

GRIFFIN 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	\$5,178,405	\$7,492,599	\$2,314,194	45%
2	Short Term Investments	\$9,040,563	\$8,062,643	(\$977,920)	-11%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,419,423	\$12,651,193	(\$1,768,230)	-12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$710,605	\$718,522	\$7,917	1%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$804,168	\$940,022	\$135,854	17%
8	Prepaid Expenses	\$2,669,266	\$2,653,217	(\$16,049)	-1%
9	Other Current Assets	\$1,817,160	\$1,480,336	(\$336,824)	-19%
	Total Current Assets	\$34,639,590	\$33,998,532	(\$641,058)	-2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,670,942	\$3,760,171	\$89,229	2%
2	Board Designated for Capital Acquisition	\$43,179	\$30,866	(\$12,313)	-29%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,289,166	\$4,289,408	\$242	0%
	Total Noncurrent Assets Whose Use is Limited:	\$8,003,287	\$8,080,445	\$77,158	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,186,601	\$1,274,463	\$87,862	7%
7	Other Noncurrent Assets	\$20,416,572	\$22,603,885	\$2,187,313	11%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$149,886,171	\$151,939,900	\$2,053,729	1%
2	Less: Accumulated Depreciation	\$94,328,204	\$98,968,474	\$4,640,270	5%
	Property, Plant and Equipment, Net	\$55,557,967	\$52,971,426	(\$2,586,541)	-5%
3	Construction in Progress	\$52,906	\$166,316	\$113,410	214%
	Total Net Fixed Assets	\$55,610,873	\$53,137,742	(\$2,473,131)	-4%
	Total Assets	\$119,856,923	\$119,095,067	(\$761,856)	-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	\$23,929,263	\$22,130,479	(\$1,798,784)	-8%
2	Salaries, Wages and Payroll Taxes	\$2,028,283	\$2,269,114	\$240,831	12%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,679,417	\$6,170,364	\$490,947	9%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$900,237	\$782,117	(\$118,120)	-13%
	Total Current Liabilities	\$32,537,200	\$31,352,074	(\$1,185,126)	-4%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$43,898,212	\$42,390,534	(\$1,507,678)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$43,898,212	\$42,390,534	(\$1,507,678)	-3%
3	Accrued Pension Liability	\$30,640,516	\$35,030,914	\$4,390,398	14%
4	Other Long Term Liabilities	\$26,488,170	\$26,988,104	\$499,934	2%
	Total Long Term Liabilities	\$101,026,898	\$104,409,552	\$3,382,654	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$22,179,759)	(\$26,106,535)	(\$3,926,776)	18%
2	Temporarily Restricted Net Assets	\$2,641,381	\$3,519,544	\$878,163	33%
3	Permanently Restricted Net Assets	\$5,831,203	\$5,920,432	\$89,229	2%
	Total Net Assets	(\$13,707,175)	(\$16,666,559)	(\$2,959,384)	22%
	Total Liabilities and Net Assets	\$119,856,923	\$119,095,067	(\$761,856)	-1%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$443,697,092	\$482,918,974	\$39,221,882	9%
2	Less: Allowances	\$310,668,115	\$342,181,446	\$31,513,331	10%
3	Less: Charity Care	\$4,849,739	\$3,784,979	(\$1,064,760)	-22%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$128,179,238	\$136,952,549	\$8,773,311	7%
5	Provision for Bad Debts	\$2,373,418	\$1,054,556	(\$1,318,862)	-56%
	Net Patient Service Revenue less provision for bad debts	\$125,805,820	\$135,897,993	\$10,092,173	8%
6	Other Operating Revenue	\$3,603,467	\$3,270,624	(\$332,843)	-9%
7	Net Assets Released from Restrictions	\$110,583	\$0	(\$110,583)	-100%
	Total Operating Revenue	\$129,519,870	\$139,168,617	\$9,648,747	7%
B. Operating Expenses:					
1	Salaries and Wages	\$53,238,240	\$55,696,577	\$2,458,337	5%
2	Fringe Benefits	\$19,163,796	\$16,761,635	(\$2,402,161)	-13%
3	Physicians Fees	\$2,857,151	\$3,514,363	\$657,212	23%
4	Supplies and Drugs	\$16,775,313	\$19,889,030	\$3,113,717	19%
5	Depreciation and Amortization	\$6,099,345	\$5,750,673	(\$348,672)	-6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,450,664	\$3,531,142	\$1,080,478	44%
8	Malpractice Insurance Cost	\$3,082,676	\$563,492	(\$2,519,184)	-82%
9	Other Operating Expenses	\$23,709,355	\$24,568,575	\$859,220	4%
	Total Operating Expenses	\$127,376,540	\$130,275,487	\$2,898,947	2%
	Income/(Loss) From Operations	\$2,143,330	\$8,893,130	\$6,749,800	315%
C. Non-Operating Revenue:					
1	Income from Investments	\$436,170	\$750,312	\$314,142	72%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$436,170	\$750,312	\$314,142	72%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,579,500	\$9,643,442	\$7,063,942	274%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$1,743,496	(\$1,809,312)	(\$3,552,808)	-204%
	Total Other Adjustments	\$1,743,496	(\$1,809,312)	(\$3,552,808)	-204%
	Excess/(Deficiency) of Revenue Over Expenses	\$4,322,996	\$7,834,130	\$3,511,134	81%
	Principal Payments	\$1,935,000	\$2,040,000	\$105,000	5%

**GRIFFIN 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.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$82,084,899	\$78,528,962	(\$3,555,937)	-4%
2	MEDICARE MANAGED CARE	\$33,638,793	\$37,279,528	\$3,640,735	11%
3	MEDICAID	\$25,825,407	\$32,386,777	\$6,561,370	25%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$110,445	\$111,721	\$1,276	1%
6	COMMERCIAL INSURANCE	\$6,250,259	\$6,803,869	\$553,610	9%
7	NON-GOVERNMENT MANAGED CARE	\$45,860,321	\$47,866,434	\$2,006,113	4%
8	WORKER'S COMPENSATION	\$1,600,613	\$1,702,867	\$102,254	6%
9	SELF- PAY/UNINSURED	\$2,035,467	\$776,076	(\$1,259,391)	-62%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$197,406,204	\$205,456,234	\$8,050,030	4%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$55,055,928	\$65,287,070	\$10,231,142	19%
2	MEDICARE MANAGED CARE	\$25,867,374	\$29,452,553	\$3,585,179	14%
3	MEDICAID	\$46,202,245	\$57,863,722	\$11,661,477	25%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$673,183	\$330,872	(\$342,311)	-51%
6	COMMERCIAL INSURANCE	\$6,337,368	\$7,092,712	\$755,344	12%
7	NON-GOVERNMENT MANAGED CARE	\$103,255,701	\$108,055,725	\$4,800,024	5%
8	WORKER'S COMPENSATION	\$5,439,200	\$5,884,505	\$445,305	8%
9	SELF- PAY/UNINSURED	\$3,459,888	\$3,495,581	\$35,693	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$246,290,887	\$277,462,740	\$31,171,853	13%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$137,140,827	\$143,816,032	\$6,675,205	5%
2	MEDICARE MANAGED CARE	\$59,506,167	\$66,732,081	\$7,225,914	12%
3	MEDICAID	\$72,027,652	\$90,250,499	\$18,222,847	25%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$783,628	\$442,593	(\$341,035)	-44%
6	COMMERCIAL INSURANCE	\$12,587,627	\$13,896,581	\$1,308,954	10%
7	NON-GOVERNMENT MANAGED CARE	\$149,116,022	\$155,922,159	\$6,806,137	5%
8	WORKER'S COMPENSATION	\$7,039,813	\$7,587,372	\$547,559	8%
9	SELF- PAY/UNINSURED	\$5,495,355	\$4,271,657	(\$1,223,698)	-22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$443,697,091	\$482,918,974	\$39,221,883	9%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$26,550,991	\$25,040,517	(\$1,510,474)	-6%
2	MEDICARE MANAGED CARE	\$8,501,894	\$9,773,137	\$1,271,243	15%

**GRIFFIN 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
3	MEDICAID	\$4,144,209	\$7,507,994	\$3,363,785	81%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$29,098	\$38,332	\$9,234	32%
6	COMMERCIAL INSURANCE	\$2,723,947	\$2,810,575	\$86,628	3%
7	NON-GOVERNMENT MANAGED CARE	\$17,560,351	\$18,599,912	\$1,039,561	6%
8	WORKER'S COMPENSATION	\$1,119,914	\$1,051,106	(\$68,808)	-6%
9	SELF- PAY/UNINSURED	\$392,743	\$432,874	\$40,131	10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$61,023,147	\$65,254,447	\$4,231,300	7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$10,659,489	\$13,128,947	\$2,469,458	23%
2	MEDICARE MANAGED CARE	\$5,135,967	\$5,674,700	\$538,733	10%
3	MEDICAID	\$8,277,794	\$10,695,352	\$2,417,558	29%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$0	\$72,683	\$72,683	0%
6	COMMERCIAL INSURANCE	\$2,778,907	\$3,357,822	\$578,915	21%
7	NON-GOVERNMENT MANAGED CARE	\$35,453,215	\$38,119,474	\$2,666,259	8%
8	WORKER'S COMPENSATION	\$2,660,191	\$2,362,243	(\$297,948)	-11%
9	SELF- PAY/UNINSURED	\$407,470	\$384,446	(\$23,024)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$65,373,033	\$73,795,667	\$8,422,634	13%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$37,210,480	\$38,169,464	\$958,984	3%
2	MEDICARE MANAGED CARE	\$13,637,861	\$15,447,837	\$1,809,976	13%
3	MEDICAID	\$12,422,003	\$18,203,346	\$5,781,343	47%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$29,098	\$111,015	\$81,917	282%
6	COMMERCIAL INSURANCE	\$5,502,854	\$6,168,397	\$665,543	12%
7	NON-GOVERNMENT MANAGED CARE	\$53,013,566	\$56,719,386	\$3,705,820	7%
8	WORKER'S COMPENSATION	\$3,780,105	\$3,413,349	(\$366,756)	-10%
9	SELF- PAY/UNINSURED	\$800,213	\$817,320	\$17,107	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$126,396,180	\$139,050,114	\$12,653,934	10%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,419	2,317	(102)	-4%
2	MEDICARE MANAGED CARE	1,037	966	(71)	-7%
3	MEDICAID	1,315	1,416	101	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	10	4	(6)	-60%
6	COMMERCIAL INSURANCE	203	172	(31)	-15%
7	NON-GOVERNMENT MANAGED CARE	2,078	1,952	(126)	-6%
8	WORKER'S COMPENSATION	29	27	(2)	-7%

