

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$64,528,000	\$38,914,000	(\$25,614,000)	-40%
2	Short Term Investments	\$571,302,000	\$671,389,000	\$100,087,000	18%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$202,909,000	\$233,822,000	\$30,913,000	15%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$28,006,000	\$27,342,000	(\$664,000)	-2%
8	Prepaid Expenses	\$19,322,000	\$33,410,000	\$14,088,000	73%
9	Other Current Assets	\$70,615,000	\$76,334,000	\$5,719,000	8%
	Total Current Assets	\$956,682,000	\$1,081,211,000	\$124,529,000	13%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,127,000	\$12,538,000	\$411,000	3%
2	Board Designated for Capital Acquisition	\$93,561,000	\$71,557,000	(\$22,004,000)	-24%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$105,688,000	\$84,095,000	(\$21,593,000)	-20%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$156,946,000	\$207,616,000	\$50,670,000	32%
7	Other Noncurrent Assets	\$269,632,000	\$304,698,000	\$35,066,000	13%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,528,134,000	\$1,596,042,000	\$67,908,000	4%
2	Less: Accumulated Depreciation	\$601,670,000	\$677,907,000	\$76,237,000	13%
	Property, Plant and Equipment, Net	\$926,464,000	\$918,135,000	(\$8,329,000)	-1%
3	Construction in Progress	\$63,603,000	\$22,942,000	(\$40,661,000)	-64%
	Total Net Fixed Assets	\$990,067,000	\$941,077,000	(\$48,990,000)	-5%
	Total Assets	\$2,479,015,000	\$2,618,697,000	\$139,682,000	6%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$213,362,000	\$225,782,000	\$12,420,000	6%
2	Salaries, Wages and Payroll Taxes	\$89,048,000	\$93,206,000	\$4,158,000	5%

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3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$116,229,000	\$33,767,000	(\$82,462,000)	-71%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,847,000	\$15,079,000	\$12,232,000	430%
	Total Current Liabilities	\$421,486,000	\$367,834,000	(\$53,652,000)	-13%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$410,888,000	\$676,827,000	\$265,939,000	65%
2	Notes Payable (Net of Current Portion)	\$316,318,000	\$51,347,000	(\$264,971,000)	-84%
	Total Long Term Debt	\$727,206,000	\$728,174,000	\$968,000	0%
3	Accrued Pension Liability	\$280,718,000	\$197,950,000	(\$82,768,000)	-29%
4	Other Long Term Liabilities	\$300,827,000	\$306,614,000	\$5,787,000	2%
	Total Long Term Liabilities	\$1,308,751,000	\$1,232,738,000	(\$76,013,000)	-6%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$676,008,000	\$930,988,000	\$254,980,000	38%
2	Temporarily Restricted Net Assets	\$46,026,000	\$59,982,000	\$13,956,000	30%
3	Permanently Restricted Net Assets	\$26,744,000	\$27,155,000	\$411,000	2%
	Total Net Assets	\$748,778,000	\$1,018,125,000	\$269,347,000	36%
	Total Liabilities and Net Assets	\$2,479,015,000	\$2,618,697,000	\$139,682,000	6%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$5,740,304,000	\$8,243,053,000	\$2,502,749,000	44%
2	Less: Allowances	\$3,948,050,000	\$5,808,321,000	\$1,860,271,000	47%
3	Less: Charity Care	\$78,983,000	\$87,167,000	\$8,184,000	10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,713,271,000	\$2,347,565,000	\$634,294,000	37%
5	Provision for Bad Debts	\$0	\$64,649,000	\$64,649,000	0%
	Net Patient Service Revenue less provision for bad debts	\$1,713,271,000	\$2,282,916,000	\$569,645,000	33%
6	Other Operating Revenue	\$30,905,000	\$45,534,000	\$14,629,000	47%
7	Net Assets Released from Restrictions	\$16,655,000	\$13,099,000	(\$3,556,000)	-21%
	Total Operating Revenue	\$1,760,831,000	\$2,341,549,000	\$580,718,000	33%
B. Operating Expenses:					
1	Salaries and Wages	\$585,247,000	\$790,282,000	\$205,035,000	35%
2	Fringe Benefits	\$172,016,000	\$235,370,000	\$63,354,000	37%
3	Physicians Fees	\$73,815,000	\$81,204,000	\$7,389,000	10%
4	Supplies and Drugs	\$275,216,000	\$377,459,000	\$102,243,000	37%
5	Depreciation and Amortization	\$73,101,000	\$107,957,000	\$34,856,000	48%
6	Bad Debts	\$32,622,000	\$0	(\$32,622,000)	-100%
7	Interest Expense	\$17,720,000	\$23,920,000	\$6,200,000	35%
8	Malpractice Insurance Cost	\$13,056,000	\$16,165,000	\$3,109,000	24%
9	Other Operating Expenses	\$411,458,000	\$604,316,000	\$192,858,000	47%
	Total Operating Expenses	\$1,654,251,000	\$2,236,673,000	\$582,422,000	35%
	Income/(Loss) From Operations	\$106,580,000	\$104,876,000	(\$1,704,000)	-2%
C. Non-Operating Revenue:					
1	Income from Investments	\$5,959,000	\$7,300,000	\$1,341,000	23%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$29,862,000)	\$16,263,000	\$46,125,000	-154%
	Total Non-Operating Revenue	(\$23,903,000)	\$23,563,000	\$47,466,000	-199%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$82,677,000	\$128,439,000	\$45,762,000	55%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$47,932,000	\$50,283,000	\$2,351,000	5%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$47,932,000	\$50,283,000	\$2,351,000	5%
	Excess/(Deficiency) of Revenue Over Expenses	\$130,609,000	\$178,722,000	\$48,113,000	37%
	Principal Payments	\$10,185,000	\$10,640,000	\$455,000	4%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$1,041,737,485	\$1,511,593,859	\$469,856,374	45%
2	MEDICARE MANAGED CARE	\$227,936,238	\$417,417,649	\$189,481,411	83%
3	MEDICAID	\$834,534,148	\$1,155,720,092	\$321,185,944	38%
4	MEDICAID MANAGED CARE	\$86,357,566	\$0	(\$86,357,566)	-100%
5	CHAMPUS/TRICARE	\$22,354,824	\$25,246,609	\$2,891,785	13%
6	COMMERCIAL INSURANCE	\$89,049,994	\$115,719,898	\$26,669,904	30%
7	NON-GOVERNMENT MANAGED CARE	\$1,073,925,016	\$1,344,796,494	\$270,871,478	25%
8	WORKER'S COMPENSATION	\$15,293,969	\$22,975,395	\$7,681,426	50%
9	SELF- PAY/UNINSURED	\$41,945,010	\$47,404,499	\$5,459,489	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$3,433,134,250	\$4,640,874,495	\$1,207,740,245	35%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$604,211,478	\$998,159,164	\$393,947,686	65%
2	MEDICARE MANAGED CARE	\$146,752,182	\$272,010,248	\$125,258,066	85%
3	MEDICAID	\$374,605,311	\$653,663,080	\$279,057,769	74%
4	MEDICAID MANAGED CARE	\$45,939,569	\$0	(\$45,939,569)	-100%
5	CHAMPUS/TRICARE	\$10,096,397	\$15,430,638	\$5,334,241	53%
6	COMMERCIAL INSURANCE	\$52,004,548	\$115,707,599	\$63,703,051	122%
7	NON-GOVERNMENT MANAGED CARE	\$989,062,314	\$1,415,864,727	\$426,802,413	43%
8	WORKER'S COMPENSATION	\$9,413,363	\$17,565,203	\$8,151,840	87%
9	SELF- PAY/UNINSURED	\$75,084,664	\$113,777,717	\$38,693,053	52%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$2,307,169,826	\$3,602,178,376	\$1,295,008,550	56%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$1,645,948,963	\$2,509,753,023	\$863,804,060	52%
2	MEDICARE MANAGED CARE	\$374,688,420	\$689,427,897	\$314,739,477	84%
3	MEDICAID	\$1,209,139,459	\$1,809,383,172	\$600,243,713	50%
4	MEDICAID MANAGED CARE	\$132,297,135	\$0	(\$132,297,135)	-100%
5	CHAMPUS/TRICARE	\$32,451,221	\$40,677,247	\$8,226,026	25%
6	COMMERCIAL INSURANCE	\$141,054,542	\$231,427,497	\$90,372,955	64%
7	NON-GOVERNMENT MANAGED CARE	\$2,062,987,330	\$2,760,661,221	\$697,673,891	34%
8	WORKER'S COMPENSATION	\$24,707,332	\$40,540,598	\$15,833,266	64%
9	SELF- PAY/UNINSURED	\$117,029,674	\$161,182,216	\$44,152,542	38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$5,740,304,076	\$8,243,052,871	\$2,502,748,795	44%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$289,960,565	\$418,338,611	\$128,378,046	44%
2	MEDICARE MANAGED CARE	\$71,000,024	\$120,378,904	\$49,378,880	70%
3	MEDICAID	\$139,322,054	\$187,684,822	\$48,362,768	35%
4	MEDICAID MANAGED CARE	\$12,984,520	\$0	(\$12,984,520)	-100%
5	CHAMPUS/TRICARE	\$4,592,608	\$4,797,029	\$204,421	4%
6	COMMERCIAL INSURANCE	\$31,470,418	\$47,819,948	\$16,349,530	52%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$397,192,671	\$496,680,697	\$99,488,026	25%
8	WORKER'S COMPENSATION	\$9,049,273	\$9,927,679	\$878,406	10%
9	SELF- PAY/UNINSURED	\$5,452,129	\$6,033,320	\$581,191	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$961,024,262	\$1,291,661,010	\$330,636,748	34%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$96,132,551	\$134,929,616	\$38,797,065	40%
2	MEDICARE MANAGED CARE	\$25,878,030	\$42,306,504	\$16,428,474	63%
3	MEDICAID	\$90,006,344	\$149,393,789	\$59,387,445	66%
4	MEDICAID MANAGED CARE	\$12,521,234	\$0	(\$12,521,234)	-100%
5	CHAMPUS/TRICARE	\$1,701,828	\$1,970,886	\$269,058	16%
6	COMMERCIAL INSURANCE	\$26,006,639	\$51,309,655	\$25,303,016	97%
7	NON-GOVERNMENT MANAGED CARE	\$430,252,026	\$594,813,395	\$164,561,369	38%
8	WORKER'S COMPENSATION	\$5,626,562	\$7,903,155	\$2,276,593	40%
9	SELF- PAY/UNINSURED	\$5,654,176	\$6,485,741	\$831,565	15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$693,779,390	\$989,112,741	\$295,333,351	43%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$386,093,116	\$553,268,227	\$167,175,111	43%
2	MEDICARE MANAGED CARE	\$96,878,054	\$162,685,408	\$65,807,354	68%
3	MEDICAID	\$229,328,398	\$337,078,611	\$107,750,213	47%
4	MEDICAID MANAGED CARE	\$25,505,754	\$0	(\$25,505,754)	-100%
5	CHAMPUS/TRICARE	\$6,294,436	\$6,767,915	\$473,479	8%
6	COMMERCIAL INSURANCE	\$57,477,057	\$99,129,603	\$41,652,546	72%
7	NON-GOVERNMENT MANAGED CARE	\$827,444,697	\$1,091,494,092	\$264,049,395	32%
8	WORKER'S COMPENSATION	\$14,675,835	\$17,830,834	\$3,154,999	21%
9	SELF- PAY/UNINSURED	\$11,106,305	\$12,519,061	\$1,412,756	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$1,654,803,652	\$2,280,773,751	\$625,970,099	38%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	14,718	22,329	7,611	52%
2	MEDICARE MANAGED CARE	3,382	6,304	2,922	86%
3	MEDICAID	15,444	23,006	7,562	49%
4	MEDICAID MANAGED CARE	1,850	0	(1,850)	-100%
5	CHAMPUS/TRICARE	382	448	66	17%
6	COMMERCIAL INSURANCE	1,164	1,993	829	71%
7	NON-GOVERNMENT MANAGED CARE	21,284	25,192	3,908	18%
8	WORKER'S COMPENSATION	225	346	121	54%
9	SELF- PAY/UNINSURED	977	885	(92)	-9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	59,426	80,503	21,077	35%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	92,847	153,017	60,170	65%
2	MEDICARE MANAGED CARE	19,077	39,133	20,056	105%
3	MEDICAID	88,003	132,732	44,729	51%

