

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$5,285,678	\$6,171,314	\$885,636	17%
2	Short Term Investments	\$2,705,332	\$3,023,883	\$318,551	12%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,792,119	\$12,518,755	(\$273,364)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$7,166,565	\$988,196	(\$6,178,369)	-86%
5	Due From Affiliates	\$6,465	\$6,254	(\$211)	-3%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,126,383	\$2,274,896	\$148,513	7%
8	Prepaid Expenses	\$489,720	\$360,982	(\$128,738)	-26%
9	Other Current Assets	\$1,462,227	\$1,264,550	(\$197,677)	-14%
	Total Current Assets	\$32,034,489	\$26,608,830	(\$5,425,659)	-17%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$4,538,749	\$4,675,704	\$136,955	3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$2,340,577	\$2,340,811	\$234	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,941,338	\$2,511,054	(\$1,430,284)	-36%
	Total Noncurrent Assets Whose Use is Limited:	\$10,820,664	\$9,527,569	(\$1,293,095)	-12%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$11,533,351	\$10,298,713	(\$1,234,638)	-11%
7	Other Noncurrent Assets	\$1,318,867	\$1,274,535	(\$44,332)	-3%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$101,703,018	\$107,437,415	\$5,734,397	6%
2	Less: Accumulated Depreciation	\$70,767,132	\$72,130,092	\$1,362,960	2%
	Property, Plant and Equipment, Net	\$30,935,886	\$35,307,323	\$4,371,437	14%
3	Construction in Progress	\$10,356,162	\$12,875,489	\$2,519,327	24%
	Total Net Fixed Assets	\$41,292,048	\$48,182,812	\$6,890,764	17%
	Total Assets	\$96,999,419	\$95,892,459	(\$1,106,960)	-1%

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LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$9,451,225	\$11,751,819	\$2,300,594	24%
2	Salaries, Wages and Payroll Taxes	\$1,186,976	\$1,541,765	\$354,789	30%
3	Due To Third Party Payers	\$1,067,507	\$734,249	(\$333,258)	-31%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$804,612	\$1,866,750	\$1,062,138	132%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,062,165	\$11,567,449	\$505,284	5%
	Total Current Liabilities	\$23,572,485	\$27,462,032	\$3,889,547	17%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$29,718,688	\$29,561,646	(\$157,042)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$29,718,688	\$29,561,646	(\$157,042)	-1%
3	Accrued Pension Liability	\$27,623,323	\$34,030,148	\$6,406,825	23%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$57,342,011	\$63,591,794	\$6,249,783	11%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$7,050,300	(\$2,707,529)	(\$9,757,829)	-138%
2	Temporarily Restricted Net Assets	\$4,728,936	\$3,198,536	(\$1,530,400)	-32%
3	Permanently Restricted Net Assets	\$4,305,687	\$4,347,626	\$41,939	1%
	Total Net Assets	\$16,084,923	\$4,838,633	(\$11,246,290)	-70%
	Total Liabilities and Net Assets	\$96,999,419	\$95,892,459	(\$1,106,960)	-1%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$216,749,429	\$224,868,002	\$8,118,573	4%
2	Less: Allowances	\$108,255,956	\$116,247,340	\$7,991,384	7%
3	Less: Charity Care	\$703,850	\$522,721	(\$181,129)	-26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$107,789,623	\$108,097,941	\$308,318	0%
5	Provision for Bad Debts	\$3,140,293	\$3,250,605	\$110,312	4%
	Net Patient Service Revenue less provision for bad debts	\$104,649,330	\$104,847,336	\$198,006	0%
6	Other Operating Revenue	\$4,807,000	\$6,153,524	\$1,346,524	28%
7	Net Assets Released from Restrictions	\$1,624,641	\$542,228	(\$1,082,413)	-67%
	Total Operating Revenue	\$111,080,971	\$111,543,088	\$462,117	0%
B. Operating Expenses:					
1	Salaries and Wages	\$47,705,746	\$47,646,733	(\$59,013)	0%
2	Fringe Benefits	\$17,118,639	\$17,072,825	(\$45,814)	0%
3	Physicians Fees	\$3,579,600	\$2,525,960	(\$1,053,640)	-29%
4	Supplies and Drugs	\$15,220,013	\$13,187,429	(\$2,032,584)	-13%
5	Depreciation and Amortization	\$4,726,233	\$5,177,041	\$450,808	10%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$952,190	\$1,343,831	\$391,641	41%
8	Malpractice Insurance Cost	\$289,062	\$231,502	(\$57,560)	-20%
9	Other Operating Expenses	\$21,033,109	\$21,819,561	\$786,452	4%
	Total Operating Expenses	\$110,624,592	\$109,004,882	(\$1,619,710)	-1%
	Income/(Loss) From Operations	\$456,379	\$2,538,206	\$2,081,827	456%
C. Non-Operating Revenue:					
1	Income from Investments	\$878,011	\$405,541	(\$472,470)	-54%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$447,476)	\$113,623	\$561,099	-125%
	Total Non-Operating Revenue	\$430,535	\$519,164	\$88,629	21%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$886,914	\$3,057,370	\$2,170,456	245%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	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	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$886,914	\$3,057,370	\$2,170,456	245%
	Principal Payments	\$593,333	\$775,833	\$182,500	31%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$27,082,039	\$26,675,745	(\$406,294)	-2%
2	MEDICARE MANAGED CARE	\$6,881,561	\$7,331,489	\$449,928	7%
3	MEDICAID	\$13,752,491	\$14,650,407	\$897,916	7%
4	MEDICAID MANAGED CARE	\$141,843	\$103,828	(\$38,015)	-27%
5	CHAMPUS/TRICARE	\$222,098	\$378,115	\$156,017	70%
6	COMMERCIAL INSURANCE	\$14,684,689	\$14,610,787	(\$73,902)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$62,897	\$196,471	\$133,574	212%
9	SELF- PAY/UNINSURED	\$856,999	\$470,731	(\$386,268)	-45%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$63,684,617	\$64,417,573	\$732,956	1%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$43,408,788	\$44,697,434	\$1,288,646	3%
2	MEDICARE MANAGED CARE	\$12,540,330	\$13,225,441	\$685,111	5%
3	MEDICAID	\$29,037,537	\$34,396,241	\$5,358,704	18%
4	MEDICAID MANAGED CARE	\$976,202	\$292,837	(\$683,365)	-70%
5	CHAMPUS/TRICARE	\$977,760	\$1,102,238	\$124,478	13%
6	COMMERCIAL INSURANCE	\$61,211,786	\$62,114,873	\$903,087	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,793,123	\$2,095,074	\$301,951	17%
9	SELF- PAY/UNINSURED	\$3,119,256	\$2,526,291	(\$592,965)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$153,064,782	\$160,450,429	\$7,385,647	5%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$70,490,827	\$71,373,179	\$882,352	1%
2	MEDICARE MANAGED CARE	\$19,421,891	\$20,556,930	\$1,135,039	6%
3	MEDICAID	\$42,790,028	\$49,046,648	\$6,256,620	15%
4	MEDICAID MANAGED CARE	\$1,118,045	\$396,665	(\$721,380)	-65%
5	CHAMPUS/TRICARE	\$1,199,858	\$1,480,353	\$280,495	23%
6	COMMERCIAL INSURANCE	\$75,896,475	\$76,725,660	\$829,185	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,856,020	\$2,291,545	\$435,525	23%
9	SELF- PAY/UNINSURED	\$3,976,255	\$2,997,022	(\$979,233)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$216,749,399	\$224,868,002	\$8,118,603	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$14,121,201	\$14,187,896	\$66,695	0%
2	MEDICARE MANAGED CARE	\$3,377,949	\$3,558,134	\$180,185	5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$4,775,484	\$6,239,750	\$1,464,266	31%
4	MEDICAID MANAGED CARE	\$34,500	\$49,610	\$15,110	44%
5	CHAMPUS/TRICARE	\$94,784	\$110,536	\$15,752	17%
6	COMMERCIAL INSURANCE	\$8,670,773	\$8,771,124	\$100,351	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$60,588	\$93,758	\$33,170	55%
9	SELF- PAY/UNINSURED	\$38,867	\$5,560	(\$33,307)	-86%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$31,174,146	\$33,016,368	\$1,842,222	6%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$18,021,639	\$17,439,188	(\$582,451)	-3%
2	MEDICARE MANAGED CARE	\$4,568,031	\$4,541,100	(\$26,931)	-1%
3	MEDICAID	\$11,095,097	\$10,551,689	(\$543,408)	-5%
4	MEDICAID MANAGED CARE	\$447,234	\$75,990	(\$371,244)	-83%
5	CHAMPUS/TRICARE	\$350,516	\$329,460	(\$21,056)	-6%
6	COMMERCIAL INSURANCE	\$36,592,917	\$37,994,481	\$1,401,564	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,444,344	\$1,385,941	(\$58,403)	-4%
9	SELF- PAY/UNINSURED	\$212,431	\$30,774	(\$181,657)	-86%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$72,732,209	\$72,348,623	(\$383,586)	-1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$32,142,840	\$31,627,084	(\$515,756)	-2%
2	MEDICARE MANAGED CARE	\$7,945,980	\$8,099,234	\$153,254	2%
3	MEDICAID	\$15,870,581	\$16,791,439	\$920,858	6%
4	MEDICAID MANAGED CARE	\$481,734	\$125,600	(\$356,134)	-74%
5	CHAMPUS/TRICARE	\$445,300	\$439,996	(\$5,304)	-1%
6	COMMERCIAL INSURANCE	\$45,263,690	\$46,765,605	\$1,501,915	3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,504,932	\$1,479,699	(\$25,233)	-2%
9	SELF- PAY/UNINSURED	\$251,298	\$36,334	(\$214,964)	-86%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$103,906,355	\$105,364,991	\$1,458,636	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,569	1,393	(176)	-11%
2	MEDICARE MANAGED CARE	378	411	33	9%
3	MEDICAID	1,257	940	(317)	-25%
4	MEDICAID MANAGED CARE	8	8	0	0%
5	CHAMPUS/TRICARE	20	31	11	55%
6	COMMERCIAL INSURANCE	1,036	1,619	583	56%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	4	48	44	1100%

