	TWELVE MONTH	S ACTUAL FILING							
FISCAL YEAR 2013 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION									
(4)				(5)	(6)				
(1) <u>LINE</u>	(2) DESCRIPTION	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % DIFFERENCE				
Ι.	ASSETS								
Α.	Current Assets:								
1	Cash and Cash Equivalents	\$2,156,339	\$5,285,678	\$3,129,339	145%				
2	Short Term Investments	\$6,363,563	\$2,705,332	(\$3,658,231)	-57%				
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,743,539	\$12,792,119	\$48,580	0%				
4	Current Assets Whose Use is Limited for Current Liabilities	\$324,188	\$7,166,565	\$6,842,377	21119				
5	Due From Affiliates	\$5,368,355	\$6,465	(\$5,361,890)	-100%				
6	Due From Third Party Payers	\$2,645,109	\$0,403\$0	(\$2,645,109)	-1007				
-			\$2,126,383		-1007				
7	Inventories of Supplies	\$1,980,560		\$145,823					
8	Prepaid Expenses	\$301,350	\$489,720	\$188,370	63%				
9	Other Current Assets	\$1,534,648	\$1,462,227	(\$72,421)	-5%				
	Total Current Assets	\$33,417,651	\$32,034,489	(\$1,383,162)	-4%				
в.	Noncurrent Assets Whose Use is Limited:								
1	Held by Trustee	\$4,310,243	\$4,538,749	\$228,506	5%				
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%				
3	Funds Held in Escrow	\$1,292,108	\$2,340,577	\$1,048,469	81%				
4	Other Noncurrent Assets Whose Use is Limited	\$6,150,091	\$3,941,338	(\$2,208,753)	-36%				
	Total Noncurrent Assets Whose Use is Limited:	\$11,752,442	\$10,820,664	(\$931,778)	-8%				
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%				
6	Long Term Investments	\$15,338,235	\$11,533,351	(\$3,804,884)	-25%				
7	Other Noncurrent Assets	\$541,087	\$1,318,867	\$777,780	144%				
~	Net Fixed Assets:								
C . ₁		\$100,821,888	¢101 702 019	\$881,130	10				
1	Property, Plant and Equipment		\$101,703,018		19				
2	Less: Accumulated Depreciation Property, Plant and Equipment, Net	\$67,985,808 \$32,836,080	\$70,767,132 \$30,935,886	\$2,781,324 (\$1,900,194)	49 - 6 9				
	Property, Flant and Equipment, Net	\$32,030,000	\$30,933,000	(\$1,900,194)	-07				
3	Construction in Progress	\$3,849,846	\$10,356,162	\$6,506,316	169%				
	Total Net Fixed Assets	\$36,685,926	\$41,292,048	\$4,606,122	13%				
	Total Assets	\$97,735,341	\$96,999,419	(\$735,922)	-19				
11.	LIABILITIES AND NET ASSETS								
Α.	Current Liabilities:								
1	Accounts Payable and Accrued Expenses	\$6,961,922	\$9,451,225	\$2,489,303	36%				
2	Salaries, Wages and Payroll Taxes	\$1,268,378	\$1,186,976	(\$81,402)	-6%				

	DAY	KIMBALL HOSPITAL									
	TWELVE	MONTHS ACTUAL FILING									
	F	ISCAL YEAR 2013									
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION										
(1)	(2)	(3)	(4)	(5)	(6)						
<u>LINE</u>	DESCRIPTION	FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE						
3	Due To Third Party Payers	\$0	\$1,067,507	\$1,067,507	0%						
4	Due To Affiliates	\$0	\$0	\$0	0%						
5	Current Portion of Long Term Debt	\$767,324	\$804,612	\$37,288	5%						
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%						
7	Other Current Liabilities	\$7,935,558	\$11,062,165	\$3,126,607	39%						
	Total Current Liabilities	\$16,933,182	\$23,572,485	\$6,639,303	39%						
В.	Long Term Debt:										
1	Bonds Payable (Net of Current Portion)	\$16,517,550	\$29,718,688	\$13,201,138	80%						
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%						
2	Total Long Term Debt	\$16,517,550	\$29,718,688	\$13,201,138	80%						
3	Accrued Pension Liability	\$36,868,659	\$27,623,323	(\$9,245,336)	-25%						
4	Other Long Term Liabilities	\$0	\$0	\$0	0%						
	Total Long Term Liabilities	\$53,386,209	\$57,342,011	\$3,955,802	7%						
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%						
C.	Net Assets:										
1	Unrestricted Net Assets or Equity	\$16,901,258	\$7,050,300	(\$9,850,958)	-58%						
2	Temporarily Restricted Net Assets	\$6,307,797	\$4,728,936	(\$1,578,861)	-25%						
3	Permanently Restricted Net Assets	\$4,206,895	\$4,305,687	\$98,792	2%						
	Total Net Assets	\$27,415,950	\$16,084,923	(\$11,331,027)	-41%						
	Total Liabilities and Net Assets	\$97,735,341	\$96,999,419	(\$735,922)	-1%						

	DAY K	IMBALL HOSPITAL			
	TWELVE M	IONTHS ACTUAL FII	LING		
	FIS	SCAL YEAR 2013			
	REPORT 150 - HOSPITAL ST	ATEMENT OF OPER	ATIONS INFORMA	TION	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$212,323,722	\$216,749,429	\$4,425,707	2%
2	Less: Allowances	\$98,208,289	\$108,255,956	\$10,047,667	10%
3	Less: Charity Care	\$710,098	\$703,850	(\$6,248)	-1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$113,405,335	\$107,789,623	(\$5,615,712)	-5%
5	Provision for Bad Debts	\$0	\$3,140,293	\$3,140,293	0%
	Net Patient Service Revenue less provision for bad debts	\$113,405,335	\$104,649,330	(\$8,756,005)	-8%
6	Other Operating Revenue	\$6,224,434	\$4,807,000	(\$1,417,434)	-23%
7	Net Assets Released from Restrictions	\$314,624	\$1,624,641	\$1,310,017	416%
	Total Operating Revenue	\$119,944,393	\$111,080,971	(\$8,863,422)	-7%
В.	Operating Expenses:				
1	Salaries and Wages	\$51,043,061	\$47,705,746	(\$3,337,315)	-7%
2	Fringe Benefits	\$17,410,102	\$17,118,639	(\$291,463)	-2%
3	Physicians Fees	\$2,826,039	\$3,579,600	\$753,561	27%
4	Supplies and Drugs	\$14,105,353	\$15,220,013	\$1,114,660	8%
5	Depreciation and Amortization	\$4,830,289	\$4,726,233	(\$104,056)	-2%
6	Bad Debts	\$3,538,140	\$0	(\$3,538,140)	-100%
7	Interest Expense	\$1,028,742	\$952,190	(\$76,552)	-7%
8	Malpractice Insurance Cost	\$305,901	\$289,062	(\$16,839)	-6%
9	Other Operating Expenses	\$20,153,802	\$21,033,109	\$879,307	4%
	Total Operating Expenses	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%
	Income/(Loss) From Operations	\$4,702,964	\$456,379	(\$4,246,585)	-90%
C.	Non-Operating Revenue:				
1	Income from Investments	\$105,171	\$878,011	\$772,840	735%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$378,796	(\$447,476)	(\$826,272)	-218%
	Total Non-Operating Revenue	\$483,967	\$430,535	(\$53,432)	-11%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$5,186,931	\$886,914	(\$4,300,017)	-83%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

	DAY	KIMBALL HOSPITA	L		
	TWELVE	MONTHS ACTUAL F	FILING		
	F	ISCAL YEAR 2013			
	REPORT 150 - HOSPITAL ST	ATEMENT OF OPE	RATIONS INFORM	ATION	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$5,186,931	\$886,914	(\$4,300,017)	-83%
	Principal Payments	\$590,000	\$593,333	\$3,333	1%

		DAY KIMBALL HOSPITAL	ING		
	=	FISCAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS	REVENUE, NET REVENU	E AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2012	(+) FY 2013	AMOUNT	<u> (0) </u>
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	GROSS REVENUE BY PAYER				
- 1.	GROSS REVENUE BI FATER				
	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$25,275,273	\$27,082,039	\$1,806,766	7%
2	MEDICARE MANAGED CARE	\$4,964,669	\$6,881,561	\$1,916,892	39%
3	MEDICAID MEDICAID MANAGED CARE	\$12,883,566 \$1,166,796	<u>\$13,752,491</u> \$141,843	\$868,925 (\$1,024,953)	<u>7%</u> -88%
5	CHAMPUS/TRICARE	\$323,493	\$222,098	(\$1,024,953)	-31%
6	COMMERCIAL INSURANCE	\$14,446,190	\$14,684,689	\$238,499	2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$211,651	\$62,897	(\$148,754)	-70%
9	SELF- PAY/UNINSURED	\$989,974	\$856,999	(\$132,975)	-13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
_	TOTAL INPATIENT GROSS REVENUE	\$60,261,612	\$63,684,617	\$3,423,005	6%
	OUTPATIENT GROSS REVENUE	# 10,070,000	* 40, 400, 700	#0 407 005	00/
1	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$40,270,983	\$43,408,788 \$12,540,330	\$3,137,805	<u>8%</u> 17%
2	MEDICARE MANAGED CARE	\$10,676,194 \$24,985,129	\$12,540,330	\$1,864,136 \$4,052,408	<u> </u>
4	MEDICAID MANAGED CARE	\$4,883,888	\$976,202	(\$3,907,686)	-80%
5	CHAMPUS/TRICARE	\$1,203,246	\$977,760	(\$225,486)	-19%
6	COMMERCIAL INSURANCE	\$64,478,025	\$61,211,786	(\$3,266,239)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,910,671	\$1,793,123	(\$117,548)	-6%
9	SELF- PAY/UNINSURED	\$3,653,944	\$3,119,256	(\$534,688)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER TOTAL OUTPATIENT GROSS REVENUE	\$0 \$152,062,080	\$0 \$153,064,782	\$0 \$1,002,702	<u> </u>
		\$152,002,000	¥100,004,702	ψ1,002,702	170
	TOTAL GROSS REVENUE			•••••	
1	MEDICARE TRADITIONAL	\$65,546,256	\$70,490,827	\$4,944,571	8%
2		\$15,640,863	\$19,421,891	\$3,781,028	24%
3	MEDICAID	\$37,868,695	\$42,790,028	\$4,921,333	13%
4 5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	\$6,050,684 \$1,526,739	\$1,118,045 \$1,199,858	(\$4,932,639) (\$326,881)	-82% -21%
5 6		\$78,924,215	\$75,896,475	(\$3,027,740)	<u>-21%</u> -4%
7	NON-GOVERNMENT MANAGED CARE	\$78,924,213	\$75,890,475 \$0	(\$3,027,740) \$0	-4%
8	WORKER'S COMPENSATION	\$2,122,322	\$1,856,020	(\$266,302)	-13%
9	SELF- PAY/UNINSURED	\$4,643,918	\$3,976,255	(\$667,663)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$212,323,692	\$216,749,399	\$4,425,707	2%
١١.	<u>NET REVENUE BY PAYER</u>				
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$14,464,428	\$14,121,201	(\$343,227)	-2%
2	MEDICARE MANAGED CARE	\$2,535,972	\$3,377,949	\$841,977	33%
3	MEDICAID	\$6,497,085	\$4,775,484	(\$1,721,601)	-26%
4	MEDICAID MANAGED CARE	\$231,448	\$34,500	(\$196,948)	-85%
5	CHAMPUS/TRICARE	\$89,377	\$94,784	\$5,407	6%
6	COMMERCIAL INSURANCE	\$7,697,903	\$8,670,773	\$972,870	13%

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING										
	FISCAL YEAR 2013									
FISCAL YEAR 2013 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER										
(4)	(0)	(2)	(4)	(5)	(0)					
(1)	(2)	(3)	(4)	(5)	(6)					
		FY 2012	FY 2013	AMOUNT	%					
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE					
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%					
8	WORKER'S COMPENSATION	\$177,332	\$60,588	(\$116,744)	-66%					
9	SELF- PAY/UNINSURED	\$50,127	\$38,867	(\$11,260)	-22%					
10	SAGA	\$0	\$0	\$0	0%					
11	OTHER	\$0	\$0	\$0	0%					
	TOTAL INPATIENT NET REVENUE	\$31,743,672	\$31,174,146	(\$569,526)	-2%					
	OUTPATIENT NET REVENUE									
1	MEDICARE TRADITIONAL	\$17,905,080	\$18,021,639	\$116,559	1%					
2	MEDICARE MANAGED CARE	\$4,425,039	\$4,568,031	\$142,992	3%					
3		\$11,068,348	\$11,095,097	\$26,749	0%					
4 5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	\$1,222,951 \$478,311	\$447,234 \$350,516	(\$775,717) (\$127,795)	-63% -27%					
5 6	COMMERCIAL INSURANCE	\$39,808,218	\$36,592,917	(\$3,215,301)	-21%					
7	NON-GOVERNMENT MANAGED CARE	\$39,606,218	\$30,592,917 \$0	(\$3,215,301) \$0	-0%					
8	WORKER'S COMPENSATION	\$1,551,767	\$1,444,344	(\$107,423)	-7%					
9	SELF- PAY/UNINSURED	\$421,333	\$212,431	(\$208,902)	-50%					
10	SAGA	\$0	\$0	(<u>\$200,002</u>) \$0	0%					
11	OTHER	\$0	\$0	\$0	0%					
	TOTAL OUTPATIENT NET REVENUE	\$76,881,047	\$72,732,209	(\$4,148,838)	-5%					
c	TOTAL NET REVENUE									
1	MEDICARE TRADITIONAL	\$32,369,508	\$32,142,840	(\$226,668)	-1%					
2	MEDICARE MANAGED CARE	\$6,961,011	\$7,945,980	\$984,969	14%					
3	MEDICAID	\$17,565,433	\$15,870,581	(\$1,694,852)	-10%					
4	MEDICAID MANAGED CARE	\$1,454,399	\$481,734	(\$972,665)	-67%					
5	CHAMPUS/TRICARE	\$567,688	\$445,300	(\$122,388)	-22%					
6	COMMERCIAL INSURANCE	\$47,506,121	\$45,263,690	(\$2,242,431)	-5%					
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%					
8	WORKER'S COMPENSATION	\$1,729,099	\$1,504,932	(\$224,167)	-13%					
9	SELF- PAY/UNINSURED	\$471,460	\$251,298	(\$220,162)	-47%					
10	SAGA	\$0	\$0	\$0	0%					
11	OTHER	\$0	\$0	\$0	0%					
	TOTAL NET REVENUE	\$108,624,719	\$103,906,355	(\$4,718,364)	-4%					
III.	STATISTICS BY PAYER									
Α.	DISCHARGES									
<u>А.</u> 1	MEDICARE TRADITIONAL	1,865	1,569	(296)	-16%					
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	343	378	(296)	10%					
3	MEDICAID	1,318	1,257	(61)	-5%					
4	MEDICAID MANAGED CARE	109	8	(01)	-93%					
5	CHAMPUS/TRICARE	37	20	(101)	-46%					
6	COMMERCIAL INSURANCE	1,343	1,036	(307)	-23%					
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%					
8	WORKER'S COMPENSATION	11	4	(7)	-64%					
9	SELF- PAY/UNINSURED	71	59	(12)	-17%					
10	SAGA	0	0	0	0%					
11	OTHER	0	0	0	0%					
	TOTAL DISCHARGES	5,097	4,331	(766)	-15%					
В.	PATIENT DAYS			(,	·					
	PATIENT DAYS MEDICARE TRADITIONAL MEDICARE MANAGED CARE	7,647	6,581 1,580	(1,066) 274	-14% 21%					