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LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	8,741	0	(8,741)	-100%
5	CHAMPUS/TRICARE	1,832	2,097	265	14%
6	COMMERCIAL INSURANCE	6,506	10,648	4,142	64%
7	NON-GOVERNMENT MANAGED CARE	89,981	119,212	29,231	32%
8	WORKER'S COMPENSATION	1,047	1,430	383	37%
9	SELF- PAY/UNINSURED	3,513	3,950	437	12%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	311,547	462,219	150,672	48%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	152,587	230,796	78,209	51%
2	MEDICARE MANAGED CARE	43,049	71,834	28,785	67%
3	MEDICAID	171,489	297,513	126,024	73%
4	MEDICAID MANAGED CARE	28,731	0	(28,731)	-100%
5	CHAMPUS/TRICARE	3,688	4,541	853	23%
6	COMMERCIAL INSURANCE	15,404	33,895	18,491	120%
7	NON-GOVERNMENT MANAGED CARE	324,784	399,113	74,329	23%
8	WORKER'S COMPENSATION	3,529	5,677	2,148	61%
9	SELF- PAY/UNINSURED	35,586	57,165	21,579	61%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	778,847	1,100,534	321,687	41%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$64,650,009	\$137,569,426	\$72,919,417	113%
2	MEDICARE MANAGED CARE	\$15,607,468	\$35,772,142	\$20,164,674	129%
3	MEDICAID	\$100,697,927	\$193,201,647	\$92,503,720	92%
4	MEDICAID MANAGED CARE	\$11,535,635	\$0	(\$11,535,635)	-100%
5	CHAMPUS/TRICARE	\$1,072,552	\$1,261,371	\$188,819	18%
6	COMMERCIAL INSURANCE	\$7,452,342	\$16,803,969	\$9,351,627	125%
7	NON-GOVERNMENT MANAGED CARE	\$100,580,597	\$136,026,672	\$35,446,075	35%
8	WORKER'S COMPENSATION	\$2,705,972	\$5,195,486	\$2,489,514	92%
9	SELF- PAY/UNINSURED	\$24,469,954	\$36,359,265	\$11,889,311	49%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$328,772,456	\$562,189,978	\$233,417,522	71%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$8,983,780	\$16,966,652	\$7,982,872	89%
2	MEDICARE MANAGED CARE	\$2,314,088	\$4,853,358	\$2,539,270	110%
3	MEDICAID	\$17,267,645	\$29,734,859	\$12,467,214	72%
4	MEDICAID MANAGED CARE	\$2,000,048	\$0	(\$2,000,048)	-100%
5	CHAMPUS/TRICARE	\$161,816	\$190,939	\$29,123	18%
6	COMMERCIAL INSURANCE	\$4,210,344	\$6,054,121	\$1,843,777	44%
7	NON-GOVERNMENT MANAGED CARE	\$40,766,012	\$48,688,785	\$7,922,773	19%
8	WORKER'S COMPENSATION	\$1,617,647	\$2,653,714	\$1,036,067	64%
9	SELF- PAY/UNINSURED	\$1,768,519	\$2,115,053	\$346,534	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$79,089,899	\$111,257,481	\$32,167,582	41%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	13,213	21,508	8,295	63%
2	MEDICARE MANAGED CARE	2,999	5,897	2,898	97%
3	MEDICAID	41,007	72,847	31,840	78%
4	MEDICAID MANAGED CARE	6,610	0	(6,610)	-100%
5	CHAMPUS/TRICARE	468	470	2	0%
6	COMMERCIAL INSURANCE	2,491	4,818	2,327	93%
7	NON-GOVERNMENT MANAGED CARE	35,294	39,738	4,444	13%
8	WORKER'S COMPENSATION	1,169	2,060	891	76%
9	SELF- PAY/UNINSURED	11,145	16,447	5,302	48%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	114,396	163,785	49,389	43%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$247,331,000	\$332,073,000	\$84,742,000	34%
2	Physician Salaries	\$58,393,000	\$0	(\$58,393,000)	-100%
3	Non-Nursing, Non-Physician Salaries	\$279,523,000	\$458,209,000	\$178,686,000	64%
	Total Salaries & Wages	\$585,247,000	\$790,282,000	\$205,035,000	35%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$72,696,000	\$98,908,000	\$26,212,000	36%
2	Physician Fringe Benefits	\$17,163,000	\$0	(\$17,163,000)	-100%
3	Non-Nursing, Non-Physician Fringe Benefits	\$82,157,000	\$136,462,000	\$54,305,000	66%
	Total Fringe Benefits	\$172,016,000	\$235,370,000	\$63,354,000	37%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$2,295,000	\$5,073,000	\$2,778,000	121%
2	Physician Fees	\$73,815,000	\$81,204,000	\$7,389,000	10%
3	Non-Nursing, Non-Physician Fees	\$21,579,000	\$37,083,000	\$15,504,000	72%
	Total Contractual Labor Fees	\$97,689,000	\$123,360,000	\$25,671,000	26%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$162,028,000	\$223,966,000	\$61,938,000	38%
2	Pharmaceutical Costs	\$113,188,000	\$153,493,000	\$40,305,000	36%
	Total Medical Supplies and Pharmaceutical Cost	\$275,216,000	\$377,459,000	\$102,243,000	37%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$28,290,000	\$41,726,000	\$13,436,000	47%
2	Depreciation-Equipment	\$44,811,000	\$66,231,000	\$21,420,000	48%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$73,101,000	\$107,957,000	\$34,856,000	48%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$32,622,000	\$0	(\$32,622,000)	-100%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$17,720,000	\$23,920,000	\$6,200,000	35%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$13,056,000	\$16,165,000	\$3,109,000	24%
I.	<u>Utilities:</u>				
1	Water	\$1,078,000	\$1,399,000	\$321,000	30%
2	Natural Gas	\$688,000	\$1,685,000	\$997,000	145%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$15,830,000	\$20,047,000	\$4,217,000	27%
5	Telephone	\$3,724,000	\$4,681,000	\$957,000	26%
6	Other Utilities	\$1,015,000	\$1,036,000	\$21,000	2%
	Total Utilities	\$22,335,000	\$28,848,000	\$6,513,000	29%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$732,000	\$1,358,000	\$626,000	86%
2	Legal Fees	\$2,639,000	\$3,921,000	\$1,282,000	49%
3	Consulting Fees	\$397,000	\$1,152,000	\$755,000	190%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Dues and Membership	\$1,356,000	\$1,780,000	\$424,000	31%
5	Equipment Leases	\$3,417,000	\$7,064,000	\$3,647,000	107%
6	Building Leases	\$10,952,000	\$15,216,000	\$4,264,000	39%
7	Repairs and Maintenance	\$24,398,000	\$31,831,000	\$7,433,000	30%
8	Insurance	\$2,272,000	\$2,452,000	\$180,000	8%
9	Travel	\$26,000	\$15,000	(\$11,000)	-42%
10	Conferences	\$2,246,000	\$3,329,000	\$1,083,000	48%
11	Property Tax	\$4,087,000	\$4,474,000	\$387,000	9%
12	General Supplies	\$18,297,000	\$16,586,000	(\$1,711,000)	-9%
13	Licenses and Subscriptions	\$1,361,000	\$1,798,000	\$437,000	32%
14	Postage and Shipping	\$671,000	\$1,061,000	\$390,000	58%
15	Advertising	\$840,000	\$87,000	(\$753,000)	-90%
16	Corporate parent/system fees	\$20,398,000	\$24,417,000	\$4,019,000	20%
17	Computer Software	\$251,000	\$0	(\$251,000)	-100%
18	Computer hardware & small equipment	\$20,000	\$984,000	\$964,000	4820%
19	Dietary / Food Services	\$2,777,000	\$3,156,000	\$379,000	14%
20	Lab Fees / Red Cross charges	\$13,318,000	\$16,189,000	\$2,871,000	22%
21	Billing & Collection / Bank Fees	\$639,000	\$640,000	\$1,000	0%
22	Recruiting / Employee Education & Recognition	\$847,000	\$664,000	(\$183,000)	-22%
23	Laundry / Linen	\$4,325,000	\$6,160,000	\$1,835,000	42%
24	Professional / Physician Fees	\$4,931,000	\$4,786,000	(\$145,000)	-3%
25	Waste disposal	\$969,000	\$1,328,000	\$359,000	37%
26	Purchased Services - Medical	\$100,383,000	\$121,768,000	\$21,385,000	21%
27	Purchased Services - Non Medical	\$107,027,000	\$140,085,000	\$33,058,000	31%
28	Other Business Expenses	\$35,673,000	\$121,011,000	\$85,338,000	239%
	Total Business Expenses	\$365,249,000	\$533,312,000	\$168,063,000	46%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$1,654,251,000	\$2,236,673,000	\$582,422,000	35%
*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$51,268,562	\$62,721,270	\$11,452,708	22%
2	General Accounting	\$5,151,743	\$5,395,950	\$244,207	5%
3	Patient Billing & Collection	\$18,650,594	\$28,954,137	\$10,303,543	55%
4	Admitting / Registration Office	\$11,594,092	\$15,328,578	\$3,734,486	32%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$580,919	\$5,668,103	\$5,087,184	876%
7	Personnel	\$4,062,882	\$3,940,430	(\$122,452)	-3%
8	Public Relations	\$837,669	\$1,215,733	\$378,064	45%
9	Purchasing	\$1,843,983	\$3,578,303	\$1,734,320	94%
10	Dietary and Cafeteria	\$20,677,752	\$27,199,717	\$6,521,965	32%
11	Housekeeping	\$19,811,437	\$26,988,620	\$7,177,183	36%
12	Laundry & Linen	\$88,978	\$630,338	\$541,360	608%
13	Operation of Plant	\$18,410,937	\$32,606,161	\$14,195,224	77%
14	Security	\$7,348,400	\$10,285,731	\$2,937,331	40%
15	Repairs and Maintenance	\$13,982,256	\$23,216,912	\$9,234,656	66%
16	Central Sterile Supply	\$6,747,221	\$11,388,395	\$4,641,174	69%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
17	Pharmacy Department	\$38,541,220	\$57,067,003	\$18,525,783	48%
18	Other General Services	\$451,252,538	\$487,232,237	\$35,979,699	8%
	Total General Services	\$670,851,183	\$803,417,618	\$132,566,435	20%
	B. Professional Services:				
1	Medical Care Administration	\$30,459,343	\$52,151,125	\$21,691,782	71%
2	Residency Program	\$52,405,647	\$66,068,752	\$13,663,105	26%
3	Nursing Services Administration	\$13,490,986	\$18,299,375	\$4,808,389	36%
4	Medical Records	\$7,726,626	\$13,082,778	\$5,356,152	69%
5	Social Service	\$3,101,521	\$7,682,075	\$4,580,554	148%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$107,184,123	\$157,284,105	\$50,099,982	47%
	C. Special Services:				
1	Operating Room	\$91,598,288	\$142,606,666	\$51,008,378	56%
2	Recovery Room	\$7,366,108	\$11,467,125	\$4,101,017	56%
3	Anesthesiology	\$21,132,075	\$20,001,438	(\$1,130,637)	-5%
4	Delivery Room	\$10,322,141	\$12,467,329	\$2,145,188	21%
5	Diagnostic Radiology	\$31,566,753	\$36,698,324	\$5,131,571	16%
6	Diagnostic Ultrasound	\$4,744,733	\$6,467,464	\$1,722,731	36%
7	Radiation Therapy	\$11,595,265	\$18,576,883	\$6,981,618	60%
8	Radioisotopes	\$34,014,959	\$36,625,486	\$2,610,527	8%
9	CT Scan	\$4,640,187	\$5,699,029	\$1,058,842	23%
10	Laboratory	\$53,834,259	\$70,002,945	\$16,168,686	30%
11	Blood Storing/Processing	\$18,109,695	\$22,315,749	\$4,206,054	23%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$13,797,493	\$19,416,864	\$5,619,371	41%
14	Electroencephalography	\$3,686,072	\$6,829,348	\$3,143,276	85%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$13,614,078	\$15,635,790	\$2,021,712	15%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,417,954	\$6,301,283	\$2,883,329	84%
23	Renal Dialysis	\$3,232,129	\$3,882,776	\$650,647	20%
24	Emergency Room	\$49,029,560	\$67,237,087	\$18,207,527	37%
25	MRI	\$5,712,086	\$7,876,965	\$2,164,879	38%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,453,083	\$2,775,834	\$322,751	13%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$67,806	\$0	(\$67,806)	-100%
31	Cardiac Catheterization/Rehabilitation	\$3,922,227	\$5,105,156	\$1,182,929	30%
32	Occupational Therapy / Physical Therapy	\$5,581,844	\$8,863,644	\$3,281,800	59%
33	Dental Clinic	\$3,508,068	\$4,225,639	\$717,571	20%
34	Other Special Services	\$4,050,343	\$4,721,122	\$670,779	17%
	Total Special Services	\$400,997,206	\$535,799,946	\$134,802,740	34%
	D. Routine Services:				
1	Medical & Surgical Units	\$153,542,875	\$220,229,180	\$66,686,305	43%
2	Intensive Care Unit	\$48,035,778	\$57,763,763	\$9,727,985	20%
3	Coronary Care Unit	\$5,541,502	\$10,858,604	\$5,317,102	96%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Psychiatric Unit	\$16,991,691	\$22,959,848	\$5,968,157	35%
5	Pediatric Unit	\$11,606,257	\$16,076,947	\$4,470,690	39%
6	Maternity Unit	\$6,343,379	\$7,944,400	\$1,601,021	25%
7	Newborn Nursery Unit	\$3,843,514	\$7,672,660	\$3,829,146	100%
8	Neonatal ICU	\$18,373,850	\$19,502,683	\$1,128,833	6%
9	Rehabilitation Unit	\$0	\$1,712,909	\$1,712,909	0%
10	Ambulatory Surgery	\$11,990,705	\$10,253,989	(\$1,736,716)	-14%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$143,497,726	\$199,679,009	\$56,181,283	39%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$419,767,277	\$574,653,992	\$154,886,715	37%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$55,451,211	\$165,517,339	\$110,066,128	198%
	Total Operating Expenses - All Departments*	\$1,654,251,000	\$2,236,673,000	\$582,422,000	35%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$1,442,057,000	\$1,713,271,000	\$2,282,916,000
2	Other Operating Revenue	46,640,000	47,560,000	58,633,000
3	Total Operating Revenue	\$1,488,697,000	\$1,760,831,000	\$2,341,549,000
4	Total Operating Expenses	1,435,807,000	1,654,251,000	2,236,673,000
5	Income/(Loss) From Operations	\$52,890,000	\$106,580,000	\$104,876,000
6	Total Non-Operating Revenue	14,272,000	24,029,000	73,846,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$67,162,000	\$130,609,000	\$178,722,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.52%	5.97%	4.34%
2	Hospital Non Operating Margin	0.95%	1.35%	3.06%
3	Hospital Total Margin	4.47%	7.32%	7.40%
4	Income/(Loss) From Operations	\$52,890,000	\$106,580,000	\$104,876,000
5	Total Operating Revenue	\$1,488,697,000	\$1,760,831,000	\$2,341,549,000
6	Total Non-Operating Revenue	\$14,272,000	\$24,029,000	\$73,846,000
7	Total Revenue	\$1,502,969,000	\$1,784,860,000	\$2,415,395,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$67,162,000	\$130,609,000	\$178,722,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$604,617,000	\$676,008,000	\$930,988,000
2	Hospital Total Net Assets	\$674,087,000	\$748,778,000	\$1,018,125,000
3	Hospital Change in Total Net Assets	\$31,775,000	\$74,691,000	\$269,347,000
4	Hospital Change in Total Net Assets %	104.9%	11.1%	36.0%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.32	0.29	0.27
2	Total Operating Expenses	\$1,435,807,000	\$1,654,251,000	\$2,236,673,000
3	Total Gross Revenue	\$4,443,296,447	\$5,740,304,076	\$8,243,052,871
4	Total Other Operating Revenue	\$9,434,287	\$3,034,922	\$3,256,036