**DAY KIMBALL HOSPITAL
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FISCAL YEAR 2014**

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	59	61	2	3%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	4,331	4,511	180	4%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	6,581	5,202	(1,379)	-21%
2	MEDICARE MANAGED CARE	1,580	1,536	(44)	-3%
3	MEDICAID	4,388	3,509	(879)	-20%
4	MEDICAID MANAGED CARE	42	29	(13)	-31%
5	CHAMPUS/TRICARE	52	114	62	119%
6	COMMERCIAL INSURANCE	3,264	6,050	2,786	85%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	9	178	169	1878%
9	SELF- PAY/UNINSURED	208	226	18	9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	16,124	16,844	720	4%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	103,075	57,365	(45,710)	-44%
2	MEDICARE MANAGED CARE	23,503	19,092	(4,411)	-19%
3	MEDICAID	61,074	38,702	(22,372)	-37%
4	MEDICAID MANAGED CARE	911	361	(550)	-60%
5	CHAMPUS/TRICARE	1,904	1,256	(648)	-34%
6	COMMERCIAL INSURANCE	92,258	65,183	(27,075)	-29%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,242	1,962	(280)	-12%
9	SELF- PAY/UNINSURED	7,035	2,494	(4,541)	-65%
10	SAGA	0	0	0	0%
11	OTHER	0	1,533	1,533	0%
	TOTAL OUTPATIENT VISITS	292,002	187,948	(104,054)	-36%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$6,451,335	\$6,430,551	(\$20,784)	0%
2	MEDICARE MANAGED CARE	\$1,472,534	\$1,702,640	\$230,106	16%
3	MEDICAID	\$9,463,086	\$10,526,593	\$1,063,507	11%
4	MEDICAID MANAGED CARE	\$79,924	\$188,258	\$108,334	136%
5	CHAMPUS/TRICARE	\$241,243	\$264,403	\$23,160	10%
6	COMMERCIAL INSURANCE	\$9,242,675	\$9,367,860	\$125,185	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$517,853	\$637,680	\$119,827	23%
9	SELF- PAY/UNINSURED	\$1,806,232	\$1,527,728	(\$278,504)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$760,450	\$760,450	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$29,274,882	\$31,406,163	\$2,131,281	7%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,859,188	\$1,789,902	(\$69,286)	-4%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$427,667	\$462,539	\$34,872	8%
3	MEDICAID	\$2,382,946	\$2,519,246	\$136,300	6%
4	MEDICAID MANAGED CARE	\$18,377	\$51,729	\$33,352	181%
5	CHAMPUS/TRICARE	\$85,974	\$65,191	(\$20,783)	-24%
6	COMMERCIAL INSURANCE	\$6,563,596	\$6,099,862	(\$463,734)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$442,544	\$447,140	\$4,596	1%
9	SELF- PAY/UNINSURED	\$773,079	\$54,251	(\$718,828)	-93%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$12,553,371	\$11,489,860	(\$1,063,511)	-8%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	4,086	7,290	3,204	78%
2	MEDICARE MANAGED CARE	918	2,153	1,235	135%
3	MEDICAID	8,000	4,919	(3,081)	-39%
4	MEDICAID MANAGED CARE	41	41	0	0%
5	CHAMPUS/TRICARE	220	160	(60)	-27%
6	COMMERCIAL INSURANCE	6,127	8,285	2,158	35%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	609	249	(360)	-59%
9	SELF- PAY/UNINSURED	1,490	317	(1,173)	-79%
10	SAGA	0	0	0	0%
11	OTHER	0	195	195	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	21,491	23,609	2,118	10%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$17,402,531	\$16,787,759	(\$614,772)	-4%
2	Physician Salaries	\$1,443,401	\$1,080,913	(\$362,488)	-25%
3	Non-Nursing, Non-Physician Salaries	\$28,859,814	\$29,778,061	\$918,247	3%
	Total Salaries & Wages	\$47,705,746	\$47,646,733	(\$59,013)	0%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$6,244,691	\$6,015,407	(\$229,284)	-4%
2	Physician Fringe Benefits	\$517,947	\$387,314	(\$130,633)	-25%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,356,001	\$10,670,104	\$314,103	3%
	Total Fringe Benefits	\$17,118,639	\$17,072,825	(\$45,814)	0%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$3,579,600	\$2,525,960	(\$1,053,640)	-29%
3	Non-Nursing, Non-Physician Fees	\$5,941,727	\$1,953,420	(\$3,988,307)	-67%
	Total Contractual Labor Fees	\$9,521,327	\$4,479,380	(\$5,041,947)	-53%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$8,449,936	\$7,678,478	(\$771,458)	-9%
2	Pharmaceutical Costs	\$6,770,077	\$5,508,951	(\$1,261,126)	-19%
	Total Medical Supplies and Pharmaceutical Cost	\$15,220,013	\$13,187,429	(\$2,032,584)	-13%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,335,753	\$2,337,155	\$1,402	0%
2	Depreciation-Equipment	\$2,321,199	\$2,795,554	\$474,355	20%
3	Amortization	\$69,281	\$44,332	(\$24,949)	-36%
	Total Depreciation and Amortization	\$4,726,233	\$5,177,041	\$450,808	10%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$952,190	\$1,343,831	\$391,641	41%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$289,062	\$231,502	(\$57,560)	-20%
I.	Utilities:				
1	Water	\$75,123	\$142,277	\$67,154	89%
2	Natural Gas	\$354,284	\$449,556	\$95,272	27%
3	Oil	\$9,264	\$10,509	\$1,245	13%
4	Electricity	\$1,121,688	\$1,224,914	\$103,226	9%
5	Telephone	\$516,161	\$522,258	\$6,097	1%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$2,076,520	\$2,349,514	\$272,994	13%
J.	Business Expenses:				
1	Accounting Fees	\$143,379	\$75,225	(\$68,154)	-48%
2	Legal Fees	\$663,030	\$599,770	(\$63,260)	-10%
3	Consulting Fees	\$1,611,379	\$1,255,606	(\$355,773)	-22%
4	Dues and Membership	\$231,177	\$343,871	\$112,694	49%
5	Equipment Leases	\$794,612	\$668,525	(\$126,087)	-16%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,434,294	\$1,659,168	\$224,874	16%
8	Insurance	\$881,263	\$1,082,578	\$201,315	23%
9	Travel	\$354,223	\$347,522	(\$6,701)	-2%
10	Conferences	\$45,057	\$24,763	(\$20,294)	-45%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$80,129	\$92,589	\$12,460	16%
12	General Supplies	\$473,288	\$682,280	\$208,992	44%
13	Licenses and Subscriptions	\$71,278	\$20,650	(\$50,628)	-71%
14	Postage and Shipping	\$113,207	\$101,028	(\$12,179)	-11%
15	Advertising	\$436,812	\$501,000	\$64,188	15%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$2,428,222	\$2,350,140	(\$78,082)	-3%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$668,695	\$637,030	(\$31,665)	-5%
20	Lab Fees / Red Cross charges	\$1,882,001	\$1,800,698	(\$81,303)	-4%
21	Billing & Collection / Bank Fees	\$202,936	\$184,449	(\$18,487)	-9%
22	Recruiting / Employee Education & Recognition	\$169,745	\$72,247	(\$97,498)	-57%
23	Laundry / Linen	\$18,672	\$15,797	(\$2,875)	-15%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$105,543	\$132,324	\$26,781	25%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$12,808,942	\$12,647,260	(\$161,682)	-1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$205,920	\$4,869,367	\$4,663,447	2265%
	Total Operating Expenses - All Expense Categories*	\$110,624,592	\$109,004,882	(\$1,619,710)	-1%
	*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	\$8,301,978	\$6,660,043	(\$1,641,935)	-20%
2	General Accounting	\$1,148,208	\$1,230,423	\$82,215	7%
3	Patient Billing & Collection	\$2,899,006	\$2,919,835	\$20,829	1%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$452,579	\$580,250	\$127,671	28%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$1,947,487	\$1,906,102	(\$41,385)	-2%
11	Housekeeping	\$971,774	\$1,006,502	\$34,728	4%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$3,407,585	\$4,172,558	\$764,973	22%
14	Security	\$517,967	\$571,994	\$54,027	10%
15	Repairs and Maintenance	\$1,198,709	\$1,224,238	\$25,529	2%
16	Central Sterile Supply	\$267,244	\$270,450	\$3,206	1%
17	Pharmacy Department	\$7,601,777	\$6,410,960	(\$1,190,817)	-16%
18	Other General Services	\$2,126,018	\$2,114,598	(\$11,420)	-1%
	Total General Services	\$30,840,332	\$29,067,953	(\$1,772,379)	-6%
B.	Professional Services:				
1	Medical Care Administration	\$93,895	\$131,835	\$37,940	40%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,544,145	\$1,535,810	(\$8,335)	-1%
4	Medical Records	\$1,140,241	\$1,039,389	(\$100,852)	-9%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$124,533	\$116,847	(\$7,686)	-6%
	Total Professional Services	\$2,902,814	\$2,823,881	(\$78,933)	-3%
C.	Special Services:				