		IMBALL HOSPITAL							
		ONTHS ACTUAL FIL	ING						
		CAL YEAR 2013							
	REPORT 165 - HOSPITAL GROSS REVI		E AND STATISTIC	CS BY PAYER					
(1)	(1) (2) (3) (4) (5) (6)								
(-)		FY 2012	FY 2013		%				
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE				
4	MEDICAID MANAGED CARE	328	42	(286)	-87%				
5	CHAMPUS/TRICARE	84	52	(32)	-38%				
6	COMMERCIAL INSURANCE	4,097	3,264	(833)	-20%				
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%				
8	WORKER'S COMPENSATION	27	9	(18)	-67%				
9	SELF- PAY/UNINSURED	192	208	16	8%				
10	SAGA	0	0	0	0%				
11	OTHER	0	0	0	0%				
	TOTAL PATIENT DAYS	18,484	16,124	(2,360)	-13%				
C.	OUTPATIENT VISITS								
1	MEDICARE TRADITIONAL	108,239	103,075	(5,164)	-5%				
2	MEDICARE MANAGED CARE	16,278	23,503	7,225	44%				
3	MEDICAID	55,544	61,074	5,530	10%				
4	MEDICAID MANAGED CARE	13,157	911	(12,246)	-93%				
5	CHAMPUS/TRICARE	2,788	1,904	(884)	-32%				
6	COMMERCIAL INSURANCE	122,231	92,258	(29,973)	-25%				
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%				
8	WORKER'S COMPENSATION	2,209	2,242	33	1%				
9	SELF- PAY/UNINSURED	7,734	7,035	(699)	-9%				
10	SAGA	0	0	0	0%				
11	OTHER TOTAL OUTPATIENT VISITS	0 328,180	0 292,002	0 (36,178)	0% -11%				
	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER EMERGENCY DEPARTMENT OUTPATIENT GROSS								
Α.	REVENUE								
1	MEDICARE TRADITIONAL	\$6,248,953	\$6,451,335	\$202,382	3%				
2	MEDICARE MANAGED CARE	\$1,378,427	\$1,472,534	\$94,107	7%				
3	MEDICAID	\$8,285,258	\$9,463,086	\$1,177,828	14%				
4	MEDICAID MANAGED CARE	\$1,293,466	\$79,924	(\$1,213,542)	-94%				
5	CHAMPUS/TRICARE	\$292,111	\$241,243	(\$50,868)	-17%				
6		\$10,186,146	\$9,242,675	(\$943,471)	-9%				
7		\$0	\$0	\$0	0%				
<u>8</u> 9	WORKER'S COMPENSATION SELF- PAY/UNINSURED	\$495,383	\$517,853	\$22,470 (\$466,550)	5%				
9 10	SAGA	\$2,272,791	\$1,806,232	(\$466,559)	-21% 0%				
10	OTHER	\$0 \$0	\$0 \$0	\$0 \$0	0%				
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	φυ	φυ	φU	070				
	GROSS REVENUE	\$30,452,535	\$29,274,882	(\$1,177,653)	-4%				
	EMERGENCY DEPARTMENT OUTPATIENT NET								
В.	REVENUE								
1	MEDICARE TRADITIONAL	\$1,802,182	\$1,859,188	\$57,006	3%				
2	MEDICARE MANAGED CARE	\$415,739	\$427,667	\$11,928	3%				
3	MEDICAID	\$2,427,252	\$2,382,946	(\$44,306)	-2%				
4	MEDICAID MANAGED CARE	\$0	\$18,377	\$18,377	0%				
5	CHAMPUS/TRICARE	\$109,892	\$85,974	(\$23,918)	-22%				
6	COMMERCIAL INSURANCE	\$6,941,187	\$6,563,596	(\$377,591)	-5%				
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%				
8	WORKER'S COMPENSATION	\$431,946	\$442,544	\$10,598	2%				
9	SELF- PAY/UNINSURED	\$117,083	\$773,079	\$655,996	560%				
<u>10</u> 11	SAGA	\$0	\$0	\$0	0%				
	OTHER	\$0	\$0	\$0	0%				

	DAY KI	IMBALL HOSPITAL			
	TWELVE MO	ONTHS ACTUAL FI	LING		
		CAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS REVE	ENUE, NET REVENU	JE AND STATISTI	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$12,245,281	\$12,553,371	\$308,090	3%
С.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	3,996	4,086	90	2%
2	MEDICARE MANAGED CARE	807	918	111	14%
3	MEDICAID	7,600	8,000	400	5%
4	MEDICAID MANAGED CARE	1,343	41	(1,302)	-97%
5	CHAMPUS/TRICARE	278	220	(58)	-21%
6	COMMERCIAL INSURANCE	8,211	6,127	(2,084)	-25%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	620	609	(11)	-2%
9	SELF- PAY/UNINSURED	1,871	1,490	(381)	-20%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	24,726	21,491	(3,235)	-13%

	DAY KI	MBALL HOSPITAL								
		NTHS ACTUAL FILI	NG							
		AL YEAR 2013								
			F CATEGORY AN							
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT										
(1) (2) (3) (4) (5) (6)										
(1)	(2)	(3) FY 2012	FY 2013	AMOUNT	<u>(6)</u> %					
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE					
		AUTUAL	ACTORE	DITTERENCE	DITERENOL					
I.	OPERATING EXPENSE BY CATEGORY									
Α.	Salaries & Wages:									
1	Nursing Salaries	\$16,633,835	\$17,402,531	\$768,696	5%					
2	Physician Salaries	\$3,748,829	\$1,443,401	(\$2,305,428)	-61%					
3	Non-Nursing, Non-Physician Salaries	\$30,660,397	\$28,859,814	(\$1,800,583)	-6%					
0	Total Salaries & Wages	\$51,043,061	\$47,705,746	(\$3,337,315)	-7%					
		<i>401,010,001</i>	¢,i co,i	(\$0,001,010)	.,					
В.	Fringe Benefits:									
1	Nursing Fringe Benefits	\$5,673,578	\$6,244,691	\$571,113	10%					
2	Physician Fringe Benefits	\$1,278,675	\$517,947	(\$760,728)	-59%					
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,457,849	\$10,356,001	(\$101,848)	-19					
	Total Fringe Benefits	\$17,410,102	\$17,118,639	(\$291,463)	-2%					
	Contractual Labor France									
<u>C.</u>	Contractual Labor Fees: Nursing Fees	\$0	\$0	\$0	0%					
2	Physician Fees	\$2,826,039	\$3,579,600	\$753,561	27%					
3	Non-Nursing, Non-Physician Fees	\$4,598,954		\$1,342,773						
3	Total Contractual Labor Fees		\$5,941,727		299					
	Total Contractual Labor Fees	\$7,424,993	\$9,521,327	\$2,096,334	28%					
D.	Medical Supplies and Pharmaceutical Cost:									
1	Medical Supplies	\$7,995,227	\$8,449,936	\$454,709	6%					
2	Pharmaceutical Costs	\$6,110,126	\$6,770,077	\$659,951	119					
-	Total Medical Supplies and Pharmaceutical Cost	\$14,105,353	\$15,220,013	\$1,114,660	8%					
<u> </u>	Depreciation and Amortization:	#0 404 000	¢0.005.750	(\$05.007)	00					
1	Depreciation-Building	\$2,401,390	\$2,335,753	(\$65,637)	-39					
2	Depreciation-Equipment	\$2,351,301	\$2,321,199	(\$30,102)	-19					
3	Amortization	\$77,598	\$69,281	(\$8,317)	-119					
	Total Depreciation and Amortization	\$4,830,289	\$4,726,233	(\$104,056)	-29					
F.	Bad Debts:									
1	Bad Debts	\$3,538,140	\$0	(\$3,538,140)	-1009					
<u>G.</u>	Interest Expense:	¢4,000,740	\$050.400							
1	Interest Expense	\$1,028,742	\$952,190	(\$76,552)	-79					
Н.	Malpractice Insurance Cost:									
1	Malpractice Insurance Cost	\$305,901	\$289,062	(\$16,839)	-6°					
I.	Utilities:									
1	Water	\$79,146	\$75,123	(\$4,023)	-59					
2	Natural Gas	\$402,286	\$354,284	(\$48,002)	-129					
3	Oil	\$32,667	\$9,264	(\$23,403)	-729					
4	Electricity	\$1,153,562	\$1,121,688	(\$31,874)	-39					
5	Telephone	\$533,417	\$516,161	(\$17,256)	-39					
6	Other Utilities	\$301	\$0	(\$301)	-100					
	Total Utilities	\$2,201,379	\$2,076,520	(\$124,859)	-6'					
	Pusiness Eveness									
J.	Business Expenses:	¢120.020	¢1/2 270	¢10.040	100					
1 2	Accounting Fees Legal Fees	\$130,030 \$657,828	\$143,379 \$663,030	\$13,349 \$5,202	<u>109</u> 19					
3	Consulting Fees	\$539,958	\$1,611,379	\$5,202 \$1,071,421	1989					

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	TWELVE MO	MBALL HOSPITAL NTHS ACTUAL FILI AL YEAR 2013	ING					
	REPORT 175 - HOSPITAL OPERATING EXP		E CATEGORY AN	D DEPARTMENT				
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %			
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE			
4	Dues and Membership	\$331,633	\$231,177	(\$100,456)	-30%			
5	Equipment Leases	\$911,228	\$794,612	(\$116,616)	-13%			
6	Building Leases	\$0	\$0	\$0	0%			
7	Repairs and Maintenance	\$1,037,796	\$1,434,294	\$396,498	38%			
8	Insurance	\$1,074,818	\$881,263	(\$193,555)	-189			
9	Travel	\$353,039	\$354,223	\$1,184	09			
10	Conferences Property Tax	\$48,418	\$45,057 \$80,129	(\$3,361) \$24,541	-79 449			
11 12	General Supplies	\$55,588 \$489,191	\$473,288	(\$15,903)	-39			
12	Licenses and Subscriptions	\$63,424	\$71,278	(\$15,903) \$7,854	-37			
13	Postage and Subscriptions	\$127,047	\$113,207	(\$13,840)	-11%			
15	Advertising	\$404,327	\$436,812	\$32,485	-117			
16	Corporate parent/system fees	\$0	φ+00,012 \$0	<u>\$02,400</u>	0%			
17	Computer Software	\$2,348,070	\$2,428,222	\$80,152	3%			
18	Computer hardware & small equipment	\$0	\$0	\$0	0%			
19	Dietary / Food Services	\$634,182	\$668,695	\$34,513	5%			
20	Lab Fees / Red Cross charges	\$1,243,618	\$1,882,001	\$638,383	51%			
21	Billing & Collection / Bank Fees	\$644,431	\$202,936	(\$441,495)	-69%			
22	Recruiting / Employee Education & Recognition	\$78,878	\$18,672	(\$60,206)	-76%			
23	Laundry / Linen	\$18,992	\$169,745	\$150,753	794%			
24	Professional / Physician Fees	\$0	\$0	\$0	0%			
25	Waste disposal	\$116,198	\$105,543	(\$10,655)	-9%			
26	Purchased Services - Medical	\$0	\$0	\$0	0%			
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%			
28	Other Business Expenses	\$0 \$11,308,694	\$0 \$12,808,942	\$0 \$1,500,248	0% 13%			
	Total Business Expenses	\$11,306,694	\$12,808,942	\$1,500,246	137			
Κ.	Other Operating Expense:							
1	Miscellaneous Other Operating Expenses	\$2,044,775	\$205,920	(\$1,838,855)	-90%			
	Total Operating Expenses - All Expense Categories*	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%			
	*AK.The total operating expenses amount above must agree with the total operating expenses amount on Report 150							
II.	OPERATING EXPENSE BY DEPARTMENT							
Α.	General Services:							
1	General Administration	\$6,950,126	\$8,301,978	\$1,351,852	19%			
2	General Accounting	\$1,018,284	\$1,148,208	\$129,924	13%			
3	Patient Billing & Collection	\$2,856,830	\$2,899,006	\$42,176	19			
4	Admitting / Registration Office	\$0	\$0 \$0	\$0 \$0	0%			
5	Data Processing	\$0 \$662.605	\$0 \$452,570	\$0 (\$210,116)	0%			
<u>6</u> 7	Communications Personnel	\$662,695 \$0	\$452,579 \$0	(\$210,116) \$0	-32% 0%			
8	Public Relations	\$0 \$0	\$0 \$0	\$0 \$0	09			
<u> </u>	Purchasing	\$0	\$0 \$0	\$0 \$0	09			
10	Dietary and Cafeteria	\$1,878,821	\$0 \$1,947,487	\$68,666	49			
10	Housekeeping	\$979,263	\$971,774	(\$7,489)	-19			
11		ψ010,200						
11 12		\$18 992		(\$18 997)	- 1009			
12	Laundry & Linen	\$18,992 \$3,188,681	\$0 \$3,407,585	<u>(\$18,992)</u> \$218,904	-1009 79			
12 13	Laundry & Linen Operation of Plant	\$3,188,681	\$3,407,585	\$218,904	7%			
12	Laundry & Linen							

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		AY KIMBALL HOSPITAL /E MONTHS ACTUAL FILI	NG						
	FISCAL YEAR 2013 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT								
(1)	(2)	(3)	(4)	(5)	(6)				
	PEOODIDTION	FY 2012	FY 2013	AMOUNT	%				
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE				
17	Pharmacy Department	\$6,542,318	\$7,601,777	\$1,059,459	16%				
18	Other General Services	\$2,132,851	\$2,126,018	(\$6,833)	0%				
	Total General Services	\$28,131,890	\$30,840,332	\$2,708,442	10%				
В.	Professional Services:								
1	Medical Care Administration	\$82,434	\$93,895	\$11,461	14%				
2	Residency Program	\$0	\$0	\$0	0%				
3	Nursing Services Administration	\$1,143,628	\$1,544,145	\$400,517	35%				
<u>4</u> 5	Medical Records Social Service	\$1,173,694 \$0	\$1,140,241 \$0	<u>(\$33,453)</u> \$0	<u>-3%</u> 0%				
6	Other Professional Services	\$131,714	\$0 \$124,533	(\$7,181)	-5%				
0	Total Professional Services	\$2,531,470	\$2,902,814	\$371,344	15%				
<u>C.</u> 1	Special Services: Operating Room	\$4,837,641	\$5,257,709	\$420,068	9%				
2	Recovery Room	\$4,837,641	\$5,257,709 \$534,443	<u>\$420,068</u> \$79,467	9% 17%				
3	Anesthesiology	\$107,483	\$197,859	\$90,376	84%				
4	Delivery Room	\$1,319,953	\$1,207,346	(\$112,607)	-9%				
5	Diagnostic Radiology	\$2,344,859	\$2,340,966	(\$3,893)	0%				
6	Diagnostic Ultrasound	\$868,057	\$907,576	\$39,519	5%				
7	Radiation Therapy	\$0	\$0	\$0	0%				
8	Radioisotopes	\$488,168	\$487,707	(\$461)	0%				
9	CT Scan	\$648,236	\$662,655	\$14,419	2%				
10	Laboratory	\$5,805,036	\$7,061,290	\$1,256,254	22%				
11	Blood Storing/Processing Cardiology	\$354,117	\$309,209	(\$44,908)	-13%				
12 13	Electrocardiology	\$0 \$491,338	\$0 \$508,122	\$0 \$16,784	<u> </u>				
14	Electroencephalography	\$124,201	\$138,478	\$14,277	11%				
15	Occupational Therapy	\$0	\$0	\$0	0%				
16	Speech Pathology	\$0	\$0	\$0	0%				
17	Audiology	\$0	\$0	\$0	0%				
18	Respiratory Therapy	\$677,807	\$726,070	\$48,263	7%				
19	Pulmonary Function	\$0	\$0	\$0	0%				
20	Intravenous Therapy	\$363,033	\$382,578	\$19,545	5%				
21	Shock Therapy	\$0	\$0 \$0	\$0 \$0	0%				
22	Psychiatry / Psychology Services	\$0 \$0	\$0 \$0	\$0 \$0	0%				
23 24	Renal Dialysis Emergency Room	\$0 \$3,574,946	\$0 \$3,475,728	<u>\$0</u> (\$99,218)	<u> </u>				
24	MRI	\$3,574,946	\$1,572,962	(\$181,066)	-10%				
26	PET Scan	\$212,451	\$270,590	\$58,139	27%				
27	PET/CT Scan	\$0	\$0	\$0	0%				
28	Endoscopy	\$758,572	\$830,432	\$71,860	9%				
29	Sleep Center	\$452,771	\$477,899	\$25,128	6%				
30	Lithotripsy	\$0	\$0	\$0	0%				
31	Cardiac Catheterization/Rehabilitation	\$278,280	\$282,982	\$4,702	2%				
32	Occupational Therapy / Physical Therapy	\$0	\$0 \$0	\$0	0%				
<u>33</u> 34	Dental Clinic Other Special Services	\$0 \$1,273,110	\$0 \$1,785,337	\$0 \$512,227	0%				
34	Other Special Services Total Special Services	\$1,273,110 \$27,189,063	\$1,785,337 \$29,417,938	\$512,227 \$2,228,875	40% 8%				
	Deutine Ormiterer								
	Routine Services:	¢0.404.004	ФО Г 44 440	MAN 700					
1	Medical & Surgical Units Intensive Care Unit	\$3,491,631 \$2,470,784	\$3,541,413 \$2,604,342	\$49,782 \$133,558	<u> </u>				
2 3	Coronary Care Unit	\$2,470,784	\$2,604,342 \$0	\$133,558 \$0	5% 0%				

	DAY KIMBALL HOSPITAL									
		MONTHS ACTUAL FILI	NG							
		SCAL YEAR 2013								
	REPORT 175 - HOSPITAL OPERATING E	(PENSES BY EXPENSI	E CATEGORY AN	DEPARIMENT						
(1)	(2)	(3)	(4)	(5)	(6)					
		FY 2012	FY 2013	AMOUNT	%					
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE					
4	Psychiatric Unit	\$2,123,778	\$2,260,167	\$136,389	6%					
5	Pediatric Unit	\$0	\$0	\$0	0%					
6	Maternity Unit	\$456,063	\$510,296	\$54,233	12%					
7	Newborn Nursery Unit	\$449,590	\$506,036	\$56,446	13%					
8	Neonatal ICU	\$0	\$0	\$0	0%					
9	Rehabilitation Unit	\$2,432,552	\$2,540,423	\$107,871	4%					
10	Ambulatory Surgery	\$1,197,079	\$1,219,968	\$22,889	2%					
11	Home Care	\$6,037,295	\$5,853,684	(\$183,611)	-3%					
12	Outpatient Clinics	\$7,158,684	\$2,020,251	(\$5,138,433)	-72%					
13	Other Routine Services	\$0	\$0	\$0	0%					
	Total Routine Services	\$25,817,456	\$21,056,580	(\$4,760,876)	-18%					
E.	Other Departments:									
1	Miscellaneous Other Departments	\$31,571,550	\$26,406,928	(\$5,164,622)	-16%					
	Total Operating Expenses - All Departments*	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%					
	*A E. The total operating expenses amount above	must agree with the to	otal operating exp	enses amount on I	Report 150.					

	DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS												
									(1)	(2)	(3)	(4)	(5)
											ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2011	<u>FY 2012</u>	FY 2013									
A.	Statement of Operations Summary												
1	Total Net Patient Revenue	\$106,400,269	\$113,405,335	\$104,649,330									
2	Other Operating Revenue	3,994,274	6,539,058	6,431,641									
3	Total Operating Revenue	\$110,394,543	\$119,944,393	\$111,080,971									
4	Total Operating Expenses	108,436,817	115,241,429	110,624,592									
5	Income/(Loss) From Operations	\$1,957,726	\$4,702,964	\$456,379									
6	Total Non-Operating Revenue	1,333,404	483,967	430,535									
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,291,130	\$5,186,931	\$886,914									
B.	Profitability Summary												
1	Hospital Operating Margin	1.75%	3.91%	0.41%									
2	Hospital Non Operating Margin	1.19%	0.40%	0.39%									
3	Hospital Total Margin	2.95%	4.31%	0.80%									
4	Income/(Loss) From Operations	\$1,957,726	\$4,702,964	\$456,379									
5	Total Operating Revenue	\$110,394,543	\$119,944,393	\$111,080,971									
6	Total Non-Operating Revenue	\$1,333,404	\$483,967	\$430,535									
7	Total Revenue	\$111,727,947	\$120,428,360	\$111,511,506									
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,291,130	\$5,186,931	\$886,914									
C.	Net Assets Summary												
1	Hospital Unrestricted Net Assets	\$16,542,725	\$16,901,258	\$7,050,300									
2	Hospital Total Net Assets	\$24,758,534	\$27,415,950	\$16,084,923									
3	Hospital Change in Total Net Assets	\$2,584,573	\$2,657,416	(\$11,331,027)									
4	Hospital Change in Total Net Assets %	111.7%	10.7%	-41.3%									
D.	Cost Data Summary												
1	Ratio of Cost to Charges	0.58	0.53	0.50									
2	Total Operating Expenses	\$108,436,817	\$115,241,429	\$115,241,429 \$110,624,592									
3	Total Gross Revenue	\$183,998,991	\$212,323,692	\$216,749,399									
4	Total Other Operating Revenue	\$3,673,638	\$6,224,434	\$4,807,000									

	DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
		ACTUAL	ACTUAL	ACTUAL			
<u>LINE</u>	DESCRIPTION	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>			
5	Private Payment to Cost Ratio	1.10	1.15	1.20			
6	Total Non-Government Payments	\$47,103,686	\$49,706,680	\$47,019,920			
7	Total Uninsured Payments	\$170,368	\$471,460	\$251,298			
8	Total Non-Government Charges	\$77,494,199	\$85,690,455	\$81,728,750			
9	Total Uninsured Charges	\$3,618,734	\$4,643,918	\$3,976,255			
10	Medicare Payment to Cost Ratio	0.94	0.92	0.89			
11	Total Medicare Payments	\$38,521,730	\$39,330,519	\$40,088,820			
12	Total Medicare Charges	\$70,963,921	\$81,187,119	\$89,912,718			
13	Medicaid Payment to Cost Ratio	0.77	0.82	0.75			
14	Total Medicaid Payments	\$15,279,999	\$19,019,832	\$16,352,315			
15	Total Medicaid Charges	\$34,186,225	\$43,919,379	\$43,908,073			
16	Uncompensated Care Cost	\$2,196,343	\$2,200,156	\$1,859,896			
17	Charity Care	\$446,519	\$710,098	\$703,850			
18	Bad Debts	\$3,354,712	\$3,462,360	\$3,021,107			
19	Total Uncompensated Care	\$3,801,231	\$4,172,458	\$3,724,957			
20	Uncompensated Care % of Total Expenses	2.0%	1.9%	1.7%			
21	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592			
E.	Liquidity Measures Summary						
1	Current Ratio	2	2	1			
2	Total Current Assets	\$28,768,813	\$33,417,651	\$32,034,489			
3	Total Current Liabilities	\$15,545,937	\$16,933,182	\$23,572,485			
4	Days Cash on Hand	38	28	28			
5	Cash and Cash Equivalents	\$2,168,500	\$2,156,339	\$5,285,678			
6	Short Term Investments	8,537,281	6,363,563	2,705,332			

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	DAY KIMBALL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL	YEAR 2013						
	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL D	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u> </u>	<u>FY 2012</u>	<u>FY 2013</u>				
7	Total Cash and Short Term Investments	\$10,705,781	\$8,519,902	\$7,991,010				
8	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592				
9	Depreciation Expense	\$4,627,959	\$4,830,289	\$4,726,233				
10	Operating Expenses less Depreciation Expense	\$103,808,858	\$110,411,140	\$105,898,359				
10		\$103,606,636	\$110,411,140	\$100,090,009				
11	Days Revenue in Patient Accounts Receivable	40	50	41				
12	Net Patient Accounts Receivable	\$11,823,463	\$12,743,539	\$12,792,119				
13	Due From Third Party Payers	\$0	\$2,645,109	\$0				
14	Due To Third Party Payers	\$165,119	\$0	\$1,067,507				
45	Total Net Patient Accounts Receivable and Third Party Payer	¢44.050.044	¢45,000,040	¢44 704 040				
15	Activity	\$11,658,344	\$15,388,648	\$11,724,612				
16	Total Net Patient Revenue	\$106,400,269	\$113,405,335	\$104,649,330				
17	Average Payment Period	55	56	81				
18	Total Current Liabilities	\$15,545,937	\$16,933,182	\$23,572,485				
19	Total Operating Expenses	\$108,436,817	\$115,241,429	\$110,624,592				
20	Depreciation Expense	\$4,627,959	\$4,830,289	\$4,726,233				
21	Total Operating Expenses less Depreciation Expense	\$103,808,858	\$110,411,140	\$105,898,359				
F.	Solvency Measures Summary							
1	Equity Financing Ratio	28.4	28.1	16.6				
2	Total Net Assets	\$24,758,534	\$27,415,950	\$16,084,923				
3	Total Assets	\$87,068,035	\$97,735,341	\$96,999,419				
4	Cash Flow to Total Debt Ratio	24.1	29.9	10.5				
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,291,130	\$5,186,931	\$886,914				
6	Depreciation Expense	\$4,627,959	\$4,830,289	\$4,726,233				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$7,919,089	\$10,017,220	\$5,613,147				
8	Total Current Liabilities	\$15,545,937	\$16,933,182	\$23,572,485				
9	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688				
10	Total Current Liabilities and Total Long Term Debt	\$32,809,701	\$33,450,732	\$53,291,173				

	DAY KIMBALL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISC	AL YEAR 2013						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
(1)	(2)	ACTUAL	(4) ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	<u>FY 2012</u>	FY 2013				
11	Long Term Debt to Capitalization Ratio	41.1	37.6	64.9				
12	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688				
13	Total Net Assets	\$24,758,534	\$27,415,950	\$16,084,923				
14	Total Long Term Debt and Total Net Assets	\$42,022,298	\$43,933,500	\$45,803,611				
15	Debt Service Coverage Ratio	6.0	6.8	4.2				
16	Excess Revenues over Expenses	3,291,130	\$5,186,931	\$886,914				
17	Interest Expense	917,695	\$1,028,742	\$952,190				
18	Depreciation and Amortization Expense	4,627,959	\$4,830,289	\$4,726,233				
19	Principal Payments	560,000	\$590,000	\$593,333				
G.	Other Financial Ratios							
20	Average Age of Plant	13.9	14.1	15.0				
21	Accumulated Depreciation	64,431,275	67,985,808	70,767,132				
22	Depreciation and Amortization Expense	4,627,959	4,830,289	4,726,233				
Н.	Utilization Measures Summary							
1	Patient Days	18,418	18,484	16,124				
2	Discharges	5,182	5,097	4,331				
3	ALOS	3.6	3.6	3.7				
4	Staffed Beds	72	65	65				
5	Available Beds	-	122	122				
6	Licensed Beds	122	122	122				
7	Occupancy of Staffed Beds	70.1%	77.9%	68.0%				
8	Occupancy of Available Beds	41.4%	41.5%	36.2%				
9	Full Time Equivalent Employees	802.8	835.4	806.7				
I.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	40.1%	38.2%	35.9%				
2	Medicare Gross Revenue Payer Mix Percentage	38.6%	38.2%	41.5%				

	DAY KIMBALL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013							
	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL D	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u> </u>	<u>FY 2012</u>	FY 2013				
3	Medicaid Gross Revenue Payer Mix Percentage	18.6%	20.7%	20.3%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.2%	1.8%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.7%	0.7%	0.6%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
0	Non-Government Gross Revenue (Charges)	¢72.975.465	¢01.046.527	¢77 750 405				
8		\$73,875,465	\$81,046,537	\$77,752,495				
9	Medicare Gross Revenue (Charges)	\$70,963,921	\$81,187,119	\$89,912,718				
10	Medicaid Gross Revenue (Charges)	\$34,186,225	\$43,919,379	\$43,908,073				
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0				
12	Uninsured Gross Revenue (Charges)	\$3,618,734	\$4,643,918	\$3,976,255				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,354,646	\$1,526,739	\$1,199,858				
14	Total Gross Revenue (Charges)	\$183,998,991	\$212,323,692	\$216,749,399				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	46.2%	45.3%	45.0%				
2	Medicare Net Revenue Payer Mix Percentage	37.9%	36.2%	38.6%				
3	Medicaid Net Revenue Payer Mix Percentage	15.1%	17.5%	15.7%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.4%	0.2%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.6%	0.5%	0.4%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
		<u> </u>	* 40,005,000	* 40 T 00 000				
8	Non-Government Net Revenue (Payments)	\$46,933,318	\$49,235,220	\$46,768,622				
9	Medicare Net Revenue (Payments)	\$38,521,730	\$39,330,519	\$40,088,820				
10	Medicaid Net Revenue (Payments)	\$15,279,999	\$19,019,832	\$16,352,315				
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0				
12	Uninsured Net Revenue (Payments)	\$170,368	\$471,460	\$251,298				
13	CHAMPUS / TRICARE Net Revenue Payments)	\$617,829	\$567,688	\$445,300				
14	Total Net Revenue (Payments)	\$101,523,244	\$108,624,719	\$103,906,355				
К.	Discharges							
1	Non-Government (Including Self Pay / Uninsured)	1,542	1,425	1,099				
2	Medicare	2,368	2,208	1,947				
3	Medical Assistance	1,240	1,427	1,265				
4	Medicaid	1,240	1,427	1,265				
5	Other Medical Assistance	-	-	-				
6	CHAMPUS / TRICARE	32	37	20				

DAY KIMBALL HOSPITAL								
	TWELVE MONTHS ACTUAL FILING							
	FIS	CAL YEAR 2013						
	REPORT 185 - HOSPITAL FINAN	CIAL AND STATISTICAL D	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013				
7	Uninsured (Included In Non-Government)	69	71	59				
8	Total	5,182	5,097	4,331				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	1.13800	1.05430	0.95760				
2	Medicare	1.05360	1.14840	1.24490				
3	Medical Assistance	0.69320	0.83000	0.89240				
4	Medicaid	0.69320	0.83000	0.89240				
5	Other Medical Assistance	0.00000	0.00000	0.00000				
6	CHAMPUS / TRICARE	0.55510	0.54180	1.10190				
7	Uninsured (Included In Non-Government)	0.76760	0.95210	0.89780				
8	Total Case Mix Index	0.98940	1.02855	1.06838				
М.	Emergency Department Visits							
1	Emergency Room - Treated and Admitted	3,521	3,285	2,777				
2	Emergency Room - Treated and Discharged	25,284	24,726	21,491				
3	Total Emergency Room Visits	28,805	28,011	24,268				

