

JOHNSON MEMORIAL 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	\$188,181	\$444,722	\$256,541	136%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$7,312,397	\$8,595,481	\$1,283,084	18%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,317,470	\$1,295,797	(\$21,673)	-2%
8	Prepaid Expenses	\$851,435	\$1,653,559	\$802,124	94%
9	Other Current Assets	\$1,688,323	\$580,488	(\$1,107,835)	-66%
	Total Current Assets	\$11,357,806	\$12,570,047	\$1,212,241	11%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,729,727	\$3,793,323	\$63,596	2%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$268,338	\$224,048	(\$44,290)	-17%
4	Other Noncurrent Assets Whose Use is Limited	\$843,587	\$843,587	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$4,841,652	\$4,860,958	\$19,306	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,165,915	\$3,397,937	\$232,022	7%
7	Other Noncurrent Assets	\$5,742,650	\$8,261,131	\$2,518,481	44%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$58,937,092	\$60,542,187	\$1,605,095	3%
2	Less: Accumulated Depreciation	\$42,014,780	\$44,128,525	\$2,113,745	5%
	Property, Plant and Equipment, Net	\$16,922,312	\$16,413,662	(\$508,650)	-3%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$16,922,312	\$16,413,662	(\$508,650)	-3%
	Total Assets	\$42,030,335	\$45,503,735	\$3,473,400	8%

JOHNSON MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. <u>LIABILITIES AND NET ASSETS</u>					
A. <u>Current Liabilities:</u>					
1	Accounts Payable and Accrued Expenses	\$4,873,903	\$5,855,188	\$981,285	20%
2	Salaries, Wages and Payroll Taxes	\$1,930,115	\$1,753,717	(\$176,398)	-9%
3	Due To Third Party Payers	\$2,564,571	\$2,675,513	\$110,942	4%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$11,987,500	\$11,987,500	\$0	0%
6	Current Portion of Notes Payable	\$471,952	\$304,886	(\$167,066)	-35%
7	Other Current Liabilities	\$4,324,690	\$5,754,783	\$1,430,093	33%
	Total Current Liabilities	\$26,152,731	\$28,331,587	\$2,178,856	8%
B. <u>Long Term Debt:</u>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$8,965,790	\$8,881,173	(\$84,617)	-1%
	Total Long Term Liabilities	\$8,965,790	\$8,881,173	(\$84,617)	-1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. <u>Net Assets:</u>					
1	Unrestricted Net Assets or Equity	\$2,069,573	\$3,321,184	\$1,251,611	60%
2	Temporarily Restricted Net Assets	\$268,927	\$332,881	\$63,954	24%
3	Permanently Restricted Net Assets	\$4,573,314	\$4,636,910	\$63,596	1%
	Total Net Assets	\$6,911,814	\$8,290,975	\$1,379,161	20%
	Total Liabilities and Net Assets	\$42,030,335	\$45,503,735	\$3,473,400	8%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$159,131,313	\$170,600,764	\$11,469,451	7%
2	Less: Allowances	\$94,731,879	\$99,445,286	\$4,713,407	5%
3	Less: Charity Care	\$310,398	\$387,404	\$77,006	25%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$64,089,036	\$70,768,074	\$6,679,038	10%
5	Provision for Bad Debts	\$4,455,452	\$4,119,249	(\$336,203)	-8%
	Net Patient Service Revenue less provision for bad debts	\$59,633,584	\$66,648,825	\$7,015,241	12%
6	Other Operating Revenue	\$275,135	\$414,887	\$139,752	51%
7	Net Assets Released from Restrictions	\$443,523	\$235,925	(\$207,598)	-47%
	Total Operating Revenue	\$60,352,242	\$67,299,637	\$6,947,395	12%
B. Operating Expenses:					
1	Salaries and Wages	\$26,864,410	\$25,111,605	(\$1,752,805)	-7%
2	Fringe Benefits	\$6,251,065	\$6,448,090	\$197,025	3%
3	Physicians Fees	\$1,855,379	\$2,126,346	\$270,967	15%
4	Supplies and Drugs	\$8,129,251	\$10,153,960	\$2,024,709	25%
5	Depreciation and Amortization	\$3,082,027	\$2,314,386	(\$767,641)	-25%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,408,245	\$1,459,503	\$51,258	4%
8	Malpractice Insurance Cost	\$649,270	\$1,129,342	\$480,072	74%
9	Other Operating Expenses	\$15,338,405	\$17,713,491	\$2,375,086	15%
	Total Operating Expenses	\$63,578,052	\$66,456,723	\$2,878,671	5%
	Income/(Loss) From Operations	(\$3,225,810)	\$842,914	\$4,068,724	-126%
C. Non-Operating Revenue:					
1	Income from Investments	\$231,079	\$357,200	\$126,121	55%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$1,200	\$4,203	\$3,003	250%
	Total Non-Operating Revenue	\$232,279	\$361,403	\$129,124	56%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$2,993,531)	\$1,204,317	\$4,197,848	-140%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

JOHNSON MEMORIAL 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
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,993,531)	\$1,204,317	\$4,197,848	-140%
	Principal Payments	\$231,498	\$106,608	(\$124,890)	-54%

**JOHNSON MEMORIAL 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	\$31,499,837	\$28,946,962	(\$2,552,875)	-8%
2	MEDICARE MANAGED CARE	\$8,517,807	\$8,847,807	\$330,000	4%
3	MEDICAID	\$8,611,611	\$10,503,345	\$1,891,734	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$411,547	\$370,688	(\$40,859)	-10%
6	COMMERCIAL INSURANCE	\$421,053	\$618,868	\$197,815	47%
7	NON-GOVERNMENT MANAGED CARE	\$12,058,303	\$11,553,882	(\$504,421)	-4%
8	WORKER'S COMPENSATION	\$120,679	\$64,709	(\$55,970)	-46%
9	SELF- PAY/UNINSURED	\$647,359	\$546,866	(\$100,493)	-16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$62,288,196	\$61,453,127	(\$835,069)	-1%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$27,713,669	\$29,272,118	\$1,558,449	6%
2	MEDICARE MANAGED CARE	\$8,312,067	\$11,997,937	\$3,685,870	44%
3	MEDICAID	\$17,040,706	\$20,760,315	\$3,719,609	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$562,072	\$593,638	\$31,566	6%
6	COMMERCIAL INSURANCE	\$1,317,297	\$986,652	(\$330,645)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$37,804,949	\$41,670,356	\$3,865,407	10%
8	WORKER'S COMPENSATION	\$2,201,990	\$1,900,052	(\$301,938)	-14%
9	SELF- PAY/UNINSURED	\$1,890,367	\$1,966,567	\$76,200	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$96,843,117	\$109,147,635	\$12,304,518	13%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$59,213,506	\$58,219,080	(\$994,426)	-2%
2	MEDICARE MANAGED CARE	\$16,829,874	\$20,845,744	\$4,015,870	24%
3	MEDICAID	\$25,652,317	\$31,263,660	\$5,611,343	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$973,619	\$964,326	(\$9,293)	-1%
6	COMMERCIAL INSURANCE	\$1,738,350	\$1,605,520	(\$132,830)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$49,863,252	\$53,224,238	\$3,360,986	7%
8	WORKER'S COMPENSATION	\$2,322,669	\$1,964,761	(\$357,908)	-15%
9	SELF- PAY/UNINSURED	\$2,537,726	\$2,513,433	(\$24,293)	-1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$159,131,313	\$170,600,762	\$11,469,449	7%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$10,612,108	\$10,978,208	\$366,100	3%
2	MEDICARE MANAGED CARE	\$2,896,952	\$3,119,323	\$222,371	8%

**JOHNSON MEMORIAL 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	\$1,929,397	\$5,211,995	\$3,282,598	170%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$159,823	\$155,890	(\$3,933)	-2%
6	COMMERCIAL INSURANCE	\$342,989	\$518,527	\$175,538	51%
7	NON-GOVERNMENT MANAGED CARE	\$6,664,380	\$7,332,745	\$668,365	10%
8	WORKER'S COMPENSATION	\$104,548	\$48,900	(\$55,648)	-53%
9	SELF- PAY/UNINSURED	\$100	\$5,904	\$5,804	5804%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$22,710,297	\$27,371,492	\$4,661,195	21%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,895,988	\$7,510,348	\$614,360	9%
2	MEDICARE MANAGED CARE	\$2,047,200	\$3,063,902	\$1,016,702	50%
3	MEDICAID	\$4,033,829	\$4,425,841	\$392,012	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$171,552	\$183,266	\$11,714	7%
6	COMMERCIAL INSURANCE	\$725,985	\$459,289	(\$266,696)	-37%
7	NON-GOVERNMENT MANAGED CARE	\$19,585,686	\$22,138,310	\$2,552,624	13%
8	WORKER'S COMPENSATION	\$1,361,759	\$1,212,041	(\$149,718)	-11%
9	SELF- PAY/UNINSURED	\$95,389	\$284,363	\$188,974	198%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$34,917,388	\$39,277,360	\$4,359,972	12%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$17,508,096	\$18,488,556	\$980,460	6%
2	MEDICARE MANAGED CARE	\$4,944,152	\$6,183,225	\$1,239,073	25%
3	MEDICAID	\$5,963,226	\$9,637,836	\$3,674,610	62%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$331,375	\$339,156	\$7,781	2%
6	COMMERCIAL INSURANCE	\$1,068,974	\$977,816	(\$91,158)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$26,250,066	\$29,471,055	\$3,220,989	12%
8	WORKER'S COMPENSATION	\$1,466,307	\$1,260,941	(\$205,366)	-14%
9	SELF- PAY/UNINSURED	\$95,489	\$290,267	\$194,778	204%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$57,627,685	\$66,648,852	\$9,021,167	16%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,301	1,195	(106)	-8%
2	MEDICARE MANAGED CARE	332	376	44	13%
3	MEDICAID	581	681	100	17%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	29	24	(5)	-17%
6	COMMERCIAL INSURANCE	32	53	21	66%
7	NON-GOVERNMENT MANAGED CARE	811	817	6	1%
8	WORKER'S COMPENSATION	5	3	(2)	-40%