**GRIFFIN 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
9	SELF- PAY/UNINSURED	85	81	(4)	-5%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	7,176	6,935	(241)	-3%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	12,806	11,693	(1,113)	-9%
2	MEDICARE MANAGED CARE	4,766	4,709	(57)	-1%
3	MEDICAID	5,093	5,988	895	18%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	23	9	(14)	-61%
6	COMMERCIAL INSURANCE	878	638	(240)	-27%
7	NON-GOVERNMENT MANAGED CARE	7,312	7,386	74	1%
8	WORKER'S COMPENSATION	67	81	14	21%
9	SELF- PAY/UNINSURED	326	302	(24)	-7%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	31,271	30,806	(465)	-1%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	31,307	32,429	1,122	4%
2	MEDICARE MANAGED CARE	13,488	13,848	360	3%
3	MEDICAID	30,599	34,149	3,550	12%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	214	154	(60)	-28%
6	COMMERCIAL INSURANCE	3,910	3,562	(348)	-9%
7	NON-GOVERNMENT MANAGED CARE	47,770	47,199	(571)	-1%
8	WORKER'S COMPENSATION	2,795	2,907	112	4%
9	SELF- PAY/UNINSURED	4,912	3,797	(1,115)	-23%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	134,995	138,045	3,050	2%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$9,937,692	\$9,619,389	(\$318,303)	-3%
2	MEDICARE MANAGED CARE	\$3,976,851	\$4,333,548	\$356,697	9%
3	MEDICAID	\$22,964,021	\$25,957,085	\$2,993,064	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$264,067	\$164,175	(\$99,892)	-38%
6	COMMERCIAL INSURANCE	\$1,372,164	\$1,363,149	(\$9,015)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$18,956,193	\$18,726,648	(\$229,545)	-1%
8	WORKER'S COMPENSATION	\$827,424	\$960,497	\$133,073	16%
9	SELF- PAY/UNINSURED	\$4,245,010	\$2,973,671	(\$1,271,339)	-30%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$62,543,422	\$64,098,162	\$1,554,740	2%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,965,258	\$1,998,374	\$33,116	2%

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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
2	MEDICARE MANAGED CARE	\$795,233	\$900,813	\$105,580	13%
3	MEDICAID	\$4,335,161	\$4,895,624	\$560,463	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$56,868	\$43,794	(\$13,074)	-23%
6	COMMERCIAL INSURANCE	\$550,818	\$588,451	\$37,633	7%
7	NON-GOVERNMENT MANAGED CARE	\$7,107,131	\$6,948,855	(\$158,276)	-2%
8	WORKER'S COMPENSATION	\$553,331	\$648,962	\$95,631	17%
9	SELF- PAY/UNINSURED	\$116,300	\$99,739	(\$16,561)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$15,480,100	\$16,124,612	\$644,512	4%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	4,759	4,478	(281)	-6%
2	MEDICARE MANAGED CARE	1,709	1,798	89	5%
3	MEDICAID	12,610	13,145	535	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	155	115	(40)	-26%
6	COMMERCIAL INSURANCE	734	719	(15)	-2%
7	NON-GOVERNMENT MANAGED CARE	10,916	10,103	(813)	-7%
8	WORKER'S COMPENSATION	752	737	(15)	-2%
9	SELF- PAY/UNINSURED	2,907	1,968	(939)	-32%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,542	33,063	(1,479)	-4%

GRIFFIN HOSPITAL					
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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
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$19,389,105	\$20,849,734	\$1,460,629	8%
2	Physician Salaries	\$4,057,828	\$3,821,225	(\$236,603)	-6%
3	Non-Nursing, Non-Physician Salaries	\$29,791,307	\$31,025,618	\$1,234,311	4%
	Total Salaries & Wages	\$53,238,240	\$55,696,577	\$2,458,337	5%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$6,978,339	\$6,274,634	(\$703,705)	-10%
2	Physician Fringe Benefits	\$1,460,456	\$1,149,980	(\$310,476)	-21%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,725,001	\$9,337,021	(\$1,387,980)	-13%
	Total Fringe Benefits	\$19,163,796	\$16,761,635	(\$2,402,161)	-13%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$169,704	\$315,419	\$145,715	86%
2	Physician Fees	\$2,857,151	\$3,514,363	\$657,212	23%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$3,026,855	\$3,829,782	\$802,927	27%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$12,339,651	\$13,101,553	\$761,902	6%
2	Pharmaceutical Costs	\$4,435,662	\$6,787,477	\$2,351,815	53%
	Total Medical Supplies and Pharmaceutical Cost	\$16,775,313	\$19,889,030	\$3,113,717	19%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,391,674	\$2,238,806	(\$152,868)	-6%
2	Depreciation-Equipment	\$3,707,671	\$3,511,867	(\$195,804)	-5%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$6,099,345	\$5,750,673	(\$348,672)	-6%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$2,450,664	\$3,531,142	\$1,080,478	44%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$3,082,676	\$563,492	(\$2,519,184)	-82%
I.	Utilities:				
1	Water	\$351,668	\$388,439	\$36,771	10%
2	Natural Gas	\$757,626	\$798,258	\$40,632	5%
3	Oil	\$30,617	\$42,445	\$11,828	39%
4	Electricity	\$1,872,138	\$1,864,532	(\$7,606)	0%
5	Telephone	\$427,113	\$371,553	(\$55,560)	-13%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$3,439,162	\$3,465,227	\$26,065	1%
J.	Business Expenses:				
1	Accounting Fees	\$256,296	\$269,004	\$12,708	5%
2	Legal Fees	\$259,177	\$169,634	(\$89,543)	-35%
3	Consulting Fees	\$892,001	\$358,104	(\$533,897)	-60%
4	Dues and Membership	\$378,104	\$386,004	\$7,900	2%
5	Equipment Leases	\$1,366,399	\$1,463,468	\$97,069	7%
6	Building Leases	\$329,676	\$348,388	\$18,712	6%
7	Repairs and Maintenance	\$2,827,860	\$3,263,643	\$435,783	15%
8	Insurance	\$302,696	\$339,128	\$36,432	12%
9	Travel	\$190,183	\$240,639	\$50,456	27%
10	Conferences	\$0	\$0	\$0	0%

GRIFFIN 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	\$181,520	\$92,095	(\$89,425)	-49%
12	General Supplies	\$714,447	\$788,521	\$74,074	10%
13	Licenses and Subscriptions	\$768,102	\$787,136	\$19,034	2%
14	Postage and Shipping	\$129,728	\$138,737	\$9,009	7%
15	Advertising	\$527,046	\$524,120	(\$2,926)	-1%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,222,726	\$1,441,112	\$218,386	18%
18	Computer hardware & small equipment	\$76,609	\$99,857	\$23,248	30%
19	Dietary / Food Services	\$2,087,887	\$2,327,414	\$239,527	11%
20	Lab Fees / Red Cross charges	\$1,496,835	\$1,612,911	\$116,076	8%
21	Billing & Collection / Bank Fees	\$832,352	\$803,944	(\$28,408)	-3%
22	Recruiting / Employee Education & Recognition	\$125,732	\$166,838	\$41,106	33%
23	Laundry / Linen	\$586,778	\$587,250	\$472	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$147,007	\$150,869	\$3,862	3%
26	Purchased Services - Medical	\$1,180,464	\$1,251,198	\$70,734	6%
27	Purchased Services - Non Medical	\$1,563,240	\$1,611,555	\$48,315	3%
28	Other Business Expenses	\$1,657,590	\$1,565,744	(\$91,846)	-6%
	Total Business Expenses	\$20,100,455	\$20,787,313	\$686,858	3%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$34	\$616	\$582	1712%
	Total Operating Expenses - All Expense Categories*	\$127,376,540	\$130,275,487	\$2,898,947	2%
	*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	\$4,017,957	\$3,981,966	(\$35,991)	-1%
2	General Accounting	\$1,135,614	\$660,902	(\$474,712)	-42%
3	Patient Billing & Collection	\$1,744,858	\$1,860,547	\$115,689	7%
4	Admitting / Registration Office	\$1,071,532	\$954,376	(\$117,156)	-11%
5	Data Processing	\$2,330,802	\$2,352,182	\$21,380	1%
6	Communications	\$95	\$103	\$8	8%
7	Personnel	\$1,353,676	\$1,361,364	\$7,688	1%
8	Public Relations	\$1,103,783	\$1,069,307	(\$34,476)	-3%
9	Purchasing	\$421,412	\$457,844	\$36,432	9%
10	Dietary and Cafeteria	\$3,453,411	\$3,814,644	\$361,233	10%
11	Housekeeping	\$2,055,893	\$2,147,537	\$91,644	4%
12	Laundry & Linen	\$441,214	\$435,313	(\$5,901)	-1%
13	Operation of Plant	\$4,867,013	\$5,369,525	\$502,512	10%
14	Security	\$697,289	\$535,098	(\$162,191)	-23%
15	Repairs and Maintenance	\$252,389	\$252,940	\$551	0%
16	Central Sterile Supply	\$558,945	\$652,563	\$93,618	17%
17	Pharmacy Department	\$5,757,793	\$8,233,867	\$2,476,074	43%
18	Other General Services	\$33,855,854	\$30,105,977	(\$3,749,877)	-11%
	Total General Services	\$65,119,530	\$64,246,055	(\$873,475)	-1%
B.	Professional Services:				
1	Medical Care Administration	\$615,133	\$662,970	\$47,837	8%
2	Residency Program	\$2,700,134	\$2,944,769	\$244,635	9%
3	Nursing Services Administration	\$733,743	\$755,432	\$21,689	3%
4	Medical Records	\$1,745,258	\$1,816,120	\$70,862	4%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$2,001,085	\$2,196,828	\$195,743	10%
	Total Professional Services	\$7,795,353	\$8,376,119	\$580,766	7%
C.	Special Services:				

