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$17,136,048	\$22,714,680	\$5,578,632	33%
	TOTAL INPATIENT PAYMENTS	\$7,108,600	\$8,517,337	\$1,408,737	20%
	TOTAL OUTPATIENT CHARGES	\$11,910,936	\$16,629,348	\$4,718,412	40%
	TOTAL OUTPATIENT PAYMENTS	\$3,734,870	\$4,825,098	\$1,090,228	29%
	TOTAL DISCHARGES	749	896	147	20%
	TOTAL PATIENT DAYS	3,628	4,795	1,167	32%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,515	6,356	841	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,466	1,856	390	27%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	605	733	128	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$29,046,984	\$39,344,028	\$10,297,044	35%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,843,470	\$13,342,435	\$2,498,965	23%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$7,250,769	\$8,892,413	\$1,641,644	23%
2	Inpatient Payments	\$2,809,581	\$3,110,773	\$301,192	11%
3	Outpatient Charges	\$15,982,975	\$17,855,247	\$1,872,272	12%
4	Outpatient Payments	\$4,942,088	\$5,530,060	\$587,972	12%
5	Discharges	828	944	116	14%
6	Patient Days	2,241	2,595	354	16%
7	Outpatient Visits (Excludes ED Visits)	6,659	6,559	(100)	-2%
8	Emergency Department Outpatient Visits	14,258	16,621	2,363	17%
9	Emergency Department Inpatient Admissions	134	165	31	23%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$23,233,744	\$26,747,660	\$3,513,916	15%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$7,751,669	\$8,640,833	\$889,164	11%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$668,068	\$754,437	\$86,369	13%
2	Inpatient Payments	\$282,470	\$289,109	\$6,639	2%
3	Outpatient Charges	\$979,590	\$1,219,732	\$240,142	25%
4	Outpatient Payments	\$244,604	\$402,756	\$158,152	65%
5	Discharges	85	93	8	9%
6	Patient Days	220	249	29	13%
7	Outpatient Visits (Excludes ED Visits)	314	404	90	29%
8	Emergency Department Outpatient Visits	893	1,204	311	35%
9	Emergency Department Inpatient Admissions	13	14	1	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,647,658	\$1,974,169	\$326,511	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$527,074	\$691,865	\$164,791	31%
	H. AETNA				
1	Inpatient Charges	\$573,705	\$971,672	\$397,967	69%
2	Inpatient Payments	\$236,027	\$335,552	\$99,525	42%
3	Outpatient Charges	\$1,309,050	\$1,683,075	\$374,025	29%
4	Outpatient Payments	\$326,870	\$555,751	\$228,881	70%
5	Discharges	74	104	30	41%
6	Patient Days	180	289	109	61%
7	Outpatient Visits (Excludes ED Visits)	416	551	135	32%
8	Emergency Department Outpatient Visits	1,447	1,828	381	26%
9	Emergency Department Inpatient Admissions	16	23	7	44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,882,755	\$2,654,747	\$771,992	41%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$562,897	\$891,303	\$328,406	58%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$8,492,542	\$10,618,522	\$2,125,980	25%
	TOTAL INPATIENT PAYMENTS	\$3,328,078	\$3,735,434	\$407,356	12%
	TOTAL OUTPATIENT CHARGES	\$18,271,615	\$20,758,054	\$2,486,439	14%
	TOTAL OUTPATIENT PAYMENTS	\$5,513,562	\$6,488,567	\$975,005	18%
	TOTAL DISCHARGES	987	1,141	154	16%
	TOTAL PATIENT DAYS	2,641	3,133	492	19%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,389	7,514	125	2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	16,598	19,653	3,055	18%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	163	202	39	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$26,764,157	\$31,376,576	\$4,612,419	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,841,640	\$10,224,001	\$1,382,361	16%