**JOHNSON MEMORIAL 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	48	42	(6)	-13%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	3,139	3,191	52	2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	7,883	7,199	(684)	-9%
2	MEDICARE MANAGED CARE	1,862	1,944	82	4%
3	MEDICAID	2,623	3,369	746	28%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	112	101	(11)	-10%
6	COMMERCIAL INSURANCE	189	198	9	5%
7	NON-GOVERNMENT MANAGED CARE	3,263	3,278	15	0%
8	WORKER'S COMPENSATION	18	12	(6)	-33%
9	SELF- PAY/UNINSURED	180	169	(11)	-6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	16,130	16,270	140	1%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	23,806	23,855	49	0%
2	MEDICARE MANAGED CARE	9,037	10,123	1,086	12%
3	MEDICAID	11,677	12,344	667	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	523	470	(53)	-10%
6	COMMERCIAL INSURANCE	896	593	(303)	-34%
7	NON-GOVERNMENT MANAGED CARE	33,892	31,562	(2,330)	-7%
8	WORKER'S COMPENSATION	1,351	1,138	(213)	-16%
9	SELF- PAY/UNINSURED	1,743	1,612	(131)	-8%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	82,925	81,697	(1,228)	-1%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$5,535,332	\$5,507,678	(\$27,654)	0%
2	MEDICARE MANAGED CARE	\$1,575,757	\$2,054,735	\$478,978	30%
3	MEDICAID	\$9,018,923	\$11,390,959	\$2,372,036	26%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$315,008	\$341,552	\$26,544	8%
6	COMMERCIAL INSURANCE	\$700,428	\$380,328	(\$320,100)	-46%
7	NON-GOVERNMENT MANAGED CARE	\$9,172,791	\$10,927,453	\$1,754,662	19%
8	WORKER'S COMPENSATION	\$547,820	\$642,644	\$94,824	17%
9	SELF- PAY/UNINSURED	\$1,493,092	\$1,449,644	(\$43,448)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$28,359,151	\$32,694,993	\$4,335,842	15%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,453,395	\$1,424,368	(\$29,027)	-2%

**JOHNSON MEMORIAL 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
2	MEDICARE MANAGED CARE	\$389,940	\$509,689	\$119,749	31%
3	MEDICAID	\$1,958,589	\$2,000,080	\$41,491	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$78,769	\$79,926	\$1,157	1%
6	COMMERCIAL INSURANCE	\$376,405	\$164,308	(\$212,097)	-56%
7	NON-GOVERNMENT MANAGED CARE	\$4,877,324	\$5,422,015	\$544,691	11%
8	WORKER'S COMPENSATION	\$370,378	\$482,455	\$112,077	30%
9	SELF- PAY/UNINSURED	\$50,122	\$41,848	(\$8,274)	-17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$9,554,922	\$10,124,689	\$569,767	6%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	2,923	2,612	(311)	-11%
2	MEDICARE MANAGED CARE	791	933	142	18%
3	MEDICAID	5,484	5,553	69	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	242	189	(53)	-22%
6	COMMERCIAL INSURANCE	450	196	(254)	-56%
7	NON-GOVERNMENT MANAGED CARE	6,146	5,955	(191)	-3%
8	WORKER'S COMPENSATION	568	477	(91)	-16%
9	SELF- PAY/UNINSURED	1,213	865	(348)	-29%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	17,817	16,780	(1,037)	-6%

JOHNSON MEMORIAL 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
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$9,201,815	\$9,346,702	\$144,887	2%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$17,662,595	\$15,764,903	(\$1,897,692)	-11%
	Total Salaries & Wages	\$26,864,410	\$25,111,605	(\$1,752,805)	-7%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$2,141,165	\$2,547,260	\$406,095	19%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,109,900	\$3,900,830	(\$209,070)	-5%
	Total Fringe Benefits	\$6,251,065	\$6,448,090	\$197,025	3%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$111,656	\$84,628	(\$27,028)	-24%
2	Physician Fees	\$1,855,379	\$2,126,346	\$270,967	15%
3	Non-Nursing, Non-Physician Fees	\$729,427	\$1,205,201	\$475,774	65%
	Total Contractual Labor Fees	\$2,696,462	\$3,416,175	\$719,713	27%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$3,747,613	\$4,025,110	\$277,497	7%
2	Pharmaceutical Costs	\$4,381,638	\$6,128,850	\$1,747,212	40%
	Total Medical Supplies and Pharmaceutical Cost	\$8,129,251	\$10,153,960	\$2,024,709	25%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$1,099,226	\$1,053,419	(\$45,807)	-4%
2	Depreciation-Equipment	\$1,798,820	\$1,247,018	(\$551,802)	-31%
3	Amortization	\$183,981	\$13,949	(\$170,032)	-92%
	Total Depreciation and Amortization	\$3,082,027	\$2,314,386	(\$767,641)	-25%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$1,408,245	\$1,459,503	\$51,258	4%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$649,270	\$1,129,342	\$480,072	74%
I.	<u>Utilities:</u>				
1	Water	\$29,368	\$29,402	\$34	0%
2	Natural Gas	\$31,846	\$29,953	(\$1,893)	-6%
3	Oil	\$699,727	\$726,777	\$27,050	4%
4	Electricity	\$751,283	\$779,438	\$28,155	4%
5	Telephone	\$206,512	\$198,688	(\$7,824)	-4%
6	Other Utilities	\$89,078	\$84,681	(\$4,397)	-5%
	Total Utilities	\$1,807,814	\$1,848,939	\$41,125	2%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$88,995	\$90,565	\$1,570	2%
2	Legal Fees	\$557,738	\$1,014,187	\$456,449	82%
3	Consulting Fees	\$486,831	\$938,003	\$451,172	93%
4	Dues and Membership	\$198,877	\$195,642	(\$3,235)	-2%
5	Equipment Leases	\$855,267	\$689,217	(\$166,050)	-19%
6	Building Leases	\$813,973	\$783,147	(\$30,826)	-4%
7	Repairs and Maintenance	\$490,553	\$406,186	(\$84,367)	-17%
8	Insurance	\$169,173	\$156,315	(\$12,858)	-8%
9	Travel	\$35,841	\$3,774	(\$32,067)	-89%
10	Conferences	\$8,539	\$6,053	(\$2,486)	-29%

JOHNSON MEMORIAL 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	\$0	\$0	\$0	0%
12	General Supplies	\$190,428	\$325,343	\$134,915	71%
13	Licenses and Subscriptions	\$25,522	\$19,491	(\$6,031)	-24%
14	Postage and Shipping	\$80,282	\$92,575	\$12,293	15%
15	Advertising	\$92,199	\$102,909	\$10,710	12%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$911,987	\$932,258	\$20,271	2%
18	Computer hardware & small equipment	\$66,101	\$92,324	\$26,223	40%
19	Dietary / Food Services	\$282,223	\$292,206	\$9,983	4%
20	Lab Fees / Red Cross charges	\$836,799	\$820,907	(\$15,892)	-2%
21	Billing & Collection / Bank Fees	\$741,577	\$665,971	(\$75,606)	-10%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$275,445	\$189,479	(\$85,966)	-31%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$140,866	\$185,239	\$44,373	32%
26	Purchased Services - Medical	\$747,468	\$738,126	(\$9,342)	-1%
27	Purchased Services - Non Medical	\$634,655	\$644,535	\$9,880	2%
28	Other Business Expenses	\$3,660,775	\$4,890,829	\$1,230,054	34%
	Total Business Expenses	\$12,392,114	\$14,275,281	\$1,883,167	15%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$297,394	\$299,442	\$2,048	1%
	Total Operating Expenses - All Expense Categories*	\$63,578,052	\$66,456,723	\$2,878,671	5%
	*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	\$6,357,098	\$7,766,174	\$1,409,076	22%
2	General Accounting	\$641,636	\$601,621	(\$40,015)	-6%
3	Patient Billing & Collection	\$1,135,091	\$1,169,076	\$33,985	3%
4	Admitting / Registration Office	\$849,811	\$813,653	(\$36,158)	-4%
5	Data Processing	\$1,499,147	\$1,515,757	\$16,610	1%
6	Communications	\$184,340	\$151,091	(\$33,249)	-18%
7	Personnel	\$6,886,655	\$6,353,574	(\$533,081)	-8%
8	Public Relations	\$104,740	\$45,100	(\$59,640)	-57%
9	Purchasing	\$277,303	\$311,169	\$33,866	12%
10	Dietary and Cafeteria	\$775,747	\$982,371	\$206,624	27%
11	Housekeeping	\$680,851	\$728,985	\$48,134	7%
12	Laundry & Linen	\$277,900	\$190,892	(\$87,008)	-31%
13	Operation of Plant	\$1,882,207	\$1,787,786	(\$94,421)	-5%
14	Security	\$171,189	\$185,337	\$14,148	8%
15	Repairs and Maintenance	\$1,046,232	\$1,130,752	\$84,520	8%
16	Central Sterile Supply	\$186,753	\$157,045	(\$29,708)	-16%
17	Pharmacy Department	\$5,073,363	\$6,825,308	\$1,751,945	35%
18	Other General Services	\$4,279,512	\$4,566,727	\$287,215	7%
	Total General Services	\$32,309,575	\$35,282,418	\$2,972,843	9%
B.	Professional Services:				
1	Medical Care Administration	\$950,070	\$1,105,201	\$155,131	16%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$691,682	\$584,096	(\$107,586)	-16%
4	Medical Records	\$943,165	\$830,555	(\$112,610)	-12%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,584,917	\$2,519,852	(\$65,065)	-3%
C.	Special Services:				