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
5	<u>Private Payment to Cost Ratio</u>	1.28	1.40	1.47
6	Total Non-Government Payments	\$733,145,410	\$910,703,894	\$1,220,973,590
7	Total Uninsured Payments	\$16,918,639	\$11,106,305	\$12,519,061
8	Total Non-Government Charges	\$1,830,528,989	\$2,345,778,878	\$3,193,811,532
9	Total Uninsured Charges	\$94,005,050	\$117,029,674	\$161,182,216
10	<u>Medicare Payment to Cost Ratio</u>	0.90	0.83	0.83
11	Total Medicare Payments	\$434,149,633	\$482,971,170	\$715,953,635
12	Total Medicare Charges	\$1,501,875,731	\$2,020,637,383	\$3,199,180,920
13	<u>Medicaid Payment to Cost Ratio</u>	0.61	0.66	0.69
14	Total Medicaid Payments	\$213,928,168	\$254,834,152	\$337,078,611
15	Total Medicaid Charges	\$1,083,945,885	\$1,341,436,594	\$1,809,383,172
16	<u>Uncompensated Care Cost</u>	\$28,023,511	\$31,889,609	\$41,003,684
17	Charity Care	\$31,059,911	\$35,745,214	\$32,480,929
18	Bad Debts	\$55,846,721	\$74,971,258	\$118,694,071
19	Total Uncompensated Care	\$86,906,632	\$110,716,472	\$151,175,000
20	<u>Uncompensated Care % of Total Expenses</u>	2.0%	1.9%	1.8%
21	Total Operating Expenses	\$1,435,807,000	\$1,654,251,000	\$2,236,673,000
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	3	2	3
2	Total Current Assets	\$722,976,000	\$956,682,000	\$1,081,211,000
3	Total Current Liabilities	\$237,235,000	\$421,486,000	\$367,834,000
4	<u>Days Cash on Hand</u>	125	147	122
5	Cash and Cash Equivalents	\$65,883,000	\$64,528,000	\$38,914,000
6	Short Term Investments	402,559,000	571,302,000	671,389,000

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
7	Total Cash and Short Term Investments	\$468,442,000	\$635,830,000	\$710,303,000
8	Total Operating Expenses	\$1,435,807,000	\$1,654,251,000	\$2,236,673,000
9	Depreciation Expense	\$67,948,000	\$73,101,000	\$107,957,000
10	Operating Expenses less Depreciation Expense	\$1,367,859,000	\$1,581,150,000	\$2,128,716,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	42	43	37
12	Net Patient Accounts Receivable	\$167,383,000	\$202,909,000	\$233,822,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$167,383,000	\$202,909,000	\$233,822,000
16	Total Net Patient Revenue	\$1,442,057,000	\$1,713,271,000	\$2,282,916,000
17	<u>Average Payment Period</u>	63	97	63
18	Total Current Liabilities	\$237,235,000	\$421,486,000	\$367,834,000
19	Total Operating Expenses	\$1,435,807,000	\$1,654,251,000	\$2,236,673,000
20	Depreciation Expense	\$67,948,000	\$73,101,000	\$107,957,000
21	Total Operating Expenses less Depreciation Expense	\$1,367,859,000	\$1,581,150,000	\$2,128,716,000
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	33.7	30.2	38.9
2	Total Net Assets	\$674,087,000	\$748,778,000	\$1,018,125,000
3	Total Assets	\$1,997,566,000	\$2,479,015,000	\$2,618,697,000
4	<u>Cash Flow to Total Debt Ratio</u>	15.8	17.7	26.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$67,162,000	\$130,609,000	\$178,722,000
6	Depreciation Expense	\$67,948,000	\$73,101,000	\$107,957,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$135,110,000	\$203,710,000	\$286,679,000
8	Total Current Liabilities	\$237,235,000	\$421,486,000	\$367,834,000
9	Total Long Term Debt	\$616,551,000	\$727,206,000	\$728,174,000
10	Total Current Liabilities and Total Long Term Debt	\$853,786,000	\$1,148,692,000	\$1,096,008,000

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
11	<u>Long Term Debt to Capitalization Ratio</u>	47.8	49.3	41.7
12	Total Long Term Debt	\$616,551,000	\$727,206,000	\$728,174,000
13	Total Net Assets	\$674,087,000	\$748,778,000	\$1,018,125,000
14	Total Long Term Debt and Total Net Assets	\$1,290,638,000	\$1,475,984,000	\$1,746,299,000
15	<u>Debt Service Coverage Ratio</u>	5.0	7.9	9.0
16	Excess Revenues over Expenses	67,162,000	\$130,609,000	\$178,722,000
17	Interest Expense	16,867,000	\$17,720,000	\$23,920,000
18	Depreciation and Amortization Expense	67,948,000	\$73,101,000	\$107,957,000
19	Principal Payments	13,577,000	\$10,185,000	\$10,640,000
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	8.3	8.2	6.3
21	Accumulated Depreciation	566,850,000	601,670,000	677,907,000
22	Depreciation and Amortization Expense	67,948,000	73,101,000	107,957,000
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	300,989	311,547	462,219
2	Discharges	57,451	59,426	80,503
3	ALOS	5.2	5.2	5.7
4	Staffed Beds	827	859	1,572
5	Available Beds	-	1,001	1,618
6	Licensed Beds	918	1,541	1,541
7	Occupancy of Staffed Beds	99.7%	99.4%	80.6%
8	Occupancy of Available Beds	89.8%	85.3%	78.3%
9	Full Time Equivalent Employees	7,611.1	8,150.6	11,071.7
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	39.1%	38.8%	36.8%
2	Medicare Gross Revenue Payer Mix Percentage	33.8%	35.2%	38.8%

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
3	Medicaid Gross Revenue Payer Mix Percentage	24.4%	23.4%	22.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	2.0%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.6%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$1,736,523,939	\$2,228,749,204	\$3,032,629,316
9	Medicare Gross Revenue (Charges)	\$1,501,875,731	\$2,020,637,383	\$3,199,180,920
10	Medicaid Gross Revenue (Charges)	\$1,083,945,885	\$1,341,436,594	\$1,809,383,172
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$94,005,050	\$117,029,674	\$161,182,216
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$26,945,842	\$32,451,221	\$40,677,247
14	Total Gross Revenue (Charges)	\$4,443,296,447	\$5,740,304,076	\$8,243,052,871
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	51.6%	54.4%	53.0%
2	Medicare Net Revenue Payer Mix Percentage	31.3%	29.2%	31.4%
3	Medicaid Net Revenue Payer Mix Percentage	15.4%	15.4%	14.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.2%	0.7%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.4%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$716,226,771	\$899,597,589	\$1,208,454,529
9	Medicare Net Revenue (Payments)	\$434,149,633	\$482,971,170	\$715,953,635
10	Medicaid Net Revenue (Payments)	\$213,928,168	\$254,834,152	\$337,078,611
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$16,918,639	\$11,106,305	\$12,519,061
13	CHAMPUS / TRICARE Net Revenue Payments)	\$6,254,156	\$6,294,436	\$6,767,915
14	Total Net Revenue (Payments)	\$1,387,477,367	\$1,654,803,652	\$2,280,773,751
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	23,108	23,650	28,416
2	Medicare	17,747	18,100	28,633
3	Medical Assistance	16,249	17,294	23,006
4	Medicaid	16,249	17,294	23,006
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	347	382	448

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
7	Uninsured (Included In Non-Government)	939	977	885
8	Total	57,451	59,426	80,503
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.36190	1.35313	1.38715
2	Medicare	1.78080	1.77425	1.72501
3	Medical Assistance	1.23890	1.17508	1.18613
4	Medicaid	1.23890	1.17508	1.18613
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.42500	1.45877	1.36383
7	Uninsured (Included In Non-Government)	1.59190	1.21790	1.42665
8	Total Case Mix Index	1.45689	1.43026	1.44974
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	28,351	26,732	40,919
2	Emergency Room - Treated and Discharged	92,128	114,396	163,785
3	Total Emergency Room Visits	120,479	141,128	204,704