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$5,257,709	\$4,937,103	(\$320,606)	-6%
2	Recovery Room	\$534,443	\$545,571	\$11,128	2%
3	Anesthesiology	\$197,859	\$472,995	\$275,136	139%
4	Delivery Room	\$1,207,346	\$1,178,547	(\$28,799)	-2%
5	Diagnostic Radiology	\$2,340,966	\$2,302,907	(\$38,059)	-2%
6	Diagnostic Ultrasound	\$907,576	\$911,358	\$3,782	0%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$487,707	\$479,844	(\$7,863)	-2%
9	CT Scan	\$662,655	\$623,751	(\$38,904)	-6%
10	Laboratory	\$7,061,290	\$6,876,052	(\$185,238)	-3%
11	Blood Storing/Processing	\$309,209	\$244,777	(\$64,432)	-21%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$508,122	\$508,686	\$564	0%
14	Electroencephalography	\$138,478	\$138,658	\$180	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$726,070	\$726,742	\$672	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$382,578	\$337,801	(\$44,777)	-12%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,475,728	\$3,432,688	(\$43,040)	-1%
25	MRI	\$1,572,962	\$1,528,431	(\$44,531)	-3%
26	PET Scan	\$270,590	\$228,778	(\$41,812)	-15%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$830,432	\$803,050	(\$27,382)	-3%
29	Sleep Center	\$477,899	\$481,564	\$3,665	1%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$282,982	\$300,720	\$17,738	6%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,785,337	\$2,234,721	\$449,384	25%
	Total Special Services	\$29,417,938	\$29,294,744	(\$123,194)	0%
D.	Routine Services:				
1	Medical & Surgical Units	\$3,541,413	\$3,093,790	(\$447,623)	-13%
2	Intensive Care Unit	\$2,604,342	\$2,629,491	\$25,149	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,260,167	\$2,563,497	\$303,330	13%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$510,296	\$476,708	(\$33,588)	-7%
7	Newborn Nursery Unit	\$506,036	\$637,972	\$131,936	26%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,540,423	\$2,365,875	(\$174,548)	-7%
10	Ambulatory Surgery	\$1,219,968	\$1,332,231	\$112,263	9%
11	Home Care	\$5,853,684	\$5,847,799	(\$5,885)	0%
12	Outpatient Clinics	\$2,020,251	\$1,178,427	(\$841,824)	-42%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$21,056,580	\$20,125,790	(\$930,790)	-4%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$26,406,928	\$27,692,514	\$1,285,586	5%
	Total Operating Expenses - All Departments*	\$110,624,592	\$109,004,882	(\$1,619,710)	-1%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$113,405,335	\$104,649,330	\$104,847,336
2	Other Operating Revenue	6,539,058	6,431,641	6,695,752
3	Total Operating Revenue	\$119,944,393	\$111,080,971	\$111,543,088
4	Total Operating Expenses	115,241,429	110,624,592	109,004,882
5	Income/(Loss) From Operations	\$4,702,964	\$456,379	\$2,538,206
6	Total Non-Operating Revenue	483,967	430,535	519,164
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,186,931	\$886,914	\$3,057,370
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.91%	0.41%	2.26%
2	Hospital Non Operating Margin	0.40%	0.39%	0.46%
3	Hospital Total Margin	4.31%	0.80%	2.73%
4	Income/(Loss) From Operations	\$4,702,964	\$456,379	\$2,538,206
5	Total Operating Revenue	\$119,944,393	\$111,080,971	\$111,543,088
6	Total Non-Operating Revenue	\$483,967	\$430,535	\$519,164
7	Total Revenue	\$120,428,360	\$111,511,506	\$112,062,252
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,186,931	\$886,914	\$3,057,370
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$16,901,258	\$7,050,300	(\$2,707,529)
2	Hospital Total Net Assets	\$27,415,950	\$16,084,923	\$4,838,633
3	Hospital Change in Total Net Assets	\$2,657,416	(\$11,331,027)	(\$11,246,290)
4	Hospital Change in Total Net Assets %	110.7%	-41.3%	-69.9%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.53	0.50	0.47
2	Total Operating Expenses	\$115,241,429	\$110,624,592	\$109,004,882
3	Total Gross Revenue	\$212,323,692	\$216,749,399	\$224,868,002
4	Total Other Operating Revenue	\$6,224,434	\$4,807,000	\$6,153,524
5	<u>Private Payment to Cost Ratio</u>	1.15	1.20	1.29
6	Total Non-Government Payments	\$49,706,680	\$47,019,920	\$48,281,638
7	Total Uninsured Payments	\$471,460	\$251,298	\$36,334
8	Total Non-Government Charges	\$85,690,455	\$81,728,750	\$82,014,227
9	Total Uninsured Charges	\$4,643,918	\$3,976,255	\$2,997,022
10	<u>Medicare Payment to Cost Ratio</u>	0.92	0.89	0.92
11	Total Medicare Payments	\$39,330,519	\$40,088,820	\$39,726,318
12	Total Medicare Charges	\$81,187,119	\$89,912,718	\$91,930,109
13	<u>Medicaid Payment to Cost Ratio</u>	0.82	0.75	0.73
14	Total Medicaid Payments	\$19,019,832	\$16,352,315	\$16,917,039
15	Total Medicaid Charges	\$43,919,379	\$43,908,073	\$49,443,313
16	<u>Uncompensated Care Cost</u>	\$2,200,156	\$1,859,896	\$1,733,173
17	Charity Care	\$710,098	\$703,850	\$522,721
18	Bad Debts	\$3,462,360	\$3,021,107	\$3,150,512
19	Total Uncompensated Care	\$4,172,458	\$3,724,957	\$3,673,233
20	<u>Uncompensated Care % of Total Expenses</u>	1.9%	1.7%	1.6%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$115,241,429	\$110,624,592	\$109,004,882
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	1	1
2	Total Current Assets	\$33,417,651	\$32,034,489	\$26,608,830
3	Total Current Liabilities	\$16,933,182	\$23,572,485	\$27,462,032
4	<u>Days Cash on Hand</u>	28	28	32
5	Cash and Cash Equivalents	\$2,156,339	\$5,285,678	\$6,171,314
6	Short Term Investments	6,363,563	2,705,332	3,023,883
7	Total Cash and Short Term Investments	\$8,519,902	\$7,991,010	\$9,195,197
8	Total Operating Expenses	\$115,241,429	\$110,624,592	\$109,004,882
9	Depreciation Expense	\$4,830,289	\$4,726,233	\$5,177,041
10	Operating Expenses less Depreciation Expense	\$110,411,140	\$105,898,359	\$103,827,841
11	<u>Days Revenue in Patient Accounts Receivable</u>	50	41	41
12	Net Patient Accounts Receivable	\$12,743,539	\$12,792,119	\$12,518,755
13	Due From Third Party Payers	\$2,645,109	\$0	\$0
14	Due To Third Party Payers	\$0	\$1,067,507	\$734,249
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$15,388,648	\$11,724,612	\$11,784,506
16	Total Net Patient Revenue	\$113,405,335	\$104,649,330	\$104,847,336
17	<u>Average Payment Period</u>	56	81	97
18	Total Current Liabilities	\$16,933,182	\$23,572,485	\$27,462,032
19	Total Operating Expenses	\$115,241,429	\$110,624,592	\$109,004,882
20	Depreciation Expense	\$4,830,289	\$4,726,233	\$5,177,041

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
21	Total Operating Expenses less Depreciation Expense	\$110,411,140	\$105,898,359	\$103,827,841
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	28.1	16.6	5.0
2	Total Net Assets	\$27,415,950	\$16,084,923	\$4,838,633
3	Total Assets	\$97,735,341	\$96,999,419	\$95,892,459
4	<u>Cash Flow to Total Debt Ratio</u>	29.9	10.5	14.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,186,931	\$886,914	\$3,057,370
6	Depreciation Expense	\$4,830,289	\$4,726,233	\$5,177,041
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,017,220	\$5,613,147	\$8,234,411
8	Total Current Liabilities	\$16,933,182	\$23,572,485	\$27,462,032
9	Total Long Term Debt	\$16,517,550	\$29,718,688	\$29,561,646
10	Total Current Liabilities and Total Long Term Debt	\$33,450,732	\$53,291,173	\$57,023,678
11	<u>Long Term Debt to Capitalization Ratio</u>	37.6	64.9	85.9
12	Total Long Term Debt	\$16,517,550	\$29,718,688	\$29,561,646
13	Total Net Assets	\$27,415,950	\$16,084,923	\$4,838,633
14	Total Long Term Debt and Total Net Assets	\$43,933,500	\$45,803,611	\$34,400,279
15	<u>Debt Service Coverage Ratio</u>	6.8	4.2	4.5
16	Excess Revenues over Expenses	5,186,931	\$886,914	\$3,057,370
17	Interest Expense	1,028,742	\$952,190	\$1,343,831
18	Depreciation and Amortization Expense	4,830,289	\$4,726,233	\$5,177,041
19	Principal Payments	590,000	\$593,333	\$775,833
G.	<u>Other Financial Ratios</u>			

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
20	<u>Average Age of Plant</u>	14.1	15.0	13.9
21	Accumulated Depreciation	67,985,808	70,767,132	72,130,092
22	Depreciation and Amortization Expense	4,830,289	4,726,233	5,177,041
H. <u>Utilization Measures Summary</u>				
1	Patient Days	18,484	16,124	16,844
2	Discharges	5,097	4,331	4,511
3	ALOS	3.6	3.7	3.7
4	Staffed Beds	65	65	65
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
7	Occupancy of Staffed Beds	77.9%	68.0%	71.0%
8	Occupancy of Available Beds	41.5%	36.2%	37.8%
9	Full Time Equivalent Employees	835.4	806.7	783.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	38.2%	35.9%	35.1%
2	Medicare Gross Revenue Payer Mix Percentage	38.2%	41.5%	40.9%
3	Medicaid Gross Revenue Payer Mix Percentage	20.7%	20.3%	22.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.2%	1.8%	1.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.7%	0.6%	0.7%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$81,046,537	\$77,752,495	\$79,017,205
9	Medicare Gross Revenue (Charges)	\$81,187,119	\$89,912,718	\$91,930,109
10	Medicaid Gross Revenue (Charges)	\$43,919,379	\$43,908,073	\$49,443,313
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$4,643,918	\$3,976,255	\$2,997,022
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,526,739	\$1,199,858	\$1,480,353
14	Total Gross Revenue (Charges)	\$212,323,692	\$216,749,399	\$224,868,002
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	45.3%	45.0%	45.8%
2	Medicare Net Revenue Payer Mix Percentage	36.2%	38.6%	37.7%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	17.5%	15.7%	16.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.2%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$49,235,220	\$46,768,622	\$48,245,304
9	Medicare Net Revenue (Payments)	\$39,330,519	\$40,088,820	\$39,726,318
10	Medicaid Net Revenue (Payments)	\$19,019,832	\$16,352,315	\$16,917,039
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$471,460	\$251,298	\$36,334
13	CHAMPUS / TRICARE Net Revenue Payments)	\$567,688	\$445,300	\$439,996
14	Total Net Revenue (Payments)	\$108,624,719	\$103,906,355	\$105,364,991
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,425	1,099	1,728
2	Medicare	2,208	1,947	1,804
3	Medical Assistance	1,427	1,265	948
4	Medicaid	1,427	1,265	948
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	37	20	31
7	Uninsured (Included In Non-Government)	71	59	61
8	Total	5,097	4,331	4,511
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.05430	0.95760	0.96590
2	Medicare	1.14840	1.24490	1.17780
3	Medical Assistance	0.83000	0.89240	0.89770
4	Medicaid	0.83000	0.89240	0.89770
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.54180	1.10190	0.73330
7	Uninsured (Included In Non-Government)	0.95210	0.89780	0.88460
8	Total Case Mix Index	1.02855	1.06838	1.03471
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	3,285	2,777	2,856
2	Emergency Room - Treated and Discharged	24,726	21,491	23,609
3	Total Emergency Room Visits	28,011	24,268	26,465