JOHNSON MEMORIAL 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	\$1,542,168	\$1,593,283	\$51,115	3%
2	Recovery Room	\$317,015	\$292,338	(\$24,677)	-8%
3	Anesthesiology	\$584,573	\$627,802	\$43,229	7%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$2,086,259	\$1,856,787	(\$229,472)	-11%
6	Diagnostic Ultrasound	\$297,744	\$292,916	(\$4,828)	-2%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$372,056	\$378,264	\$6,208	2%
9	CT Scan	\$372,782	\$346,255	(\$26,527)	-7%
10	Laboratory	\$3,356,317	\$3,313,575	(\$42,742)	-1%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$271,973	\$368,715	\$96,742	36%
13	Electrocardiology	\$68,199	\$82,796	\$14,597	21%
14	Electroencephalography	\$19,810	\$17,484	(\$2,326)	-12%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$703,567	\$660,885	(\$42,682)	-6%
19	Pulmonary Function	\$315,586	\$352,059	\$36,473	12%
20	Intravenous Therapy	\$129,372	\$144,522	\$15,150	12%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$197,885	\$195,784	(\$2,101)	-1%
23	Renal Dialysis	\$92,255	\$40,665	(\$51,590)	-56%
24	Emergency Room	\$3,094,824	\$2,963,680	(\$131,144)	-4%
25	MRI	\$689,520	\$717,667	\$28,147	4%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$769,147	\$739,425	(\$29,722)	-4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,873,019	\$2,188,137	\$315,118	17%
	Total Special Services	\$17,154,071	\$17,173,039	\$18,968	0%
D.	Routine Services:				
1	Medical & Surgical Units	\$3,562,559	\$3,486,572	(\$75,987)	-2%
2	Intensive Care Unit	\$1,373,067	\$1,395,827	\$22,760	2%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,183,818	\$2,312,673	\$128,855	6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,116,371	\$1,102,223	(\$14,148)	-1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$3,293,674	\$3,184,119	(\$109,555)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$11,529,489	\$11,481,414	(\$48,075)	0%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$63,578,052	\$66,456,723	\$2,878,671	5%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

JOHNSON MEMORIAL 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	\$65,318,419	\$59,633,584	\$66,648,825
2	Other Operating Revenue	282,934	718,658	650,812
3	Total Operating Revenue	\$65,601,353	\$60,352,242	\$67,299,637
4	Total Operating Expenses	65,981,058	63,578,052	66,456,723
5	Income/(Loss) From Operations	(\$379,705)	(\$3,225,810)	\$842,914
6	Total Non-Operating Revenue	430,461	232,279	361,403
7	Excess/(Deficiency) of Revenue Over Expenses	\$50,756	(\$2,993,531)	\$1,204,317
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-0.58%	-5.32%	1.25%
2	Hospital Non Operating Margin	0.65%	0.38%	0.53%
3	Hospital Total Margin	0.08%	-4.94%	1.78%
4	Income/(Loss) From Operations	(\$379,705)	(\$3,225,810)	\$842,914
5	Total Operating Revenue	\$65,601,353	\$60,352,242	\$67,299,637
6	Total Non-Operating Revenue	\$430,461	\$232,279	\$361,403
7	Total Revenue	\$66,031,814	\$60,584,521	\$67,661,040
8	Excess/(Deficiency) of Revenue Over Expenses	\$50,756	(\$2,993,531)	\$1,204,317
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$4,961,873	\$2,069,573	\$3,321,184
2	Hospital Total Net Assets	\$9,684,598	\$6,911,814	\$8,290,975
3	Hospital Change in Total Net Assets	\$994,585	(\$2,772,784)	\$1,379,161
4	Hospital Change in Total Net Assets %	111.4%	-28.6%	20.0%

JOHNSON MEMORIAL 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>	0.43	0.40	0.39
2	Total Operating Expenses	\$65,981,058	\$63,578,052	\$66,456,723
3	Total Gross Revenue	\$152,679,640	\$159,131,313	\$170,600,762
4	Total Other Operating Revenue	\$282,934	\$275,135	\$473,373
5	<u>Private Payment to Cost Ratio</u>	1.28	1.34	1.44
6	Total Non-Government Payments	\$30,763,776	\$28,880,836	\$32,000,079
7	Total Uninsured Payments	\$122,287	\$95,489	\$290,267
8	Total Non-Government Charges	\$58,588,470	\$56,461,997	\$59,307,952
9	Total Uninsured Charges	\$3,192,970	\$2,537,726	\$2,513,433
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.74	0.80
11	Total Medicare Payments	\$24,669,733	\$22,452,248	\$24,671,781
12	Total Medicare Charges	\$68,964,953	\$76,043,380	\$79,064,824
13	<u>Medicaid Payment to Cost Ratio</u>	0.68	0.58	0.79
14	Total Medicaid Payments	\$7,096,251	\$5,963,226	\$9,637,836
15	Total Medicaid Charges	\$24,241,343	\$25,652,317	\$31,263,660
16	<u>Uncompensated Care Cost</u>	\$1,620,753	\$1,900,823	\$1,750,688
17	Charity Care	\$193,108	\$310,398	\$387,404
18	Bad Debts	\$3,564,251	\$4,455,452	\$4,119,249
19	Total Uncompensated Care	\$3,757,359	\$4,765,850	\$4,506,653
20	<u>Uncompensated Care % of Total Expenses</u>	2.5%	3.0%	2.6%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$65,981,058	\$63,578,052	\$66,456,723
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	0	0
2	Total Current Assets	\$11,019,268	\$11,357,806	\$12,570,047
3	Total Current Liabilities	\$11,592,048	\$26,152,731	\$28,331,587
4	<u>Days Cash on Hand</u>	5	1	3
5	Cash and Cash Equivalents	\$787,925	\$188,181	\$444,722
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$787,925	\$188,181	\$444,722
8	Total Operating Expenses	\$65,981,058	\$63,578,052	\$66,456,723
9	Depreciation Expense	\$3,178,071	\$3,082,027	\$2,314,386
10	Operating Expenses less Depreciation Expense	\$62,802,987	\$60,496,025	\$64,142,337
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	29	32
12	Net Patient Accounts Receivable	\$8,023,775	\$7,312,397	\$8,595,481
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,272,580	\$2,564,571	\$2,675,513
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$6,751,195	\$4,747,826	\$5,919,968
16	Total Net Patient Revenue	\$65,318,419	\$59,633,584	\$66,648,825
17	<u>Average Payment Period</u>	67	158	161
18	Total Current Liabilities	\$11,592,048	\$26,152,731	\$28,331,587
19	Total Operating Expenses	\$65,981,058	\$63,578,052	\$66,456,723
20	Depreciation Expense	\$3,178,071	\$3,082,027	\$2,314,386

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
21	Total Operating Expenses less Depreciation Expense	\$62,802,987	\$60,496,025	\$64,142,337
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	22.5	16.4	18.2
2	Total Net Assets	\$9,684,598	\$6,911,814	\$8,290,975
3	Total Assets	\$43,040,896	\$42,030,335	\$45,503,735
4	<u>Cash Flow to Total Debt Ratio</u>	13.8	0.3	12.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$50,756	(\$2,993,531)	\$1,204,317
6	Depreciation Expense	\$3,178,071	\$3,082,027	\$2,314,386
7	Excess of Revenues Over Expenses and Depreciation Expense	\$3,228,827	\$88,496	\$3,518,703
8	Total Current Liabilities	\$11,592,048	\$26,152,731	\$28,331,587
9	Total Long Term Debt	\$11,816,250	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$23,408,298	\$26,152,731	\$28,331,587
11	<u>Long Term Debt to Capitalization Ratio</u>	55.0	-	-
12	Total Long Term Debt	\$11,816,250	\$0	\$0
13	Total Net Assets	\$9,684,598	\$6,911,814	\$8,290,975
14	Total Long Term Debt and Total Net Assets	\$21,500,848	\$6,911,814	\$8,290,975
15	<u>Debt Service Coverage Ratio</u>	2.4	0.9	3.2
16	Excess Revenues over Expenses	50,756	(\$2,993,531)	\$1,204,317
17	Interest Expense	1,495,715	\$1,408,245	\$1,459,503
18	Depreciation and Amortization Expense	3,178,071	\$3,082,027	\$2,314,386
19	Principal Payments	437,603	\$231,498	\$106,608
G. <u>Other Financial Ratios</u>				