2 Inpatient Payments \$219.062 \$27.26 (\$192.26) .474 3 Outpatient Payments \$393.733 \$142,166 (\$251.547) .46 4 Outpatient Payments \$20 7 (13) .46 5 Discharges 20 7 (13) .46 6 Patient Days .00 0 .44 .42 .42 6 Patient Days .038 .444,21 .42						
FISCAL YEAR 2013 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY (1) (2) (3) (4) (5) (6) LINE DESCRIPTION ACTUAL ACTUAL ACTUAL DIFFERENCE				1		
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY (1) (2) (3) (4) (5) (6) LINE DESCRIPTION ACTUAL ACTUAL ACTUAL Colspan="2">ACTUAL Colspan="2">ACTUAL I.M. DESCRIPTION ACTUAL ACTUAL ACTUAL ACTUAL DIFFERENCE DIFFERENCE I. MEDICARE MANAGED CARE State State State State State State A. ANTHEM - MEDICARE BLUE CONNECTICUT State State <ths< th=""><th></th><th></th><th></th><th>·</th><th></th><th></th></ths<>				·		
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Line EPY 2012 DESCRIPTION FY 2013 ACTUAL ACTUAL ACTUAL DIFFERENCE DIFFERENCE DIFFERENCE I MEDICARE MANAGED CARE						
LINE DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE I. MEDICARE MANAGED CARE	(1)	(2)	(3)			(6)
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A. ANTHEM - MEDICARE BLUE CONNECTICUT \$407.305 \$68.020 1 Inpatient Charges \$219.962 \$27.726 \$19.236 \$402.236 \$44 3 Outpatient Darges \$747.130 \$400.293 \$340.223 \$44 4 Outpatient Payments \$339.733 \$142.186 \$336.637 #44 5 Discharges 20 7 (13).456 #56 26 \$33 (63).466 6 Patient Days 96 33 (63).466 #442 #43 8 Emergency Department Outpatient Visits 56 26 (30) -56 7 Ottal INPATIENT A OUTPATIENT CHARGES \$1,154,435 \$468,313 (\$484,373) -77 8 CIGNA HEALTHCARE 50 \$0 \$0 0<						
1 Inpatient Charges \$407,306 \$68,020 \$339,285) -83 3 Outpatient Payments \$219,962 \$27,726 \$(512,236) -87 4 Outpatient Charges \$747,130 \$400,393 \$348,837) -46 4 Outpatient Payments \$393,733 \$142,186 \$(\$251,547) -66 6 Patient Days 96 33 (63) -66 7 Outpatient Visits (Excludes ED Visits) 1,036 594 (442) -42 8 Emergency Depatriment Inpatient Admissions 0 0 0 0 0 0 0 9 Emergency Depatriment Inpatient Admissions 0 <t< td=""><td>I.</td><td>MEDICARE MANAGED CARE</td><td></td><td></td><td></td><td></td></t<>	I.	MEDICARE MANAGED CARE				
1 Inpatient Charges \$407,306 \$68,020 \$339,285) -83 3 Outpatient Payments \$219,962 \$27,726 \$(512,236) -87 4 Outpatient Charges \$747,130 \$400,393 \$348,837) -46 4 Outpatient Payments \$393,733 \$142,186 \$(\$251,547) -66 6 Patient Days 96 33 (63) -66 7 Outpatient Visits (Excludes ED Visits) 1,036 594 (442) -42 8 Emergency Depatriment Inpatient Admissions 0 0 0 0 0 0 0 9 Emergency Depatriment Inpatient Admissions 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
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3 Outpatient Charges \$747,130 \$400,233 (\$346,837) -44 4 Outpatient Payments \$333,733 \$142,186 (\$251,547) -45 5 Discharges 20 7 (\$31,366 -56 6 Patient Days 96 33 (63) -66 7 Outpatient Visits (Excludes ED Visits) 1,036 594 (442) -43 8 Emergency Depatiment Inpatient Admissions 56 26 (30) -59 9 Emergency Depatiment Notitis \$1154,435 \$468,313 (\$686,122) -55 1 Inpatient Charges \$0 \$0 C -77						-83%
4 Outpatient Payments \$33,733 \$142,186 (\$251,547) -44 5 Disknarges 20 7 (13) -65 6 Patient Days 96 33 (63) -66 7 Outpatient Visits (Excludes ED Visits) 1,036 594 (442) -43 8 Emergency Department Outpatient Visits 56 26 (30) -54 9 Emergency Department Outpatient Charges 51,154,435 \$468,313 (\$686,122) -55 10 TOTAL INPATIENT & OUTPATIENT CHARGES \$1,154,435 \$468,313 (\$643,783) -77 8 CIGNA HEALTHCARE						-67%
5 Discharges 20 7 (13) -65 6 Patient Days 96 33 (63) 66 7 Outpatient Visits (Excludes ED Visits) 1,036 594 (442) -43 8 Emergency Department Inpatient Admissions 56 26 (30) -54 9 Emergency Department Inpatient Admissions 56 26 (33) -72 0 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$613,695 \$169,912 (\$443,783) -77 8 CIGNA HEALTHCARE 50 \$0 \$0 0						-64%
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8 Emergency Department Inpatient Visits 56 26 (30) -54 9 Emergency Department Inpatient Admissions 0<	6	Patient Days			(63)	-66%
9 Emergency Department Inpatient Admissions 0						-43%
TOTAL INPATIENT & OUTPATIENT CHARGES \$1,154,435 \$468,313 (\$686,122) .57 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$613,695 \$169,912 (\$443,783) .77 B. CIGNA HEALTHCARE						-54%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$613,695 \$169,912 (\$443,783) -72 B. CIGNA HEALTHCARE 0			•		*	0%
B. CIGNA HEALTHCARE Description 1 Inpatient Charges \$0						-59% -72%
1 Inpatient Charges \$0 \$0 \$0 \$0 2 Inpatient Charges \$0 \$0 \$0 \$0 \$0 3 Outpatient Payments \$0 \$17 \$17 \$0 4 Outpatient Payments \$0 \$17 \$17 \$17 5 Discharges 0 0 0 0 \$0 6 Patient Days 0 1 1 \$0 \$0 7 Outpatient Visits (Excludes ED Visits) 0 1 1 \$0<		IVIAL INFALIENT & UVIFALIENT PATMENTS	9013,095	\$109,91Z	(\$443,783)	-12%
1 Inpatient Charges \$0 \$0 \$0 \$0 2 Inpatient Charges \$0 \$0 \$0 \$0 \$0 3 Outpatient Payments \$0 \$17 \$17 \$0 4 Outpatient Payments \$0 \$17 \$17 \$17 5 Discharges 0 0 0 0 \$0 6 Patient Days 0 1 1 \$0 \$0 7 Outpatient Visits (Excludes ED Visits) 0 1 1 \$0<	В.	CIGNA HEALTHCARE				
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4 Outpatient Payments \$0 \$17 \$17 \$17 \$17 5 Discharges 0			\$0	\$0	\$0	0%
5 Discharges 0						0%
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7 Outpatient Visits (Excludes ED Visits) 0 1 1 1 0 8 Emergency Department Outpatient Visits 0 0 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 0 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$17 \$17 \$17 0 C TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 \$17 \$17 \$17 0 C CONNECTICARE, INC.			-	-		0%
8 Emergency Department Outpatient Visits 0					-	0%
9 Emergency Department Inpatient Admissions 0			-		•	0%
TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$17 \$17 \$17 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 \$17 \$18,9,625 \$23 \$10 \$11 \$10 \$10 \$10 \$11 \$10 \$17 \$17 \$17 \$13 \$10 \$10 \$11 \$10 \$11 \$10 \$11 \$10 \$11 \$10 \$11 \$10 \$11 \$10 \$11 \$10 \$11 1						0% 0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 \$17					-	0%
C. CONNECTICARE, INC. 1 Inpatient Charges \$1,570,022 \$2,005,918 \$435,896 28 2 Inpatient Payments \$810,543 \$1,000,168 \$189,625 23 3 Outpatient Charges \$4,040,389 \$4,715,363 \$674,974 17 4 Outpatient Payments \$1,584,873 \$1,610,089 \$25,216 22 5 Discharges 103 113 10 10 10 6 Patient Days 430 398 (32) -7 7 Outpatient Visits (Excludes ED Visits) 5,308 8,007 2,699 51 8 Emergency Department Outpatient Visits 217 258 41 19 9 Emergency Department Outpatient Admissions 0 0 0 0 1 Inpatient Charges \$5,610,411 \$6,721,281 \$1,110,870 22 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$2,395,416 \$2,610,257 \$214,841 9 0 HEALTHNET OF CONNECTICU						0%
1 Inpatient Charges \$1,570,022 \$2,005,918 \$435,896 226 2 Inpatient Payments \$810,543 \$1,000,168 \$189,625 23 3 Outpatient Charges \$44,040,389 \$4,715,363 \$674,974 17 4 Outpatient Payments \$1,584,873 \$1,610,089 \$25,216 22 5 Discharges 103 113 10 10 6 Patient Days 430 398 (32) -7 7 Outpatient Visits (Excludes ED Visits) 5,308 8,007 2,699 51 8 Emergency Department Outpatient Visits 217 258 41 15 9 Emergency Department Inpatient Admissions 0 0 0 0 0 10 TOTAL INPATIENT & OUTPATIENT CHARGES \$5,610,411 \$6,721,281 \$1,110,870 20 1 Inpatient Charges \$0 \$0 \$0 0 0 0 2 Inpatient Payments \$0 \$0			· · ·	*	*	
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3 Outpatient Charges \$4,040,389 \$4,715,363 \$674,974 17 4 Outpatient Payments \$1,584,873 \$1,610,089 \$25,216 2 5 Discharges 103 113 10 10 6 Patient Days 430 398 (32) -7 7 Outpatient Visits (Excludes ED Visits) 5,308 8,007 2,699 51 8 Emergency Department Outpatient Visits 217 258 41 19 9 Emergency Department Inpatient Admissions 0 0 0 0 7 Ottpatient X & OUTPATIENT CHARGES \$5,610,411 \$6,721,281 \$1,110,870 20 7 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$2,395,416 \$2,610,257 \$214,841 9 9 HEALTHNET OF CONNECTICUT						28%
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7 Outpatient Visits (Excludes ED Visits) 5,308 8,007 2,699 51 8 Emergency Department Outpatient Visits 217 258 41 19 9 Emergency Department Inpatient Admissions 0				-		-7%
8 Emergency Department Outpatient Visits 217 258 41 19 9 Emergency Department Inpatient Admissions 0<						51%
9 Emergency Department Inpatient Admissions 0						19%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$2,395,416 \$2,610,257 \$214,841 99 D. HEALTHNET OF CONNECTICUT						0%
D.HEALTHNET OF CONNECTICUTImage: Constraint of the second s			\$5,610,411	\$6,721,281		20%
1 Inpatient Charges \$0		TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,395,416	\$2,610,257	\$214,841	9%
1 Inpatient Charges \$0						
2 Inpatient Payments \$0			<u>ድ</u> ሶ	¢٥	<u></u>	0%
3Outpatient Charges\$0\$0\$004Outpatient Payments\$0\$0\$0\$05Discharges00006Patient Days00007Outpatient Visits (Excludes ED Visits)0008Emergency Department Outpatient Visits0009Emergency Department Inpatient Admissions000TOTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$0						0%
4 Outpatient Payments \$0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>0%</td>						0%
5Discharges00006Patient Days000007Outpatient Visits (Excludes ED Visits)000008Emergency Department Outpatient Visits000009Emergency Department Inpatient Admissions00000TOTAL INPATIENT & OUTPATIENT CHARGES\$0\$0\$000						0%
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	DAY KIMBA	LL HOSPITAL			
		IS ACTUAL FILING	ì		
		YEAR 2013			
	REPORT 200 - HOSPITAL MEDI	CARE MANAGED C	CARE ACTIVITY		
(4)	(2)	(2)	(4)	(5)	(0)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	<u>(6)</u> %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
		//oro//E	//or o//E	DITERENCE	DITERENCE
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$134,270	\$72,164	(\$62,106)	-46%
2	Inpatient Payments	\$28,449	\$27,400	(\$1,049)	-4%
3	Outpatient Charges	\$95,849	\$97,737	\$1,888	2%
4	Outpatient Payments	\$40,546	\$6,257	(\$34,289)	-85%
5	Discharges	16	6	(10)	-63%
6	Patient Days	78	25	(53)	-68%
7	Outpatient Visits (Excludes ED Visits)	132	75	(57)	-43%
8 9	Emergency Department Outpatient Visits	26	24	(2)	-8%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0 \$230,119	0 \$169,901	0 (\$60,218)	0% - 26%
	TOTAL INPATIENT & OUTPATIENT CHARGES				
		\$68,995	\$33,657	(\$35,338)	-51%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAG	E			
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%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$2,716,543	\$4,686,174	\$1,969,631	73%
2	Inpatient Payments	\$1,407,378	\$2,289,200	\$881,822	63%
3	Outpatient Charges	\$5,530,027	\$7,186,575	\$1,656,548	30%
4	Outpatient Payments	\$2,320,688	\$2,769,805	\$449,117	19%
5	Discharges	193	248	55	28%
6	Patient Days	667	1,106	439	66%
7	Outpatient Visits (Excludes ED Visits)	8,441	13,573	5,132	61%
8	Emergency Department Outpatient Visits	472	604	132	28%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,246,570	\$11,872,749	\$3,626,179	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,728,066	\$5,059,005	\$1,330,939	36%
H.	WELLCARE OF CONNECTICUT				
<u>п.</u> 1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0 \$0	\$0	\$0	0%
3	Outpatient Charges	\$0	<u>\$0</u>	\$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%
<u> </u>					
l.	AETNA				

		BALL HOSPITAL THS ACTUAL FILING	1		
		L YEAR 2013	•		
	REPORT 200 - HOSPITAL MEI		CARE ACTIVITY	,	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1	Inpatient Charges	\$18,029	\$28,899	\$10,870	60%
2	Inpatient Payments	\$7,077	\$24,873	\$17,796	251%
3	Outpatient Charges	\$54,063	\$110,727	\$56,664	105%
4	Outpatient Payments	\$15,907	\$39,677	\$23,770	149%
5	Discharges	2	3	1	50%
6	Patient Days	3	<u>12</u> 256	9 180	300%
8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	76	200	(4)	237% -57%
9	Emergency Department Inpatient Admissions	0	0	(4)	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$72,092	\$139,626	\$67,534	94%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,984	\$64,550	\$41,566	181%
J.	HUMANA		* -	* -	
1	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Outpatient Payments	\$0	<u> </u>	\$0 \$0	0%
4	Outpatient Payments	\$0	\$0 \$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	<u>\$0</u>	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
К.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days Outpatient Visits (Excludes ED Visits)	0	0	0	0% 0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE		* ~		
1	Inpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Inpatient Payments Outpatient Charges	\$0 \$0	<u>\$0</u> \$0	\$0 \$0	0%
4	Outpatient Payments	\$0		\$0	0%
5	Discharges	φ υ 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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
М.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

	DAY KIMBA	LL HOSPITAL			
	TWELVE MONTH	IS ACTUAL FILING	i		
	FISCAL	YEAR 2013			
	REPORT 200 - HOSPITAL MEDI	CARE MANAGED C	CARE ACTIVITY	,	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
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%
Ν.	EVERCARE				
1	Inpatient Charges	\$118,500	\$20,386	(\$98,114)	-83%
2	Inpatient Payments	\$62,563	\$8,582	(\$53,981)	-86%
3	Outpatient Charges	\$208,736	\$29,618	(\$179,118)	-86%
4	Outpatient Payments	\$69,292	\$0	(\$69,292)	-100%
5	Discharges	9	1	(8)	-89%
6	Patient Days	32	6	(26)	-81%
7	Outpatient Visits (Excludes ED Visits)	478	79	(399)	-83%
8	Emergency Department Outpatient Visits	29	3	(26)	-90%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$327,236	\$50,004	(\$277,232)	-85%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$131,855	\$8,582	(\$123,273)	-93%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$4,964,669	\$6,881,561	\$1,916,892	39%
	TOTAL INPATIENT PAYMENTS	\$2,535,972	\$3,377,949	\$841,977	33%
	TOTAL OUTPATIENT CHARGES	\$10,676,194	\$12,540,330	\$1,864,136	17%
	TOTAL OUTPATIENT PAYMENTS	\$4,425,039	\$4,568,031	\$142,992	3%
	TOTAL DISCHARGES	343	378	35	10%
	TOTAL PATIENT DAYS	1,306	1,580	274	21%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS) TOTAL EMERGENCY DEPARTMENT OUTPATIENT	15,471	22,585	7,114	46%
	VISITS	807	918	111	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	o	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,640,863	\$19,421,891	\$3,781,028	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,961,011	\$7,945,980	\$984,969	14%

		KIMBALL HOSPITAL			
		MONTHS ACTUAL FI	LING		
	REPORT 250 - HOSPITAL	FISCAL YEAR 2013 MEDICAID MANAG	ED CARE ACTIVI	ГҮ	
(4)	(2)	(2)		(5)	(6)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
_	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
٩	CONNECTICUT	# 0	* 0	* 2	
1	Inpatient Charges	\$0	\$0	\$0	0%
2 3	Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	00
<u>3</u> 4	Outpatient Charges Outpatient Payments	\$0	\$0 \$0	<u>\$0</u> \$0	0%
	Discharges		-		0%
5 6	Patient Days	0	0	0	0% 0%
6 7	Outpatient Visits (Excludes ED Visits)	0	0	0	09
8	Emergency Department Outpatient Visits	0	0	0	09
9	Emergency Department Inpatient Admissions	0	0	0	09
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	<u>\$0</u> \$0	0%
		φU	φU	φŪ	0,
3.	COMMUNITY HEALTH NETWORK OF CT	0045.004	^	(0045004)	1000
1	Inpatient Charges	\$645,984	\$0	(\$645,984)	-100%
2	Inpatient Payments	\$78,988	\$0	(\$78,988)	
3	Outpatient Charges	\$2,473,349	\$0 \$0	(\$2,473,349)	
4	Outpatient Payments	\$207,891	\$0	(\$207,891)	-100%
5	Discharges	62	0	(62)	
6 7	Patient Days Outpatient Visits (Excludes ED Visits)	169 5,678	0	(169) (5,678)	-100% -100%
8		821	0	(5,678) (821)	
<u> </u>	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	021	0	(021)	-1009
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,119,333	\$0	(\$3,119,333)	
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$286,879	\$0 \$0	(\$286,879)	-100%
	HEALTHNET OF THE NORTHEAST, INC.				
<u>C.</u> 1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	<u>\$0</u> \$0	09
3	Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0%
5	Discharges	φ0 0	φ <u>0</u> 0	<u> </u>	09
6	Patient Days	0	0	0	09
7	Outpatient Visits (Excludes ED Visits)	0	0	0	09
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	09
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	00
) .	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$179,997	\$141,843	(\$38,154)	-219
2	Inpatient Payments	\$146,120	\$34,500	(\$111,620)	
3	Outpatient Charges	\$1,129,494	\$976,202	(\$153,292)	
4	Outpatient Payments	\$912,991	\$447,234	(\$465,757)	
5	Discharges	10	<u> </u>	(0+00,707)	
6	Patient Days	35	42	7	20
7	Outpatient Visits (Excludes ED Visits)	3,882	870	(3,012)	
8	Emergency Department Outpatient Visits	0	41	41	00
9	Emergency Department Inpatient Admissions	0	0	0	00
5	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,309,491	\$1,118,045	(\$191,446)	

		IMBALL HOSPITA			
		ONTHS ACTUAL F	ILING		
	F REPORT 250 - HOSPITAL	ISCAL YEAR 2013		ту	
	REFORT 250 - HOSPITAL		DED CARE ACTIVI		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	¢4.050.444	¢404 704	(4577.077)	EE0/
	TOTAL INPATIENT & OUTPATIENT PATMENTS	\$1,059,111	\$481,734	(\$577,377)	-55%
Е.	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 6	Discharges Patient Days	0	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, PREFERRED				
F.	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$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%
6	Patient Days	0	0	0	0%
7 8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	0	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%
G. 1	UNITED HEALTHCARE Inpatient Charges	¢00.719	\$0	(\$00.710)	-100%
2	Inpatient Charges	\$99,718 \$6,340	\$0 \$0	(\$99,718) (\$6,340)	-100%
3	Outpatient Charges	\$539,647	\$0 \$0	(\$539,647)	-100%
4	Outpatient Payments	\$102,069	\$0	(\$102,069)	-100%
5	Discharges	11	0	(11)	-100%
6	Patient Days	28	0	(28)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,132	0	(1,132)	-100%
8 9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	183	0	(183)	-100% 0%
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$639,365	\$0	(\$639,365)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$108,409	\$0	(\$108,409)	-100%
				· _ · /	
Н.	AETNA				
1	Inpatient Charges	\$241,097	\$0	(\$241,097)	-100%
2 3	Inpatient Payments Outpatient Charges	\$0 \$741,398	\$0 \$0	\$0 (\$741,398)	0% -100%
3 4	Outpatient Charges	\$741,398	\$0 \$0	(\$741,398) \$0	-100%
5	Discharges	26	0 0	(26)	-100%
6	Patient Days	96	0	(96)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,122	0	(1,122)	-100%
8	Emergency Department Outpatient Visits	339	0	(339)	-100%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0	0 \$0	0 (\$083.405)	0% -100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$982,495 \$0	\$0 \$0	(\$982,495) \$0	-100% 0%
<u> </u>	TOTAL INFALLING OUTFAILING FAIMENTS	Ψ	φU	φυ	U 70

-										
	DAVK		1							
	TWELVE MONTHS ACTUAL FILING									
	REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY									
(4)		(0)	(4)		(0)					
(1)	(2)	(3)	(4)	(5)	(6)					
		FY 2012	FY 2013	AMOUNT						
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE					
II.	TOTAL MEDICAID MANAGED CARE				1					
	TOTAL INPATIENT CHARGES	\$1,166,796	\$141,843	(\$1,024,953)	-88%					
	TOTAL INPATIENT PAYMENTS	\$231,448	\$34,500	(\$196,948)	-85%					
	TOTAL OUTPATIENT CHARGES	\$4,883,888	\$976,202	(\$3,907,686)	-80%					
	TOTAL OUTPATIENT PAYMENTS	\$1,222,951	\$447,234	(\$775,717)	-63%					
	TOTAL DISCHARGES	109	8	(101)	-93%					
	TOTAL PATIENT DAYS	328	42	(286)	-87%					
	TOTAL OUTPATIENT VISITS (EXCLUDES ED									
	VISITS)	11,814	870	(10,944)	-93%					
	TOTAL EMERGENCY DEPARTMENT									
	OUTPATIENT VISITS	1,343	41	(1,302)	-97%					
	TOTAL EMERGENCY DEPARTMENT									
	INPATIENT ADMISSIONS	0	0	0	0%					
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,050,684	\$1,118,045	(\$4,932,639)	-82%					
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,454,399	\$481,734	(\$972,665)	-67%					