**MIDSTATE MEDICAL CENTER
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$29,570,490	\$20,898,243	(\$8,672,247)	-29%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$27,340,758	\$29,581,747	\$2,240,989	8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,168,505	\$0	(\$1,168,505)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,599,146	\$1,896,399	\$297,253	19%
8	Prepaid Expenses	\$1,203,732	\$2,626,149	\$1,422,417	118%
9	Other Current Assets	\$1,258,006	\$1,416,029	\$158,023	13%
	Total Current Assets	\$62,140,637	\$56,418,567	(\$5,722,070)	-9%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$12,195,310	\$11,682,166	(\$513,144)	-4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$6,312,325	\$6,312,325	0%
4	Other Noncurrent Assets Whose Use is Limited	\$278,277	\$119,216	(\$159,061)	-57%
	Total Noncurrent Assets Whose Use is Limited:	\$12,473,587	\$18,113,707	\$5,640,120	45%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$12,946,811	\$12,501,552	(\$445,259)	-3%
7	Other Noncurrent Assets	\$19,832,691	\$28,097,820	\$8,265,129	42%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$234,396,620	\$245,640,720	\$11,244,100	5%
2	Less: Accumulated Depreciation	\$100,974,377	\$113,748,505	\$12,774,128	\$0
	Property, Plant and Equipment, Net	\$133,422,243	\$131,892,215	(\$1,530,028)	-1%
3	Construction in Progress	\$1,372,133	\$338,221	(\$1,033,912)	-75%
	Total Net Fixed Assets	\$134,794,376	\$132,230,436	(\$2,563,940)	-2%
	Total Assets	\$242,188,102	\$247,362,082	\$5,173,980	2%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$7,813,918	\$4,489,564	(\$3,324,354)	-43%
2	Salaries, Wages and Payroll Taxes	\$8,445,266	\$9,084,845	\$639,579	8%
3	Due To Third Party Payers	\$942,231	\$1,800,530	\$858,299	91%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,335,000	\$0	(\$2,335,000)	-100%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$10,442,247	\$10,646,951	\$204,704	2%
	Total Current Liabilities	\$29,978,662	\$26,021,890	(\$3,956,772)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$80,580,000	\$88,754,643	\$8,174,643	10%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$80,580,000	\$88,754,643	\$8,174,643	10%
3	Accrued Pension Liability	\$52,087,773	\$57,749,335	\$5,661,562	11%
4	Other Long Term Liabilities	\$2,465,969	\$2,432,939	(\$33,030)	-1%
	Total Long Term Liabilities	\$135,133,742	\$148,936,917	\$13,803,175	10%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$62,140,641	\$57,976,004	(\$4,164,637)	-7%
2	Temporarily Restricted Net Assets	\$1,962,184	\$1,966,917	\$4,733	0%
3	Permanently Restricted Net Assets	\$12,972,873	\$12,460,354	(\$512,519)	-4%
	Total Net Assets	\$77,075,698	\$72,403,275	(\$4,672,423)	-6%
	Total Liabilities and Net Assets	\$242,188,102	\$247,362,082	\$5,173,980	2%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$374,870,862	\$423,415,942	\$48,545,080	13%
2	Less: Allowances	\$189,210,727	\$223,635,468	\$34,424,741	18%
3	Less: Charity Care	\$3,637,983	\$3,025,038	(\$612,945)	-17%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$182,022,152	\$196,755,436	\$14,733,284	8%
5	Other Operating Revenue	\$31,517,973	\$27,159,567	(\$4,358,406)	-14%
6	Net Assets Released from Restrictions	\$199,314	\$241,164	\$41,850	21%
	Total Operating Revenue	\$213,739,439	\$224,156,167	\$10,416,728	5%
B. Operating Expenses:					
1	Salaries and Wages	\$70,494,313	\$74,803,914	\$4,309,601	6%
2	Fringe Benefits	\$21,760,310	\$26,868,042	\$5,107,732	23%
3	Physicians Fees	\$4,962,712	\$4,816,391	(\$146,321)	-3%
4	Supplies and Drugs	\$19,526,484	\$22,356,871	\$2,830,387	14%
5	Depreciation and Amortization	\$11,405,092	\$13,144,617	\$1,739,525	15%
6	Bad Debts	\$10,965,542	\$8,300,420	(\$2,665,122)	-24%
7	Interest	\$2,221,191	\$2,222,925	\$1,734	0%
8	Malpractice	\$5,917,588	\$5,172,300	(\$745,288)	-13%
9	Other Operating Expenses	\$56,279,104	\$59,032,149	\$2,753,045	5%
	Total Operating Expenses	\$203,532,336	\$216,717,629	\$13,185,293	6%
	Income/(Loss) From Operations	\$10,207,103	\$7,438,538	(\$2,768,565)	-27%
C. Non-Operating Revenue:					
1	Income from Investments	\$261,107	\$130,175	(\$130,932)	-50%
2	Gifts, Contributions and Donations	\$18,750	\$247,500	\$228,750	1220%
3	Other Non-Operating Gains/(Losses)	\$973,487	\$795,107	(\$178,380)	-18%
	Total Non-Operating Revenue	\$1,253,344	\$1,172,782	(\$80,562)	-6%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$11,460,447	\$8,611,320	(\$2,849,127)	-25%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$668,077	(\$610,653)	(\$1,278,730)	-191%
	All Other Adjustments	(\$1,387,309)	(\$106,639)	\$1,280,670	-92%
	Total Other Adjustments	(\$719,232)	(\$717,292)	\$1,940	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$10,741,215	\$7,894,028	(\$2,847,187)	-27%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$172,470,335	\$182,022,152	\$196,755,436
2	Other Operating Revenue	18,721,299	31,717,287	27,400,731
3	Total Operating Revenue	\$191,191,634	\$213,739,439	\$224,156,167
4	Total Operating Expenses	185,252,485	203,532,336	216,717,629
5	Income/(Loss) From Operations	\$5,939,149	\$10,207,103	\$7,438,538
6	Total Non-Operating Revenue	(1,244,067)	534,112	455,490
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,695,082	\$10,741,215	\$7,894,028
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.13%	4.76%	3.31%
2	Parent Corporation Non-Operating Margin	-0.65%	0.25%	0.20%
3	Parent Corporation Total Margin	2.47%	5.01%	3.51%
4	Income/(Loss) From Operations	\$5,939,149	\$10,207,103	\$7,438,538
5	Total Operating Revenue	\$191,191,634	\$213,739,439	\$224,156,167
6	Total Non-Operating Revenue	(\$1,244,067)	\$534,112	\$455,490
7	Total Revenue	\$189,947,567	\$214,273,551	\$224,611,657
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,695,082	\$10,741,215	\$7,894,028
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$50,950,947	\$62,140,641	\$57,976,004
2	Parent Corporation Total Net Assets	\$65,392,517	\$77,075,698	\$72,403,275
3	Parent Corporation Change in Total Net Assets	(\$11,770,618)	\$11,683,181	(\$4,672,423)
4	Parent Corporation Change in Total Net Assets %	84.7%	17.9%	-6.1%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	2.48	2.07	2.17
2	Total Current Assets	\$69,929,471	\$62,140,637	\$56,418,567
3	Total Current Liabilities	\$28,198,287	\$29,978,662	\$26,021,890
4	Days Cash on Hand	88	56	37
5	Cash and Cash Equivalents	\$42,246,786	\$29,570,490	\$20,898,243
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$42,246,786	\$29,570,490	\$20,898,243
8	Total Operating Expenses	\$185,252,485	\$203,532,336	\$216,717,629
9	Depreciation Expense	\$9,179,180	\$11,405,092	\$13,144,617
10	Operating Expenses less Depreciation Expense	\$176,073,305	\$192,127,244	\$203,573,012
11	Days Revenue in Patient Accounts Receivable	46	53	52
12	Net Patient Accounts Receivable	\$ 22,801,140	\$ 27,340,758	\$ 29,581,747
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$885,467	\$942,231	\$1,800,530
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 21,915,673	\$ 26,398,527	\$ 27,781,217
16	Total Net Patient Revenue	\$172,470,335	\$182,022,152	\$196,755,436
17	Average Payment Period	58	57	47
18	Total Current Liabilities	\$28,198,287	\$29,978,662	\$26,021,890
19	Total Operating Expenses	\$185,252,485	\$203,532,336	\$216,717,629
20	Depreciation Expense	\$9,179,180	\$11,405,092	\$13,144,617
21	Total Operating Expenses less Depreciation Expense	\$176,073,305	\$192,127,244	\$203,573,012

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	28.3	31.8	29.3
2	Total Net Assets	\$65,392,517	\$77,075,698	\$72,403,275
3	Total Assets	\$231,075,506	\$242,188,102	\$247,362,082
4	<u>Cash Flow to Total Debt Ratio</u>	12.5	20.0	18.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,695,082	\$10,741,215	\$7,894,028
6	Depreciation Expense	\$9,179,180	\$11,405,092	\$13,144,617
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,874,262	\$22,146,307	\$21,038,645
8	Total Current Liabilities	\$28,198,287	\$29,978,662	\$26,021,890
9	Total Long Term Debt	\$82,915,000	\$80,580,000	\$88,754,643
10	Total Current Liabilities and Total Long Term Debt	\$111,113,287	\$110,558,662	\$114,776,533
11	<u>Long Term Debt to Capitalization Ratio</u>	55.9	51.1	55.1
12	Total Long Term Debt	\$82,915,000	\$80,580,000	\$88,754,643
13	Total Net Assets	\$65,392,517	\$77,075,698	\$72,403,275
14	Total Long Term Debt and Total Net Assets	\$148,307,517	\$157,655,698	\$161,157,918

MIDSTATE MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	35,753	7,861	7,861	111	116	88.2%	84.4%
2	ICU/CCU (Excludes Neonatal ICU)	1,915	602	0	7	9	75.0%	58.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	1,835	283	283	6	6	83.8%	83.8%
	TOTAL PSYCHIATRIC	1,835	283	283	6	6	83.8%	83.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,635	1,053	1,053	10	13	72.2%	55.5%
7	Newborn	2,466	1,038	1,038	10	12	67.6%	56.3%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	42,138	9,197	9,197	134	144	86.2%	80.2%
	TOTAL INPATIENT BED UTILIZATION	44,604	10,235	10,235	144	156	84.9%	78.3%
	TOTAL INPATIENT REPORTED YEAR	44,604	10,235	10,235	144	156	84.9%	78.3%
	TOTAL INPATIENT PRIOR YEAR	42,359	0	0	142	156	81.7%	74.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,245	10,235	10,235	2	0	3.1%	3.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	5%	0%	0%	1%	0%	4%	5%
	Total Licensed Beds and Bassinets	156						
(A) This number may not exceed the number of available beds for each department or in total.								