GRIFFIN 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	\$10,254,147	\$11,353,547	\$1,099,400	11%
2	Recovery Room	\$488,258	\$487,085	(\$1,173)	0%
3	Anesthesiology	\$609,035	\$657,925	\$48,890	8%
4	Delivery Room	\$96,417	\$108,271	\$11,854	12%
5	Diagnostic Radiology	\$3,085,559	\$3,392,598	\$307,039	10%
6	Diagnostic Ultrasound	\$552,885	\$599,937	\$47,052	9%
7	Radiation Therapy	\$1,429,833	\$1,416,352	(\$13,481)	-1%
8	Radioisotopes	\$348,996	\$344,172	(\$4,824)	-1%
9	CT Scan	\$877,114	\$936,183	\$59,069	7%
10	Laboratory	\$7,282,191	\$7,520,860	\$238,669	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$733,279	\$821,727	\$88,448	12%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$49,276	\$62,118	\$12,842	26%
15	Occupational Therapy	\$1,018,763	\$1,080,910	\$62,147	6%
16	Speech Pathology	\$85,719	\$83,126	(\$2,593)	-3%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$937,054	\$961,687	\$24,633	3%
19	Pulmonary Function	\$239,169	\$230,382	(\$8,787)	-4%
20	Intravenous Therapy	\$91,753	\$94,671	\$2,918	3%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,699,043	\$1,781,858	\$82,815	5%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,120,536	\$5,261,855	\$141,319	3%
25	MRI	\$1,072,190	\$1,135,374	\$63,184	6%
26	PET Scan	\$213,201	\$252,041	\$38,840	18%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,064,302	\$1,108,025	\$43,723	4%
29	Sleep Center	\$364,943	\$361,933	(\$3,010)	-1%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,040,101	\$1,052,849	\$12,748	1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,511,786	\$1,642,910	\$131,124	9%
	Total Special Services	\$40,265,550	\$42,748,396	\$2,482,846	6%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,432,675	\$7,807,662	\$374,987	5%
2	Intensive Care Unit	\$2,393,288	\$2,348,342	(\$44,946)	-2%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,052,545	\$1,127,336	\$74,791	7%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,779,840	\$1,770,852	(\$8,988)	-1%
7	Newborn Nursery Unit	\$124,084	\$113,768	(\$10,316)	-8%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$529,438	\$573,562	\$44,124	8%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$350,757	\$595,420	\$244,663	70%
13	Other Routine Services	\$533,463	\$567,305	\$33,842	6%
	Total Routine Services	\$14,196,090	\$14,904,247	\$708,157	5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$17	\$670	\$653	3841%
	Total Operating Expenses - All Departments*	\$127,376,540	\$130,275,487	\$2,898,947	2%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GRIFFIN 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	\$121,061,315	\$125,805,820	\$135,897,993
2	Other Operating Revenue	5,748,384	3,714,050	3,270,624
3	Total Operating Revenue	\$126,809,699	\$129,519,870	\$139,168,617
4	Total Operating Expenses	129,115,712	127,376,540	130,275,487
5	Income/(Loss) From Operations	(\$2,306,013)	\$2,143,330	\$8,893,130
6	Total Non-Operating Revenue	(1,549,682)	2,179,666	(1,059,000)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$3,855,695)	\$4,322,996	\$7,834,130
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-1.84%	1.63%	6.44%
2	Hospital Non Operating Margin	-1.24%	1.66%	-0.77%
3	Hospital Total Margin	-3.08%	3.28%	5.67%
4	Income/(Loss) From Operations	(\$2,306,013)	\$2,143,330	\$8,893,130
5	Total Operating Revenue	\$126,809,699	\$129,519,870	\$139,168,617
6	Total Non-Operating Revenue	(\$1,549,682)	\$2,179,666	(\$1,059,000)
7	Total Revenue	\$125,260,017	\$131,699,536	\$138,109,617
8	Excess/(Deficiency) of Revenue Over Expenses	(\$3,855,695)	\$4,322,996	\$7,834,130
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$38,049,002)	(\$22,179,759)	(\$26,106,535)
2	Hospital Total Net Assets	(\$30,035,645)	(\$13,707,175)	(\$16,666,559)
3	Hospital Change in Total Net Assets	\$2,222,209	\$16,328,470	(\$2,959,384)
4	Hospital Change in Total Net Assets %	93.1%	-54.4%	21.6%

GRIFFIN 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>	0.30	0.28	0.27
2	Total Operating Expenses	\$129,115,712	\$127,376,540	\$130,275,487
3	Total Gross Revenue	\$417,991,029	\$443,697,091	\$482,918,974
4	Total Other Operating Revenue	\$5,748,384	\$3,603,467	\$3,270,624
5	<u>Private Payment to Cost Ratio</u>	1.23	1.30	1.39
6	Total Non-Government Payments	\$62,192,240	\$63,096,738	\$67,118,452
7	Total Uninsured Payments	\$548,236	\$800,213	\$817,320
8	Total Non-Government Charges	\$171,204,804	\$174,238,817	\$181,677,769
9	Total Uninsured Charges	\$7,291,835	\$5,495,355	\$4,271,657
10	<u>Medicare Payment to Cost Ratio</u>	0.85	0.91	0.95
11	Total Medicare Payments	\$47,496,512	\$50,848,341	\$53,617,301
12	Total Medicare Charges	\$183,619,878	\$196,646,994	\$210,548,113
13	<u>Medicaid Payment to Cost Ratio</u>	0.61	0.61	0.75
14	Total Medicaid Payments	\$11,530,590	\$12,422,003	\$18,203,346
15	Total Medicaid Charges	\$62,061,167	\$72,027,652	\$90,250,499
16	<u>Uncompensated Care Cost</u>	\$2,367,752	\$2,056,918	\$1,296,763
17	Charity Care	\$6,785,012	\$4,849,739	\$3,784,978
18	Bad Debts	\$985,612	\$2,373,418	\$1,054,556
19	Total Uncompensated Care	\$7,770,624	\$7,223,157	\$4,839,534
20	<u>Uncompensated Care % of Total Expenses</u>	1.8%	1.6%	1.0%

GRIFFIN 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	\$129,115,712	\$127,376,540	\$130,275,487
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$32,456,228	\$34,639,590	\$33,998,532
3	Total Current Liabilities	\$35,737,737	\$32,537,200	\$31,352,074
4	<u>Days Cash on Hand</u>	40	43	46
5	Cash and Cash Equivalents	\$8,071,213	\$5,178,405	\$7,492,599
6	Short Term Investments	5,371,978	9,040,563	8,062,643
7	Total Cash and Short Term Investments	\$13,443,191	\$14,218,968	\$15,555,242
8	Total Operating Expenses	\$129,115,712	\$127,376,540	\$130,275,487
9	Depreciation Expense	\$5,913,216	\$6,099,345	\$5,750,673
10	Operating Expenses less Depreciation Expense	\$123,202,496	\$121,277,195	\$124,524,814
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	42	34
12	Net Patient Accounts Receivable	\$12,754,987	\$14,419,423	\$12,651,193
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$12,754,987	\$14,419,423	\$12,651,193
16	Total Net Patient Revenue	\$121,061,315	\$125,805,820	\$135,897,993
17	<u>Average Payment Period</u>	106	98	92
18	Total Current Liabilities	\$35,737,737	\$32,537,200	\$31,352,074
19	Total Operating Expenses	\$129,115,712	\$127,376,540	\$130,275,487
20	Depreciation Expense	\$5,913,216	\$6,099,345	\$5,750,673

GRIFFIN 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	\$123,202,496	\$121,277,195	\$124,524,814
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(23.1)	(11.4)	(14.0)
2	Total Net Assets	(\$30,035,645)	(\$13,707,175)	(\$16,666,559)
3	Total Assets	\$129,920,217	\$119,856,923	\$119,095,067
4	<u>Cash Flow to Total Debt Ratio</u>	2.5	13.6	18.4
5	Excess/(Deficiency) of Revenues Over Expenses	(\$3,855,695)	\$4,322,996	\$7,834,130
6	Depreciation Expense	\$5,913,216	\$6,099,345	\$5,750,673
7	Excess of Revenues Over Expenses and Depreciation Expense	\$2,057,521	\$10,422,341	\$13,584,803
8	Total Current Liabilities	\$35,737,737	\$32,537,200	\$31,352,074
9	Total Long Term Debt	\$46,957,600	\$43,898,212	\$42,390,534
10	Total Current Liabilities and Total Long Term Debt	\$82,695,337	\$76,435,412	\$73,742,608
11	<u>Long Term Debt to Capitalization Ratio</u>	277.5	145.4	164.8
12	Total Long Term Debt	\$46,957,600	\$43,898,212	\$42,390,534
13	Total Net Assets	(\$30,035,645)	(\$13,707,175)	(\$16,666,559)
14	Total Long Term Debt and Total Net Assets	\$16,921,955	\$30,191,037	\$25,723,975
15	<u>Debt Service Coverage Ratio</u>	1.0	2.9	3.1
16	Excess Revenues over Expenses	(3,855,695)	\$4,322,996	\$7,834,130
17	Interest Expense	2,709,709	\$2,450,664	\$3,531,142
18	Depreciation and Amortization Expense	5,913,216	\$6,099,345	\$5,750,673
19	Principal Payments	1,900,000	\$1,935,000	\$2,040,000
G.	<u>Other Financial Ratios</u>			

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
20	<u>Average Age of Plant</u>	14.9	15.5	17.2
21	Accumulated Depreciation	88,278,310	94,328,204	98,968,474
22	Depreciation and Amortization Expense	5,913,216	6,099,345	5,750,673
H. <u>Utilization Measures Summary</u>				
1	Patient Days	29,321	31,271	30,806
2	Discharges	7,063	7,176	6,935
3	ALOS	4.2	4.4	4.4
4	Staffed Beds	82	88	86
5	Available Beds	-	180	180
6	Licensed Beds	180	180	180
7	Occupancy of Staffed Beds	98.0%	97.4%	98.1%
8	Occupancy of Available Beds	44.6%	47.6%	46.9%
9	Full Time Equivalent Employees	973.0	902.4	924.2
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.2%	38.0%	36.7%
2	Medicare Gross Revenue Payer Mix Percentage	43.9%	44.3%	43.6%
3	Medicaid Gross Revenue Payer Mix Percentage	14.8%	16.2%	18.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.7%	1.2%	0.9%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$163,912,969	\$168,743,462	\$177,406,112
9	Medicare Gross Revenue (Charges)	\$183,619,878	\$196,646,994	\$210,548,113
10	Medicaid Gross Revenue (Charges)	\$62,061,167	\$72,027,652	\$90,250,499
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$7,291,835	\$5,495,355	\$4,271,657
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,105,180	\$783,628	\$442,593
14	Total Gross Revenue (Charges)	\$417,991,029	\$443,697,091	\$482,918,974
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	50.7%	49.3%	47.7%
2	Medicare Net Revenue Payer Mix Percentage	39.0%	40.2%	38.6%

GRIFFIN 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	9.5%	9.8%	13.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	0.6%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$61,644,004	\$62,296,525	\$66,301,132
9	Medicare Net Revenue (Payments)	\$47,496,512	\$50,848,341	\$53,617,301
10	Medicaid Net Revenue (Payments)	\$11,530,590	\$12,422,003	\$18,203,346
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$548,236	\$800,213	\$817,320
13	CHAMPUS / TRICARE Net Revenue Payments)	\$449,490	\$29,098	\$111,015
14	Total Net Revenue (Payments)	\$121,668,832	\$126,396,180	\$139,050,114
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,462	2,395	2,232
2	Medicare	3,301	3,456	3,283
3	Medical Assistance	1,283	1,315	1,416
4	Medicaid	1,283	1,315	1,416
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	17	10	4
7	Uninsured (Included In Non-Government)	74	85	81
8	Total	7,063	7,176	6,935
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.02000	1.06260	1.03015
2	Medicare	1.36100	1.33040	1.32358
3	Medical Assistance	0.77400	0.80500	0.84899
4	Medicaid	0.77400	0.80500	0.84899
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.10300	0.43910	1.24465
7	Uninsured (Included In Non-Government)	1.03100	1.04230	0.85394
8	Total Case Mix Index	1.13489	1.14350	1.13219
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	4,870	5,156	4,838
2	Emergency Room - Treated and Discharged	36,080	34,542	33,063
3	Total Emergency Room Visits	40,950	39,698	37,901

