JOHN DEMPSEY HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
Α.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT HEALTH CENTER
	74.71 <u>-</u> 27.7 - 7.0 <u>-</u>	
2	Affiliate Description Affiliate type of service	Academic Health Center Parent Corporation
	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Dr. Frank M. Torti
	CEO Title	Executive Vice President for Health Affairs
	CT Agent Name CT Agent Company	George Jepsen, Attorney General State of CT
	CT Agent Company CT Agent Company Street Address	55 Elm Street, Hartford, CT
	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent State	Connecticut
	CT Agent Zip Code	06106 -
_		
В.	AFFILIATE NAME	CENTRAL ADMINISTRATION AND FINANCE
1	Affiliate Description	Statutory Entity
	Affiliate type of service	Affilate Support Services
	Tax Status	Not for Profit
	Street Address	263 Farmington Avenue
5	Town	Farmington
6	State	Connecticut
	Zip Code CEO Name	06030 - Carolle Andrews / Jeffrey P. Geoghegan
9	CEO Title	CAO / Interim CFO
	CT Agent Name	George Jepsen, Attorney General
	CT Agent Company	State of CT
	CT Agent Company Street Address	55 Elm Street
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
C.	AFFILIATE NAME	CORRECTIONAL MANAGED HEALTH CARE
		MANAGEMENT AND PROVISION OF HEALTH CARE SERVICES FOR THE DEPARTMENT OF
	Affiliate Description	CORRECTION.
2	Affiliate type of service	Managed Care Not for Profit
3 4	Tax Status Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
	Zip Code	06030 -
8	CEO Name	Robert Trestman
	CEO Title	Executive Director
	CT Agent Name	George Jepsen, Attorney General
	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13 14	CT Agent Town CT Agent State	Hartford Connecticut
	CT Agent State CT Agent Zip Code	06106 -
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JOHN DEMPSEY HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
D.	AFFILIATE NAME	JOHN DEMPSEY HOSPITAL
	,	
4	A (7)	lu 310 s
	Affiliate Description Affiliate type of service	Hospital Operations Hospital
	Tax Status	Not for Profit
	Street Address	263 Farmington Avenue
5	Town	Farmington
	State	Connecticut
	Zip Code	06030 -
	CEO Name	Anne Diamond
	CEO Title CT Agent Name	Interim Chief Executive Officer
	CT Agent Name CT Agent Company	George Jepsen, Attorney General State of CT
	CT Agent Company Street Address	55 Elm Street
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
_		LICONIN MEDICAL ODGUD
E.	AFFILIATE NAME	UCONN MEDICAL GROUP
1	Affiliate Description	Faculty Group Practice
	Affiliate type of service	Physicians Services
	Tax Status	Not for Profit
	Street Address	263 Farmington Avenue, Farmington, CT
	Town	Farmington Connecticut
	State Zip Code	06030 -
	CEO Name	Denis Lafreniere, M.D.
	CEO Title	Medical Director, UConn Medical Group
10	CT Agent Name	George Jepsen, Attorney General
	CT Agent Company	State of CT
	CT Agent Company Street Address	55 Elm Street, Hartford, CT
	CT Agent Town	Hartford
	CT Agent State CT Agent Zip Code	Connecticut 06106 -
13	C1 Agent Zip Code	00100 -
F.	AFFILIATE NAME	UNIVERSITY DENTISTS
1	Affiliate Description	EACH TV CROID BRACTICE
2	Affiliate Description Affiliate type of service	FACULTY GROUP PRACTICE Physicians Services
	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
	Zip Code	06030 -
	CEO Name	Dr. Steven M. Lepowsky
	CEO Title	Senior Associate Dean Education and Patient Care
	CT Agent Company	George Jepsen, Attorney General
	CT Agent Company CT Agent Company Street Address	State of CT 55 Elm Street, Hartford, CT
	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent State	Connecticut
	CT Agent Zip Code	06106 -
-	- •	

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JOHN DEMPSEY HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
	DECORM HOR	
G.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION
1	Affiliate Description	STATUTORY ENTITY
2	Affiliate type of service	Affilate Support Services
3	Tax Status	Not for Profit
<u>4</u> 5	Street Address Town	263 Farmington Avenue, Farmington, CT Farmington
6	State	Connecticut
	Zip Code	06030 -
	CEO Name	Richard Gray
	CEO Title	Executive VP for Administration and CFO
10	CT Agent Name	George Jepsen, Attorney General
11	CT Agent Company	State of CT
	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
Н.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE
11.	AFFICIATE NAME	CHIVEROTT OF CONNECTION CONTOCE OF BENTAL MEDICINE
1	Affiliate Description	School of Dental Medicine- Academic and Research
2	Affiliate type of service	Health Education Services
	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington,CT
5	Town	Farmington
6	State	Connecticut
7 8	Zip Code	06030 -
	CEO Name CEO Title	Dr. R. Lamont MacNeil, D.D.S., M.Dent.Sc. Dean, School of Dental Medicine
	CT Agent Name	George Jepsen, Attorney General
	CT Agent Company	State of CT
	CT Agent Company Street Address	263 Farmington Avenue, Farmington,CT
	CT Agent Town	Farmington
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06030 -