JOHNSON MEMORIAL 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>	12.3	13.6	19.1
21	Accumulated Depreciation	39,198,224	42,014,780	44,128,525
22	Depreciation and Amortization Expense	3,178,071	3,082,027	2,314,386
H. <u>Utilization Measures Summary</u>				
1	Patient Days	16,189	16,130	16,270
2	Discharges	3,251	3,139	3,191
3	ALOS	5.0	5.1	5.1
4	Staffed Beds	72	70	70
5	Available Beds	-	95	95
6	Licensed Beds	95	101	101
7	Occupancy of Staffed Beds	61.6%	63.1%	63.7%
8	Occupancy of Available Beds	46.7%	46.5%	46.9%
9	Full Time Equivalent Employees	464.2	460.3	447.2
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	36.3%	33.9%	33.3%
2	Medicare Gross Revenue Payer Mix Percentage	45.2%	47.8%	46.3%
3	Medicaid Gross Revenue Payer Mix Percentage	15.9%	16.1%	18.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	1.6%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.6%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$55,395,500	\$53,924,271	\$56,794,519
9	Medicare Gross Revenue (Charges)	\$68,964,953	\$76,043,380	\$79,064,824
10	Medicaid Gross Revenue (Charges)	\$24,241,343	\$25,652,317	\$31,263,660
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$3,192,970	\$2,537,726	\$2,513,433
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$884,874	\$973,619	\$964,326
14	Total Gross Revenue (Charges)	\$152,679,640	\$159,131,313	\$170,600,762
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	48.8%	50.0%	47.6%
2	Medicare Net Revenue Payer Mix Percentage	39.3%	39.0%	37.0%

JOHNSON MEMORIAL 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	11.3%	10.3%	14.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.6%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$30,641,489	\$28,785,347	\$31,709,812
9	Medicare Net Revenue (Payments)	\$24,669,733	\$22,452,248	\$24,671,781
10	Medicaid Net Revenue (Payments)	\$7,096,251	\$5,963,226	\$9,637,836
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$122,287	\$95,489	\$290,267
13	CHAMPUS / TRICARE Net Revenue Payments)	\$310,058	\$331,375	\$339,156
14	Total Net Revenue (Payments)	\$62,839,818	\$57,627,685	\$66,648,852
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	985	896	915
2	Medicare	1,601	1,633	1,571
3	Medical Assistance	646	581	681
4	Medicaid	646	581	681
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	19	29	24
7	Uninsured (Included In Non-Government)	76	48	42
8	Total	3,251	3,139	3,191
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.03942	0.96850	1.00930
2	Medicare	1.32250	1.31700	1.26170
3	Medical Assistance	0.97485	0.94340	0.94080
4	Medicaid	0.97485	0.94340	0.94080
5	Other Medical Assistance	0.00000	0.85000	0.00000
6	CHAMPUS / TRICARE	1.12230	1.08870	0.91200
7	Uninsured (Included In Non-Government)	0.97610	1.01490	1.01010
8	Total Case Mix Index	1.16648	1.14626	1.11821
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	2,537	2,309	2,270
2	Emergency Room - Treated and Discharged	18,145	17,817	16,780
3	Total Emergency Room Visits	20,682	20,126	19,050

**JOHNSON MEMORIAL 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	\$633,828	\$307,463	(\$326,365)	-51%
2	Inpatient Payments	\$236,733	\$126,743	(\$109,990)	-46%
3	Outpatient Charges	\$453,147	\$487,207	\$34,060	8%
4	Outpatient Payments	\$102,608	\$128,920	\$26,312	26%
5	Discharges	19	16	(3)	-16%
6	Patient Days	159	69	(90)	-57%
7	Outpatient Visits (Excludes ED Visits)	398	347	(51)	-13%
8	Emergency Department Outpatient Visits	49	35	(14)	-29%
9	Emergency Department Inpatient Admissions	17	16	(1)	-6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,086,975	\$794,670	(\$292,305)	-27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$339,341	\$255,663	(\$83,678)	-25%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,499	\$0	(\$3,499)	-100%
4	Outpatient Payments	\$703	\$0	(\$703)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	2	0	(2)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,499	\$0	(\$3,499)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$703	\$0	(\$703)	-100%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$2,211,313	\$2,827,006	\$615,693	28%
2	Inpatient Payments	\$760,389	\$1,045,119	\$284,730	37%
3	Outpatient Charges	\$2,829,357	\$4,697,631	\$1,868,274	66%
4	Outpatient Payments	\$665,236	\$1,226,970	\$561,734	84%
5	Discharges	98	125	27	28%
6	Patient Days	421	602	181	43%
7	Outpatient Visits (Excludes ED Visits)	2,868	3,323	455	16%
8	Emergency Department Outpatient Visits	243	351	108	44%
9	Emergency Department Inpatient Admissions	84	104	20	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,040,670	\$7,524,637	\$2,483,967	49%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,425,625	\$2,272,089	\$846,464	59%

**JOHNSON MEMORIAL 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	\$24,415	\$35,744	\$11,329	46%
2	Inpatient Payments	\$7,722	\$8,403	\$681	9%
3	Outpatient Charges	\$24,007	\$72,368	\$48,361	201%
4	Outpatient Payments	\$5,229	\$20,695	\$15,466	296%
5	Discharges	1	3	2	200%
6	Patient Days	1	10	9	900%
7	Outpatient Visits (Excludes ED Visits)	2	5	3	150%
8	Emergency Department Outpatient Visits	6	38	32	533%
9	Emergency Department Inpatient Admissions	1	3	2	200%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$48,422	\$108,112	\$59,690	123%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,951	\$29,098	\$16,147	125%
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%

**JOHNSON MEMORIAL 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	\$3,963,375	\$3,921,388	(\$41,987)	-1%
2	Inpatient Payments	\$1,290,413	\$1,332,326	\$41,913	3%
3	Outpatient Charges	\$3,202,758	\$3,617,576	\$414,818	13%
4	Outpatient Payments	\$862,374	\$903,768	\$41,394	5%
5	Discharges	145	168	23	16%
6	Patient Days	886	842	(44)	-5%
7	Outpatient Visits (Excludes ED Visits)	3,272	3,205	(67)	-2%
8	Emergency Department Outpatient Visits	318	299	(19)	-6%
9	Emergency Department Inpatient Admissions	132	152	20	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,166,133	\$7,538,964	\$372,831	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,152,787	\$2,236,094	\$83,307	4%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$154,468	\$644,798	\$490,330	317%
2	Inpatient Payments	\$51,608	\$179,963	\$128,355	249%
3	Outpatient Charges	\$342,713	\$720,807	\$378,094	110%
4	Outpatient Payments	\$72,268	\$140,694	\$68,426	95%
5	Discharges	8	21	13	163%
6	Patient Days	31	142	111	358%
7	Outpatient Visits (Excludes ED Visits)	184	287	103	56%
8	Emergency Department Outpatient Visits	48	70	22	46%
9	Emergency Department Inpatient Admissions	7	18	11	157%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$497,181	\$1,365,605	\$868,424	175%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$123,876	\$320,657	\$196,781	159%
I. AETNA					
1	Inpatient Charges	\$867,624	\$954,864	\$87,240	10%
2	Inpatient Payments	\$312,790	\$368,043	\$55,253	18%
3	Outpatient Charges	\$802,593	\$1,544,779	\$742,186	92%
4	Outpatient Payments	\$186,831	\$426,751	\$239,920	128%
5	Discharges	33	36	3	9%
6	Patient Days	203	246	43	21%
7	Outpatient Visits (Excludes ED Visits)	597	909	312	52%
8	Emergency Department Outpatient Visits	57	83	26	46%
9	Emergency Department Inpatient Admissions	27	27	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,670,217	\$2,499,643	\$829,426	50%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$499,621	\$794,794	\$295,173	59%

**JOHNSON MEMORIAL 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	\$41,553	\$0	(\$41,553)	-100%
2	Inpatient Payments	\$13,324	\$0	(\$13,324)	-100%
3	Outpatient Charges	\$36,207	\$25,658	(\$10,549)	-29%
4	Outpatient Payments	\$11,757	\$9,252	(\$2,505)	-21%
5	Discharges	2	0	(2)	-100%
6	Patient Days	8	0	(8)	-100%
7	Outpatient Visits (Excludes ED Visits)	33	19	(14)	-42%
8	Emergency Department Outpatient Visits	10	9	(1)	-10%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$77,760	\$25,658	(\$52,102)	-67%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$25,081	\$9,252	(\$15,829)	-63%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$224,962	\$117,575	(\$107,387)	-48%
2	Inpatient Payments	\$73,340	\$41,095	(\$32,245)	-44%
3	Outpatient Charges	\$458,427	\$726,252	\$267,825	58%
4	Outpatient Payments	\$101,440	\$179,487	\$78,047	77%
5	Discharges	11	4	(7)	-64%
6	Patient Days	56	23	(33)	-59%
7	Outpatient Visits (Excludes ED Visits)	273	283	10	4%
8	Emergency Department Outpatient Visits	31	33	2	6%
9	Emergency Department Inpatient Admissions	10	2	(8)	-80%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$683,389	\$843,827	\$160,438	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$174,780	\$220,582	\$45,802	26%
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%