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	6,652	5,759	-893	-13%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,433	4,983	-1,450	-23%
3	Emergency Department Scans	7,761	7,719	-42	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	20,846	18,461	-2,385	-11%
B. MRI Scans (A)					
1	Inpatient Scans	1,384	1,527	143	10%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,319	5,542	223	4%
3	Emergency Department Scans	239	465	226	95%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	6,942	7,534	592	9%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	3	7	4	133%
2	Outpatient Scans (Excluding Emergency Department Scans)	411	472	61	15%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	414	479	65	16%
(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	123	131	8	7%
2	Outpatient Procedures	6,004	6,342	338	6%
	Total Linear Accelerator Procedures	6,127	6,473	346	6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,228	2,438	210	9%
2	Outpatient Surgical Procedures	5,682	5,878	196	3%
	Total Surgical Procedures	7,910	8,316	406	5%
J. Endoscopy Procedures					

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,435	1,288	-147	-10%
2	Outpatient Endoscopy Procedures	6,662	6,543	-119	-2%
	Total Endoscopy Procedures	8,097	7,831	-266	-3%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	6,380	6,629	249	4%
2	Emergency Room Visits: Treated and Discharged	68,942	78,336	9,394	14%
	Total Emergency Room Visits	75,322	84,965	9,643	13%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	2,459	2,260	-199	-8%
	Total Hospital Clinic Visits	2,459	2,260	-199	-8%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	214	202	-12	-6%
2	Cardiology	2,270	2,485	215	9%
3	Chemotherapy	439	504	65	15%
4	Gastroenterology	6,662	6,543	-119	-2%
5	Other Outpatient Visits	80,436	69,942	-10,494	-13%
	Total Other Hospital Outpatient Visits	90,021	79,676	-10,345	-11%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	308.0	315.5	7.5	2%
2	Total Physician FTEs	51.4	49.7	-1.7	-3%
3	Total Non-Nursing and Non-Physician FTEs	626.4	653.4	27.0	4%
	Total Hospital Full Time Equivalent Employees	985.8	1,018.6	32.8	3%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Main hospital campus	5,682	5,878	196	3%
	Total Outpatient Surgical Procedures(A)	5,682	5,878	196	3%
B. Outpatient Endoscopy Procedures					
1	Main hospital campus	6,662	6,543	-119	-2%
	Total Outpatient Endoscopy Procedures(B)	6,662	6,543	-119	-2%
C. Outpatient Hospital Emergency Room Visits					
1	61 Pomeroy Ave	22,655	27,683	5,028	22%
2	Main hospital campus	46,287	50,653	4,366	9%
	Total Outpatient Hospital Emergency Room Visits(C)	68,942	78,336	9,394	14%
(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.					

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$105,242,796	\$118,170,811	\$12,928,015	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$43,924,410	\$48,578,024	\$4,653,614	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.74%	41.11%	-0.63%	-2%
4	DISCHARGES	4,619	4,826	207	4%
5	CASE MIX INDEX (CMI)	1.42487	1.40688	(0.01799)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,581.47453	6,789.60288	208.12835	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,673.95	\$7,154.77	\$480.82	7%
8	PATIENT DAYS	23,725	25,200	1,475	6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,851.40	\$1,927.70	\$76.30	4%
10	AVERAGE LENGTH OF STAY	5.1	5.2	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$61,316,189	\$72,569,539	\$11,253,350	18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,233,905	\$21,457,290	\$2,223,385	12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.37%	29.57%	-1.80%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	58.26%	61.41%	3.15%	5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,691.10559	2,963.68107	272.57547	10%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,147.21	\$7,240.08	\$92.87	1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$166,558,985	\$190,740,350	\$24,181,365	15%
18	TOTAL ACCRUED PAYMENTS	\$63,158,315	\$70,035,314	\$6,876,999	11%
19	TOTAL ALLOWANCES	\$103,400,670	\$120,705,036	\$17,304,366	17%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$52,683,600	\$55,065,404	\$2,381,804	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$32,669,798	\$35,325,625	\$2,655,827	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	62.01%	64.15%	2.14%	3%
4	DISCHARGES	3,270	3,252	(18)	-1%
5	CASE MIX INDEX (CMI)	1.03484	1.02963	(0.00521)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,383.92680	3,348.35676	(35.57004)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,654.40	\$10,550.14	\$895.73	9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,980.46)	(\$3,395.37)	(\$414.91)	14%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,085,651)	(\$11,368,914)	(\$1,283,263)	13%
10	PATIENT DAYS	11,526	11,282	(244)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,834.44	\$3,131.15	\$296.71	10%
12	AVERAGE LENGTH OF STAY	3.5	3.5	(0.1)	-2%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$97,810,217	\$103,548,217	\$5,738,000	6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,788,697	\$66,378,849	\$4,590,152	7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	63.17%	64.10%	0.93%	1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	185.66%	188.05%	2.39%	1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,070.94826	6,115.25163	44.30338	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,177.77	\$10,854.64	\$676.87	7%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,030.55)	(\$3,614.56)	(\$584.00)	19%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,398,336)	(\$22,103,934)	(\$3,705,597)	20%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$150,493,817	\$158,613,621	\$8,119,804	5%
22	TOTAL ACCRUED PAYMENTS	\$94,458,495	\$101,704,474	\$7,245,979	8%
23	TOTAL ALLOWANCES	\$56,035,322	\$56,909,147	\$873,825	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$28,483,987)	(\$33,472,848)	(\$4,988,860)	18%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$132,260,378	\$145,881,128	\$13,620,750	10%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$93,181,255	\$100,144,953	\$6,963,698	7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,079,123	\$45,736,175	\$6,657,052	17%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.55%	31.35%	1.80%	