**GRIFFIN 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	\$1,432,458	\$763,422	(\$669,036)	-47%
2	Inpatient Payments	\$351,311	\$165,913	(\$185,398)	-53%
3	Outpatient Charges	\$811,640	\$458,352	(\$353,288)	-44%
4	Outpatient Payments	\$178,042	\$107,370	(\$70,672)	-40%
5	Discharges	48	16	(32)	-67%
6	Patient Days	225	118	(107)	-48%
7	Outpatient Visits (Excludes ED Visits)	396	139	(257)	-65%
8	Emergency Department Outpatient Visits	65	22	(43)	-66%
9	Emergency Department Inpatient Admissions	41	14	(27)	-66%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,244,098	\$1,221,774	(\$1,022,324)	-46%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$529,353	\$273,283	(\$256,070)	-48%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$7,206,242	\$11,898,310	\$4,692,068	65%
2	Inpatient Payments	\$1,910,648	\$3,043,293	\$1,132,645	59%
3	Outpatient Charges	\$7,875,581	\$11,015,867	\$3,140,286	40%
4	Outpatient Payments	\$1,619,878	\$1,939,731	\$319,853	20%
5	Discharges	240	292	52	22%
6	Patient Days	1,005	1,402	397	40%
7	Outpatient Visits (Excludes ED Visits)	3,998	4,661	663	17%
8	Emergency Department Outpatient Visits	459	638	179	39%
9	Emergency Department Inpatient Admissions	221	261	40	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,081,823	\$22,914,177	\$7,832,354	52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,530,526	\$4,983,024	\$1,452,498	41%

**GRIFFIN 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	\$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. 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%

**GRIFFIN 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	\$19,309,465	\$16,321,401	(\$2,988,064)	-15%
2	Inpatient Payments	\$4,731,791	\$4,253,103	(\$478,688)	-10%
3	Outpatient Charges	\$12,137,866	\$9,907,663	(\$2,230,203)	-18%
4	Outpatient Payments	\$2,373,401	\$2,005,825	(\$367,576)	-15%
5	Discharges	591	413	(178)	-30%
6	Patient Days	2,777	2,108	(669)	-24%
7	Outpatient Visits (Excludes ED Visits)	5,084	3,693	(1,391)	-27%
8	Emergency Department Outpatient Visits	919	681	(238)	-26%
9	Emergency Department Inpatient Admissions	550	368	(182)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,447,331	\$26,229,064	(\$5,218,267)	-17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,105,192	\$6,258,928	(\$846,264)	-12%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$436,074	\$436,074	0%
2	Inpatient Payments	\$0	\$252,143	\$252,143	0%
3	Outpatient Charges	\$0	\$322,384	\$322,384	0%
4	Outpatient Payments	\$0	\$129,452	\$129,452	0%
5	Discharges	0	11	11	0%
6	Patient Days	0	46	46	0%
7	Outpatient Visits (Excludes ED Visits)	0	141	141	0%
8	Emergency Department Outpatient Visits	0	31	31	0%
9	Emergency Department Inpatient Admissions	0	8	8	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$758,458	\$758,458	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$381,595	\$381,595	0%
I.	AETNA				
1	Inpatient Charges	\$5,530,784	\$7,727,272	\$2,196,488	40%
2	Inpatient Payments	\$1,462,390	\$2,019,950	\$557,560	38%
3	Outpatient Charges	\$4,663,426	\$7,514,299	\$2,850,873	61%
4	Outpatient Payments	\$874,081	\$1,459,909	\$585,828	67%
5	Discharges	152	228	76	50%
6	Patient Days	726	1,015	289	40%
7	Outpatient Visits (Excludes ED Visits)	2,275	3,382	1,107	49%
8	Emergency Department Outpatient Visits	244	410	166	68%
9	Emergency Department Inpatient Admissions	138	204	66	48%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,194,210	\$15,241,571	\$5,047,361	50%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,336,471	\$3,479,859	\$1,143,388	49%

**GRIFFIN 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	\$92,608	\$133,049	\$40,441	44%
2	Inpatient Payments	\$30,325	\$38,735	\$8,410	28%
3	Outpatient Charges	\$91,574	\$72,321	(\$19,253)	-21%
4	Outpatient Payments	\$43,201	\$12,083	(\$31,118)	-72%
5	Discharges	4	6	2	50%
6	Patient Days	21	20	(1)	-5%
7	Outpatient Visits (Excludes ED Visits)	17	30	13	76%
8	Emergency Department Outpatient Visits	15	15	0	0%
9	Emergency Department Inpatient Admissions	4	6	2	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$184,182	\$205,370	\$21,188	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$73,526	\$50,818	(\$22,708)	-31%
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%

**GRIFFIN 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	\$67,236	\$0	(\$67,236)	-100%
2	Inpatient Payments	\$15,429	\$0	(\$15,429)	-100%
3	Outpatient Charges	\$287,287	\$161,667	(\$125,620)	-44%
4	Outpatient Payments	\$47,364	\$20,330	(\$27,034)	-57%
5	Discharges	2	0	(2)	-100%
6	Patient Days	12	0	(12)	-100%
7	Outpatient Visits (Excludes ED Visits)	9	4	(5)	-56%
8	Emergency Department Outpatient Visits	7	1	(6)	-86%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$354,523	\$161,667	(\$192,856)	-54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$62,793	\$20,330	(\$42,463)	-68%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$33,638,793	\$37,279,528	\$3,640,735	11%
	TOTAL INPATIENT PAYMENTS	\$8,501,894	\$9,773,137	\$1,271,243	15%
	TOTAL OUTPATIENT CHARGES	\$25,867,374	\$29,452,553	\$3,585,179	14%
	TOTAL OUTPATIENT PAYMENTS	\$5,135,967	\$5,674,700	\$538,733	10%
	TOTAL DISCHARGES	1,037	966	(71)	-7%
	TOTAL PATIENT DAYS	4,766	4,709	(57)	-1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	11,779	12,050	271	2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,709	1,798	89	5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	956	861	(95)	-10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$59,506,167	\$66,732,081	\$7,225,914	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,637,861	\$15,447,837	\$1,809,976	13%

**GRIFFIN 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%

**GRIFFIN 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	\$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. 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%

**GRIFFIN 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	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

GRIFFIN HEALTH SERVICES CORPORATION					
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	\$10,022,977	\$13,616,313	\$3,593,336	36%
2	Short Term Investments	\$33,424,704	\$31,664,235	(\$1,760,469)	-5%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,743,574	\$13,166,233	(\$1,577,341)	-11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$710,605	\$718,522	\$7,917	1%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,328,031	\$1,445,095	\$117,064	9%
8	Prepaid Expenses	\$2,696,107	\$3,052,485	\$356,378	13%
9	Other Current Assets	\$4,081,521	\$3,804,502	(\$277,019)	-7%
	Total Current Assets	\$67,007,519	\$67,467,385	\$459,866	1%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,670,942	\$3,760,171	\$89,229	2%
2	Board Designated for Capital Acquisition	\$1,191,763	\$1,255,429	\$63,666	5%
3	Funds Held in Escrow	\$855,461	\$855,927	\$466	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,289,166	\$4,289,408	\$242	0%
	Total Noncurrent Assets Whose Use is Limited:	\$10,007,332	\$10,160,935	\$153,603	2%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,413,527	\$3,927,719	\$514,192	15%
7	Other Noncurrent Assets	\$15,381,814	\$15,234,854	(\$146,960)	-1%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$158,371,244	\$161,991,851	\$3,620,607	2%
2	Less: Accumulated Depreciation	\$98,199,515	\$103,189,081	\$4,989,566	\$0
	Property, Plant and Equipment, Net	\$60,171,729	\$58,802,770	(\$1,368,959)	-2%
3	Construction in Progress	\$210,246	\$677,284	\$467,038	222%
	Total Net Fixed Assets	\$60,381,975	\$59,480,054	(\$901,921)	-1%
	Total Assets	\$156,192,167	\$156,270,947	\$78,780	0%

GRIFFIN HEALTH SERVICES CORPORATION					
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	\$26,566,787	\$24,884,567	(\$1,682,220)	-6%
2	Salaries, Wages and Payroll Taxes	\$1,609,530	\$1,840,576	\$231,046	14%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,724,617	\$6,247,526	\$522,909	9%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$3,205,106	\$2,788,153	(\$416,953)	-13%
	Total Current Liabilities	\$37,106,040	\$35,760,822	(\$1,345,218)	-4%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$46,821,566	\$45,213,706	(\$1,607,860)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$46,821,566	\$45,213,706	(\$1,607,860)	-3%
3	Accrued Pension Liability	\$30,640,516	\$35,030,914	\$4,390,398	14%
4	Other Long Term Liabilities	\$54,058,542	\$53,047,478	(\$1,011,064)	-2%
	Total Long Term Liabilities	\$131,520,624	\$133,292,098	\$1,771,474	1%
5	Interest in Net Assets of Affiliates or Joint Ventures	(\$565,562)	(\$1,284,550)	(\$718,988)	127%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$20,374,016)	(\$20,969,896)	(\$595,880)	3%
2	Temporarily Restricted Net Assets	\$2,673,878	\$3,552,041	\$878,163	33%
3	Permanently Restricted Net Assets	\$5,831,203	\$5,920,432	\$89,229	2%
	Total Net Assets	(\$11,868,935)	(\$11,497,423)	\$371,512	-3%
	Total Liabilities and Net Assets	\$156,192,167	\$156,270,947	\$78,780	0%

GRIFFIN HEALTH SERVICES CORPORATION					
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	\$449,887,862	\$493,590,094	\$43,702,232	10%
2	Less: Allowances	\$313,509,312	\$347,914,401	\$34,405,089	11%
3	Less: Charity Care	\$4,849,739	\$3,784,978	(\$1,064,761)	-22%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$131,528,811	\$141,890,715	\$10,361,904	8%
5	Provision for Bad Debts	\$2,517,513	\$1,107,461	(\$1,410,052)	-56%
	Net Patient Service Revenue less provision for bad debts	\$129,011,298	\$140,783,254	\$11,771,956	9%
6	Other Operating Revenue	\$14,910,925	\$12,677,437	(\$2,233,488)	-15%
7	Net Assets Released from Restrictions	\$947,997	\$115,867	(\$832,130)	-88%
	Total Operating Revenue	\$144,870,220	\$153,576,558	\$8,706,338	6%
B. Operating Expenses:					
1	Salaries and Wages	\$60,690,664	\$65,333,750	\$4,643,086	8%
2	Fringe Benefits	\$21,296,818	\$19,081,645	(\$2,215,173)	-10%
3	Physicians Fees	\$2,857,151	\$3,514,383	\$657,232	23%
4	Supplies and Drugs	\$22,587,369	\$24,914,530	\$2,327,161	10%
5	Depreciation and Amortization	\$6,572,783	\$6,094,741	(\$478,042)	-7%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,923,264	\$3,685,864	\$762,600	26%
8	Malpractice Insurance Cost	\$3,082,676	\$563,492	(\$2,519,184)	-82%
9	Other Operating Expenses	\$29,344,404	\$28,283,472	(\$1,060,932)	-4%
	Total Operating Expenses	\$149,355,129	\$151,471,877	\$2,116,748	1%
	Income/(Loss) From Operations	(\$4,484,909)	\$2,104,681	\$6,589,590	-147%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,475,312	\$2,020,394	(\$454,918)	-18%
2	Gifts, Contributions and Donations	\$519,852	\$314,372	(\$205,480)	-40%
3	Other Non-Operating Gains/(Losses)	\$3,420,415	\$850,811	(\$2,569,604)	-75%
	Total Non-Operating Revenue	\$6,415,579	\$3,185,577	(\$3,230,002)	-50%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,930,670	\$5,290,258	\$3,359,588	174%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$775,571)	(\$681,994)	\$93,577	-12%
	Total Other Adjustments	(\$775,571)	(\$681,994)	\$93,577	-12%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,155,099	\$4,608,264	\$3,453,165	299%