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$23,924,809	\$33,107,961	\$9,183,152	38%
2	Inpatient Payments	\$8,267,737	\$9,001,256	\$733,519	9%
3	Outpatient Charges	\$18,332,340	\$16,683,329	(\$1,649,011)	-9%
4	Outpatient Payments	\$5,568,625	\$5,235,166	(\$333,459)	-6%
5	Discharges	364	484	120	33%
6	Patient Days	1,989	3,470	1,481	74%
7	Outpatient Visits (Excludes ED Visits)	4,452	4,480	28	1%
8	Emergency Department Outpatient Visits	317	346	29	9%
9	Emergency Department Inpatient Admissions	231	178	(53)	-23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$42,257,149	\$49,791,290	\$7,534,141	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,836,362	\$14,236,422	\$400,060	3%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$56,044,132	\$118,122,977	\$62,078,845	111%
2	Inpatient Payments	\$17,973,518	\$35,765,401	\$17,791,883	99%
3	Outpatient Charges	\$42,432,824	\$77,435,197	\$35,002,373	82%
4	Outpatient Payments	\$6,703,046	\$10,958,365	\$4,255,319	63%
5	Discharges	869	1,632	763	88%
6	Patient Days	4,312	9,949	5,637	131%
7	Outpatient Visits (Excludes ED Visits)	10,435	18,497	8,062	77%
8	Emergency Department Outpatient Visits	738	1,183	445	60%
9	Emergency Department Inpatient Admissions	476	522	46	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$98,476,956	\$195,558,174	\$97,081,218	99%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$24,676,564	\$46,723,766	\$22,047,202	89%
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$4,546,616	\$0	(\$4,546,616)	-100%
2	Inpatient Payments	\$1,176,242	\$0	(\$1,176,242)	-100%
3	Outpatient Charges	\$996,616	\$0	(\$996,616)	-100%
4	Outpatient Payments	\$128,844	\$0	(\$128,844)	-100%
5	Discharges	49	0	(49)	-100%
6	Patient Days	386	0	(386)	-100%
7	Outpatient Visits (Excludes ED Visits)	183	0	(183)	-100%
8	Emergency Department Outpatient Visits	68	0	(68)	-100%
9	Emergency Department Inpatient Admissions	36	0	(36)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,543,232	\$0	(\$5,543,232)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,305,086	\$0	(\$1,305,086)	-100%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$14,050	\$0	(\$14,050)	-100%
2	Inpatient Payments	\$7,094	\$0	(\$7,094)	-100%
3	Outpatient Charges	\$2,927	\$0	(\$2,927)	-100%
4	Outpatient Payments	\$630	\$0	(\$630)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	2	0	(2)	-100%
7	Outpatient Visits (Excludes ED Visits)	12	0	(12)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,977	\$0	(\$16,977)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,724	\$0	(\$7,724)	-100%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$4,245,798	\$0	(\$4,245,798)	-100%
2	Inpatient Payments	\$1,282,578	\$0	(\$1,282,578)	-100%
3	Outpatient Charges	\$1,838,499	\$0	(\$1,838,499)	-100%
4	Outpatient Payments	\$245,074	\$0	(\$245,074)	-100%
5	Discharges	64	0	(64)	-100%
6	Patient Days	440	0	(440)	-100%
7	Outpatient Visits (Excludes ED Visits)	664	0	(664)	-100%
8	Emergency Department Outpatient Visits	77	0	(77)	-100%
9	Emergency Department Inpatient Admissions	51	0	(51)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,084,297	\$0	(\$6,084,297)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,527,652	\$0	(\$1,527,652)	-100%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$112,508,500	\$200,990,332	\$88,481,832	79%
2	Inpatient Payments	\$34,217,094	\$57,012,235	\$22,795,141	67%
3	Outpatient Charges	\$65,298,245	\$118,917,550	\$53,619,305	82%
4	Outpatient Payments	\$10,073,531	\$17,012,500	\$6,938,969	69%
5	Discharges	1,641	3,194	1,553	95%
6	Patient Days	9,641	19,591	9,950	103%
7	Outpatient Visits (Excludes ED Visits)	19,918	29,081	9,163	46%
8	Emergency Department Outpatient Visits	1,376	2,756	1,380	100%
9	Emergency Department Inpatient Admissions	1,045	1,267	222	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$177,806,745	\$319,907,882	\$142,101,137	80%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$44,290,625	\$74,024,735	\$29,734,110	67%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$10,876,918	\$27,013,400	\$16,136,482	148%
2	Inpatient Payments	\$3,343,559	\$7,840,706	\$4,497,147	135%
3	Outpatient Charges	\$6,424,551	\$18,443,818	\$12,019,267	187%
4	Outpatient Payments	\$1,091,069	\$2,632,249	\$1,541,180	141%
5	Discharges	183	441	258	141%
6	Patient Days	962	2,817	1,855	193%
7	Outpatient Visits (Excludes ED Visits)	1,664	5,655	3,991	240%
8	Emergency Department Outpatient Visits	249	1,033	784	315%
9	Emergency Department Inpatient Admissions	121	202	81	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,301,469	\$45,457,218	\$28,155,749	163%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,434,628	\$10,472,955	\$6,038,327	136%
I. AETNA					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$14,253,829	\$36,086,690	\$21,832,861	153%
2	Inpatient Payments	\$4,265,505	\$10,089,761	\$5,824,256	137%
3	Outpatient Charges	\$10,216,249	\$39,631,423	\$29,415,174	288%
4	Outpatient Payments	\$1,978,563	\$6,402,277	\$4,423,714	224%
5	Discharges	188	520	332	177%
6	Patient Days	1,232	3,096	1,864	151%
7	Outpatient Visits (Excludes ED Visits)	2,554	7,928	5,374	210%
8	Emergency Department Outpatient Visits	143	532	389	272%
9	Emergency Department Inpatient Admissions	111	259	148	133%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,470,078	\$75,718,113	\$51,248,035	209%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,244,068	\$16,492,038	\$10,247,970	164%
J.	HUMANA				
1	Inpatient Charges	\$1,521,586	\$2,096,289	\$574,703	38%
2	Inpatient Payments	\$466,697	\$669,545	\$202,848	43%
3	Outpatient Charges	\$1,209,931	\$898,931	(\$311,000)	-26%
4	Outpatient Payments	\$88,648	\$65,947	(\$22,701)	-26%
5	Discharges	23	33	10	43%
6	Patient Days	113	210	97	86%
7	Outpatient Visits (Excludes ED Visits)	168	296	128	76%
8	Emergency Department Outpatient Visits	31	47	16	52%
9	Emergency Department Inpatient Admissions	14	18	4	29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,731,517	\$2,995,220	\$263,703	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$555,345	\$735,492	\$180,147	32%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT 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%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$227,936,238	\$417,417,649	\$189,481,411	83%
	TOTAL INPATIENT PAYMENTS	\$71,000,024	\$120,378,904	\$49,378,880	70%
	TOTAL OUTPATIENT CHARGES	\$146,752,182	\$272,010,248	\$125,258,066	85%
	TOTAL OUTPATIENT PAYMENTS	\$25,878,030	\$42,306,504	\$16,428,474	63%
	TOTAL DISCHARGES	3,382	6,304	2,922	86%
	TOTAL PATIENT DAYS	19,077	39,133	20,056	105%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	40,050	65,937	25,887	65%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,999	5,897	2,898	97%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,085	2,446	361	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$374,688,420	\$689,427,897	\$314,739,477	84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$96,878,054	\$162,685,408	\$65,807,354	68%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$55,408,995	\$0	(\$55,408,995)	-100%
2	Inpatient Payments	\$8,349,796	\$0	(\$8,349,796)	-100%
3	Outpatient Charges	\$29,716,083	\$0	(\$29,716,083)	-100%
4	Outpatient Payments	\$8,102,252	\$0	(\$8,102,252)	-100%
5	Discharges	1,234	0	(1,234)	-100%
6	Patient Days	5,712	0	(5,712)	-100%
7	Outpatient Visits (Excludes ED Visits)	14,795	0	(14,795)	-100%
8	Emergency Department Outpatient Visits	4,577	0	(4,577)	-100%
9	Emergency Department Inpatient Admissions	639	0	(639)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,125,078	\$0	(\$85,125,078)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,452,048	\$0	(\$16,452,048)	-100%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$9,124,574	\$0	(\$9,124,574)	-100%
2	Inpatient Payments	\$1,282,014	\$0	(\$1,282,014)	-100%
3	Outpatient Charges	\$5,157,118	\$0	(\$5,157,118)	-100%
4	Outpatient Payments	\$1,552,748	\$0	(\$1,552,748)	-100%
5	Discharges	146	0	(146)	-100%
6	Patient Days	886	0	(886)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,435	0	(2,435)	-100%
8	Emergency Department Outpatient Visits	669	0	(669)	-100%
9	Emergency Department Inpatient Admissions	51	0	(51)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,281,692	\$0	(\$14,281,692)	-100%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,834,762	\$0	(\$2,834,762)	-100%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$21,823,997	\$0	(\$21,823,997)	-100%
2	Inpatient Payments	\$3,352,710	\$0	(\$3,352,710)	-100%
3	Outpatient Charges	\$11,066,368	\$0	(\$11,066,368)	-100%
4	Outpatient Payments	\$2,866,234	\$0	(\$2,866,234)	-100%
5	Discharges	470	0	(470)	-100%
6	Patient Days	2,143	0	(2,143)	-100%
7	Outpatient Visits (Excludes ED Visits)	4,891	0	(4,891)	-100%
8	Emergency Department Outpatient Visits	1,364	0	(1,364)	-100%
9	Emergency Department Inpatient Admissions	212	0	(212)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,890,365	\$0	(\$32,890,365)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,218,944	\$0	(\$6,218,944)	-100%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$86,357,566	\$0	(\$86,357,566)	-100%
	TOTAL INPATIENT PAYMENTS	\$12,984,520	\$0	(\$12,984,520)	-100%
	TOTAL OUTPATIENT CHARGES	\$45,939,569	\$0	(\$45,939,569)	-100%
	TOTAL OUTPATIENT PAYMENTS	\$12,521,234	\$0	(\$12,521,234)	-100%
	TOTAL DISCHARGES	1,850	0	(1,850)	-100%
	TOTAL PATIENT DAYS	8,741	0	(8,741)	-100%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	22,121	0	(22,121)	-100%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,610	0	(6,610)	-100%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	902	0	(902)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$132,297,135	\$0	(\$132,297,135)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$25,505,754	\$0	(\$25,505,754)	-100%

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
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					
A. Current Assets:					
1	Cash and Cash Equivalents	\$69,453,000	\$46,312,000	(\$23,141,000)	-33%
2	Short Term Investments	\$613,360,000	\$709,453,000	\$96,093,000	16%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$205,704,000	\$238,901,000	\$33,197,000	16%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$29,902,000	\$29,844,000	(\$58,000)	0%
8	Prepaid Expenses	\$19,568,000	\$34,089,000	\$14,521,000	74%
9	Other Current Assets	\$71,565,000	\$76,112,000	\$4,547,000	6%
	Total Current Assets	\$1,009,552,000	\$1,134,711,000	\$125,159,000	12%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$12,127,000	\$12,538,000	\$411,000	3%
2	Board Designated for Capital Acquisition	\$93,561,000	\$71,557,000	(\$22,004,000)	-24%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$105,688,000	\$84,095,000	(\$21,593,000)	-20%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$164,238,000	\$214,382,000	\$50,144,000	31%
7	Other Noncurrent Assets	\$256,182,000	\$294,202,000	\$38,020,000	15%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$1,557,206,000	\$1,625,294,000	\$68,088,000	4%
2	Less: Accumulated Depreciation	\$617,488,000	\$695,193,000	\$77,705,000	\$0
	Property, Plant and Equipment, Net	\$939,718,000	\$930,101,000	(\$9,617,000)	-1%
3	Construction in Progress	\$63,603,000	\$23,639,000	(\$39,964,000)	-63%
	Total Net Fixed Assets	\$1,003,321,000	\$953,740,000	(\$49,581,000)	-5%
	Total Assets	\$2,538,981,000	\$2,681,130,000	\$142,149,000	6%
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
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
1	Accounts Payable and Accrued Expenses	\$209,636,000	\$234,110,000	\$24,474,000	12%
2	Salaries, Wages and Payroll Taxes	\$97,580,000	\$93,206,000	(\$4,374,000)	-4%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$101,664,000	\$13,668,000	(\$87,996,000)	-87%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$19,174,000	\$36,630,000	\$17,456,000	91%
	Total Current Liabilities	\$428,054,000	\$377,614,000	(\$50,440,000)	-12%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$411,031,000	\$675,929,000	\$264,898,000	64%
2	Notes Payable (Net of Current Portion)	\$320,333,000	\$55,364,000	(\$264,969,000)	-83%
	Total Long Term Debt	\$731,364,000	\$731,293,000	(\$71,000)	0%
3	Accrued Pension Liability	\$280,718,000	\$197,950,000	(\$82,768,000)	-29%
4	Other Long Term Liabilities	\$339,546,000	\$345,910,000	\$6,364,000	2%
	Total Long Term Liabilities	\$1,351,628,000	\$1,275,153,000	(\$76,475,000)	-6%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$2,383,000	\$2,383,000	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$686,529,000	\$938,843,000	\$252,314,000	37%
2	Temporarily Restricted Net Assets	\$46,026,000	\$59,982,000	\$13,956,000	30%
3	Permanently Restricted Net Assets	\$26,744,000	\$27,155,000	\$411,000	2%
	Total Net Assets	\$759,299,000	\$1,025,980,000	\$266,681,000	35%
	Total Liabilities and Net Assets	\$2,538,981,000	\$2,681,130,000	\$142,149,000	6%