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$3,934,556	\$3,391,142	(\$543,414)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$102,665	\$303,258	\$200,593	195%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.61%	8.94%	6.33%	243%
4	DISCHARGES	234	209	(25)	-11%
5	CASE MIX INDEX (CMI)	1.07494	0.97810	(0.09684)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	251.53596	204.42290	(47.11306)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$408.15	\$1,483.48	\$1,075.33	263%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,246.25	\$9,066.65	(\$179.60)	-2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,265.79	\$5,671.28	(\$594.51)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,576,073	\$1,159,340	(\$416,732)	-26%
11	PATIENT DAYS	969	870	(99)	-10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$105.95	\$348.57	\$242.62	229%
13	AVERAGE LENGTH OF STAY	4.1	4.2	0.0	1%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,741,172	\$7,307,136	(\$434,036)	-6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$540,733	\$519,914	(\$20,819)	-4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.99%	7.12%	0.13%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	196.75%	215.48%	18.73%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	460.39102	450.34724	(10.04378)	-2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,174.51	\$1,154.47	(\$20.03)	-2%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,003.26	\$9,700.17	\$696.91	8%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,972.70	\$6,085.61	\$112.90	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,749,780	\$2,740,636	(\$9,143)	0%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$11,675,728	\$10,698,278	(\$977,450)	-8%
24	TOTAL ACCRUED PAYMENTS	\$643,398	\$823,172	\$179,774	28%
25	TOTAL ALLOWANCES	\$11,032,330	\$9,875,106	(\$1,157,224)	-10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,325,852	\$3,899,976	(\$425,876)	-10%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,416,489	\$30,010,171	\$9,593,682	47%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,724,989	\$9,805,384	\$2,080,395	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.84%	32.67%	-5.16%	-14%
4	DISCHARGES	1,741	2,106	365	21%
5	CASE MIX INDEX (CMI)	0.81113	0.90081	0.08968	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,412.17733	1,897.10586	484.92853	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,470.27	\$5,168.60	(\$301.67)	-6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,184.14	\$5,381.54	\$1,197.40	29%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,203.68	\$1,986.17	\$782.49	65%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,699,807	\$3,767,966	\$2,068,158	122%
11	PATIENT DAYS	6,201	7,822	1,621	26%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,245.77	\$1,253.56	\$7.80	1%
13	AVERAGE LENGTH OF STAY	3.6	3.7	0.2	4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,370,249	\$41,580,077	\$12,209,828	42%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,696,383	\$10,948,628	\$2,252,245	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.61%	26.33%	-3.28%	-11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.86%	138.55%	-5.30%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,504.52482	2,917.93213	413.40731	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,472.27	\$3,752.19	\$279.92	8%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,705.50	\$7,102.45	\$396.95	6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,674.94	\$3,487.89	(\$187.05)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,203,989	\$10,177,436	\$973,447	11%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$49,786,738	\$71,590,248	\$21,803,510	44%
24	TOTAL ACCRUED PAYMENTS	\$16,421,372	\$20,754,012	\$4,332,640	26%
25	TOTAL ALLOWANCES	\$33,365,366	\$50,836,236	\$17,470,870	52%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,903,797	\$13,945,402	\$3,041,605	28%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,586,617	\$741,619	(\$1,844,998)	-71%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$392,213	\$272,976	(\$119,237)	-30%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	15.16%	36.81%	21.64%	143%
4	DISCHARGES	168	32	(136)	-81%
5	CASE MIX INDEX (CMI)	1.13961	1.13153	(0.00808)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	191.45448	36.20896	(155.24552)	-81%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,048.60	\$7,538.91	\$5,490.31	268%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,605.81	\$3,011.23	(\$4,594.58)	-60%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,625.35	(\$384.14)	(\$5,009.49)	-108%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$885,544	(\$13,909)	(\$899,453)	-102%
11	PATIENT DAYS	849	242	(607)	-71%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$461.97	\$1,128.00	\$666.03	144%
13	AVERAGE LENGTH OF STAY	5.1	7.6	2.5	50%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,783,917	\$965,547	(\$3,818,370)	-80%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$370,710	\$246,214	(\$124,496)	-34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.75%	25.50%	17.75%	229%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	184.95%	130.19%	-54.75%	-30%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	310.71398	41.66223	(269.05174)	-87%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,193.09	\$5,909.76	\$4,716.67	395%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$8,984.68	\$4,944.87	(\$4,039.80)	-45%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,954.12	\$1,330.32	(\$4,623.81)	-78%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,850,029	\$55,424	(\$1,794,605)	-97%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$7,370,534	\$1,707,166	(\$5,663,368)	-77%
24	TOTAL ACCRUED PAYMENTS	\$762,923	\$519,190	(\$243,733)	-32%
25	TOTAL ALLOWANCES	\$6,607,611	\$1,187,976	(\$5,419,635)	-82%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,735,573	\$41,515	(\$2,694,058)	-98%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$23,003,106	\$30,751,790	\$7,748,684	34%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,117,202	\$10,078,360	\$1,961,158	24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.29%	32.77%	-2.51%	-7%
4	DISCHARGES	1,909	2,138	229	12%
5	CASE MIX INDEX (CMI)	0.84004	0.90426	0.06423	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,603.63181	1,933.31482	329.68301	21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,061.76	\$5,212.99	\$151.23	3%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,592.64	\$5,337.14	\$744.50	16%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,612.19	\$1,941.77	\$329.59	20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,585,351	\$3,754,056	\$1,168,705	45%
11	PATIENT DAYS	7,050	8,064	1,014	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,151.38	\$1,249.80	\$98.42	9%
13	AVERAGE LENGTH OF STAY	3.7	3.8	0.1	2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,154,166	\$42,545,624	\$8,391,458	25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,067,093	\$11,194,842	\$2,127,749	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.55%	26.31%	-0.23%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	148.48%	138.35%	-10.12%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,815.23880	2,959.59436	144.35556	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,220.72	\$3,782.56	\$561.84	17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,957.05	\$7,072.08	\$115.03	2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,926.49	\$3,457.52	(\$468.97)	-12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,054,018	\$10,232,860	(\$821,159)	-7%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$57,157,272	\$73,297,414	\$16,140,142	28%
24	TOTAL ACCRUED PAYMENTS	\$17,184,295	\$21,273,202	\$4,088,907	24%
25	TOTAL ALLOWANCES	\$39,972,977	\$52,024,212	\$12,051,235	30%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$251,124	\$220,664	(\$30,460)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$103,021	\$82,451	(\$20,570)	-20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.02%	37.36%	-3.66%	-9%
4	DISCHARGES	20	19	(1)	-5%
5	CASE MIX INDEX (CMI)	1.12174	0.91139	(0.21035)	-19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	22.43480	17.31641	(5.11839)	-23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,592.02	\$4,761.44	\$169.42	4%
8	PATIENT DAYS	58	58	0	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,776.22	\$1,421.57	(\$354.66)	-20%
10	AVERAGE LENGTH OF STAY	2.9	3.1	0.2	5%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$409,664	\$543,893	\$134,229	33%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$168,060	\$203,226	\$35,166	21%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$660,788	\$764,557	\$103,769	16%
14	TOTAL ACCRUED PAYMENTS	\$271,081	\$285,677	\$14,596	5%
15	TOTAL ALLOWANCES	\$389,707	\$478,880	\$89,173	23%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$18,695,433	\$14,584,411	(\$4,111,022)	-22%
2	TOTAL OPERATING EXPENSES	\$190,181,772	\$203,675,287	\$13,493,515	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,215,043	\$0	(\$1,215,043)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$3,637,983	\$3,025,038	(\$612,945)	-17%
5	BAD DEBTS (CHARGES)	\$10,465,542	\$7,875,420	(\$2,590,122)	-25%
6	UNCOMPENSATED CARE (CHARGES)	\$14,103,525	\$10,900,458	(\$3,203,067)	-23%
7	COST OF UNCOMPENSATED CARE	\$6,632,341	\$4,976,298	(\$1,656,042)	-25%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$57,157,272	\$73,297,414	\$16,140,142	28%
9	TOTAL ACCRUED PAYMENTS	\$17,184,295	\$21,273,202	\$4,088,907	24%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$26,878,848	\$33,461,878	\$6,583,030	24%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,694,553	\$12,188,676	\$2,494,123	26%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$181,180,626	\$204,208,669	\$23,028,043	13%
2	TOTAL INPATIENT PAYMENTS	\$84,814,431	\$94,064,460	\$9,250,029	11%
3	TOTAL INPATIENT PAYMENTS / CHARGES	46.81%	46.06%	-0.75%	-2%
4	TOTAL DISCHARGES	9,818	10,235	417	4%
5	TOTAL CASE MIX INDEX	1.18063	1.18110	0.00047	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	11,591,46794	12,088,59087	497,12293	4%
7	TOTAL OUTPATIENT CHARGES	\$193,690,236	\$219,207,273	\$25,517,037	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	106.90%	107.34%	0.44%	0%
9	TOTAL OUTPATIENT PAYMENTS	\$90,257,755	\$99,234,207	\$8,976,452	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	46.60%	45.27%	-1.33%	-3%
11	TOTAL CHARGES	\$374,870,862	\$423,415,942	\$48,545,080	13%
12	TOTAL PAYMENTS	\$175,072,186	\$193,298,667	\$18,226,481	10%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.70%	45.65%	-1.05%	-2%
14	PATIENT DAYS	42,359	44,604	2,245	5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$128,497,026	\$149,143,265	\$20,646,239	16%
2	INPATIENT PAYMENTS	\$52,144,633	\$58,738,835	\$6,594,202	13%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.58%	39.38%	-1.20%	-3%
4	DISCHARGES	6,548	6,983	435	7%
5	CASE MIX INDEX	1.25344	1.25164	(0.00180)	0%
6	CASE MIX ADJUSTED DISCHARGES	8,207,54114	8,740,23411	532,69297	6%
7	OUTPATIENT CHARGES	\$95,880,019	\$115,659,056	\$19,779,037	21%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	74.62%	77.55%	2.93%	4%
9	OUTPATIENT PAYMENTS	\$28,469,058	\$32,855,358	\$4,386,300	15%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.69%	28.41%	-1.29%	-4%
11	TOTAL CHARGES	\$224,377,045	\$264,802,321	\$40,425,276	18%
12	TOTAL PAYMENTS	\$80,613,691	\$91,594,193	\$10,980,502	14%
13	TOTAL PAYMENTS / CHARGES	35.93%	34.59%	-1.34%	-4%
14	PATIENT DAYS	30,833	33,322	2,489	8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$143,763,354	\$173,208,128	\$29,444,774	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	5.2	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	(0.1)	-2%
3	UNINSURED	4.1	4.2	0.0	1%
4	MEDICAID	3.6	3.7	0.2	4%
5	OTHER MEDICAL ASSISTANCE	5.1	7.6	2.5	50%
6	CHAMPUS / TRICARE	2.9	3.1	0.2	5%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.4	0.0	1%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$374,870,862	\$423,415,942	\$48,545,080	13%
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,763,354	\$173,208,128	\$29,444,774	20%
3	UNCOMPENSATED CARE	\$14,103,525	\$10,900,458	(\$3,203,067)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,079,123	\$45,736,175	\$6,657,052	17%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,852,678	\$272,514	(\$2,580,164)	-90%
6	TOTAL ADJUSTMENTS	\$199,798,680	\$230,117,275	\$30,318,595	15%
7	TOTAL ACCRUED PAYMENTS	\$175,072,182	\$193,298,667	\$18,226,485	10%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,215,043	\$0	(\$1,215,043)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$176,287,225	\$193,298,667	\$17,011,442	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4702612096	0.4565219394	(0.0137392702)	-3%
11	COST OF UNCOMPENSATED CARE	\$6,632,341	\$4,976,298	(\$1,656,042)	-25%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,694,553	\$12,188,676	\$2,494,123	26%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$16,326,894	\$17,164,974	\$838,080	5%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$9,203,989	\$10,177,436	\$973,447	11%
2	OTHER MEDICAL ASSISTANCE	\$2,735,573	\$41,515	(\$2,694,058)	-98%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,325,852	\$3,899,976	(\$425,876)	-10%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,265,415	\$14,118,927	(\$2,146,488)	-13%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$5,000,636	\$474,597	(\$4,526,039)	-90.51%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$5,734,923	\$3,456,769	(\$2,278,154)	-39.72%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$182,022,152	\$196,755,436	\$14,733,284	8.09%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$374,870,862	\$423,415,942	\$48,545,080	12.95%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$14,103,525	\$10,900,458	(\$3,203,067)	-22.71%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,683,600	\$55,065,404	\$2,381,804
2	MEDICARE	\$105,242,796	118,170,811	\$12,928,015
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,003,106	30,751,790	\$7,748,684
4	MEDICAID	\$20,416,489	30,010,171	\$9,593,682
5	OTHER MEDICAL ASSISTANCE	\$2,586,617	741,619	(\$1,844,998)
6	CHAMPUS / TRICARE	\$251,124	220,664	(\$30,460)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,934,556	3,391,142	(\$543,414)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$128,497,026	\$149,143,265	\$20,646,239
	TOTAL INPATIENT CHARGES	\$181,180,626	\$204,208,669	\$23,028,043
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$97,810,217	\$103,548,217	\$5,738,000
2	MEDICARE	\$61,316,189	72,569,539	\$11,253,350
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,154,166	42,545,624	\$8,391,458
4	MEDICAID	\$29,370,249	41,580,077	\$12,209,828
5	OTHER MEDICAL ASSISTANCE	\$4,783,917	965,547	(\$3,818,370)
6	CHAMPUS / TRICARE	\$409,664	543,893	\$134,229
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,741,172	7,307,136	(\$434,036)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$95,880,019	\$115,659,056	\$19,779,037
	TOTAL OUTPATIENT CHARGES	\$193,690,236	\$219,207,273	\$25,517,037
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$150,493,817	\$158,613,621	\$8,119,804
2	TOTAL MEDICARE	\$166,558,985	\$190,740,350	\$24,181,365
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$57,157,272	\$73,297,414	\$16,140,142
4	TOTAL MEDICAID	\$49,786,738	\$71,590,248	\$21,803,510
5	TOTAL OTHER MEDICAL ASSISTANCE	\$7,370,534	\$1,707,166	(\$5,663,368)
6	TOTAL CHAMPUS / TRICARE	\$660,788	\$764,557	\$103,769
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,675,728	\$10,698,278	(\$977,450)
	TOTAL GOVERNMENT CHARGES	\$224,377,045	\$264,802,321	\$40,425,276
	TOTAL CHARGES	\$374,870,862	\$423,415,942	\$48,545,080
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$32,669,798	\$35,325,625	\$2,655,827
2	MEDICARE	\$43,924,410	48,578,024	\$4,653,614
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,117,202	10,078,360	\$1,961,158
4	MEDICAID	\$7,724,989	9,805,384	\$2,080,395
5	OTHER MEDICAL ASSISTANCE	\$392,213	272,976	(\$119,237)
6	CHAMPUS / TRICARE	\$103,021	82,451	(\$20,570)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$102,665	303,258	\$200,593
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$52,144,633	\$58,738,835	\$6,594,202
	TOTAL INPATIENT PAYMENTS	\$84,814,431	\$94,064,460	\$9,250,029
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,788,697	\$66,378,849	\$4,590,152
2	MEDICARE	\$19,233,905	21,457,290	\$2,223,385
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,067,093	11,194,842	\$2,127,749
4	MEDICAID	\$8,696,383	10,948,628	\$2,252,245
5	OTHER MEDICAL ASSISTANCE	\$370,710	246,214	(\$124,496)
6	CHAMPUS / TRICARE	\$168,060	203,226	\$35,166
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$540,733	519,914	(\$20,819)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$28,469,058	\$32,855,358	\$4,386,300
	TOTAL OUTPATIENT PAYMENTS	\$90,257,755	\$99,234,207	\$8,976,452
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$94,458,495	\$101,704,474	\$7,245,979
2	TOTAL MEDICARE	\$63,158,315	\$70,035,314	\$6,876,999
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,184,295	\$21,273,202	\$4,088,907
4	TOTAL MEDICAID	\$16,421,372	\$20,754,012	\$4,332,640
5	TOTAL OTHER MEDICAL ASSISTANCE	\$762,923	\$519,190	(\$243,733)
6	TOTAL CHAMPUS / TRICARE	\$271,081	\$285,677	\$14,596
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$643,398	\$823,172	\$179,774
	TOTAL GOVERNMENT PAYMENTS	\$80,613,691	\$91,594,193	\$10,980,502
	TOTAL PAYMENTS	\$175,072,186	\$193,298,667	\$18,226,481