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$68,020	\$94,676	\$26,656	39%
2	Inpatient Payments	\$27,726	\$33,916	\$6,190	22%
3	Outpatient Charges	\$400,293	\$125,020	(\$275,273)	-69%
4	Outpatient Payments	\$142,186	\$78,844	(\$63,342)	-45%
5	Discharges	7	5	(2)	-29%
6	Patient Days	33	75	42	127%
7	Outpatient Visits (Excludes ED Visits)	594	112	(482)	-81%
8	Emergency Department Outpatient Visits	26	51	25	96%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$468,313	\$219,696	(\$248,617)	-53%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$169,912	\$112,760	(\$57,152)	-34%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$17	\$225	\$208	1224%
4	Outpatient Payments	\$17	\$225	\$208	1224%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	1	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17	\$225	\$208	1224%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$17	\$225	\$208	1224%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$2,005,918	\$2,496,261	\$490,343	24%
2	Inpatient Payments	\$1,000,168	\$1,234,454	\$234,286	23%
3	Outpatient Charges	\$4,715,363	\$5,243,879	\$528,516	11%
4	Outpatient Payments	\$1,610,089	\$1,854,117	\$244,028	15%
5	Discharges	113	134	21	19%
6	Patient Days	398	500	102	26%
7	Outpatient Visits (Excludes ED Visits)	8,007	6,478	(1,529)	-19%
8	Emergency Department Outpatient Visits	258	656	398	154%
9	Emergency Department Inpatient Admissions	0	105	105	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,721,281	\$7,740,140	\$1,018,859	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,610,257	\$3,088,571	\$478,314	18%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET 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%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$72,164	\$71,523	(\$641)	-1%
2	Inpatient Payments	\$27,400	\$71,370	\$43,970	160%
3	Outpatient Charges	\$97,737	\$116,611	\$18,874	19%
4	Outpatient Payments	\$6,257	\$9,200	\$2,943	47%
5	Discharges	6	6	0	0%
6	Patient Days	25	29	4	16%
7	Outpatient Visits (Excludes ED Visits)	75	55	(20)	-27%
8	Emergency Department Outpatient Visits	24	50	26	108%
9	Emergency Department Inpatient Admissions	0	6	6	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$169,901	\$188,134	\$18,233	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$33,657	\$80,570	\$46,913	139%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
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%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$4,686,174	\$4,566,877	(\$119,297)	-3%
2	Inpatient Payments	\$2,289,200	\$2,180,397	(\$108,803)	-5%
3	Outpatient Charges	\$7,186,575	\$7,515,095	\$328,520	5%
4	Outpatient Payments	\$2,769,805	\$2,525,812	(\$243,993)	-9%
5	Discharges	248	260	12	5%
6	Patient Days	1,106	904	(202)	-18%
7	Outpatient Visits (Excludes ED Visits)	13,573	10,037	(3,536)	-26%
8	Emergency Department Outpatient Visits	604	1,358	754	125%
9	Emergency Department Inpatient Admissions	0	201	201	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,872,749	\$12,081,972	\$209,223	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,059,005	\$4,706,209	(\$352,796)	-7%
H. 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%
I. AETNA					
1	Inpatient Charges	\$28,899	\$71,612	\$42,713	148%
2	Inpatient Payments	\$24,873	\$31,120	\$6,247	25%
3	Outpatient Charges	\$110,727	\$181,080	\$70,353	64%
4	Outpatient Payments	\$39,677	\$60,902	\$21,225	53%
5	Discharges	3	4	1	33%
6	Patient Days	12	21	9	75%
7	Outpatient Visits (Excludes ED Visits)	256	247	(9)	-4%
8	Emergency Department Outpatient Visits	3	26	23	767%
9	Emergency Department Inpatient Admissions	0	5	5	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$139,626	\$252,692	\$113,066	81%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$64,550	\$92,022	\$27,472	43%

DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$30,540	\$30,540	0%
2	Inpatient Payments	\$0	\$6,877	\$6,877	0%
3	Outpatient Charges	\$0	\$40,117	\$40,117	0%
4	Outpatient Payments	\$0	\$10,866	\$10,866	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	7	7	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	12	12	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$70,657	\$70,657	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$17,743	\$17,743	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$20,386	\$0	(\$20,386)	-100%
2	Inpatient Payments	\$8,582	\$0	(\$8,582)	-100%
3	Outpatient Charges	\$29,618	\$3,414	(\$26,204)	-88%
4	Outpatient Payments	\$0	\$1,134	\$1,134	0%
5	Discharges	1	0	(1)	-100%
6	Patient Days	6	0	(6)	-100%
7	Outpatient Visits (Excludes ED Visits)	79	8	(71)	-90%
8	Emergency Department Outpatient Visits	3	0	(3)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$50,004	\$3,414	(\$46,590)	-93%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,582	\$1,134	(\$7,448)	-87%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$6,881,561	\$7,331,489	\$449,928	7%
	TOTAL INPATIENT PAYMENTS	\$3,377,949	\$3,558,134	\$180,185	5%
	TOTAL OUTPATIENT CHARGES	\$12,540,330	\$13,225,441	\$685,111	5%
	TOTAL OUTPATIENT PAYMENTS	\$4,568,031	\$4,541,100	(\$26,931)	-1%
	TOTAL DISCHARGES	378	411	33	9%
	TOTAL PATIENT DAYS	1,580	1,536	(44)	-3%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	22,585	16,939	(5,646)	-25%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	918	2,153	1,235	135%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	321	321	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,421,891	\$20,556,930	\$1,135,039	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,945,980	\$8,099,234	\$153,254	2%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$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. 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%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$141,843	\$103,828	(\$38,015)	-27%
2	Inpatient Payments	\$34,500	\$49,610	\$15,110	44%
3	Outpatient Charges	\$976,202	\$292,837	(\$683,365)	-70%
4	Outpatient Payments	\$447,234	\$75,990	(\$371,244)	-83%
5	Discharges	8	8	0	0%
6	Patient Days	42	29	(13)	-31%
7	Outpatient Visits (Excludes ED Visits)	870	320	(550)	-63%
8	Emergency Department Outpatient Visits	41	41	0	0%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,118,045	\$396,665	(\$721,380)	-65%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$481,734	\$125,600	(\$356,134)	-74%
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%

DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$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	\$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 MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$141,843	\$103,828	(\$38,015)	-27%
	TOTAL INPATIENT PAYMENTS	\$34,500	\$49,610	\$15,110	44%
	TOTAL OUTPATIENT CHARGES	\$976,202	\$292,837	(\$683,365)	-70%
	TOTAL OUTPATIENT PAYMENTS	\$447,234	\$75,990	(\$371,244)	-83%
	TOTAL DISCHARGES	8	8	0	0%
	TOTAL PATIENT DAYS	42	29	(13)	-31%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	870	320	(550)	-63%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	41	41	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	3	3	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,118,045	\$396,665	(\$721,380)	-65%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$481,734	\$125,600	(\$356,134)	-74%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,386,290	\$7,060,282	\$673,992	11%
2	Short Term Investments	\$2,705,332	\$3,023,883	\$318,551	12%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,973,355	\$14,709,950	(\$263,405)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$7,166,565	\$988,196	(\$6,178,369)	-86%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,348,921	\$2,390,372	\$41,451	2%
8	Prepaid Expenses	\$489,720	\$360,982	(\$128,738)	-26%
9	Other Current Assets	\$1,462,227	\$1,264,550	(\$197,677)	-14%
	Total Current Assets	\$35,532,410	\$29,798,215	(\$5,734,195)	-16%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$4,538,749	\$4,675,704	\$136,955	3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$2,340,577	\$2,340,811	\$234	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,941,601	\$2,511,054	(\$1,430,547)	-36%
	Total Noncurrent Assets Whose Use is Limited:	\$10,820,927	\$9,527,569	(\$1,293,358)	-12%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$10,747,916	\$10,778,340	\$30,424	0%
7	Other Noncurrent Assets	\$1,318,867	\$1,274,535	(\$44,332)	-3%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$102,281,427	\$108,041,659	\$5,760,232	6%
2	Less: Accumulated Depreciation	\$70,912,402	\$72,354,162	\$1,441,760	\$0
	Property, Plant and Equipment, Net	\$31,369,025	\$35,687,497	\$4,318,472	14%
3	Construction in Progress	\$10,356,162	\$12,879,531	\$2,523,369	24%
	Total Net Fixed Assets	\$41,725,187	\$48,567,028	\$6,841,841	16%
	Total Assets	\$100,145,307	\$99,945,687	(\$199,620)	0%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$9,938,871	\$12,344,179	\$2,405,308	24%
2	Salaries, Wages and Payroll Taxes	\$1,910,817	\$2,553,878	\$643,061	34%
3	Due To Third Party Payers	\$1,067,507	\$734,249	(\$333,258)	-31%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$804,612	\$1,866,750	\$1,062,138	132%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,954,086	\$12,926,086	\$972,000	8%
	Total Current Liabilities	\$25,675,893	\$30,425,142	\$4,749,249	18%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$29,718,688	\$29,561,646	(\$157,042)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$29,718,688	\$29,561,646	(\$157,042)	-1%
3	Accrued Pension Liability	\$27,623,323	\$34,030,148	\$6,406,825	23%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$57,342,011	\$63,591,794	\$6,249,783	11%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$8,092,517	(\$1,617,411)	(\$9,709,928)	-120%
2	Temporarily Restricted Net Assets	\$4,729,199	\$3,198,536	(\$1,530,663)	-32%
3	Permanently Restricted Net Assets	\$4,305,687	\$4,347,626	\$41,939	1%
	Total Net Assets	\$17,127,403	\$5,928,751	(\$11,198,652)	-65%
	Total Liabilities and Net Assets	\$100,145,307	\$99,945,687	(\$199,620)	0%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$251,673,888	\$262,614,076	\$10,940,188	4%
2	Less: Allowances	\$121,374,335	\$130,531,408	\$9,157,073	8%
3	Less: Charity Care	\$703,850	\$536,291	(\$167,559)	-24%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$129,595,703	\$131,546,377	\$1,950,674	2%
5	Provision for Bad Debts	\$3,254,039	\$3,589,475	\$335,436	10%
	Net Patient Service Revenue less provision for bad debts	\$126,341,664	\$127,956,902	\$1,615,238	1%
6	Other Operating Revenue	\$7,007,903	\$7,159,042	\$151,139	2%
7	Net Assets Released from Restrictions	\$1,631,364	\$542,491	(\$1,088,873)	-67%
	Total Operating Revenue	\$134,980,931	\$135,658,435	\$677,504	1%
B. Operating Expenses:					
1	Salaries and Wages	\$69,876,205	\$69,912,447	\$36,242	0%
2	Fringe Benefits	\$20,635,260	\$20,769,667	\$134,407	1%
3	Physicians Fees	\$4,499,816	\$2,769,654	(\$1,730,162)	-38%
4	Supplies and Drugs	\$17,557,028	\$15,796,203	(\$1,760,825)	-10%
5	Depreciation and Amortization	\$4,803,745	\$5,278,929	\$475,184	10%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$952,190	\$1,343,831	\$391,641	41%
8	Malpractice Insurance Cost	\$869,801	\$762,085	(\$107,716)	-12%
9	Other Operating Expenses	\$24,728,251	\$24,944,403	\$216,152	1%
	Total Operating Expenses	\$143,922,296	\$141,577,219	(\$2,345,077)	-2%
	Income/(Loss) From Operations	(\$8,941,365)	(\$5,918,784)	\$3,022,581	-34%
C. Non-Operating Revenue:					
1	Income from Investments	\$878,011	\$405,541	(\$472,470)	-54%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$447,476)	\$113,623	\$561,099	-125%
	Total Non-Operating Revenue	\$430,535	\$519,164	\$88,629	21%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$8,510,830)	(\$5,399,620)	\$3,111,210	-37%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$8,510,830)	(\$5,399,620)	\$3,111,210	-37%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$128,976,157	\$126,341,664	\$127,956,902
2	Other Operating Revenue	7,427,525	8,639,267	7,701,533
3	Total Operating Revenue	\$136,403,682	\$134,980,931	\$135,658,435
4	Total Operating Expenses	136,022,982	143,922,296	141,577,219
5	Income/(Loss) From Operations	\$380,700	(\$8,941,365)	(\$5,918,784)
6	Total Non-Operating Revenue	486,938	430,535	519,164
7	Excess/(Deficiency) of Revenue Over Expenses	\$867,638	(\$8,510,830)	(\$5,399,620)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.28%	-6.60%	-4.35%
2	Parent Corporation Non-Operating Margin	0.36%	0.32%	0.38%
3	Parent Corporation Total Margin	0.63%	-6.29%	-3.97%
4	Income/(Loss) From Operations	\$380,700	(\$8,941,365)	(\$5,918,784)
5	Total Operating Revenue	\$136,403,682	\$134,980,931	\$135,658,435
6	Total Non-Operating Revenue	\$486,938	\$430,535	\$519,164
7	Total Revenue	\$136,890,620	\$135,411,466	\$136,177,599
8	Excess/(Deficiency) of Revenue Over Expenses	\$867,638	(\$8,510,830)	(\$5,399,620)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$6,143,359	\$8,092,517	(\$1,617,411)
2	Parent Corporation Total Net Assets	\$16,665,037	\$17,127,403	\$5,928,751
3	Parent Corporation Change in Total Net Assets	(\$1,658,626)	\$462,366	(\$11,198,652)
4	Parent Corporation Change in Total Net Assets %	90.9%	2.8%	-65.4%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.68	1.38	0.98
2	Total Current Assets	\$31,399,198	\$35,532,410	\$29,798,215
3	Total Current Liabilities	\$18,732,974	\$25,675,893	\$30,425,142
4	<u>Days Cash on Hand</u>	27	24	27
5	Cash and Cash Equivalents	\$3,277,302	\$6,386,290	\$7,060,282
6	Short Term Investments	\$6,363,563	\$2,705,332	\$3,023,883
7	Total Cash and Short Term Investments	\$9,640,865	\$9,091,622	\$10,084,165
8	Total Operating Expenses	\$136,022,982	\$143,922,296	\$141,577,219
9	Depreciation Expense	\$4,887,639	\$4,803,745	\$5,278,929
10	Operating Expenses less Depreciation Expense	\$131,135,343	\$139,118,551	\$136,298,290
11	<u>Days Revenue in Patient Accounts Receivable</u>	49	40	40
12	Net Patient Accounts Receivable	\$ 14,676,491	\$ 14,973,355	\$ 14,709,950
13	Due From Third Party Payers	\$2,645,109	\$0	\$0
14	Due To Third Party Payers	\$0	\$1,067,507	\$734,249
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 17,321,600	\$ 13,905,848	\$ 13,975,701
16	Total Net Patient Revenue	\$128,976,157	\$126,341,664	\$127,956,902
17	<u>Average Payment Period</u>	52	67	81
18	Total Current Liabilities	\$18,732,974	\$25,675,893	\$30,425,142
19	Total Operating Expenses	\$136,022,982	\$143,922,296	\$141,577,219
20	Depreciation Expense	\$4,887,639	\$4,803,745	\$5,278,929
20	Total Operating Expenses less Depreciation Expense	\$131,135,343	\$139,118,551	\$136,298,290