**JOHNSON MEMORIAL 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	\$396,269	\$38,969	(\$357,300)	-90%
2	Inpatient Payments	\$150,633	\$17,631	(\$133,002)	-88%
3	Outpatient Charges	\$159,359	\$105,659	(\$53,700)	-34%
4	Outpatient Payments	\$38,754	\$27,365	(\$11,389)	-29%
5	Discharges	15	3	(12)	-80%
6	Patient Days	97	10	(87)	-90%
7	Outpatient Visits (Excludes ED Visits)	617	812	195	32%
8	Emergency Department Outpatient Visits	29	15	(14)	-48%
9	Emergency Department Inpatient Admissions	13	3	(10)	-77%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$555,628	\$144,628	(\$411,000)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$189,387	\$44,996	(\$144,391)	-76%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$8,517,807	\$8,847,807	\$330,000	4%
	TOTAL INPATIENT PAYMENTS	\$2,896,952	\$3,119,323	\$222,371	8%
	TOTAL OUTPATIENT CHARGES	\$8,312,067	\$11,997,937	\$3,685,870	44%
	TOTAL OUTPATIENT PAYMENTS	\$2,047,200	\$3,063,902	\$1,016,702	50%
	TOTAL DISCHARGES	332	376	44	13%
	TOTAL PATIENT DAYS	1,862	1,944	82	4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	8,246	9,190	944	11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	791	933	142	18%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	293	325	32	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,829,874	\$20,845,744	\$4,015,870	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,944,152	\$6,183,225	\$1,239,073	25%

**JOHNSON MEMORIAL 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%

**JOHNSON MEMORIAL 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%

**JOHNSON MEMORIAL 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%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
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	\$875,661	\$1,528,751	\$653,090	75%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,135,389	\$11,658,028	\$1,522,639	15%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,317,470	\$1,295,797	(\$21,673)	-2%
8	Prepaid Expenses	\$1,110,135	\$2,288,803	\$1,178,668	106%
9	Other Current Assets	\$2,026,862	\$1,078,149	(\$948,713)	-47%
	Total Current Assets	\$15,465,517	\$17,849,528	\$2,384,011	15%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$4,760,328	\$4,822,532	\$62,204	1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$268,338	\$224,048	(\$44,290)	-17%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$5,028,666	\$5,046,580	\$17,914	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,174,149	\$3,409,730	\$235,581	7%
7	Other Noncurrent Assets	\$775,787	\$1,888,856	\$1,113,069	143%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$87,268,202	\$88,738,708	\$1,470,506	2%
2	Less: Accumulated Depreciation	\$60,233,946	\$65,468,893	\$5,234,947	\$0
	Property, Plant and Equipment, Net	\$27,034,256	\$23,269,815	(\$3,764,441)	-14%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$27,034,256	\$23,269,815	(\$3,764,441)	-14%
	Total Assets	\$51,478,375	\$51,464,509	(\$13,866)	0%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
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	\$7,095,451	\$8,408,688	\$1,313,237	19%
2	Salaries, Wages and Payroll Taxes	\$2,807,220	\$2,789,581	(\$17,639)	-1%
3	Due To Third Party Payers	\$2,784,065	\$2,911,614	\$127,549	5%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$29,202,278	\$29,141,197	(\$61,081)	0%
6	Current Portion of Notes Payable	\$471,952	\$323,071	(\$148,881)	-32%
7	Other Current Liabilities	\$5,001,298	\$6,549,172	\$1,547,874	31%
	Total Current Liabilities	\$47,362,264	\$50,123,323	\$2,761,059	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$7,802,859	\$8,245,286	\$442,427	6%
	Total Long Term Liabilities	\$7,802,859	\$8,245,286	\$442,427	6%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$8,766,006)	(\$12,121,840)	(\$3,355,834)	38%
2	Temporarily Restricted Net Assets	\$335,709	\$410,595	\$74,886	22%
3	Permanently Restricted Net Assets	\$4,743,549	\$4,807,145	\$63,596	1%
	Total Net Assets	(\$3,686,748)	(\$6,904,100)	(\$3,217,352)	87%
	Total Liabilities and Net Assets	\$51,478,375	\$51,464,509	(\$13,866)	0%

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
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	\$199,469,902	\$208,384,764	\$8,914,862	4%
2	Less: Allowances	\$108,128,508	\$111,383,001	\$3,254,493	3%
3	Less: Charity Care	\$310,398	\$387,403	\$77,005	25%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$91,030,996	\$96,614,360	\$5,583,364	6%
5	Provision for Bad Debts	\$4,709,325	\$4,537,178	(\$172,147)	-4%
	Net Patient Service Revenue less provision for bad debts	\$86,321,671	\$92,077,182	\$5,755,511	7%
6	Other Operating Revenue	\$897,142	\$1,052,144	\$155,002	17%
7	Net Assets Released from Restrictions	\$459,171	\$269,758	(\$189,413)	-41%
	Total Operating Revenue	\$87,677,984	\$93,399,084	\$5,721,100	7%
B. Operating Expenses:					
1	Salaries and Wages	\$43,355,432	\$40,411,635	(\$2,943,797)	-7%
2	Fringe Benefits	\$10,483,743	\$10,541,692	\$57,949	1%
3	Physicians Fees	\$1,889,779	\$2,126,346	\$236,567	13%
4	Supplies and Drugs	\$10,543,386	\$12,822,617	\$2,279,231	22%
5	Depreciation and Amortization	\$4,269,259	\$3,226,575	(\$1,042,684)	-24%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,899,374	\$1,985,339	\$85,965	5%
8	Malpractice Insurance Cost	\$649,270	\$1,129,342	\$480,072	74%
9	Other Operating Expenses	\$19,981,554	\$22,452,310	\$2,470,756	12%
	Total Operating Expenses	\$93,071,797	\$94,695,856	\$1,624,059	2%
	Income/(Loss) From Operations	(\$5,393,813)	(\$1,296,772)	\$4,097,041	-76%
C. Non-Operating Revenue:					
1	Income from Investments	\$160,097	\$166,175	\$6,078	4%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$73,479	\$218,759	\$145,280	198%
	Total Non-Operating Revenue	\$233,576	\$384,934	\$151,358	65%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$5,160,237)	(\$911,838)	\$4,248,399	-82%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$2,355,632	(\$2,452,326)	(\$4,807,958)	-204%
	Total Other Adjustments	\$2,355,632	(\$2,452,326)	(\$4,807,958)	-204%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,804,605)	(\$3,364,164)	(\$559,559)	20%

JOHNSON MEMORIAL MEDICAL CENTER, INC.

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	\$92,870,450	\$86,321,671	\$92,077,182
2	Other Operating Revenue	896,986	1,356,313	1,321,902
3	Total Operating Revenue	\$93,767,436	\$87,677,984	\$93,399,084
4	Total Operating Expenses	96,980,439	93,071,797	94,695,856
5	Income/(Loss) From Operations	(\$3,213,003)	(\$5,393,813)	(\$1,296,772)
6	Total Non-Operating Revenue	447,582	2,589,208	(2,067,392)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,765,421)	(\$2,804,605)	(\$3,364,164)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-3.41%	-5.98%	-1.42%
2	Parent Corporation Non-Operating Margin	0.48%	2.87%	-2.26%
3	Parent Corporation Total Margin	-2.94%	-3.11%	-3.68%
4	Income/(Loss) From Operations	(\$3,213,003)	(\$5,393,813)	(\$1,296,772)
5	Total Operating Revenue	\$93,767,436	\$87,677,984	\$93,399,084
6	Total Non-Operating Revenue	\$447,582	\$2,589,208	(\$2,067,392)
7	Total Revenue	\$94,215,018	\$90,267,192	\$91,331,692
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,765,421)	(\$2,804,605)	(\$3,364,164)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$1,339,902)	(\$8,766,006)	(\$12,121,840)
2	Parent Corporation Total Net Assets	\$3,591,786	(\$3,686,748)	(\$6,904,100)
3	Parent Corporation Change in Total Net Assets	(\$1,813,998)	(\$7,278,534)	(\$3,217,352)
4	Parent Corporation Change in Total Net Assets %	66.4%	-202.6%	87.3%

JOHNSON MEMORIAL MEDICAL CENTER, INC.