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.05%	13.01%	-1.05%
2	MEDICARE	28.07%	27.91%	-0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.14%	7.26%	1.13%
4	MEDICAID	5.45%	7.09%	1.64%
5	OTHER MEDICAL ASSISTANCE	0.69%	0.18%	-0.51%
6	CHAMPUS / TRICARE	0.07%	0.05%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05%	0.80%	-0.25%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.28%	35.22%	0.95%
	TOTAL INPATIENT PAYER MIX	48.33%	48.23%	-0.10%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.09%	24.46%	-1.64%
2	MEDICARE	16.36%	17.14%	0.78%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.11%	10.05%	0.94%
4	MEDICAID	7.83%	9.82%	1.99%
5	OTHER MEDICAL ASSISTANCE	1.28%	0.23%	-1.05%
6	CHAMPUS / TRICARE	0.11%	0.13%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.07%	1.73%	-0.34%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.58%	27.32%	1.74%
	TOTAL OUTPATIENT PAYER MIX	51.67%	51.77%	0.10%
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)	18.66%	18.28%	-0.39%
2	MEDICARE	25.09%	25.13%	0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.64%	5.21%	0.58%
4	MEDICAID	4.41%	5.07%	0.66%
5	OTHER MEDICAL ASSISTANCE	0.22%	0.14%	-0.08%
6	CHAMPUS / TRICARE	0.06%	0.04%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.06%	0.16%	0.10%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.78%	30.39%	0.60%
	TOTAL INPATIENT PAYER MIX	48.45%	48.66%	0.22%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.29%	34.34%	-0.95%
2	MEDICARE	10.99%	11.10%	0.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.18%	5.79%	0.61%
4	MEDICAID	4.97%	5.66%	0.70%
5	OTHER MEDICAL ASSISTANCE	0.21%	0.13%	-0.08%
6	CHAMPUS / TRICARE	0.10%	0.11%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.31%	0.27%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.26%	17.00%	0.74%
	TOTAL OUTPATIENT PAYER MIX	51.55%	51.34%	-0.22%
TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS				
		100.00%	100.00%	0.00%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,270	3,252	(18)
2	MEDICARE	4,619	4,826	207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,909	2,138	229
4	MEDICAID	1,741	2,106	365
5	OTHER MEDICAL ASSISTANCE	168	32	(136)
6	CHAMPUS / TRICARE	20	19	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	234	209	(25)
	TOTAL GOVERNMENT DISCHARGES	6,548	6,983	435
	TOTAL DISCHARGES	9,818	10,235	417
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,526	11,282	(244)
2	MEDICARE	23,725	25,200	1,475
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,050	8,064	1,014
4	MEDICAID	6,201	7,822	1,621
5	OTHER MEDICAL ASSISTANCE	849	242	(607)
6	CHAMPUS / TRICARE	58	58	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	969	870	(99)
	TOTAL GOVERNMENT PATIENT DAYS	30,833	33,322	2,489
	TOTAL PATIENT DAYS	42,359	44,604	2,245
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	(0.1)
2	MEDICARE	5.1	5.2	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.7	3.8	0.1
4	MEDICAID	3.6	3.7	0.2
5	OTHER MEDICAL ASSISTANCE	5.1	7.6	2.5
6	CHAMPUS / TRICARE	2.9	3.1	0.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.1	4.2	0.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.8	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.4	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03484	1.02963	(0.00521)
2	MEDICARE	1.42487	1.40688	(0.01799)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84004	0.90426	0.06423
4	MEDICAID	0.81113	0.90081	0.08968
5	OTHER MEDICAL ASSISTANCE	1.13961	1.13153	(0.00808)
6	CHAMPUS / TRICARE	1.12174	0.91139	(0.21035)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.07494	0.97810	(0.09684)
	TOTAL GOVERNMENT CASE MIX INDEX	1.25344	1.25164	(0.00180)
	TOTAL CASE MIX INDEX	1.18063	1.18110	0.00047
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$132,260,378	\$145,881,128	\$13,620,750
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$93,181,255	\$100,144,953	\$6,963,698
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,079,123	\$45,736,175	\$6,657,052
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.55%	31.35%	1.80%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$5,000,636	\$474,597	(\$4,526,039)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,852,678	\$272,514	(\$2,580,164)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,215,043	\$0	(\$1,215,043)
8	CHARITY CARE	\$3,637,983	\$3,025,038	(\$612,945)
9	BAD DEBTS	\$10,465,542	\$7,875,420	(\$2,590,122)
10	TOTAL UNCOMPENSATED CARE	\$14,103,525	\$10,900,458	(\$3,203,067)
11	TOTAL OTHER OPERATING REVENUE	\$132,260,378	\$145,881,128	\$13,620,750
12	TOTAL OPERATING EXPENSES	\$190,181,772	\$203,675,287	\$13,493,515