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	18.8	17.1	5.9
2	Total Net Assets	\$16,665,037	\$17,127,403	\$5,928,751
3	Total Assets	\$88,784,220	\$100,145,307	\$99,945,687
4	<u>Cash Flow to Total Debt Ratio</u>	16.3	(6.7)	(0.2)
5	Excess/(Deficiency) of Revenues Over Expenses	\$867,638	(\$8,510,830)	(\$5,399,620)
6	Depreciation Expense	\$4,887,639	\$4,803,745	\$5,278,929
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,755,277	(\$3,707,085)	(\$120,691)
8	Total Current Liabilities	\$18,732,974	\$25,675,893	\$30,425,142
9	Total Long Term Debt	\$16,517,550	\$29,718,688	\$29,561,646
10	Total Current Liabilities and Total Long Term Debt	\$35,250,524	\$55,394,581	\$59,986,788
11	<u>Long Term Debt to Capitalization Ratio</u>	49.8	63.4	83.3
12	Total Long Term Debt	\$16,517,550	\$29,718,688	\$29,561,646
13	Total Net Assets	\$16,665,037	\$17,127,403	\$5,928,751
14	Total Long Term Debt and Total Net Assets	\$33,182,587	\$46,846,091	\$35,490,397

DAY KIMBALL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
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	9,317	2,814	2,710	37	72	69.0%	35.5%
2	ICU/CCU (Excludes Neonatal ICU)	836	208	0	6	9	38.2%	25.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,855	593	602	12	15	88.0%	70.4%
	TOTAL PSYCHIATRIC	3,855	593	602	12	15	88.0%	70.4%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,415	540	492	5	8	77.5%	48.5%
7	Newborn	1,405	555	509	5	18	77.0%	21.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	16	9	10	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	15,439	3,956	3,814	60	104	70.5%	40.7%
	TOTAL INPATIENT BED UTILIZATION	16,844	4,511	4,323	65	122	71.0%	37.8%
	TOTAL INPATIENT REPORTED YEAR	16,844	4,511	4,323	65	122	71.0%	37.8%
	TOTAL INPATIENT PRIOR YEAR	16,124	4,331	4,211	65	122	68.0%	36.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	720	180	112	0	0	3.0%	1.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	4%	4%	3%	0%	0%	4%	4%
	Total Licensed Beds and Bassinets	122						
(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.								

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,385	1,404	19	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,224	3,328	104	3%
3	Emergency Department Scans	3,681	3,595	-86	-2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	8,290	8,327	37	0%
B. MRI Scans (A)					
1	Inpatient Scans	433	478	45	10%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,504	4,400	-104	-2%
3	Emergency Department Scans	207	163	-44	-21%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	5,144	5,041	-103	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	2	2	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	227	183	-44	-19%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	227	185	-42	-19%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(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	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	685	596	-89	-13%
2	Outpatient Surgical Procedures	2,872	3,008	136	5%
	Total Surgical Procedures	3,557	3,604	47	1%
J. Endoscopy Procedures					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	181	186	5	3%
2	Outpatient Endoscopy Procedures	940	923	-17	-2%
	Total Endoscopy Procedures	1,121	1,109	-12	-1%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	2,777	2,856	79	3%
2	Emergency Room Visits: Treated and Discharged	21,491	23,609	2,118	10%
	Total Emergency Room Visits	24,268	26,465	2,197	9%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	11,707	11,158	-549	-5%
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	0	0	0	0%
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	13,555	11,671	-1,884	-14%
	Total Hospital Clinic Visits	25,262	22,829	-2,433	-10%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	76,952	66,980	-9,972	-13%
2	Cardiac Rehabilitation	3,695	3,809	114	3%
3	Chemotherapy	1,223	1,173	-50	-4%
4	Gastroenterology	3,149	3,272	123	4%
5	Other Outpatient Visits	70,581	76,145	5,564	8%
	Total Other Hospital Outpatient Visits	155,600	151,379	-4,221	-3%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	284.1	276.4	-7.7	-3%
2	Total Physician FTEs	5.6	5.0	-0.6	-11%
3	Total Non-Nursing and Non-Physician FTEs	517.0	502.5	-14.5	-3%
	Total Hospital Full Time Equivalent Employees	806.7	783.9	-22.8	-3%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Day Kimball Hospital	2,872	3,008	136	5%
	Total Outpatient Surgical Procedures(A)	2,872	3,008	136	5%
B. Outpatient Endoscopy Procedures					
1	Day Kimball Hospital	940	923	-17	-2%
	Total Outpatient Endoscopy Procedures(B)	940	923	-17	-2%
C. Outpatient Hospital Emergency Room Visits					
1	Day Kimball Hospital	21,491	23,609	2,118	10%
	Total Outpatient Hospital Emergency Room Visits(C)	21,491	23,609	2,118	10%
(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.					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$33,963,600	\$34,007,234	\$43,634	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,499,150	\$17,746,030	\$246,880	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.52%	52.18%	0.66%	1%
4	DISCHARGES	1,947	1,804	(143)	-7%
5	CASE MIX INDEX (CMI)	1.24490	1.17780	(0.06710)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,423.82030	2,124.75120	(299.06910)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,219.66	\$8,352.05	\$1,132.39	16%
8	PATIENT DAYS	8,161	6,738	(1,423)	-17%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,144.24	\$2,633.72	\$489.48	23%
10	AVERAGE LENGTH OF STAY	4.2	3.7	(0.5)	-11%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$55,949,118	\$57,922,875	\$1,973,757	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,589,670	\$21,980,288	(\$609,382)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.38%	37.95%	-2.43%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	164.73%	170.33%	5.59%	3%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,207.34353	3,072.66585	(134.67768)	-4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,043.11	\$7,153.49	\$110.38	2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$89,912,718	\$91,930,109	\$2,017,391	2%
18	TOTAL ACCRUED PAYMENTS	\$40,088,820	\$39,726,318	(\$362,502)	-1%
19	TOTAL ALLOWANCES	\$49,823,898	\$52,203,791	\$2,379,893	5%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$15,604,585	\$15,277,989	(\$326,596)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,770,228	\$8,870,442	\$100,214	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.20%	58.06%	1.86%	3%
4	DISCHARGES	1,099	1,728	629	57%
5	CASE MIX INDEX (CMI)	0.95760	0.96590	0.00830	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,052.40240	1,669.07520	616.67280	59%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,333.53	\$5,314.58	(\$3,018.95)	-36%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,113.87)	\$3,037.47	\$4,151.34	-373%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,172,244)	\$5,069,759	\$6,242,003	-532%
10	PATIENT DAYS	3,481	6,454	2,973	85%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,519.46	\$1,374.41	(\$1,145.05)	-45%
12	AVERAGE LENGTH OF STAY	3.2	3.7	0.6	18%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$66,124,165	\$66,736,238	\$612,073	1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$38,249,692	\$39,411,196	\$1,161,504	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	57.85%	59.06%	1.21%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	423.75%	436.81%	13.06%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,656.99391	7,548.12818	2,891.13427	62%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,213.39	\$5,221.32	(\$2,992.07)	-36%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,170.28)	\$1,932.17	\$3,102.45	-265%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,449,976)	\$14,584,272	\$20,034,249	-368%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$81,728,750	\$82,014,227	\$285,477	0%
22	TOTAL ACCRUED PAYMENTS	\$47,019,920	\$48,281,638	\$1,261,718	3%
23	TOTAL ALLOWANCES	\$34,708,830	\$33,732,589	(\$976,241)	-3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,622,221)	\$19,654,031	\$26,276,252	-397%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$81,728,750	\$82,014,227	\$285,477	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$47,019,920	\$48,281,638	\$1,261,718	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,708,830	\$33,732,589	(\$976,241)	-3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.47%	41.13%	-1.34%	

