	YALE-NEW HAVEN	HOSPITAL			
	TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEA	AR 2011			
	REPORT 100 - HOSPITAL BALAN	CE SHEET INFORM	ATION		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Ι.	ASSETS				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$66,556,000	\$65,883,000	(\$673,000)	-1%
2	Short Term Investments	\$342,847,000	\$402,559,000	\$59,712,000	17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$135,445,000	\$167,383,000	\$31,938,000	24%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$18,238,000	\$16,419,000	(\$1,819,000)	-10%
8	Prepaid Expenses	\$6,113,000	\$8,211,000	\$2,098,000	34%
9	Other Current Assets	\$40,674,000	\$62,521,000	\$21,847,000	54%
	Total Current Assets	\$609,873,000	\$722,976,000	\$113,103,000	19%
в.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$11,639,000	\$10,906,000	(\$733,000)	-6%
2	Board Designated for Capital Acquisition	\$54,012,000	\$119,091,000	\$65,079,000	120%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$65,651,000	\$129,997,000	\$64,346,000	98%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$153,223,000	\$141,525,000	(\$11,698,000)	-8%
7	Other Noncurrent Assets	\$77,352,000	\$135,333,000	\$57,981,000	75%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,366,875,000	\$1,391,378,000	\$24,503,000	2%
2	Less: Accumulated Depreciation	\$525,368,000	\$566,850,000	\$41,482,000	8%
	Property, Plant and Equipment, Net	\$841,507,000	\$824,528,000	(\$16,979,000)	-2%
3	Construction in Progress	\$17,563,000	\$43,207,000	\$25,644,000	146%
	Total Net Fixed Assets	\$859,070,000	\$867,735,000	\$8,665,000	1%
	Total Assets	\$1,765,169,000	\$1,997,566,000	\$232,397,000	13%

	YALE-NEW	/ HAVEN HOSPITAL					
	TWELVE MO	NTHS ACTUAL FILING					
	FISCAL YEAR 2011						
	REPORT 100 - HOSPITAL	BALANCE SHEET INFORM	ATION				
(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE		
			AUTUAL				
١١.	LIABILITIES AND NET ASSETS						
Α.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$159,715,000	\$152,239,000	(\$7,476,000)	-5%		
2	Salaries, Wages and Payroll Taxes	\$49,648,000	\$68,101,000	\$18,453,000	37%		
3	Due To Third Party Payers	\$0	\$0	\$0	0%		
4	Due To Affiliates	\$0	\$0	\$0	0%		
5	Current Portion of Long Term Debt	\$13,634,000	\$13,047,000	(\$587,000)	-4%		
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%		
7	Other Current Liabilities	\$1,117,000	\$3,848,000	\$2,731,000	244%		
	Total Current Liabilities	\$224,114,000	\$237,235,000	\$13,121,000	6%		
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$374,932,000	\$469,277,000	\$94,345,000	25%		
2	Notes Payable (Net of Current Portion)	\$112,679,000	\$147,274,000	\$34,595,000	31%		
	Total Long Term Debt	\$487,611,000	\$616,551,000	\$128,940,000	26%		
3	Accrued Pension Liability	\$212,544,000	\$240,901,000	\$28,357,000	13%		
4	Other Long Term Liabilities	\$198,588,000	\$228,792,000	\$30,204,000	15%		
	Total Long Term Liabilities	\$898,743,000	\$1,086,244,000	\$187,501,000	21%		
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$567,531,000	\$604,617,000	\$37,086,000	7%		
2	Temporarily Restricted Net Assets	\$48,525,000	\$43,947,000	(\$4,578,000)	-9%		
3	Permanently Restricted Net Assets	\$26,256,000	\$25,523,000	(\$733,000)	-3%		
	Total Net Assets	\$642,312,000	\$674,087,000	\$31,775,000	5%		
	Total Liabilities and Net Assets	\$1,765,169,000	\$1,997,566,000	\$232,397,000	13%		

		AVEN HOSPITAL			
	TWELVE MONT	THS ACTUAL FILING			
		AL YEAR 2011			
	REPORT 150 - HOSPITAL STATE				
(1)	(2)	(3) FY 2010	(4) FY 2011	(5) AMOUNT	<u>(6)</u> %
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$3,902,060,000	\$4,443,296,000	\$541,236,000	14%
2	Less: Allowances	\$2,520,876,000	\$2,939,940,000	\$419,064,000	17%
3	Less: Charity Care	\$62,606,000	\$61,299,000	(\$1,307,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,318,578,000	\$1,442,057,000	\$123,479,000	9%
5	Other Operating Revenue	\$21,010,000	\$24,660,000	\$3,650,000	17%
6	Net Assets Released from Restrictions	\$27,415,000	\$21,980,000	(\$5,435,000)	-20%
	Total Operating Revenue	\$1,367,003,000	\$1,488,697,000	\$121,694,000	9%
В.	Operating Expenses:				
1	Salaries and Wages	\$488,275,000	\$537,063,000	\$48,788,000	10%
2	Fringe Benefits	\$137,200,000	\$153,251,000	\$16,051,000	12%
3	Physicians Fees	\$70,728,000	\$58,800,000	(\$11,928,000)	-17%
4	Supplies and Drugs	\$209,331,000	\$227,696,000	\$18,365,000	9%
5	Depreciation and Amortization	\$51,660,000	\$67,948,000	\$16,288,000	32%
6	Bad Debts	\$27,440,000	\$26,390,000	(\$1,050,000)	-4%
7	Interest	\$12,306,000	\$16,867,000	\$4,561,000	37%
8	Malpractice	\$16,754,000	\$13,376,000	(\$3,378,000)	-20%
9	Other Operating Expenses	\$284,242,000	\$334,416,000	\$50,174,000	18%
	Total Operating Expenses	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
	Income/(Loss) From Operations	\$69,067,000	\$52,890,000	(\$16,177,000)	-23%
C.	Non-Operating Revenue:				
1	Income from Investments	\$10,104,000	\$21,138,000	\$11,034,000	109%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$16,515,000)	(\$4,917,000)	\$11,598,000	-70%
	Total Non-Operating Revenue	(\$6,411,000)	\$16,221,000	\$22,632,000	-353%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$62,656,000	\$69,111,000	\$6,455,000	10%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	Excess/(Deficiency) of Revenue Over Expenses	\$84,700,000	\$67,162,000	(\$17,538,000)	-21%
	Principal Payments	\$11,075,000	\$13,577,000	\$2,502,000	23%

#### YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(4)	(2)	(3)	(4)	(5)	(6)
(1)	(2)		(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1.					
<u> </u>	GROSS REVENUE BY PAYER				
_					
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$778,247,217	\$929,043,993	\$150,796,776	19%
2	MEDICARE MANAGED CARE	\$147,412,203	\$179,777,258	\$32,365,055	22%
3	MEDICAID	\$286,203,012	\$468,198,791	\$181,995,779	64%
4	MEDICAID MANAGED CARE	\$267,069,837	\$319,762,915	\$52,693,078	20%
5	CHAMPUS/TRICARE	\$16,820,452	\$19,854,188	\$3,033,736	18%
6	COMMERCIAL INSURANCE	\$56,188,720	\$79,059,351	\$22,870,631	41%
7	NON-GOVERNMENT MANAGED CARE	\$878,507,681	\$943,757,720	\$65,250,039	7%
8	WORKER'S COMPENSATION	\$10,950,780	\$12,837,189	\$1,886,409	17%
9	SELF- PAY/UNINSURED	\$51,128,104	\$32,517,553	(\$18,610,551)	-36%
10	SAGA	\$134,657,674	\$0	(\$134,657,674)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$2,627,185,680	\$2,984,808,958	\$357,623,278	14%
В.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$273,606,698	\$323,419,118	\$49,812,420	18%
2	MEDICARE MANAGED CARE	\$55,347,990	\$69,635,362	\$14,287,372	26%
3	MEDICAID	\$66,631,076	\$135,818,950	\$69,187,874	104%
4	MEDICAID MANAGED CARE	\$134,537,496	\$160,165,229	\$25,627,733	19%
5	CHAMPUS/TRICARE	\$6,247,026	\$7,091,654	\$844,628	14%
6	COMMERCIAL INSURANCE	\$30,536,890	\$36,026,050	\$5,489,160	18%
7	NON-GOVERNMENT MANAGED CARE	\$599,631,883	\$658,091,458	\$58,459,575	10%
8	WORKER'S COMPENSATION	\$11,361,380	\$6,752,171	(\$4,609,209)	-41%
9	SELF- PAY/UNINSURED	\$54,157,729	\$61,487,497	\$7,329,768	14%
10	SAGA	\$42,816,317	\$01,407,497 \$0	(\$42,816,317)	-100%
11	OTHER	\$42,810,317	\$0 \$0	(\$42,810,317)	0%
			1 -		
	TOTAL OUTPATIENT GROSS REVENUE	\$1,274,874,485	\$1,458,487,489	\$183,613,004	14%
<b>^</b>					
-	TOTAL GROSS REVENUE	¢4.054.052.045	¢4 050 400 444	\$200,000,400	409/
1	MEDICARE TRADITIONAL	\$1,051,853,915	\$1,252,463,111	\$200,609,196	19%
2		\$202,760,193	\$249,412,620	\$46,652,427	23%
3		\$352,834,088	\$604,017,741	\$251,183,653	71%
4	MEDICAID MANAGED CARE	\$401,607,333	\$479,928,144	\$78,320,811	20%
5		\$23,067,478	\$26,945,842	\$3,878,364	17%
6	COMMERCIAL INSURANCE	\$86,725,610	\$115,085,401	\$28,359,791	33%
7		\$1,478,139,564	\$1,601,849,178	\$123,709,614	8%
8		\$22,312,160	\$19,589,360	(\$2,722,800)	-12%
9	SELF- PAY/UNINSURED	\$105,285,833	\$94,005,050	(\$11,280,783)	-11%
10		\$177,473,991	\$0	(\$177,473,991)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$3,902,060,165	\$4,443,296,447	\$541,236,282	14%
П.	NET REVENUE BY PAYER				
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$274,134,769	\$285,631,989	\$11,497,220	4%
2	MEDICARE MANAGED CARE	\$49,049,996	\$62,713,408	\$13,663,412	28%
3	MEDICAID	\$52,895,962	\$87,614,426	\$34,718,464	66%
4	MEDICAID MANAGED CARE	\$44,101,768	\$49,995,089	\$5,893,321	13%
5	CHAMPUS/TRICARE	\$3,524,787	\$4,756,382	\$1,231,595	35%
6		\$27,444,432	\$20,902,472	(\$6,541,960)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$336,852,447	\$357,978,398	\$21,125,951	6%
8	WORKER'S COMPENSATION	\$4,944,260	\$5,619,299	\$675,039	14%
9	SELF- PAY/UNINSURED	\$2,292,001	\$8,949,293	\$6,657,292	290%
10	SAGA	\$21,404,615	\$0,949,295 \$0	(\$21,404,615)	-100%
-			\$0 \$0	(\$21,404,015) \$0	0%
11	OTHER	CU			070
11		\$0 \$816 645 037	1 -		Q0/
	TOTAL INPATIENT NET REVENUE	\$0 \$816,645,037	\$884,160,756	\$67,515,719	8%
В.	TOTAL INPATIENT NET REVENUE OUTPATIENT NET REVENUE	\$816,645,037	\$884,160,756	\$67,515,719	
<b>B.</b> 1	TOTAL INPATIENT NET REVENUE OUTPATIENT NET REVENUE MEDICARE TRADITIONAL	\$816,645,037 \$58,820,799	<b>\$884,160,756</b> \$72,941,378	<b>\$67,515,719</b> \$14,120,579	24%
В.	TOTAL INPATIENT NET REVENUE OUTPATIENT NET REVENUE	\$816,645,037	\$884,160,756	\$67,515,719	

#### YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

PY 2010         PY 2010         AMOUNT         MAMOUNT         MPERENCE         PUPERENCE         PUPERENC	(1)	(2)	(3)	(4)	(5)	(6)
LINE DESCRIPTION         ACTUAL         OFFERENCE         DIFFERENCE           4         MEDICAD MANAGED CARE         \$38,328,157         \$44,010,303         \$5,692,473         10%           5         CHAMPUSTRICARE         \$2,493,280         \$14,017,151         \$13,495,273,401         -39%           6         COMMERCIAL INSURANCE         \$228,969,885         \$13,507,621         \$48,380,774         118%           8         WORKERS COMPENSATION         \$2,2876,886         \$41,383,303         \$12,81,944         44%           9         SELF-PAYUNINSURED         \$17,309,957         \$79,993,46         \$18,339,904         -00%           10         OTHAL OUTPATIENT NET REVENUE         \$453,223,535         \$500,316,01         \$50,991,275         11%           1         MEDICARE TRADTIONAL         \$332,955,646         \$359,573,347         \$25,617,79         9%           3         MEDICARE TRADTIONAL         \$332,955,648         \$319,922,344         75%           3         MEDICARE MANAGED CARE         \$58,984,947         \$52,617,79         9%           4         MEDICARE MANAGED CARE         \$59,986,047         \$54,249,255         \$126,97,944         74%           4         MEDICAD MANAGED CARE         \$59,986,047         \$51,47,57,84	1.7	(=)				
MEDICAID MANAGED CARE         S38.328,157         S44.010,630         S5.682,473         19%           6         CHAMPUSTRICARE         \$2,463,260         \$14,497,774         (\$154,582,734)         -52%           7         NON-GOVERMIENT MANACED CARE         \$2,863,208,847         \$313,570,621         \$43,880,774         187,482,734)           8         WORKER'S COMPENSATION         \$2,276,886         \$34,138,330         \$12,61,944         44%           9         SELF_PAYUNINSURED         \$17,809,957         \$7,898,346         \$(\$8,339,594)         -100%           10         OTHER         \$30	LINE	DESCRIPTION				
5         CHAMPUSTRICARE         \$2,483,260         \$1,497,774         (6986,486)						
6         COMMERCIAL INSURANCE         \$28,099,385         \$14,017,51         (51,622,734)         -5278           7         NON-GOVERNMENT AMAGED CARE         \$28,052,09,447         \$313,570,627         \$43,830,51,144         4494           8         WORKER'S COMPENSATION         \$28,76,886         \$41,38,830         \$12,144         4494           9         SELF_PAYUNINSURED         \$17,830,957         \$7,083,346         \$03,050         \$00           1         OTHER         \$00         \$00         \$00         \$00         \$00           TOTAL OUTPATIENT NET REVENUE         \$453,235,335         \$503,316,611         \$50,081,276         \$119           7         MEDICARE TRADITIONAL         \$332,2955,568         \$356,573,367         \$22,617,799         8%           2         MEDICARE MANAGED CARE         \$52,867,043         \$57,576,66         \$119,922,449         \$51,277,84         1494           4         MEDICARD MANAGED CARE         \$52,864,057         \$511,942,144         \$9,754,019         \$51,277,84         1494           6         COMMERCIAL INSURANCE         \$52,864,07         \$511,942,144         \$9,754,019         \$51,277,95         1194           6         COMMERCIAL INSURANCE         \$52,864,045         \$519,419,449 <td< td=""><td>4</td><td>MEDICAID MANAGED CARE</td><td>\$38,328,157</td><td>\$44,010,630</td><td>\$5,682,473</td><td>15%</td></td<>	4	MEDICAID MANAGED CARE	\$38,328,157	\$44,010,630	\$5,682,473	15%
7         NON-GOVERNMENT MANAGED CARE         \$265,09,447         \$313,570,621         \$443,80,776         \$118,070,621         \$413,830,776         \$128,076,444         \$128,076,444         \$138,039,776         \$128,014,444         \$438,339,584         \$130,513,513,514,111,045         \$443,333,584         \$100,503,513,513,513,513,513,513,513,513,513,51	5	CHAMPUS/TRICARE	\$2,463,260	\$1,497,774	(\$965,486)	-39%
8         WORKER'S COMPENSATION         52,875,886         54,138,830         51,21,441         44%           10         SAGA         57,983,344         50         (58,91,941)         -05%           10         OTHER         \$0         50         50         50         00         9%           10         TOTAL OUTPATIENT NET REVENUE         \$453,235,335         \$503,316,611         \$50,081,276         11%           2.         TOTAL NET REVENUE         \$453,235,335         \$556,373,607         \$25,617,799         8%           2.         MEDICARE MANAGED CARE         \$532,957,646         \$511,932,444         \$51,277,784         11%           3.         MEDICARD         \$568,70,446         \$511,292,444,849         398,87         \$100,839,223         19%           4.         MEDICARD         \$584,479,325         \$511,992,144         \$51,277,98         11%           5.         CHAIMUNTRICARE         \$528,151,910,914,919,623         \$51,941,443         \$51,251,914         14%           6.         COMMERCIAL INSURANCE         \$598,407,4156         \$226,109         44%         \$51,251,936,932         254%           7<	6	COMMERCIAL INSURANCE	\$28,969,885	\$14,017,151	(\$14,952,734)	-52%
9         SELP: PAYUNINSURED         \$17,830.957         \$7,980.346         (\$9,861.411)         -65%           11         OTHER         \$0         <	7	NON-GOVERNMENT MANAGED CARE	\$265,209,847	\$313,570,621	\$48,360,774	18%
10         SAGA         SBGA         SD         SD <th< td=""><td></td><td>WORKER'S COMPENSATION</td><td>\$2,876,886</td><td></td><td>\$1,261,944</td><td>44%</td></th<>		WORKER'S COMPENSATION	\$2,876,886		\$1,261,944	44%
11         OTHER         50         50         50         90%           TOTAL OUTPATENT NET REVENUE         \$453,235,335         \$50,3316,611         \$50,081,276         11%           2.         TOTAL NET REVENUE         532,955,568         \$332,955,568         \$332,955,568         \$358,573,367         \$25,617,799         8%           3.         MEDICARE MANAGED CARE         \$83,857,0485         \$119,992,2449         \$51,177,544         77%           4.         MEDICAID MANAGED CARE         \$82,829,225         \$54,005,719         \$11,875,2744         14%           5.         CIAMPUS/TRICARE         \$56,414,317         \$34,919,823         (\$21,494,694)         38%           6.         COMMERCIAL INSURACE         \$56,414,317         \$54,919,918,923         \$12,894,867,251         12%           9.         WORKER'S COMPENSATION         \$7,821,146         \$57,851,463         \$19,389,693,2254         10%           10         SADA         \$29,744,90         \$60         \$20,747,967         \$11,352,994,970         10%           10         SADE         \$11,259,280,372         \$1,387,477,367         \$117,596,995         9%           11.         STATISTICS BY PAYER	9	SELF- PAY/UNINSURED		\$7,969,346	(\$9,861,611)	-55%
TOTAL OUTPATIENT NET REVENUE         \$453,235,335         \$503,316,611         \$50,081,276         11%           2.         TOTAL NET REVENUE	-		+ - 1 1			
2.         TOTAL NET REVENUE           1         MEDICARE TRADITIONAL         \$332,955,568         \$358,573,367         \$25,617,799         8%           2         MEDICARE MANAGED CARE         \$63,637,04,865         \$119,932,2449         \$511,937,2449         \$511,937,2449         \$511,937,2449         \$54,647,0485         \$119,932,449         \$511,937,2449         \$45,647,04865         \$119,932,449         \$511,937,2449         \$45,647,0417         \$34,919,923         \$21,494,6949         \$36,71,549,019         \$56,444,317         \$34,919,923         \$21,494,6949         \$36,71,549,019         \$56,71,549,019         \$52,944,919         \$56,944,317         \$34,919,923         \$21,494,6949         \$36,71,549,019         \$50,946,725         12%           1         WORKER'S COMPENSATION         \$37,821,146         \$37,851,29         \$13,326,931,229         \$10,327,447,367         \$11,375,949,393         .69%           10         SADA         \$20,429,95         \$10,374,77,367         \$117,596,995         9%           III.         STATISTICS BY PAYER         \$11,375,373,373         \$117,596,995         9%           III.         STATISTICS BY PAYER         \$11,557,573         \$6,577         \$3,300         \$63%           1         MEDICARE TRADITIONAL         14,4616         14,880         \$274 </td <td>11</td> <td></td> <td></td> <td>1 -</td> <td></td> <td></td>	11			1 -		
1         MEDICARE TRADITIONAL         \$332,955,568         \$358,673,367         \$25,617,799         B%           2         MEDICARE         \$50,857,043         \$575,752,666         \$119,922,449         \$51,217,584         \$75%           4         MEDICAID         \$68,704,865         \$119,922,449         \$51,217,584         \$75%           4         MEDICAID MANAGED CARE         \$52,682,005,719         \$11,575,744         \$14%           6         COMMERCIAL INSURANCE         \$56,610,91         \$60,262,224         \$671,749,019         \$60,466,725         \$12%           8         COLOMENCIAL INSURANCE         \$20,12,298         \$16,165,93         \$13,55,843         \$29%           9         SELF, PAYUNINNSURED         \$22,12,298         \$16,165,93         \$13,56,943         \$29%           10         THER         \$20,12,298         \$16,165,93         \$13,56,945         \$9%           11         OTAL NET REVENUE         \$1,269,880,372         \$1,37,56,129         \$110,55,949         \$19,35,643           10         THER         \$20,12,298         \$16,16,539         \$13,35,643         \$29%           11         OTAL NET REVENUE         \$21,259,837,676         \$113,757         \$117,556,995         \$9%           11		TOTAL OUTPATIENT NET REVENUE	\$453,235,335	\$503,316,611	\$50,081,276	11%
1         MEDICARE TRADITIONAL         \$332,955,568         \$358,673,367         \$25,617,799         B%           2         MEDICARE         \$50,857,043         \$575,752,666         \$119,922,449         \$51,217,584         \$75%           4         MEDICAID         \$68,704,865         \$119,922,449         \$51,217,584         \$75%           4         MEDICAID MANAGED CARE         \$52,682,005,719         \$11,575,744         \$14%           6         COMMERCIAL INSURANCE         \$56,610,91         \$60,262,224         \$671,749,019         \$60,466,725         \$12%           8         COLOMENCIAL INSURANCE         \$20,12,298         \$16,165,93         \$13,55,843         \$29%           9         SELF, PAYUNINNSURED         \$22,12,298         \$16,165,93         \$13,56,943         \$29%           10         THER         \$20,12,298         \$16,165,93         \$13,56,945         \$9%           11         OTAL NET REVENUE         \$1,269,880,372         \$1,37,56,129         \$110,55,949         \$19,35,643           10         THER         \$20,12,298         \$16,16,539         \$13,35,643         \$29%           11         OTAL NET REVENUE         \$21,259,837,676         \$113,757         \$117,556,995         \$9%           11	~					
2         MEDICARE MANAGED CARE         \$63,637,043         \$75,762,66         \$11,393,223         19%           3         MEDICAD         \$63,637,043         \$77,5762,66         \$11,375,734         17%           4         MEDICAD         \$63,704,865         \$11,922,244         \$51,157,734         14%           5         CHAMPUSTRICARE         \$58,641,317         \$53,4191,622         \$52,146         \$50,601,91         3%           7         NON-GOVERMENT MANAGED CARE         \$502,062,294         \$67,159,129         \$1,936,963         25%           9         SELF. PAYUNINSURED         \$20,744,409         \$0         \$62,744,409         -100%           10         OTHER         \$1,269,880,372         \$1,387,477,367         \$117,596,993         9%           11         OTHER         \$1,269,880,372         \$1,387,477,367         \$117,596,993         9%           11         STATISTICS BY PAYER			¢222.055.569	¢250 572 267	¢25 647 700	09/
3         MEDICAID         \$68,704,865         \$119,922,449         \$57,247,544         778           4         MEDICAID MANAGED CARE         \$82,282,554,006,719         \$11,575,744         14%           5         CHAMPUS/TRICARE         \$56,988,047         \$6,254,156         \$266,199         4%           7         NON-GOVERMIENT MANAGED CARE         \$602,062,294         \$67,1549,019         \$69,466,725         12%           8         WORKEYS COMPENSATION         \$7,821,146         \$9,756,129         \$11,932,943         22%           9         SELF. PAYJUNNSURED         \$20,122,598         \$16,916,639         (\$22,744,209)         10%           10         OTHER         \$12,809,880,372         \$11,37,477,367         \$117,596,935         9%           11         OTHER         \$1,269,880,372         \$11,37,477,367         \$117,596,935         9%           11.         OTAL NET REVENUE         \$1,269,880,372         \$13,87,477,367         \$117,596,935         9%           11.         STATISTICS BY PAYER         116         4%         4         7%           11.         SELF. PAYJUNNSURED         \$1,489,880,372         \$1387,477,367         \$117,596,935         9%           11.         OTAL NET REVENUE         \$1,269,808	-					
4         MEDICAD MANAGED CARE         \$82,429,925         \$94,005,719         \$11,575,794         14%           6         CHAMPUSTRICARE         \$5980,407         \$6,254,156         \$2266,109         4%           7         NON-GOVERNMENT MANAGED CARE         \$5602,062,294         \$671,549,019         \$69,496,725         12%           8         WORKER'S COMPENSATION         \$7,821,146         \$59,738,129         \$13,36,383         25%           9         SELF- PAYUNINSURED         \$20,122,958         \$16,918,399         (\$32,204,319)         -10%           10         OTHER         SCOMPENSATION         \$1,269,800,372         \$1,387,477,367         \$117,596,995         9%           11         OTHER         STATISTICS BY PAYER             9%           11         STATISTICS BY PAYER               9%           11         MEDICARE TRADITIONAL         14,616         14,890         274         2%           2%          300         63%           3         MEDICARE         A283         347         24         7%          3300         63%           4						
5         CHAMPUSTRICARE         \$5,98,047         \$6,254,156         \$226,109         4%           7         NON-GOVERNMENT MANAGED CARE         \$56,041,317         \$3,4919,623         \$521,146         \$3,754,129         \$51,326,933         \$227,444,699         \$362,543,693         \$32,243,189         \$1,336,633         25%           8         WORKER'S COMPENSATION         \$57,821,146         \$30,758,129         \$1,336,633         25%           10         SAGA         \$22,742,299         \$10         \$320,724,209         \$10         \$50         \$50         \$50         \$60	-		. , ,	. , ,	. , ,	
6         COMMERCIAL INSURANCE         \$56,414,317         \$34,919,623         (\$21,494,694)         39%           7         NON-GOVERNMENT MANAGED CARE         \$602,062,294         \$671,549,019         \$69,486,725         12%           9         SELF- PAYUNINSURED         \$20,122,958         \$16,916,309         (\$32,204,319)         -16%           10         SAGA         \$22,744,209         \$16,916,309         (\$32,204,319)         -16%           11         OTHER         \$10,269,800,372         \$117,596,995         9%           11         STATISTICS BY PAYER         \$11,596,980,372         \$137,477,367         \$117,596,995         9%           11.         MEDICARE RANAGED CARE         \$1,287,472,809         \$1387,477,367         \$117,596,995         9%           11.         MEDICARE TRADITIONAL         14,616         14,890         274         2%           2         MEDICARE TRANAGED CARE         \$232         347         24         7%           3         MEDICARE TRANGED CARE         \$132         3497         24         7%           4         MEDICARE TRANDITIONAL         \$1,426         25         11%           5         CHAMPUSTRICARE         \$233         347         24         7% <td>-</td> <td></td> <td></td> <td>. , ,</td> <td></td> <td></td>	-			. , ,		
7         NON-GOVERNMENT MANAGED CARE         \$602,062,294         \$671,549,019         \$59,466,725         12%           9         SELF- PAY/UNINSURED         \$20,122,958         \$16,918,639         (\$3,204,319)         -16%           10         SAGA         \$20,122,958         \$16,918,639         (\$3,204,319)         -16%           11         OTHER         \$0         \$0         \$0         \$0         %0           11         OTHER         \$1,269,860,372         \$1,387,477,367         \$117,596,995         9%           11         OTHER         \$1,269,860,372         \$1,387,477,367         \$117,596,995         9%           11.         STATISTICS BY PAYER						
9         SELF.P AY/UNINSURED         \$20,122,958         \$16,916,633         (\$3,204,319)         .16%, .16%,320           10         SAGA         \$29,744,209         \$0         \$50         \$50         \$60         \$60           11         OTHER         \$10         \$117,596,995         9%           III.         STATISTICS BY PAYER         \$117,596,995         9%         \$117,596,995         9%           III.         BEJCHARGES         1         16         14,890         274         2%           2         MEDICARE TRADITIONAL         14,616         14,890         274         2%           3         MEDICAD         52,57         8,557         3,300         63%         347         24         7%           6         COMMERCIAL INSURANCE         11,21         1,246         125         11%         6%           7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%	7	NON-GOVERNMENT MANAGED CARE				12%
10       SAGA       \$29,744,209       -100%         11       OTHER       \$0       \$29,744,209       -100%         11       OTHER       \$0       \$0       \$0       0%         TOTAL NET REVENUE       \$1,269,880,372       \$1,387,477,367       \$117,596,995       9%         III.       STATISTICS BY PAYER	8	WORKER'S COMPENSATION	\$7,821,146	\$9,758,129	\$1,936,983	25%
11         OTHER         50         50         50         0%           TOTAL NET REVENUE         \$1,269,880,372         \$1,387,477,367         \$117,596,995         9%           III.         STATISTICS BY PAYER	9	SELF- PAY/UNINSURED	\$20,122,958	\$16,918,639	(\$3,204,319)	-16%
TOTAL NET REVENUE         \$1,269,880,372         \$1,387,477,367         \$117,596,995         9%           III.         STATISTICS BY PAYER	10		\$29,744,209	\$0	(\$29,744,209)	-100%
III.         STATISTICS BY PAYER           III.         STATISTICS BY PAYER           IM.         DISCHARGES           I         MEDICARE TRADITIONAL           1         MEDICARE TRADITIONAL           2         MEDICARE TRADITIONAL           3         MEDICAID           4         MEDICAID           5         CHAMPUS/TRICARE           3         MEDICAID MANAGED CARE           4         MEDICAID MANAGED CARE           5         CHAMPUS/TRICARE           3         323           5         CHAMPUS/TRICARE           3         112           12         1.246           12         1.246           1436         939           6         COMMERCIAL INSURANCE           1.121         1.246           1         121           1.0         6           0         0           10         SAGA           11         OTHER           0         0           11         OTHER           11         MEDICARE TRADITIONAL           84.097         92.341           8.244         10%           11	11					0%
A.         DISCHARGES         Image: Constraint of the second seco		TOTAL NET REVENUE	\$1,269,880,372	\$1,387,477,367	\$117,596,995	9%
1         MEDICARE TRADITIONAL         14.616         14.890         274         2%           2         MEDICARE MANAGED CARE         2,741         2,857         116         4%           3         MEDICAID         5,257         8,557         3,300         63%           4         MEDICAID MANAGED CARE         7,139         7,692         553         8%           5         CHAMPUS/TRICARE         323         347         24         7%           6         COMMERCIAL INSURANCE         1,121         1,246         125         11%           7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%           8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF-PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         0,125         -00%           1         OTTAL DISCHARGES         56,602         57,451         849         1%           1         MEDICARE TRADITIONAL         84,097         92,341         8,244         10%           2         MEDICARE TRADITIONAL         84,097         92,341 </td <td>III.</td> <td>STATISTICS BY PAYER</td> <td></td> <td></td> <td></td> <td></td>	III.	STATISTICS BY PAYER				
1         MEDICARE TRADITIONAL         14.616         14.890         274         2%           2         MEDICARE MANAGED CARE         2,741         2,857         116         4%           3         MEDICAID         5,257         8,557         3,300         63%           4         MEDICAID MANAGED CARE         7,139         7,692         553         8%           5         CHAMPUS/TRICARE         323         347         24         7%           6         COMMERCIAL INSURANCE         1,121         1,246         125         11%           7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%           8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF-PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         0,125         -00%           1         OTTAL DISCHARGES         56,602         57,451         849         1%           1         MEDICARE TRADITIONAL         84,097         92,341         8,244         10%           2         MEDICARE TRADITIONAL         84,097         92,341 </td <td>Α.</td> <td>DISCHARGES</td> <td></td> <td></td> <td></td> <td></td>	Α.	DISCHARGES				
2         MEDICARE MANAGED CARE         2,741         2,857         116         4%           3         MEDICAID         5,257         8,557         3,300         63%           4         MEDICAID         7,692         553         8%           5         CHAMPUS/TRICARE         323         347         2.4         7%           6         COMMERCIAL INSURANCE         1,121         1,246         125         11%           7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%           8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF-PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         (3,125)         -100%           11         OTHER         CARE         14,095         17,165         3,070         22%           11         OTHER         84,097         92,341         8,244         10%           2         MEDICARE MANAGED CARE         14,095         17,165         3,070         22%           3         MEDICAID         36,943         55,785         18,842 <td< td=""><td></td><td></td><td>14,616</td><td>14,890</td><td>274</td><td>2%</td></td<>			14,616	14,890	274	2%
4         MEDICAID MANAGED CARE         7,133         7,692         553         8%           5         CHAMPUS/TRICARE         323         347         24         7%           6         COMMERCIAL INSURANCE         1,121         1,246         125         11%           7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%           8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF-PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         (3,125)         -100%           11         OTHER         0         0         0         0         0           11         OTHER         0         0         0         0         0         0           12         OTHER         TADISCHARGES         56,602         57,451         849         1%           14         MEDICARE TRADITIONAL         84,097         92,341         8,244         10%           2         MEDICARE MANAGED CARE         14,095         17,165         3,070         22%           3         MEDICARE MANAGED CARE	2	MEDICARE MANAGED CARE	2,741		116	4%
5       CHAMPUS/TRICARE       323       347       24       7%         6       COMMERCIAL INSURANCE       1,121       1,246       125       11%         7       NON-GOVERNMENT MANAGED CARE       20,649       20,717       68       0%         8       WORKER'S COMPENSATION       195       206       11       6%         9       SELF- PAY/UNINSURED       1,433       939       (497)       -35%         10       SAGA       3,125       0       (3,125)       -100%         11       OTHER       0       0       0       0%         7       TOTAL DISCHARGES       56,602       57,451       849       1%         8       PATIENT DAYS	3	MEDICAID	5,257	8,557	3,300	63%
6         COMMERCIAL INSURANCE         1,121         1,246         125         11%           7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%           8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF- PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         (3,125)         -100%           11         OTHER         0         0         0         0%           7         TOTAL DISCHARGES         56,602         57,451         849         1%           8.         PATIENT DAYS	4	MEDICAID MANAGED CARE	7,139	7,692	553	8%
7         NON-GOVERNMENT MANAGED CARE         20,649         20,717         68         0%           8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF-PAY/UNINSURED         1.436         939         (497)         35%           10         SAGA         3.125         0         (3.125)         -100%           10         OTHER         0         0         0         0         0%           8         PATIENT DAYS         0         0         0         0%         0%           1         MEDICARE TRADITIONAL         84,097         92,341         8,244         10%           2         MEDICARE MANAGED CARE         14,095         17,165         3,070         22%           3         MEDICAID         36,943         55,785         18,842         51%           4         MEDICAID         MANAGED CARE         3,002	-					7%
8         WORKER'S COMPENSATION         195         206         11         6%           9         SELF- PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         (3,125)         -100%           11         OTHER         0         0         0         0         0           11         OTHAL DISCHARGES         56,602         57,451         849         1%           8.         PATIENT DAYS	-		,	,		
9         SELF- PAY/UNINSURED         1,436         939         (497)         -35%           10         SAGA         3,125         0         (3,125)         -100%           11         OTHER         0         0         0         0%           10         DTAL DISCHARGES         56,602         57,451         849         1%           8.         PATIENT DAYS			,	,		
10         SAGA         3,125         0         (3,125)         -100%           11         OTHER         0         0         0         0%           TOTAL DISCHARGES         56,602         57,451         849         1%           B.         PATIENT DAYS						
11         OTHER         0         0         0         0         0%           TOTAL DISCHARGES         56,602         57,451         849         1%           B.         PATIENT DAYS	-		,		( )	
TOTAL DISCHARGES         56,602         57,451         849         1%           B.         PATIENT DAYS	-		,	-	( / /	
B.         PATIENT DAYS            1         MEDICARE TRADITIONAL         84,097         92,341         8,244         10%           2         MEDICARE MANAGED CARE         14,095         17,165         3,070         22%           3         MEDICAID         36,943         55,785         18,842         51%           4         MEDICAID         36,943         55,785         18,842         51%           5         CHAMPUS/TRICARE         1,728         1,731         3         0%           6         COMMERCIAL INSURANCE         5,407         6,602         1,195         22%           7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0%           C         OUTPATIENT DAYS         284,705         300,989         16,284         6%           2 </td <td>11</td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td></td>	11		-	-	-	
1         MEDICARE TRADITIONAL         84,097         92,341         8,244         10%           2         MEDICARE MANAGED CARE         14,095         17,165         3,070         22%           3         MEDICAID         36,943         55,785         18,842         51%           4         MEDICAID MANAGED CARE         33,522         36,302         2,780         8%           5         CHAMPUS/TRICARE         1,728         1,731         3         0%           6         COMMERCIAL INSURANCE         5,407         6,602         1,195         22%           7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0           11         OTHER         0         0         0         0         0         0           2         MEDICARE TRADITIONAL	B		50,002	57,451	049	1 /0
2         MEDICARE MANAGED CARE         14,095         17,165         3,070         22%           3         MEDICAID         36,943         55,785         18,842         51%           4         MEDICAID MANAGED CARE         33,522         36,302         2,780         8%           5         CHAMPUS/TRICARE         1,728         1,731         3         0%           6         COMMERCIAL INSURANCE         5,407         6,602         1,195         22%           7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0           1         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE <t< td=""><td></td><td></td><td>84 097</td><td>92 341</td><td>8 244</td><td>10%</td></t<>			84 097	92 341	8 244	10%
3         MEDICAID         36,943         55,785         18,842         51%           4         MEDICAID MANAGED CARE         33,522         36,302         2,780         8%           5         CHAMPUS/TRICARE         1,728         1,731         3         0%           6         COMMERCIAL INSURANCE         5,407         6,602         1,195         22%           7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           9         SELF- PAY/UNINSURED         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0%           C         OUTPATIENT VISITS         -         -         -           1         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICARE MANAGED CARE         21,861         26,757         4,896 <td></td> <td></td> <td>- /</td> <td></td> <td></td> <td></td>			- /			
4         MEDICAID MANAGED CARE         33,522         36,302         2,780         8%           5         CHAMPUS/TRICARE         1,728         1,731         3         0%           6         COMMERCIAL INSURANCE         5,407         6,602         1,195         22%           7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0           11         OTHER         0         0         0         0         0         0           1         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICAID			1	,		
5         CHAMPUS/TRICARE         1,728         1,731         3         0%           6         COMMERCIAL INSURANCE         5,407         6,602         1,195         22%           7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0           11         OTHER         0         0         0         0         0         0           12         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICAID         34,426         65,306         30,880         90%           4         MEDICAID MANAGED CARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE			,	,		8%
7         NON-GOVERNMENT MANAGED CARE         85,692         87,113         1,421         2%           8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0%           7         NORAL PATIENT DAYS         284,705         300,989         16,284         6%           C.         OUTPATIENT VISITS	5					0%
8         WORKER'S COMPENSATION         785         900         115         15%           9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0           11         OTHER         0         0         0         0         0         0%           C.         OUTPATIENT DAYS         284,705         300,989         16,284         6%           C.         OUTPATIENT VISITS	6		5,407	6,602	1,195	22%
9         SELF- PAY/UNINSURED         5,967         3,050         (2,917)         -49%           10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0         0         0         0         0%           11         OTHER         0         0         0         0%         0%           12         OTAL PATIENT DAYS         284,705         300,989         16,284         6%           C.         OUTPATIENT VISITS	7		85,692	87,113	1,421	2%
10         SAGA         16,469         0         (16,469)         -100%           11         OTHER         0 </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>15%</td>	-					15%
11         OTHER         0         0         0         0%           TOTAL PATIENT DAYS         284,705         300,989         16,284         6%           C.         OUTPATIENT VISITS         0         0         0         0%           1         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICAID         34,426         65,306         30,880         90%           4         MEDICAID MANAGED CARE         124,830         110,633         (14,197)         -11%           5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%						-49%
TOTAL PATIENT DAYS         284,705         300,989         16,284         6%           C.         OUTPATIENT VISITS	-		,	-		
C.         OUTPATIENT VISITS           1         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICAID         34,426         65,306         30,880         90%           4         MEDICAID MANAGED CARE         124,830         110,633         (14,197)         -11%           5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%	11		-		-	
1         MEDICARE TRADITIONAL         104,564         114,332         9,768         9%           2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICAID         34,426         65,306         30,880         90%           4         MEDICAID MANAGED CARE         124,830         110,633         (14,197)         -11%           5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%			284,705	300,989	16,284	6%
2         MEDICARE MANAGED CARE         21,861         26,757         4,896         22%           3         MEDICAID         34,426         65,306         30,880         90%           4         MEDICAID MANAGED CARE         124,830         110,633         (14,197)         -11%           5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%			104 564	11/ 222	0 769	00/
3         MEDICAID         34,426         65,306         30,880         90%           4         MEDICAID MANAGED CARE         124,830         110,633         (14,197)         -11%           5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%				,	,	
4         MEDICAID MANAGED CARE         124,830         110,633         (14,197)         -11%           5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%			,			
5         CHAMPUS/TRICARE         2,974         3,030         56         2%           6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%			,		,	
6         COMMERCIAL INSURANCE         11,908         13,719         1,811         15%           7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%						2%
7         NON-GOVERNMENT MANAGED CARE         240,708         272,664         31,956         13%           8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%			,			15%
8         WORKER'S COMPENSATION         3,062         2,932         (130)         -4%           9         SELF- PAY/UNINSURED         34,442         34,578         136         0%				,	,	13%
	8	WORKER'S COMPENSATION	3,062	,		-4%
10 SAGA 21,370 0 (21,370) -100%	9	SELF- PAY/UNINSURED	34,442	34,578	136	0%
	10	SAGA	21,370	0	(21,370)	-100%

#### YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
					1
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	600,145	643,951	43,806	7%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				1
Α.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVE				
1	MEDICARE TRADITIONAL	\$28,448,872	\$33,849,421	\$5,400,549	19%
2	MEDICARE MANAGED CARE	\$5.332.887	\$7.245.460	\$1.912.573	36%
3	MEDICAID	\$13,932,352	\$39,634,547	\$25,702,195	184%
4	MEDICAID MANAGED CARE	\$38,997,436	\$38,103,212	(\$894,224)	-2%
5	CHAMPUS/TRICARE	\$702,218	\$700,596	(\$1,622)	0%
6	COMMERCIAL INSURANCE	\$5,349,145	\$5,768,574	\$419,429	8%
7	NON-GOVERNMENT MANAGED CARE	\$62,778,824	\$71,299,820	\$8,520,996	14%
8	WORKER'S COMPENSATION	\$2,198,322	\$2,189,812	(\$8,510)	0%
9	SELF- PAY/UNINSURED	\$21,503,622	\$20,746,981	(\$756,641)	-4%
10	SAGA	\$16,985,743	\$0	(\$16,985,743)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	ψũ	ψu	ψŏ	070
	GROSS REVENUE	\$196,229,421	\$219,538,423	\$23,309,002	12%
В.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU	. , ,	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •	
1	MEDICARE TRADITIONAL	\$5,249,567	\$6,398,011	\$1,148,444	22%
2	MEDICARE MANAGED CARE	\$1,182,478	\$1,118,305	(\$64,173)	-5%
3	MEDICAID	\$2,812,437	\$6,986,787	\$4,174,350	148%
4	MEDICAID MANAGED CARE	\$9,452,187	\$7,050,207	(\$2,401,980)	-25%
5	CHAMPUS/TRICARE	\$201,154	\$165,362	(\$35,792)	-18%
6	COMMERCIAL INSURANCE	\$3,146,651	\$2,417,475	(\$729,176)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$26,791,476	\$32,565,781	\$5,774,305	22%
8	WORKER'S COMPENSATION	\$1,346,491	\$1,264,655	(\$81,836)	-6%
9	SELF- PAY/UNINSURED	\$3,463,222	\$3,151,540	(\$311,682)	-9%
10	SAGA	\$2,662,694	\$0	(\$2,662,694)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$56,308,357	\$61,118,123	\$4,809,766	9%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	10,111	10,143	32	0%
2	MEDICARE MANAGED CARE	1,853	2,021	168	9%
3	MEDICAID	6,277	15,612	9,335	149%
4	MEDICAID MANAGED CARE	24,514	22,242	(2,272)	-9%
5	CHAMPUS/TRICARE	425	331	(94)	-22%
6	COMMERCIAL INSURANCE	2,205	2,188	(17)	-1%
7	NON-GOVERNMENT MANAGED CARE	28,079	28,798	719	3%
8	WORKER'S COMPENSATION	1,128	1,069	(59)	-5%
9	SELF- PAY/UNINSURED	10,868	9,724	(1,144)	-11%
10	SAGA	8,119	0	(8,119)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	93,579	92,128	(1,451)	-2%

#### YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	% DIFFEDENCE
LINE	DESCRIPTION	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
1.					
Α.	Salaries & Wages:				
1	Nursing Salaries	\$192,479,000	\$210,845,000	\$18,366,000	10%
2	Physician Salaries	\$50,936,000	\$50,618,000	(\$318,000)	-1%
3	Non-Nursing, Non-Physician Salaries	\$244,860,000	\$275,600,000	\$30,740,000	13%
	Total Salaries & Wages	\$488,275,000	\$537,063,000	\$48,788,000	10%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$54,085,000	\$60,165,000	\$6,080,000	11%
2	Physician Fringe Benefits	\$14,312,000	\$14,444,000	\$132,000	1%
3	Non-Nursing, Non-Physician Fringe Benefits	\$68,803,000	\$78,642,000	\$9,839,000	14%
	Total Fringe Benefits	\$137,200,000	\$153,251,000	\$16,051,000	12%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$3,819,000	\$4,917,000	\$1,098,000	29%
2	Physician Fees	\$70,728,000	\$58,800,000	(\$11,928,000)	-17%
3	Non-Nursing, Non-Physician Fees	\$12,158,000	\$27,352,000	\$15,194,000	125%
	Total Contractual Labor Fees	\$86,705,000	\$91,069,000	\$4,364,000	5%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$136,210,000	\$148,565,000	\$12,355,000	9%
2	Pharmaceutical Costs	\$73,121,000	\$79,131,000	\$6,010,000	8%
	Total Medical Supplies and Pharmaceutical Cost	\$209,331,000	\$227,696,000	\$18,365,000	9%
E.	Depreciation and Amortization:	¢00.045.000	<b>\$</b> 20.244,000	¢2,200,000	4.50/
1	Depreciation-Building Depreciation-Equipment	\$22,945,000 \$28,715,000	\$26,344,000 \$41,604,000	\$3,399,000 \$12,889,000	15%
2	Amortization	\$20,715,000 \$0	\$41,604,000 \$0	<u>\$12,009,000</u> \$0	45% 0%
5	Total Depreciation and Amortization	\$51,660,000	\$67,948,000	\$16,288,000	32%
		<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	<i><i>v</i> · · <i>y</i> · · · <i>y</i> · · · <i>y</i> · · · <i>y</i> · · · · · · · · · · · · · · · · · · ·</i>	···;;	
F.	Bad Debts:				
1	Bad Debts	\$27,440,000	\$26,390,000	(\$1,050,000)	-4%
G.	Interest Expense:			• • • • • • • •	
1	Interest Expense	\$12,306,000	\$16,867,000	\$4,561,000	37%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$16.754.000	\$13,376,000	(\$3,378,000)	-20%
		¢:0,:0.,000	¢.0,010,000	(\$0,010,000)	
I.	Utilities:				
1	Water	\$872,000	\$815,000	(\$57,000)	-7%
2	Natural Gas	\$370,000	\$555,000	\$185,000	50%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$13,928,000	\$14,281,000	\$353,000	3%
5	Telephone	\$8,836,000	\$7,469,000	(\$1,367,000)	-15%
6	Other Utilities Total Utilities	\$806,000 <b>\$24,812,000</b>	\$992,000 <b>\$24,112,000</b>	\$186,000 ( <b>\$700,000</b> )	23% - <b>3%</b>
		\$24,012,000	\$24,112,000	(\$700,000)	-3 /0
J.	Business Expenses:				
1	Accounting Fees	\$825,000	\$622,000	(\$203,000)	-25%
2	Legal Fees	\$995,000	\$2,260,000	\$1,265,000	127%
3	Consulting Fees	\$628,000	\$505,000	(\$123,000)	-20%
4	Dues and Membership	\$1,752,000	\$2,228,000	\$476,000	27%
5	Equipment Leases	\$2,203,000	\$2,785,000	\$582,000	26%
6 7	Building Leases	\$9,648,000 \$18,981,000	\$9,140,000	(\$508,000)	-5%
8	Repairs and Maintenance Insurance	\$18,981,000 \$0	\$22,036,000 \$0	\$3,055,000 \$0	16% 0%
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#### YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
9	Travel	\$32,000	\$23,000	(\$9,000)	-28%
10	Conferences	\$1,774,000	\$2,055,000	\$281,000	16%
11	Property Tax	\$17,000	\$0	(\$17,000)	-100%
12	General Supplies	\$13,830,000	\$15,965,000	\$2,135,000	15%
13	Licenses and Subscriptions	\$1,250,000	\$1,176,000	(\$74,000)	-6%
14	Postage and Shipping	\$533,000	\$589,000	\$56,000	11%
15	Advertising	\$1,446,000	\$639,000	(\$807,000)	-56%
16	Other Business Expenses	\$189,539,000	\$218,012,000	\$28,473,000	15%
	Total Business Expenses	\$243,453,000	\$278,035,000	\$34,582,000	14%
К.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
		+	+-	+-	
	Total Operating Expenses - All Expense Categories*	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
	*A K. The total operating expenses amount above	/e must agree witl	n the total operation	ng expenses amou	nt on Report 150
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$53,823,489	\$46,683,880	(\$7,139,609)	-13%
2	General Accounting	\$4,755,040	\$5,170,448	\$415,408	9%
3	Patient Billing & Collection	\$15,583,502	\$17,092,847	\$1,509,345	10%
4	Admitting / Registration Office	\$7,883,525	\$9,394,792	\$1,511,267	19%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$5,441,796	\$4,141,542	(\$1,300,254)	-24%
7	Personnel	\$4,471,815	\$4,628,400	\$156,585	4%
8	Public Relations	\$914,045	\$1,156,680	\$242,635	27%
9	Purchasing	\$1,591,100	\$1,788,819	\$197,719	12%
10	Dietary and Cafeteria	\$17,151,966	\$18,890,156	\$1,738,190	10%
11	Housekeeping	\$15,192,209	\$17,991,331	\$2,799,122	18%
12	Laundry & Linen	\$30,134	\$172,650	\$142,516	473%
13	Operation of Plant	\$18,259,750	\$18,102,291	(\$157,459)	-1%
14	Security	\$6,199,398	\$6,790,756	\$591,358	10%
15	Repairs and Maintenance	\$11,620,349	\$13,557,650	\$1,937,301	17%
16	Central Sterile Supply	\$3,411,793	\$6,329,698	\$2,917,905	86%
17	Pharmacy Department	\$31,878,196	\$34,072,892	\$2,194,696	7%
18	Other General Services	\$334,520,791	\$392,289,903	\$57,769,112	17%
	Total General Services	\$532,728,898	\$598,254,735	\$65,525,837	12%
В.	Professional Services:				
1	Medical Care Administration	\$22,719,257	\$26,206,137	\$3,486,880	15%
2	Residency Program	\$45,632,006	\$48,335,580	\$2,703,574	6%
3	Nursing Services Administration	\$10,836,632	\$12,891,102	\$2,054,470	19%
4	Medical Records	\$7,082,376	\$7,541,448	\$459,072	6%
5	Social Service	\$2,497,298	\$2,694,815	\$197,517	8%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$88,767,569	\$97,669,082	\$8,901,513	10%
C.	Special Services:				
	Special Services:	¢60.600.005	¢00.005.405	¢40.070.070	400/
1	Operating Room Recovery Room	\$69,632,265	\$82,905,135	\$13,272,870	19%
2		\$5,736,603	\$6,292,847	\$556,244	10%
3	Anesthesiology	\$20,390,950	\$16,595,179	(\$3,795,771)	-19%
4	Delivery Room	\$7,413,522	\$8,723,974	\$1,310,452	18%
5	Diagnostic Radiology	\$64,574,357	\$31,413,856	(\$33,160,501)	-51%
6	Diagnostic Ultrasound	\$2,461,753	\$4,350,695	\$1,888,942	77% 11%
7	Radiation Therapy	\$9,513,801	\$10,534,404	\$1,020,603	11

#### YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
0	Dediciactorea	¢5 400 240	¢24,242,620	¢05 700 000	4609/
8 9	Radioisotopes CT Scan	\$5,490,340 \$3,388,345	\$31,212,629	\$25,722,289 \$819,948	469% 24%
9 10	Laboratory	\$47,440,091	\$4,208,293 \$50,431,510	\$2,991,419	24% 6%
10	Blood Storing/Processing	\$17,381,761	\$17,219,593	(\$162,168)	-1%
12	Cardiology	\$0	\$0	(\$10 <u>2,100)</u> \$0	0%
13	Electrocardiology	\$172,847	\$12,064,264	\$11,891,417	6880%
14	Electroencephalography	\$273,515	\$3,038,260	\$2,764,745	1011%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$10,676,700	\$12,310,526	\$1,633,826	15%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$5,658,512	\$2,960,528	(\$2,697,984)	-48%
23	Renal Dialysis	\$3,018,253	\$2,828,217	(\$190,036)	-6%
24	Emergency Room	\$38,708,830	\$43,851,104	\$5,142,274	13%
25	MRI	\$4,246,746	\$5,066,627	\$819,881	19%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,398,882	\$2,587,841	\$188,959	8%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$97,504	\$81,457	(\$16,047)	-16%
31	Cardiac Catheterization/Rehabilitation	\$2,843,389	\$3,134,089	\$290,700	10%
32	Occupational Therapy / Physical Therapy	\$4,015,412	\$4,541,890	\$526,478	13%
33	Dental Clinic	\$1,928,640	\$2,371,523	\$442,883	23%
34	Other Special Services	\$3,723,168	\$5,402,917	\$1,679,749	45%
	Total Special Services	\$331,186,186	\$364,127,358	\$32,941,172	10%
D.	Routine Services:				
1	Medical & Surgical Units	\$109,939,065	\$118,103,763	\$8,164,698	7%
2	Intensive Care Unit	\$38,952,388	\$46,278,268	\$7,325,880	19%
3	Coronary Care Unit	\$5,189,086	\$5,469,859	\$280,773	5%
4	Psychiatric Unit	\$12,654,635	\$16,504,533	\$3,849,898	30%
5	Pediatric Unit	\$12,011,131	\$9,285,483	(\$2,725,648)	-23%
6	Maternity Unit	\$5,571,054	\$6,078,359	\$507,305	9%
7	Newborn Nursery Unit	\$3,218,869	\$3,611,357	\$392,488	12%
8	Neonatal ICU	\$16,384,316	\$17,204,227	\$819,911	5%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$17,295,367	\$12,095,787	(\$5,199,580)	-30%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$80,483,359	\$93,074,492	\$12,591,133	16%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$301,699,270	\$327,706,128	\$26,006,858	9%
<u> </u>					
Ε.	Other Departments:	<b>0</b> 40 <b></b> 4 0	<b>.</b>	<b>A</b> 4 4 <b>A B A C A</b>	
1	Miscellaneous Other Departments	\$43,554,077	\$48,049,697	\$4,495,620	10%
	Total Operating Expenses - All Departments*	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
	*A 0. The total operating expenses amount a	oove must agree with	the total operatin	ig expenses amou	nt on Report 150.

	YALE-N	EW HAVEN HOSPITAL								
	TWELVE	IONTHS ACTUAL FILING								
	FISCAL YEAR 2011									
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)						
(1)	(2)	ACTUAL	ACTUAL	ACTUAL						
	DESCRIPTION			FY 2011						
LINE	DESCRIPTION	<u> </u>	<u>FY 2010</u>	<u> </u>						
Α.	Statement of Operations Summary									
1	Total Net Patient Revenue	\$1,196,644,000	\$ 1,318,578,000	\$1,442,057,000						
2	Other Operating Revenue	40,468,000	48,425,000	46,640,000						
3	Total Operating Revenue	\$1,237,112,000	\$1,367,003,000	\$1,488,697,000						
4	Total Operating Expenses	1,169,696,000	1,297,936,000	1,435,807,000						
5	Income/(Loss) From Operations	\$67,416,000	\$69,067,000	\$52,890,000						
6	Total Non-Operating Revenue	(14,515,000)	15,633,000	14,272,000						
7	Excess/(Deficiency) of Revenue Over Expenses	\$52,901,000	\$84,700,000	\$67,162,000						
В.	Profitability Summary									
1	Hospital Operating Margin	5.51%	5.00%	3.52%						
2	Hospital Non Operating Margin	-1.19%	1.13%	0.95%						
3	Hospital Total Margin	4.33%	6.13%	4.47%						
4	Income/(Loss) From Operations	\$67,416,000	\$69,067,000	\$52,890,000						
5	Total Operating Revenue	\$1,237,112,000	\$1,367,003,000	\$1,488,697,000						
6	Total Non-Operating Revenue	(\$14,515,000)	\$15,633,000	\$14,272,000						
7	Total Revenue	\$1,222,597,000	\$1,382,636,000	\$1,502,969,000						
8	Excess/(Deficiency) of Revenue Over Expenses	\$52,901,000	\$84,700,000	\$67,162,000						
C.	Net Assets Summary									
1	Hospital Unrestricted Net Assets	\$514,304,000	\$567,531,000	\$604,617,000						
2	Hospital Total Net Assets	\$587,531,000	\$642,312,000	\$674,087,000						
3	Hospital Change in Total Net Assets	(\$32,892,000)	\$54,781,000	\$31,775,000						
4	Hospital Change in Total Net Assets %	94.7%	9.3%	4.9%						
D.	Cost Data Summary									
1	Ratio of Cost to Charges	0.33	0.33	0.32						
2	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000						
3	Total Gross Revenue	\$3,516,547,690	\$3,902,060,165	\$4,443,296,447						
4	Total Other Operating Revenue	\$11,389,417	\$11,389,417	\$9,434,287						
5	Private Payment to Cost Ratio	1.24	1.27	1.28						
6	Total Non-Government Payments	\$629,812,305	\$686,420,715	\$733,145,410						

	YALE-N	EW HAVEN HOSPITAL								
	TWELVE N	IONTHS ACTUAL FILING								
	FISCAL YEAR 2011									
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)						
		ACTUAL	ACTUAL	ACTUAL						
<u>LINE</u>	DESCRIPTION	<u> </u>	<u>FY 2010</u>	<u>FY 2011</u>						
7	Total Uninsured Payments	\$18,923,994	\$20,122,958	\$16,918,639						
8	Total Non-Government Charges	\$1,598,088,351	\$1,692,463,167	\$1,830,528,989						
9	Total Uninsured Charges	\$109,367,271	\$105,285,833	\$94,005,050						
10	Medicare Payment to Cost Ratio	0.97	0.95	0.90						
11	Total Medicare Payments	\$364,716,072	\$396,592,611	\$434,149,633						
12	Total Medicare Charges	\$1,136,229,267	\$1,254,614,108	\$1,501,875,731						
13	Medicaid Payment to Cost Ratio	0.63	0.60	0.61						
14	Total Medicaid Payments	\$130,684,650	\$151,134,790	\$213,928,168						
15	Total Medicaid Charges	\$622,350,809	\$754,441,421	\$1,083,945,885						
16	Uncompensated Care Cost	\$32,346,108	\$29,587,928	\$28,023,511						
17	Charity Care	\$27,032,315	\$28,159,845	\$31,059,911						
18	Bad Debts	\$70,527,250	\$61,051,690	\$55,846,721						
19	Total Uncompensated Care	\$97,559,565	\$89,211,535	\$86,906,632						
20	Uncompensated Care % of Total Expenses	2.8%	2.3%	2.0%						
21	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000						
E.	Liquidity Measures Summary									
1	Current Ratio	3.33	2.72	3.05						
2	Total Current Assets	\$686,035,000	\$609,873,000	\$722,976,000						
3	Total Current Liabilities	\$205,836,000	\$224,114,000	\$237,235,000						
4	Days Cash on Hand	165	120	125						
5	Cash and Cash Equivalents	\$51,804,000	\$66,556,000	\$65,883,000						
6	Short Term Investments	456,660,000	342,847,000	402,559,000						
7	Total Cash and Short Term Investments	\$508,464,000	\$409,403,000	\$468,442,000						
8	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000						
9	Depreciation Expense	\$43,050,000	\$51,660,000	\$67,948,000						
10	Operating Expenses less Depreciation Expense	\$1,126,646,000	\$1,246,276,000	\$1,367,859,000						
11	Days Revenue in Patient Accounts Receivable	37.72	37.49	42.37						

	YALE-NEW H	AVE	N HOSPITAL							
	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	\$	123,653,000	\$	135,445,000	\$	167,383,000			
13	Due From Third Party Payers		\$0		\$0		\$0			
14	Due To Third Party Payers		\$0		\$0		\$0			
	Total Net Patient Accounts Receivable and Third Party Payer									
15	Activity	\$	123,653,000	\$	135,445,000	\$	167,383,000			
16	Total Net Patient Revenue		\$1,196,644,000	\$	1,318,578,000	\$	1,442,057,000			
17	Average Payment Period		66.68		65.64		63.30			
18	Total Current Liabilities		\$205,836,000		\$224,114,000		\$237,235,000			
19	Total Operating Expenses		\$1,169,696,000		\$1,297,936,000		\$1,435,807,000			
20	Depreciation Expense		\$43,050,000		\$51,660,000		\$67,948,000			
21	Total Operating Expenses less Depreciation Expense		\$1,126,646,000		\$1,246,276,000		\$1,367,859,000			
F.	Solvency Measures Summary									
1	Equity Financing Ratio		37.4		36.4		33.7			
2	Total Net Assets		\$587,531,000		\$642,312,000		\$674,087,000			
3	Total Assets		\$1,570,490,000		\$1,765,169,000		\$1,997,566,000			
4	Cash Flow to Total Debt Ratio		16.1		19.2		15.8			
5	Excess/(Deficiency) of Revenues Over Expenses		\$52,901,000		\$84,700,000		\$67,162,000			
6	Depreciation Expense		\$43,050,000		\$51,660,000		\$67,948,000			
7	Excess of Revenues Over Expenses and Depreciation Expense		\$95,951,000		\$136,360,000		\$135,110,000			
8	Total Current Liabilities		\$205,836,000		\$224,114,000		\$237,235,000			
9	Total Long Term Debt		\$388,966,000		\$487,611,000		\$616,551,000			
10	Total Current Liabilities and Total Long Term Debt		\$594,802,000		\$711,725,000		\$853,786,000			
11	Long Term Debt to Capitalization Ratio		39.8		43.2		47.8			
12	Total Long Term Debt		\$388,966,000		\$487,611,000		\$616,551,000			
13	Total Net Assets		\$587,531,000		\$642,312,000		\$674,087,000			
14	Total Long Term Debt and Total Net Assets		\$976,497,000		\$1,129,923,000		\$1,290,638,000			
15	Debt Service Coverage Ratio		23.5		6.4		5.0			
16	Excess Revenues over Expenses		\$52,901,000		\$84,700,000		\$67,162,000			
17	Interest Expense		\$1,549,000		\$12,306,000		\$16,867,000			
18	Depreciation and Amortization Expense		\$43,050,000		\$51,660,000		\$67,948,000			

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	YALE-NEW HAVEN HOSPITAL							
	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	<u>FY 2011</u>				
		112003						
19	Principal Payments	\$2,600,000	\$11,075,000	\$13,577,000				
G.	Other Financial Ratios							
20	Average Age of Plant	12.9	10.2	8.3				
21	Accumulated Depreciation	\$553,768,000	\$525,368,000	\$566,850,000				
22	Depreciation and Amortization Expense	\$43,050,000	\$51,660,000	\$67,948,000				
Н.	Utilization Measures Summary							
1	Patient Days	279,599	284,705	300,989				
2	Discharges	54,408	56,602	57,451				
3	ALOS	5.1	5.0	5.2				
4	Staffed Beds	851	871	827				
5	Available Beds	_	919	918				
6	Licensed Beds	944	944	944				
6	Occupancy of Staffed Beds	90.0%	89.6%	99.7%				
7		85.6%	84.9%	89.8%				
-	Occupancy of Available Beds							
8	Full Time Equivalent Employees	6,648.0	7,078.8	7,611.1				
١.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	42.3%	40.7%	39.1%				
2	Medicare Gross Revenue Payer Mix Percentage	32.3%	32.2%	33.8%				
3	Medicaid Gross Revenue Payer Mix Percentage	17.7%	19.3%	24.4%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.0%	4.5%	0.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	2.7%	2.1%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.6%	0.6%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Gross Revenue (Charges)	\$1,488,721,080	\$1,587,177,334	\$1,736,523,939				
9	Medicare Gross Revenue (Charges)	\$1,136,229,267	\$1,254,614,108	\$1,501,875,731				
10	Medicaid Gross Revenue (Charges)	\$622,350,809	\$754,441,421	\$1,083,945,885				
11	Other Medical Assistance Gross Revenue (Charges)	\$141,792,280	\$177,473,991	\$0				
12	Uninsured Gross Revenue (Charges)	\$109,367,271	\$105,285,833	\$94,005,050				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$18,086,983	\$23,067,478	\$26,945,842				
14	Total Gross Revenue (Charges)	\$3,516,547,690	\$3,902,060,165	\$4,443,296,447				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	53.1%	52.5%	51.6%				

	YALE-NEW HAVEN HOSPITAL								
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2011 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
_ ( )		ACTUAL	ACTUAL	ACTUAL					
	DESCRIPTION	FY 2009	FY 2010	FY 2011					
	DESCRIPTION	<u> </u>	<u> </u>						
2	Medicare Net Revenue Payer Mix Percentage	31.7%	31.2%	31.3%					
3	Medicaid Net Revenue Payer Mix Percentage	11.4%	11.9%	15.4%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.8%	2.3%	0.0%					
5	Uninsured Net Revenue Payer Mix Percentage	1.6%	1.6%	1.2%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.5%	0.5%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Net Revenue (Payments)	\$610,888,311	\$666,297,757	\$716,226,771					
9	Medicare Net Revenue (Payments)	\$364,716,072	\$396,592,611	\$434,149,633					
10	Medicaid Net Revenue (Payments)	\$130,684,650	\$151,134,790	\$213,928,168					
11	Other Medical Assistance Net Revenue (Payments)	\$20,536,235	\$29,744,209	\$0					
12	Uninsured Net Revenue (Payments)	\$18,923,994	\$20,122,958	\$16,918,639					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$5,005,167	\$5,988,047	\$6,254,156					
14	Total Net Revenue (Payments)	\$1,150,754,429	\$1,269,880,372	\$1,387,477,367					
К.	Discharges								
1	Non-Government (Including Self Pay / Uninsured)	23,910	23,401	23,108					
2	Medicare	16,762	17,357	17,747					
3	Medical Assistance	13,431	15,521	16,249					
4	Medicaid	10,822	12,396	16,249					
5	Other Medical Assistance	2,609	3,125	10,243					
6	CHAMPUS / TRICARE	305	323	347					
7	Uninsured (Included In Non-Government)	1,533	1,436	939					
8	Total	54,408	56,602	57,451					
0	Total	54,400	30,002	57,431					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	1.274800	1.241700	1.361900					
2	Medicare	1.665300	1.671200	1.780800					
3	Medical Assistance	1.149383	1.147697	1.238900					
4	Medicaid	1.129900	1.136000	1.238900					
5	Other Medical Assistance	1.230200	1.194100	0.000000					
6	CHAMPUS / TRICARE	1.492900	1.242300	1.425000					
7	Uninsured (Included In Non-Government)	1.277500	1.318400	1.591900					
8	Total Case Mix Index	1.365367	1.347632	1.456893					
М.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	26,820	28,571	28,351					
2	Emergency Room - Treated and Discharged	101,582	93,579	92,128					
3	Total Emergency Room Visits	128,402	122,150	120,479					