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,383.92680	3,348.35676	(35.57004)
2	MEDICARE	6,581.47453	6,789.60288	208.12835
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,603.63181	1,933.31482	329.68301
4	MEDICAID	1,412.17733	1,897.10586	484.92853
5	OTHER MEDICAL ASSISTANCE	191.45448	36.20896	(155.24552)
6	CHAMPUS / TRICARE	22.43480	17.31641	(5.11839)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	251.53596	204.42290	(47.11306)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	8,207.54114	8,740.23411	532.69297
	TOTAL CASE MIX ADJUSTED DISCHARGES	11,591.46794	12,088.59087	497.12293
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,070.94826	6,115.25163	44.30338
2	MEDICARE	2,691.10559	2,963.68107	272.57547
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,815.23880	2,959.59436	144.35556
4	MEDICAID	2,504.52482	2,917.93213	413.40731
5	OTHER MEDICAL ASSISTANCE	310.71398	41.66223	-269.05174
6	CHAMPUS / TRICARE	32.62643	46.83123	14.20480
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	460.39102	450.34724	-10.04378
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,538.97083	5,970.10666	431.13584
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,609.91908	12,085.35829	475.43921
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,654.40	\$10,550.14	\$895.73
2	MEDICARE	\$6,673.95	\$7,154.77	\$480.82
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,061.76	\$5,212.99	\$151.23
4	MEDICAID	\$5,470.27	\$5,168.60	(\$301.67)
5	OTHER MEDICAL ASSISTANCE	\$2,048.60	\$7,538.91	\$5,490.31
6	CHAMPUS / TRICARE	\$4,592.02	\$4,761.44	\$169.42
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$408.15	\$1,483.48	\$1,075.33
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,353.26	\$6,720.51	\$367.25
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,316.97	\$7,781.26	\$464.29
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,177.77	\$10,854.64	\$676.87
2	MEDICARE	\$7,147.21	\$7,240.08	\$92.87
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,220.72	\$3,782.56	\$561.84
4	MEDICAID	\$3,472.27	\$3,752.19	\$279.92
5	OTHER MEDICAL ASSISTANCE	\$1,193.09	\$5,909.76	\$4,716.67
6	CHAMPUS / TRICARE	\$5,151.04	\$4,339.54	(\$811.50)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,174.51	\$1,154.47	(\$20.03)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,139.77	\$5,503.31	\$363.54
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,774.19	\$8,211.11	\$436.92