		DAY KIMBALL HOSI	PITAL								
	ти	VELVE MONTHS ACTU	AL FILING								
		FISCAL YEAR 20	13								
	REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION										
(1)	(2)	(3)	(4)	(5)	(6)						
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE						
I.	ASSETS										
Α.	Current Assets:										
1	Cash and Cash Equivalents	\$3,277,302	\$6,386,290	\$3,108,988	95%						
2	Short Term Investments	\$6,363,563	\$2,705,332	(\$3,658,231)	-57%						
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,676,491	\$14,973,355	\$296,864	07%						
4	Current Assets Whose Use is Limited for Current Liabilities	\$324,188	\$7,166,565	\$6,842,377	2111%						
5	Due From Affiliates	\$0	\$0	\$0	0%						
6	Due From Third Party Payers	\$2,645,109	\$0	(\$2,645,109)	-100%						
7	Inventories of Supplies	\$2,276,547	\$2,348,921	\$72,374	3%						
8	Prepaid Expenses	\$301,350	\$489,720	\$188,370	63%						
9	Other Current Assets	\$1,534,648	\$1,462,227	(\$72,421)	-5%						
	Total Current Assets	\$31,399,198	\$35,532,410	\$4,133,212	13%						
В.	Noncurrent Assets Whose Use is Limited:										
1	Held by Trustee	\$4,310,243	\$4,538,749	\$228,506	5%						
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%						
3	Funds Held in Escrow	\$1,292,108	\$2,340,577	\$1,048,469	81%						
4	Other Noncurrent Assets Whose Use is Limited	\$6,157,077	\$3,941,601	(\$2,215,476)	-36%						
	Total Noncurrent Assets Whose Use is	ψ0,137,077	\$3,941,001	(\psi_2,213,470)	-30%						
	Limited:	\$11,759,428	\$10,820,927	(\$938,501)	-8%						
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%						
6	Long Term Investments	\$8,045,237	\$10,747,916	\$2,702,679	34%						
7	Other Noncurrent Assets	\$541,087	\$1,318,867	\$777,780	144%						
C.	Net Fixed Assets:										
1	Property, Plant and Equipment	\$101,365,601	\$102,281,427	\$915,826	1%						
2	Less: Accumulated Depreciation	\$68,176,177	\$70,912,402	\$2,736,225	\$0						
	Property, Plant and Equipment, Net	\$33,189,424	\$31,369,025	(\$1,820,399)	-5%						
3	Construction in Progress	\$3,849,846	\$10,356,162	\$6,506,316	169%						
	Total Net Fixed Assets	\$37,039,270	\$41,725,187	\$4,685,917	13%						
	Total Assets	\$88,784,220	\$100,145,307	\$11,361,087	13%						
١١.	LIABILITIES AND NET ASSETS										
Α.	Current Liabilities:										

		DAY KIMBALL HOSI	PITAL								
		TWELVE MONTHS ACTU	AL FILING								
	FISCAL YEAR 2013										
	REPORT 300 - PARENT CO	RPORATION CONSOLIDA	TED BALANCE SHE	ET INFORMATION							
(1)	(2)	(3)	(4)	(5)	(6)						
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE						
<u></u>											
1	Accounts Payable and Accrued Expenses	\$7,634,538	\$9,938,871	\$2,304,333	30%						
2	Salaries, Wages and Payroll Taxes	\$1,754,581	\$1,910,817	\$156,236	9%						
3	Due To Third Party Payers	\$0	\$1,067,507	\$1,067,507	0%						
4	Due To Affiliates	\$0	\$0	\$0	0%						
5	Current Portion of Long Term Debt	\$767,324	\$804,612	\$37,288	5%						
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%						
7	Other Current Liabilities	\$8,576,531	\$11,954,086	\$3,377,555	39%						
	Total Current Liabilities	\$18,732,974	\$25,675,893	\$6,942,919	37%						
В.	Long Term Debt:										
1	Bonds Payable (Net of Current Portion)	\$16,517,550	\$29,718,688	\$13,201,138	80%						
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%						
	Total Long Term Debt	\$16,517,550	\$29,718,688	\$13,201,138	80%						
3	Accrued Pension Liability	\$36,868,659	\$27,623,323	(\$9,245,336)	-25%						
4	Other Long Term Liabilities	\$0	\$0	\$0	0%						
	Total Long Term Liabilities	\$53,386,209	\$57,342,011	\$3,955,802	7%						
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%						
C.	Net Assets:										
1	Unrestricted Net Assets or Equity	\$6,143,359	\$8,092,517	\$1,949,158	32%						
2	Temporarily Restricted Net Assets	\$6,314,783	\$4,729,199	(\$1,585,584)	-25%						
3	Permanently Restricted Net Assets	\$4,206,895	\$4,305,687	\$98,792	2%						
	Total Net Assets	\$16,665,037	\$17,127,403	\$462,366	3%						
	Total Liabilities and Net Assets	\$88,784,220	\$100,145,307	\$11,361,087	13%						

	DAY	(IMBALL HOSPITAL	_		
	TWELVE N	IONTHS ACTUAL FI	LING		
	F	ISCAL YEAR 2013			
	REPORT 350 - PARENT CORPORATION CON	SOLIDATED STATE	MENT OF OPERA	TIONS INFORMATI	ON
(1)	(2)	(3)	(4)	(5)	(6)
	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
		<u></u>	<u></u>	DITERENCE	
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$238,043,925	\$251,673,888	\$13,629,963	6%
2	Less: Allowances	\$108,357,670	\$121,374,335	\$13,016,665	12%
3	Less: Charity Care	\$710,098	\$703,850	(\$6,248)	-19
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$128,976,157	\$129,595,703	\$619,546	0%
5	Provision for Bad Debts	\$0	\$3,254,039	\$3,254,039	0%
	Net Patient Service Revenue less provision for bad debts	\$128,976,157	\$126,341,664	(\$2,634,493)	-2%
6	Other Operating Revenue	\$7,112,901	\$7,007,903	(\$104,998)	-1%
7	Net Assets Released from Restrictions	\$314,624	\$1,631,364	\$1,316,740	419%
-	Total Operating Revenue	\$136,403,682	\$134,980,931	(\$1,422,751)	-1%
В.	Operating Expenses:				
1	Salaries and Wages	\$64,606,556	\$69,876,205	\$5,269,649	8%
2	Fringe Benefits	\$19,913,051	\$20,635,260	\$722,209	4%
3	Physicians Fees	\$2,826,039	\$4,499,816	\$1,673,777	59%
4	Supplies and Drugs	\$15,730,813	\$17,557,028	\$1,826,215	129
5	Depreciation and Amortization	\$4,887,639	\$4,803,745	(\$83,894)	-2%
6	Bad Debts	\$3,709,571	\$0	(\$3,709,571)	-100%
7	Interest Expense	\$1,028,742	\$952,190	(\$76,552)	-7%
8	Malpractice Insurance Cost	\$872,121	\$869,801	(\$2,320)	0%
9	Other Operating Expenses	\$22,448,450	\$24,728,251	\$2,279,801	10%
	Total Operating Expenses	\$136,022,982	\$143,922,296	\$7,899,314	6%
	Income/(Loss) From Operations	\$380,700	(\$8,941,365)	(\$9,322,065)	-2449%
C.	Non-Operating Revenue:				
1	Income from Investments	\$105,171	\$878,011	\$772,840	735%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$381,767	(\$447,476)	(\$829,243)	-2179
-	Total Non-Operating Revenue	\$486,938	\$430,535	(\$56,403)	-12%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$867,638	(\$8,510,830)	(\$9,378,468)	-10819
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	Unicalized Callis/(LUSSES)	φυ	φU	φυ	0-

	DAY	KIMBALL HOSPITAL			
	TWELVE	MONTHS ACTUAL FI	LING		
		FISCAL YEAR 2013			
	REPORT 350 - PARENT CORPORATION CO	NSOLIDATED STATE	MENT OF OPERA	TIONS INFORMATI	ON
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
			¢o	<u> </u>	00/
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$867,638	(\$8,510,830)	(\$9,378,468)	-1081%

	DAY KIMBALL	HOSPITAL							
	TWELVE MONTHS A	ACTUAL FILING							
	FISCAL YEA	AR 2013							
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)					
. ,		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>					
Α.	Parent Corporation Statement of Operations Summary								
1	Net Patient Revenue	\$115,157,319	\$128,976,157	\$126,341,664					
2	Other Operating Revenue	4,494,080	7,427,525	8,639,267					
3	Total Operating Revenue	\$119,651,399	\$136,403,682	\$134,980,931					
4	Total Operating Expenses	121,166,696	136,022,982	143,922,296					
5	Income/(Loss) From Operations	(\$1,515,297)	\$380,700	(\$8,941,365)					
6	Total Non-Operating Revenue	1,333,404	486,938	430,535					
7	Excess/(Deficiency) of Revenue Over Expenses	(\$181,893)	\$867,638	(\$8,510,830)					
В.	Parent Corporation Profitability Summary								
1	Parent Corporation Operating Margin	-1.25%	0.28%	-6.60%					
2	Parent Corporation Non-Operating Margin	1.10%	0.36%	0.32%					
3	Parent Corporation Total Margin	-0.15%	0.63%	-6.29%					
4	Income/(Loss) From Operations	(\$1,515,297)	\$380,700	(\$8,941,365)					
5	Total Operating Revenue	\$119,651,399	\$136,403,682	\$134,980,931					
6	Total Non-Operating Revenue	\$1,333,404	\$486,938	\$430,535					
7	Total Revenue	\$120,984,803	\$136,890,620	\$135,411,466					
8	Excess/(Deficiency) of Revenue Over Expenses	(\$181,893)	\$867,638	(\$8,510,830)					
C.	Parent Corporation Net Assets Summary								
1	Parent Corporation Unrestricted Net Assets	\$10,104,119	\$6,143,359	\$8,092,517					
2	Parent Corporation Total Net Assets	\$18,323,663	\$16,665,037	\$17,127,403					
3	Parent Corporation Change in Total Net Assets	(\$885,674)	(\$1,658,626)	\$462,366					
4	Parent Corporation Change in Total Net Assets %	95.4%	-9.1%	2.8%					
D.	Liquidity Measures Summary								
	<i>_,</i> ,								
1	Current Ratio	1.71	1.68	1.38					
2	Total Current Assets	\$27,865,271	\$31,399,198	\$35,532,410					
3	Total Current Liabilities	\$16,293,781	\$18,732,974	\$25,675,893					

	DAY KIMBALL								
	FISCAL YE								
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)					
()		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>					
4	Days Cash on Hand	35	27	24					
5	Cash and Cash Equivalents	\$2,768,481	\$3,277,302	\$6,386,290					
6	Short Term Investments	\$8,537,281	\$6,363,563	\$2,705,332					
7	Total Cash and Short Term Investments	\$11,305,762	\$9,640,865	\$9,091,622					
8	Total Operating Expenses	\$121,166,696	\$136,022,982	\$143,922,296					
9	Depreciation Expense	\$4,685,726	\$4,887,639	\$4,803,745					
10	Operating Expenses less Depreciation Expense	\$116,480,970	\$131,135,343	\$139,118,551					
11	Days Revenue in Patient Accounts Receivable	40	49	40					
12	Net Patient Accounts Receivable	\$ 12,857,684	\$ 14,676,491	\$ 14,973,355					
13	Due From Third Party Payers	\$0	\$2,645,109	\$0					
14	Due To Third Party Payers	\$165,119	\$0	\$1,067,507					
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 12,692,565	\$ 17,321,600	\$ 13,905,848					
	Total Net Patient Revenue	\$115,157,319	\$128,976,157	\$126,341,664					
17	Average Payment Period	51	52	67					
18	Total Current Liabilities	\$16,293,781	\$18,732,974	\$25,675,893					
19	Total Operating Expenses	\$121,166,696	\$136,022,982	\$143,922,296					
20	Depreciation Expense	\$4,685,726	\$4,887,639	\$4,803,74					
20	Total Operating Expenses less Depreciation Expense	\$116,480,970	\$131,135,343	\$139,118,551					
E.	Solvency Measures Summary								
1	Equity Financing Ratio	22.5	18.8	17.1					
2	Total Net Assets	\$18,323,663	\$16,665,037	\$17,127,403					
3	Total Assets	\$81,381,008	\$88,784,220	\$100,145,307					
4	Cash Flow to Total Debt Ratio	13.4	16.3	(6.7					
5	Excess/(Deficiency) of Revenues Over Expenses	(\$181,893)	\$867,638	(\$8,510,830)					

DAY KIMBALL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
6	Depreciation Expense	\$4,685,726	\$4,887,639	\$4,803,745
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,503,833	\$5,755,277	(\$3,707,085)
8	Total Current Liabilities	\$16,293,781	\$18,732,974	\$25,675,893
9	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688
10	Total Current Liabilities and Total Long Term Debt	\$33,557,545	\$35,250,524	\$55,394,581
11	Long Term Debt to Capitalization Ratio	48.5	49.8	63.4
12	Total Long Term Debt	\$17,263,764	\$16,517,550	\$29,718,688
13	Total Net Assets	\$18,323,663	\$16,665,037	\$17,127,403
14	Total Long Term Debt and Total Net Assets	\$35,587,427	\$33,182,587	\$46,846,091

					KIMBALL HOSPI MONTHS ACTUA			
					ISCAL YEAR 2013			
			REPORT 40	0 - HOSPITAL INF	PATIENT BED UTI	LIZATION BY DEI	PARTMENT	
(1)	(2)	(2) (3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY OF STAFFED	OCCUPANCY OF AVAILABLE
	DESCRIPTION		CU/CCU # PATIEN	ADIVII35ION5	BEDS (A)	BEDS	BEDS (A)	BEDS
		DAIO			<u>BEBO (Aj</u>	BEBO	<u>BEDG (A</u>	
1	Adult Medical/Surgical	8,273	2,567	2,506	36	72	63.0%	31.5%
2	ICU/CCU (Excludes Neonatal ICU)	687	84	0	6	9	31.4%	20.9%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,242	580	581	13	15	89.4%	77.5%
	TOTAL PSYCHIATRIC	4,242	580	581	13	15	89.4%	77.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,459	569	539	5	8	79.9%	50.0%
7	Newborn	1,405	585	555	5	18	77.0%	21.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	58	30	30	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	14,719	3,746	3,656	60	104	67.2%	38.8%
	TOTAL INPATIENT BED UTILIZATION	16,124	4,331	4,211	65	122	68.0%	36.2%
	TOTAL INPATIENT REPORTED YEAR	16,124	4,331	4,211	65	122	68.0%	36.2%
	TOTAL INPATIENT PRIOR YEAR	18,484	5,097	4,983	65	122	77.9%	41.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,360	-766	-772	0	0	-9.9%	-5.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-13%	-15%	-15%	0%	0%	-13%	-13%
	Total Licensed Beds and Bassinets	122						
(A) T	his number may not exceed the number of availa	ble beds for eac	h department or in t	total.				
	Total discharges do not include ICU/CCU patien							

		KIMBALL HOSPITAL			
		ISCAL YEAR 2013			
	REPORT 450 - HOSPITAL INPATIENT AN		ER SERVICES UTIL	ZATION AND FTES	
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
	CT Scans (A)				
1	Inpatient Scans	1,561	1,385	-176	-11%
2	Outpatient Scans (Excluding Emergency Department Scans)	0.074	2 224	450	50/
	Emergency Department Scans	3,074 3,763	3,224 3,681	150 -82	5% -2%
	Other Non-Hospital Providers' Scans (A)	3,703	3,001	-02	-2%
4	Total CT Scans	8,398	8,290	-108	-1%
		0,000	0,200	100	170
В.	MRI Scans (A)				
1	Inpatient Scans	504	433	-71	-14%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	4,948	4,504	-444	-9%
	Emergency Department Scans	158	207	49	31%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	5,610	5,144	-466	-8%
C.	PET Scans (A)				
<u> </u>	Inpatient Scans	0	0	0	0%
1	Outpatient Scans (Excluding Emergency Department	0	0	0	070
2	Scans)	161	227	66	41%
	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	161	227	66	41%
D.	PET/CT Scans (A)				
1	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department		-		
	Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0	0	0	0% 0%
		U	0	0	0%
	(A) If the Hospital is not the primary provider of thes	e scans, the Hospital	must obtain the fis	scal year	
	volume of each of these types of scans from the			,	
	Linear Accelerator Procedures				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F.	Cardiac Catheterization Procedures				
<u>г.</u> 1	Inpatient Procedures	0	0	0	0%
	Outpatient Procedures	0	0	0	0%
-	Total Cardiac Catheterization Procedures	0	0	0	0%
G.	Cardiac Angioplasty Procedures				
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
L	Flaatsen kusia la mu Otudia a				
	Electrophysiology Studies				00/
1 2	Inpatient Studies Outpatient Studies	0	0	0	<u> 0%</u> 0%
4	Total Electrophysiology Studies	0	0	0	0% 0%
L	i otar Electrophysiology Studies	U	U	U	0

		Y KIMBALL HOSPITAL E MONTHS ACTUAL FIL	INC		
			ING		
	REPORT 450 - HOSPITAL INPATIENT AN	FISCAL YEAR 2013			
			K SERVICES UTILI		
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	(3)	(4)	(3)	(0)
		ACTUAL	ACTUAL	AMOUNT	%
	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
		112012	1 2010	DITTERENCE	DITTERENCE
<u>I.</u> 1	Surgical Procedures Inpatient Surgical Procedures	722	695	-37	E0/
2	Outpatient Surgical Procedures	3,008	685 2,872	-37	<u>-5%</u> -5%
	Total Surgical Procedures	3,008	3,557	-130	-5% -5%
		5,750	5,557	-175	-37
J.	Endoscopy Procedures				
1	Inpatient Endoscopy Procedures	190	181	-9	-5%
2	Outpatient Endoscopy Procedures	3,584	940	-2,644	-74%
	Total Endoscopy Procedures	3,774	1,121	-2,653	-70%
К.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	3,285	2,777	-508	-15%
2	Emergency Room Visits: Treated and Discharged	24,726	21,491	-3,235	-13%
2	Total Emergency Room Visits	28,011	24,268	-3,743	-13%
				0,110	,
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	9,511	11,707	2,196	23%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	43,039	0	-43,039	-100%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	13,555	13,555	0%
	Total Hospital Clinic Visits	52,550	25,262	-27,288	-52%
М.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	78,067	76,952	-1,115	-1%
2	Cardiac Rehabilitation	3,762	3,695	-67	-2%
3	Chemotherapy	828	1,223	395	48%
4	Gastroenterology	3,584	3,149	-435	-12%
5	Other Outpatient Visits	145,964	70,581	-75,383	-52%
	Total Other Hospital Outpatient Visits	232,205	155,600	-76,605	-33%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	274.2	284.1	9.9	49
2	Total Physician FTEs	16.1		-10.5	-65%
3	Total Non-Nursing and Non-Physician FTEs	545.1	517.0	-28.1	-5%
0	Total Hospital Full Time Equivalent Employees	835.4	806.7	-28.7	-3%
		033.4	000.7	-20.7	-3/

	TWELVE MONTH		G		
DE	FISCAL 1 PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	EAR 2013			
KE	FORT 465 - HOSPITAL OUTPATIENT SURGICAL, ENDO			JINI SERVICES E	
(1)	(2)	(5)	(6)		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2012</u>	<u>FY 2013</u>	DIFFERENCE	DIFFERENCE
Α.	Outpatient Surgical Procedures				
1	Day Kimball Hospital	3,008	2,872	-136	-5%
	Total Outpatient Surgical Procedures(A)	3,008	2,872	-136	
B.	Outpatient Endoscopy Procedures				
1	Day Kimball Hospital	3,584	940	-2,644	-74%
	Total Outpatient Endoscopy Procedures(B)	3,584	940	-2,644	-74%
C.	Outpatient Hospital Emergency Room Visits				
1	Day Kimball Hospital	24,726	21,491	-3,235	-13%
	Total Outpatient Hospital Emergency Room Visits(C)	24,726	21,491	-3,235	-13%
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 450).		
	(B) Must agree with Total Outpatient Endoscopy Proced	dures on Report	450.		
	(C) Must agree with Emergency Room Visits Treated an	d Discharged or	n Report 450.		