(2)	(3)	(4)	(5)	(6)
	FY 2010	FY 2011	AMOUNT	%
DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
MEDICARE MANAGED CARE				
ANTHEM - MEDICARE BLUE CONNECTICUT	<b>#0 550 400</b>	<u> </u>	¢4,000,040	400/
npatient Charges	\$9,559,120	\$14,252,962	\$4,693,842	49%
npatient Payments	\$3,398,395	\$6,352,339	\$2,953,944	87%
Dutpatient Charges	\$2,539,883	\$4,591,075	\$2,051,192	81%
Dutpatient Payments	\$799,260	\$1,345,609	\$546,349	68%
Discharges	179	210	31	17%
Patient Days	887	1,260	373	42%
Outpatient Visits (Excludes ED Visits)	1,148	1,688	540	47%
Emergency Department Outpatient Visits	73	110	37	51%
Emergency Department Inpatient Admissions	96	131	35	36%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,099,003	\$18,844,037	\$6,745,034	56%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,197,655	\$7,697,948	\$3,500,293	83%
CIGNA HEALTHCARE				
npatient Charges	\$169,890	\$71,291	(\$98,599)	-58%
npatient Payments	\$56,344	\$26,742	(\$29,602)	-53%
Dutpatient Charges	\$50,011	\$278	(\$49,733)	-99%
Outpatient Payments	\$11,614	\$40	(\$11,574)	-100%
Discharges	2	2	0	0%
Patient Days	8	9	1	13%
Outpatient Visits (Excludes ED Visits)	10	1	(9)	-90%
Emergency Department Outpatient Visits	2	0	(2)	-100%
Emergency Department Inpatient Admissions	0	1	1	0%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$219,901	\$71,569	(\$148,332)	-67%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$67,958	\$26,782	(\$41,176)	-61%
CONNECTICARE, INC.				
npatient Charges	\$16,267,821	\$36,131,764	\$19,863,943	122%
npatient Payments	\$5,027,233	\$12,512,457	\$7,485,224	149%
Dutpatient Charges	\$707,143	\$16,515,060	\$15,807,917	2235%
Dutpatient Payments	\$163,244	\$2,960,977	\$2,797,733	1714%
Discharges	309	562	253	82%
Patient Days	1,437	3,015	1,578	110%
Outpatient Visits (Excludes ED Visits)	237	5,556	5,319	2244%
Emergency Department Outpatient Visits	34	453	419	1232%
Emergency Department Inpatient Admissions	23	322	299	1300%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,974,964	\$52,646,824	\$35,671,860	210%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,190,477	\$15,473,434	\$10,282,957	198%
Emergency	/ Department Inpatient Admissions PATIENT & OUTPATIENT CHARGES	/ Department Inpatient Admissions         23           PATIENT & OUTPATIENT CHARGES         \$16,974,964	/ Department Inpatient Admissions         23         322           PATIENT & OUTPATIENT CHARGES         \$16,974,964         \$52,646,824	/ Department Inpatient Admissions         23         322         299           PATIENT & OUTPATIENT CHARGES         \$16,974,964         \$52,646,824         \$35,671,860

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$80,705,384	\$32,080,851	(\$48,624,533)	-60%
2	Inpatient Payments	\$28,075,691	\$9,720,450	(\$18,355,241)	-65%
3	Outpatient Charges	\$34,412,114	\$11,191,753	(\$23,220,361)	-67%
4	Outpatient Payments	\$9,676,150	\$1,810,963	(\$7,865,187)	-81%
5	Discharges	1,511	429	(1,082)	-72%
6	Patient Days	7,507	3,227	(4,280)	-57%
7	Outpatient Visits (Excludes ED Visits)	11,512	3,298	(8,214)	-71%
8	Emergency Department Outpatient Visits	956	277	(679)	-71%
9	Emergency Department Inpatient Admissions	961	275	(686)	-71%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$115,117,498	\$43,272,604	(\$71,844,894)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$37,751,841	\$11,531,413	(\$26,220,428)	-69%
			•		
Ε.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$4,595,377	\$0	(\$4,595,377)	-100%
2	Inpatient Payments	\$1,486,564	\$0	(\$1,486,564)	-100%
3	Outpatient Charges	\$6,119,368	\$0	(\$6,119,368)	-100%
4	Outpatient Payments	\$1,433,821	\$0	(\$1,433,821)	-100%
5	Discharges	69	0	(69)	-100%
6	Patient Days	471	0	(471)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,909	0	(1,909)	-100%
8	Emergency Department Outpatient Visits	158	0	(158)	-100%
9	Emergency Department Inpatient Admissions	156	0	(156)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,714,745	\$0	(\$10,714,745)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,920,385	\$0	(\$2,920,385)	-100%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVA		•		
1	Inpatient Charges	\$8,649,385	\$15,569,768	\$6,920,383	80%
2	Inpatient Payments	\$3,159,908	\$5,108,697	\$1,948,789	62%
3	Outpatient Charges	\$2,126,132	\$5,178,917	\$3,052,785	144%
4	Outpatient Payments	\$394,459	\$720,603	\$326,144	83%
5	Discharges	179	274	95	53%
6	Patient Days	1,008	1,598	590	59%
7	Outpatient Visits (Excludes ED Visits)	1,454	2,204	750	52%
	Emergency Department Outpatient Visits	147	206	59	40%
9	Emergency Department Inpatient Admissions	147	224	77	52%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,775,517	\$20,748,685	\$9,973,168	93%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,554,367	\$5,829,300	\$2,274,933	64%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$14,375,172	\$66,138,577	\$51,763,405	360%
2	Inpatient Payments	\$4,488,603	\$24,155,180	\$19,666,577	438%
3	Outpatient Charges	\$4,865,765	\$26,829,117	\$21,963,352	451%
4	Outpatient Payments	\$1,021,979	\$4,824,367	\$3,802,388	372%
5	Discharges	277	1,098	821	296%
6	Patient Days	1,469	6,396	4,927	335%
7	Outpatient Visits (Excludes ED Visits)	2,081	10,066	7,985	384%
8	Emergency Department Outpatient Visits	268	745	477	178%
9	Emergency Department Inpatient Admissions	207	734	527	255%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,240,937	\$92,967,694	\$73,726,757	383%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,510,582	\$28,979,547	\$23,468,965	426%
Н.	WELLCARE OF CONNECTICUT				
		\$4,584,445	¢c 000 777	\$2,339,332	51%
1	Inpatient Charges		\$6,923,777		
2	Inpatient Payments	\$1,069,220 \$1,381,050	\$1,820,679	\$751,459	70% 37%
	Outpatient Charges		\$1,896,914	\$515,864	
4	Outpatient Payments	\$366,764	\$357,573 127	(\$9,191) 60	-3% 90%
5	Discharges	440		60 379	
6	Patient Days	440	819 790	379	86% 72%
7	Outpatient Visits (Excludes ED Visits)				
8 9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	103 54	<u>137</u> 96	34 42	33% 78%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	• ·		· - ·	
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,965,495	\$8,820,691	\$2,855,196	48%
	TOTAL INPATIENT & OUTPATIENT PATMENTS	\$1,435,984	\$2,178,252	\$742,268	52%
١.	AETNA				
1	Inpatient Charges	\$7,734,399	\$7,219,188	(\$515,211)	-7%
2	Inpatient Payments	\$2,159,753	\$2,665,195	\$505,442	23%
3	Outpatient Charges	\$3,014,344	\$3,205,650	\$191,306	6%
4	Outpatient Payments	\$688,040	\$687,764	(\$276)	0%
5	Discharges	136	128	(0210)	-6%
6	Patient Days	786	699	(87)	-11%
7	Outpatient Visits (Excludes ED Visits)	1,114	1,044	(70)	-6%
	Emergency Department Outpatient Visits	103	80	(23)	-22%
9	Emergency Department Inpatient Admissions	81	74	(7)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,748,743	\$10,424,838	(\$323,905)	-3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,847,793	\$3,352,959	\$505,166	18%
		<i> </i>	<i>+-,,</i>	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$771,210	\$1,389,080	\$617,870	80%
2	Inpatient Payments	\$128,285	\$351,669	\$223,384	174%
3	Outpatient Charges	\$132,180	\$226,598	\$94,418	71%
4	Outpatient Payments	\$31,716	\$154,962	\$123,246	389%
5	Discharges	12	27	15	125%
6	Patient Days	82	142	60	73%
7	Outpatient Visits (Excludes ED Visits)	83	89	6	7%
8	Emergency Department Outpatient Visits	9	13	4	44%
9	Emergency Department Inpatient Admissions	4	21	17	425%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$903,390	\$1,615,678	\$712,288	79%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$160,001	\$506,631	\$346,630	217%
К.	SECURE HORIZONS				
<u>к.</u> 1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	<u>\$0</u> \$0	\$0 \$0	0%
4	Outpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0%
5	Discharges	φ <del>υ</del> 0	<del></del>	0 0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	<b>\$0</b>	\$0	<b>0%</b>
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	<u>\$0</u> \$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%
	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%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
М.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0 0	0 0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
Ŭ	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0 \$0	0%
N.	EVERCARE	<u>^</u>	<b>^</b>		
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%
П.	TOTAL MEDICARE MANAGED CARE		I	I	I
	TOTAL INPATIENT CHARGES	\$147,412,203	\$179,777,258	\$32,365,055	22%
	TOTAL INPATIENT PAYMENTS	\$49,049,996	\$62,713,408	\$13,663,412	28%
	TOTAL OUTPATIENT CHARGES	\$55,347,990	\$69,635,362		26%
	TOTAL OUTPATIENT PAYMENTS	\$14,587,047	\$12,862,858	(\$1,724,189)	-12%
	TOTAL DISCHARGES	2,741	2,857	116	4%
	TOTAL PATIENT DAYS	14,095	17,165	3,070	22%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	20,008	24,736	4,728	24%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	1,853	2,021	168	9%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	1,729	1,878	149	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$202,760,193	\$249,412,620	\$46,652,427	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$63,637,043	\$75,576,266	\$11,939,223	19%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICAID MANAGED CARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD				
Α.	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%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$169,913,646	\$214,237,306	\$44,323,660	26%
2	Inpatient Payments	\$27,813,214	\$32,516,008	\$4,702,794	17%
3	Outpatient Charges	\$91,982,527	\$108,379,667	\$16,397,140	18%
4	Outpatient Payments	\$25,275,785	\$29,012,637	\$3,736,852	15%
5	Discharges	4,928	5,217	289	6%
6	Patient Days	21,841	24,414	2,573	12%
7	Outpatient Visits (Excludes ED Visits)	75,696	61,055	(14,641)	-19%
8	Emergency Department Outpatient Visits	18,266	15,859	(2,407)	-13%
9	Emergency Department Inpatient Admissions	2,643	2,312	(331)	-13%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$261,896,173	\$322,616,973	\$60,720,800	23%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$53,088,999	\$61,528,645	\$8,439,646	16%
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%
	TOTĂL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMÒÚNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$37,344,311	\$38,857,896	\$1,513,585	4%
2	Inpatient Payments	\$6,422,422	\$6,106,812	(\$315,610)	-5%
3	Outpatient Charges	\$13,612,712	\$16,874,915	\$3,262,203	24%
4	Outpatient Payments	\$4,467,388	\$5,280,071	\$812,683	18%
5	Discharges	697	727	30	4%
6	Patient Days	4,669	4,421	(248)	-5%
7	Outpatient Visits (Excludes ED Visits)	8,071	9,243	1,172	15%
8	Emergency Department Outpatient Visits	2,074	2,190	116	6%
9	Emergency Department Inpatient Admissions	277	266	(11)	-4%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$50,957,023	\$55,732,811	\$4,775,788	9%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$10,889,810	\$11,386,883	\$497,073	5%
Ε.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,				
F.	PREFERRED ONE				
1	Inpatient Charges	\$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%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT		• •	• •	
		\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT		<b>^</b>	<b>^</b>	<b>a</b> 1/
	PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$27,721	\$0	(\$27,721)	-100%
	Inpatient Payments	\$15,512	\$0 \$0	(\$15,512)	-100%
3	Outpatient Charges	\$7,221	\$0 \$0	(\$7,221)	-100%
4	Outpatient Payments	\$2,709	\$0	(\$2,709)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	3	0	(3)	-100%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$34,942	\$0	(\$34,942)	-100%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$18,221	\$0	(\$18,221)	-100%
<u>H.</u>	AETNA	<b>.</b>	<b>*</b> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<b>00 000 55 (</b>	100/
1	Inpatient Charges	\$59,784,159	\$66,667,713	\$6,883,554	12%
2 3	Inpatient Payments	\$9,850,620	\$11,372,269 \$34,910,647	\$1,521,649	15% 21%
3 4	Outpatient Charges Outpatient Payments	\$28,935,036 \$8,582,275		\$5,975,611 \$1,135,647	13%
4 5	Discharges	<sup>ψ0,502,275</sup> 1,513	\$9,717,922 1,748	\$1,135,647 235	13%
6	Patient Days	7,009	7,467	458	7%
7	Outpatient Visits (Excludes ED Visits)	16,549	18,093	1,544	9%
8	Emergency Department Outpatient Visits	4.174	4,193	1,344	0%
	Emergency Department Inpatient Admissions	690	796	106	15%
0		000	100	100	1070
	CHARGES	\$88,719,195	\$101,578,360	\$12,859,165	14%
	TOTAL INPATIENT & OUTPATIENT	· · · · · · · · · · · ·	· · /- ·/- ·	· //	
	PAYMENTS	\$18,432,895	\$21,090,191	\$2,657,296	14%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$267,069,837	\$319,762,915	\$52,693,078	20%
	TOTAL INPATIENT PAYMENTS TOTAL OUTPATIENT CHARGES	\$44,101,768	\$49,995,089	\$5,893,321	13%
	TOTAL OUTPATIENT CHARGES	\$134,537,496 \$38,328,157	\$160,165,229 \$44,010,630	\$25,627,733 \$5,682,473	<u>19%</u> 15%
	TOTAL DISCHARGES	7,139	7,692	\$5,662,473 553	8%
	TOTAL PATIENT DAYS	33,522	36,302	2,780	8%
	TOTAL OUTPATIENT VISITS	33,322	30,302	2,700	0 /0
	(EXCLUDES ED VISITS)	100,316	88,391	(11,925)	-12%
	TOTAL EMERGENCY DEPARTMENT	100,010	00,001	(11,523)	12/0
	OUTPATIENT VISITS	24,514	22,242	(2,272)	-9%
	TOTAL EMERGENCY DEPARTMENT	,• . +		(_,)	0.10
	INPATIENT ADMISSIONS	3,611	3,374	(237)	-7%
	TOTAL INPATIENT & OUTPATIENT	-,	-,	(=31)	
	CHARGES	\$401,607,333	\$479,928,144	\$78,320,811	20%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$82,429,925	\$94,005,719	\$11,575,794	14%

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

	YNH NE	TWORK CORPORATIO	N		
	TWELVE	MONTHS ACTUAL FILI	NG		
		FISCAL YEAR 2011			
	REPORT 300 - HOSPI	TAL BALANCE SHEET	INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$74,032,000	\$74,087,000	\$55,000	0%
2	Short Term Investments	\$342,847,000	\$402,559,000	\$59,712,000	17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$138,810,000	\$169,456,000	\$30,646,000	22%
4	Current Assets Whose Use is Limited for	0.9	02	¢0.	09/
4	Current Liabilities	\$0	\$0	\$0 \$0	0%
5 6	Due From Affiliates	\$0 \$0	\$0 \$0	\$0 \$0	0%
-	Due From Third Party Payers		\$0 \$17,386,000	\$0 (\$2,726,000)	0%
7	Inventories of Supplies	\$20,112,000			-14%
8	Prepaid Expenses	\$6,113,000	\$8,211,000	\$2,098,000	34%
9	Other Current Assets Total Current Assets	\$41,519,000	\$61,715,000	\$20,196,000	49%
	Total Current Assets	\$623,433,000	\$733,414,000	\$109,981,000	18%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$11,639,000	\$10,906,000	(\$733,000)	-6%
2	Board Designated for Capital Acquisition	\$54,012,000	\$119,091,000	\$65,079,000	120%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
4	Total Noncurrent Assets Whose Use is Limited:	\$65,651,000	مو \$129,997,000	\$64,346,000	98%
		. , ,			
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$157,072,000	\$147,013,000	(\$10,059,000)	-6%
7	Other Noncurrent Assets	\$74,680,000	\$130,986,000	\$56,306,000	75%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,391,847,000	\$1,415,735,000	\$23,888,000	2%
2	Less: Accumulated Depreciation	\$539,086,000	\$581,143,000	\$42,057,000	\$0
	Property, Plant and Equipment, Net	\$852,761,000	\$834,592,000	(\$18,169,000)	-2%
3	Construction in Progress	\$17,563,000	\$43,212,000	\$25,649,000	146%
	Total Net Fixed Assets	\$870,324,000	\$877,804,000	\$7,480,000	1%
	Total Assets	\$1,791,160,000	\$2,019,214,000	\$228,054,000	13%
		ψι,τσι,100,000	ψ <b>2,013,214,000</b>	Ψ <b>220,03</b> 7,000	13/0

A. Curr 1 Acco 2 Sala 3 Due 4 Due 5 Curr 6 Curr 7 Othe Tota B. Lon 1 Bond 2 Note 3 Accr 4 Othe Tota	REPORT 300 - HOSP         (2)         DESCRIPTION         NBILITIES AND NET ASSETS         rrent Liabilities:         counts Payable and Accrued Expenses         laries, Wages and Payroll Taxes         e To Third Party Payers         e To Affiliates         rrent Portion of Long Term Debt         rrent Portion of Notes Payable	MONTHS ACTUAL FILIN FISCAL YEAR 2011 ITAL BALANCE SHEET I (3) FY 2010 <u>ACTUAL</u> (1) (1) (1) (2) (2) (3) (3) (4) (3) (4) (4) (4) (4) (4) (4) (5) (4) (5) (4) (5) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7	INFORMATION (4) FY 2011 ACTUAL \$155,827,000 \$68,100,000 \$0 \$0 \$0 \$14,151,000	(5) AMOUNT DIFFERENCE (\$8,690,000) \$18,341,000 \$0 \$0 (\$512,000)	(6) % DIFFERENCE -5% 37% 0%	
LINE A CARACTERIST CONTRACT OF CONTRACT ON	(2) DESCRIPTION ABILITIES AND NET ASSETS rrent Liabilities: counts Payable and Accrued Expenses laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	ITAL BALANCE SHEET I (3) FY 2010 ACTUAL State of the second seco	(4) FY 2011 <u>ACTUAL</u> \$155,827,000 \$68,100,000 \$0 \$0 \$0 \$14,151,000	AMOUNT DIFFERENCE (\$8,690,000) \$18,341,000 \$0 \$0	% <u>DIFFERENCE</u> -5% 37% 0%	
LINE A CARACTERIST CONTRACT CO	(2) DESCRIPTION ABILITIES AND NET ASSETS rrent Liabilities: counts Payable and Accrued Expenses laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	(3) FY 2010 ACTUAL \$164,517,000 \$49,759,000 \$0 \$0 \$0 \$14,663,000	(4) FY 2011 <u>ACTUAL</u> \$155,827,000 \$68,100,000 \$0 \$0 \$0 \$14,151,000	AMOUNT DIFFERENCE (\$8,690,000) \$18,341,000 \$0 \$0	% <u>DIFFERENCE</u> -5% 37% 0%	
LINE A CARACTERIST CONTRACT OF CONTRACT ON	DESCRIPTION ABILITIES AND NET ASSETS rrent Liabilities: counts Payable and Accrued Expenses laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	FY 2010 <u>ACTUAL</u>	FY 2011 ACTUAL \$155,827,000 \$68,100,000 \$0 \$0 \$0 \$14,151,000	AMOUNT DIFFERENCE (\$8,690,000) \$18,341,000 \$0 \$0	% <u>DIFFERENCE</u> -5% 37% 0%	
II.       LIAE         A.       Curr         1       Acco         2       Sala         3       Due         4       Due         5       Curr         6       Curr         7       Othe         7       Othe         8.       Lon         1       Bond         2       Note         3       Accr         4       Othe         7       Tota	ABILITIES AND NET ASSETS rrent Liabilities: counts Payable and Accrued Expenses laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$164,517,000 \$49,759,000 \$0 \$0 \$14,663,000	\$155,827,000 \$68,100,000 \$0 \$0 \$14,151,000	(\$8,690,000) \$18,341,000 \$0 \$0	-5% 37% 0%	
A. Curr 1 Acco 2 Sala 3 Due 4 Due 5 Curr 6 Curr 7 Othe Tota B. Lon 1 Bond 2 Note 3 Accr 4 Othe Tota	rrent Liabilities: counts Payable and Accrued Expenses laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$49,759,000 \$0 \$0 \$14,663,000	\$68,100,000 \$0 \$0 \$14,151,000	\$18,341,000 \$0 \$0	37% 0%	
1       Accord         2       Sala         3       Due         4       Due         5       Curr         6       Curr         7       Othe         7       Othe         8       Lon         1       Bonu         2       Note         3       Accr         4       Othe         7       Tota	counts Payable and Accrued Expenses laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$49,759,000 \$0 \$0 \$14,663,000	\$68,100,000 \$0 \$0 \$14,151,000	\$18,341,000 \$0 \$0	37% 0%	
2 Sala 3 Due 4 Due 5 Curr 6 Curr 7 Othe <b>Tota</b> 8. Lon 1 Bon 2 Note <b>Tota</b> 3 Accr 4 Othe <b>Tota</b>	laries, Wages and Payroll Taxes e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$49,759,000 \$0 \$0 \$14,663,000	\$68,100,000 \$0 \$0 \$14,151,000	\$18,341,000 \$0 \$0	37% 0%	
3     Due       4     Due       5     Curr       6     Curr       7     Othe       7     Othe       8     Lon       1     Bone       2     Note       3     Accr       4     Othe       Tota     Tota	e To Third Party Payers e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$0 \$0 \$14,663,000	\$0 \$0 \$14,151,000	\$0 \$0	0%	
4 Due 5 Curr 6 Curr 7 Othe Tota 8. Lon 1 Bond 2 Note Tota 3 Accr 4 Othe Tota	e To Affiliates rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$0 \$14,663,000	\$0 \$14,151,000	\$0		
5 Curr 6 Curr 7 Othe <b>Tota</b> <b>B.</b> Lon 1 Bon 2 Note <b>Tota</b> 3 Accr 4 Othe	rrent Portion of Long Term Debt rrent Portion of Notes Payable	\$14,663,000	\$14,151,000		00/	
6 Curr 7 Othe <b>Tota</b> 8 Lon 1 Bon 2 Note <b>Tota</b> 3 Accr 4 Othe	rrent Portion of Notes Payable			(\$512,000)	0%	
7 Othe Tota B. Lon 1 Bon 2 Note Tota 3 Accr 4 Othe		\$0		(\$312,000)	-3%	
B. Lon 1 Bond 2 Note Tota 3 Accr 4 Othe Tota	ner Current Liabilities		\$0	\$0	0%	
B. Lon 1 Bon 2 Note Tota 3 Accr 4 Othe Tota	Other Current Liabilities	Other Current Liabilities	\$1,117,000	\$3,848,000	\$2,731,000	244%
1 Bond 2 Note Tota 3 Accr 4 Othe Tota	tal Current Liabilities	\$230,056,000	\$241,926,000	\$11,870,000	5%	
2 Note Tota 3 Accr 4 Othe Tota	ng Term Debt:					
3 Accr 4 Othe Tota	nds Payable (Net of Current Portion)	\$377,044,000	\$467,656,000	\$90,612,000	24%	
3 Accr 4 Othe <b>Tota</b>	tes Payable (Net of Current Portion)	\$117,100,000	\$154,241,000	\$37,141,000	32%	
4 Othe Tota	tal Long Term Debt	\$494,144,000	\$621,897,000	\$127,753,000	26%	
Tota	crued Pension Liability	\$212,544,000	\$240,901,000	\$28,357,000	13%	
	ner Long Term Liabilities	\$198,902,000	\$229,288,000	\$30,386,000	15%	
	tal Long Term Liabilities	\$905,590,000	\$1,092,086,000	\$186,496,000	21%	
5 Inter	erest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%	
C. <u>Net</u>	t Assets:					
1 Unre		\$580,733,000	\$615,732,000	\$34,999,000	6%	
2 Tem	restricted Net Assets or Equity	\$48,525,000	\$43,947,000	(\$4,578,000)	-9%	
	restricted Net Assets or Equity		\$25,523,000	(\$733,000)	-3%	
		\$26,256,000		\$29,688,000	5%	
Tota	mporarily Restricted Net Assets	\$26,256,000 \$655,514,000	\$685,202,000	· · · · · · · · · · · · · · · · · · ·		