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>	0.97	0.33	0.36
2	Total Current Assets	\$15,400,869	\$15,465,517	\$17,849,528
3	Total Current Liabilities	\$15,938,482	\$47,362,264	\$50,123,323
4	<u>Days Cash on Hand</u>	5	4	6
5	Cash and Cash Equivalents	\$1,246,131	\$875,661	\$1,528,751
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$1,246,131	\$875,661	\$1,528,751
8	Total Operating Expenses	\$96,980,439	\$93,071,797	\$94,695,856
9	Depreciation Expense	\$4,373,638	\$4,269,259	\$3,226,575
10	Operating Expenses less Depreciation Expense	\$92,606,801	\$88,802,538	\$91,469,281
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	31	35
12	Net Patient Accounts Receivable	\$ 11,049,711	\$ 10,135,389	\$ 11,658,028
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,494,268	\$2,784,065	\$2,911,614
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,555,443	\$ 7,351,324	\$ 8,746,414
16	Total Net Patient Revenue	\$92,870,450	\$86,321,671	\$92,077,182
17	<u>Average Payment Period</u>	63	195	200
18	Total Current Liabilities	\$15,938,482	\$47,362,264	\$50,123,323
19	Total Operating Expenses	\$96,980,439	\$93,071,797	\$94,695,856
20	Depreciation Expense	\$4,373,638	\$4,269,259	\$3,226,575
20	Total Operating Expenses less Depreciation Expense	\$92,606,801	\$88,802,538	\$91,469,281

JOHNSON MEMORIAL MEDICAL CENTER, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	6.3	(7.2)	(13.4)
2	Total Net Assets	\$3,591,786	(\$3,686,748)	(\$6,904,100)
3	Total Assets	\$57,429,385	\$51,478,375	\$51,464,509
4	<u>Cash Flow to Total Debt Ratio</u>	3.6	3.1	(0.3)
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,765,421)	(\$2,804,605)	(\$3,364,164)
6	Depreciation Expense	\$4,373,638	\$4,269,259	\$3,226,575
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,608,217	\$1,464,654	(\$137,589)
8	Total Current Liabilities	\$15,938,482	\$47,362,264	\$50,123,323
9	Total Long Term Debt	\$28,704,541	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$44,643,023	\$47,362,264	\$50,123,323
11	<u>Long Term Debt to Capitalization Ratio</u>	88.9	-	-
12	Total Long Term Debt	\$28,704,541	\$0	\$0
13	Total Net Assets	\$3,591,786	(\$3,686,748)	(\$6,904,100)
14	Total Long Term Debt and Total Net Assets	\$32,296,327	(\$3,686,748)	(\$6,904,100)

JOHNSON MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	9,543	2,138	1,786	40	56	65.4%	46.7%
2	ICU/CCU (Excludes Neonatal ICU)	1,171	94	0	5	7	64.2%	45.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,409	586	572	17	20	71.1%	60.4%
	TOTAL PSYCHIATRIC	4,409	586	572	17	20	71.1%	60.4%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	613	235	233	4	6	42.0%	28.0%
7	Newborn	534	232	227	4	6	36.6%	24.4%
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	15,736	2,959	2,591	66	89	65.3%	48.4%
	TOTAL INPATIENT BED UTILIZATION	16,270	3,191	2,818	70	95	63.7%	46.9%
	TOTAL INPATIENT REPORTED YEAR	16,270	3,191	2,818	70	95	63.7%	46.9%
	TOTAL INPATIENT PRIOR YEAR	16,130	3,139	3,132	70	95	63.1%	46.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	140	52	-314	0	0	0.5%	0.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	1%	2%	-10%	0%	0%	1%	1%
	Total Licensed Beds and Bassinets	101						
(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.								

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,884	1,782	-102	-5%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,707	1,980	273	16%
3	Emergency Department Scans	3,547	3,574	27	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	7,138	7,336	198	3%
B. MRI Scans (A)					
1	Inpatient Scans	124	180	56	45%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,241	887	-354	-29%
3	Emergency Department Scans	19	44	25	132%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,384	1,111	-273	-20%
C. PET 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 Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	492	473	-19	-4%
2	Outpatient Surgical Procedures	2,058	1,995	-63	-3%
	Total Surgical Procedures	2,550	2,468	-82	-3%
J. Endoscopy Procedures					

JOHNSON MEMORIAL 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	121	81	-40	-33%
2	Outpatient Endoscopy Procedures	2,068	2,104	36	2%
	Total Endoscopy Procedures	2,189	2,185	-4	0%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,309	2,270	-39	-2%
2	Emergency Room Visits: Treated and Discharged	17,817	16,780	-1,037	-6%
	Total Emergency Room Visits	20,126	19,050	-1,076	-5%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	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	0	0	0	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	1,806	1,930	124	7%
2	Cardiac Rehabilitation	1,629	1,915	286	18%
3	Chemotherapy	2,270	2,315	45	2%
4	Gastroenterology	951	932	-19	-2%
5	Other Outpatient Visits	76,269	81,697	5,428	7%
	Total Other Hospital Outpatient Visits	82,925	88,789	5,864	7%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	114.2	115.5	1.3	1%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	346.1	331.7	-14.4	-4%
	Total Hospital Full Time Equivalent Employees	460.3	447.2	-13.1	-3%

JOHNSON MEMORIAL 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	Johnson Memorial Hospital	768	779	11	1%
2	Offsite Surgery Department - Enfield, CT	1,290	1,216	-74	-6%
	Total Outpatient Surgical Procedures(A)	2,058	1,995	-63	-3%
B. Outpatient Endoscopy Procedures					
1	Johnson Memorial Hospital	1,157	1,166	9	1%
2	Offsite Surgical Department - Enfield, CT	911	938	27	3%
	Total Outpatient Endoscopy Procedures(B)	2,068	2,104	36	2%
C. Outpatient Hospital Emergency Room Visits					
1	Johnson Memorial Hospital	17,817	16,780	-1,037	-6%
	Total Outpatient Hospital Emergency Room Visits(C)	17,817	16,780	-1,037	-6%
(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.					

JOHNSON MEMORIAL 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	\$40,017,644	\$37,794,769	(\$2,222,875)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,509,060	\$14,097,531	\$588,471	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.76%	37.30%	3.54%	10%
4	DISCHARGES	1,633	1,571	(62)	-4%
5	CASE MIX INDEX (CMI)	1.31700	1.26170	(0.05530)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,150.66100	1,982.13070	(168.53030)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,281.35	\$7,112.31	\$830.96	13%
8	PATIENT DAYS	9,745	9,143	(602)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,386.26	\$1,541.89	\$155.64	11%
10	AVERAGE LENGTH OF STAY	6.0	5.8	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$36,025,736	\$41,270,055	\$5,244,319	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,943,188	\$10,574,250	\$1,631,062	18%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.82%	25.62%	0.80%	3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	90.02%	109.20%	19.17%	21%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,470.10221	1,715.45582	245.35361	17%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,083.38	\$6,164.11	\$80.73	1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$76,043,380	\$79,064,824	\$3,021,444	4%
18	TOTAL ACCRUED PAYMENTS	\$22,452,248	\$24,671,781	\$2,219,533	10%
19	TOTAL ALLOWANCES	\$53,591,132	\$54,393,043	\$801,911	1%

JOHNSON MEMORIAL 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
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$13,247,394	\$12,784,325	(\$463,069)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,112,017	\$7,906,076	\$794,059	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	53.69%	61.84%	8.16%	15%
4	DISCHARGES	896	915	19	2%
5	CASE MIX INDEX (CMI)	0.96850	1.00930	0.04080	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	867.77600	923.50950	55.73350	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,195.68	\$8,560.90	\$365.22	4%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,914.33)	(\$1,448.59)	\$465.74	-24%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,661,210)	(\$1,337,789)	\$323,421	-19%
10	PATIENT DAYS	3,650	3,657	7	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,948.50	\$2,161.90	\$213.40	11%
12	AVERAGE LENGTH OF STAY	4.1	4.0	(0.1)	-2%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,214,603	\$46,523,627	\$3,309,024	8%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,768,819	\$24,094,003	\$2,325,184	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.37%	51.79%	1.41%	3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	326.21%	363.91%	37.70%	12%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,922.86047	3,329.79009	406.92962	14%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,447.78	\$7,235.89	(\$211.89)	-3%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,364.40)	(\$1,071.79)	\$292.61	-21%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,987,953)	(\$3,568,827)	\$419,126	-11%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$56,461,997	\$59,307,952	\$2,845,955	5%
22	TOTAL ACCRUED PAYMENTS	\$28,880,836	\$32,000,079	\$3,119,243	11%
23	TOTAL ALLOWANCES	\$27,581,161	\$27,307,873	(\$273,288)	-1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,649,163)	(\$4,906,616)	\$742,547	-13%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$56,461,997	\$59,307,952	\$2,845,955	5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$29,684,854	\$32,000,079	\$2,315,225	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,777,143	\$27,307,873	\$530,730	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.43%	46.04%	-1.38%	

JOHNSON MEMORIAL 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
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$647,359	\$546,866	(\$100,493)	-16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$100	\$5,904	\$5,804	5804%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.02%	1.08%	1.06%	6889%
4	DISCHARGES	48	42	(6)	-13%
5	CASE MIX INDEX (CMI)	1.01490	1.01010	(0.00480)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	48.71520	42.42420	(6.29100)	-13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2.05	\$139.17	\$137.11	6679%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,193.63	\$8,421.74	\$228.11	3%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,279.30	\$6,973.15	\$693.85	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$305,897	\$295,830	(\$10,067)	-3%
11	PATIENT DAYS	180	169	(11)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.56	\$34.93	\$34.38	6188%
13	AVERAGE LENGTH OF STAY	3.8	4.0	0.3	7%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,890,367	\$1,966,567	\$76,200	4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$95,389	\$284,363	\$188,974	198%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.05%	14.46%	9.41%	187%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	292.01%	359.61%	67.59%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	140.16584	151.03483	10.86899	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$680.54	\$1,882.76	\$1,202.22	177%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,767.24	\$5,353.13	(\$1,414.11)	-21%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,402.83	\$4,281.34	(\$1,121.49)	-21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$757,293	\$646,632	(\$110,661)	-15%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,537,726	\$2,513,433	(\$24,293)	-1%
24	TOTAL ACCRUED PAYMENTS	\$95,489	\$290,267	\$194,778	204%
25	TOTAL ALLOWANCES	\$2,442,237	\$2,223,166	(\$219,071)	-9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,063,190	\$942,462	(\$120,728)	-11%