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$5,822,356,000	\$8,355,658,000	\$2,533,302,000	44%
2	Less: Allowances	\$4,010,121,000	\$5,885,526,000	\$1,875,405,000	47%
3	Less: Charity Care	\$78,983,000	\$87,167,000	\$8,184,000	10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,733,252,000	\$2,382,965,000	\$649,713,000	37%
5	Provision for Bad Debts	\$0	\$65,535,000	\$65,535,000	0%
	Net Patient Service Revenue less provision for bad debts	\$1,733,252,000	\$2,317,430,000	\$584,178,000	34%
6	Other Operating Revenue	\$49,518,000	\$60,720,000	\$11,202,000	23%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$1,782,770,000	\$2,378,150,000	\$595,380,000	33%
B. Operating Expenses:					
1	Salaries and Wages	\$591,915,000	\$804,309,000	\$212,394,000	36%
2	Fringe Benefits	\$172,925,000	\$237,277,000	\$64,352,000	37%
3	Physicians Fees	\$73,967,000	\$81,367,000	\$7,400,000	10%
4	Supplies and Drugs	\$276,826,000	\$374,971,000	\$98,145,000	35%
5	Depreciation and Amortization	\$74,623,000	\$109,616,000	\$34,993,000	47%
6	Bad Debts	\$32,863,000	\$0	(\$32,863,000)	-100%
7	Interest Expense	\$18,104,000	\$24,246,000	\$6,142,000	34%
8	Malpractice Insurance Cost	\$15,815,000	\$16,811,000	\$996,000	6%
9	Other Operating Expenses	\$418,169,000	\$630,838,000	\$212,669,000	51%
	Total Operating Expenses	\$1,675,207,000	\$2,279,435,000	\$604,228,000	36%
	Income/(Loss) From Operations	\$107,563,000	\$98,715,000	(\$8,848,000)	-8%
C. Non-Operating Revenue:					
1	Income from Investments	\$4,660,000	\$7,993,000	\$3,333,000	72%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$29,793,000)	\$16,263,000	\$46,056,000	-155%
	Total Non-Operating Revenue	(\$25,133,000)	\$24,256,000	\$49,389,000	-197%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$82,430,000	\$122,971,000	\$40,541,000	49%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$47,986,000	\$50,283,000	\$2,297,000	5%

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>AMOUNT</u>	<u>%</u>
		<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	(\$4,594,000)	(\$4,594,000)	0%
	Total Other Adjustments	\$47,986,000	\$45,689,000	(\$2,297,000)	-5%
	Excess/(Deficiency) of Revenue Over Expenses	\$130,416,000	\$168,660,000	\$38,244,000	29%

YNH NETWORK CORPORATION				
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	FY 2011	FY 2012	FY 2013
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$1,462,366,000	\$1,733,252,000	\$2,317,430,000
2	Other Operating Revenue	48,257,000	49,518,000	60,720,000
3	Total Operating Revenue	\$1,510,623,000	\$1,782,770,000	\$2,378,150,000
4	Total Operating Expenses	1,453,315,000	1,675,207,000	2,279,435,000
5	Income/(Loss) From Operations	\$57,308,000	\$107,563,000	\$98,715,000
6	Total Non-Operating Revenue	13,708,000	22,853,000	69,945,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$71,016,000	\$130,416,000	\$168,660,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	3.76%	5.96%	4.03%
2	Parent Corporation Non-Operating Margin	0.90%	1.27%	2.86%
3	Parent Corporation Total Margin	4.66%	7.22%	6.89%
4	Income/(Loss) From Operations	\$57,308,000	\$107,563,000	\$98,715,000
5	Total Operating Revenue	\$1,510,623,000	\$1,782,770,000	\$2,378,150,000
6	Total Non-Operating Revenue	\$13,708,000	\$22,853,000	\$69,945,000
7	Total Revenue	\$1,524,331,000	\$1,805,623,000	\$2,448,095,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$71,016,000	\$130,416,000	\$168,660,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$615,732,000	\$686,529,000	\$938,843,000
2	Parent Corporation Total Net Assets	\$685,202,000	\$759,299,000	\$1,025,980,000
3	Parent Corporation Change in Total Net Assets	\$29,688,000	\$74,097,000	\$266,681,000
4	Parent Corporation Change in Total Net Assets %	104.5%	10.8%	35.1%
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	3.03	2.36	3.00
2	Total Current Assets	\$733,414,000	\$1,009,552,000	\$1,134,711,000
3	Total Current Liabilities	\$241,926,000	\$428,054,000	\$377,614,000

YNH NETWORK CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
4	<u>Days Cash on Hand</u>	126	156	127
5	Cash and Cash Equivalents	\$74,087,000	\$69,453,000	\$46,312,000
6	Short Term Investments	\$402,559,000	\$613,360,000	\$709,453,000
7	Total Cash and Short Term Investments	\$476,646,000	\$682,813,000	\$755,765,000
8	Total Operating Expenses	\$1,453,315,000	\$1,675,207,000	\$2,279,435,000
9	Depreciation Expense	\$69,390,000	\$74,623,000	\$109,616,000
10	Operating Expenses less Depreciation Expense	\$1,383,925,000	\$1,600,584,000	\$2,169,819,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	42	43	38
12	Net Patient Accounts Receivable	\$ 169,456,000	\$ 205,704,000	\$ 238,901,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 169,456,000	\$ 205,704,000	\$ 238,901,000
16	Total Net Patient Revenue	\$1,462,366,000	\$1,733,252,000	\$2,317,430,000
17	<u>Average Payment Period</u>	64	98	64
18	Total Current Liabilities	\$241,926,000	\$428,054,000	\$377,614,000
19	Total Operating Expenses	\$1,453,315,000	\$1,675,207,000	\$2,279,435,000
20	Depreciation Expense	\$69,390,000	\$74,623,000	\$109,616,000
20	Total Operating Expenses less Depreciation Expense	\$1,383,925,000	\$1,600,584,000	\$2,169,819,000
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	33.9	29.9	38.3
2	Total Net Assets	\$685,202,000	\$759,299,000	\$1,025,980,000
3	Total Assets	\$2,019,214,000	\$2,538,981,000	\$2,681,130,000
4	<u>Cash Flow to Total Debt Ratio</u>	16.3	17.7	25.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$71,016,000	\$130,416,000	\$168,660,000

YNH NETWORK CORPORATION				
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	FY 2011	FY 2012	FY 2013
6	Depreciation Expense	\$69,390,000	\$74,623,000	\$109,616,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$140,406,000	\$205,039,000	\$278,276,000
8	Total Current Liabilities	\$241,926,000	\$428,054,000	\$377,614,000
9	Total Long Term Debt	\$621,897,000	\$731,364,000	\$731,293,000
10	Total Current Liabilities and Total Long Term Debt	\$863,823,000	\$1,159,418,000	\$1,108,907,000
11	<u>Long Term Debt to Capitalization Ratio</u>	47.6	49.1	41.6
12	Total Long Term Debt	\$621,897,000	\$731,364,000	\$731,293,000
13	Total Net Assets	\$685,202,000	\$759,299,000	\$1,025,980,000
14	Total Long Term Debt and Total Net Assets	\$1,307,099,000	\$1,490,663,000	\$1,757,273,000