GRIFFIN HEALTH SERVICES CORPORATION

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
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$123,980,407	\$129,011,298	\$140,783,254
2	Other Operating Revenue	23,428,706	15,858,922	12,793,304
3	Total Operating Revenue	\$147,409,113	\$144,870,220	\$153,576,558
4	Total Operating Expenses	154,797,623	149,355,129	151,471,877
5	Income/(Loss) From Operations	(\$7,388,510)	(\$4,484,909)	\$2,104,681
6	Total Non-Operating Revenue	1,020,932	5,640,008	2,503,583
7	Excess/(Deficiency) of Revenue Over Expenses	(\$6,367,578)	\$1,155,099	\$4,608,264
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-4.98%	-2.98%	1.35%
2	Parent Corporation Non-Operating Margin	0.69%	3.75%	1.60%
3	Parent Corporation Total Margin	-4.29%	0.77%	2.95%
4	Income/(Loss) From Operations	(\$7,388,510)	(\$4,484,909)	\$2,104,681
5	Total Operating Revenue	\$147,409,113	\$144,870,220	\$153,576,558
6	Total Non-Operating Revenue	\$1,020,932	\$5,640,008	\$2,503,583
7	Total Revenue	\$148,430,045	\$150,510,228	\$156,080,141
8	Excess/(Deficiency) of Revenue Over Expenses	(\$6,367,578)	\$1,155,099	\$4,608,264
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$38,333,914)	(\$20,374,016)	(\$20,969,896)
2	Parent Corporation Total Net Assets	(\$30,268,735)	(\$11,868,935)	(\$11,497,423)
3	Parent Corporation Change in Total Net Assets	\$5,565,849	\$18,399,800	\$371,512
4	Parent Corporation Change in Total Net Assets %	84.5%	-60.8%	-3.1%

GRIFFIN HEALTH SERVICES CORPORATION

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
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.89	1.81	1.89
2	Total Current Assets	\$79,019,081	\$67,007,519	\$67,467,385
3	Total Current Liabilities	\$41,768,993	\$37,106,040	\$35,760,822
4	<u>Days Cash on Hand</u>	131	111	114
5	Cash and Cash Equivalents	\$10,631,688	\$10,022,977	\$13,616,313
6	Short Term Investments	\$42,693,844	\$33,424,704	\$31,664,235
7	Total Cash and Short Term Investments	\$53,325,532	\$43,447,681	\$45,280,548
8	Total Operating Expenses	\$154,797,623	\$149,355,129	\$151,471,877
9	Depreciation Expense	\$6,170,889	\$6,572,783	\$6,094,741
10	Operating Expenses less Depreciation Expense	\$148,626,734	\$142,782,346	\$145,377,136
11	<u>Days Revenue in Patient Accounts Receivable</u>	39	42	34
12	Net Patient Accounts Receivable	\$ 13,110,545	\$ 14,743,574	\$ 13,166,233
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 13,110,545	\$ 14,743,574	\$ 13,166,233
16	Total Net Patient Revenue	\$123,980,407	\$129,011,298	\$140,783,254
17	<u>Average Payment Period</u>	103	95	90
18	Total Current Liabilities	\$41,768,993	\$37,106,040	\$35,760,822
19	Total Operating Expenses	\$154,797,623	\$149,355,129	\$151,471,877
20	Depreciation Expense	\$6,170,889	\$6,572,783	\$6,094,741
20	Total Operating Expenses less Depreciation Expense	\$148,626,734	\$142,782,346	\$145,377,136

GRIFFIN HEALTH SERVICES CORPORATION

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>	(17.8)	(7.6)	(7.4)
2	Total Net Assets	(\$30,268,735)	(\$11,868,935)	(\$11,497,423)
3	Total Assets	\$170,031,466	\$156,192,167	\$156,270,947
4	<u>Cash Flow to Total Debt Ratio</u>	(0.2)	9.2	13.2
5	Excess/(Deficiency) of Revenues Over Expenses	(\$6,367,578)	\$1,155,099	\$4,608,264
6	Depreciation Expense	\$6,170,889	\$6,572,783	\$6,094,741
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$196,689)	\$7,727,882	\$10,703,005
8	Total Current Liabilities	\$41,768,993	\$37,106,040	\$35,760,822
9	Total Long Term Debt	\$49,939,639	\$46,821,566	\$45,213,706
10	Total Current Liabilities and Total Long Term Debt	\$91,708,632	\$83,927,606	\$80,974,528
11	<u>Long Term Debt to Capitalization Ratio</u>	253.9	134.0	134.1
12	Total Long Term Debt	\$49,939,639	\$46,821,566	\$45,213,706
13	Total Net Assets	(\$30,268,735)	(\$11,868,935)	(\$11,497,423)
14	Total Long Term Debt and Total Net Assets	\$19,670,904	\$34,952,631	\$33,716,283

GRIFFIN 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	20,638	5,133	4,826	57	118	99.2%	47.9%
2	ICU/CCU (Excludes Neonatal ICU)	2,791	293	0	8	14	95.6%	54.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,221	500	508	12	16	96.4%	72.3%
	TOTAL PSYCHIATRIC	4,221	500	508	12	16	96.4%	72.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,698	674	672	5	12	93.0%	38.8%
7	Newborn	1,458	628	629	4	20	99.9%	20.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	29,348	6,307	6,006	82	160	98.1%	50.3%
	TOTAL INPATIENT BED UTILIZATION	30,806	6,935	6,635	86	180	98.1%	46.9%
	TOTAL INPATIENT REPORTED YEAR	30,806	6,935	6,635	86	180	98.1%	46.9%
	TOTAL INPATIENT PRIOR YEAR	31,271	7,176	6,906	88	180	97.4%	47.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-465	-241	-271	-2	0	0.8%	-0.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	-3%	-4%	-2%	0%	1%	-1%
	Total Licensed Beds and Bassinets	180						
(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.								

GRIFFIN 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	4,439	4,276	-163	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,495	8,767	1,272	17%
3	Emergency Department Scans	5,973	6,066	93	2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,907	19,109	1,202	7%
B. MRI Scans (A)					
1	Inpatient Scans	418	440	22	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,743	3,806	63	2%
3	Emergency Department Scans	46	33	-13	-28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,207	4,279	72	2%
C. PET Scans (A)					
1	Inpatient Scans	1	2	1	100%
2	Outpatient Scans (Excluding Emergency Department Scans)	193	223	30	16%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	194	225	31	16%
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	34	18	-16	-47%
2	Outpatient Procedures	4,460	4,551	91	2%
	Total Linear Accelerator Procedures	4,494	4,569	75	2%
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	1,359	1,384	25	2%
2	Outpatient Surgical Procedures	3,222	3,557	335	10%
	Total Surgical Procedures	4,581	4,941	360	8%
J. Endoscopy Procedures					

GRIFFIN 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	366	326	-40	-11%
2	Outpatient Endoscopy Procedures	2,883	3,049	166	6%
	Total Endoscopy Procedures	3,249	3,375	126	4%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,156	4,838	-318	-6%
2	Emergency Room Visits: Treated and Discharged	34,542	33,063	-1,479	-4%
	Total Emergency Room Visits	39,698	37,901	-1,797	-5%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	5,436	4,870	-566	-10%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	7,040	7,421	381	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	133	299	166	125%
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	0	0	0	0%
	Total Hospital Clinic Visits	12,609	12,590	-19	0%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	14,352	15,171	819	6%
2	Cardiac Rehabilitation	2,684	3,447	763	28%
3	Chemotherapy	1,211	1,375	164	14%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	59,032	61,245	2,213	4%
	Total Other Hospital Outpatient Visits	77,279	81,238	3,959	5%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	301.9	315.7	13.8	5%
2	Total Physician FTEs	52.5	49.7	-2.8	-5%
3	Total Non-Nursing and Non-Physician FTEs	548.0	558.8	10.8	2%
	Total Hospital Full Time Equivalent Employees	902.4	924.2	21.8	2%

GRIFFIN 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	GRIFFIN HOSPITAL	3,222	3,557	335	10%
	Total Outpatient Surgical Procedures(A)	3,222	3,557	335	10%
B. Outpatient Endoscopy Procedures					
1	GRIFFIN HOSPITAL	2,883	3,049	166	6%
	Total Outpatient Endoscopy Procedures(B)	2,883	3,049	166	6%
C. Outpatient Hospital Emergency Room Visits					
1	GRIFFIN HOSPITAL	34,542	33,063	-1,479	-4%
	Total Outpatient Hospital Emergency Room Visits(C)	34,542	33,063	-1,479	-4%
(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.					