	DAY KIMBALL HO TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEAR	2013			
	REPORT FORM 500 - CALCULATION O	F DSH UPPER F	AYMENT LIM	IT	
	AND BASELINE UNDERPAYMENT DAT	A: COMPARAT	IVE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2012</u>	<u>FY 2013</u>	DIFFERENCE	DIFFERENCE
Ι.	DATA BY MAJOR PAYER CATEGORY				
Α.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$30,239,942	\$33,963,600	\$3,723,658	129
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,000,400	\$17,499,150	\$498,750	3'
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.22%	51.52%	-4.70%	-8
4	DISCHARGES	2,208	1,947	(261)	-129
5	CASE MIX INDEX (CMI)	1.14840	1.24490	0.09650	8
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,535.66720	2,423.82030	(111.84690)	-49
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,704.51	\$7,219.66	\$515.15	8
8	PATIENT DAYS	8,953	8,161	(792)	-9
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,898.85	\$2,144.24	\$245.39	13
10	AVERAGE LENGTH OF STAY	4.1	4.2	0.1	3
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,947,177	\$55,949,118	\$5,001,941	10
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,330,119	\$22,589,670	\$259,551	1
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.83%	40.38%	-3.45%	-8
14	OUTPATIENT CHARGES / INPATIENT CHARGES	168.48%	164.73%	-3.74%	-2
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,719.95974	3,207.34353	(512.61621)	-14
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,002.79	\$7,043.11	\$1,040.32	17
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$81,187,119	\$89,912,718	\$8,725,599	11
18	TOTAL ACCRUED PAYMENTS	\$39,330,519	\$40,088,820	\$758,301	2
19	TOTAL ALLOWANCES	\$41,856,600	\$49,823,898	\$7,967,298	19
в.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$15,647,815	\$15,604,585	(\$43,230)	0
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,925,362	\$8,770,228	\$844,866	11
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.65%	56.20%	5.55%	11
4	DISCHARGES	1,425	1,099	(326)	-23
5	CASE MIX INDEX (CMI)	1.05430	0.95760	(0.09670)	-9
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,502.37750	1,052.40240	(449.97510)	-30
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,275.21	\$8,333.53	\$3,058.32	58
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,429.29	(\$1,113.87)	(\$2,543.17)	-178
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,147,339	(\$1,172,244)	(\$3,319,584)	-155
10	PATIENT DAYS	4,316	3,481	(835)	-19
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,836.27	\$2,519.46	\$683.18	37
12	AVERAGE LENGTH OF STAY	3.0	3.2	0.1	5
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,042,640	\$66,124,165	(\$3,918,475)	-6
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,781,318	\$38,249,692	(\$3,531,626)	-8
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	59.65%	57.85%	-1.81%	-3

	DAY KIMBALL H TWELVE MONTHS A	CTUAL FILING			
	FISCAL YEA	R 2013			
	REPORT FORM 500 - CALCULATION C	OF DSH UPPER P	AYMENT LIM	IIT	
	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	VE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	447.62%	423.75%	-23.87%	-5%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,378.57503	4,656.99391	(1,721.58112)	-27%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,550.26	\$8,213.39	\$1,663.13	25%
-	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$547.47)	(\$1,170.28)	(\$622.80)	114%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,492,103)	(\$5,449,976)	(\$1,957,874)	56%
20		(\$3,432,100)	(\$3,443,570)	(\$1,557,674)	5070
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$85,690,455	\$81,728,750	(\$3,961,705)	-5%
22	TOTAL ACCRUED PAYMENTS	\$49,706,680	\$47,019,920	(\$2,686,760)	-5%
23	TOTAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%
		400,000,770	φ04,700,000	(\$1,274,040)	- 70
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,344,763)	(\$6,622,221)	(\$5,277,457)	392%
27		(\$1,044,700)	(\$0,022,221)	(\$0,211,401)	00270
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$85,690,455	\$81,728,750	(\$3,961,705)	-5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$49,706,680	\$47,019,920	(\$2,686,760)	-5%
20	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$43,700,000	ψ-1,010,020	(\$2,000,700)	570
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%
	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.99%	42.47%	0.48%	-470
<u> </u>	UNINSURED	41.5576	42.4770	0.4078	
•					
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$989,974	\$856,999	(\$132,975)	-13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$50,127	\$38.867	(\$11,260)	-22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.06%	4.54%	-0.53%	-10%
4	DISCHARGES	71	59	(12)	-17%
5	CASE MIX INDEX (CMI)	0.95210	0.89780	(0.05430)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	67.59910	52.97020	(14.62890)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$741.53	\$733.75	(\$7.78)	-1%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,533.68	\$7,599.78	\$3,066.10	68%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,962.97	\$6,485.90	\$522.93	9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$403,092	\$343,560	(\$59,532)	-15%
11	PATIENT DAYS	192	208	(000,002)	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$261.08	\$186.86	(\$74.22)	-28%
	AVERAGE LENGTH OF STAY	2.7	3.5	0.8	30%
10		2.1	0.0	0.0	0070
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,653,944	\$3,119,256	(\$534,688)	-15%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$421,333	\$212,431	(\$208,902)	-50%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.53%	6.81%	-4.72%	-41%
	OUTPATIENT CHARGES / INPATIENT CHARGES	369.09%	363.97%	-5.12%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	262.05741	214.74483	(47.31258)	-18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,607.79	\$989.23	(\$618.56)	-38%
	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,942.47	\$7,224.16	\$2,281.69	46%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,395.00	\$6,053.88	\$1,658.89	38%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,151,741	\$1,300,040	\$148,299	13%
			. , -		
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$4,643,918	\$3,976,255	(\$667,663)	-14%

	TWELVE MONT	ALL HOSPITAL HS ACTUAL FILING YEAR 2013			
	REPORT FORM 500 - CALCULAT			шт	
	AND BASELINE UNDERPAYME				
	AND BASELINE UNDERFAITMEI	VI DATA: CONFARAT	IVE ANAL 131	3	
		AOTUAL	A O T I A I		0/
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2012</u>	<u>FY 2013</u>	DIFFERENCE	DIFFERENCE
0.4		¢ 474,400	* 054,000	(\$200.400)	470/
24	TOTAL ACCRUED PAYMENTS	\$471,460	\$251,298	(\$220,162)	-47%
25	TOTAL ALLOWANCES	\$4,172,458	\$3,724,957	(\$447,501)	-11%
		¢4 554 000	¢4 042 000	¢00.707	<u> </u>
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,554,833	\$1,643,600	\$88,767	6%
D.	STATE OF CONNECTICUT MEDICAID				
υ.					
		¢14.050.262	¢12 004 224	(\$156,029)	10/
1 2	INPATIENT ACCRUED CHARGES	\$14,050,362 \$6,728,533	\$13,894,334 \$4,809,984	(\$156,028) (\$1,918,549)	-1% -29%
2	INPATIENT ACCROED PAYMENTS (IP PMT)			-13.27%	
<u> </u>	DISCHARGES	47.89%	34.62%		-28% -11%
4 5		1,427	1,265	(162)	
-		0.83000	0.89240	0.06240	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,184.41000	1,128.88600	(55.52400)	-5%
7		\$5,680.92	\$4,260.82	(\$1,420.09)	-25%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	(\$405.70)	\$4,072.71	\$4,478.41	-1104%
9		\$1,023.59	\$2,958.83	\$1,935.24	189%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,212,353	\$3,340,185	\$2,127,832	176%
		5,131	4,430	(701)	-14%
		\$1,311.35	\$1,085.78	(\$225.57)	-17%
13	AVERAGE LENGTH OF STAY	3.6	3.5	(0.1)	-3%
		¢00.000.047	#00.040.700	¢4.44.700	00/
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,869,017	\$30,013,739	\$144,722	0%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,291,299	\$11,542,331	(\$748,968)	-6%
-	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.15%	38.46%		-7%
	OUTPATIENT CHARGES / INPATIENT CHARGES	212.59%	216.01%		2%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,033.59353	2,732.58005	(301.01348)	-10%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,051.73	\$4,223.97	\$172.24	4%
	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,498.53	\$3,989.42	\$1,490.89	60%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,951.06	\$2,819.14	\$868.08	44%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,918,711	\$7,703,528	\$1,784,817	30%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)		• · · · · · · · · · · · · · · ·		
23	TOTAL ACCRUED CHARGES	\$43,919,379	\$43,908,073	(\$11,306)	0%
24	TOTAL ACCRUED PAYMENTS	\$19,019,832	\$16,352,315	(\$2,667,517)	-14%
25	TOTAL ALLOWANCES	\$24,899,547	\$27,555,758	\$2,656,211	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,131,064	\$11,043,713	\$3,912,649	55%
-					
Ε.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT		*-		
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2		\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES		-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
5 6	CASE MIX INDEX (CMI) CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000 0.00000	0.00000	-

	DAY KIMBALL H TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEAR	2013			
	REPORT FORM 500 - CALCULATION O	F DSH UPPER F	PAYMENT LIM	IIT	
	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	IVE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,275.21	\$8,333.53	\$3,058.32	58%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,704.51	\$7,219.66	\$515.15	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,550.26	\$8,213.39	\$1,663.13	25%
	MEDICARE - O.M.A. OP PMT / CMAD	\$6,002.79	\$7,043.11	\$1,040.32	17%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
		\$	\		
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIE	NT)			
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
		\$	~~		0,0
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICA)		
			4		
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$14,050,362	\$13,894,334	(\$156,028)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,728,533	\$4,809,984	(\$1,918,549)	-29%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.89%	34.62%	-13.27%	-28%
4	DISCHARGES	1,427	1,265	(162)	-11%
5	CASE MIX INDEX (CMI)	0.83000	0.89240	0.06240	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,184.41000	1,128.88600	(55.52400)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,680.92	\$4,260.82	(\$1,420.09)	-25%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$405.70)	\$4,072.71	\$4,478.41	-1104%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,023.59	\$2,958.83	\$1,935.24	189%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,212,353	\$3,340,185	\$2,127,832	176%
11	PATIENT DAYS				-14%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	5,131 \$1,311.35	4,430 \$1,085.78	(701) (\$225.57)	
12	AVERAGE LENGTH OF STAY		\$1,085.78 3.5	· · · · · · · · · · · · · · · · · · ·	<u>-17%</u> -3%
13		3.6	3.5	(0.1)	-3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
		¢00.000.047	¢20.040.700	¢444 700	001
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,869,017	\$30,013,739	\$144,722	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,291,299	\$11,542,331	(\$748,968)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.15%	38.46%	-2.69%	-7%
17		212.59%	216.01%	3.43%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,033.59353	2,732.58005	(301.01348)	-109

	DAY KIMBALL HO TWELVE MONTHS AC FISCAL YEAR	TUAL FILING			
				-	
	REPORT FORM 500 - CALCULATION OI				
	AND BASELINE UNDERPAYMENT DAT	A: COMPARA	IVE ANALYSI	5	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2012</u>	<u>FY 2013</u>	DIFFERENCE	DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,051.73	\$4,223.97	\$172.24	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,498.53	\$3,989.42	\$1,490.89	60%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,951.06	\$2,819.14	\$868.08	44%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,918,711	\$7,703,528	\$1,784,817	30%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEN	T)			
23	TOTAL ACCRUED CHARGES	\$43,919,379	\$43,908,073	(\$11,306)	0%
24	TOTAL ACCRUED PAYMENTS	\$19,019,832	\$16,352,315	(\$2,667,517)	-14%
25	TOTAL ALLOWANCES	\$24,899,547	\$27,555,758	\$2,656,211	11%
G.	CHAMPUS / TRICARE				
4	CHAMPUS / TRICARE INPATIENT INPATIENT ACCRUED CHARGES	\$323,493	\$222,098	(\$104.205)	-31%
1				(\$101,395)	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$89,377	\$94,784	\$5,407	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.63%	42.68%	15.05%	54%
4	DISCHARGES	37	20	(17)	-46%
5		0.54180	1.10190	0.56010	103%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20.04660	22.03800	1.99140	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,458.46	\$4,300.93	(\$157.53)	-4%
8		84	52	(32)	-38%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,064.01	\$1,822.77	\$758.76	71%
10	AVERAGE LENGTH OF STAY	2.3	2.6	0.3	15%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,203,246	\$977,760	(\$225,486)	-19%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$478,311	\$350,516	(\$127,795)	-27%
-	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)	<u> </u>	<u> </u>	(*********	
13	TOTAL ACCRUED CHARGES	\$1,526,739	\$1,199,858	(\$326,881)	-21%
14	TOTAL ACCRUED PAYMENTS	\$567,688	\$445,300	(\$122,388)	-22%
15	TOTAL ALLOWANCES	\$959,051	\$754,558	(\$204,493)	-21%
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$6,224,434	\$4,807,000	(\$1,417,434)	-23%
2	TOTAL OPERATING EXPENSES	\$115,241,429	\$110,624,592	(\$4,616,837)	-4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$710,098	\$703,850	(\$6,248)	-1%
5	BAD DEBTS (CHARGES)	\$3,462,360	\$3,021,107	(\$441,253)	-13%
6	UNCOMPENSATED CARE (CHARGES)	\$4,172,458	\$3,724,957	(\$447,501)	-11%
7	COST OF UNCOMPENSATED CARE	\$2,051,611	\$1,689,082	(\$362,529)	-18%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODO		• .		
8	TOTAL ACCRUED CHARGES	\$43,919,379	\$43,908,073	(\$11,306)	0%
9	TOTAL ACCRUED PAYMENTS	\$19,019,832	\$16,352,315	(\$2,667,517)	-14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$21,595,301	\$19,910,119	(\$1,685,183)	-8%