JOHNSON MEMORIAL 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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$8,611,611	\$10,503,345	\$1,891,734	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,929,397	\$5,211,995	\$3,282,598	170%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.40%	49.62%	27.22%	121%
4	DISCHARGES	581	681	100	17%
5	CASE MIX INDEX (CMI)	0.94340	0.94080	(0.00260)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	548.11540	640.68480	92.56940	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,520.06	\$8,135.04	\$4,614.98	131%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,675.63	\$425.87	(\$4,249.76)	-91%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,761.30	(\$1,022.73)	(\$3,784.02)	-137%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,513,509	(\$655,245)	(\$2,168,754)	-143%
11	PATIENT DAYS	2,623	3,369	746	28%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$735.57	\$1,547.05	\$811.48	110%
13	AVERAGE LENGTH OF STAY	4.5	4.9	0.4	10%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,040,706	\$20,760,315	\$3,719,609	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,033,829	\$4,425,841	\$392,012	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.67%	21.32%	-2.35%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.88%	197.65%	-0.23%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,149.68618	1,346.02591	196.33973	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,508.63	\$3,288.08	(\$220.55)	-6%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,939.14	\$3,947.81	\$8.67	0%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,574.74	\$2,876.03	\$301.28	12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,960,147	\$3,871,204	\$911,057	31%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$25,652,317	\$31,263,660	\$5,611,343	22%
24	TOTAL ACCRUED PAYMENTS	\$5,963,226	\$9,637,836	\$3,674,610	62%
25	TOTAL ALLOWANCES	\$19,689,091	\$21,625,824	\$1,936,733	10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,473,656	\$3,215,959	(\$1,257,697)	-28%

JOHNSON MEMORIAL 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
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)	0.85000	0.00000	(0.85000)	-100%
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	\$8,195.68	\$8,560.90	\$365.22	4%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,281.35	\$7,112.31	\$830.96	13%
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	\$7,447.78	\$7,235.89	(\$211.89)	-3%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,083.38	\$6,164.11	\$80.73	1%
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%

JOHNSON MEMORIAL 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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$8,611,611	\$10,503,345	\$1,891,734	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,929,397	\$5,211,995	\$3,282,598	170%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.40%	49.62%	27.22%	121%
4	DISCHARGES	581	681	100	17%
5	CASE MIX INDEX (CMI)	0.94340	0.94080	(0.00260)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	548.11540	640.68480	92.56940	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,520.06	\$8,135.04	\$4,614.98	131%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,675.63	\$425.87	(\$4,249.76)	-91%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,761.30	(\$1,022.73)	(\$3,784.02)	-137%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,513,509	(\$655,245)	(\$2,168,754)	-143%
11	PATIENT DAYS	2,623	3,369	746	28%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$735.57	\$1,547.05	\$811.48	110%
13	AVERAGE LENGTH OF STAY	4.5	4.9	0.4	10%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,040,706	\$20,760,315	\$3,719,609	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,033,829	\$4,425,841	\$392,012	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.67%	21.32%	-2.35%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.88%	197.65%	-0.23%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,149.68618	1,346.02591	196.33973	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,508.63	\$3,288.08	(\$220.55)	-6%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,939.14	\$3,947.81	\$8.67	0%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,574.74	\$2,876.03	\$301.28	12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,960,147	\$3,871,204	\$911,057	31%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$25,652,317	\$31,263,660	\$5,611,343	22%
24	TOTAL ACCRUED PAYMENTS	\$5,963,226	\$9,637,836	\$3,674,610	62%
25	TOTAL ALLOWANCES	\$19,689,091	\$21,625,824	\$1,936,733	10%

JOHNSON MEMORIAL 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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$411,547	\$370,688	(\$40,859)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$159,823	\$155,890	(\$3,933)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.83%	42.05%	3.22%	8%
4	DISCHARGES	29	24	(5)	-17%
5	CASE MIX INDEX (CMI)	1.08870	0.91200	(0.17670)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	31.57230	21.88800	(9.68430)	-31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,062.13	\$7,122.17	\$2,060.04	41%
8	PATIENT DAYS	112	101	(11)	-10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,426.99	\$1,543.47	\$116.47	8%
10	AVERAGE LENGTH OF STAY	3.9	4.2	0.3	9%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$562,072	\$593,638	\$31,566	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$171,552	\$183,266	\$11,714	7%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$973,619	\$964,326	(\$9,293)	-1%
14	TOTAL ACCRUED PAYMENTS	\$331,375	\$339,156	\$7,781	2%
15	TOTAL ALLOWANCES	\$642,244	\$625,170	(\$17,074)	-3%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$275,135	\$473,373	\$198,238	72%
2	TOTAL OPERATING EXPENSES	\$63,578,052	\$66,456,723	\$2,878,671	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$310,398	\$387,404	\$77,006	25%
5	BAD DEBTS (CHARGES)	\$4,455,452	\$4,119,249	(\$336,203)	-8%
6	UNCOMPENSATED CARE (CHARGES)	\$4,765,850	\$4,506,653	(\$259,197)	-5%
7	COST OF UNCOMPENSATED CARE	\$1,607,248	\$1,641,571	\$34,324	2%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$25,652,317	\$31,263,660	\$5,611,343	22%
9	TOTAL ACCRUED PAYMENTS	\$5,963,226	\$9,637,836	\$3,674,610	62%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$8,651,053	\$11,387,948	\$2,736,895	32%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,687,827	\$1,750,112	(\$937,715)	-35%

JOHNSON MEMORIAL 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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$62,288,196	\$61,453,127	(\$835,069)	-1%
2	TOTAL INPATIENT PAYMENTS	\$22,710,297	\$27,371,492	\$4,661,195	21%
3	TOTAL INPATIENT PAYMENTS / CHARGES	36.46%	44.54%	8.08%	22%
4	TOTAL DISCHARGES	3,139	3,191	52	2%
5	TOTAL CASE MIX INDEX	1.14626	1.11821	(0.02805)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,598.12470	3,568.21300	(29.91170)	-1%
7	TOTAL OUTPATIENT CHARGES	\$96,843,117	\$109,147,635	\$12,304,518	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	155.48%	177.61%	22.14%	14%
9	TOTAL OUTPATIENT PAYMENTS	\$34,917,388	\$39,277,360	\$4,359,972	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.06%	35.99%	-0.07%	0%
11	TOTAL CHARGES	\$159,131,313	\$170,600,762	\$11,469,449	7%
12	TOTAL PAYMENTS	\$57,627,685	\$66,648,852	\$9,021,167	16%
13	TOTAL PAYMENTS / TOTAL CHARGES	36.21%	39.07%	2.85%	8%
14	PATIENT DAYS	16,130	16,270	140	1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$49,040,802	\$48,668,802	(\$372,000)	-1%
2	INPATIENT PAYMENTS	\$15,598,280	\$19,465,416	\$3,867,136	25%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.81%	40.00%	8.19%	26%
4	DISCHARGES	2,243	2,276	33	1%
5	CASE MIX INDEX	1.21728	1.16200	(0.05528)	-5%
6	CASE MIX ADJUSTED DISCHARGES	2,730.34870	2,644.70350	(85.64520)	-3%
7	OUTPATIENT CHARGES	\$53,628,514	\$62,624,008	\$8,995,494	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	109.35%	128.67%	19.32%	18%
9	OUTPATIENT PAYMENTS	\$13,148,569	\$15,183,357	\$2,034,788	15%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.52%	24.25%	-0.27%	-1%
11	TOTAL CHARGES	\$102,669,316	\$111,292,810	\$8,623,494	8%
12	TOTAL PAYMENTS	\$28,746,849	\$34,648,773	\$5,901,924	21%
13	TOTAL PAYMENTS / CHARGES	28.00%	31.13%	3.13%	11%
14	PATIENT DAYS	12,480	12,613	133	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$73,922,467	\$76,644,037	\$2,721,570	4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.0	5.8	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	4.0	(0.1)	-2%
3	UNINSURED	3.8	4.0	0.3	7%
4	MEDICAID	4.5	4.9	0.4	10%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.9	4.2	0.3	9%
7	TOTAL AVERAGE LENGTH OF STAY	5.1	5.1	(0.0)	-1%

JOHNSON MEMORIAL 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	\$159,131,313	\$170,600,762	\$11,469,449	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$73,922,467	\$76,644,037	\$2,721,570	4%
3	UNCOMPENSATED CARE	\$4,765,850	\$4,506,653	(\$259,197)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,777,143	\$27,307,873	\$530,730	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$105,465,460	\$108,458,563	\$2,993,103	3%
7	TOTAL ACCRUED PAYMENTS	\$53,665,853	\$62,142,199	\$8,476,346	16%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$53,665,853	\$62,142,199	\$8,476,346	16%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3372425702	0.3642551081	0.0270125378	8%
11	COST OF UNCOMPENSATED CARE	\$1,607,248	\$1,641,571	\$34,324	2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,687,827	\$1,750,112	(\$937,715)	-35%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,295,075	\$3,391,683	(\$903,392)	-21%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,960,147	\$3,871,204	\$911,057	31%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,063,190	\$942,462	(\$120,728)	-11%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,023,337	\$4,813,666	\$790,329	20%
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	\$2,005,899	\$0	(\$2,005,899)	-100.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$59,633,584	\$66,648,825	\$7,015,241	11.76%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$159,131,313	\$170,600,764	\$11,469,451	7.21%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,765,850	\$4,506,653	(\$259,197)	-5.44%