I.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE
1	Affiliate Description	SCHOOL OF MEDICINE - ACADEMIC AND RESEARCH
2	Affiliate type of service	Health Education Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Dr. Frank Torti
9	CEO Title	Dean, School of Medicine
	CT Agent Company	George Jepsen, Attorney General
11 12	CT Agent Company CT Agent Company Street Address	State of CT 263 Farmington Avenue, Farmington, CT
	CT Agent Company Street Address CT Agent Town	Farmington Avenue, Farmington, C1
	CT Agent Town CT Agent State	Connecticut
	CT Agent Zip Code	06030 -
		•

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(-/	\-/	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	JOHN DEMPSEY HOSPITAL		
1		Unrestricted	\$79,674,598
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$79,674,598
			\$1.0,01.1,000
В.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		
1		Unrestricted	\$78,282,069
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,981,931
5		Intercompany Eliminations	\$0
		Total:	\$80,264,000
		Total.	ψου,204,000
C.	CENTRAL ADMINISTRATION AND FINANCE		
1	CENTRAL ADMINISTRATION AND I MANUE	Unrestricted	\$287,790,405
2		Temporarily Restricted by Donor	\$2,453
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$56.977
5		Intercompany Eliminations	\$50,977
ب		Total:	\$287,849,835
		Total.	\$201,049,033
D.	CORRECTIONAL MANAGER HEALTH CARE		
	CORRECTIONAL MANAGED HEALTH CARE	I lava atriata d	\$ 0
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
3			
		Total:	\$0
Ε.	JOHN DEMPSEY HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F.	UCONN MEDICAL GROUP		
1		Unrestricted	\$23,713,951
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$23,713,951
G.	UNIVERSITY DENTISTS		
1		Unrestricted	(\$4,057,228)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$4,057,228)
		•	

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE		
н.	CORPORATION		
1		Unrestricted	\$6,229,895
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,229,895
1.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
1		Unrestricted	(\$5,285,679)
2		Temporarily Restricted by Donor	\$19,891
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$316,448
5		Intercompany Eliminations	\$0
		Total:	(\$4,949,340)
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
1		Unrestricted	(\$71,454,797)
2		Temporarily Restricted by Donor	\$39,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$420,982
5		Intercompany Eliminations	\$0
		Total:	(\$70,994,708)
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$397,731,003
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$397,731,003

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$62,593,060
1		Purchase of Goods & services	09/30/2013	\$1,645
2		Revenue from Services	09/30/2013	(\$275,332)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$62,319,373
B.	CENTRAL ADMINISTRATION AND FINANCE			
В.	CENTRAL ADMINISTRATION AND FINANCE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Purchase of Goods & services	09/30/2013	\$25,518,323
2		Revenue from Services	09/30/2013	(\$5,534,953)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$19,983,370
C.	CORRECTIONAL MANAGED HEALTH CARE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$17,699,289
1		Purchase of Goods & services	09/30/2013	(\$5,850)
2		Revenue from Services	09/30/2013	(\$5,338,716)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$12,354,723
D.	JOHN DEMPSEY HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E.	UCONN MEDICAL GROUP			
				-
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$5,615,571
1		Purchase of Goods & services	09/30/2013	\$4,019,838
2		Revenue from Services	09/30/2013	(\$2,304,027)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$7,331,382
F.	UNIVERSITY DENTISTS			
Г.	UNIVERSITI DENTISTS			

REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Revenue from Services	09/30/2013	(\$1,684)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$1,684)
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION			
			2/22/22/2	*** *** ***
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$21,536,974
1		Purchase of Goods & services	09/30/2013	\$62,640
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$21,599,614
	UNIVERSITY OF CONNECTION TOOLS OF DENIAL MEDICINE			
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,509,422
1		Purchase of Goods & services	09/30/2013	\$21,734
2		Revenue from Services	09/30/2013	(\$30,473)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,500,683
	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
ļ.,	UNIVERSITY OF CONNECTION SCHOOL OF MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$58,895,859
1		Purchase of Goods & services	09/30/2013	\$16,076,422
2		Revenue from Services	09/30/2013	(\$1,898,562)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$73,073,719
			Grand Total:	\$198,161,180

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
					1.