	DAY KIMBALL HO TWELVE MONTHS AC EISCAL YEAR	TUAL FILING			
				u 	
	REPORT FORM 500 - CALCULATION O AND BASELINE UNDERPAYMENT DAT				
	AND BASELINE UNDERPATMENT DAT		IVE ANAL 131	5 	
			ACTUAL		0/
	DECODIDITION	ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2012</u>	<u>FY 2013</u>	DIFFERENCE	DIFFERENCE
		¢0.575.400	¢0 557 004	¢000.004	200/
	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT AGGREGATE DATA	\$2,575,469	\$3,557,804	\$982,334	38%
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$60,261,612	\$63,684,617	\$3,423,005	6%
2	TOTAL INPATIENT PAYMENTS	\$31,743,672	\$31,174,146	(\$569,526)	-2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	52.68%	48.95%	-3.73%	-2%
4	TOTAL DISCHARGES	5,097	4,331	(766)	-15%
5	TOTAL CASE MIX INDEX	1.02855	1.06838	0.03983	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5,242.50130	4.627.14670	(615.35460)	-12%
7	TOTAL OUTPATIENT CHARGES	\$152,062,080	\$153,064,782	\$1,002,702	1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	252.34%	240.35%		-5%
9	TOTAL OUTPATIENT PAYMENTS	\$76,881,047	\$72,732,209	(\$4,148,838)	-5%
-	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.56%	47.52%		-6%
11	TOTAL CHARGES	\$212,323,692	\$216,749,399	\$4,425,707	2%
12	TOTAL PAYMENTS	\$108,624,719	\$103,906,355	(\$4,718,364)	-4%
13	TOTAL PAYMENTS / TOTAL CHARGES	51.16%	47.94%		-6%
-	PATIENT DAYS	18,484	16,124	(2,360)	-13%
17		10,404	10,124	(2,000)	1070
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$44,613,797	\$48,080,032	\$3,466,235	8%
2	INPATIENT PAYMENTS	\$23,818,310	\$22,403,918	(\$1,414,392)	-6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	53.39%	46.60%	-6.79%	-13%
4	DISCHARGES	3,672	3,232	(440)	-12%
5	CASE MIX INDEX	1.01855	1.10605	0.08749	9%
6	CASE MIX ADJUSTED DISCHARGES	3,740.12380	3,574.74430	(165.37950)	-4%
7	OUTPATIENT CHARGES	\$82.019.440	\$86,940,617	\$4,921,177	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	183.84%	180.82%		-2%
9	OUTPATIENT PAYMENTS	\$35,099,729	\$34,482,517	(\$617,212)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.79%	39.66%		-7%
11	TOTAL CHARGES	\$126,633,237	\$135,020,649	\$8,387,412	7%
12	TOTAL PAYMENTS	\$58,918,039	\$56,886,435	(\$2,031,604)	-3%
13	TOTAL PAYMENTS / CHARGES	46.53%	42.13%	,	-9%
	PATIENT DAYS	14,168	12,643	(1,525)	-11%
15	TOTAL GOVERNMENT DEDUCTIONS	\$67,715,198	\$78,134,214	\$10,419,016	15%
		<i></i>	<i></i>	<i>Q</i> .0,, 0, 0.10	
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	4.1	4.2	0.1	3%
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.2	0.1	5%
		2.7	3.5	0.8	30%
	MEDICAID	3.6	3.5	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.3	2.6	0.3	15%
7	TOTAL AVERAGE LENGTH OF STAY	3.6	3.7	0.1	3%
					370
Ш.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$212,323,692	\$216,749,399	\$4,425,707	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$67,715,198	\$78,134,214		15%

	DAY KIMBALL HO				
	TWELVE MONTHS AC				
	FISCAL YEAR			-	
	REPORT FORM 500 - CALCULATION OI AND BASELINE UNDERPAYMENT DAT				
	AND BASELINE UNDERPATMENT DAT	A: COMPARA	IVE ANALISI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2012</u>	<u>FY 2013</u>	DIFFERENCE	DIFFERENCE
		¢4.470.450	#0.704.057	(\$447.504)	
		\$4,172,458	\$3,724,957	(\$447,501)	40/
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%
		\$52,012	\$1,896,369	\$1,844,357	3546%
6	TOTAL ADJUSTMENTS	\$107,923,443	\$118,464,370	\$10,540,927	10%
7	TOTAL ACCRUED PAYMENTS	\$104,400,249	\$98,285,029	(\$6,115,220)	-6%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$104,400,249	\$98,285,029	(\$6,115,220)	-6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4917032481	0.4534500647	(0.0382531834)	-8%
11	COST OF UNCOMPENSATED CARE	\$2,051,611	\$1,689,082	(\$362,529)	-18%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,575,469	\$3,557,804	\$982,334	38%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,627,080	\$5,246,886	\$619,805	13%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	<u>GY)</u>			
1	MEDICAID	\$5,918,711	\$7,703,528	\$1,784,817	30%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,554,833	\$1,643,600	\$88,767	6%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,473,544	\$9,347,128	\$1,873,584	25%
٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,136,868	\$3,866,194	\$729,326	23.25%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,780,586	\$742,945	(\$4,037,641)	-84.46%
	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$113,405,335	\$104,649,330	(\$8,756,005)	-7.72%
-			,	(, , ,	
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$212,323,722	\$216,749,429	\$4,425,707	2.08%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$75,774	\$119,186	\$43,412	57.29%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,248,232	\$3,844,143	(\$404,089)	-9.51%

	DAY KIMBALL HOSPIT	AL		
	TWELVE MONTHS ACTUAL			
	FISCAL YEAR 20 REPORT 550 - CALCULATION OF DSH UPPE)	
	BASELINE UNDERPAYMENT			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL <u>FY</u>	AMOUNT
LINE	DESCRIPTION	<u>FY 2012</u>	<u>2013</u>	DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,647,815	¢15 604 595	(\$43,230)
	MEDICARE	\$13,047,815	\$15,604,585 33,963,600	\$3,723,658
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,050,362	13,894,334	(\$156,028)
	MEDICAID OTHER MEDICAL ASSISTANCE	\$14,050,362 \$0	13,894,334 0	<u>(\$156,028)</u> \$0
	CHAMPUS / TRICARE	\$323,493	222,098	(\$101,395)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$989,974	856,999	(\$132,975)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$44,613,797	\$48,080,032	\$3,466,235
	TOTAL INPATIENT CHARGES	\$60,261,612	\$63,684,617	\$3,423,005
	OUTPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,042,640	\$66,124,165	(\$3,918,475)
	MEDICARE	\$50,947,177	55,949,118	\$5,001,941
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,869,017	30,013,739	\$144,722
		\$29,869,017	30,013,739	\$144,722
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0	0	(\$225,486)
-	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,203,246 \$3,653,944	977,760 3,119,256	<u>(\$225,486)</u> (\$534,688)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$82,019,440	\$86,940,617	\$4,921,177
	TOTAL OUTPATIENT CHARGES	\$152,062,080	\$153,064,782	\$1,002,702
	TOTAL ACCRUED CHARGES			
-	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,690,455	\$81,728,750	(\$3,961,705)
-	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$81,187,119 \$43,919,379	\$89,912,718 \$43,908,073	\$8,725,599 (\$11,306)
		\$43,919,379	\$43,908,073	(\$11,306)
	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
-		\$1,526,739	\$1,199,858	(\$326,881)
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CHARGES	\$4,643,918 \$126.633.237	\$3,976,255 \$135,020,649	<u>(\$667,663)</u> \$8,387,412
	TOTAL CHARGES	\$212,323,692	\$133,020,043	\$4,425,707
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,925,362	\$8,770,228	\$844,866
		\$17,000,400	17,499,150	\$498,750
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$6,728,533 \$6,728,533	4,809,984 4,809,984	<u>(\$1,918,549)</u> (\$1,918,549)
	OTHER MEDICAL ASSISTANCE	\$0,720,555	4,009,904	<u>(\$1,910,049</u>) \$0
	CHAMPUS / TRICARE	\$89,377	94,784	\$5,407
-	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$50,127	38,867	(\$11,260)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$23,818,310 \$31,743,672	\$22,403,918 \$31,174,146	(\$1,414,392)
	TOTAL INPATIENT PAYMENTS	\$31,743,072	əə1,174,140	(\$569,526)
	OUTPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,781,318	\$38,249,692	(\$3,531,626)
		\$22,330,119	22,589,670	\$259,551
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$12,291,299 \$12,291,299	11,542,331 11,542,331	<u>(</u> \$748,968) (\$748,968)
	OTHER MEDICAL ASSISTANCE	\$0	11,542,551	(\$748,908) \$0
6	CHAMPUS / TRICARE	\$478,311	350,516	(\$127,795)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$421,333	212,431	(\$208,902)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$35,099,729 \$76,881,047	\$34,482,517 \$72,732,209	(\$617,212) (\$4,148,838)
	TOTAL ACCRUED PAYMENTS			• •
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,706,680	\$47,019,920	(\$2,686,760)
2	TOTAL MEDICARE	\$39,330,519	\$40,088,820	\$758,301
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,019,832	\$16,352,315	(\$2,667,517)
		\$19,019,832	\$16,352,315	(\$2,667,517)
	TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$0 \$567,688	\$0 \$445,300	\$0 (\$122,388)
	TOTAL CHAINPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$471,460	\$251,298	(\$122,300)
	I O I AL UNINGURED (INCLUDED IN NON-GOVERNIVIENT)			
7	TOTAL GOVERNMENT PAYMENTS	\$58,918,039	\$56,886,435	(\$2,031,604)

	DAY KIMBALL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING	6		
	FISCAL YEAR 2013			
	REPORT 550 - CALCULATION OF DSH UPPER PAY BASELINE UNDERPAYMENT DAT)	
	BASELINE UNDERPAIMENT DATA	4		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL <u>FY</u>	AMOUNT
LINE	DESCRIPTION	<u>FY 2012</u>	<u>2013</u>	DIFFERENCE
П.	PAYER MIX			
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.37%	7.20%	-0.17%
	MEDICARE	14.24%		1.43%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.62%		-0.21%
	MEDICAID OTHER MEDICAL ASSISTANCE	6.62%		-0.21%
	CHAMPUS / TRICARE	0.00%		0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.47%		-0.07%
<u> </u>	TOTAL INPATIENT GOVERNMENT PAYER MIX	21.01%		1.17%
	TOTAL INPATIENT PAYER MIX	28.38%	29.38%	1.00%
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	32.99% 24.00%	30.51% 25.81%	-2.48%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.07%		-0.22%
4	MEDICAID	14.07%		-0.22%
	OTHER MEDICAL ASSISTANCE	0.00%		0.00%
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.57%		-0.12% -0.28%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	38.63%		1.48%
	TOTAL OUTPATIENT PAYER MIX	71.62%	70.62%	-1.00%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
		100.00 /6	100.00 /8	0.00 /
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.30%	8.44%	1.14%
	MEDICARE	15.65%		1.19%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.19%		-1.57%
	MEDICAID OTHER MEDICAL ASSISTANCE	6.19%		-1.57%
	CHAMPUS / TRICARE	0.00%	0.00%	0.00%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%		-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	21.93%		-0.37%
	TOTAL INPATIENT PAYER MIX	29.22%	30.00%	0.78%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS	<u> </u>		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	<u>38.46%</u> 20.56%		-1.65% 1.18%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.56%		-0.21%
4	MEDICAID	11.32%	11.11%	-0.21%
	OTHER MEDICAL ASSISTANCE	0.00%		0.00%
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%		-0.10% -0.18%
Ľ	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	32.31%		0.187%
	TOTAL OUTPATIENT PAYER MIX	70.78%		-0.78%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
		100.00%	100.00%	0.00%
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	DATA		
-				
Α.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,425	1,099	(326)
2	MEDICARE	2,208	1,947	(261)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,427		(162)
	MEDICAID OTHER MEDICAL ASSISTANCE	1,427	, · · · · · · · · · · · · · · · · · · ·	(162)
	CHAMPUS / TRICARE	37		(17)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	71	59	(12)
	TOTAL GOVERNMENT DISCHARGES	3,672		(440)

	DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2013			
	REPORT 550 - CALCULATION OF DSH UPPER PAY	MENT LIMIT AND)	
	BASELINE UNDERPAYMENT DATA	l l		
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL <u>FY</u> 2013	AMOUNT DIFFERENCE
В.	PATIENT DAYS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,316		(835
		8,953	8,161	(792
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	<u>5,131</u> 5,131		(701)
	OTHER MEDICAL ASSISTANCE	0,101	/	-
-	CHAMPUS / TRICARE	84	-	(32)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	192		16
	TOTAL GOVERNMENT PATIENT DAYS TOTAL PATIENT DAYS	<u>14,168</u> 18,484	12,643 16,124	(1,525 (2,360
C.	AVERAGE LENGTH OF STAY (ALOS)			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0		0.1
		4.1	4.2	0.1
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	<u> </u>		(0.1)
	OTHER MEDICAL ASSISTANCE	0.0		-
6	CHAMPUS / TRICARE	2.3	2.6	0.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.7	3.5	0.8
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY TOTAL AVERAGE LENGTH OF STAY	<u>3.9</u> 3.6		0.1 0.1
D.	CASE MIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05430	0.95760	(0.09670)
	MEDICARE	1.14840		0.09650
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	0.83000		0.06240
	OTHER MEDICAL ASSISTANCE	0.00000		0.00240
	CHAMPUS / TRICARE	0.54180		0.56010
		0.95210		(0.05430)
	TOTAL GOVERNMENT CASE MIX INDEX TOTAL CASE MIX INDEX	<u>1.01855</u> 1.02855	1.10605 1.06838	0.08749 0.03983
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$85,690,455	\$81,728,750	(\$3,961,705
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$49,706,680	\$47,019,920	(\$2,686,760)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,945
		41.99%		0.48%
	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	<u>\$3,136,868</u> \$52,012	\$3,866,194 \$1,896,369	\$729,326 \$1,844,357
	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$32,012 \$0	\$0	
8	OHCA INPUT) CHARITY CARE	\$710,098	\$703,850	\$0 (\$6,248)
	BAD DEBTS	\$3,462,360	\$3,021,107	(\$441,253
	TOTAL UNCOMPENSATED CARE	\$4,172,458	\$3,724,957	(\$447,501
	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$6,224,434 \$115,241,429	\$4,807,000 \$110,624,592	(\$1,417,434 (\$4,616,837
	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,502.37750	1,052.40240	(449.97510
2	MEDICARE	2,535.66720	2,423.82030	(111.84690
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,184.41000	1,128.88600	(55.52400
		1,184.41000	1,128.88600	(55.52400)
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00000 20.04660	0.00000 22.03800	0.00000 1.99140
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	67.59910	52.97020	(14.62890)

	DAY KIMBALL HOSPITAL	_		
	TWELVE MONTHS ACTUAL FILIN	G		
	FISCAL YEAR 2013			
	REPORT 550 - CALCULATION OF DSH UPPER PA)	
	BASELINE UNDERPAYMENT DAT	A		
		I	1	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL FY	AMOUNT
INF	DESCRIPTION	FY 2012	2013	DIFFERENCE
		112012	2013	
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,740.12380	3,574.74430	(165.3795
	TOTAL CASE MIX ADJUSTED DISCHARGES	5,242.50130	4,627.14670	(615.3546
В.				
	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,378.57503	4,656.99391	-1,721.581
	MEDICARE	3,719.95974	,	-512.616
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	3,033.59353 3,033.59353		-301.013
	OTHER MEDICAL ASSISTANCE	0.00000		-301.013 0.000
	CHAMPUS / TRICARE	137.62308		-49.575
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	262.05741	214.74483	-47.312
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,891.17635	,	-863.205
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	13,269.75138	10,684.96511	-2,584.786
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
ν.				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,275.21	\$8,333.53	\$3,058.
	MEDICARE	\$6,704.51	\$7,219.66	\$515.
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,680.92	\$4,260.82	(\$1,420.
	MEDICAID OTHER MEDICAL ASSISTANCE	\$5,680.92 \$0.00	\$4,260.82 \$0.00	(\$1,420.) \$0.)
	CHAMPUS / TRICARE	\$4,458.46	\$0.00	
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$741.53	\$733.75	(\$7.)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,368.32	\$6,267.28	(\$101.
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,055.06	\$6,737.23	\$682.
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,550.26	\$8,213.39	\$1,663. ⁻
2	MEDICARE	\$6,002.79	\$7,043.11	\$1,040.3
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,051.73	\$4,223.97	\$172.3
		\$4,051.73	\$4,223.97	\$172.
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0.00 \$3,475.51	\$0.00 \$3.980.98	\$0.0 \$505.4
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,607.79	\$989.23	(\$618.
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	* ., * *		(*****
		\$5,093.43	\$5,720.42	\$626.
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,793.71	\$6,806.97	\$1,013.2
V	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
v.	CALCOLATED UNDERFAITMENT (OFFER LIMIT METHODOLOGT)			
1	MEDICAID	\$5,918,711	\$7,703,528	\$1,784,8
	OTHER MEDICAL ASSISTANCE	\$0	\$0	+ / - /-
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,554,833	\$1,643,600	\$88,7
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,473,544	\$9,347,128	\$1,873,5
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOL	<u>OGY)</u>		
1	TOTAL CHARGES	\$212,323,692	\$216,749,399	\$4,425,7
	TOTAL GOVERNMENT DEDUCTIONS	\$67,715,198	\$78,134,214	\$10,419,0
3	UNCOMPENSATED CARE	\$4,172,458	\$3,724,957	(\$447,5
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,983,775	\$34,708,830	(\$1,274,9
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$52,012	\$1,896,369 \$118,464,370	\$1,844,3
	TOTAL ADJUSTMENTS TOTAL ACCRUED PAYMENTS	\$107,923,443 \$104,400,249	\$118,464,370 \$98,285,029	\$10,540,9 (\$6,115,2
	UCP DSH PAYMENTS (OHCA INPUT)	\$104,400,249	\$98,285,029	(\$0,115,2
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$104,400,249	\$98,285,029	(\$6,115,2
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4917032481	0.4534500647	(0.03825318
	COST OF UNCOMPENSATED CARE	\$2,051,611	\$1,689,082	(\$362,5
11	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,575,469	\$3,557,804	\$982,3
11 12		^ ^		
11 12 13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	
11 12				\$619.8
11 12 13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0 \$5,246,886	\$619,8