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$9,203,989	\$10,177,436	\$973,447
2	OTHER MEDICAL ASSISTANCE	\$2,735,573	\$41,515	(\$2,694,058)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,325,852	\$3,899,976	(\$425,876)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,265,415	\$14,118,927	(\$2,146,488)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$374,870,862	\$423,415,942	\$48,545,080
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,763,354	\$173,208,128	\$29,444,774
3	UNCOMPENSATED CARE	\$14,103,525	\$10,900,458	(\$3,203,067)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,079,123	\$45,736,175	\$6,657,052
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,852,678	\$272,514	(\$2,580,164)
6	TOTAL ADJUSTMENTS	\$199,798,680	\$230,117,275	\$30,318,595
7	TOTAL ACCRUED PAYMENTS	\$175,072,182	\$193,298,667	\$18,226,485
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,215,043	\$0	(\$1,215,043)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$176,287,225	\$193,298,667	\$17,011,442
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4702612096	0.4565219394	(0.0137392702)
11	COST OF UNCOMPENSATED CARE	\$6,632,341	\$4,976,298	(\$1,656,042)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,694,553	\$12,188,676	\$2,494,123
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$16,326,894	\$17,164,974	\$838,080
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	62.01%	64.15%	2.14%
2	MEDICARE	41.74%	41.11%	-0.63%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35.29%	32.77%	-2.51%
4	MEDICAID	37.84%	32.67%	-5.16%
5	OTHER MEDICAL ASSISTANCE	15.16%	36.81%	21.64%
6	CHAMPUS / TRICARE	41.02%	37.36%	-3.66%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.61%	8.94%	6.33%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40.58%	39.38%	-1.20%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	46.81%	46.06%	-0.75%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.17%	64.10%	0.93%
2	MEDICARE	31.37%	29.57%	-1.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.55%	26.31%	-0.23%
4	MEDICAID	29.61%	26.33%	-3.28%
5	OTHER MEDICAL ASSISTANCE	7.75%	25.50%	17.75%
6	CHAMPUS / TRICARE	41.02%	37.37%	-3.66%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.99%	7.12%	0.13%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.69%	28.41%	-1.29%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	46.60%	45.27%	-1.33%

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	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	\$175,072,186	\$193,298,667	\$18,226,481
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,215,043	\$0	(\$1,215,043)
	OHCA DEFINED NET REVENUE	\$176,287,229	\$193,298,667	\$17,011,438
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,734,923	\$3,456,769	(\$2,278,154)
4	CALCULATED NET REVENUE	\$182,022,152	\$196,755,436	\$14,733,284
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$182,022,152	\$196,755,436	\$14,733,284
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$374,870,862	\$423,415,942	\$48,545,080
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$374,870,862	\$423,415,942	\$48,545,080
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$374,870,862	\$423,415,942	\$48,545,080
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$14,103,525	\$10,900,458	(\$3,203,067)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$14,103,525	\$10,900,458	(\$3,203,067)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$14,103,525	\$10,900,458	(\$3,203,067)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,065,404
2	MEDICARE	118,170,811
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,751,790
4	MEDICAID	30,010,171
5	OTHER MEDICAL ASSISTANCE	741,619
6	CHAMPUS / TRICARE	220,664
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,391,142
	TOTAL INPATIENT GOVERNMENT CHARGES	\$149,143,265
	TOTAL INPATIENT CHARGES	\$204,208,669
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,548,217
2	MEDICARE	72,569,539
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	42,545,624
4	MEDICAID	41,580,077
5	OTHER MEDICAL ASSISTANCE	965,547
6	CHAMPUS / TRICARE	543,893
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,307,136
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$115,659,056
	TOTAL OUTPATIENT CHARGES	\$219,207,273
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$158,613,621
2	TOTAL GOVERNMENT ACCRUED CHARGES	264,802,321
	TOTAL ACCRUED CHARGES	\$423,415,942
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,325,625
2	MEDICARE	48,578,024
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,078,360
4	MEDICAID	9,805,384
5	OTHER MEDICAL ASSISTANCE	272,976
6	CHAMPUS / TRICARE	82,451
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	303,258
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$58,738,835
	TOTAL INPATIENT PAYMENTS	\$94,064,460
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,378,849
2	MEDICARE	21,457,290
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,194,842
4	MEDICAID	10,948,628
5	OTHER MEDICAL ASSISTANCE	246,214
6	CHAMPUS / TRICARE	203,226
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	519,914
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$32,855,358
	TOTAL OUTPATIENT PAYMENTS	\$99,234,207
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$101,704,474
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	91,594,193
	TOTAL ACCRUED PAYMENTS	\$193,298,667

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,252
2	MEDICARE	4,826
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,138
4	MEDICAID	2,106
5	OTHER MEDICAL ASSISTANCE	32
6	CHAMPUS / TRICARE	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	209
	TOTAL GOVERNMENT DISCHARGES	6,983
	TOTAL DISCHARGES	10,235
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02963
2	MEDICARE	1.40688
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.90426
4	MEDICAID	0.90081
5	OTHER MEDICAL ASSISTANCE	1.13153
6	CHAMPUS / TRICARE	0.91139
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97810
	TOTAL GOVERNMENT CASE MIX INDEX	1.25164
	TOTAL CASE MIX INDEX	1.18110
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$145,881,128
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$100,144,953
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,736,175
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	31.35%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$474,597
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$272,514
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$3,025,038
9	BAD DEBTS	\$7,875,420
10	TOTAL UNCOMPENSATED CARE	\$10,900,458
11	TOTAL OTHER OPERATING REVENUE	\$14,584,411
12	TOTAL OPERATING EXPENSES	\$203,675,287