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2012	\$77,615,933
A.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		·		
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
B.	CENTRAL ADMINISTRATION AND FINANCE				
		UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2013	\$1,484,429
2		JOHN DEMPSEY HOSPITAL	Support Services	09/30/2013	\$15,178,047
			Total:	9/30/2013	\$16,662,476
C.	CORRECTIONAL MANAGED HEALTH CARE				
		UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2013	\$356
			Total:	9/30/2013	\$356
D.	JOHN DEMPSEY HOSPITAL				
		UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2012	\$1,156,954
			Total:	9/30/2013	\$1,156,954
E.	UCONN MEDICAL GROUP				
		UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2013	\$696,859
2		CENTRAL ADMINISTRATION AND FINANCE	Rent	09/30/2013	\$2,235,697
			Total:	9/30/2013	\$2,932,556
F.	UNIVERSITY DENTISTS				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2013	\$1,632
			Total:	9/30/2013	\$1,632
			Ending Unconsolidated Intercompany Balance	9/30/2013	\$98,369,907

REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
	AFFILIATE NAME &	` ,	, ,
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	UNIVERSITY OF CONNECTICUT HEALTH CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
B.	CENTRAL ADMINISTRATION AND FINANCE		
0	Nothing to Report	\$0	2/22/22/2
	Total:	\$0	9/30/2013
C .	CORRECTIONAL MANAGED HEALTH CARE		
0	Nothing to Report Total:	\$0 \$0	0/00/0040
$\overline{}$	Total.	\$0	9/30/2013
H_	IOUN DEMOCEV HOODITAL		
D.	JOHN DEMPSEY HOSPITAL Nothing to Report	Φ0	
	Total:	\$0 \$0	9/30/2013
	Total.	20	9/30/2013
E.	UCONN MEDICAL GROUP		
0	Nothing to Report	\$0	
<u> </u>	Total:	\$0	9/30/2013
		***	3/33/2010
F.	UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
		•	
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
l.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	0.1771	40	0/00/00/0
	Grand Total:	\$0	9/30/2013

REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	UNIVERSITY OF CONNECTICUT HEALTH CENTER Nothing to Report	\$0	O
- 0	Nothing to Report Total:		U
	Iotal	\$0	
B .	CENTRAL ADMINISTRATION AND FINANCE Nothing to Report	\$0	0
	Notining to Report Total:	\$0 \$0	0
	I Otal.	\$0	
_	CORRECTIONAL MANAGED HEALTH CARE		
C .	Nothing to Report	\$0	0
- 0	Total:	\$0	0
	l Otal.	30	
	JOHN DEMPSEY HOSPITAL		
D.	Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	I Otal.	\$0	
E.	UCONN MEDICAL GROUP		
0	Nothing to Report	\$0	0
- 0	Total:	\$0 \$0	Ü
	I Otal.	\$0	
F.	UNIVERSITY DENTISTS		
F.	Nothing to Report	\$0	0
	Total:	\$0	Ü
	rota.	40	
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0.	Nothing to Report	\$0	0
	Total:	\$0	-
	1941		
Н.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
l.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	, and the second
	1941		
	Grand Total:	\$0	
	Traine Total.	Ψΰ	

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JOHN DEMPSEY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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JOHN DEMPSEY HOSPITAL	
ANNUAL REPORTING	
FISCAL YEAR 2013	
7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL
(2)	(3)
Name of Hospital Bed Fund (FULL NAME)	Amount
spital Bed Funds	0
Grand Total	\$0.00
	FISCAL YEAR 2013 7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE (2) Name of Hospital Bed Fund (FULL NAME) spital Bed Funds

	ANNUAL REPO	RTING		
	FISCAL YEAR	R 2013		
REPORT 17B - HOSPIT	AL BED FUNDS HELD (OR ADMINISTERED BY	THE HOSPITAL	
D FUND ACTIVITY				
(2)	(3)	(4)	(5)	(6)
	FMV of Principal	Actual Earnings	Earnings	Earnings Available
Name of Hospital Bed Fund			Reinvested	
Fair Market Value of the Principal of eac	h individual Hospital B	ed Fund, or the Principa	al attributable to ead	ch Hospital Bed
Total Actual Earnings for each Hospital	Bed Fund or the Earnin	gs attributable to each	Hospital Bed Fund.	