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$856,999	\$470,731	(\$386,268)	-45%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,867	\$5,560	(\$33,307)	-86%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.54%	1.18%	-3.35%	-74%
4	DISCHARGES	59	61	2	3%
5	CASE MIX INDEX (CMI)	0.89780	0.88460	(0.01320)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	52.97020	53.96060	0.99040	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$733.75	\$103.04	(\$630.71)	-86%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,599.78	\$5,211.55	(\$2,388.23)	-31%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,485.90	\$8,249.01	\$1,763.11	27%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$343,560	\$445,122	\$101,562	30%
11	PATIENT DAYS	208	226	18	9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$186.86	\$24.60	(\$162.26)	-87%
13	AVERAGE LENGTH OF STAY	3.5	3.7	0.2	5%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,119,256	\$2,526,291	(\$592,965)	-19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$212,431	\$30,774	(\$181,657)	-86%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.81%	1.22%	-5.59%	-82%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	363.97%	536.67%	172.70%	47%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	214.74483	327.37115	112.62633	52%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$989.23	\$94.00	(\$895.22)	-90%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,224.16	\$5,127.32	(\$2,096.84)	-29%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,053.88	\$7,059.49	\$1,005.60	17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,300,040	\$2,311,073	\$1,011,032	78%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$3,976,255	\$2,997,022	(\$979,233)	-25%
24	TOTAL ACCRUED PAYMENTS	\$251,298	\$36,334	(\$214,964)	-86%
25	TOTAL ALLOWANCES	\$3,724,957	\$2,960,688	(\$764,269)	-21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,643,600	\$2,756,194	\$1,112,594	68%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$13,894,334	\$14,754,235	\$859,901	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,809,984	\$6,289,360	\$1,479,376	31%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.62%	42.63%	8.01%	23%
4	DISCHARGES	1,265	948	(317)	-25%
5	CASE MIX INDEX (CMI)	0.89240	0.89770	0.00530	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,128.88600	851.01960	(277.86640)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,260.82	\$7,390.38	\$3,129.56	73%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,072.71	(\$2,075.80)	(\$6,148.50)	-151%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,958.83	\$961.67	(\$1,997.16)	-67%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,340,185	\$818,399	(\$2,521,786)	-75%
11	PATIENT DAYS	4,430	3,538	(892)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,085.78	\$1,777.66	\$691.88	64%
13	AVERAGE LENGTH OF STAY	3.5	3.7	0.2	7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$30,013,739	\$34,689,078	\$4,675,339	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,542,331	\$10,627,679	(\$914,652)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.46%	30.64%	-7.82%	-20%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	216.01%	235.11%	19.10%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,732.58005	2,228.86825	(503.71180)	-18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,223.97	\$4,768.20	\$544.23	13%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,989.42	\$453.13	(\$3,536.29)	-89%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,819.14	\$2,385.30	(\$433.84)	-15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,703,528	\$5,316,510	(\$2,387,018)	-31%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$43,908,073	\$49,443,313	\$5,535,240	13%
24	TOTAL ACCRUED PAYMENTS	\$16,352,315	\$16,917,039	\$564,724	3%
25	TOTAL ALLOWANCES	\$27,555,758	\$32,526,274	\$4,970,516	18%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,043,713	\$6,134,909	(\$4,908,804)	-44%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>					
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%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$8,333.53	\$5,314.58	(\$3,018.95)	-36%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,219.66	\$8,352.05	\$1,132.39	16%
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	\$8,213.39	\$5,221.32	(\$2,992.07)	-36%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,043.11	\$7,153.49	\$110.38	2%
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%

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F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$13,894,334	\$14,754,235	\$859,901	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,809,984	\$6,289,360	\$1,479,376	31%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.62%	42.63%	8.01%	23%
4	DISCHARGES	1,265	948	(317)	-25%
5	CASE MIX INDEX (CMI)	0.89240	0.89770	0.00530	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,128.88600	851.01960	(277.86640)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,260.82	\$7,390.38	\$3,129.56	73%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,072.71	(\$2,075.80)	(\$6,148.50)	-151%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,958.83	\$961.67	(\$1,997.16)	-67%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,340,185	\$818,399	(\$2,521,786)	-75%
11	PATIENT DAYS	4,430	3,538	(892)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,085.78	\$1,777.66	\$691.88	64%
13	AVERAGE LENGTH OF STAY	3.5	3.7	0.2	7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$30,013,739	\$34,689,078	\$4,675,339	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,542,331	\$10,627,679	(\$914,652)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.46%	30.64%	-7.82%	-20%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	216.01%	235.11%	19.10%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,732.58005	2,228.86825	(503.71180)	-18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,223.97	\$4,768.20	\$544.23	13%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,989.42	\$453.13	(\$3,536.29)	-89%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,819.14	\$2,385.30	(\$433.84)	-15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,703,528	\$5,316,510	(\$2,387,018)	-31%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$43,908,073	\$49,443,313	\$5,535,240	13%
24	TOTAL ACCRUED PAYMENTS	\$16,352,315	\$16,917,039	\$564,724	3%
25	TOTAL ALLOWANCES	\$27,555,758	\$32,526,274	\$4,970,516	18%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
G. <u>CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$222,098	\$378,115	\$156,017	70%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$94,784	\$110,536	\$15,752	17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.68%	29.23%	-13.44%	-32%
4	DISCHARGES	20	31	11	55%
5	CASE MIX INDEX (CMI)	1.10190	0.73330	(0.36860)	-33%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	22.03800	22.73230	0.69430	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,300.93	\$4,862.51	\$561.57	13%
8	PATIENT DAYS	52	114	62	119%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,822.77	\$969.61	(\$853.16)	-47%
10	AVERAGE LENGTH OF STAY	2.6	3.7	1.1	41%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$977,760	\$1,102,238	\$124,478	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$350,516	\$329,460	(\$21,056)	-6%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$1,199,858	\$1,480,353	\$280,495	23%
14	TOTAL ACCRUED PAYMENTS	\$445,300	\$439,996	(\$5,304)	-1%
15	TOTAL ALLOWANCES	\$754,558	\$1,040,357	\$285,799	38%
H. <u>OTHER DATA</u>					
1	OTHER OPERATING REVENUE	\$4,807,000	\$6,153,524	\$1,346,524	28%
2	TOTAL OPERATING EXPENSES	\$110,624,592	\$109,004,882	(\$1,619,710)	-1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$703,850	\$522,721	(\$181,129)	-26%
5	BAD DEBTS (CHARGES)	\$3,021,107	\$3,150,512	\$129,405	4%
6	UNCOMPENSATED CARE (CHARGES)	\$3,724,957	\$3,673,233	(\$51,724)	-1%
7	COST OF UNCOMPENSATED CARE	\$1,689,082	\$1,633,851	(\$55,231)	-3%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$43,908,073	\$49,443,313	\$5,535,240	13%
9	TOTAL ACCRUED PAYMENTS	\$16,352,315	\$16,917,039	\$564,724	3%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$19,910,119	\$21,992,347	\$2,082,228	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,557,804	\$5,075,308	\$1,517,504	43%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$63,684,617	\$64,417,573	\$732,956	1%
2	TOTAL INPATIENT PAYMENTS	\$31,174,146	\$33,016,368	\$1,842,222	6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	48.95%	51.25%	2.30%	5%
4	TOTAL DISCHARGES	4,331	4,511	180	4%
5	TOTAL CASE MIX INDEX	1.06838	1.03471	(0.03367)	-3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,627.14670	4,667.57830	40.43160	1%
7	TOTAL OUTPATIENT CHARGES	\$153,064,782	\$160,450,429	\$7,385,647	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	240.35%	249.08%	8.73%	4%
9	TOTAL OUTPATIENT PAYMENTS	\$72,732,209	\$72,348,623	(\$383,586)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47.52%	45.09%	-2.43%	-5%
11	TOTAL CHARGES	\$216,749,399	\$224,868,002	\$8,118,603	4%
12	TOTAL PAYMENTS	\$103,906,355	\$105,364,991	\$1,458,636	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	47.94%	46.86%	-1.08%	-2%
14	PATIENT DAYS	16,124	16,844	720	4%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$48,080,032	\$49,139,584	\$1,059,552	2%
2	INPATIENT PAYMENTS	\$22,403,918	\$24,145,926	\$1,742,008	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	46.60%	49.14%	2.54%	5%
4	DISCHARGES	3,232	2,783	(449)	-14%
5	CASE MIX INDEX	1.10605	1.07744	(0.02861)	-3%
6	CASE MIX ADJUSTED DISCHARGES	3,574.74430	2,998.50310	(576.24120)	-16%
7	OUTPATIENT CHARGES	\$86,940,617	\$93,714,191	\$6,773,574	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	180.82%	190.71%	9.89%	5%
9	OUTPATIENT PAYMENTS	\$34,482,517	\$32,937,427	(\$1,545,090)	-4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.66%	35.15%	-4.52%	-11%
11	TOTAL CHARGES	\$135,020,649	\$142,853,775	\$7,833,126	6%
12	TOTAL PAYMENTS	\$56,886,435	\$57,083,353	\$196,918	0%
13	TOTAL PAYMENTS / CHARGES	42.13%	39.96%	-2.17%	-5%
14	PATIENT DAYS	12,643	10,390	(2,253)	-18%
15	TOTAL GOVERNMENT DEDUCTIONS	\$78,134,214	\$85,770,422	\$7,636,208	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.2	3.7	(0.5)	-11%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.7	0.6	18%
3	UNINSURED	3.5	3.7	0.2	5%
4	MEDICAID	3.5	3.7	0.2	7%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.6	3.7	1.1	41%
7	TOTAL AVERAGE LENGTH OF STAY	3.7	3.7	0.0	0%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$216,749,399	\$224,868,002	\$8,118,603	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$78,134,214	\$85,770,422	\$7,636,208	10%
3	UNCOMPENSATED CARE	\$3,724,957	\$3,673,233	(\$51,724)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,708,830	\$33,732,589	(\$976,241)	-3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,896,369	\$1,670,648	(\$225,721)	-12%
6	TOTAL ADJUSTMENTS	\$118,464,370	\$124,846,892	\$6,382,522	5%
7	TOTAL ACCRUED PAYMENTS	\$98,285,029	\$100,021,110	\$1,736,081	2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$98,285,029	\$100,021,110	\$1,736,081	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4534500647	0.4447992116	(0.0086508531)	-2%
11	COST OF UNCOMPENSATED CARE	\$1,689,082	\$1,633,851	(\$55,231)	-3%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,557,804	\$5,075,308	\$1,517,504	43%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,246,886	\$6,709,159	\$1,462,273	28%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$7,703,528	\$5,316,510	(\$2,387,018)	-31%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,643,600	\$2,756,194	\$1,112,594	68%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,347,128	\$8,072,705	(\$1,274,423)	-14%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,866,194	\$3,210,149	(\$656,045)	-16.97%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$742,945	(\$517,655)	(\$1,260,600)	-169.68%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$104,649,330	\$104,847,336	\$198,006	0.19%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$216,749,429	\$224,868,002	\$8,118,573	3.75%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$119,186	\$100,093	(\$19,093)	-16.02%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,844,143	\$3,773,326	(\$70,817)	-1.84%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,604,585	\$15,277,989	(\$326,596)
2	MEDICARE	\$33,963,600	34,007,234	\$43,634
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,894,334	14,754,235	\$859,901
4	MEDICAID	\$13,894,334	14,754,235	\$859,901
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$222,098	378,115	\$156,017
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$856,999	470,731	(\$386,268)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$48,080,032	\$49,139,584	\$1,059,552
	TOTAL INPATIENT CHARGES	\$63,684,617	\$64,417,573	\$732,956
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,124,165	\$66,736,238	\$612,073
2	MEDICARE	\$55,949,118	57,922,875	\$1,973,757
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$30,013,739	34,689,078	\$4,675,339
4	MEDICAID	\$30,013,739	34,689,078	\$4,675,339
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$977,760	1,102,238	\$124,478
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,119,256	2,526,291	(\$592,965)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$86,940,617	\$93,714,191	\$6,773,574
	TOTAL OUTPATIENT CHARGES	\$153,064,782	\$160,450,429	\$7,385,647
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,728,750	\$82,014,227	\$285,477
2	TOTAL MEDICARE	\$89,912,718	\$91,930,109	\$2,017,391
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$43,908,073	\$49,443,313	\$5,535,240
4	TOTAL MEDICAID	\$43,908,073	\$49,443,313	\$5,535,240
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,199,858	\$1,480,353	\$280,495
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,976,255	\$2,997,022	(\$979,233)
	TOTAL GOVERNMENT CHARGES	\$135,020,649	\$142,853,775	\$7,833,126
	TOTAL CHARGES	\$216,749,399	\$224,868,002	\$8,118,603
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,770,228	\$8,870,442	\$100,214
2	MEDICARE	\$17,499,150	17,746,030	\$246,880
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,809,984	6,289,360	\$1,479,376
4	MEDICAID	\$4,809,984	6,289,360	\$1,479,376
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$94,784	110,536	\$15,752
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$38,867	5,560	(\$33,307)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$22,403,918	\$24,145,926	\$1,742,008
	TOTAL INPATIENT PAYMENTS	\$31,174,146	\$33,016,368	\$1,842,222
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,249,692	\$39,411,196	\$1,161,504
2	MEDICARE	\$22,589,670	21,980,288	(\$609,382)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,542,331	10,627,679	(\$914,652)
4	MEDICAID	\$11,542,331	10,627,679	(\$914,652)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$350,516	329,460	(\$21,056)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$212,431	30,774	(\$181,657)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,482,517	\$32,937,427	(\$1,545,090)
	TOTAL OUTPATIENT PAYMENTS	\$72,732,209	\$72,348,623	(\$383,586)
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,019,920	\$48,281,638	\$1,261,718
2	TOTAL MEDICARE	\$40,088,820	\$39,726,318	(\$362,502)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,352,315	\$16,917,039	\$564,724
4	TOTAL MEDICAID	\$16,352,315	\$16,917,039	\$564,724
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$445,300	\$439,996	(\$5,304)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$251,298	\$36,334	(\$214,964)
	TOTAL GOVERNMENT PAYMENTS	\$56,886,435	\$57,083,353	\$196,918
	TOTAL PAYMENTS	\$103,906,355	\$105,364,991	\$1,458,636