	YNH NE	TWORK CORPOR	ATION		
	TWELVE	MONTHS ACTUAL	FILING		
		FISCAL YEAR 201			
	REPORT 350 - HOSPITAL S			-	
(1)	(2)	(3) FY 2010	(4) FY 2011	(5) AMOUNT	(6) %
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$4,018,705,000	\$4,524,118,000	\$505,413,000	13%
2	Less: Allowances	\$2,590,937,000	\$3,000,453,000	\$409,516,000	16%
3	Less: Charity Care	\$62,606,000	\$61,299,000	(\$1,307,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,365,162,000	\$1,462,366,000	\$97,204,000	7%
5	Other Operating Revenue	\$50,190,000	\$48,257,000	(\$1,933,000)	-4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$1,415,352,000	\$1,510,623,000	\$95,271,000	7%
В.	Operating Expenses:				
1	Salaries and Wages	\$505,791,000	\$543,111,000	\$37,320,000	7%
2	Fringe Benefits	\$139,589,000	\$154,076,000	\$14,487,000	10%
3	Physicians Fees	\$70,868,000	\$58,940,000	(\$11,928,000)	-17%
4	Supplies and Drugs	\$210,426,000	\$226,627,000	\$16,201,000	8%
5	Depreciation and Amortization	\$53,217,000	\$69,390,000	\$16,173,000	30%
6	Bad Debts	\$27,846,000	\$26,664,000	(\$1,182,000)	-4%
7	Interest	\$12,851,000	\$16,900,000	\$4,049,000	32%
8	Malpractice	\$17,269,000	\$13,514,000	(\$3,755,000)	-22%
9	Other Operating Expenses	\$303,362,000	\$344,093,000	\$40,731,000	13%
	Total Operating Expenses	\$1,341,219,000	\$1,453,315,000	\$112,096,000	8%
	Income/(Loss) From Operations	\$74,133,000	\$57,308,000	(\$16,825,000)	-23%
C.	Non-Operating Revenue:				
1	Income from Investments	\$6,851,000	\$17,336,000	\$10,485,000	153%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$16,515,000)	(\$1,679,000)	\$14,836,000	-90%
	Total Non-Operating Revenue	(\$9,664,000)	\$15,657,000	\$25,321,000	-262%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$64,469,000	\$72,965,000	\$8,496,000	13%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	Excess/(Deficiency) of Revenue Over Expenses	\$86,513,000	\$71,016,000	(\$15,497,000)	-18%

	YNH NETWORK CO	RPORATION		
	TWELVE MONTHS A	CTUAL FILING		
	FISCAL YE	AR 2011		
	<b>REPORT 385 - PARENT CORPORATION CONS</b>	OLIDATED FINANCIAL	DATA ANALYSIS	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	<u> </u>	<u>FY 2010</u>	<u> </u>
A.	Parent Corporation Statement of Operations Summary			
1	Net Patient Revenue	\$1,238,934,000	\$1,365,162,000	\$1,462,366,000
2	Other Operating Revenue	42,656,000	50,190,000	48,257,000
3	Total Operating Revenue	\$1,281,590,000	\$1,415,352,000	\$1,510,623,000
4	Total Operating Expenses	1,211,988,000	1,341,219,000	1,453,315,000
5	Income/(Loss) From Operations	\$69,602,000	\$74,133,000	\$57,308,000
6	Total Non-Operating Revenue	(16,540,000)	(16,540,000) 12,380,000	
7	7 Excess/(Deficiency) of Revenue Over Expenses	\$53,062,000	\$86,513,000	\$71,016,000
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	5.50%	5.19%	3.76%
2	Parent Corporation Non-Operating Margin	-1.31%	0.87%	0.90%
3	Parent Corporation Total Margin	4.19%	6.06%	4.66%
4	Income/(Loss) From Operations	\$69,602,000	\$74,133,000	\$57,308,000
5	Total Operating Revenue	\$1,281,590,000	\$1,415,352,000	\$1,510,623,000
6	Total Non-Operating Revenue	(\$16,540,000)	\$12,380,000	\$13,708,000
7	Total Revenue	\$1,265,050,000	\$1,427,732,000	\$1,524,331,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$53,062,000	\$86,513,000	\$71,016,000
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$526,740,000	\$580,733,000	\$615,732,000
2	Parent Corporation Total Net Assets	\$599,967,000	\$655,514,000	\$685,202,000
3	Parent Corporation Change in Total Net Assets	(\$32,779,000)	\$55,547,000	\$29,688,000
4	Parent Corporation Change in Total Net Assets %	94.8%	9.3%	4.5%

	YNH NETWORK CO	RPORA	TION					
	TWELVE MONTHS AC	TUAL	FILING					
	FISCAL YEA	R 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		3.29	2.71	3.03			
2	Total Current Assets		\$702,010,000	\$623,433,000	\$733,414,000			
3	Total Current Liabilities		\$213,492,000	\$230,056,000	\$241,926,000			
4	Days Cash on Hand		162	118	126			
5	Cash and Cash Equivalents		\$60,217,000	\$74,032,000	\$74,087,000			
6	Short Term Investments		456,660,000	342,847,000	402,559,000			
7	Total Cash and Short Term Investments		\$516,877,000	\$416,879,000	\$476,646,000			
8	Total Operating Expenses		\$1,211,988,000	\$1,341,219,000	\$1,453,315,000			
9	Depreciation Expense		\$44,525,000	\$53,217,000	\$69,390,000			
10	Operating Expenses less Depreciation Expense		\$1,167,463,000	\$1,288,002,000	\$1,383,925,000			
11	Days Revenue in Patient Accounts Receivable		38	37	42			
12	Net Patient Accounts Receivable	\$	128,416,000	\$ 138,810,000	\$ 169,456,000			
13	Due From Third Party Payers		\$0	\$0	\$0			
14	Due To Third Party Payers		\$0	\$0	\$0			
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$	128,416,000	\$ 138,810,000	\$ 169,456,000			
16	Total Net Patient Revenue		\$1,238,934,000	\$1,365,162,000	\$1,462,366,000			
17	Average Payment Period		67	65	64			
18	Total Current Liabilities		\$213,492,000	\$230,056,000	\$241,926,000			
19	Total Operating Expenses		\$1,211,988,000	\$1,341,219,000	\$1,453,315,000			
20	Depreciation Expense		\$44,525,000	\$53,217,000	\$69,390,000			
21	Total Operating Expenses less Depreciation Expense		\$1,167,463,000	\$1,288,002,000	\$1,383,925,000			

	YNH NETWORK CORF	ORATION								
	TWELVE MONTHS ACT	UAL FILING								
	FISCAL YEAR	2011								
	REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(2)	(2) (3)		(5)						
		ACTUAL	ACTUAL	ACTUAL						
<u>LINE</u>	DESCRIPTION	<u>FY 2009</u>	<u>FY 2010</u>	FY 2011						
E.	Solvency Measures Summary									
1	Equity Financing Ratio	37.5	36.6	33.9						
2	Total Net Assets	\$599,967,000	\$655,514,000	\$685,202,000						
3	Total Assets	\$1,600,602,000	\$1,791,160,000	\$2,019,214,000						
4	Cash Flow to Total Debt Ratio	16.0	19.3	16.3						
5	Excess/(Deficiency) of Revenues Over Expenses	\$53,062,000	\$86,513,000	\$71,016,000						
6	Depreciation Expense	\$44,525,000	\$53,217,000	\$69,390,000						
7	Excess of Revenues Over Expenses and Depreciation Expense	\$97,587,000	\$139,730,000	\$140,406,000						
8	Total Current Liabilities	\$213,492,000	\$230,056,000	\$241,926,000						
9	Total Long Term Debt	\$396,529,000	\$494,144,000	\$621,897,000						
10	Total Current Liabilities and Total Long Term Debt	\$610,021,000	\$724,200,000	\$863,823,000						
11	Long Term Debt to Capitalization Ratio	39.8	43.0	47.6						
12	Total Long Term Debt	\$396,529,000	\$494,144,000	\$621,897,000						
13	Total Net Assets	\$599,967,000	\$655,514,000	\$685,202,000						
14	Total Long Term Debt and Total Net Assets	\$996,496,000	\$1,149,658,000	\$1,307,099,000						

DEDODT (0	TWELVE	MONTHS ACTUAL					
BEDODT 400							
		FISCAL YEAR 20					
REPORT 400	) - HOSPITAL IN	PATIENT BED UTI	IZATION BY DEF	PARTMENT			
(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
							OCCUPANCY
			ADMISSIONS				OF AVAILABLE
DESCRIPTION	DAYS	<u># PATIENT</u>		<u>BEDS (A)</u>	BEDS	<u>BEDS (A)</u>	<u>BEDS</u>
Adult Medical/Surgical	177,270	38,903	38,188	486	494	99.9%	98.3%
CU/CCU (Evaludas Naapatal ICU)	20.610	6 721	0	01	125	00.0%	67.1%
	30,619	0,731	0	04	125	99.9%	07.1%
Psychiatric: Ages 0 to 17	4,284	306	288	12	15	97.8%	78.2%
		2,668				99.5%	99.5%
FOTAL PSYCHIATRIC	30,799	2,974	2,857	85	88	99.3%	95.9%
Rehabilitation	0	0	0	0	0	0.0%	0.0%
Maternity	16,036	4,969	3,644	44	55	99.9%	79.9%
Newborn	9,527	4,419	3,695	27	40	96.7%	65.3%
	17.040	047	0	47	50	00.40/	00.00/
Neonatal ICU	17,049	917	0	47	52	99.4%	89.8%
Pediatric	19 689	5 269	2 461	54	64	99 9%	84.3%
Galatio	10,000	0,200	2,401	04	04	00.070	04.070
Other	0	0	0	0	0	0.0%	0.0%
TOTAL EXCLUDING NEWBORN	291,462	53,032	47,150	800	878	99.8%	90.9%
TOTAL INPATIENT BED UTILIZATION	300,989	57,451	50,845	827	918	99.7%	89.8%
	,	57,451	,	÷=+			89.8%
		0	•				84.9%
DIFFERENCE #: REPORTED VS. PRIOR YEAR	16,284	57,451	50,845	-44	-1	10.2%	5.0%
	<b>C</b> 0/	00/	00/	E0/	00/	4.4.0/	6%
DIFFERENCE %: REPORTED VS. PRIOR YEAR	6%	0%	0%	-5%	0%	11%	6%
Total Licensed Beds and Bassinets	044						
	944						
is number may not exceed the number of availa	able beds for ear	ch denartment or in	total				
	DESCRIPTION         Adult Medical/Surgical         CU/CCU (Excludes Neonatal ICU)         Psychiatric: Ages 0 to 17         Psychiatric: Ages 18+         FOTAL PSYCHIATRIC         Rehabilitation         Maternity         Newborn         Pediatric         Differ         TOTAL EXCLUDING NEWBORN         TOTAL INPATIENT BED UTILIZATION         IOTAL INPATIENT REPORTED YEAR         DIFFERENCE #: REPORTED VS. PRIOR YEAR         DIFFERENCE #: REPORTED VS. PRIOR YEAR         DIFFERENCE %: REPORTED VS. PRIOR YEAR         Fotal Licensed Beds and Bassinets	PATIENT         DESCRIPTION       DAYS         Adult Medical/Surgical       177,270         CU/CCU (Excludes Neonatal ICU)       30,619         Psychiatric: Ages 0 to 17       4,284         Psychiatric: Ages 18+       26,515         TOTAL PSYCHIATRIC       30,799         Rehabilitation       0         Maternity       16,036         Newborn       9,527         Neonatal ICU       17,049         Pediatric       19,689         Other       0         TOTAL EXCLUDING NEWBORN       291,462         TOTAL INPATIENT BED UTILIZATION       300,989         TOTAL INPATIENT REPORTED YEAR       300,989         TOTAL INPATIENT PRIOR YEAR       284,705         DIFFERENCE #: REPORTED VS. PRIOR YEAF       6%         OIFFERENCE %: REPORTED VS. PRIOR YEAF       6%         Total Licensed Beds and Bassinets       944	Discharges         PATIENT       OR ICU/CCU         DESCRIPTION       DAYS       # PATIENT         Adult Medical/Surgical       177,270       38,903         CU/CCU (Excludes Neonatal ICU)       30,619       6,731         Psychiatric: Ages 0 to 17       4,284       306         Psychiatric: Ages 10 to 17       4,284       306         Psychiatric: Ages 18+       26,515       2,668         COTAL PSYCHIATRIC       30,799       2,974         Rehabilitation       0       0         Maternity       16,036       4,969         Newborn       9,527       4,419         Neonatal ICU       17,049       917         Pediatric       19,689       5,269         Other       0       0         Other       0       0         OTAL EXCLUDING NEWBORN       291,462       53,032         COTAL INPATIENT BED UTILIZATION       300,989       57,451         COTAL INPATIENT REPORTED YEAR       204,705       0         DIFFERENCE #: REPORTED VS. PRIOR YEAR       16,284       57,451         DIFFERENCE #: REPORTED VS. PRIOR YEAR       6%       0%         Other       0       0       0         <	PATIENT         ORICU/CCU         ADMISSIONS           DESCRIPTION         DAYS         # PATIENT         ORICU/CCU         ADMISSIONS           Adult Medical/Surgical         177,270         38,903         38,188           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0           Psychiatric: Ages 0 to 17         4,284         306         288           Psychiatric: Ages 18+         26,515         2,668         2,569           TOTAL PSYCHIATRIC         30,799         2,974         2,857           Rehabilitation         0         0         0           Maternity         16,036         4,969         3,644           Newborn         9,527         4,419         3,695           Veonatal ICU         17,049         917         0           Pediatric         19,689         5,269         2,461           Other         0         0         0         0           TOTAL EXCLUDING NEWBORN         291,462         53,032         47,150           TOTAL INPATIENT BED UTILIZATION         300,989         57,451         50,845           TOTAL INPATIENT REPORTED YEAR         284,705         0         0           ODIFFERENCE %: REPORTED VS. PRIOR YEAR <td>DISCHARGES         OR ICU/CCU         ADMISSIONS         STAFFED           DESCRIPTION         DAYS         # PATIENT         OR ICU/CCU         ADMISSIONS         STAFFED           DAVIS         # PATIENT         DAYS         # PATIENT         BEDS (A)         BEDS (A)           Adult Medical/Surgical         177,270         38,903         38,188         486           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0         84           Psychiatric: Ages 0 to 17         4,284         306         288         12           Psychiatric: Ages 18+         26,515         2,668         2,569         73           TOTAL PSYCHIATRIC         30,799         2,974         2,857         85           Rehabilitation         0         0         0         0         0         0           Vewborn         9,527         4,419         3,695         27         4,419         3,695         27           Neonatal ICU         17,049         917         0         47         47           Pediatric         19,689         5,269         2,461         54           Other         0         0         0         0         0           OTAL EXCLUDI</td> <td>PATIENT         OR ICU/ICCU         ADMISSIONS         STAFFED         AVAILABLE           DESCRIPTION         DAYS         #PATIENT         BEDS (A)         BEDS         AVAILABLE           Adult Medical/Surgical         177,270         38,903         38,188         486         494           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0         84         125           Sychiatric: Ages 0 to 17         4,284         306         288         12         15           Sychiatric: Ages 10+         2,874         2,857         85         88           Rehabilitation         0         0         0         0         0           Vetworm         9,527         4,419         3,685         27         40           Vetworm         9,5269         2,461         54         64         64</td> <td>DISCHARGES         OCCUPANCY           PATIENT         OR ICU/CCU         ADMISSIONS         STAFFED         AVAILABLE         OF STAFFED           DESCRIPTION         DAYS         # PATIENT         BEDS (A)         BEDS (A)         BEDS (A)         BEDS (A)           Adult Medical/Surgical         177,270         38,903         38,188         486         494         99.9%           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0         84         125         99.9%           Psychiatric: Ages 0 to 17         4,284         306         288         12         15         97.8%           Psychiatric: Ages 18+         26.515         2,668         2,569         73         73         99.5%           OTAL PSYCHIATRIC         30,799         2,974         2,857         85         88         99.3%           Maternity         16,036         4,969         3,644         44         55         99.9%           Vendorn         9,527         4,419         3,695         27         40         96.7%           Neonatal ICU         17,049         917         0         47         52         99.9%           Other         0         0         0</td>	DISCHARGES         OR ICU/CCU         ADMISSIONS         STAFFED           DESCRIPTION         DAYS         # PATIENT         OR ICU/CCU         ADMISSIONS         STAFFED           DAVIS         # PATIENT         DAYS         # PATIENT         BEDS (A)         BEDS (A)           Adult Medical/Surgical         177,270         38,903         38,188         486           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0         84           Psychiatric: Ages 0 to 17         4,284         306         288         12           Psychiatric: Ages 18+         26,515         2,668         2,569         73           TOTAL PSYCHIATRIC         30,799         2,974         2,857         85           Rehabilitation         0         0         0         0         0         0           Vewborn         9,527         4,419         3,695         27         4,419         3,695         27           Neonatal ICU         17,049         917         0         47         47           Pediatric         19,689         5,269         2,461         54           Other         0         0         0         0         0           OTAL EXCLUDI	PATIENT         OR ICU/ICCU         ADMISSIONS         STAFFED         AVAILABLE           DESCRIPTION         DAYS         #PATIENT         BEDS (A)         BEDS         AVAILABLE           Adult Medical/Surgical         177,270         38,903         38,188         486         494           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0         84         125           Sychiatric: Ages 0 to 17         4,284         306         288         12         15           Sychiatric: Ages 10+         2,874         2,857         85         88           Rehabilitation         0         0         0         0         0           Vetworm         9,527         4,419         3,685         27         40           Vetworm         9,5269         2,461         54         64         64	DISCHARGES         OCCUPANCY           PATIENT         OR ICU/CCU         ADMISSIONS         STAFFED         AVAILABLE         OF STAFFED           DESCRIPTION         DAYS         # PATIENT         BEDS (A)         BEDS (A)         BEDS (A)         BEDS (A)           Adult Medical/Surgical         177,270         38,903         38,188         486         494         99.9%           CU/CCU (Excludes Neonatal ICU)         30,619         6,731         0         84         125         99.9%           Psychiatric: Ages 0 to 17         4,284         306         288         12         15         97.8%           Psychiatric: Ages 18+         26.515         2,668         2,569         73         73         99.5%           OTAL PSYCHIATRIC         30,799         2,974         2,857         85         88         99.3%           Maternity         16,036         4,969         3,644         44         55         99.9%           Vendorn         9,527         4,419         3,695         27         40         96.7%           Neonatal ICU         17,049         917         0         47         52         99.9%           Other         0         0         0