Actual Dollar Amount of Earnings reinve	ested as Principal, if an	у.		
Actual Dollar Amount of Earnings availa	ble for Patient Care.			
Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
	D FUND ACTIVITY (2) Name of Hospital Bed Fund Fair Market Value of the Principal of eac Total Actual Earnings for each Hospital Actual Dollar Amount of Earnings reinventual	ANNUAL REPORT SECRET SE	D FUND ACTIVITY (2) (3) (4) FMV of Principal Actual Earnings Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care.	ANNUAL REPORTING FISCAL YEAR 2013 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL D FUND ACTIVITY (2) (3) (4) (5) FMV of Principal Actual Earnings Earnings Reinvested Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. Actual Dollar Amount of Earnings available for Patient Care.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	JDH sends initial dunning letter to generate payment. Staff performs asset and employment verification on large balances of \$2K. If no response rec.d in 60 days from date acct turned over to self pay, acct may be referred to a collection agency or the CT Atty General.s Office.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies submitted a bid through an RFP to perform collection services. Agencies are paid on a commission based payment schedule. JDH also has an arrangement with the State of CT Atty General.s Office for collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	15.75%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	JDH sends initial dunning letter to generate payment. Staff performs asset and employment verification on large balances of \$2K. If no response rec.d in 60 days from date acct turned over to self pay, acct may be referred to a collection agency or the CT Atty General.s Office.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies submitted a bid through an RFP to perform collection services. Agencies are paid on a commission based payment schedule. JDH also has an arrangement with the State of CT Atty General.s Office for collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.78%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
В	Collection Agent	
1	Collection Agent Name	Nair & Levin, P.C.
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	JDH sends initial dunning letter to generate payment. Staff performs asset and employment verification on large balances of \$2K. If no response rec.d in 60 days from date acct turned over to self pay, acct may be referred to a collection agency or the CT Atty General.s Office.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Agencies submitted a bid through an RFP to perform collection services. Agencies are paid on a commission based payment schedule. JDH also has an arrangement with the State of CT Atty General.s Office for collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.71%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$555,962	\$57,253	\$613,215
2.	ASSOCIATE PROFESSOR / CLINICAL/ER	\$298,853	\$58,478	\$357,331
	C00	¢267.020	ΦΕΕ 2021	\$322,932
3.	000	\$267,039	\$55,893	\$322,932
4.	ASSISTANT PROFESSOR / CLINICAL / ER	\$250,647	\$54,428	\$305,075
5.	ASSOCIATE PROFESSOR / CLINICAL/ER	\$242,260	\$54,780	\$297,040
		. , ,	. , ,	
6.	ASSISTANT PROFESSOR / CLINICAL / ER	\$241,916	\$50,026	\$291,942
7.	ASSISTANT PROFESSOR / CLINICAL / ER	\$238,304	\$51,528	\$289,832
8.	ASSISTANT PROFESSOR / CLINICAL / ER	\$218,909	\$49,106	\$268,015
9.	ASSOCIATE VICE PRESIDENT / NURSING	\$220,584	\$44,274	\$264,858
10.	STAFF NURSE	\$166,288	\$91,830	\$258,118
	Grand Total:	\$2,700,762	\$567,596	\$3,268,358

JOHN DEMPSEY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (Directl	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	CENTRAL ADMINISTRATION AND FINANCE			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
С.	CORRECTIONAL MANAGED HEALTH CARE			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_				