	DAY KIMBALL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING	6		
	FISCAL YEAR 2013			
	REPORT 550 - CALCULATION OF DSH UPPER PAY BASELINE UNDERPAYMENT DATA)	
(1)	(2)	(3)	(4)	(5)
	(4)	(0)	(*)	(0)
LINE	DESCRIPTION	ACTUAL <u>FY 2012</u>	ACTUAL <u>FY</u> <u>2013</u>	AMOUNT DIFFERENCE
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	50.05%	50.000/	5.550
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.65%	56.20% 51.52%	5.55%
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	56.22% 47.89%	34.62%	-4.709 -13.279
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47.89%	34.62%	-13.27
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00
6	CHAMPUS / TRICARE	27.63%	42.68%	15.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.06%	4.54%	-0.53%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	53.39% 52.68%	46.60% 48.95%	-6.79° -3.73°
		52.0070	40.35 %	-5.75
	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	59.65%	57.85%	-1.819
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43.83% 41.15%	40.38% 38.46%	-3.459
<u> </u>		41.15%	38.46%	-2.69
4 5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	-2.09
6	CHAMPUS / TRICARE	39.75%	35.85%	-3.909
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.53%	6.81%	-4.729
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		0.0170	
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.79% 50.56%	39.66% 47.52%	-3.13º -3.04º
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	IONS		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	<u>.</u>		
1	TOTAL ACCRUED PAYMENTS	\$108,624,719	\$103,906,355	(\$4,718,364
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$108,624,719	\$103,906,355	
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE			(\$4,718,364
3		\$4 780 586	\$742.945	
3 4	CALCULATED NET REVENUE	\$4,780,586 \$119,952,521	\$742,945 \$104,649,300	(\$4,718,364 (\$4,037,641 (\$15,303,221
				(\$4,037,64 (\$15,303,22
4	CALCULATED NET REVENUE	\$119,952,521	\$104,649,300	(\$4,037,64 (\$15,303,22
4	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$119,952,521	\$104,649,300	(\$4,037,64 (\$15,303,22 (\$8,756,00
4	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$119,952,521 \$113,405,335 \$6,547,186	\$104,649,300 \$104,649,330	(\$4,037,64 (\$15,303,22 (\$8,756,00
4 5 6 B .	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN	\$119,952,521 \$113,405,335 \$6,547,186 NTS	\$104,649,300 \$104,649,330 (\$30)	(\$4,037,647 (\$15,303,227 (\$8,756,005 (\$6,547,216
4 5 6 B .	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN OHCA DEFINED GROSS REVENUE	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692	\$104,649,300 \$104,649,330 (\$30) \$216,749,399	(\$4,037,64' (\$15,303,22' (\$8,756,005 (\$6,547,216 \$4,425,707
4 5 6 B.	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN	\$119,952,521 \$113,405,335 \$6,547,186 NTS	\$104,649,300 \$104,649,330 (\$30)	(\$4,037,64' (\$15,303,22' (\$8,756,005 (\$6,547,216 \$4,425,707 \$0
4 5 6 B. 1	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN OHCA DEFINED GROSS REVENUE OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$0	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0	(\$4,037,64' (\$15,303,22' (\$8,756,009 (\$6,547,211 \$4,425,70) \$4,425,70;
4 5 6 B. 2	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$0 \$212,323,692	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399	(\$4,037,64' (\$15,303,22' (\$8,756,005) (\$6,547,210) \$4,425,707 \$4,425,707 \$4,425,707
4 5 6 B . 1 2 3	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN OHCA DEFINED GROSS REVENUE OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$0 \$212,323,692 \$212,323,722 \$212,323,722 \$212,323,722 \$212,323,722 \$212,323,722 \$212,323,722 \$212,323,722	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399 \$216,749,429	(\$4,037,641
4 5 B. 3 4 C.	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN OHCA DEFINED GROSS REVENUE OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$0 \$212,323,722 \$223,722	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399 \$216,749,429 (\$30)	(\$4,037,64' (\$15,303,22' (\$8,756,005 (\$6,547,210 \$4,425,707 \$4,425,707 \$4,425,707 \$4,425,707 \$4,425,707
4 5 B. 1 2 3 4 C. 1	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$0 \$212,323,692 \$212,323,722 \$222,323,722 \$222,323,722 \$2	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399 \$216,749,429 \$216,749,429 (\$30) \$3,724,957	(\$4,037,64' (\$15,303,22' (\$8,756,003 (\$6,547,210 \$4,425,707 \$4,425,707 \$4,425,707 \$4,425,707 \$4,425,707 \$4,425,707 \$4,425,707
4 5 6 8. 1 2 3 3 4 C.	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED GROSS REVENUE OHCA DEFINED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$212,323,692 \$212,323,722	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399 \$216,749,429 (\$30) (\$30) \$3,724,957 \$119,186	(\$4,037,64 (\$15,303,22 (\$8,756,003 (\$6,547,21) \$4,425,70
4 5 B. 1 2 3 4 C. 1	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$0 \$212,323,692 \$212,323,722 \$222,323,722 \$222,323,722 \$2	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399 \$216,749,429 \$216,749,429 (\$30) \$3,724,957	(\$4,037,64' (\$15,303,22' (\$8,756,005) (\$6,547,210) \$4,425,707 \$4,425,707 \$4,425,707
4 5 B. 1 2 3 4 C. 1	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED GROSS REVENUE OHCA DEFINED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$119,952,521 \$113,405,335 \$6,547,186 NTS \$212,323,692 \$212,323,692 \$212,323,722	\$104,649,300 \$104,649,330 (\$30) \$216,749,399 \$0 \$216,749,399 \$216,749,429 (\$30) (\$30) \$3,724,957 \$119,186	(\$4,037,64' (\$15,303,22' (\$8,756,003 (\$6,547,210 \$4,425,707

	DAY KIMBALL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2013	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
LINE	DESCRIPTION	<u>FY 2013</u>
I.	ACCRUED CHARGES AND PAYMENTS	
1.		
Α.		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$15,604,585
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	<u> </u>
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,894,334
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	222,098
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	856,999
	TOTAL INPATIENT GOVERNMENT CHARGES	\$48,080,032
	TOTAL INPATIENT CHARGES	\$63,684,617
В.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,124,165
2	MEDICARE	55,949,118
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,013,739
4 5	MEDICAID OTHER MEDICAL ASSISTANCE	30,013,739
5 6	CHAMPUS / TRICARE	977,760
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,119,256
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$86,940,617
	TOTAL OUTPATIENT CHARGES	\$153,064,782
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$81,728,750
2	TOTAL GOVERNMENT ACCRUED CHARGES	135,020,649
	TOTAL ACCRUED CHARGES	\$216,749,399
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,770,228
2	MEDICARE	17,499,150
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,809,984
4	MEDICAID	4,809,984
5		0
6		94,784
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	<u>38,867</u> \$22,403,918
	TOTAL INPATIENT BOVERNMENT PATMENTS	\$22,403,918
E.	OUTPATIENT ACCRUED PAYMENTS	
<u> </u>	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,249,692
2	MEDICARE	22,589,670
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,542,331
4	MEDICAID	11,542,331
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	350,516
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	212,431
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,482,517
	TOTAL OUTPATIENT PAYMENTS	\$72,732,209
F.	TOTAL ACCRUED PAYMENTS	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$47,019,920
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	56,886,435
	TOTAL ACCRUED PAYMENTS	\$103,906,355
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
Α.	ACCRUED DISCHARGES	

	DAY KIMBALL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2013	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(2)
(1)	(2)	(3) ACTUAL
INE	DESCRIPTION	<u>FY 2013</u>
4		1.00
1 2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1,09
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,9
4	MEDICAID	1,20
5	OTHER MEDICAL ASSISTANCE	
6	CHAMPUS / TRICARE	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	3,23
	TOTAL DISCHARGES	4,33
В.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.9576
2	MEDICARE	1.2449
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.8924
4		0.8924
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.0000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.8978
	TOTAL GOVERNMENT CASE MIX INDEX	1.1060
	TOTAL CASE MIX INDEX	1.0683
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$81,728,75
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,019,92
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	#04 700 00
3 4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE	\$34,708,83
4		42.47
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,866,19
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,896,36
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$
	UCF DSTFATMENTS (GROSS DSTFATMENTS FEUS OFFER EIMIT ADJUSTMENT - OTCA INFOT)	Ψ
8	CHARITY CARE	\$703,85
9	BAD DEBTS	\$3,021,10
10	TOTAL UNCOMPENSATED CARE	\$3,724,95
4.4		¢4.007.00
11 12	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$4,807,00 \$110,624,59
12		φ110,024,00
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
<u></u> _		
1	TOTAL ACCRUED PAYMENTS	\$103,906,35
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$
	OHCA DEFINED NET REVENUE	\$103,906,35
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$742,94
	CALCULATED NET REVENUE	\$104,649,30
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$104,649,33
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3
		(\$3
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$216,749,39
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$

DAY KIMBALL HOSPITAL	
TWELVE MONTHS ACTUAL FILING	
FISCAL YEAR 2013	
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(2)	(3)
	ACTUAL
DESCRIPTION	FY 2013
CALCULATED GROSS REVENUE	\$216,749,399
GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$216,749,429
	(\$30)
VARIANCE (MUST DE LESS THAN OR EQUAL TO \$500)	(\$30)
RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,724,957
	\$119,186
CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,844,143
UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,844,143
VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (2) DESCRIPTION CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)

		LL HOSPITAL S ACTUAL FILING				
FISCAL YEAR 2013 REPORT 650 - HOSPITAL UNCOMPENSATED CARE						
(1)	(2)	(3)	(4)	(5)	(6)	
(1)	(2)	ACTUAL	ACTUAL	AMOUNT	%	
	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE	
Α.	Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	417	380	(37)	-9%	
2	Number of Approved Applicants	389	360	(29)	-79	
3	Total Charges (A)	\$710,098	\$703,850	(\$6,248)	-19	
4	Average Charges	\$1,825	\$1,955	\$130	7%	
_		0.577700	0 507005	(0.050.400)		
5	Ratio of Cost to Charges (RCC)	0.577798	0.527305	(0.050493)	-9%	
6	Total Cost	\$410,293	\$371,144	(\$39,150)	-10%	
7	Average Cost	\$1,055	\$1,031	(\$24)	-2%	
8	Charity Care - Inpatient Charges	\$205,754	\$195,219	(\$10,535)	-5%	
9	Charity Care - Outpatient Charges (Excludes ED Charges)	277,713	305,980	28,267	109	
10	Charity Care - Emergency Department Charges	226,631	202,651	(23,980)	-119	
11	Total Charges (A)	\$710,098	\$703,850	(\$6,248)	-12	
12	Charity Care - Number of Patient Days	322	319	(3)	-19	
13	Charity Care - Number of Discharges	65	95	30	46%	
14	Charity Care - Number of Outpatient ED Visits	337	347	10	39	
14	Charity Care - Number of Outpatient LD Visits	557	547	10		
15	Visits)	751	929	178	249	
15		701	323	170	247	
В.	Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$516,441	\$384,245	(\$132,196)	-26%	
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,251,944	1,259,497	7,553	19	
3	Bad Debts - Emergency Department	1,693,975	1,377,365	(316,610)	-19%	
4	Total Bad Debts (A)	\$3,462,360	\$3,021,107	(\$441,253)	-13%	
C.	Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$710,098	\$703,850	(\$6,248)	-19	
2	Bad Debts (A)	3,462,360	3,021,107	(441,253)	-13%	
3	Total Uncompensated Care (A)	\$4,172,458	\$3,724,957	(\$447,501)	-119	
1	Lincompanyated Care Inpotient Services	¢700.105	\$579,464	(\$140.704)	-20%	
4	Uncompensated Care - Inpatient Services Uncompensated Care - Outpatient Services (Excludes ED	\$722,195	φ υ/ 9,404	(\$142,731)	-205	
5	Unc. Care)	1,529,657	1,565,477	35,820	29	
5 6	Uncompensated Care - Emergency Department	1,920,606	1,580,016	(340,590)	-189	
7	Total Uncompensated Care (A)	\$4,172,458	\$3,724,957	(\$40,590)	-10 -119	
'	Total oncompensated date (A)	ψ4,172,430	₩ 3,124,331	(9447,301)	-117	

		DAY KIMBALL HOSP			
		TWELVE MONTHS ACTUA			
		FISCAL YEAR 201			
	REPORT 685 - HOSPITAL NON-		•		
		D PAYMENTS AND DISCOU			
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$85,690,455	\$81,728,750	(\$3,961,705)	-5%
2	Total Contractual Allowances	\$35,983,775	\$34,708,830	(\$1,274,945)	-4%
	Total Accrued Payments (A)	\$49,706,680	\$47,019,920	(\$2,686,760)	-5%
	Total Discount Percentage	41.99%	42.47%	0.48%	19
(A) Ac	crued Payments associated with Non-Governmen	t Contractual Allowances r	nust exclude any reduction	n for Uncompensate	d Care.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL <u>FY 2012</u>	ACTUAL <u>FY 2013</u>
Α.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$55,847,199	\$60,261,612	\$63,684,617
2	Outpatient Gross Revenue	\$128,151,792	\$152,062,080	\$153,064,782
3	Total Gross Patient Revenue	\$183,998,991	\$212,323,692	\$216,749,399
4	Net Patient Revenue	\$106,400,269	\$113,405,335	\$104,649,330
В.	Total Operating Expenses			
1	Total Operating Expense	\$108,436,817	\$115,241,429	\$110,624,592
C.	Utilization Statistics			
1	Patient Days	18,418	18,484	16,124
2	Discharges	5,182	5,097	4,331
3	Average Length of Stay	3.6	3.6	3.7
4	Equivalent (Adjusted) Patient Days (EPD)	60,682	65,126	54,878
0	Equivalent (Adjusted) Discharges (ED)	17,073	17,959	14,740
D.	Case Mix Statistics			
1	Case Mix Index	0.98940	1.02855	1.06838
2	Case Mix Adjusted Patient Days (CMAPD)	18,223	19,012	17,227
3	Case Mix Adjusted Discharges (CMAD)	5,127	5,243	4,627
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	60,038	66,985	58,630
5	Case Mix Adjusted Equivalent Discharges (CMAED)	16,892	18,471	15,748
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$9,990	\$11,487	\$13,443
2	Total Gross Revenue per Discharge	\$35,507	\$41,657	\$50,046
3	Total Gross Revenue per EPD	\$3,032	\$3,260	\$3,950
4	Total Gross Revenue per ED	\$10,777	\$11,823	\$14,704
5	Total Gross Revenue per CMAEPD	\$3,065	\$3,170	\$3,697
6	Total Gross Revenue per CMAED	\$10,893	\$11,495	\$13,763
7	Inpatient Gross Revenue per EPD	\$920	\$925	\$1,160
8	Inpatient Gross Revenue per ED	\$3,271	\$3,356	\$4,320

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL
LINE	DESCRIPTION	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$5,777	\$6,135	\$6,490
2	Net Patient Revenue per Discharge	\$20,533	\$22,249	\$24,163
3	Net Patient Revenue per EPD	\$1,753	\$1,741	\$1,907
4	Net Patient Revenue per ED	\$6,232	\$6,315	\$7,099
5	Net Patient Revenue per CMAEPD	\$1,772	\$1,693	\$1,785
6	Net Patient Revenue per CMAED	\$6,299	\$6,140	\$6,645
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$5,888	\$6,235	\$6,861
2	Total Operating Expense per Discharge	\$20,926	\$22,610	\$25,543
3	Total Operating Expense per EPD	\$1,787	\$1,770	\$2,016
4	Total Operating Expense per ED	\$6,351	\$6,417	\$7,505
5	Total Operating Expense per CMAEPD	\$1,806	\$1,720	\$1,887
6	Total Operating Expense per CMAED	\$6,419	\$6,239	\$7,024
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$16,321,836	\$16,633,835	\$17,402,531
2	Nursing Fringe Benefits Expense	\$5,178,948	\$5,673,578	\$6,244,691
3	Total Nursing Salary and Fringe Benefits Expense	\$21,500,784	\$22,307,413	\$23,647,222
I.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$4,033,097	\$3,748,829	\$1,443,401
2	Physician Fringe Benefits Expense	\$1,267,584	\$1,278,675	\$517,947
3	Total Physician Salary and Fringe Benefits Expense	\$5,300,681	\$5,027,504	\$1,961,348
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$29,275,732	\$30,660,397	\$28,859,814
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$9,301,366	\$10,457,849	\$10,356,001
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$38,577,098	\$41,118,246	\$39,215,815

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL <u>FY 2012</u>	ACTUAL <u>FY 2013</u>
К.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$49,630,665	\$51,043,061	\$47,705,746
2	Total Fringe Benefits Expense	\$15,747,898	\$17,410,102	\$17,118,639
3	Total Salary and Fringe Benefits Expense	\$65,378,563	\$68,453,163	\$64,824,385
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	259.3	274.2	284.1
2	Total Physician FTEs	18.1	16.1	5.6
3	Total Non-Nursing, Non-Physician FTEs	525.4	545.1	517.0
4	Total Full Time Equivalent Employees (FTEs)	802.8	835.4	806.7
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$62,946	\$60,663	\$61,255
2	Nursing Fringe Benefits Expense per FTE	\$19,973	\$20,691	\$21,981
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$82,919	\$81,355	\$83,236
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$222,823	\$232,847	\$257,750
2	Physician Fringe Benefits Expense per FTE	\$70,032	\$79,421	\$92,491
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$292,855	\$312,267	\$350,241
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense	per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,721	\$56,247	\$55,822
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,703	\$19,185	\$20,031
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,424	\$75,432	\$75,853
Ρ.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$61,822	\$61,100	\$59,137
2	Total Fringe Benefits Expense per FTE	\$19,616	\$20,840	\$21,221
3	Total Salary and Fringe Benefits Expense per FTE	\$81,438	\$81,941	\$80,357
Q.	Total Salary and Fringe Ben. Expense per Statistic			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL
	DESCRIPTION			<u>FY 2013</u>
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,550	\$3,703	\$4,020
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,616	\$13,430	\$14,968
3	Total Salary and Fringe Benefits Expense per EPD	\$1,077	\$1,051	\$1,181
4	Total Salary and Fringe Benefits Expense per ED	\$3,829	\$3,812	\$4,398
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,089	\$1,022	\$1,106
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,870	\$3,706	\$4,116