		NEW HAVEN HOSPIT			
		FISCAL YEAR 2011			
	REPORT 450 - HOSPITAL INPATIENT ANI		R SERVICES UTIL	ZATION AND FTES	;
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
Α.	CT Scans (A)				
1	Inpatient Scans	36,398	36,194	-204	-19
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	39,332	37,368	-1,964	-5
3	Emergency Department Scans	16,065	15,263	-802	-59
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0'
	Total CT Scans	91,795	88,825	-2,970	-3'
	MRI Scans (A)				
1	Inpatient Scans	7,535	8,468	933	129
~	Outpatient Scans (Excluding Emergency Department				
2	Scans)	24,535	24,491	-44	00
3	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	9,948	10,004	56 0	<u> </u>
4	Total MRI Scans	\$	42,963	945	<u> </u>
	Total MRT Scans	42,018	42,903	940	2
C.	PET Scans (A)				
		250	400	110	240
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	356	466	110	319
2	Scans)	1,819	1,828	9	09
3	Emergency Department Scans	743	746	3	09
4	Other Non-Hospital Providers' Scans (A)	0	0	0	09
	Total PET Scans	2,918	3,040	122	49
		_,	0,010		
D.	PET/CT Scans (A)				
1	Inpatient Scans	192	199	7	49
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	1,321	1,407	86	79
3	Emergency Department Scans	539	574	35	69
4	Other Non-Hospital Providers' Scans (A)	0	0	0	09
	Total PET/CT Scans	2,052	2,180	128	69
	(A) If the Hospital is not the primary provider of thes			scal year	
	volume of each of these types of scans from the	primary provider of the	he scans.		
_	Lineau Association Processions				
	Linear Accelerator Procedures				
1	Inpatient Procedures				
	Outracticat Drace durac	1,257	1,369	112	
2	Outpatient Procedures	25,702	27,038	1,336	59
	Outpatient Procedures Total Linear Accelerator Procedures				99 50 50
2	Total Linear Accelerator Procedures	25,702	27,038	1,336	59
2 F.	Total Linear Accelerator Procedures Cardiac Catheterization Procedures	25,702 <b>26,959</b>	27,038 28,407	1,336 <b>1,448</b>	5° 5'
2 <b>F.</b> 1	Cardiac Catheterization Procedures           Inpatient Procedures	25,702 26,959 3,173	27,038 28,407 3,397	1,336 <b>1,448</b> 224	5° 5° 7°
2 F.	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures	25,702 26,959 3,173 1,242	27,038 28,407 3,397 631	1,336 <b>1,448</b> 224 -611	5' 5' 7' -49'
2 <b>F.</b> 1	Cardiac Catheterization Procedures           Inpatient Procedures	25,702 26,959 3,173	27,038 28,407 3,397	1,336 <b>1,448</b> 224	59
2 <b>F.</b> 1 2	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures	25,702 26,959 3,173 1,242	27,038 28,407 3,397 631	1,336 <b>1,448</b> 224 -611	5' 5' 7' -49'
2 F. 1 2 G.	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures	25,702 26,959 3,173 1,242 4,415	27,038 28,407 3,397 631 4,028	1,336 1,448 224 -611 -387	5' 5 7' -49 - <b>9</b>
2 F. 1 2 G. 1	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures	25,702 26,959 3,173 1,242 4,415 10	27,038 28,407 3,397 631 4,028 158	1,336 1,448 224 -611 -387 148	5 5 7' -49 -9 1480'
2 F. 1 2 G.	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures	25,702 26,959 3,173 1,242 4,415 10 1,347	27,038 28,407 3,397 631 4,028 158 1,305	1,336 1,448 224 -611 -387 148 -42	5 5 7 -49 -9 -9 1480 -3
2 <b>F.</b> 1 2 <b>G.</b> 1	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures	25,702 26,959 3,173 1,242 4,415 10	27,038 28,407 3,397 631 4,028 158	1,336 1,448 224 -611 -387 148	5 5 7 -49 -9 -9 1480 -3
2 F. 1 2 G. 1 2	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures	25,702 26,959 3,173 1,242 4,415 10 1,347	27,038 28,407 3,397 631 4,028 158 1,305	1,336 1,448 224 -611 -387 148 -42	5 5 7 -49 -9 -9
2 F. 1 2 G. 1 2	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures	25,702 26,959 3,173 1,242 4,415 10 1,347	27,038 28,407 3,397 631 4,028 158 1,305	1,336 1,448 224 -611 -387 148 -42	5 5 7 -49 -9 1480 -3 8
2 <b>F.</b> 1 2 <b>G.</b> 1 2 H.	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Elective Procedures         Electrophysiology Studies	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357	27,038 28,407 3,397 631 4,028 1,305 1,305 1,463	1,336 1,448 224 -611 -387 148 -42 106	5 5 7 -49 -9 1480 -3 8 100
2 <b>F.</b> 1 2 <b>G.</b> 1 2 <b>H.</b> 1	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Elective Procedures         Electrophysiology Studies         Inpatient Studies	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357 689	27,038 28,407 3,397 631 4,028 158 1,305 1,463 1,377	1,336 1,448 224 -611 -387 148 -42 106 688	5 5 7 -49 -9 1480 -3 8 8 100 90
2 <b>F.</b> 1 2 <b>G.</b> 1 2 <b>H.</b> 1	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Electrophysiology Studies         Inpatient Studies         Outpatient Studies	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357 689 104	27,038 28,407 3,397 631 4,028 158 1,305 1,463 1,377 198	1,336 1,448 224 -611 -387 148 -42 106 688 94	5 5 7 -49 -9 1480 -3 8 8 100 90
2 <b>F.</b> 1 2 <b>G.</b> 1 2 <b>H.</b> 1	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Electrophysiology Studies         Inpatient Studies         Outpatient Studies	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357 689 104	27,038 28,407 3,397 631 4,028 158 1,305 1,463 1,377 198	1,336 1,448 224 -611 -387 148 -42 106 688 94	5 5 7 -49 -9 1480 -3 8 8 100 90
2 <b>F.</b> 1 2 <b>G.</b> 1 2 <b>H.</b> 1 2	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Electrophysiology Studies         Inpatient Studies         Outpatient Studies	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357 689 104	27,038 28,407 3,397 631 4,028 158 1,305 1,463 1,377 198	1,336 1,448 224 -611 -387 148 -42 106 688 94	5 5 7 -49 -9 1480 -3 8 8 100 90 99
2 <b>F.</b> 1 2 <b>G.</b> 1 2 <b>H.</b> 1 2 <b>I.</b>	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Elective Procedures         Dutpatient Studies         Inpatient Studies         Outpatient Studies         Surgical Procedures         Inpatient Surgical Procedures	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357 689 104 793	27,038 28,407 3,397 631 4,028 158 1,305 1,463 1,377 198 1,375	1,336 1,448 224 -611 -387 148 -42 106 688 94 782	5 5 7 -49 -9 -9 1480 -3
2 F. 1 2 G. 1 2 H. 1 2 1	Total Linear Accelerator Procedures         Cardiac Catheterization Procedures         Inpatient Procedures         Outpatient Procedures         Total Cardiac Catheterization Procedures         Cardiac Angioplasty Procedures         Primary Procedures         Elective Procedures         Total Cardiac Angioplasty Procedures         Electrophysiology Studies         Inpatient Studies         Outpatient Studies         Surgical Procedures         Inpatient Surgical Procedures	25,702 26,959 3,173 1,242 4,415 10 1,347 1,357 689 104 793 15,239	27,038 28,407 3,397 631 4,028 158 1,305 1,463 1,305 1,463 1,377 198 1,575 1,564	1,336 1,448 224 -611 -387 148 -42 106 688 94 782 325	5 5 -49 -9 -9 -9 -9 -9 -9 -9 

	ΥΔΙ Ε	NEW HAVEN HOSPIT	ΔΙ		
		MONTHS ACTUAL FI			
		FISCAL YEAR 2011			
	REPORT 450 - HOSPITAL INPATIENT AN		R SERVICES UTIL	ZATION AND FTES	6
(1)	(2)	(3)	(4)	(5)	(6)
. /			. /	.,	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	212	222	10	5%
	Outpatient Endoscopy Procedures	11,433	10,739	-694	-6%
	Total Endoscopy Procedures	11,645	10,961	-684	-6%
	Hospital Emergency Room Visits				
	Emergency Room Visits: Treated and Admitted	28,571	28,351	-220	-1%
2	Emergency Room Visits: Treated and Discharged	93,579	92,128	-1,451	-2%
	Total Emergency Room Visits	122,150	120,479	-1,671	-1%
L.	Hospital Clinic Visits				
	Substance Abuse Treatment Clinic Visits	0	0	0	0%
	Dental Clinic Visits	0	0	0	0%
	Psychiatric Clinic Visits	1,417	1,357	-60	-4%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	120,453	130,653	10,200	8%
	Total Hospital Clinic Visits	121,870	132,010	10,140	8%
	Other Hospital Outpatient Visits	0		0	00/
	Rehabilitation (PT/OT/ST)	0	0	0	0%
	Cardiology	÷	•	v	0%
	Chemotherapy	28,217	30,194	1,977	<u>7%</u> -1%
4 5	Gastroenterology	<u>15,540</u> 556,388	15,450 589.151	-90	
5	Other Outpatient Visits Total Other Hospital Outpatient Visits	<u> </u>	634.795	32,763 <b>34.650</b>	<u> </u>
	Total Other Hospital Outpatient visits	600,145	634,795	34,030	0%
	Hospital Full Time Equivalent Employees				
	Total Nursing FTEs	2,371.7	2,746.5	374.8	16%
	Total Physician FTEs	738.4	751.8	13.4	2%
3	Total Non-Nursing and Non-Physician FTEs	3,968.7	4,112.8	144.1	4%
	Total Hospital Full Time Equivalent Employees	7,078.8	7,611.1	532.3	8%

	YALE-NEW HAV	EN HOSPITAL			
	TWELVE MONTHS	<b>ACTUAL FILIN</b>	G		
		YEAR 2011			
REP	ORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOS	COPY AND EMI	ERGENCY RO	OM SERVICES	BY LOCATION
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
Α.	Outpatient Surgical Procedures				
1	Temple Medical Center	2,955	6,398	3,443	117%
2	Yale New Haven Hospital	18,721	15,076	-3,645	-19%
	Total Outpatient Surgical Procedures(A)	21,676	21,474	-202	-1%
В.	Outpatient Endoscopy Procedures				
1	Temple Medical Center	6,223	5,747	-476	-8%
2	Yale New Haven Hospital	5,210	4,992	-218	-4%
	Total Outpatient Endoscopy Procedures(B)	11,433	10,739	-694	-6%
C.	Outpatient Hospital Emergency Room Visits				
1	N/A	0	0	0	0%
2	Shoreline Medical Center	20,100	19,788	-312	-2%
3	Yale New Haven Hospital	73,479	72,340	-1,139	-2%
	Total Outpatient Hospital Emergency Room Visits	93,579	92,128	-1,451	-2%
	(A) Must agree with Total Outpatient Surgical Procedur	es on Report 4	50.		<u> </u>
	(B) Must agree with Total Outpatient Endoscopy Proce	dures on Repor	t 450.		
	(C) Must agree with Emergency Room Visits Treated an	nd Discharged o	on Report 450		

	YALE-NEW HAVEN HOSPITAL							
	TWELVE MC	NTHS ACTUAL FILING						
	F	ISCAL YEAR 2011						
	REPORT FORM 500 - CALCUI	ATION OF DSH UPPER	PAYMENT LI	ИГ				
	AND BASELINE UNDERPAY	MENT DATA: COMPARAT	IVE ANALYS	IS				
				.0				
		ACTUAL	ACTUAL	AMOUNT	%			
	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE			
			112011	DITTERENCE	DIFFERENCE			
I.	DATA BY MAJOR PAYER CATEGORY							
Α.	MEDICARE							
<u> </u>								
	MEDICARE INPATIENT							
	INPATIENT ACCRUED CHARGES	\$925,659,420	\$1,108,821,251	\$183,161,831	20			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$323,184,765	\$348,345,397	\$25,160,632	8			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.91%	31.42%	-3.50%	-1(			
	DISCHARGES	17,357	17,747	390	2			
5	CASE MIX INDEX (CMI)	1.67120	1.78080	0.10960	7			
	CASE MIX ADJUSTED DISCHARGES (CMAD)	29,007.01840	31,603.85760	2,596.83920	9			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,141.61	\$11,022.24	(\$119.36)	-			
	PATIENT DAYS	98,192	109,506	11,314	12			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,291.36	\$3,181.06	(\$110.29)	-3			
10	AVERAGE LENGTH OF STAY	5.7	6.2	0.5	g			
	MEDICARE OUTPATIENT							
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$328,954,688	\$393,054,480	\$64,099,792	19			
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$73,407,846	\$85,804,236	\$12,396,390	17			
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.32%	21.83%	-0.49%	-2			
	OUTPATIENT CHARGES / INPATIENT CHARGES	35.54%	35.45%	-0.09%	(			
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,168.21522	6,290.94892	122.73371	2			
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,900.99	\$13,639.32	\$1,738.33	15			
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)							
17	TOTAL ACCRUED CHARGES	\$1,254,614,108	\$1,501,875,731	\$247,261,623	20			
18	TOTAL ACCRUED PAYMENTS	\$396,592,611	\$434,149,633	\$37,557,022	ç			
19	TOTAL ALLOWANCES	\$858,021,497	\$1,067,726,098	\$209,704,601	24			

	YALE-NEW HAVE	N HOSPITAL			
	TWELVE MONTHS A	CTUAL FILING			
	FISCAL Y	EAR 2011			
	REPORT FORM 500 - CALCULATION C				
	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	IVE ANALYS	IS	
		ACTUAL	ACTUAL	AMOUNT	%
	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
	DESCRIPTION	112010	112011	DIFFERENCE	DIFFERENCE
Б					
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT INPATIENT ACCRUED CHARGES	\$000 775 005	¢4 000 474 040	\$74.000 F00	70/
	INPATIENT ACCRUED CHARGES	\$996,775,285 \$371,533,140	\$1,068,171,813 \$393,449,462	\$71,396,528 \$21,916,322	7% 6%
	INPATIENT ACCROED PAYMENTS (IP PMT)	\$371,533,140	\$393,449,462	\$21,916,322	-1%
4	DISCHARGES	23.401	23.108	-0.44%	-1%
	CASE MIX INDEX (CMI)	1.24170	1.36190	0.12020	10%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.057.02170	31.470.78520	2.413.76350	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,786.35	\$12,502.05	(\$284.29)	-2%
	MEDICARE - NON-GOVERNMENT / PMT / CMAD	(\$1,644,74)	(\$1,479.81)	\$164.93	-10%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$47,791,258)	(\$46,570,821)	\$1,220,437	-3%
	PATIENT DAYS	97.851	97,665	(186)	-3%
-	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,796.93	\$4,028.56	\$231.63	6%
	AVERAGE LENGTH OF STAY	4.2	4.2	0.0	1%
				0.0	.,,,
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$695,687,882	\$762,357,176	\$66,669,294	10%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$314,887,575	\$339,695,948	\$24,808,373	8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.26%	44.56%	-0.70%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	69.79%	71.37%	1.58%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	16,332.45965	16,492.24348	159.78383	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$19,279.86	\$20,597.32	\$1,317.45	7%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$7,378.88)	(\$6,958.00)	\$420.88	-6%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$120,515,193)	(\$114,753,039)	\$5,762,154	-5%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$1,692,463,167	\$1,830,528,989	\$138,065,822	8%
22	TOTAL ACCRUED PAYMENTS	\$686,420,715	\$733,145,410	\$46,724,695	7%
23	TOTAL ALLOWANCES	\$1,006,042,452	\$1,097,383,579	\$91,341,127	9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$400.000.454)	(\$161.323.860)	\$6.982.591	407
24	I UTAL OFFER LIWIT (UVER) / UNDERPATMENT	(\$168,306,451)	(\$161,323,860)	\$6,982,591	-4%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$1,566,246,297	\$1,736,523,939	\$170,277,642	11%
25	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$714,995,462	\$770,806,705	\$55,811,243	8%
20	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	φ/ 14,333,40Z	\$770,000,705	φ33,011,243	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,399	13%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.35%	55.61%	1.26%	1370

	YALE-NEW HA	VEN HOSPITAL							
	TWELVE MONTH	S ACTUAL FILING							
	FISCA	L YEAR 2011							
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS								
	AND BASELINE UNDERPAYMEN	T DATA: COMPARAT	IVE ANALYS	IS					
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE				
	DEGORIN HON		112011	DITTERENCE	DITERENCE				
C.	UNINSURED								
	UNINSURED INPATIENT								
1	INPATIENT ACCRUED CHARGES	\$51,128,104	\$32,517,553	(\$18,610,551)	-36%				
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,292,001	\$8,949,293	\$6,657,292	2909				
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.48%	27.52%	23.04%	5149				
4	DISCHARGES	1,436	939	(497)	-35%				
5	CASE MIX INDEX (CMI)	1.31840	1.59190	0.27350	219				
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,893.22240	1,494.79410	(398.42830)	-219				
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,210.63	\$5,986.97	\$4,776.34	395				
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,575.71	\$6,515.08	(\$5,060.63)	-449				
9	MEDICARE - UNINSURED IP PMT / CMAD	\$9,930.97	\$5,035.27	(\$4,895.70)	-49%				
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,801,537	\$7,526,691	(\$11,274,846)	-609				
11	PATIENT DAYS	5,967	3,050	(2,917)	-499				
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$384.11	\$2,934.19	\$2,550.08	6649				
13	AVERAGE LENGTH OF STAY	4.2	3.2	(0.9)	-229				
	UNINSURED OUTPATIENT								
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,157,729	\$61,487,497	\$7,329,768	149				
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,830,957	\$7,969,346	(\$9,861,611)	-55				
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.92%	12.96%	-19.96%	-61				
17	OUTPATIENT CHARGES / INPATIENT CHARGES	105.93%	189.09%	83.16%	79				
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,521.09100	1,775.55672	254.46572	179				
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,722.48	\$4,488.36	(\$7,234.11)	-62				
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,557.38	\$16,108.95	\$8,551.57	113				
21	MEDICARE - UNINSURED OP PMT / OPED	\$178.51	\$9,150.95	\$8,972.44	5026				
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$271,526	\$16,248,032	\$15,976,505	5884				
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)								
23	TOTAL ACCRUED CHARGES	\$105,285,833	\$94,005,050	(\$11,280,783)	-119				
24	TOTAL ACCRUED PAYMENTS	\$20,122,958	\$16,918,639	(\$3,204,319)	-16				
25	TOTAL ALLOWANCES	\$85,162,875	\$77,086,411	(\$8,076,464)	-99				
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,073,063	\$23,774,723	\$4,701,660	259				

	YALE-NEW HAVEN HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2011							
	REPORT FORM 500 - CALCUL			ЛТ				
	AND BASELINE UNDERPAYN	IENT DATA: COMPARAT	IVE ANALYS	IS				
		ACTUAL	ACTUAL	AMOUNT	%			
I INF	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE			
D.	STATE OF CONNECTICUT MEDICAID							
		<b>0</b> 550,072,010	\$707 004 Too	\$004 000 0TT				
1 2	INPATIENT ACCRUED CHARGES INPATIENT ACCRUED PAYMENTS (IP PMT)	\$553,272,849	\$787,961,706	\$234,688,857	42%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,997,730	\$137,609,515	\$40,611,785	42%			
3 4	DISCHARGES	17.53%	17.46% 16.249	-0.07% 3.853	31%			
4	CASE MIX INDEX (CMI)	12,396	1,23890	0.10290				
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,081.85600	20,130.88610	6,049.03010	43%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6.888.14	\$6.835.74	(\$52.39)	-1%			
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,888.14	\$5,666.31	(\$52.39)	-1%			
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,696.21	\$4,186.50	(\$66.97)	-4%			
-	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,233.47	\$84,278,003	\$24,381,244	-2%			
10	PATIENT DAYS	70,465	\$04,278,003 92,087	\$24,361,244	31%			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,376.54	\$1,494.34	\$117.80	9%			
13	AVERAGE LENGTH OF STAY	5.7	5.7	(0.0)	0%			
	MEDICAID OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$201,168,572	\$295,984,179	\$94,815,607	47%			
		\$54,137,060	\$76.318.653	\$22,181,593	41%			
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.91%	25.78%	-1.13%	-4%			
17	OUTPATIENT CHARGES / INPATIENT CHARGES	36.36%	37.56%	1.20%	3%			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,507.15343	6.103.65566	1.596.50223	35%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,011.36	\$12,503,76	\$492.40	4%			
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,268.50	\$8,093.55	\$825.06	119			
21	MEDICARE - MEDICAID OP PMT / OPED	(\$110.38)	\$1,135.55	\$1.245.93	-1129%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$497,488)	\$6,931,031	\$7,428,519	-1493%			
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)							
23	TOTAL ACCRUED CHARGES	\$754,441,421	\$1,083,945,885	\$329,504,464	44%			
24	TOTAL ACCRUED PAYMENTS	\$151,134,790	\$213,928,168	\$62,793,378	42%			
25	TOTAL ALLOWANCES	\$603,306,631	\$870,017,717	\$266,711,086	44%			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$59,399,271	\$91,209,034	\$31,809,763	54%			

	YALE-NEW HAVEN HOSPITAL						
	TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2011							
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT						
	AND BASELINE UNDERPAYMENT D	DATA: COMPARAT	IVE ANALYS	IS			
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE		
Е.	OTHER MEDICAL ASSISTANCE (O.M.A.)						
	OTHER MEDICAL ASSISTANCE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$134,657,674	\$0	(\$134,657,674)	-100%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,404,615	\$0	(\$21,404,615)	-100%		
	INPATIENT PAYMENTS / INPATIENT CHARGES	15.90%	0.00%	-15.90%	-100%		
4	DISCHARGES	3,125	-	(3,125)	-100%		
5	CASE MIX INDEX (CMI)	1.19410	0.00000	(1.19410)	-100%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,731.56250	0.00000	(3,731.56250)	-100%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,736.10	\$0.00	(\$5,736.10)	-100%		
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$7,050.25	\$12,502.05	\$5,451.81	77%		
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,405.51	\$11,022.24	\$5,616.74	104%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,170,983	\$0	(\$20,170,983)	-100%		
11	PATIENT DAYS	16,469	0	(16,469)	-100%		
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,299.69	\$0.00	(\$1,299.69)	-100%		
13	AVERAGE LENGTH OF STAY	5.3	-	(5.3)	-100%		
	OTHER MEDICAL ASSISTANCE OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$42,816,317	\$0	(\$42,816,317)	-100%		
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,339,594	\$0	(\$8,339,594)	-100%		
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.48%	0.00%	-19.48%	-100%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	31.80%	0.00%	-31.80%	-100%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	993.63806	0.00000	(993.63806)	-100%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,392.99	\$0.00	(\$8,392.99)	-100%		
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$10,886.87	\$20,597.32	\$9,710.44	89%		
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,508.00	\$13,639.32	\$10,131.32	289%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,485,679	\$0	(\$3,485,679)	-100%		
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)						
23	TOTAL ACCRUED CHARGES	\$177,473,991	\$0	(\$177,473,991)	-100%		
24	TOTAL ACCRUED PAYMENTS	\$29,744,209	\$0	(\$29,744,209)	-100%		
25	TOTAL ALLOWANCES	\$147,729,782	\$0	(\$147,729,782)	-100%		
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$23,656,663	\$0	(\$23,656,663)	-100%		