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.20%	6.79%	-0.41%
2	MEDICARE	15.67%	15.12%	-0.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.41%	6.56%	0.15%
4	MEDICAID	6.41%	6.56%	0.15%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.17%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.40%	0.21%	-0.19%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.18%	21.85%	-0.33%
	TOTAL INPATIENT PAYER MIX	29.38%	28.65%	-0.73%
B.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.51%	29.68%	-0.83%
2	MEDICARE	25.81%	25.76%	-0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.85%	15.43%	1.58%
4	MEDICAID	13.85%	15.43%	1.58%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.45%	0.49%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.44%	1.12%	-0.32%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	40.11%	41.68%	1.56%
	TOTAL OUTPATIENT PAYER MIX	70.62%	71.35%	0.73%
	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)	8.44%	8.42%	-0.02%
2	MEDICARE	16.84%	16.84%	0.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.63%	5.97%	1.34%
4	MEDICAID	4.63%	5.97%	1.34%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.10%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.01%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	21.56%	22.92%	1.35%
	TOTAL INPATIENT PAYER MIX	30.00%	31.34%	1.33%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.81%	37.40%	0.59%
2	MEDICARE	21.74%	20.86%	-0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.11%	10.09%	-1.02%
4	MEDICAID	11.11%	10.09%	-1.02%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.34%	0.31%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.20%	0.03%	-0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	33.19%	31.26%	-1.93%
	TOTAL OUTPATIENT PAYER MIX	70.00%	68.66%	-1.33%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND					
BASELINE UNDERPAYMENT DATA					
(1)	(2)	(3)	(4)	(5)	
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	FY ACTUAL 2014	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA					
A. DISCHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,099	1,728	629	
2	MEDICARE	1,947	1,804	(143)	
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,265	948	(317)	
4	MEDICAID	1,265	948	(317)	
5	OTHER MEDICAL ASSISTANCE	0	0	-	
6	CHAMPUS / TRICARE	20	31	11	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	59	61	2	
	TOTAL GOVERNMENT DISCHARGES	3,232	2,783	(449)	
	TOTAL DISCHARGES	4,331	4,511	180	
B. PATIENT DAYS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,481	6,454	2,973	
2	MEDICARE	8,161	6,738	(1,423)	
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,430	3,538	(892)	
4	MEDICAID	4,430	3,538	(892)	
5	OTHER MEDICAL ASSISTANCE	0	0	-	
6	CHAMPUS / TRICARE	52	114	62	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	208	226	18	
	TOTAL GOVERNMENT PATIENT DAYS	12,643	10,390	(2,253)	
	TOTAL PATIENT DAYS	16,124	16,844	720	
C. AVERAGE LENGTH OF STAY (ALOS)					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.7	0.6	
2	MEDICARE	4.2	3.7	(0.5)	
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.5	3.7	0.2	
4	MEDICAID	3.5	3.7	0.2	
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-	
6	CHAMPUS / TRICARE	2.6	3.7	1.1	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.5	3.7	0.2	
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	3.9	3.7	(0.2)	
	TOTAL AVERAGE LENGTH OF STAY	3.7	3.7	0.0	
D. CASE MIX INDEX					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.95760	0.96590	0.00830	
2	MEDICARE	1.24490	1.17780	(0.06710)	
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.89240	0.89770	0.00530	
4	MEDICAID	0.89240	0.89770	0.00530	
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000	
6	CHAMPUS / TRICARE	1.10190	0.73330	(0.36860)	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89780	0.88460	(0.01320)	
	TOTAL GOVERNMENT CASE MIX INDEX	1.10605	1.07744	(0.02861)	
	TOTAL CASE MIX INDEX	1.06838	1.03471	(0.03367)	
E. OTHER REQUIRED DATA					
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$81,728,750	\$82,014,227	\$285,477	
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,019,920	\$48,281,638	\$1,261,718	
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,708,830	\$33,732,589	(\$976,241)	
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.47%	41.13%	-1.34%	
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,866,194	\$3,210,149	(\$656,045)	
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,896,369	\$1,670,648	(\$225,721)	
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0	
8	CHARITY CARE	\$703,850	\$522,721	(\$181,129)	
9	BAD DEBTS	\$3,021,107	\$3,150,512	\$129,405	
10	TOTAL UNCOMPENSATED CARE	\$3,724,957	\$3,673,233	(\$51,724)	
11	TOTAL OTHER OPERATING REVENUE	\$4,807,000	\$6,153,524	\$1,346,524	
12	TOTAL OPERATING EXPENSES	\$110,624,592	\$109,004,882	(\$1,619,710)	

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,052.40240	1,669.07520	616.67280
2	MEDICARE	2,423.82030	2,124.75120	(299.06910)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,128.88600	851.01960	(277.86640)
4	MEDICAID	1,128.88600	851.01960	(277.86640)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	22.03800	22.73230	0.69430
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52.97020	53.96060	0.99040
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,574.74430	2,998.50310	(576.24120)
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,627.14670	4,667.57830	40.43160
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,656.99391	7,548.12818	2,891.13427
2	MEDICARE	3,207.34353	3,072.66585	-134.67768
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,732.58005	2,228.86825	-503.71180
4	MEDICAID	2,732.58005	2,228.86825	-503.71180
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	88.04762	90.36769	2.32007
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	214.74483	327.37115	112.62633
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,027.97120	5,391.90179	-636.06941
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	10,684.96511	12,940.02996	2,255.06486
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,333.53	\$5,314.58	(\$3,018.95)
2	MEDICARE	\$7,219.66	\$8,352.05	\$1,132.39
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,260.82	\$7,390.38	\$3,129.56
4	MEDICAID	\$4,260.82	\$7,390.38	\$3,129.56
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,300.93	\$4,862.51	\$561.57
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$733.75	\$103.04	(\$630.71)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,267.28	\$8,052.66	\$1,785.38
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,737.23	\$7,073.55	\$336.33
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,213.39	\$5,221.32	(\$2,992.07)
2	MEDICARE	\$7,043.11	\$7,153.49	\$110.38
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,223.97	\$4,768.20	\$544.23
4	MEDICAID	\$4,223.97	\$4,768.20	\$544.23
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,980.98	\$3,645.77	(\$335.21)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$989.23	\$94.00	(\$895.22)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,720.42	\$6,108.68	\$388.27
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,806.97	\$5,591.07	(\$1,215.90)

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$7,703,528	\$5,316,510	(\$2,387,018)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,643,600	\$2,756,194	\$1,112,594
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,347,128	\$8,072,705	(\$1,274,423)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$216,749,399	\$224,868,002	\$8,118,603
2	TOTAL GOVERNMENT DEDUCTIONS	\$78,134,214	\$85,770,422	\$7,636,208
3	UNCOMPENSATED CARE	\$3,724,957	\$3,673,233	(\$51,724)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,708,830	\$33,732,589	(\$976,241)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,896,369	\$1,670,648	(\$225,721)
6	TOTAL ADJUSTMENTS	\$118,464,370	\$124,846,892	\$6,382,522
7	TOTAL ACCRUED PAYMENTS	\$98,285,029	\$100,021,110	\$1,736,081
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$98,285,029	\$100,021,110	\$1,736,081
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4534500647	0.4447992116	(0.0086508531)
11	COST OF UNCOMPENSATED CARE	\$1,689,082	\$1,633,851	(\$55,231)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,557,804	\$5,075,308	\$1,517,504
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,246,886	\$6,709,159	\$1,462,273
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	56.20%	58.06%	1.86%
2	MEDICARE	51.52%	52.18%	0.66%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34.62%	42.63%	8.01%
4	MEDICAID	34.62%	42.63%	8.01%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	42.68%	29.23%	-13.44%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.54%	1.18%	-3.35%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	46.60%	49.14%	2.54%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	48.95%	51.25%	2.30%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	57.85%	59.06%	1.21%
2	MEDICARE	40.38%	37.95%	-2.43%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.46%	30.64%	-7.82%
4	MEDICAID	38.46%	30.64%	-7.82%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	35.85%	29.89%	-5.96%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.81%	1.22%	-5.59%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	39.66%	35.15%	-4.52%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	47.52%	45.09%	-2.43%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$103,906,355	\$105,364,991	\$1,458,636
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$103,906,355	\$105,364,991	\$1,458,636
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$742,945	(\$517,655)	(\$1,260,600)
4	CALCULATED NET REVENUE	\$109,640,232	\$104,847,336	(\$4,792,896)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$104,649,330	\$104,847,336	\$198,006
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$4,990,902	\$0	(\$4,990,902)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$216,749,399	\$224,868,002	\$8,118,603
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$216,749,399	\$224,868,002	\$8,118,603
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$216,749,429	\$224,868,002	\$8,118,573
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$30)	\$0	\$30
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,724,957	\$3,673,233	(\$51,724)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$119,186	\$100,093	(\$19,093)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,844,143	\$3,773,326	(\$70,817)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,844,143	\$3,773,326	(\$70,817)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