GRIFFIN 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	\$115,723,692	\$115,808,490	\$84,798	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$35,052,885	\$34,813,654	(\$239,231)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.29%	30.06%	-0.23%	-1%
4	DISCHARGES	3,456	3,283	(173)	-5%
5	CASE MIX INDEX (CMI)	1.33040	1.32358	(0.00682)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,597.86240	4,345.31314	(252.54926)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,623.74	\$8,011.77	\$388.04	5%
8	PATIENT DAYS	17,572	16,402	(1,170)	-7%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,994.81	\$2,122.52	\$127.71	6%
10	AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$80,923,302	\$94,739,623	\$13,816,321	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,795,456	\$18,803,647	\$3,008,191	19%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.52%	19.85%	0.33%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	69.93%	81.81%	11.88%	17%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,416.71283	2,685.72867	269.01584	11%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,535.93	\$7,001.32	\$465.39	7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$196,646,994	\$210,548,113	\$13,901,119	7%
18	TOTAL ACCRUED PAYMENTS	\$50,848,341	\$53,617,301	\$2,768,960	5%
19	TOTAL ALLOWANCES	\$145,798,653	\$156,930,812	\$11,132,159	8%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
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	\$55,746,660	\$57,149,246	\$1,402,586	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,796,955	\$22,894,467	\$1,097,512	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.10%	40.06%	0.96%	2%
4	DISCHARGES	2,395	2,232	(163)	-7%
5	CASE MIX INDEX (CMI)	1.06260	1.03015	(0.03245)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,544.92700	2,299.29480	(245.63220)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,564.86	\$9,957.17	\$1,392.30	16%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$941.13)	(\$1,945.40)	(\$1,004.27)	107%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,395,106)	(\$4,473,043)	(\$2,077,938)	87%
10	PATIENT DAYS	8,583	8,407	(176)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,539.55	\$2,723.26	\$183.71	7%
12	AVERAGE LENGTH OF STAY	3.6	3.8	0.2	5%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$118,492,157	\$124,528,523	\$6,036,366	5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,299,783	\$44,223,985	\$2,924,202	7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.85%	35.51%	0.66%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	212.55%	217.90%	5.35%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,090.68554	4,863.54034	(227.14520)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,112.81	\$9,092.96	\$980.15	12%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,576.89)	(\$2,091.64)	(\$514.75)	33%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,027,440)	(\$10,172,781)	(\$2,145,341)	27%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$174,238,817	\$181,677,769	\$7,438,952	4%
22	TOTAL ACCRUED PAYMENTS	\$63,096,738	\$67,118,452	\$4,021,714	6%
23	TOTAL ALLOWANCES	\$111,142,079	\$114,559,317	\$3,417,238	3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,422,545)	(\$14,645,824)	(\$4,223,279)	41%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$168,743,461	\$177,406,112	\$8,662,651	5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$64,824,539	\$67,686,329	\$2,861,790	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$103,918,922	\$109,719,783	\$5,800,861	6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.58%	61.85%	0.26%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$2,035,467	\$776,076	(\$1,259,391)	-62%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$392,743	\$432,874	\$40,131	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.29%	55.78%	36.48%	189%
4	DISCHARGES	85	81	(4)	-5%
5	CASE MIX INDEX (CMI)	1.04230	0.85394	(0.18836)	-18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	88.59550	69.16914	(19.42636)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,432.99	\$6,258.20	\$1,825.21	41%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,131.87	\$3,698.97	(\$432.90)	-10%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,190.74	\$1,753.58	(\$1,437.17)	-45%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$282,686	\$121,293	(\$161,392)	-57%
11	PATIENT DAYS	326	302	(24)	-7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,204.73	\$1,433.36	\$228.62	19%
13	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-3%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,459,888	\$3,495,581	\$35,693	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$407,470	\$384,446	(\$23,024)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.78%	11.00%	-0.78%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	169.98%	450.42%	280.44%	165%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	144.48305	364.83806	220.35501	153%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,820.19	\$1,053.74	(\$1,766.45)	-63%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,292.62	\$8,039.22	\$2,746.60	52%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,715.73	\$5,947.58	\$2,231.84	60%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$536,861	\$2,169,902	\$1,633,042	304%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$5,495,355	\$4,271,657	(\$1,223,698)	-22%
24	TOTAL ACCRUED PAYMENTS	\$800,213	\$817,320	\$17,107	2%
25	TOTAL ALLOWANCES	\$4,695,142	\$3,454,337	(\$1,240,805)	-26%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$819,546	\$2,291,195	\$1,471,649	180%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$25,825,407	\$32,386,777	\$6,561,370	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,144,209	\$7,507,994	\$3,363,785	81%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.05%	23.18%	7.14%	44%
4	DISCHARGES	1,315	1,416	101	8%
5	CASE MIX INDEX (CMI)	0.80500	0.84899	0.04399	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,058.57500	1,202.16984	143.59484	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,914.89	\$6,245.37	\$2,330.47	60%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,649.97	\$3,711.80	(\$938.17)	-20%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,708.84	\$1,766.40	(\$1,942.44)	-52%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,926,086	\$2,123,516	(\$1,802,571)	-46%
11	PATIENT DAYS	5,093	5,988	895	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$813.71	\$1,253.84	\$440.13	54%
13	AVERAGE LENGTH OF STAY	3.9	4.2	0.4	9%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$46,202,245	\$57,863,722	\$11,661,477	25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,277,794	\$10,695,352	\$2,417,558	29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.92%	18.48%	0.57%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	178.90%	178.66%	-0.24%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,352.56514	2,529.89145	177.32632	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,518.62	\$4,227.59	\$708.97	20%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,594.19	\$4,865.37	\$271.18	6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,017.30	\$2,773.73	(\$243.57)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,098,397	\$7,017,229	(\$81,169)	-1%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$72,027,652	\$90,250,499	\$18,222,847	25%
24	TOTAL ACCRUED PAYMENTS	\$12,422,003	\$18,203,346	\$5,781,343	47%
25	TOTAL ALLOWANCES	\$59,605,649	\$72,047,153	\$12,441,504	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,024,484	\$9,140,744	(\$1,883,740)	-17%

GRIFFIN HOSPITAL					
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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<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	\$8,564.86	\$9,957.17	\$1,392.30	16%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,623.74	\$8,011.77	\$388.04	5%
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	\$8,112.81	\$9,092.96	\$980.15	12%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,535.93	\$7,001.32	\$465.39	7%
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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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
F.	<u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>				
	<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$25,825,407	\$32,386,777	\$6,561,370	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,144,209	\$7,507,994	\$3,363,785	81%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.05%	23.18%	7.14%	44%
4	DISCHARGES	1,315	1,416	101	8%
5	CASE MIX INDEX (CMI)	0.80500	0.84899	0.04399	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,058.57500	1,202.16984	143.59484	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,914.89	\$6,245.37	\$2,330.47	60%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,649.97	\$3,711.80	(\$938.17)	-20%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,708.84	\$1,766.40	(\$1,942.44)	-52%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,926,086	\$2,123,516	(\$1,802,571)	-46%
11	PATIENT DAYS	5,093	5,988	895	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$813.71	\$1,253.84	\$440.13	54%
13	AVERAGE LENGTH OF STAY	3.9	4.2	0.4	9%
	<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$46,202,245	\$57,863,722	\$11,661,477	25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,277,794	\$10,695,352	\$2,417,558	29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.92%	18.48%	0.57%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	178.90%	178.66%	-0.24%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,352.56514	2,529.89145	177.32632	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,518.62	\$4,227.59	\$708.97	20%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,594.19	\$4,865.37	\$271.18	6%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,017.30	\$2,773.73	(\$243.57)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,098,397	\$7,017,229	(\$81,169)	-1%
	<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$72,027,652	\$90,250,499	\$18,222,847	25%
24	TOTAL ACCRUED PAYMENTS	\$12,422,003	\$18,203,346	\$5,781,343	47%
25	TOTAL ALLOWANCES	\$59,605,649	\$72,047,153	\$12,441,504	21%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$110,445	\$111,721	\$1,276	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$29,098	\$38,332	\$9,234	32%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.35%	34.31%	7.96%	30%
4	DISCHARGES	10	4	(6)	-60%
5	CASE MIX INDEX (CMI)	0.43910	1.24465	0.80555	183%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4.39100	4.97860	0.58760	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,626.74	\$7,699.35	\$1,072.62	16%
8	PATIENT DAYS	23	9	(14)	-61%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,265.13	\$4,259.11	\$2,993.98	237%
10	AVERAGE LENGTH OF STAY	2.3	2.3	(0.0)	-2%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$673,183	\$330,872	(\$342,311)	-51%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$72,683	\$72,683	0%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$783,628	\$442,593	(\$341,035)	-44%
14	TOTAL ACCRUED PAYMENTS	\$29,098	\$111,015	\$81,917	282%
15	TOTAL ALLOWANCES	\$754,530	\$331,578	(\$422,952)	-56%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,603,467	\$3,270,624	(\$332,843)	-9%
2	TOTAL OPERATING EXPENSES	\$127,376,540	\$130,275,487	\$2,898,947	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$4,849,739	\$3,784,978	(\$1,064,761)	-22%
5	BAD DEBTS (CHARGES)	\$2,373,418	\$1,054,556	(\$1,318,862)	-56%
6	UNCOMPENSATED CARE (CHARGES)	\$7,223,157	\$4,839,534	(\$2,383,623)	-33%
7	COST OF UNCOMPENSATED CARE	\$2,057,664	\$1,393,480	(\$664,184)	-32%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$72,027,652	\$90,250,499	\$18,222,847	25%
9	TOTAL ACCRUED PAYMENTS	\$12,422,003	\$18,203,346	\$5,781,343	47%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$20,518,548	\$25,986,434	\$5,467,886	27%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,096,545	\$7,783,088	(\$313,457)	-4%

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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	\$197,406,204	\$205,456,234	\$8,050,030	4%
2	TOTAL INPATIENT PAYMENTS	\$61,023,147	\$65,254,447	\$4,231,300	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	30.91%	31.76%	0.85%	3%
4	TOTAL DISCHARGES	7,176	6,935	(241)	-3%
5	TOTAL CASE MIX INDEX	1.14350	1.13219	(0.01131)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,205.75540	7,851.75638	(353.99902)	-4%
7	TOTAL OUTPATIENT CHARGES	\$246,290,887	\$277,462,740	\$31,171,853	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	124.76%	135.05%	10.28%	8%
9	TOTAL OUTPATIENT PAYMENTS	\$65,373,033	\$73,795,667	\$8,422,634	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.54%	26.60%	0.05%	0%
11	TOTAL CHARGES	\$443,697,091	\$482,918,974	\$39,221,883	9%
12	TOTAL PAYMENTS	\$126,396,180	\$139,050,114	\$12,653,934	10%
13	TOTAL PAYMENTS / TOTAL CHARGES	28.49%	28.79%	0.31%	1%
14	PATIENT DAYS	31,271	30,806	(465)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$141,659,544	\$148,306,988	\$6,647,444	5%
2	INPATIENT PAYMENTS	\$39,226,192	\$42,359,980	\$3,133,788	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.69%	28.56%	0.87%	3%
4	DISCHARGES	4,781	4,703	(78)	-2%
5	CASE MIX INDEX	1.18403	1.18062	(0.00340)	0%
6	CASE MIX ADJUSTED DISCHARGES	5,660.82840	5,552.46158	(108.36682)	-2%
7	OUTPATIENT CHARGES	\$127,798,730	\$152,934,217	\$25,135,487	20%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	90.22%	103.12%	12.90%	14%
9	OUTPATIENT PAYMENTS	\$24,073,250	\$29,571,682	\$5,498,432	23%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.84%	19.34%	0.50%	3%
11	TOTAL CHARGES	\$269,458,274	\$301,241,205	\$31,782,931	12%
12	TOTAL PAYMENTS	\$63,299,442	\$71,931,662	\$8,632,220	14%
13	TOTAL PAYMENTS / CHARGES	23.49%	23.88%	0.39%	2%
14	PATIENT DAYS	22,688	22,399	(289)	-1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$206,158,832	\$229,309,543	\$23,150,711	11%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	5.0	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.8	0.2	5%
3	UNINSURED	3.8	3.7	(0.1)	-3%
4	MEDICAID	3.9	4.2	0.4	9%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.3	2.3	(0.0)	-2%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.4	0.1	2%