	YALE-NEW HA	VEN HOSPITAL			
	TWELVE MONTH	S ACTUAL FILING			
	FISCA	L YEAR 2011			
	REPORT FORM 500 - CALCULATIO			міт	
	AND BASELINE UNDERPAYMEN	DATA: COMPARAT	IVE ANALYS	15	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDIC	AL ASSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
	INPATIENT ACCRUED CHARGES	\$687,930,523	\$787,961,706	\$100,031,183	15%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$118.402.345	\$137,609,515	\$19,207,170	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.21%	17.46%	0.25%	19
4	DISCHARGES	15,521	16,249	728	5%
5	CASE MIX INDEX (CMI)	1.14770	1.23890	0.09120	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	17,813.41850	20,130.88610	2,317.46760	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,646.81	\$6,835.74	\$188.93	3%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,139.54	\$5,666.31	(\$473.23)	-8%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,494.80	\$4,186.50	(\$308.30)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$80,067,742	\$84,278,003	\$4,210,260	5%
11	PATIENT DAYS	86,934	92,087	5,153	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,361.98	\$1,494.34	\$132.36	10%
13	AVERAGE LENGTH OF STAY	5.6	5.7	0.1	1%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$243,984,889	\$295,984,179	\$51,999,290	21%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$62.476.654	\$76.318.653	\$13.841.999	22%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.61%	25.78%	0.18%	19
17	OUTPATIENT CHARGES / INPATIENT CHARGES	35.47%	37.56%	2.10%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,500.79149	6,103.65566	602.86416	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,357.76	\$12,503.76	\$1,146.00	10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,922.11	\$8,093.55	\$171.45	29
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$543.23	\$1,135.55	\$592.32	109%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,988,191	\$6,931,031	\$3,942,840	132%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
	TOTAL ACCRUED CHARGES	\$931,915,412	\$1,083,945,885	\$152,030,473	16%
	TOTAL ACCRUED PAYMENTS	\$180,878,999	\$213,928,168	\$33,049,169	18%
	TOTAL ALLOWANCES	\$751.036.413	\$870.017.717	\$118,981,304	16%
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	YALE-NEW HAVE	N HOSPITAL							
	TWELVE MONTHS A	CTUAL FILING							
	FISCAL YEAR 2011 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT								
	AND BASELINE UNDERPAYMENT DA								
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	<u>FY 2010</u>	FY 2011	DIFFERENCE	DIFFERENCE				
G.	CHAMPUS / TRICARE								
•••									
	CHAMPUS / TRICARE INPATIENT								
1	INPATIENT ACCRUED CHARGES	\$16,820,452	\$19,854,188	\$3,033,736	18%				
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,524,787	\$4,756,382	\$1,231,595	35%				
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.96%	23.96%	3.00%	14%				
4	DISCHARGES	323	347	24	7%				
5	CASE MIX INDEX (CMI)	1.24230	1.42500	0.18270	15%				
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	401.26290	494.47500	93.21210	23%				
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,784.23	\$9,619.05	\$834.82	10%				
8	PATIENT DAYS	1,728	1,731	3	0%				
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,039.81	\$2,747.77	\$707.96	35%				
10	AVERAGE LENGTH OF STAY	5.3	5.0	(0.4)	-7%				
	CHAMPUS / TRICARE OUTPATIENT								
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,247,026	\$7,091,654	\$844,628	14%				
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,463,260	\$1,497,774	(\$965,486)	-39%				
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)								
13	TOTAL ACCRUED CHARGES	\$23,067,478	\$26,945,842	\$3,878,364	17%				
14	TOTAL ACCRUED PAYMENTS	\$5,988,047	\$6,254,156	\$266,109	4%				
15	TOTAL ALLOWANCES	\$17,079,431	\$20,691,686	\$3,612,255	21%				
н.	OTHER DATA								
1	OTHER OPERATING REVENUE	\$11,389,417	\$9,434,287	(\$1,955,130)	-17%				
2	TOTAL OPERATING EXPENSES	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%				
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$11,001,260	\$0	(\$11,001,260)	-100%				
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)								
4	CHARITY CARE (CHARGES)	\$28,159,845	\$31,059,911	\$2,900,066	10%				
5	BAD DEBTS (CHARGES)	\$61,051,690	\$55,846,721	(\$5,204,969)	-9%				
6	UNCOMPENSATED CARE (CHARGES)	\$89,211,535	\$86,906,632	(\$2,304,903)	-3%				
7	COST OF UNCOMPENSATED CARE	\$30,783,717	\$28,013,188	(\$2,770,529)	-9%				
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)								
8	TOTAL ACCRUED CHARGES	\$931,915,412	\$1,083,945,885	\$152,030,473	16%				
9	TOTAL ACCRUED PAYMENTS	\$180,878,999	\$213,928,168	\$33,049,169	18%				
10	COST OF TOTAL MEDICAL ASSISTANCE	\$321,570,752	\$349,395,434	\$27,824,681	9%				
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$140,691,753	\$135,467,266	(\$5,224,488)	-4%				

YALE-NEW HAVEN HOSPITAL													
TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT													
									AND BASELINE UNDERFAIN	IENT DATA. COMPARAT	IVE ANAL IS	13	
		ACTUAL	ACTUAL	AMOUNT	%								
LINE	DESCRIPTION	<u> </u>	FY 2011	DIFFERENCE	DIFFERENCE								
II.	AGGREGATE DATA												
	TOTALS - ALL PAYERS												
1	TOTAL INPATIENT CHARGES	\$2,627,185,680	\$2,984,808,958	\$357,623,278	14								
	TOTAL INPATIENT PAYMENTS	\$816,645,037	\$884,160,756	\$67,515,719	8								
	TOTAL INPATIENT PAYMENTS / CHARGES	31.08%	29.62%	-1.46%	-								
	TOTAL DISCHARGES TOTAL CASE MIX INDEX	56,602	57,451	849									
	TOTAL CASE MIX INDEX TOTAL CASE MIX ADJUSTED DISCHARGES	1.34763 76.278.72150	1.45689 83.700.00390	0.10926	1								
	TOTAL OUTPATIENT CHARGES	\$1,274,874,485	\$1,458,487,489	\$183,613,004	14								
	OUTPATIENT CHARGES / INPATIENT CHARGES	48.53%	48.86%	0.34%									
9	TOTAL OUTPATIENT PAYMENTS	\$453,235,335	\$503,316,611	\$50,081,276	1								
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.55%	34.51%	-1.04%									
11	TOTAL CHARGES	\$3,902,060,165	\$4,443,296,447	\$541,236,282	1								
12	TOTAL PAYMENTS	\$1,269,880,372	\$1,387,477,367	\$117,596,995									
13	TOTAL PAYMENTS / TOTAL CHARGES	32.54%	31.23%	-1.32%	-								
14	PATIENT DAYS	284,705	300,989	16,284	6								
	TOTALS - ALL GOVERNMENT PAYERS												
1	INPATIENT CHARGES	\$1,630,410,395	\$1,916,637,145	\$286,226,750	1								
2	INPATIENT PAYMENTS	\$445,111,897	\$490,711,294	\$45,599,397	1								
-	GOVT. INPATIENT PAYMENTS / CHARGES	27.30%	25.60%	-1.70%	-								
4	DISCHARGES CASE MIX INDEX	33,201	34,343	1,142 0.09851									
	CASE MIX INDEX CASE MIX ADJUSTED DISCHARGES	47,221.69980	52,229.21870	5,007.51890	1								
7	OUTPATIENT CHARGES	\$579,186,603	\$696,130,313	\$116,943,710	2								
8	OUTPATIENT CHARGES / INPATIENT CHARGES	35.52%	36.32%	0.80%	2								
9	OUTPATIENT PAYMENTS	\$138,347,760	\$163,620,663	\$25,272,903	1								
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.89%	23.50%	-0.38%	-								
-	TOTAL CHARGES	\$2,209,596,998	\$2.612.767.458	\$403,170,460	1								
12	TOTAL PAYMENTS	\$583,459,657	\$654,331,957	\$70,872,300	1								
13	TOTAL PAYMENTS / CHARGES	26.41%	25.04%	-1.36%	-								
	PATIENT DAYS	186,854	203,324	16,470									
15	TOTAL GOVERNMENT DEDUCTIONS	\$1,626,137,341	\$1,958,435,501	\$332,298,160	2								
	AVERAGE LENGTH OF STAY												
		5.7	6.2	0.5									
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.2	0.0									
-	UNINSURED MEDICAID	4.2	3.2	(0.9)	-2								
	OTHER MEDICAL ASSISTANCE	5.7	5.7	(0.0)	-10								
-	CHAMPUS / TRICARE	5.3	- 5.0	(5.3)	-10								
7	TOTAL AVERAGE LENGTH OF STAY	5.0	5.0	(0.4)	-								
'		5.0	J.2	0.2									

	YALE-NEW HAVEN I	HOSPITAL					
	TWELVE MONTHS ACT	TUAL FILING					
FISCAL YEAR 2011 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYMENT DAT	A: COMPARAT	IVE ANAL 15	12			
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE		
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION						
	TOTAL CHARGES	\$3,902,060,165	\$4,443,296,447	\$541,236,282	14%		
	TOTAL GOVERNMENT DEDUCTIONS	\$1,626,137,341	\$1,958,435,501	\$332,298,160	20%		
-	UNCOMPENSATED CARE TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$89,211,535	\$86,906,632	(\$2,304,903)			
		\$851,250,835	\$965,717,234	\$114,466,399	13%		
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%		
-	TOTAL ADJUSTMENTS TOTAL ACCRUED PAYMENTS	\$2,566,599,711	\$3,011,059,367	\$444,459,656	17%		
		\$1,335,460,454	\$1,432,237,080	\$96,776,626	7%		
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$11,001,260	\$0	(\$11,001,260)	-100%		
-	RATIO OF NET REVENUE TO TOTAL CHARGES	\$1,346,461,714	\$1,432,237,080 0.3223366024	\$85,775,366	69		
	COST OF UNCOMPENSATED CARE	0.3450643140 \$30,783,717		(0.0227277116) (\$2,770,529)	-7% -9%		
	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	4 7 7	\$28,013,188	(\$2,770,529)	-9%		
		\$140,691,753	\$135,467,266	( ,			
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%		
14	TOTAL COST OF UNCOMPENSATED CARE AND			(***********			
	MEDICAL ASSISTANCE UNDERPAYMENT	\$171,475,470	\$163,480,454	(\$7,995,016)	-5%		
11/							
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)						
1	MEDICAID	(\$497,488)	\$6,931,031	\$7,428,519	-1493%		
	OTHER MEDICAL ASSISTANCE	\$23,656,663	30,931,031 \$0	(\$23,656,663)	-1493%		
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,073,063	\$23,774,723	\$4,701,660	25%		
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$42,232,238	\$30,705,754	(\$11,526,484)	-27%		
-		ψ+2,232,230	\$00,700,70 <del>4</del>	(\$11,520,404)	-217		
۷.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600						
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%		
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$37,696,368	\$54,579,633	\$16,883,265	44.79%		
-	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$1,318,578,000	\$1,442,057,000	\$123,479,000	9.36%		
-	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%		
	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$3,902,060,165	\$4,443,296,000	\$541,235,835	13.87%		
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$834,500	\$782,368	(\$52,132)	-6.25%		
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$90,046,035	\$87,689,000	(\$2,357,035)	-2.62%		

	YALE-NEW HAVEN HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYI BASELINE UNDERPAYMENT DATA			
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
			, <i>'</i>	
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2010</u>	<u>FY 2011</u>	DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
1.	ACCROED CHARGES AND I ATMENTS			
	INPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$996,775,285	\$1,068,171,813	\$71,396,528
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$925,659,420 \$687,930,523	1,108,821,251 787,961,706	<u>\$183,161,831</u> \$100,031,183
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$553,272,849	787,961,706	\$234,688,857
	OTHER MEDICAL ASSISTANCE	\$134,657,674	0	(\$134,657,674)
		\$16,820,452	19,854,188	\$3,033,736
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT CHARGES	\$51,128,104 <b>\$1,630,410,395</b>	32,517,553 <b>\$1,916,637,145</b>	(\$18,610,551) \$286,226,750
L	TOTAL INPATIENT CHARGES	\$2,627,185,680	\$2,984,808,958	\$357,623,278
		¢605 607 000	¢700 057 470	¢ee eco oo t
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$695,687,882 \$328,954,688	\$762,357,176 393,054,480	\$66,669,294 \$64,099,792
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$243,984,889	295,984,179	\$51,999,290
4	MEDICAID	\$201,168,572	295,984,179	\$94,815,607
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$42,816,317	0	(\$42,816,317)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,247,026 \$54,157,729	7,091,654 61,487,497	\$844,628 \$7,329,768
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$579,186,603	\$696,130,313	\$116,943,710
	TOTAL OUTPATIENT CHARGES	\$1,274,874,485	\$1,458,487,489	\$183,613,004
C.	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,692,463,167	\$1,830,528,989	\$138,065,822
	TOTAL MEDICARE	\$1,254,614,108	\$1,501,875,731	\$247,261,623
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAID	\$931,915,412	\$1,083,945,885	\$152,030,473
	TOTAL MEDICAL ASSISTANCE	\$754,441,421 \$177,473,991	\$1,083,945,885 \$0	\$329,504,464 (\$177,473,991)
	TOTAL CHAMPUS / TRICARE	\$23,067,478	\$26,945,842	\$3,878,364
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$105,285,833	\$94,005,050	(\$11,280,783)
	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$2,209,596,998 \$3,902,060,165	\$2,612,767,458 \$4,443,296,447	\$403,170,460 \$541,236,282
		\$3,302,000,103	\$4,445,290,447	<i>4</i> J41,230,202
	INPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$371,533,140	\$393,449,462	\$21,916,322
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$323,184,765 \$118,402,345	348,345,397 137,609,515	\$25,160,632 \$19,207,170
	MEDICAID	\$96,997,730	137,609,515	\$40,611,785
	OTHER MEDICAL ASSISTANCE	\$21,404,615	0	(\$21,404,615)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,524,787 \$2,292,001	4,756,382 8,949,293	\$1,231,595 \$6,657,292
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$445,111,897	\$490,711,294	\$45,599,397
	TOTAL INPATIENT PAYMENTS	\$816,645,037	\$884,160,756	\$67,515,719
<u> </u>				
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$314,887,575	\$339,695,948	\$24,808,373
1		ψυιπ,001,010		\$12,396,390
	MEDICARE	\$73,407,846	85,804,236	
2 3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,476,654	76,318,653	\$13,841,999
2 3 4	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$62,476,654 \$54,137,060	76,318,653 76,318,653	\$22,181,593
2 3 4 5	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE	\$62,476,654 \$54,137,060 \$8,339,594	76,318,653 76,318,653 0	\$22,181,593 (\$8,339,594)
2 3 4 5 6	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$62,476,654 \$54,137,060	76,318,653 76,318,653	\$22,181,593
2 3 4 5 6	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b>	76,318,653 76,318,653 0 1,497,774 7,969,346 <b>\$163,620,663</b>	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) <b>\$25,272,903</b>
2 3 4 5 6	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957	76,318,653 76,318,653 0 1,497,774 7,969,346	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611)
2 3 4 5 6 7	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b>	76,318,653 76,318,653 0 1,497,774 7,969,346 <b>\$163,620,663</b>	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) <b>\$25,272,903</b>
2 3 4 5 6 7 <b>F.</b> 1	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715	76,318,653 76,318,653 0 1,497,774 7,969,346 <b>\$163,620,663</b> <b>\$503,316,611</b> \$733,145,410	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695
2 3 4 5 6 7 <b>F.</b> 1 2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715 \$396,592,611	76,318,653 76,318,653 0 1,497,774 7,969,346 <b>\$163,620,663</b> <b>\$503,316,611</b> \$733,145,410 \$434,149,633	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695 \$37,557,022
2 3 4 5 6 7 <b>F.</b> 1 2 3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715 \$396,592,611 \$180,878,999	76,318,653 76,318,653 0 1,497,774 7,969,346 \$163,620,663 \$503,316,611 \$733,145,410 \$434,149,633 \$213,928,168	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695 \$37,557,022 \$33,049,169
2 3 4 5 6 7 <b>F.</b> 1 2 3 4	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715 \$396,592,611	76,318,653 76,318,653 0 1,497,774 7,969,346 <b>\$163,620,663</b> <b>\$503,316,611</b> \$733,145,410 \$434,149,633	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695 \$37,557,022
2 3 4 5 6 7 7 <b>F.</b> 1 2 3 4 5	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL D TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715 \$396,592,611 \$180,878,999 \$151,134,790 \$29,744,209 \$5,988,047	76,318,653 76,318,653 0 1,497,774 7,969,346 \$163,620,663 \$503,316,611 \$733,145,410 \$434,149,633 \$213,928,168 \$213,928,168 \$0 \$6,254,156	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695 \$37,557,022 \$33,049,169 \$62,793,378 (\$29,744,209) \$266,109
2 3 4 5 6 7 7 <b>F.</b> 1 2 3 4 5	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715 \$396,592,611 \$180,878,999 \$151,134,790 \$29,744,209 \$5,988,047 \$20,122,958	76,318,653 76,318,653 0 1,497,774 7,969,346 \$163,620,663 \$503,316,611 \$733,145,410 \$434,149,633 \$213,928,168 \$213,928,168 \$213,928,168 \$0 \$6,254,156 \$16,918,639	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695 \$37,557,022 \$33,049,169 \$62,793,378 (\$29,744,209) \$266,109 (\$3,204,319)
2 3 4 5 6 7 7 <b>F.</b> 1 2 3 4 5 6	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL D TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$62,476,654 \$54,137,060 \$8,339,594 \$2,463,260 \$17,830,957 <b>\$138,347,760</b> <b>\$453,235,335</b> \$686,420,715 \$396,592,611 \$180,878,999 \$151,134,790 \$29,744,209 \$5,988,047	76,318,653 76,318,653 0 1,497,774 7,969,346 \$163,620,663 \$503,316,611 \$733,145,410 \$434,149,633 \$213,928,168 \$213,928,168 \$0 \$6,254,156	\$22,181,593 (\$8,339,594) (\$965,486) (\$9,861,611) \$25,272,903 \$50,081,276 \$46,724,695 \$37,557,022 \$33,049,169 \$62,793,378 (\$29,744,209) \$266,109

	YALE-NEW HAVEN HO TWELVE MONTHS ACTUA							
FISCAL YEAR 2011								
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND							
	BASELINE UNDERPAYME							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL					
	DECODIDITION	ACTUAL		AMOUNT				
LINE	DESCRIPTION	<u>FY 2010</u>	<u>FY 2011</u>	DIFFERENCE				
II.	PAYER MIX							
11.								
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	25.54%	24.04% 24.95%	<u>-1.50%</u> 1.23%				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.63%	17.73%	0.109				
4	MEDICAID	14.18%	17.73%	3.55%				
5	OTHER MEDICAL ASSISTANCE	3.45%	0.00%	-3.45%				
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.43%	0.45%	0.02%				
7	TOTAL INPATIENT GOVERNMENT PAYER MIX	1.31% <b>41.78%</b>	0.73% <b>43.14%</b>	-0.58% 1.35%				
	TOTAL INPATIENT PAYER MIX	67.33%	67.18%	-0.15%				
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.83%	17.16%	-0.67%				
	MEDICARE	8.43%	8.85%	0.42%				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.25%	6.66%	0.419				
4	MEDICAID	5.16%	6.66%	1.51%				
5	OTHER MEDICAL ASSISTANCE	1.10%	0.00%	-1.10%				
6		0.16%	0.16%	0.00%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	1.39% <b>14.84%</b>	1.38% <b>15.67%</b>	0.00%				
	TOTAL OUTPATIENT BOVERNMENT PATER MIX	32.67%	32.82%	0.15%				
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%				
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS							
U.	INFATIENT FATER MIX BASED ON ACCROED FATMENTS							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.26%	28.36%	-0.90%				
	MEDICARE	25.45%	25.11%	-0.34%				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.32%	9.92%	0.59%				
4	MEDICAID OTHER MEDICAL ASSISTANCE	7.64%	9.92%	2.28%				
5	CHAMPUS / TRICARE	1.69%	0.00%	-1.69% 0.07%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.65%	0.46%				
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.05%	35.37%	0.32%				
	TOTAL INPATIENT PAYER MIX	64.31%	63.72%	-0.58%				
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS							
υ.	OUTPATIENT PATER WIX BASED ON ACCROED PATMENTS							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.80%	24.48%	-0.31%				
	MEDICARE	5.78%	6.18%	0.40%				
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.92%	5.50%	0.58%				
4	MEDICAID OTHER MEDICAL ASSISTANCE	4.26%	5.50% 0.00%	1.24%				
5	CHAMPUS / TRICARE	0.66%	0.00%	-0.66% -0.09%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.40%	0.57%	-0.839				
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	10.89%	11.79%	0.90%				
	TOTAL OUTPATIENT PAYER MIX	35.69%	36.28%	0.58%				
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%				
		100.00%	100.00%	0.00				

	YALE-NEW HAVEN HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA	<u> </u>		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	D DATA		
Α.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,401	23,108	(293)
	MEDICARE	17,357	17,747	390
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	15,521	16,249	728
	OTHER MEDICAL ASSISTANCE	12,396 3,125	16,249 0	3,853 (3,125)
	CHAMPUS / TRICARE	323	347	24
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,436	939	(497)
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	<u>33,201</u> 56,602	34,343 57,451	<u>1,142</u> 849
		50,002	57,451	049
В.	PATIENT DAYS			
$\vdash$				1100
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	97,851 98,192	97,665 109,506	(186) 11,314
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	86,934	92,087	5,153
	MEDICAID	70,465	92,087	21,622
	OTHER MEDICAL ASSISTANCE	16,469	0	(16,469)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,728 5,967	1,731 3,050	3 (2,917)
-	TOTAL GOVERNMENT PATIENT DAYS	186,854	203,324	16,470
	TOTAL PATIENT DAYS	284,705	300,989	16,284
C.				
<u> </u>	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.2	0.0
	MEDICARE	5.7	6.2	0.5
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	5.6 5.7	5.7 5.7	0.1 (0.0)
	OTHER MEDICAL ASSISTANCE	5.3	0.0	(5.3)
6	CHAMPUS / TRICARE	5.3	5.0	(0.4)
		4.2	3.2	(0.9)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY TOTAL AVERAGE LENGTH OF STAY	5.6 5.0	5.9 5.2	0.3
		010	0.12	0.2
D.	CASE MIX INDEX			
-	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.24170	1 20100	0 10000
	MEDICARE	1.24170	1.36190 1.78080	0.12020 0.10960
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.14770	1.23890	0.09120
		1.13600	1.23890	0.10290
-	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	1.19410 1.24230	0.00000 1.42500	(1.19410) 0.18270
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24230	1.59190	0.18270
	TOTAL GOVERNMENT CASE MIX INDEX	1.42230	1.52081	0.09851
	TOTAL CASE MIX INDEX	1.34763	1.45689	0.10926
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,566,246,297	\$1,736,523,939	\$170,277,642
		\$74.4 OOF 400	¢770.000.705	¢55 044 040
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$714,995,462	\$770,806,705	\$55,811,243
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
_	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,399
_	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.35% \$0	55.61% \$0	<u>1.26%</u> \$0
_	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	\$0 \$0	\$0 \$0	\$0 \$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT	\$11,001,260	\$0 \$0	
	ADJUSTMENT-OHCA INPUT)			(\$11,001,260)
	CHARITY CARE	\$28,159,845	\$31,059,911	\$2,900,066
_	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$61,051,690 \$89,211,535	\$55,846,721 \$86,906,632	(\$5,204,969) (\$2,304,903)
	TOTAL UNCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE	\$89,211,535 \$1,566,246,297	\$86,906,632 \$1,736,523,939	(\$2,304,903) \$170,277,642
	TOTAL OPERATING EXPENSES	\$1,297,936,000	\$1,435,807,000	\$137,871,000