DAY KIMBALL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,277,989
2	MEDICARE	34,007,234
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,754,235
4	MEDICAID	14,754,235
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	378,115
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	470,731
	TOTAL INPATIENT GOVERNMENT CHARGES	\$49,139,584
	TOTAL INPATIENT CHARGES	\$64,417,573
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,736,238
2	MEDICARE	57,922,875
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34,689,078
4	MEDICAID	34,689,078
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,102,238
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,526,291
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$93,714,191
	TOTAL OUTPATIENT CHARGES	\$160,450,429
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$82,014,227
2	TOTAL GOVERNMENT ACCRUED CHARGES	142,853,775
	TOTAL ACCRUED CHARGES	\$224,868,002
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,870,442
2	MEDICARE	17,746,030
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,289,360
4	MEDICAID	6,289,360
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	110,536
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,560
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$24,145,926
	TOTAL INPATIENT PAYMENTS	\$33,016,368
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$39,411,196
2	MEDICARE	21,980,288
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,627,679
4	MEDICAID	10,627,679
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	329,460
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30,774
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$32,937,427
	TOTAL OUTPATIENT PAYMENTS	\$72,348,623
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$48,281,638
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	57,083,353
	TOTAL ACCRUED PAYMENTS	\$105,364,991

DAY KIMBALL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,728
2	MEDICARE	1,804
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	948
4	MEDICAID	948
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	31
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	61
	TOTAL GOVERNMENT DISCHARGES	2,783
	TOTAL DISCHARGES	4,511
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.96590
2	MEDICARE	1.17780
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.89770
4	MEDICAID	0.89770
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.73330
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.88460
	TOTAL GOVERNMENT CASE MIX INDEX	1.07744
	TOTAL CASE MIX INDEX	1.03471
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$82,014,227
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$48,281,638
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,732,589
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.13%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,210,149
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,670,648
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$522,721
9	BAD DEBTS	\$3,150,512
10	TOTAL UNCOMPENSATED CARE	\$3,673,233
11	TOTAL OTHER OPERATING REVENUE	\$6,153,524
12	TOTAL OPERATING EXPENSES	\$109,004,882

DAY KIMBALL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
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	\$105,364,991
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$105,364,991
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$517,655)
	CALCULATED NET REVENUE	\$104,847,336
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$104,847,336
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$224,868,002
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$224,868,002
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$224,868,002
	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)	\$3,673,233
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$100,093
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,773,326
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,773,326
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	380	366	(14)	-4%
2	Number of Approved Applicants	360	357	(3)	-1%
3	Total Charges (A)	\$703,850	\$522,721	(\$181,129)	-26%
4	Average Charges	\$1,955	\$1,464	(\$491)	-25%
5	Ratio of Cost to Charges (RCC)	0.527305	0.499307	(0.027998)	-5%
6	Total Cost	\$371,144	\$260,998	(\$110,145)	-30%
7	Average Cost	\$1,031	\$731	(\$300)	-29%
8	Charity Care - Inpatient Charges	\$195,219	\$195,670	\$451	0%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	305,980	113,687	(192,293)	-63%
10	Charity Care - Emergency Department Charges	202,651	213,364	10,713	5%
11	Total Charges (A)	\$703,850	\$522,721	(\$181,129)	-26%
12	Charity Care - Number of Patient Days	319	450	131	41%
13	Charity Care - Number of Discharges	95	98	3	3%
14	Charity Care - Number of Outpatient ED Visits	347	220	(127)	-37%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	929	779	(150)	-16%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$384,245	\$934,365	\$550,120	143%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,259,497	945,992	(313,505)	-25%
3	Bad Debts - Emergency Department	1,377,365	1,270,155	(107,210)	-8%
4	Total Bad Debts (A)	\$3,021,107	\$3,150,512	\$129,405	4%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$703,850	\$522,721	(\$181,129)	-26%
2	Bad Debts (A)	3,021,107	3,150,512	129,405	4%
3	Total Uncompensated Care (A)	\$3,724,957	\$3,673,233	(\$51,724)	-1%
4	Uncompensated Care - Inpatient Services	\$579,464	\$1,130,035	\$550,571	95%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,565,477	1,059,679	(505,798)	-32%
6	Uncompensated Care - Emergency Department	1,580,016	1,483,519	(96,497)	-6%
7	Total Uncompensated Care (A)	\$3,724,957	\$3,673,233	(\$51,724)	-1%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$81,728,750	\$82,014,227	\$285,477	0%
2	Total Contractual Allowances	\$34,708,830	\$33,732,589	(\$976,241)	-3%
	Total Accrued Payments (A)	\$47,019,920	\$48,281,638	\$1,261,718	3%
	Total Discount Percentage	42.47%	41.13%	-1.34%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$60,261,612	\$63,684,617	\$64,417,573
2	Outpatient Gross Revenue	\$152,062,080	\$153,064,782	\$160,450,429
3	Total Gross Patient Revenue	\$212,323,692	\$216,749,399	\$224,868,002
4	Net Patient Revenue	\$113,405,335	\$104,649,330	\$104,847,336
B. Total Operating Expenses				
1	Total Operating Expense	\$115,241,429	\$110,624,592	\$109,004,882
C. Utilization Statistics				
1	Patient Days	18,484	16,124	16,844
2	Discharges	5,097	4,331	4,511
3	Average Length of Stay	3.6	3.7	3.7
4	Equivalent (Adjusted) Patient Days (EPD)	65,126	54,878	58,799
0	Equivalent (Adjusted) Discharges (ED)	17,959	14,740	15,747
D. Case Mix Statistics				
1	Case Mix Index	1.02855	1.06838	1.03471
2	Case Mix Adjusted Patient Days (CMAPD)	19,012	17,227	17,429
3	Case Mix Adjusted Discharges (CMAD)	5,243	4,627	4,668
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	66,985	58,630	60,840
5	Case Mix Adjusted Equivalent Discharges (CMAED)	18,471	15,748	16,294
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$11,487	\$13,443	\$13,350
2	Total Gross Revenue per Discharge	\$41,657	\$50,046	\$49,849
3	Total Gross Revenue per EPD	\$3,260	\$3,950	\$3,824
4	Total Gross Revenue per ED	\$11,823	\$14,704	\$14,280
5	Total Gross Revenue per CMAEPD	\$3,170	\$3,697	\$3,696
6	Total Gross Revenue per CMAED	\$11,495	\$13,763	\$13,801
7	Inpatient Gross Revenue per EPD	\$925	\$1,160	\$1,096
8	Inpatient Gross Revenue per ED	\$3,356	\$4,320	\$4,091

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$6,135	\$6,490	\$6,225
2	Net Patient Revenue per Discharge	\$22,249	\$24,163	\$23,243
3	Net Patient Revenue per EPD	\$1,741	\$1,907	\$1,783
4	Net Patient Revenue per ED	\$6,315	\$7,099	\$6,658
5	Net Patient Revenue per CMAEPD	\$1,693	\$1,785	\$1,723
6	Net Patient Revenue per CMAED	\$6,140	\$6,645	\$6,435
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$6,235	\$6,861	\$6,471
2	Total Operating Expense per Discharge	\$22,610	\$25,543	\$24,164
3	Total Operating Expense per EPD	\$1,770	\$2,016	\$1,854
4	Total Operating Expense per ED	\$6,417	\$7,505	\$6,922
5	Total Operating Expense per CMAEPD	\$1,720	\$1,887	\$1,792
6	Total Operating Expense per CMAED	\$6,239	\$7,024	\$6,690
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$16,633,835	\$17,402,531	\$16,787,759
2	Nursing Fringe Benefits Expense	\$5,673,578	\$6,244,691	\$6,015,407
3	Total Nursing Salary and Fringe Benefits Expense	\$22,307,413	\$23,647,222	\$22,803,166
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$3,748,829	\$1,443,401	\$1,080,913
2	Physician Fringe Benefits Expense	\$1,278,675	\$517,947	\$387,314
3	Total Physician Salary and Fringe Benefits Expense	\$5,027,504	\$1,961,348	\$1,468,227
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$30,660,397	\$28,859,814	\$29,778,061
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$10,457,849	\$10,356,001	\$10,670,104
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$41,118,246	\$39,215,815	\$40,448,165
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$51,043,061	\$47,705,746	\$47,646,733
2	Total Fringe Benefits Expense	\$17,410,102	\$17,118,639	\$17,072,825
3	Total Salary and Fringe Benefits Expense	\$68,453,163	\$64,824,385	\$64,719,558

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	274.2	284.1	276.4
2	Total Physician FTEs	16.1	5.6	5.0
3	Total Non-Nursing, Non-Physician FTEs	545.1	517.0	502.5
4	Total Full Time Equivalent Employees (FTEs)	835.4	806.7	783.9
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$60,663	\$61,255	\$60,737
2	Nursing Fringe Benefits Expense per FTE	\$20,691	\$21,981	\$21,763
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$81,355	\$83,236	\$82,501
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$232,847	\$257,750	\$216,183
2	Physician Fringe Benefits Expense per FTE	\$79,421	\$92,491	\$77,463
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$312,267	\$350,241	\$293,645
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$56,247	\$55,822	\$59,260
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,185	\$20,031	\$21,234
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$75,432	\$75,853	\$80,494
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$61,100	\$59,137	\$60,782
2	Total Fringe Benefits Expense per FTE	\$20,840	\$21,221	\$21,779
3	Total Salary and Fringe Benefits Expense per FTE	\$81,941	\$80,357	\$82,561
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,703	\$4,020	\$3,842
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,430	\$14,968	\$14,347
3	Total Salary and Fringe Benefits Expense per EPD	\$1,051	\$1,181	\$1,101
4	Total Salary and Fringe Benefits Expense per ED	\$3,812	\$4,398	\$4,110
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,022	\$1,106	\$1,064
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,706	\$4,116	\$3,972