D.	JOHN DEMPSEY HOSPITAL			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_		1		
Ε.	UCONN MEDICAL GROUP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
_		1		
F.	UNIVERSITY DENTISTS	A -		<u> </u>
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE	1		
	CORPORATION			
G.		60		C C
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	raid by the mospital to Employees of the Entity Listed Above	Ι Φυ	1 DU	Φυ
н.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
	Paid by the Entity Listed Above to Hospital Employees(B)	¢ο	1 60 1	C C
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above		υ	φυ
1.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	μ ψυ	φυ	φυ

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2013
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
٥.	in a change of control.	IVA
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) 1. Number of Applicants 545 403 (142) 2. Number of Approved Applicants 282 213 (69) 3. Total Charges (A) \$477,593 \$823,539 \$345,946 Average Charges \$1,694 \$3,866 \$2,173 1 4. Ratio of Cost to Charges (RCC) 0.490064 0.535433 0.045369 Total Cost \$234,051 \$440,950 \$206,899			REPORTING			
(1) (2) (3) (4) (5) (6) (6) INE DESCRIPTION FY 2012 FY 2013 AMOUNT						
PY 2012		REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	PROVIDED BY	THE HOSPITAL	
PY 2012	-/4\	(0)	(0)	/A\	/E\	(0)
LINE DESCRIPTION	(1)	(2)				
According to Charity Care (see Hospital Audited Financial Statement Notes)						
1. Number of Applicants	LINE	DESCRIPTION	<u>AMOUN I</u>	<u>AMOUN I</u>	DIFFERENCE	DIFFERENC
1. Number of Applicants	Α.	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
2. Number of Approved Applicants 282 213 (69)					11.42	
3. Total Charges (A) \$477,593 \$823,539 \$345,946 Average Charges \$1,694 \$3,866 \$2,173 1 4. Ratio of Cost to Charges (RCC) 0.490064 0.535433 0.045369 Total Cost \$234,051 \$440,950 \$206,899 Average Cost \$330 \$2,070 \$31,240 1 5. Charity Care - Inpatient Charges \$91,830 \$153,668 \$61,838 6. Charity Care - Outpatient Emergency Department 6. Charges 148,864 219,952 71,088 7. Chardes 148,864 219,952 71,088 8. Charity Care - Outpatient Charges (Excludes ED 236,899 449,919 213,020 Total Charges (A) \$477,593 \$823,539 \$345,946 8. Charity Care - Number of Patient Days 78 74 (4) 9. Charity Care - Number of Patient Days 78 74 (4) 9. Charity Care - Number of Discharges 13 12 (1) 1. Charrity Care - Number of Outpatient ED Visits 134 184 50 11. Visits 559 757 198 A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes		Number of Applicants				-26 -24
Average Charges	<u> </u>	Number of Approved Applicants	۷٥٤	210	(03)	- <u>-</u>
Average Charges	3.					72
Total Cost		Average Charges	\$1,694	\$3,866	\$2,173	128
Total Cost		Patio of Cost to Charges (RCC)	0.490064	0 535433	0.045369	9
Average Cost						88
Charity Care - Outpatient Emergency Department 148,864 219,952 71,088 Charges Charge						149
Charity Care - Outpatient Emergency Department 148,864 219,952 71,088 Charges Charge	_		* 04.000	* 450,000	* 04.000	0.
Charges	5.	Charity Care - Outpatient Charges Charity Care - Outpatient Emergency Department	\$91,830	\$153,000	\$61,838	67
Charity Care - Outpatient Charges (Excludes ED Charges) 236,899 449,919 213,020 Total Charges (A) \$477,593 \$823,539 \$345,946 8. Charity Care - Number of Patient Days 78 74 (4) 9. Charity Care - Number of Discharges 13 12 (1) 10. Charity Care - Number of Outpatient ED Visits 13. 4 184 50 Charity Care - Number of Outpatient Visits (Excludes ED Charity Care - Number of Outpatient Visits (Excludes ED 11. Visits) 559 757 198 A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. B. Hospital Bed Funds (see Hospital Reporting System - Report 17) 1. Number of Applicants 2. Number of Applicants 3. Total Charges (B) \$0 \$0 \$0 \$0 \$0 \$0 4. Ratio of Cost to Charges (RCC) Total Cost Average Charges \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	6.		148,864	219,952	71,088	48