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	292,411	54,673	44,206	986	1024	81.3%	78.2%
2	ICU/CCU (Excludes Neonatal ICU)	48,332	9,811	0	153	161	86.5%	82.2%
3	Psychiatric: Ages 0 to 17	11,303	1,054	1,039	32	32	96.8%	96.8%
4	Psychiatric: Ages 18+	34,943	3,733	3,678	98	98	97.7%	97.7%
	TOTAL PSYCHIATRIC	46,246	4,787	4,717	130	130	97.5%	97.5%
5	Rehabilitation	3,140	257	253	18	18	47.8%	47.8%
6	Maternity	16,638	4,960	4,887	68	68	67.0%	67.0%
7	Newborn	13,446	6,195	6,104	53	53	69.5%	69.5%
8	Neonatal ICU	15,915	858	0	61	61	71.5%	71.5%
9	Pediatric	26,091	8,773	8,645	103	103	69.4%	69.4%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	448,773	74,308	62,708	1,519	1,565	80.9%	78.6%
	TOTAL INPATIENT BED UTILIZATION	462,219	80,503	68,812	1,572	1,618	80.6%	78.3%
	TOTAL INPATIENT REPORTED YEAR	462,219	80,503	68,812	1,572	1,618	80.6%	78.3%
	TOTAL INPATIENT PRIOR YEAR	311,547	59,426	59,356	859	1001	99.4%	85.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	150,672	21,077	9,456	713	617	-18.8%	-7.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	48%	35%	16%	83%	62%	-19%	-8%
	Total Licensed Beds and Bassinets	1541						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	31,839	42,201	10,362	33%
2	Outpatient Scans (Excluding Emergency Department Scans)	37,565	48,448	10,883	29%
3	Emergency Department Scans	15,343	26,127	10,784	70%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	84,747	116,776	32,029	38%
B. MRI Scans (A)					
1	Inpatient Scans	8,845	10,230	1,385	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	25,828	35,856	10,028	39%
3	Emergency Department Scans	10,549	12,131	1,582	15%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	45,222	58,217	12,995	29%
C. PET Scans (A)					
1	Inpatient Scans	77	104	27	35%
2	Outpatient Scans (Excluding Emergency Department Scans)	141	190	49	35%
3	Emergency Department Scans	57	66	9	16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	275	360	85	31%
D. PET/CT Scans (A)					
1	Inpatient Scans	395	612	217	55%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,474	3,598	1,124	45%
3	Emergency Department Scans	1,010	2,455	1,445	143%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	3,879	6,665	2,786	72%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	1,443	1,527	84	6%
2	Outpatient Procedures	30,892	46,200	15,308	50%
	Total Linear Accelerator Procedures	32,335	47,727	15,392	48%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	2,633	1,469	-1,164	-44%
2	Outpatient Procedures	633	935	302	48%
	Total Cardiac Catheterization Procedures	3,266	2,404	-862	-26%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	271	359	88	32%
2	Elective Procedures	1,237	1,470	233	19%
	Total Cardiac Angioplasty Procedures	1,508	1,829	321	21%
H. Electrophysiology Studies					
1	Inpatient Studies	1,258	1,651	393	31%
2	Outpatient Studies	325	694	369	114%
	Total Electrophysiology Studies	1,583	2,345	762	48%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
I. Surgical Procedures					
1	Inpatient Surgical Procedures	15,074	12,296	-2,778	-18%
2	Outpatient Surgical Procedures	22,086	30,314	8,228	37%
	Total Surgical Procedures	37,160	42,610	5,450	15%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	210	4,316	4,106	1955%
2	Outpatient Endoscopy Procedures	11,431	14,720	3,289	29%
	Total Endoscopy Procedures	11,641	19,036	7,395	64%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	26,732	40,919	14,187	53%
2	Emergency Room Visits: Treated and Discharged	114,396	163,785	49,389	43%
	Total Emergency Room Visits	141,128	204,704	63,576	45%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	182	182	0%
3	Psychiatric Clinic Visits	0	0	0	0%
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	103,211	0	-103,211	-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	284,071	284,071	0%
	Total Hospital Clinic Visits	103,211	284,253	181,042	175%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiac Rehabilitation	0	9,765	9,765	0%
3	Chemotherapy	55,463	81,490	26,027	47%
4	Gastroenterology	13,493	13,392	-101	-1%
5	Other Outpatient Visits	705,129	995,887	290,758	41%
	Total Other Hospital Outpatient Visits	774,085	1,100,534	326,449	42%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	3,089.0	4,083.0	994.0	32%
2	Total Physician FTEs	780.6	0.0	-780.6	-100%
3	Total Non-Nursing and Non-Physician FTEs	4,281.0	6,988.7	2,707.7	63%
	Total Hospital Full Time Equivalent Employees	8,150.6	11,071.7	2,921.1	36%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Temple Medical Center	10,730	12,308	1,578	15%
2	Yale New Haven Hospital	11,356	18,006	6,650	59%
	Total Outpatient Surgical Procedures(A)	22,086	30,314	8,228	37%
B. Outpatient Endoscopy Procedures					
1	Temple Medical Center	6,051	5,740	-311	-5%
2	Yale New Haven Hospital	5,380	8,980	3,600	67%
	Total Outpatient Endoscopy Procedures(B)	11,431	14,720	3,289	29%
C. Outpatient Hospital Emergency Room Visits					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	20,235	24,765	4,530	22%
3	Yale New Haven Hospital	94,161	139,020	44,859	48%
	Total Outpatient Hospital Emergency Room Visits(C)	114,396	163,785	49,389	43%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,269,673,723	\$1,929,011,508	\$659,337,785	52%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$360,960,589	\$538,717,515	\$177,756,926	49%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.43%	27.93%	-0.50%	-2%
4	DISCHARGES	18,100	28,633	10,533	58%
5	CASE MIX INDEX (CMI)	1.77425	1.72501	(0.04924)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32,113.92500	49,392.21133	17,278.28633	54%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,240.00	\$10,906.93	(\$333.07)	-3%
8	PATIENT DAYS	111,924	192,150	80,226	72%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,225.05	\$2,803.63	(\$421.42)	-13%
10	AVERAGE LENGTH OF STAY	6.2	6.7	0.5	9%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$750,963,660	\$1,270,169,412	\$519,205,752	69%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$122,010,581	\$177,236,120	\$55,225,539	45%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.25%	13.95%	-2.29%	-14%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	59.15%	65.85%	6.70%	11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,705.46078	18,853.57377	8,148.11299	76%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,397.04	\$9,400.66	(\$1,996.38)	-18%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$2,020,637,383	\$3,199,180,920	\$1,178,543,537	58%
18	TOTAL ACCRUED PAYMENTS	\$482,971,170	\$715,953,635	\$232,982,465	48%
19	TOTAL ALLOWANCES	\$1,537,666,213	\$2,483,227,285	\$945,561,072	61%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,220,213,989	\$1,530,896,286	\$310,682,297	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$443,164,491	\$560,461,644	\$117,297,153	26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.32%	36.61%	0.29%	1%
4	DISCHARGES	23,650	28,416	4,766	20%
5	CASE MIX INDEX (CMI)	1.35313	1.38715	0.03402	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32,001.52450	39,417.25440	7,415.72990	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,848.23	\$14,218.69	\$370.46	3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,608.23)	(\$3,311.76)	(\$703.53)	27%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$83,467,284)	(\$130,540,311)	(\$47,073,027)	56%
10	PATIENT DAYS	101,047	135,240	34,193	34%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,385.73	\$4,144.20	(\$241.53)	-6%
12	AVERAGE LENGTH OF STAY	4.3	4.8	0.5	11%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,125,564,889	\$1,662,915,246	\$537,350,357	48%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$467,539,403	\$660,511,946	\$192,972,543	41%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.54%	39.72%	-1.82%	-4%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	92.24%	108.62%	16.38%	18%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	21,815.52569	30,866.49309	9,050.96740	41%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$21,431.50	\$21,399.00	(\$32.50)	0%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$10,034.46)	(\$11,998.33)	(\$1,963.87)	20%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$218,906,951)	(\$370,346,403)	(\$151,439,452)	69%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$2,345,778,878	\$3,193,811,532	\$848,032,654	36%
22	TOTAL ACCRUED PAYMENTS	\$910,703,894	\$1,220,973,590	\$310,269,696	34%
23	TOTAL ALLOWANCES	\$1,435,074,984	\$1,972,837,942	\$537,762,958	37%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$302,374,235)	(\$500,886,714)	(\$198,512,479)	66%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$2,345,778,878	\$3,004,952,573	\$659,173,695	28%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$910,703,894	\$1,210,596,860	\$299,892,966	33%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,435,074,984	\$1,794,355,713	\$359,280,729	25%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.18%	59.71%	-1.46%	
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$41,945,010	\$47,404,499	\$5,459,489	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,452,129	\$6,033,320	\$581,191	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.00%	12.73%	-0.27%	-2%
4	DISCHARGES	977	885	(92)	-9%
5	CASE MIX INDEX (CMI)	1.21790	1.42665	0.20875	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,189.88830	1,262.58525	72.69695	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,582.05	\$4,778.54	\$196.49	4%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,266.18	\$9,440.14	\$173.96	2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,657.95	\$6,128.39	(\$529.56)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,922,218	\$7,737,612	(\$184,606)	-2%
11	PATIENT DAYS	3,513	3,950	437	12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,551.99	\$1,527.42	(\$24.56)	-2%
13	AVERAGE LENGTH OF STAY	3.6	4.5	0.9	24%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$75,084,664	\$113,777,717	\$38,693,053	52%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,654,176	\$6,485,741	\$831,565	15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.53%	5.70%	-1.83%	-24%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	179.01%	240.01%	61.01%	34%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,748.90212	2,124.12918	375.22706	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,232.99	\$3,053.36	(\$179.62)	-6%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$18,198.51	\$18,345.63	\$147.12	1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,164.06	\$6,347.30	(\$1,816.76)	-22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,278,134	\$13,482,485	(\$795,649)	-6%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$117,029,674	\$161,182,216	\$44,152,542	38%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$11,106,305	\$12,519,061	\$1,412,756	13%
25	TOTAL ALLOWANCES	\$105,923,369	\$148,663,155	\$42,739,786	40%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$22,200,352	\$21,220,097	(\$980,256)	-4%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$920,891,714	\$1,155,720,092	\$234,828,378	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$152,306,574	\$187,684,822	\$35,378,248	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.54%	16.24%	-0.30%	-2%
4	DISCHARGES	17,294	23,006	5,712	33%
5	CASE MIX INDEX (CMI)	1.17508	1.18613	0.01105	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20,321.83352	27,288.10678	6,966.27326	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,494.73	\$6,877.90	(\$616.83)	-8%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,353.50	\$7,340.79	\$987.29	16%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,745.28	\$4,029.03	\$283.76	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$76,110,880	\$109,944,717	\$33,833,836	44%
11	PATIENT DAYS	96,744	132,732	35,988	37%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,574.33	\$1,414.01	(\$160.31)	-10%
13	AVERAGE LENGTH OF STAY	5.6	5.8	0.2	3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$420,544,880	\$653,663,080	\$233,118,200	55%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$102,527,578	\$149,393,789	\$46,866,211	46%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.38%	22.85%	-1.52%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	45.67%	56.56%	10.89%	24%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,897.67466	13,011.95066	5,114.27600	65%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,982.00	\$11,481.28	(\$1,500.72)	-12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,449.50	\$9,917.72	\$1,468.22	17%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$1,584.95)	(\$2,080.61)	(\$495.66)	31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,517,452)	(\$27,072,807)	(\$14,555,355)	116%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,341,436,594	\$1,809,383,172	\$467,946,578	35%
24	TOTAL ACCRUED PAYMENTS	\$254,834,152	\$337,078,611	\$82,244,459	32%
25	TOTAL ALLOWANCES	\$1,086,602,442	\$1,472,304,561	\$385,702,119	35%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$63,593,428	\$82,871,909	\$19,278,481	30%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$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%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$13,848.23	\$14,218.69	\$370.46	3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$11,240.00	\$10,906.93	(\$333.07)	-3%
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%
<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>					
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	\$21,431.50	\$21,399.00	(\$32.50)	0%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$11,397.04	\$9,400.66	(\$1,996.38)	-18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F. <u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>					
<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$920,891,714	\$1,155,720,092	\$234,828,378	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$152,306,574	\$187,684,822	\$35,378,248	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.54%	16.24%	-0.30%	-2%
4	DISCHARGES	17,294	23,006	5,712	33%
5	CASE MIX INDEX (CMI)	1.17508	1.18613	0.01105	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20,321.83352	27,288.10678	6,966.27326	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,494.73	\$6,877.90	(\$616.83)	-8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,353.50	\$7,340.79	\$987.29	16%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,745.28	\$4,029.03	\$283.76	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$76,110,880	\$109,944,717	\$33,833,836	44%
11	PATIENT DAYS	96,744	132,732	35,988	37%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,574.33	\$1,414.01	(\$160.31)	-10%
13	AVERAGE LENGTH OF STAY	5.6	5.8	0.2	3%
<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$420,544,880	\$653,663,080	\$233,118,200	55%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$102,527,578	\$149,393,789	\$46,866,211	46%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.38%	22.85%	-1.52%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	45.67%	56.56%	10.89%	24%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,897.67466	13,011.95066	5,114.27600	65%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,982.00	\$11,481.28	(\$1,500.72)	-12%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,449.50	\$9,917.72	\$1,468.22	17%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	(\$1,584.95)	(\$2,080.61)	(\$495.66)	31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,517,452)	(\$27,072,807)	(\$14,555,355)	116%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,341,436,594	\$1,809,383,172	\$467,946,578	35%
24	TOTAL ACCRUED PAYMENTS	\$254,834,152	\$337,078,611	\$82,244,459	32%
25	TOTAL ALLOWANCES	\$1,086,602,442	\$1,472,304,561	\$385,702,119	35%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$22,354,824	\$25,246,609	\$2,891,785	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,592,608	\$4,797,029	\$204,421	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.54%	19.00%	-1.54%	-8%
4	DISCHARGES	382	448	66	17%
5	CASE MIX INDEX (CMI)	1.45877	1.36383	(0.09494)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	557.25014	610.99584	53.74570	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,241.56	\$7,851.16	(\$390.39)	-5%
8	PATIENT DAYS	1,832	2,097	265	14%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,506.88	\$2,287.57	(\$219.31)	-9%
10	AVERAGE LENGTH OF STAY	4.8	4.7	(0.1)	-2%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,096,397	\$15,430,638	\$5,334,241	53%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,701,828	\$1,970,886	\$269,058	16%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$32,451,221	\$40,677,247	\$8,226,026	25%
14	TOTAL ACCRUED PAYMENTS	\$6,294,436	\$6,767,915	\$473,479	8%
15	TOTAL ALLOWANCES	\$26,156,785	\$33,909,332	\$7,752,547	30%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,034,922	\$3,256,036	\$221,114	7%
2	TOTAL OPERATING EXPENSES	\$1,654,251,000	\$2,236,673,000	\$582,422,000	35%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$35,745,214	\$32,480,929	(\$3,264,285)	-9%
5	BAD DEBTS (CHARGES)	\$74,971,258	\$118,694,071	\$43,722,813	58%
6	UNCOMPENSATED CARE (CHARGES)	\$110,716,472	\$151,175,000	\$40,458,528	37%
7	COST OF UNCOMPENSATED CARE	\$29,781,678	\$42,329,480	\$12,547,803	42%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$1,341,436,594	\$1,809,383,172	\$467,946,578	35%
9	TOTAL ACCRUED PAYMENTS	\$254,834,152	\$337,078,611	\$82,244,459	32%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$360,833,681	\$506,633,034	\$145,799,353	40%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$105,999,529	\$169,554,423	\$63,554,894	60%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$3,433,134,250	\$4,640,874,495	\$1,207,740,245	35%
2	TOTAL INPATIENT PAYMENTS	\$961,024,262	\$1,291,661,010	\$330,636,748	34%
3	TOTAL INPATIENT PAYMENTS / CHARGES	27.99%	27.83%	-0.16%	-1%
4	TOTAL DISCHARGES	59,426	80,503	21,077	35%
5	TOTAL CASE MIX INDEX	1.43026	1.44974	0.01948	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	84,994.53316	116,708.56835	31,714.03519	37%
7	TOTAL OUTPATIENT CHARGES	\$2,307,169,826	\$3,602,178,376	\$1,295,008,550	56%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	67.20%	77.62%	10.42%	15%
9	TOTAL OUTPATIENT PAYMENTS	\$693,779,390	\$989,112,741	\$295,333,351	43%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.07%	27.46%	-2.61%	-9%
11	TOTAL CHARGES	\$5,740,304,076	\$8,243,052,871	\$2,502,748,795	44%
12	TOTAL PAYMENTS	\$1,654,803,652	\$2,280,773,751	\$625,970,099	38%
13	TOTAL PAYMENTS / TOTAL CHARGES	28.83%	27.67%	-1.16%	-4%
14	PATIENT DAYS	311,547	462,219	150,672	48%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$2,212,920,261	\$3,109,978,209	\$897,057,948	41%
2	INPATIENT PAYMENTS	\$517,859,771	\$731,199,366	\$213,339,595	41%
3	GOVT. INPATIENT PAYMENTS / CHARGES	23.40%	23.51%	0.11%	0%
4	DISCHARGES	35,776	52,087	16,311	46%
5	CASE MIX INDEX	1.48124	1.48389	0.00264	0%
6	CASE MIX ADJUSTED DISCHARGES	52,993.00866	77,291.31395	24,298.30529	46%
7	OUTPATIENT CHARGES	\$1,181,604,937	\$1,939,263,130	\$757,658,193	64%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	53.40%	62.36%	8.96%	17%
9	OUTPATIENT PAYMENTS	\$226,239,987	\$328,600,795	\$102,360,808	45%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.15%	16.94%	-2.20%	-12%
11	TOTAL CHARGES	\$3,394,525,198	\$5,049,241,339	\$1,654,716,141	49%
12	TOTAL PAYMENTS	\$744,099,758	\$1,059,800,161	\$315,700,403	42%
13	TOTAL PAYMENTS / CHARGES	21.92%	20.99%	-0.93%	-4%
14	PATIENT DAYS	210,500	326,979	116,479	55%
15	TOTAL GOVERNMENT DEDUCTIONS	\$2,650,425,440	\$3,989,441,178	\$1,339,015,738	51%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.2	6.7	0.5	9%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.8	0.5	11%
3	UNINSURED	3.6	4.5	0.9	24%
4	MEDICAID	5.6	5.8	0.2	3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.8	4.7	(0.1)	-2%
7	TOTAL AVERAGE LENGTH OF STAY	5.2	5.7	0.5	10%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$5,740,304,076	\$8,243,052,871	\$2,502,748,795	44%
2	TOTAL GOVERNMENT DEDUCTIONS	\$2,650,425,440	\$3,989,441,178	\$1,339,015,738	51%
3	UNCOMPENSATED CARE	\$110,716,472	\$151,175,000	\$40,458,528	