GRIFFIN 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	\$443,697,091	\$482,918,974	\$39,221,883	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$206,158,832	\$229,309,543	\$23,150,711	11%
3	UNCOMPENSATED CARE	\$7,223,157	\$4,839,534	(\$2,383,623)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$103,918,922	\$109,719,783	\$5,800,861	6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$317,300,911	\$343,868,860	\$26,567,949	8%
7	TOTAL ACCRUED PAYMENTS	\$126,396,180	\$139,050,114	\$12,653,934	10%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$126,396,180	\$139,050,114	\$12,653,934	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2848704275	0.2879367378	0.0030663103	1%
11	COST OF UNCOMPENSATED CARE	\$2,057,664	\$1,393,480	(\$664,184)	-32%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,096,545	\$7,783,088	(\$313,457)	-4%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,154,209	\$9,176,568	(\$977,641)	-10%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$7,098,397	\$7,017,229	(\$81,169)	-1%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$819,546	\$2,291,195	\$1,471,649	180%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,917,944	\$9,308,424	\$1,390,481	18%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$590,359)	(\$3,152,120)	(\$2,561,761)	433.93%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$125,805,820	\$135,897,993	\$10,092,173	8.02%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$443,697,092	\$482,918,974	\$39,221,882	8.84%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,223,157	\$4,839,534	(\$2,383,623)	-33.00%

GRIFFIN 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)	\$55,746,660	\$57,149,246	\$1,402,586
2	MEDICARE	\$115,723,692	115,808,490	\$84,798
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,825,407	32,386,777	\$6,561,370
4	MEDICAID	\$25,825,407	32,386,777	\$6,561,370
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$110,445	111,721	\$1,276
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,035,467	776,076	(\$1,259,391)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$141,659,544	\$148,306,988	\$6,647,444
	TOTAL INPATIENT CHARGES	\$197,406,204	\$205,456,234	\$8,050,030
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$118,492,157	\$124,528,523	\$6,036,366
2	MEDICARE	\$80,923,302	94,739,623	\$13,816,321
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$46,202,245	57,863,722	\$11,661,477
4	MEDICAID	\$46,202,245	57,863,722	\$11,661,477
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$673,183	330,872	(\$342,311)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,459,888	3,495,581	\$35,693
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$127,798,730	\$152,934,217	\$25,135,487
	TOTAL OUTPATIENT CHARGES	\$246,290,887	\$277,462,740	\$31,171,853
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,238,817	\$181,677,769	\$7,438,952
2	TOTAL MEDICARE	\$196,646,994	\$210,548,113	\$13,901,119
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$72,027,652	\$90,250,499	\$18,222,847
4	TOTAL MEDICAID	\$72,027,652	\$90,250,499	\$18,222,847
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$783,628	\$442,593	(\$341,035)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,495,355	\$4,271,657	(\$1,223,698)
	TOTAL GOVERNMENT CHARGES	\$269,458,274	\$301,241,205	\$31,782,931
	TOTAL CHARGES	\$443,697,091	\$482,918,974	\$39,221,883
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,796,955	\$22,894,467	\$1,097,512
2	MEDICARE	\$35,052,885	34,813,654	(\$239,231)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,144,209	7,507,994	\$3,363,785
4	MEDICAID	\$4,144,209	7,507,994	\$3,363,785
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$29,098	38,332	\$9,234
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$392,743	432,874	\$40,131
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$39,226,192	\$42,359,980	\$3,133,788
	TOTAL INPATIENT PAYMENTS	\$61,023,147	\$65,254,447	\$4,231,300
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,299,783	\$44,223,985	\$2,924,202
2	MEDICARE	\$15,795,456	18,803,647	\$3,008,191
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,277,794	10,695,352	\$2,417,558
4	MEDICAID	\$8,277,794	10,695,352	\$2,417,558
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$0	72,683	\$72,683
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$407,470	384,446	(\$23,024)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$24,073,250	\$29,571,682	\$5,498,432
	TOTAL OUTPATIENT PAYMENTS	\$65,373,033	\$73,795,667	\$8,422,634
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$63,096,738	\$67,118,452	\$4,021,714
2	TOTAL MEDICARE	\$50,848,341	\$53,617,301	\$2,768,960
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,422,003	\$18,203,346	\$5,781,343
4	TOTAL MEDICAID	\$12,422,003	\$18,203,346	\$5,781,343
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$29,098	\$111,015	\$81,917
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$800,213	\$817,320	\$17,107
	TOTAL GOVERNMENT PAYMENTS	\$63,299,442	\$71,931,662	\$8,632,220
	TOTAL PAYMENTS	\$126,396,180	\$139,050,114	\$12,653,934

GRIFFIN 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)	12.56%	11.83%	-0.73%
2	MEDICARE	26.08%	23.98%	-2.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.82%	6.71%	0.89%
4	MEDICAID	5.82%	6.71%	0.89%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.46%	0.16%	-0.30%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.93%	30.71%	-1.22%
	TOTAL INPATIENT PAYER MIX	44.49%	42.54%	-1.95%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.71%	25.79%	-0.92%
2	MEDICARE	18.24%	19.62%	1.38%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.41%	11.98%	1.57%
4	MEDICAID	10.41%	11.98%	1.57%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.15%	0.07%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.78%	0.72%	-0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	28.80%	31.67%	2.87%
	TOTAL OUTPATIENT PAYER MIX	55.51%	57.46%	1.95%
	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)	17.24%	16.46%	-0.78%
2	MEDICARE	27.73%	25.04%	-2.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.28%	5.40%	2.12%
4	MEDICAID	3.28%	5.40%	2.12%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.02%	0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.31%	0.31%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.03%	30.46%	-0.57%
	TOTAL INPATIENT PAYER MIX	48.28%	46.93%	-1.35%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.67%	31.80%	-0.87%
2	MEDICARE	12.50%	13.52%	1.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.55%	7.69%	1.14%
4	MEDICAID	6.55%	7.69%	1.14%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.00%	0.05%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.32%	0.28%	-0.05%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.05%	21.27%	2.22%
	TOTAL OUTPATIENT PAYER MIX	51.72%	53.07%	1.35%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GRIFFIN 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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,395	2,232	(163)
2	MEDICARE	3,456	3,283	(173)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,315	1,416	101
4	MEDICAID	1,315	1,416	101
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	10	4	(6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	85	81	(4)
	TOTAL GOVERNMENT DISCHARGES	4,781	4,703	(78)
	TOTAL DISCHARGES	7,176	6,935	(241)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,583	8,407	(176)
2	MEDICARE	17,572	16,402	(1,170)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,093	5,988	895
4	MEDICAID	5,093	5,988	895
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	23	9	(14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	326	302	(24)
	TOTAL GOVERNMENT PATIENT DAYS	22,688	22,399	(289)
	TOTAL PATIENT DAYS	31,271	30,806	(465)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.8	0.2
2	MEDICARE	5.1	5.0	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	4.2	0.4
4	MEDICAID	3.9	4.2	0.4
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.3	2.3	(0.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	3.7	(0.1)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.8	0.0
	TOTAL AVERAGE LENGTH OF STAY	4.4	4.4	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06260	1.03015	(0.03245)
2	MEDICARE	1.33040	1.32358	(0.00682)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.80500	0.84899	0.04399
4	MEDICAID	0.80500	0.84899	0.04399
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.43910	1.24465	0.80555
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04230	0.85394	(0.18836)
	TOTAL GOVERNMENT CASE MIX INDEX	1.18403	1.18062	(0.00340)
	TOTAL CASE MIX INDEX	1.14350	1.13219	(0.01131)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$168,743,461	\$177,406,112	\$8,662,651
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$64,824,539	\$67,686,329	\$2,861,790
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$103,918,922	\$109,719,783	\$5,800,861
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.58%	61.85%	0.26%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$4,849,739	\$3,784,978	(\$1,064,761)
9	BAD DEBTS	\$2,373,418	\$1,054,556	(\$1,318,862)
10	TOTAL UNCOMPENSATED CARE	\$7,223,157	\$4,839,534	(\$2,383,623)
11	TOTAL OTHER OPERATING REVENUE	\$3,603,467	\$3,270,624	(\$332,843)
12	TOTAL OPERATING EXPENSES	\$127,376,540	\$130,275,487	\$2,898,947

GRIFFIN 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)	2,544.92700	2,299.29480	(245.63220)
2	MEDICARE	4,597.86240	4,345.31314	(252.54926)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,058.57500	1,202.16984	143.59484
4	MEDICAID	1,058.57500	1,202.16984	143.59484
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	4.39100	4.97860	0.58760
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	88.59550	69.16914	(19.42636)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,660.82840	5,552.46158	(108.36682)
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,205.75540	7,851.75638	(353.99902)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,090.68554	4,863.54034	-227.14520
2	MEDICARE	2,416.71283	2,685.72867	269.01584
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,352.56514	2,529.89145	177.32632
4	MEDICAID	2,352.56514	2,529.89145	177.32632
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	60.95188	11.84637	-49.10551
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	144.48305	364.83806	220.35501
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,830.22985	5,227.46650	397.23665
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,920.91539	10,091.00684	170.09145
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,564.86	\$9,957.17	\$1,392.30
2	MEDICARE	\$7,623.74	\$8,011.77	\$388.04
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,914.89	\$6,245.37	\$2,330.47
4	MEDICAID	\$3,914.89	\$6,245.37	\$2,330.47
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,626.74	\$7,699.35	\$1,072.62
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,432.99	\$6,258.20	\$1,825.21
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,929.41	\$7,629.05	\$699.64
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,436.63	\$8,310.81	\$874.18
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,112.81	\$9,092.96	\$980.15
2	MEDICARE	\$6,535.93	\$7,001.32	\$465.39
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,518.62	\$4,227.59	\$708.97
4	MEDICAID	\$3,518.62	\$4,227.59	\$708.97
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$0.00	\$6,135.47	\$6,135.47
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,820.19	\$1,053.74	(\$1,766.45)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,983.87	\$5,656.98	\$673.11
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,589.42	\$7,313.01	\$723.60

GRIFFIN 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	\$7,098,397	\$7,017,229	(\$81,169)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$819,546	\$2,291,195	\$1,471,649
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,917,944	\$9,308,424	\$1,390,481
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$443,697,091	\$482,918,974	\$39,221,883
2	TOTAL GOVERNMENT DEDUCTIONS	\$206,158,832	\$229,309,543	\$23,150,711
3	UNCOMPENSATED CARE	\$7,223,157	\$4,839,534	(\$2,383,623)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$103,918,922	\$109,719,783	\$5,800,861
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$317,300,911	\$343,868,860	\$26,567,949
7	TOTAL ACCRUED PAYMENTS	\$126,396,180	\$139,050,114	\$12,653,934
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$126,396,180	\$139,050,114	\$12,653,934
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2848704275	0.2879367378	0.0030663103
11	COST OF UNCOMPENSATED CARE	\$2,057,664	\$1,393,480	(\$664,184)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$8,096,545	\$7,783,088	(\$313,457)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,154,209	\$9,176,568	(\$977,641)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.10%	40.06%	0.96%
2	MEDICARE	30.29%	30.06%	-0.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.05%	23.18%	7.14%
4	MEDICAID	16.05%	23.18%	7.14%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	26.35%	34.31%	7.96%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19.29%	55.78%	36.48%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.69%	28.56%	0.87%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	30.91%	31.76%	0.85%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.85%	35.51%	0.66%
2	MEDICARE	19.52%	19.85%	0.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.92%	18.48%	0.57%
4	MEDICAID	17.92%	18.48%	0.57%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.00%	21.97%	21.97%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.78%	11.00%	-0.78%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	18.84%	19.34%	0.50%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.54%	26.60%	0.05%