Section Sect		Charity Care - Outpatient Charges (Excludes ED				
8. Charity Care - Number of Patient Days 78 74 (4) 9. Charity Care - Number of Discharges 13 12 (1) 10. Charity Care - Number of Outpatient ED Visits 134 184 50 Charity Care - Number of Outpatient ED Visits 134 184 50 Charity Care - Number of Outpatient Visits (Excludes ED 1) 11. Visits) 559 757 198 A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. B. Hospital Bed Funds (see Hospital Reporting System - Report 17) 1. Number of Applicants	7.					9
9. Charity Care - Number of Discharges 13 12 (1) 10. Charity Care - Number of Outpatient ED Visits 134 184 50 Charity Care - Number of Outpatient Visits (Excludes ED Charges) 559 757 198 11. Visits) 559 757 198 A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. All Charges (Billancial Statement Notes) B. Hospital Bed Funds (see Hospital Reporting System - Report 17) - - 1. Number of Applicants - - - 2. Number of Applicants - - - 3. Total Charges (B) \$0 \$0 \$0 4. Ratio of Cost to Charges (RCC) 0 0 0.000000 4. Ratio of Cost to Charges (RCC) 0 0 0.000000 Total Cost \$0 \$0 \$0 Average Cost \$0 \$0 \$0 5. Bed Funds - Inpatient Charges \$0 \$0 \$0 <t< td=""><td></td><td>Total Charges (A)</td><td>\$477,593</td><td>\$823,539</td><td>\$345,946</td><td>7</td></t<>		Total Charges (A)	\$477,593	\$823,539	\$345,946	7
9. Charity Care - Number of Discharges 13 12 (1) 10. Charity Care - Number of Outpatient ED Visits 134 184 50 Charity Care - Number of Outpatient Visits (Excludes ED Charges) 559 757 198 11. Visits) 559 757 198 A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. All Charges (Billancial Statement Notes) B. Hospital Bed Funds (see Hospital Reporting System - Report 17) - - 1. Number of Applicants - - - 2. Number of Applicants - - - 3. Total Charges (B) \$0 \$0 \$0 4. Ratio of Cost to Charges (RCC) 0 0 0.000000 4. Ratio of Cost to Charges (RCC) 0 0 0.000000 Total Cost \$0 \$0 \$0 Average Cost \$0 \$0 \$0 5. Bed Funds - Inpatient Charges \$0 \$0 \$0 <t< td=""><td>8.</td><td>Charity Care - Number of Patient Days</td><td>78</td><td>74</td><td>(4)</td><td>-</td></t<>	8.	Charity Care - Number of Patient Days	78	74	(4)	-
10. Charity Care - Number of Outpatient ED Visits 134 184 50 Charity Care - Number of Outpatient Visits (Excludes ED 11. Visits) 559 757 198						-
Charity Care - Number of Outpatient Visits (Excludes ED Visits)	_	Charity Care - Number of Outpatient ED Visits				3
A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. B. Hospital Bed Funds (see Hospital Reporting System - Report 17)						
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)	11.	Visits)	559	757	198	3
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					l i	
1. Number of Applicants - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
1. Number of Applicants - <td>A) Th</td> <td>e total amount must agree with the total amount listed in</td> <td>the Hospital Aud</td> <td>ited Financial S</td> <td>tatement Notes.</td> <td></td>	A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	ited Financial S	tatement Notes.	
1. Number of Applicants - <td>A) Th</td> <td>e total amount must agree with the total amount listed in</td> <td>the Hospital Aud</td> <td>lited Financial S</td> <td>tatement Notes.</td> <td></td>	A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	tatement Notes.	
2. Number of Approved Applicants - - - 3. Total Charges (B) \$0 \$0 \$0 4. Ratio of Cost to Charges (RCC) 0 0 0.000000 Total Cost \$0 \$0 \$0 Average Cost \$0 \$0 \$0 5. Bed Funds - Inpatient Charges \$0 \$0 \$0 6. Bed Funds - Outpatient Emergency Department Charges 0 0 0 7. Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 0 8. Bed Funds - Number of Patient Days 0 0 0 9. Bed Funds - Number of Discharges 0 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 11. Visits) 0 0 0 0				lited Financial S	tatement Notes.	