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,435,074,984	\$1,794,355,713	\$359,280,729	25%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$4,196,216,896	\$5,934,971,891	\$1,738,754,995	41%
7	TOTAL ACCRUED PAYMENTS	\$1,544,087,180	\$2,308,080,980	\$763,993,800	49%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$1,544,087,180	\$2,308,080,980	\$763,993,800	49%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2689904854	0.2800031755	0.0110126901	4%
11	COST OF UNCOMPENSATED CARE	\$29,781,678	\$42,329,480	\$12,547,803	42%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$105,999,529	\$169,554,423	\$63,554,894	60%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$135,781,206	\$211,883,903	\$76,102,697	56%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	(\$12,517,452)	(\$27,072,807)	(\$14,555,355)	116%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,200,352	\$21,220,097	(\$980,256)	-4%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,682,900	(\$5,852,711)	(\$15,535,611)	-160%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$58,467,348	\$2,142,331	(\$56,325,017)	-96.34%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$1,713,271,000	\$2,282,916,000	\$569,645,000	33.25%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$5,740,304,076	\$8,243,052,871	\$2,502,748,795	43.60%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$888,528	\$641,000	(\$247,528)	-27.86%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$111,605,000	\$151,816,000	\$40,211,000	36.03%

YALE-NEW HAVEN HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2013						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2012	FY	ACTUAL 2013	FY	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS						
A. INPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,220,213,989		\$1,530,896,286		\$310,682,297
2	MEDICARE	\$1,269,673,723		1,929,011,508		\$659,337,785
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$920,891,714		1,155,720,092		\$234,828,378
4	MEDICAID	\$920,891,714		1,155,720,092		\$234,828,378
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$22,354,824		25,246,609		\$2,891,785
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$41,945,010		47,404,499		\$5,459,489
	TOTAL INPATIENT GOVERNMENT CHARGES	\$2,212,920,261		\$3,109,978,209		\$897,057,948
	TOTAL INPATIENT CHARGES	\$3,433,134,250		\$4,640,874,495		\$1,207,740,245
B. OUTPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,125,564,889		\$1,662,915,246		\$537,350,357
2	MEDICARE	\$750,963,660		1,270,169,412		\$519,205,752
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$420,544,880		653,663,080		\$233,118,200
4	MEDICAID	\$420,544,880		653,663,080		\$233,118,200
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$10,096,397		15,430,638		\$5,334,241
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$75,084,664		113,777,717		\$38,693,053
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$1,181,604,937		\$1,939,263,130		\$757,658,193
	TOTAL OUTPATIENT CHARGES	\$2,307,169,826		\$3,602,178,376		\$1,295,008,550
C. TOTAL ACCRUED CHARGES						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$2,345,778,878		\$3,193,811,532		\$848,032,654
2	TOTAL MEDICARE	\$2,020,637,383		\$3,199,180,920		\$1,178,543,537
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,341,436,594		\$1,809,383,172		\$467,946,578
4	TOTAL MEDICAID	\$1,341,436,594		\$1,809,383,172		\$467,946,578
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$32,451,221		\$40,677,247		\$8,226,026
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$117,029,674		\$161,182,216		\$44,152,542
	TOTAL GOVERNMENT CHARGES	\$3,394,525,198		\$5,049,241,339		\$1,654,716,141
	TOTAL CHARGES	\$5,740,304,076		\$8,243,052,871		\$2,502,748,795
D. INPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$443,164,491		\$560,461,644		\$117,297,153
2	MEDICARE	\$360,960,589		538,717,515		\$177,756,926
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$152,306,574		187,684,822		\$35,378,248
4	MEDICAID	\$152,306,574		187,684,822		\$35,378,248
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$4,592,608		4,797,029		\$204,421
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,452,129		6,033,320		\$581,191
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$517,859,771		\$731,199,366		\$213,339,595
	TOTAL INPATIENT PAYMENTS	\$961,024,262		\$1,291,661,010		\$330,636,748
E. OUTPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$467,539,403		\$660,511,946		\$192,972,543
2	MEDICARE	\$122,010,581		177,236,120		\$55,225,539
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$102,527,578		149,393,789		\$46,866,211
4	MEDICAID	\$102,527,578		149,393,789		\$46,866,211
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$1,701,828		1,970,886		\$269,058
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,654,176		6,485,741		\$831,565
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$226,239,987		\$328,600,795		\$102,360,808
	TOTAL OUTPATIENT PAYMENTS	\$693,779,390		\$989,112,741		\$295,333,351
F. TOTAL ACCRUED PAYMENTS						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$910,703,894		\$1,220,973,590		\$310,269,696
2	TOTAL MEDICARE	\$482,971,170		\$715,953,635		\$232,982,465
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$254,834,152		\$337,078,611		\$82,244,459
4	TOTAL MEDICAID	\$254,834,152		\$337,078,611		\$82,244,459
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$6,294,436		\$6,767,915		\$473,479
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,106,305		\$12,519,061		\$1,412,756
	TOTAL GOVERNMENT PAYMENTS	\$744,099,758		\$1,059,800,161		\$315,700,403
	TOTAL PAYMENTS	\$1,654,803,652		\$2,280,773,751		\$625,970,099
II. PAYER MIX						
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL 2012</u>	<u>FY</u> <u>2013</u>	<u>AMOUNT DIFFERENCE</u>
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.26%	18.57%	-2.68%
2	MEDICARE	22.12%	23.40%	1.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.04%	14.02%	-2.02%
4	MEDICAID	16.04%	14.02%	-2.02%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.39%	0.31%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.73%	0.58%	-0.16%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	38.55%	37.73%	-0.82%
	TOTAL INPATIENT PAYER MIX	59.81%	56.30%	-3.51%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.61%	20.17%	0.57%
2	MEDICARE	13.08%	15.41%	2.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.33%	7.93%	0.60%
4	MEDICAID	7.33%	7.93%	0.60%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.18%	0.19%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.31%	1.38%	0.07%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.58%	23.53%	2.94%
	TOTAL OUTPATIENT PAYER MIX	40.19%	43.70%	3.51%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.78%	24.57%	-2.21%
2	MEDICARE	21.81%	23.62%	1.81%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.20%	8.23%	-0.97%
4	MEDICAID	9.20%	8.23%	-0.97%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.28%	0.21%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.33%	0.26%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.29%	32.06%	0.76%
	TOTAL INPATIENT PAYER MIX	58.07%	56.63%	-1.44%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.25%	28.96%	0.71%
2	MEDICARE	7.37%	7.77%	0.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.20%	6.55%	0.35%
4	MEDICAID	6.20%	6.55%	0.35%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.09%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34%	0.28%	-0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.67%	14.41%	0.74%
	TOTAL OUTPATIENT PAYER MIX	41.93%	43.37%	1.44%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,650	28,416	4,766
2	MEDICARE	18,100	28,633	10,533
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,294	23,006	5,712
4	MEDICAID	17,294	23,006	5,712
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	382	448	66
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	977	885	(92)
	TOTAL GOVERNMENT DISCHARGES	35,776	52,087	16,311
	TOTAL DISCHARGES	59,426	80,503	21,077
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	101,047	135,240	34,193
2	MEDICARE	111,924	192,150	80,226
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	96,744	132,732	35,988
4	MEDICAID	96,744	132,732	35,988

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2012	FY ACTUAL 2013	AMOUNT DIFFERENCE
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	1,832	2,097	265
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,513	3,950	437
	TOTAL GOVERNMENT PATIENT DAYS	210,500	326,979	116,479
	TOTAL PATIENT DAYS	311,547	462,219	150,672
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.8	0.5
2	MEDICARE	6.2	6.7	0.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.6	5.8	0.2
4	MEDICAID	5.6	5.8	0.2
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.8	4.7	(0.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.6	4.5	0.9
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.9	6.3	0.4
	TOTAL AVERAGE LENGTH OF STAY	5.2	5.7	0.5
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.35313	1.38715	0.03402
2	MEDICARE	1.77425	1.72501	(0.04924)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.17508	1.18613	0.01105
4	MEDICAID	1.17508	1.18613	0.01105
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.45877	1.36383	(0.09494)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21790	1.42665	0.20875
	TOTAL GOVERNMENT CASE MIX INDEX	1.48124	1.48389	0.00264
	TOTAL CASE MIX INDEX	1.43026	1.44974	0.01948
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$2,345,778,878	\$3,004,952,573	\$659,173,695
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$910,703,894	\$1,210,596,860	\$299,892,966
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,435,074,984	\$1,794,355,713	\$359,280,729
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.18%	59.71%	-1.46%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$35,745,214	\$32,480,929	(\$3,264,285)
9	BAD DEBTS	\$74,971,258	\$118,694,071	\$43,722,813
10	TOTAL UNCOMPENSATED CARE	\$110,716,472	\$151,175,000	\$40,458,528
11	TOTAL OTHER OPERATING REVENUE	\$3,034,922	\$3,256,036	\$221,114
12	TOTAL OPERATING EXPENSES	\$1,654,251,000	\$2,236,673,000	\$582,422,000
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32,001.52450	39,417.25440	7,415.72990
2	MEDICARE	32,113.92500	49,392.21133	17,278.28633
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,321.83352	27,288.10678	6,966.27326
4	MEDICAID	20,321.83352	27,288.10678	6,966.27326
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	557.25014	610.99584	53.74570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,189.88830	1,262.58525	72.69695
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	52,993.00866	77,291.31395	24,298.30529
	TOTAL CASE MIX ADJUSTED DISCHARGES	84,994.53316	116,708.56835	31,714.03519
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21,815.52569	30,866.49309	9,050.96740
2	MEDICARE	10,705.46078	18,853.57377	8,148.11299
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,897.67466	13,011.95066	5,114.27600
4	MEDICAID	7,897.67466	13,011.95066	5,114.27600
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	172.52758	273.81601	101.28843

YALE-NEW HAVEN HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2013						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)	(4)	(5)		
LINE	DESCRIPTION	ACTUAL 2012	FY 2013	ACTUAL 2012	FY 2013	AMOUNT DIFFERENCE
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,748,902.12	2,124,129.18			375,227.06
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	18,775,663.02	32,139,340.45			13,363,677.43
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	40,591,188.71	63,005,833.54			22,414,644.83
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,848.23	\$14,218.69			\$370.46
2	MEDICARE	\$11,240.00	\$10,906.93			(\$333.07)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,494.73	\$6,877.90			(\$616.83)
4	MEDICAID	\$7,494.73	\$6,877.90			(\$616.83)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00			\$0.00
6	CHAMPUS / TRICARE	\$8,241.56	\$7,851.16			(\$390.39)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,582.05	\$4,778.54			\$196.49
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,772.23	\$9,460.30			(\$311.92)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$11,306.89	\$11,067.41			(\$239.49)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,431.50	\$21,399.00			(\$32.50)
2	MEDICARE	\$11,397.04	\$9,400.66			(\$1,996.38)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,982.00	\$11,481.28			(\$1,500.72)
4	MEDICAID	\$12,982.00	\$11,481.28			(\$1,500.72)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00			\$0.00
6	CHAMPUS / TRICARE	\$9,864.09	\$7,197.85			(\$2,666.24)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,232.99	\$3,053.36			(\$179.62)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,049.64	\$10,224.25			(\$1,825.39)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$17,091.87	\$15,698.75			(\$1,393.12)
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	(\$12,517,452)	(\$27,072,807)			(\$14,555,355)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0			\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,200,352	\$21,220,097			(\$980,256)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,682,900	(\$5,852,711)			(\$15,535,611)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)					
1	TOTAL CHARGES	\$5,740,304,076	\$8,243,052,871			\$2,502,748,795
2	TOTAL GOVERNMENT DEDUCTIONS	\$2,650,425,440	\$3,989,441,178			\$1,339,015,738
3	UNCOMPENSATED CARE	\$110,716,472	\$151,175,000			\$40,458,528
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,435,074,984	\$1,794,355,713			\$359,280,729
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0			\$0
6	TOTAL ADJUSTMENTS	\$4,196,216,896	\$5,934,971,891			\$1,738,754,995
7	TOTAL ACCRUED PAYMENTS	\$1,544,087,180	\$2,308,080,980			\$763,993,800
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0			\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$1,544,087,180	\$2,308,080,980			\$763,993,800
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2689904854	0.2800031755			0.0110126901
11	COST OF UNCOMPENSATED CARE	\$29,781,678	\$42,329,480			\$12,547,803
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$105,999,529	\$169,554,423			\$63,554,894
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0			\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$135,781,206	\$211,883,903			\$76,102,697
VII.	RATIOS					
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.32%	36.61%			0.29%
2	MEDICARE	28.43%	27.93%			-0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.54%	16.24%			-0.30%
4	MEDICAID	16.54%	16.24%			-0.30%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%			0.00%
6	CHAMPUS / TRICARE	20.54%	19.00%			-1.54%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.00%	12.73%			-0.27%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	23.40%	23.51%			0.11%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.99%	27.83%			-0.16%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.54%	39.72%			-1.82%