GRIFFIN 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	\$126,396,180	\$139,050,114	\$12,653,934
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$126,396,180	\$139,050,114	\$12,653,934
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$590,359)	(\$3,152,120)	(\$2,561,761)
4	CALCULATED NET REVENUE	\$128,179,239	\$135,897,994	\$7,718,755
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$125,805,820	\$135,897,993	\$10,092,173
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2,373,419	\$1	(\$2,373,418)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED GROSS REVENUE	\$443,697,091	\$482,918,974	\$39,221,883
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$443,697,091	\$482,918,974	\$39,221,883
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$443,697,092	\$482,918,974	\$39,221,882
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,223,157	\$4,839,534	(\$2,383,623)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,223,157	\$4,839,534	(\$2,383,623)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,223,157	\$4,839,534	(\$2,383,623)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GRIFFIN 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)	\$57,149,246
2	MEDICARE	115,808,490
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32,386,777
4	MEDICAID	32,386,777
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	111,721
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	776,076
	TOTAL INPATIENT GOVERNMENT CHARGES	\$148,306,988
	TOTAL INPATIENT CHARGES	\$205,456,234
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$124,528,523
2	MEDICARE	94,739,623
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	57,863,722
4	MEDICAID	57,863,722
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	330,872
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,495,581
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$152,934,217
	TOTAL OUTPATIENT CHARGES	\$277,462,740
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$181,677,769
2	TOTAL GOVERNMENT ACCRUED CHARGES	301,241,205
	TOTAL ACCRUED CHARGES	\$482,918,974
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,894,467
2	MEDICARE	34,813,654
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,507,994
4	MEDICAID	7,507,994
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	38,332
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	432,874
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$42,359,980
	TOTAL INPATIENT PAYMENTS	\$65,254,447
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,223,985
2	MEDICARE	18,803,647
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,695,352
4	MEDICAID	10,695,352
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	72,683
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	384,446
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$29,571,682
	TOTAL OUTPATIENT PAYMENTS	\$73,795,667
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$67,118,452
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	71,931,662
	TOTAL ACCRUED PAYMENTS	\$139,050,114

GRIFFIN 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)	2,232
2	MEDICARE	3,283
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,416
4	MEDICAID	1,416
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	81
	TOTAL GOVERNMENT DISCHARGES	4,703
	TOTAL DISCHARGES	6,935
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03015
2	MEDICARE	1.32358
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84899
4	MEDICAID	0.84899
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.24465
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.85394
	TOTAL GOVERNMENT CASE MIX INDEX	1.18062
	TOTAL CASE MIX INDEX	1.13219
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$177,406,112
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$67,686,329
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$109,719,783
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.85%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$3,784,978
9	BAD DEBTS	\$1,054,556
10	TOTAL UNCOMPENSATED CARE	\$4,839,534
11	TOTAL OTHER OPERATING REVENUE	\$3,270,624
12	TOTAL OPERATING EXPENSES	\$130,275,487

GRIFFIN 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	\$139,050,114
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$139,050,114
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,152,120)
	CALCULATED NET REVENUE	\$135,897,994
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$135,897,993
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$482,918,974
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$482,918,974
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$482,918,974
	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)	\$4,839,534
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,839,534
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,839,534
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GRIFFIN 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	307	278	(29)	-9%
2	Number of Approved Applicants	248	206	(42)	-17%
3	Total Charges (A)	\$4,849,739	\$3,784,978	(\$1,064,761)	-22%
4	Average Charges	\$19,555	\$18,374	(\$1,182)	-6%
5	Ratio of Cost to Charges (RCC)	0.304705	0.284767	(0.019938)	-7%
6	Total Cost	\$1,477,740	\$1,077,837	(\$399,903)	-27%
7	Average Cost	\$5,959	\$5,232	(\$726)	-12%
8	Charity Care - Inpatient Charges	\$1,309,816	\$879,676	(\$430,140)	-33%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,466,587	1,164,329	(1,302,258)	-53%
10	Charity Care - Emergency Department Charges	1,073,336	1,740,973	667,637	62%
11	Total Charges (A)	\$4,849,739	\$3,784,978	(\$1,064,761)	-22%
12	Charity Care - Number of Patient Days	8,403	8,491	88	1%
13	Charity Care - Number of Discharges	717	546	(171)	-24%
14	Charity Care - Number of Outpatient ED Visits	4,175	4,695	520	12%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,511	3,253	(258)	-7%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$166,139	\$52,728	(\$113,411)	-68%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	901,899	495,641	(406,258)	-45%
3	Bad Debts - Emergency Department	1,305,380	506,187	(799,193)	-61%
4	Total Bad Debts (A)	\$2,373,418	\$1,054,556	(\$1,318,862)	-56%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$4,849,739	\$3,784,978	(\$1,064,761)	-22%
2	Bad Debts (A)	2,373,418	1,054,556	(1,318,862)	-56%
3	Total Uncompensated Care (A)	\$7,223,157	\$4,839,534	(\$2,383,623)	-33%
4	Uncompensated Care - Inpatient Services	\$1,475,955	\$932,404	(\$543,551)	-37%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,368,486	1,659,970	(1,708,516)	-51%
6	Uncompensated Care - Emergency Department	2,378,716	2,247,160	(131,556)	-6%
7	Total Uncompensated Care (A)	\$7,223,157	\$4,839,534	(\$2,383,623)	-33%

(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

GRIFFIN 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)
LINE	DESCRIPTION	FY 2013 ACTUAL TOTAL NON-GOVERNMENT	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$168,743,461	\$177,406,112	\$8,662,651	5%
2	Total Contractual Allowances	\$103,918,922	\$109,719,783	\$5,800,861	6%
	Total Accrued Payments (A)	\$64,824,539	\$67,686,329	\$2,861,790	4%
	Total Discount Percentage	61.58%	61.85%	0.26%	0%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GRIFFIN 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	\$185,170,801	\$197,406,204	\$205,456,234
2	Outpatient Gross Revenue	\$232,820,228	\$246,290,887	\$277,462,740
3	Total Gross Patient Revenue	\$417,991,029	\$443,697,091	\$482,918,974
4	Net Patient Revenue	\$121,061,315	\$125,805,820	\$135,897,993
B. Total Operating Expenses				
1	Total Operating Expense	\$129,115,712	\$127,376,540	\$130,275,487
C. Utilization Statistics				
1	Patient Days	29,321	31,271	30,806
2	Discharges	7,063	7,176	6,935
3	Average Length of Stay	4.2	4.4	4.4
4	Equivalent (Adjusted) Patient Days (EPD)	66,187	70,286	72,409
0	Equivalent (Adjusted) Discharges (ED)	15,943	16,129	16,301
D. Case Mix Statistics				
1	Case Mix Index	1.13489	1.14350	1.13219
2	Case Mix Adjusted Patient Days (CMAPD)	33,276	35,758	34,878
3	Case Mix Adjusted Discharges (CMAD)	8,016	8,206	7,852
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	75,115	80,372	81,981
5	Case Mix Adjusted Equivalent Discharges (CMAED)	18,094	18,444	18,455
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$14,256	\$14,189	\$15,676
2	Total Gross Revenue per Discharge	\$59,180	\$61,831	\$69,635
3	Total Gross Revenue per EPD	\$6,315	\$6,313	\$6,669
4	Total Gross Revenue per ED	\$26,217	\$27,509	\$29,626
5	Total Gross Revenue per CMAEPD	\$5,565	\$5,521	\$5,891
6	Total Gross Revenue per CMAED	\$23,101	\$24,057	\$26,167
7	Inpatient Gross Revenue per EPD	\$2,798	\$2,809	\$2,837
8	Inpatient Gross Revenue per ED	\$11,614	\$12,239	\$12,604

GRIFFIN 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	\$4,129	\$4,023	\$4,411
2	Net Patient Revenue per Discharge	\$17,140	\$17,531	\$19,596
3	Net Patient Revenue per EPD	\$1,829	\$1,790	\$1,877
4	Net Patient Revenue per ED	\$7,593	\$7,800	\$8,337
5	Net Patient Revenue per CMAEPD	\$1,612	\$1,565	\$1,658
6	Net Patient Revenue per CMAED	\$6,691	\$6,821	\$7,364
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,404	\$4,073	\$4,229
2	Total Operating Expense per Discharge	\$18,281	\$17,750	\$18,785
3	Total Operating Expense per EPD	\$1,951	\$1,812	\$1,799
4	Total Operating Expense per ED	\$8,098	\$7,897	\$7,992
5	Total Operating Expense per CMAEPD	\$1,719	\$1,585	\$1,589
6	Total Operating Expense per CMAED	\$7,136	\$6,906	\$7,059
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$19,496,313	\$19,389,105	\$20,849,734
2	Nursing Fringe Benefits Expense	\$7,396,230	\$6,978,339	\$6,274,634
3	Total Nursing Salary and Fringe Benefits Expense	\$26,892,543	\$26,367,444	\$27,124,368
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$4,020,152	\$4,057,828	\$3,821,225
2	Physician Fringe Benefits Expense	\$1,525,084	\$1,460,456	\$1,149,980
3	Total Physician Salary and Fringe Benefits Expense	\$5,545,236	\$5,518,284	\$4,971,205
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$29,145,626	\$29,791,307	\$31,025,618
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$11,056,564	\$10,725,001	\$9,337,021
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$40,202,190	\$40,516,308	\$40,362,639
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$52,662,091	\$53,238,240	\$55,696,577
2	Total Fringe Benefits Expense	\$19,977,878	\$19,163,796	\$16,761,635
3	Total Salary and Fringe Benefits Expense	\$72,639,969	\$72,402,036	\$72,458,212

GRIFFIN 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	357.0	301.9	315.7
2	Total Physician FTEs	45.0	52.5	49.7
3	Total Non-Nursing, Non-Physician FTEs	571.0	548.0	558.8
4	Total Full Time Equivalent Employees (FTEs)	973.0	902.4	924.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$54,612	\$64,224	\$66,043
2	Nursing Fringe Benefits Expense per FTE	\$20,718	\$23,115	\$19,875
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$75,329	\$87,338	\$85,918
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$89,337	\$77,292	\$76,886
2	Physician Fringe Benefits Expense per FTE	\$33,891	\$27,818	\$23,138
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$123,227	\$105,110	\$100,024
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,043	\$54,364	\$55,522
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,364	\$19,571	\$16,709
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$70,407	\$73,935	\$72,231
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$54,123	\$58,996	\$60,265
2	Total Fringe Benefits Expense per FTE	\$20,532	\$21,236	\$18,136
3	Total Salary and Fringe Benefits Expense per FTE	\$74,656	\$80,233	\$78,401
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,477	\$2,315	\$2,352
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,285	\$10,089	\$10,448
3	Total Salary and Fringe Benefits Expense per EPD	\$1,097	\$1,030	\$1,001
4	Total Salary and Fringe Benefits Expense per ED	\$4,556	\$4,489	\$4,445
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$967	\$901	\$884
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,015	\$3,926	\$3,926