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
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	\$193,298,667
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$193,298,667
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,456,769
	CALCULATED NET REVENUE	\$196,755,436
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$196,755,436
	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	\$423,415,942
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$423,415,942
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$423,415,942
	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)	\$10,900,458
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,900,458
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,900,458
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	5,869	1,349	(4,520)	-77%
2	Number of Approved Applicants	5,576	1,214	(4,362)	-78%
3	Total Charges (A)	\$3,637,983	\$3,025,038	(\$612,945)	-17%
4	Average Charges	\$652	\$2,492	\$1,839	282%
5	Ratio of Cost to Charges (RCC)	0.489230	0.483227	(0.006003)	-1%
6	Total Cost	\$1,779,810	\$1,461,780	(\$318,030)	-18%
7	Average Cost	\$319	\$1,204	\$885	277%
8	Charity Care - Inpatient Charges	\$1,487,724	\$1,362,740	(\$124,984)	-8%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	694,885	693,898	(987)	0%
10	Charity Care - Emergency Department Charges	1,455,374	968,400	(486,974)	-33%
11	Total Charges (A)	\$3,637,983	\$3,025,038	(\$612,945)	-17%
12	Charity Care - Number of Patient Days	594	480	(114)	-19%
13	Charity Care - Number of Discharges	362	250	(112)	-31%
14	Charity Care - Number of Outpatient ED Visits	7,683	1,307	(6,376)	-83%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,184	814	(370)	-31%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,813,934	\$1,904,896	(\$1,909,038)	-50%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,555,764	1,250,658	(305,106)	-20%
3	Bad Debts - Emergency Department	5,095,844	4,719,866	(375,978)	-7%
4	Total Bad Debts (A)	\$10,465,542	\$7,875,420	(\$2,590,122)	-25%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$3,637,983	\$3,025,038	(\$612,945)	-17%
2	Bad Debts (A)	10,465,542	7,875,420	(2,590,122)	-25%
3	Total Uncompensated Care (A)	\$14,103,525	\$10,900,458	(\$3,203,067)	-23%
4	Uncompensated Care - Inpatient Services	\$5,301,658	\$3,267,636	(\$2,034,022)	-38%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,250,649	1,944,556	(306,093)	-14%
6	Uncompensated Care - Emergency Department	6,551,218	5,688,266	(862,952)	-13%
7	Total Uncompensated Care (A)	\$14,103,525	\$10,900,458	(\$3,203,067)	-23%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2010	(4) FY 2011	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$132,260,378	\$145,881,128	\$13,620,750	10%
2	Total Contractual Allowances	\$39,079,123	\$45,736,175	\$6,657,052	17%
	Total Accrued Payments (A)	\$93,181,255	\$100,144,953	\$6,963,698	7%
	Total Discount Percentage	29.55%	31.35%	1.80%	6%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$171,870,736	\$181,180,626	\$204,208,669
2	Outpatient Gross Revenue	\$175,756,315	\$193,690,236	\$219,207,273
3	Total Gross Patient Revenue	\$347,627,051	\$374,870,862	\$423,415,942
4	Net Patient Revenue	\$172,470,335	\$182,022,152	\$196,755,436
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$173,269,841	\$190,181,772	\$203,675,287
C. <u>Utilization Statistics</u>				
1	Patient Days	42,873	42,359	44,604
2	Discharges	9,955	9,818	10,235
3	Average Length of Stay	4.3	4.3	4.4
4	Equivalent (Adjusted) Patient Days (EPD)	86,715	87,643	92,484
0	Equivalent (Adjusted) Discharges (ED)	20,135	20,314	21,222
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.17817	1.18063	1.18110
2	Case Mix Adjusted Patient Days (CMAPD)	50,511	50,010	52,682
3	Case Mix Adjusted Discharges (CMAD)	11,729	11,591	12,089
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	102,165	103,474	109,233
5	Case Mix Adjusted Equivalent Discharges (CMAED)	23,722	23,983	25,065
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,108	\$8,850	\$9,493
2	Total Gross Revenue per Discharge	\$34,920	\$38,182	\$41,369
3	Total Gross Revenue per EPD	\$4,009	\$4,277	\$4,578
4	Total Gross Revenue per ED	\$17,265	\$18,454	\$19,952
5	Total Gross Revenue per CMAEPD	\$3,403	\$3,623	\$3,876
6	Total Gross Revenue per CMAED	\$14,654	\$15,631	\$16,893
7	Inpatient Gross Revenue per EPD	\$1,982	\$2,067	\$2,208
8	Inpatient Gross Revenue per ED	\$8,536	\$8,919	\$9,623

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,023	\$4,297	\$4,411
2	Net Patient Revenue per Discharge	\$17,325	\$18,540	\$19,224
3	Net Patient Revenue per EPD	\$1,989	\$2,077	\$2,127
4	Net Patient Revenue per ED	\$8,566	\$8,960	\$9,271
5	Net Patient Revenue per CMAEPD	\$1,688	\$1,759	\$1,801
6	Net Patient Revenue per CMAED	\$7,270	\$7,590	\$7,850
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,041	\$4,490	\$4,566
2	Total Operating Expense per Discharge	\$17,405	\$19,371	\$19,900
3	Total Operating Expense per EPD	\$1,998	\$2,170	\$2,202
4	Total Operating Expense per ED	\$8,605	\$9,362	\$9,597
5	Total Operating Expense per CMAEPD	\$1,696	\$1,838	\$1,865
6	Total Operating Expense per CMAED	\$7,304	\$7,930	\$8,126
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$24,579,480	\$25,964,260	\$27,000,880
2	Nursing Fringe Benefits Expense	\$6,537,518	\$8,009,974	\$9,772,478
3	Total Nursing Salary and Fringe Benefits Expense	\$31,116,998	\$33,974,234	\$36,773,358
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$8,816,052	\$9,314,012	\$8,870,537
2	Physician Fringe Benefits Expense	\$2,399,979	\$2,873,372	\$3,169,452
3	Total Physician Salary and Fringe Benefits Expense	\$11,216,031	\$12,187,384	\$12,039,989
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$31,056,879	\$33,947,144	\$37,342,205
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,205,208	\$10,476,488	\$13,470,174
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$39,262,087	\$44,423,632	\$50,812,379
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$64,452,411	\$69,225,416	\$73,213,622
2	Total Fringe Benefits Expense	\$17,142,705	\$21,359,834	\$26,412,104
3	Total Salary and Fringe Benefits Expense	\$81,595,116	\$90,585,250	\$99,625,726

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	304.2	308.0	315.5
2	Total Physician FTEs	47.6	51.4	49.7
3	Total Non-Nursing, Non-Physician FTEs	598.7	626.4	653.4
4	Total Full Time Equivalent Employees (FTEs)	950.5	985.8	1,018.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$80,800	\$84,300	\$85,581
2	Nursing Fringe Benefits Expense per FTE	\$21,491	\$26,006	\$30,975
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,291	\$110,306	\$116,556
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$185,211	\$181,206	\$178,482
2	Physician Fringe Benefits Expense per FTE	\$50,420	\$55,902	\$63,772
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$235,631	\$237,109	\$242,253
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,874	\$54,194	\$57,151
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,705	\$16,725	\$20,616
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$65,579	\$70,919	\$77,766
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$67,809	\$70,223	\$71,877
2	Total Fringe Benefits Expense per FTE	\$18,035	\$21,668	\$25,930
3	Total Salary and Fringe Benefits Expense per FTE	\$85,844	\$91,890	\$97,807
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,903	\$2,139	\$2,234
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,196	\$9,226	\$9,734
3	Total Salary and Fringe Benefits Expense per EPD	\$941	\$1,034	\$1,077
4	Total Salary and Fringe Benefits Expense per ED	\$4,052	\$4,459	\$4,695
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$799	\$875	\$912
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,440	\$3,777	\$3,975