YALE-NEW HAVEN HOSPITAL						
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2012	FY	ACTUAL 2013	FY	AMOUNT DIFFERENCE
2	MEDICARE		16.25%		13.95%	-2.29%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		24.38%		22.85%	-1.52%
4	MEDICAID		24.38%		22.85%	-1.52%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		16.86%		12.77%	-4.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		7.53%		5.70%	-1.83%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES					
			19.15%		16.94%	-2.20%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		30.07%		27.46%	-2.61%
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS						
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS						
1	TOTAL ACCRUED PAYMENTS	\$1,654,803,652		\$2,280,773,751		\$625,970,099
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)		\$0		\$0	\$0
	OHCA DEFINED NET REVENUE	\$1,654,803,652		\$2,280,773,751		\$625,970,099
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$58,467,348		\$2,142,331		(\$56,325,017)
4	CALCULATED NET REVENUE	\$1,788,242,258		\$2,282,916,082		\$494,673,824
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,713,271,000		\$2,282,916,000		\$569,645,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)		\$74,971,258		\$82	(\$74,971,176)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS						
1	OHCA DEFINED GROSS REVENUE	\$5,740,304,076		\$8,243,052,871		\$2,502,748,795
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE		\$0		\$0	\$0
	CALCULATED GROSS REVENUE	\$5,740,304,076		\$8,243,052,871		\$2,502,748,795
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$5,740,304,076		\$8,243,052,871		\$2,502,748,795
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)		\$0		\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS						
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$110,716,472		\$151,175,000		\$40,458,528
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$888,528		\$641,000		(\$247,528)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$111,605,000		\$151,816,000		\$40,211,000
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$111,605,000		\$151,816,000		\$40,211,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)		\$0		\$0	\$0

YALE-NEW HAVEN 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)
LINE	DESCRIPTION	ACTUAL FY 2013
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,530,896,286
2	MEDICARE	1,929,011,508
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,155,720,092
4	MEDICAID	1,155,720,092
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	25,246,609
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	47,404,499
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,109,978,209
	TOTAL INPATIENT CHARGES	\$4,640,874,495
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,662,915,246
2	MEDICARE	1,270,169,412
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	653,663,080
4	MEDICAID	653,663,080
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	15,430,638
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	113,777,717
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$1,939,263,130
	TOTAL OUTPATIENT CHARGES	\$3,602,178,376
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$3,193,811,532
2	TOTAL GOVERNMENT ACCRUED CHARGES	5,049,241,339
	TOTAL ACCRUED CHARGES	\$8,243,052,871
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$560,461,644
2	MEDICARE	538,717,515
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	187,684,822
4	MEDICAID	187,684,822
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	4,797,029
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,033,320
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$731,199,366
	TOTAL INPATIENT PAYMENTS	\$1,291,661,010
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$660,511,946
2	MEDICARE	177,236,120
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	149,393,789
4	MEDICAID	149,393,789
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,970,886
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,485,741
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$328,600,795
	TOTAL OUTPATIENT PAYMENTS	\$989,112,741
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$1,220,973,590
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	1,059,800,161
	TOTAL ACCRUED PAYMENTS	\$2,280,773,751
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		

**YALE-NEW HAVEN 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)
LINE	DESCRIPTION	ACTUAL FY 2013
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28,416
2	MEDICARE	28,633
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,006
4	MEDICAID	23,006
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	448
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	885
	TOTAL GOVERNMENT DISCHARGES	52,087
	TOTAL DISCHARGES	80,503
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38715
2	MEDICARE	1.72501
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.18613
4	MEDICAID	1.18613
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.36383
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.42665
	TOTAL GOVERNMENT CASE MIX INDEX	1.48389
	TOTAL CASE MIX INDEX	1.44974
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$3,004,952,573
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,210,596,860
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,794,355,713
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.71%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$32,480,929
9	BAD DEBTS	\$118,694,071
10	TOTAL UNCOMPENSATED CARE	\$151,175,000
11	TOTAL OTHER OPERATING REVENUE	\$3,256,036
12	TOTAL OPERATING EXPENSES	\$2,236,673,000
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$2,280,773,751
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$2,280,773,751
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,142,331
	CALCULATED NET REVENUE	\$2,282,916,082
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,282,916,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$82
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$8,243,052,871
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0

YALE-NEW HAVEN 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)
LINE	DESCRIPTION	ACTUAL FY 2013
	CALCULATED GROSS REVENUE	\$8,243,052,871
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,243,052,871
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$151,175,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$641,000
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$151,816,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$151,816,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	5,265	6,553	1,288	24%
2	Number of Approved Applicants	4,027	5,356	1,329	33%
3	Total Charges (A)	\$35,745,214	\$32,480,929	(\$3,264,285)	-9%
4	Average Charges	\$8,876	\$6,064	(\$2,812)	-32%
5	Ratio of Cost to Charges (RCC)	0.322455	0.301756	(0.020699)	-6%
6	Total Cost	\$11,526,223	\$9,801,315	(\$1,724,908)	-15%
7	Average Cost	\$2,862	\$1,830	(\$1,032)	-36%
8	Charity Care - Inpatient Charges	\$13,248,369	\$18,113,836	\$4,865,467	37%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	17,935,693	12,122,474	(5,813,219)	-32%
10	Charity Care - Emergency Department Charges	4,561,152	2,244,619	(2,316,533)	-51%
11	Total Charges (A)	\$35,745,214	\$32,480,929	(\$3,264,285)	-9%
12	Charity Care - Number of Patient Days	10,004	6,473	(3,531)	-35%
13	Charity Care - Number of Discharges	1,354	952	(402)	-30%
14	Charity Care - Number of Outpatient ED Visits	5,058	2,635	(2,423)	-48%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	24,265	15,029	(9,236)	-38%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$27,786,850	\$66,192,840	\$38,405,990	138%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	37,617,944	44,298,788	6,680,844	18%
3	Bad Debts - Emergency Department	9,566,464	8,202,443	(1,364,021)	-14%
4	Total Bad Debts (A)	\$74,971,258	\$118,694,071	\$43,722,813	58%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$35,745,214	\$32,480,929	(\$3,264,285)	-9%
2	Bad Debts (A)	74,971,258	118,694,071	43,722,813	58%
3	Total Uncompensated Care (A)	\$110,716,472	\$151,175,000	\$40,458,528	37%
4	Uncompensated Care - Inpatient Services	\$41,035,219	\$84,306,676	\$43,271,457	105%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	55,553,637	56,421,262	867,625	2%
6	Uncompensated Care - Emergency Department	14,127,616	10,447,062	(3,680,554)	-26%
7	Total Uncompensated Care (A)	\$110,716,472	\$151,175,000	\$40,458,528	37%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2012	(4) FY 2013	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$2,345,778,878	\$3,004,952,573	\$659,173,695	28%
2	Total Contractual Allowances	\$1,435,074,984	\$1,794,355,713	\$359,280,729	25%
	Total Accrued Payments (A)	\$910,703,894	\$1,210,596,860	\$299,892,966	33%
	Total Discount Percentage	61.18%	59.71%	-1.46%	-2%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$2,984,808,958	\$3,433,134,250	\$4,640,874,495
2	Outpatient Gross Revenue	\$1,458,487,489	\$2,307,169,826	\$3,602,178,376
3	Total Gross Patient Revenue	\$4,443,296,447	\$5,740,304,076	\$8,243,052,871
4	Net Patient Revenue	\$1,442,057,000	\$1,713,271,000	\$2,282,916,000
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$1,435,807,000	\$1,654,251,000	\$2,236,673,000
C.	<u>Utilization Statistics</u>			
1	Patient Days	300,989	311,547	462,219
2	Discharges	57,451	59,426	80,503
3	Average Length of Stay	5.2	5.2	5.7
4	Equivalent (Adjusted) Patient Days (EPD)	448,063	520,916	820,987
0	Equivalent (Adjusted) Discharges (ED)	85,524	99,362	142,988
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.45689	1.43026	1.44974
2	Case Mix Adjusted Patient Days (CMAPD)	438,509	445,593	670,098
3	Case Mix Adjusted Discharges (CMAD)	83,700	84,995	116,709
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	652,781	745,044	1,190,219
5	Case Mix Adjusted Equivalent Discharges (CMAED)	124,599	142,113	207,296
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$14,762	\$18,425	\$17,834
2	Total Gross Revenue per Discharge	\$77,341	\$96,596	\$102,394
3	Total Gross Revenue per EPD	\$9,917	\$11,020	\$10,040
4	Total Gross Revenue per ED	\$51,954	\$57,772	\$57,648
5	Total Gross Revenue per CMAEPD	\$6,807	\$7,705	\$6,926
6	Total Gross Revenue per CMAED	\$35,661	\$40,392	\$39,765
7	Inpatient Gross Revenue per EPD	\$6,662	\$6,591	\$5,653
8	Inpatient Gross Revenue per ED	\$34,900	\$34,552	\$32,456

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$4,791	\$5,499	\$4,939
2	Net Patient Revenue per Discharge	\$25,101	\$28,830	\$28,358
3	Net Patient Revenue per EPD	\$3,218	\$3,289	\$2,781
4	Net Patient Revenue per ED	\$16,861	\$17,243	\$15,966
5	Net Patient Revenue per CMAEPD	\$2,209	\$2,300	\$1,918
6	Net Patient Revenue per CMAED	\$11,574	\$12,056	\$11,013
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,770	\$5,310	\$4,839
2	Total Operating Expense per Discharge	\$24,992	\$27,837	\$27,784
3	Total Operating Expense per EPD	\$3,204	\$3,176	\$2,724
4	Total Operating Expense per ED	\$16,788	\$16,649	\$15,642
5	Total Operating Expense per CMAEPD	\$2,200	\$2,220	\$1,879
6	Total Operating Expense per CMAED	\$11,523	\$11,640	\$10,790
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$210,845,000	\$247,331,000	\$332,073,000
2	Nursing Fringe Benefits Expense	\$60,165,000	\$72,696,000	\$98,908,000
3	Total Nursing Salary and Fringe Benefits Expense	\$271,010,000	\$320,027,000	\$430,981,000
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$50,618,000	\$58,393,000	\$0
2	Physician Fringe Benefits Expense	\$14,444,000	\$17,163,000	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$65,062,000	\$75,556,000	\$0
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$275,600,000	\$279,523,000	\$458,209,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$78,642,000	\$82,157,000	\$136,462,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$354,242,000	\$361,680,000	\$594,671,000

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$537,063,000	\$585,247,000	\$790,282,000
2	Total Fringe Benefits Expense	\$153,251,000	\$172,016,000	\$235,370,000
3	Total Salary and Fringe Benefits Expense	\$690,314,000	\$757,263,000	\$1,025,652,000
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	2746.5	3089.0	4083.0
2	Total Physician FTEs	751.8	780.6	0.0
3	Total Non-Nursing, Non-Physician FTEs	4112.8	4281.0	6988.7
4	Total Full Time Equivalent Employees (FTEs)	7,611.1	8,150.6	11,071.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$76,769	\$80,068	\$81,331
2	Nursing Fringe Benefits Expense per FTE	\$21,906	\$23,534	\$24,224
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$98,675	\$103,602	\$105,555
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$67,329	\$74,805	\$0
2	Physician Fringe Benefits Expense per FTE	\$19,213	\$21,987	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$86,542	\$96,792	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$67,010	\$65,294	\$65,564
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,121	\$19,191	\$19,526
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$86,132	\$84,485	\$85,090
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$70,563	\$71,804	\$71,379
2	Total Fringe Benefits Expense per FTE	\$20,135	\$21,105	\$21,259
3	Total Salary and Fringe Benefits Expense per FTE	\$90,698	\$92,909	\$92,637
Q.	Total Salary and Fringe Ben. Expense per Statistic			

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,293	\$2,431	\$2,219
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,016	\$12,743	\$12,741
3	Total Salary and Fringe Benefits Expense per EPD	\$1,541	\$1,454	\$1,249
4	Total Salary and Fringe Benefits Expense per ED	\$8,072	\$7,621	\$7,173
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,057	\$1,016	\$862
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,540	\$5,329	\$4,948