3. Total Charges (B) \$0 \$0 \$0 Average Charges \$0 \$0 \$0 4. Ratio of Cost to Charges (RCC) 0 0 0.000000 Total Cost \$0 \$0 \$0 Average Cost \$0 \$0 \$0 Average Cost \$0 \$0 \$0 5. Bed Funds - Inpatient Charges \$0 \$0 \$0 7. Bed Funds - Outpatient Emergency Department Charges \$0 \$0 \$0 Total Charges (B) \$0 \$0 \$0 8. Bed Funds - Number of Patient Days \$0 \$0 9. Bed Funds - Number of Discharges \$0 \$0 \$0 \$0 10. Bed Funds - Number of Outpatient ED Visits \$0 \$0 \$0 Bed Funds - Number of Outpatient ED Visits \$0 \$0 \$0 11. Visits) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - R				
Average Charges \$0	<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants	Report 17)	-	-	
Average Charges \$0	B.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants	Report 17)	-	-	
Total Cost	B. 1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants	Report 17) - -		-	
Total Cost	B. 1. 2.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B)	Report 17)	- - \$0	\$0	
Average Cost \$0 \$0 5. Bed Funds - Inpatient Charges \$0 \$0 6. Bed Funds - Outpatient Emergency Department Charges 0 0 7. Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 Total Charges (B) \$0 \$0 8. Bed Funds - Number of Patient Days 0 0 9. Bed Funds - Number of Discharges 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 11. Visits) 0 0	<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - Find Provided Reporting System - Find Charges (B) Average Charges	\$0	\$0 \$0	- - \$0 \$0	
5. Bed Funds - Inpatient Charges \$0 \$0 6. Bed Funds - Outpatient Emergency Department Charges 0 0 7. Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 7. Total Charges (B) \$0 \$0 8. Bed Funds - Number of Patient Days 0 0 9. Bed Funds - Number of Discharges 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 11. Visits) 0 0	1. 2.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)	\$0 \$0	\$0 \$0	\$0 \$0 \$0	
6. Bed Funds - Outpatient Emergency Department Charges 0 0 0 7. Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 0 Total Charges (B) \$0 \$0 \$0 8. Bed Funds - Number of Patient Days 0 0 0 9. Bed Funds - Number of Discharges 0 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 0 11. Visits) 0 0 0	<u>B.</u> 1. 2.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost	\$0 \$0 \$0 \$0	- - \$0 \$0	- - \$0 \$0 0.000000	
7. Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 0 Total Charges (B) \$0 \$0 \$0 8. Bed Funds - Number of Patient Days 0 0 0 9. Bed Funds - Number of Discharges 0 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 0 11. Visits) 0 0 0	1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0	
7. Bed Funds - Outpatient Charges (Excludes ED Charges) 0 0 0 Total Charges (B) \$0 \$0 \$0 8. Bed Funds - Number of Patient Days 0 0 0 9. Bed Funds - Number of Discharges 0 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 0 11. Visits) 0 0 0	1. 2. 3.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0	
Total Charges (B)	1. 2. 3. 4. 5.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0 \$0	
8. Bed Funds - Number of Patient Days 0 0 0 9. Bed Funds - Number of Discharges 0 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 0 11. Visits) 0 0 0 0	B.1.2.3.4.5.6.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	0.000000 \$0 \$0 \$0	
9. Bed Funds - Number of Discharges 0 0 0 10. Bed Funds - Number of Outpatient ED Visits 0 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 0 11. Visits) 0 0 0	B.1.2.3.4.5.6.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	\$0 \$0 \$0 \$0 \$0 \$0	- - \$0 \$0 \$0 \$0 \$0 0	0.000000 0.000000 \$0 \$0 \$0	
10. Bed Funds - Number of Outpatient ED Visits 0 0 0 Bed Funds - Number of Outpatient Visits(Excludes ED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	B.1.2.3.4.5.6.	Hospital Bed Funds (see Hospital Reporting System - F Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	\$0 \$0 \$0 \$0 \$0 \$0	- - \$0 \$0 \$0 \$0 \$0 0	0.000000 0.000000 \$0 \$0 \$0	
Bed Funds - Number of Outpatient Visits(Excludes ED 11. Visits) 0 0 0	B.1.2.3.4.5.6.7.8.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	Seport 17)	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0 \$0	\$0 \$0 \$0 0.000000 \$0 \$0 0 \$0	
11. Visits) 0 0 0	B.1.2.3.4.5.6.7.8.9.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.0000000 \$0 \$0 \$0 0 0	
	B.1.2.3.4.5.6.7.8.9.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000000 0.0000000 \$0 \$0 \$0 0 0	
	B. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Hospital Bed Funds (see Hospital Reporting System - R Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits Bed Funds - Number of Outpatient Visits(Excludes ED	\$0 \$0 \$0 \$0 \$0 \$0 \$0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	