	YALE-NEW HAVEN HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
	DESCRIPTION	FY 2010	FY 2011	AMOUNT DIFFERENCE
	DESCRIPTION	<u>FT 2010</u>		DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
Α.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29,057.02170	31,470.78520	2,413.7635
	MEDICARE	29.007.01840	31,603.85760	2,596.8392
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,813.41850	20,130.88610	2,317.4676
	MEDICAID	14,081.85600	20,130.88610	6,049.0301
	OTHER MEDICAL ASSISTANCE	3,731.56250	0.00000	(3,731.5625
	CHAMPUS / TRICARE	401.26290	494.47500	93.2121
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,893.22240	1,494.79410	(398.4283
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	47,221.69980	52,229.21870	5,007.5189
	TOTAL CASE MIX ADJUSTED DISCHARGES	76,278.72150	83,700.00390	7,421.2824
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,332.45965	16,492.24348	159.783
		6,168.21522	6,290.94892	122.733
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,500.79149	6,103.65566	602.864
		4,507.15343 993.63806	6,103.65566	1,596.5022
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	119.96047	0.00000 123.94382	-993.6380
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,521.09100	1,775.55672	254.4657
1	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	11,788.96718	12,518.54840	729.5812
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	28,121.42684	29,010.79189	889.3650
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE		-	
		-		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,786.35	\$12,502.05	(\$284.2
		\$11,141.61	\$11,022.24	(\$119.3
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,646.81	\$6,835.74 \$6.835.74	\$188.9
		\$6,888.14 \$5,736.10	\$6,835.74 \$0.00	(\$52.3) (\$5.736.1)
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$5,736.10	\$0.00 \$9,619.05	(\$5,736.1 \$834.8
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,784.23	\$9,619.05	\$834.8
1	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,426.00	\$9.395.34	(\$30.6)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,706.07	\$10,563.45	(\$142.6
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
				<b>.</b>
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,279.86	\$20,597.32	\$1,317.4
		\$11,900.99	\$13,639.32	\$1,738.3
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,357.76	\$12,503.76	\$1,146.0
		\$12,011.36	\$12,503.76	\$492.4
5	OTHER MEDICAL ASSISTANCE	\$8,392.99	\$0.00	(\$8,392.9
6	CHAMPUS / TRICARE	\$20,533.93	\$12,084.30	(\$8,449.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,722.48	\$4,488.36	(\$7,234.1
		\$11,735.36	\$13,070.26	\$1,334.9
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$16,117.08	\$17,349.29	\$1,232.2

	YALE-NEW HAVEN HOSPITAL			
	TWELVE MONTHS ACTUAL FILING	6		
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAY			
	BASELINE UNDERPAYMENT DATA	4		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	AOTUAL	
		ACTUAL	ACTUAL	AMOUNT
INE.	DESCRIPTION	<u>FY 2010</u>	<u>FY 2011</u>	DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
	NEDIOND	(0.107.100)	<b>*</b> 0.004.004	A7 100 F
		(\$497,488)	\$6,931,031	\$7,428,5
	OTHER MEDICAL ASSISTANCE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$23,656,663	\$0 \$00 774 700	(\$23,656,66
3	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$19,073,063	\$23,774,723	\$4,701,66
	TOTAL CALCOLATED UNDERFAILMENT (OFFER LIMIT METHODOLOGT)	\$42,232,238	\$30,705,754	(\$11,526,48
577				
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO			
1	TOTAL CHARGES	\$3,902,060,165	\$4,443,296,447	\$541,236,2
	TOTAL CHARGES TOTAL GOVERNMENT DEDUCTIONS	\$1,626,137,341	\$1,958,435,501	\$332,298,1
	UNCOMPENSATED CARE	\$89,211,535	\$86,906,632	(\$2,304.9
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,3
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	<i>\\</i>
	TOTAL ADJUSTMENTS	\$2,566,599,711	\$3,011,059,367	\$444,459,6
7	TOTAL ACCRUED PAYMENTS	\$1,335,460,454	\$1,432,237,080	\$96,776,62
8	UCP DSH PAYMENTS (OHCA INPUT)	\$11,001,260	\$0	(\$11,001,2
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$1,346,461,714	\$1,432,237,080	\$85,775,3
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3450643140	0.3223366024	(0.02272771)
	COST OF UNCOMPENSATED CARE	\$30,783,717	\$28,013,188	(\$2,770,52
	MEDICAL ASSISTANCE UNDERPAYMENT	\$140,691,753	\$135,467,266	(\$5,224,48
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	5
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT			
		\$171,475,470	\$163,480,454	(\$7,995,01
VII.	RATIOS			
	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.27%	36.83%	-0.4
_	MEDICARE	34.91%	31.42%	-3.5
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.21%	17.46%	0.2
		17.53%	17.46%	-0.0
	OTHER MEDICAL ASSISTANCE	15.90% 20.96%	0.00% 23.96%	-15.9
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.48%	23.96%	3.00 23.04
1	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	4.40%	21.32%	23.04
	TOTAL GOVERNMENT RATIO OF INFATIENT FATMENTS TO INFATIENT CHARGES		0F 000	. –
		27.30%	25.60%	-1.7
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.08%	29.62%	-1.46
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	+ +		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.26%	44.56%	-0.70
	MEDICARE	22.32%	21.83%	-0.4
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.61%	25.78%	0.1
	MEDICAID	26.91%	25.78%	-1.13
	OTHER MEDICAL ASSISTANCE	19.48%	0.00%	-19.4
	CHAMPUS / TRICARE	39.43%	21.12%	-18.3
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32.92%	12.96%	-19.9
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
		23.89%	23.50%	-0.3
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.55%		-1.0
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.55%	34.51%	

	YALE-NEW HAVEN HOSPITAL	. I	1	
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILI	ATIONS		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT	<u>s</u>		
		¢4.000.000.070	¢4 007 477 007	\$447 FOC 005
1	TOTAL ACCRUED PAYMENTS PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)	\$1,269,880,372	\$1,387,477,367	\$117,596,995 (\$11,001,260)
Ĺ	(OHCA INPUT)	\$11,001,260	\$0	(\$1.,001,200)
	OHCA DEFINED NET REVENUE	\$1,280,881,632	\$1,387,477,367	\$106,595,735
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$37.696.368	\$54,579,633	\$16,883,265
4	CALCULATED NET REVENUE	\$1,318,578,000	\$1,442,057,000	\$123,479,000
			. , , ,	. , ,
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$1,318,578,000	\$1,442,057,000	\$123,479,000
	REPORTING)			
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$3,902,060,165	\$4,443,296,447	\$541,236,282
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$3,902,060,165	\$4,443,296,447	\$541,236,282
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$3,902,060,165	\$4,443,296,000	\$541,235,835
5	REPORTING)	\$3,302,000,100	φ <del>1</del> , <del>11</del> 3,230,000	ψ0 <del>4</del> 1,200,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$447	\$447
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	TS		
<u> </u>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$89,211,535	\$86,906,632	(\$2,304,903)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$834,500	\$782,368	(\$52,132)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$90,046,035	\$87,689,000	(\$2,357,035)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL	\$90,046,035	\$87,689,000	(\$2,357,035)
	REPORTING)			
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
4	VANIANUL (NUST DE LESS THAN UK EQUAL TU \$300)	Ο¢	\$U	\$0
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	YALE-NEW HAVEN HOSPITAL 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)
l		ACTUAL
LINE	DESCRIPTION	<u>FY 2011</u>
I.	ACCRUED CHARGES AND PAYMENTS	
1.	ACCIVILID CHARGES AND FAIMENTS	
Α.	INPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,068,171,813
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,108,821,251 787,961,706
4	MEDICAL ACCIDITANCE (INCEDENCE OTTER MEDICAL ACCIDITANCE)	787,961,706
5	OTHER MEDICAL ASSISTANCE	0
6		19,854,188
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT CHARGES	32,517,553 \$1,916,637,145
	TOTAL INPATIENT GOVERNMENT CHARGES	\$2,984,808,958
		+=,===,===,===
В.		
1 2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$762,357,176 393.054,480
3	MEDICARE	295,984,179
4	MEDICAID	295,984,179
5	OTHER MEDICAL ASSISTANCE	0
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,091,654
/	TOTAL OUTPATIENT GOVERNMENT CHARGES	61,487,497 <b>\$696,130,313</b>
	TOTAL OUTPATIENT CHARGES	\$1,458,487,489
<u>C.</u>	TOTAL ACCRUED CHARGES TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$1,830,528,989
2	TOTAL GOVERNMENT ACCRUED CHARGES (INCLODING SELF PAT / UNINSURED)	2,612,767,458
	TOTAL ACCRUED CHARGES	\$4,443,296,447
<u>D.</u>	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$393,449,462
2	MEDICARE	348,345,397
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	137,609,515
4		137,609,515
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0 4,756,382
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,949,293
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$490,711,294
┝───	TOTAL INPATIENT PAYMENTS	\$884,160,756
E.	OUTPATIENT ACCRUED PAYMENTS	
<u> </u>	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$339,695,948
2	MEDICARE	85,804,236
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	76,318,653
4 5	MEDICAID OTHER MEDICAL ASSISTANCE	76,318,653
5 6	CHAMPUS / TRICARE	1,497,774
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,969,346
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$163,620,663
├	TOTAL OUTPATIENT PAYMENTS	\$503,316,611
F.	TOTAL ACCRUED PAYMENTS	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$733,145,410
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	654,331,957
	TOTAL ACCRUED PAYMENTS	\$1,387,477,367

	YALE-NEW HAVEN HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2011	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
	DESCRIPTION	FY 2011
Ш.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
	AGENCED DIGENARGES, CAGE MIX INDEX AND OTHER RECOILED DATA	
Α.	ACCRUED DISCHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,108
	MEDICARE	17,747
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,249
4	MEDICAID	16,249
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	347
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	939
	TOTAL GOVERNMENT DISCHARGES	34,343
	TOTAL DISCHARGES	57,451
B.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.36190
2	MEDICARE	1.78080
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.23890
4	MEDICAID	1.23890
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.42500
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.59190
	TOTAL GOVERNMENT CASE MIX INDEX	1.52081
	TOTAL CASE MIX INDEX	1.45689
C.	OTHER REQUIRED DATA	
	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,736,523,939
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$770,806,705
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$965,717,234
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.61%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$31,059,911
9	BAD DEBTS	\$55,846,721
10	TOTAL UNCOMPENSATED CARE	\$86,906,632
	TOTAL OTHER OPERATING REVENUE	\$9,434,287
12	TOTAL OPERATING EXPENSES	\$1,435,807,000

	YALE-NEW HAVEN HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2011	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BROLLINE UNDERTAIMENT DATA. ROREED-OF ON TROOLDORED	
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$1,387,477,367
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$1,387,477,367
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$54,579,633
	CALCULATED NET REVENUE	\$1,442,057,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,442,057,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$4,443,296,447
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$4,443,296,447
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$4,443,296,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$447
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$86,906,632
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$782,368
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$87,689,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$87,689,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$

	YALE-NEW HAVEN I				
	TWELVE MONTHS ACT FISCAL YEA				
	REPORT 650 - HOSPITAL UNC	-			
	REPORT 000 - HOSPITAL UNG	JWPENSATED CAP			
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	ACTUAL	ACTUAL	AMOUNT	%
	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	4,828	4,578	(250)	-5%
2	Number of Approved Applicants	3,346	3,519	173	5%
3	Total Charges (A)	\$28,159,845	\$31,059,911	\$2,900,066	10%
4	Average Charges	\$8,416	\$8,826	\$410	5%
_					
5	Ratio of Cost to Charges (RCC)	0.331552	0.331660	0.000108	0%
6	Total Cost	\$9,336,453	\$10,301,330	\$964,877	10%
7	Average Cost	\$2,790	\$2,927	\$137	5%
8	Charity Care - Inpatient Charges	\$13,669,143	\$12,604,976	(\$1,064,167)	-8%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	11,135,924	14,316,168	3,180,244	299
10	Charity Care - Emergency Department Charges	3,354,778	4,138,767	783,989	239
11	Total Charges (A)	\$28,159,845	\$31,059,911	\$2,900,066	10%
12	Charity Care - Number of Patient Days	9,832	10,614	782	8%
13	Charity Care - Number of Discharges	1,356	1,569	213	16%
14	Charity Care - Number of Outpatient ED Visits	3,390	3,722	332	10%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	18,390	19,121	731	49
в.	Hospital Bad Debts (from HRS Report 500)				
<u>в.</u> 1	Bad Debts - Inpatient Services	\$29,671,121	\$27,141,506	(\$2,529,615)	-9%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	25,934,761	23,723,690	(2,211,071)	-99
3	Bad Debts - Emergency Department	5,445,808	4,981,525	(464,283)	-99
4	Total Bad Debts (A)	\$61,051,690	\$55,846,721	(\$5,204,969)	-9%
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$28,159,845	\$31,059,911	\$2,900,066	109
2	Bad Debts (A)	61,051,690	55,846,721	(5,204,969)	-99
3	Total Uncompensated Care (A)	\$89,211,535	\$86,906,632	(\$2,304,903)	-3%
4	Uncompensated Care - Inpatient Services	\$43,340,264	\$39,746,482	(\$3,593,782)	-80
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	37,070,685	38,039,858	969,173	39
6	Uncompensated Care - Emergency Department	8,800,586	9.120.292	319.706	49
7	Total Uncompensated Care (A)	\$89,211,535	\$86,906,632	(\$2,304,903)	-3%
		<i>400,211,000</i>	400,000,00 <b>2</b>	(₩2,007,000)	- <b>J</b>

OFFICE OF HEALTH CARE ACCESS

		TWELVE MONTHS ACTUA			
		FISCAL YEAR 2			
	REPORT 685 - HOSPITA	AL NON-GOVERNMENT GROSS RE	EVENUE, CONTRACTUAL	ALLOWANCES,	
	Α	CCRUED PAYMENTS AND DISCO	UNT PERCENTAGE		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$1,566,246,297	\$1,736,523,939	\$170,277,642	119
2	Total Contractual Allowances	\$851,250,835	\$965,717,234	\$114,466,399	139
	Total Accrued Payments (A)	\$714,995,462	\$770,806,705	\$55,811,243	80
	Total Discount Percentage	54.35%	55.61%	1.26%	20

(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.

	YALE-NEW HAVEN HO	SPITAL						
	TWELVE MONTHS ACTU	AL FILING						
	FISCAL YEAR 2	011						
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE							
(1)	(2)	(3)	(4)	(5)				
LINE	DESCRIPTION	ACTUAL <u>FY 2009</u>	ACTUAL <u>FY 2010</u>	ACTUAL <u>FY 2011</u>				
А.	Gross and Net Revenue							
1	Inpatient Gross Revenue	\$2,358,191,436	\$2,627,185,680	\$2,984,808,958				
2	Outpatient Gross Revenue	\$1,158,356,254	\$1,274,874,485	\$1,458,487,489				
3	Total Gross Patient Revenue	\$3,516,547,690	\$3,902,060,165	\$4,443,296,447				
4	Net Patient Revenue	\$1,196,644,000	\$1,318,578,000	\$1,442,057,000				
В.	Total Operating Expenses							
1	Total Operating Expense	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000				
C.	Utilization Statistics							
1	Patient Days	279,599	284,705	300,989				
2	Discharges	54,408	56,602	57,451				
3	Average Length of Stay	5.1	5.0	5.2				
4	Equivalent (Adjusted) Patient Days (EPD)	416,940	422,862	448,063				
0	Equivalent (Adjusted) Discharges (ED)	81,134	84,069	85,524				
D.	Case Mix Statistics							
1	Case Mix Index	1.36537	1.34763	1.45689				
2	Case Mix Adjusted Patient Days (CMAPD)	381,755	383,678	438,509				
3	Case Mix Adjusted Discharges (CMAD)	74,287	76,279	83,700				
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	569,276	569,862	652,781				
5	Case Mix Adjusted Equivalent Discharges (CMAED)	110,777	113,294	124,599				
-	Creas Devenus Der Statistic							
E.	Gross Revenue Per Statistic Total Gross Revenue per Patient Day	¢40 577	¢40 700	¢4.4.700				
1 2	Total Gross Revenue per Patient Day	\$12,577 \$64,633	\$13,706 \$68,939	\$14,762 \$77,341				
	Total Gross Revenue per EPD	\$8,434	\$68,939 \$9,228	\$77,341 \$9,917				
3	Total Gross Revenue per ED	\$43,343	\$9,228 \$46,415	\$9,917 \$51,954				
4 5	Total Gross Revenue per CMAEPD	\$6,177	\$46,415 \$6,847	<del>351,954</del> \$6,807				
5 6	Total Gross Revenue per CMAED	\$31,744	\$34,442	\$8,807 \$35,661				
7	Inpatient Gross Revenue per EPD	\$5,656	\$6,213	\$55,661				
8	Inpatient Gross Revenue per ED	\$29,066	\$31,250	\$0,662				

	YALE-NEW HAVEN HOSPITA TWELVE MONTHS ACTUAL FIL					
	FISCAL YEAR 2011					
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE						
(4)		(2)	(4)	(5)		
(1) <u>LINE</u>	(2) DESCRIPTION	(3) ACTUAL <u>FY 2009</u>	(4) ACTUAL <u>FY 2010</u>	(5) ACTUAL <u>FY 2011</u>		
F.	Net Revenue Per Statistic					
1	Net Patient Revenue per Patient Day	\$4,280	\$4,631	\$4,791		
2	Net Patient Revenue per Discharge	\$21,994	\$23,296	\$25,101		
3	Net Patient Revenue per EPD	\$2,870	\$3,118	\$3,218		
4	Net Patient Revenue per ED	\$14,749	\$15,685	\$16,861		
5	Net Patient Revenue per CMAEPD	\$2,102	\$2,314	\$2,209		
6	Net Patient Revenue per CMAED	\$10,802	\$11,639	\$11,574		
G.	Operating Expense Per Statistic					
1	Total Operating Expense per Patient Day	\$4,183	\$4,559	\$4,770		
2	Total Operating Expense per Discharge	\$21,499	\$22,931	\$24,992		
3	Total Operating Expense per EPD	\$2,805	\$3,069	\$3,204		
4	Total Operating Expense per ED	\$14,417	\$15,439	\$16,788		
5	Total Operating Expense per CMAEPD	\$2,055	\$2,278	\$2,200		
6	Total Operating Expense per CMAED	\$10,559	\$11,456	\$11,523		
Н.	Nursing Salary and Fringe Benefits Expense					
1	Nursing Salary Expense	\$178,889,000	\$192,479,000	\$210,845,000		
2	Nursing Fringe Benefits Expense	\$49,082,000	\$54,085,000	\$60,165,000		
3	Total Nursing Salary and Fringe Benefits Expense	\$227,971,000	\$246,564,000	\$271,010,000		
I.	Physician Salary and Fringe Expense					
1	Physician Salary Expense	\$48,173,000	\$50,936,000	\$50,618,000		
2	Physician Fringe Benefits Expense	\$13,217,000	\$14,312,000	\$14,444,000		
3	Total Physician Salary and Fringe Benefits Expense	\$61,390,000	\$65,248,000	\$65,062,000		
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense					
1	Non-Nursing, Non-Physician Salary Expense	\$225,544,000	\$244,860,000	\$275,600,000		
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$61,882,000	\$68,803,000	\$78,642,000		
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$287,426,000	\$313,663,000	\$354,242,000		
К.	Total Salary and Fringe Benefits Expense					
1	Total Salary Expense	\$452,606,000	\$488,275,000	\$537,063,000		
2	Total Fringe Benefits Expense	\$124,181,000	\$137,200,000	\$153,251,000		
3	Total Salary and Fringe Benefits Expense	\$576,787,000	\$625,475,000	\$690,314,000		

	YALE-NEW HAVEN HOSPITA	L		
	TWELVE MONTHS ACTUAL FIL	ING		
	FISCAL YEAR 2011			
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL	REVENUE AND E	XPENSE	
(1) <u>LINE</u>	(2)	(3) ACTUAL <u>FY 2009</u>	(4) ACTUAL <u>FY 2010</u>	(5) ACTUAL <u>FY 2011</u>
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	2226.7	2371.7	2746.5
2	Total Physician FTEs	705.9	738.4	751.8
3	Total Non-Nursing, Non-Physician FTEs	3715.4	3968.7	4112.8
4	Total Full Time Equivalent Employees (FTEs)	6,648.0	7,078.8	7,611.1
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$80,338	\$81,157	\$76,769
2	Nursing Fringe Benefits Expense per FTE	\$22,042	\$22,804	\$21,906
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,381	\$103,961	\$98,675
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$68,243	\$68,982	\$67,329
2	Physician Fringe Benefits Expense per FTE	\$18,724	\$19,382	\$19,213
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$86,967	\$88,364	\$86,542
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense p	er FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$60,705	\$61,698	\$67,010
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,656	\$17,336	\$19,121
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$77,361	\$79,034	\$86,132
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$68,082	\$68,977	\$70,563
2	Total Fringe Benefits Expense per FTE	\$18,679	\$19,382	\$20,135
3	Total Salary and Fringe Benefits Expense per FTE	\$86,761	\$88,359	\$90,698
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,063	\$2,197	\$2,293
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,601	\$11,050	\$12,016
3	Total Salary and Fringe Benefits Expense per EPD	\$1,383	\$1,479	\$1,541
4	Total Salary and Fringe Benefits Expense per ED	\$7,109	\$7,440	\$8,072
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,013	\$1,098	\$1,057
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,207	\$5,521	\$5,540