JOHNSON MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS						
A. INPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,247,394		\$12,784,325		(\$463,069)
2	MEDICARE	\$40,017,644		37,794,769		(\$2,222,875)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,611,611		10,503,345		\$1,891,734
4	MEDICAID	\$8,611,611		10,503,345		\$1,891,734
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$411,547		370,688		(\$40,859)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$647,359		546,866		(\$100,493)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$49,040,802		\$48,668,802		(\$372,000)
	TOTAL INPATIENT CHARGES	\$62,288,196		\$61,453,127		(\$835,069)
B. OUTPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,214,603		\$46,523,627		\$3,309,024
2	MEDICARE	\$36,025,736		41,270,055		\$5,244,319
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,040,706		20,760,315		\$3,719,609
4	MEDICAID	\$17,040,706		20,760,315		\$3,719,609
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$562,072		593,638		\$31,566
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,890,367		1,966,567		\$76,200
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$53,628,514		\$62,624,008		\$8,995,494
	TOTAL OUTPATIENT CHARGES	\$96,843,117		\$109,147,635		\$12,304,518
C. TOTAL ACCRUED CHARGES						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,461,997		\$59,307,952		\$2,845,955
2	TOTAL MEDICARE	\$76,043,380		\$79,064,824		\$3,021,444
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,652,317		\$31,263,660		\$5,611,343
4	TOTAL MEDICAID	\$25,652,317		\$31,263,660		\$5,611,343
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$973,619		\$964,326		(\$9,293)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,537,726		\$2,513,433		(\$24,293)
	TOTAL GOVERNMENT CHARGES	\$102,669,316		\$111,292,810		\$8,623,494
	TOTAL CHARGES	\$159,131,313		\$170,600,762		\$11,469,449
D. INPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,112,017		\$7,906,076		\$794,059
2	MEDICARE	\$13,509,060		14,097,531		\$588,471
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,929,397		5,211,995		\$3,282,598
4	MEDICAID	\$1,929,397		5,211,995		\$3,282,598
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$159,823		155,890		(\$3,933)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$100		5,904		\$5,804
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$15,598,280		\$19,465,416		\$3,867,136
	TOTAL INPATIENT PAYMENTS	\$22,710,297		\$27,371,492		\$4,661,195
E. OUTPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,768,819		\$24,094,003		\$2,325,184
2	MEDICARE	\$8,943,188		10,574,250		\$1,631,062
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,033,829		4,425,841		\$392,012
4	MEDICAID	\$4,033,829		4,425,841		\$392,012
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$171,552		183,266		\$11,714
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$95,389		284,363		\$188,974
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$13,148,569		\$15,183,357		\$2,034,788
	TOTAL OUTPATIENT PAYMENTS	\$34,917,388		\$39,277,360		\$4,359,972
F. TOTAL ACCRUED PAYMENTS						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,880,836		\$32,000,079		\$3,119,243
2	TOTAL MEDICARE	\$22,452,248		\$24,671,781		\$2,219,533
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,963,226		\$9,637,836		\$3,674,610
4	TOTAL MEDICAID	\$5,963,226		\$9,637,836		\$3,674,610
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$331,375		\$339,156		\$7,781
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$95,489		\$290,267		\$194,778
	TOTAL GOVERNMENT PAYMENTS	\$28,746,849		\$34,648,773		\$5,901,924
	TOTAL PAYMENTS	\$57,627,685		\$66,648,852		\$9,021,167

JOHNSON MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
II. PAYER MIX						
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		8.32%		7.49%	-0.83%
2	MEDICARE		25.15%		22.15%	-2.99%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		5.41%		6.16%	0.75%
4	MEDICAID		5.41%		6.16%	0.75%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.26%		0.22%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.41%		0.32%	-0.09%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		30.82%		28.53%	-2.29%
	TOTAL INPATIENT PAYER MIX		39.14%		36.02%	-3.12%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		27.16%		27.27%	0.11%
2	MEDICARE		22.64%		24.19%	1.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		10.71%		12.17%	1.46%
4	MEDICAID		10.71%		12.17%	1.46%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.35%		0.35%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.19%		1.15%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		33.70%		36.71%	3.01%
	TOTAL OUTPATIENT PAYER MIX		60.86%		63.98%	3.12%
	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)		12.34%		11.86%	-0.48%
2	MEDICARE		23.44%		21.15%	-2.29%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		3.35%		7.82%	4.47%
4	MEDICAID		3.35%		7.82%	4.47%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.28%		0.23%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.00%		0.01%	0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		27.07%		29.21%	2.14%
	TOTAL INPATIENT PAYER MIX		39.41%		41.07%	1.66%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		37.77%		36.15%	-1.62%
2	MEDICARE		15.52%		15.87%	0.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		7.00%		6.64%	-0.36%
4	MEDICAID		7.00%		6.64%	-0.36%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.30%		0.27%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.17%		0.43%	0.26%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		22.82%		22.78%	-0.04%
	TOTAL OUTPATIENT PAYER MIX		60.59%		58.93%	-1.66%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	FY AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	896	915	19
2	MEDICARE	1,633	1,571	(62)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	581	681	100
4	MEDICAID	581	681	100
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	29	24	(5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	48	42	(6)
	TOTAL GOVERNMENT DISCHARGES	2,243	2,276	33
	TOTAL DISCHARGES	3,139	3,191	52
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,650	3,657	7
2	MEDICARE	9,745	9,143	(602)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,623	3,369	746
4	MEDICAID	2,623	3,369	746
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	112	101	(11)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	180	169	(11)
	TOTAL GOVERNMENT PATIENT DAYS	12,480	12,613	133
	TOTAL PATIENT DAYS	16,130	16,270	140
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	4.0	(0.1)
2	MEDICARE	6.0	5.8	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.9	0.4
4	MEDICAID	4.5	4.9	0.4
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.9	4.2	0.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	4.0	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.5	(0.0)
	TOTAL AVERAGE LENGTH OF STAY	5.1	5.1	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.96850	1.00930	0.04080
2	MEDICARE	1.31700	1.26170	(0.05530)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.94340	0.94080	(0.00260)
4	MEDICAID	0.94340	0.94080	(0.00260)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.08870	0.91200	(0.17670)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01490	1.01010	(0.00480)
	TOTAL GOVERNMENT CASE MIX INDEX	1.21728	1.16200	(0.05528)
	TOTAL CASE MIX INDEX	1.14626	1.11821	(0.02805)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$56,461,997	\$59,307,952	\$2,845,955
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$29,684,854	\$32,000,079	\$2,315,225
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,777,143	\$27,307,873	\$530,730
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.43%	46.04%	-1.38%
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	\$310,398	\$387,404	\$77,006
9	BAD DEBTS	\$4,455,452	\$4,119,249	(\$336,203)
10	TOTAL UNCOMPENSATED CARE	\$4,765,850	\$4,506,653	(\$259,197)
11	TOTAL OTHER OPERATING REVENUE	\$275,135	\$473,373	\$198,238
12	TOTAL OPERATING EXPENSES	\$63,578,052	\$66,456,723	\$2,878,671

JOHNSON MEMORIAL 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)	867.77600	923.50950	55.73350
2	MEDICARE	2,150.66100	1,982.13070	(168.53030)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	548.11540	640.68480	92.56940
4	MEDICAID	548.11540	640.68480	92.56940
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	31.57230	21.88800	(9.68430)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	48.71520	42.42420	(6.29100)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,730.34870	2,644.70350	(85.64520)
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,598.12470	3,568.21300	(29.91170)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,922.86047	3,329.79009	406.92962
2	MEDICARE	1,470.10221	1,715.45582	245.35361
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,149.68618	1,346.02591	196.33973
4	MEDICAID	1,149.68618	1,346.02591	196.33973
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	39.60687	38.43478	-1.17209
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	140.16584	151.03483	10.86899
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,659.39526	3,099.91651	440.52125
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	5,582.25574	6,429.70660	847.45087
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,195.68	\$8,560.90	\$365.22
2	MEDICARE	\$6,281.35	\$7,112.31	\$830.96
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,520.06	\$8,135.04	\$4,614.98
4	MEDICAID	\$3,520.06	\$8,135.04	\$4,614.98
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,062.13	\$7,122.17	\$2,060.04
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2.05	\$139.17	\$137.11
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,712.93	\$7,360.15	\$1,647.22
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,311.70	\$7,670.92	\$1,359.22
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,447.78	\$7,235.89	(\$211.89)
2	MEDICARE	\$6,083.38	\$6,164.11	\$80.73
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,508.63	\$3,288.08	(\$220.55)
4	MEDICAID	\$3,508.63	\$3,288.08	(\$220.55)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,331.37	\$4,768.23	\$436.86
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$680.54	\$1,882.76	\$1,202.22
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,944.20	\$4,897.99	(\$46.21)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,255.07	\$6,108.73	(\$146.33)

JOHNSON MEMORIAL 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	\$2,960,147	\$3,871,204	\$911,057
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,063,190	\$942,462	(\$120,728)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,023,337	\$4,813,666	\$790,329
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$159,131,313	\$170,600,762	\$11,469,449
2	TOTAL GOVERNMENT DEDUCTIONS	\$73,922,467	\$76,644,037	\$2,721,570
3	UNCOMPENSATED CARE	\$4,765,850	\$4,506,653	(\$259,197)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,777,143	\$27,307,873	\$530,730
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$105,465,460	\$108,458,563	\$2,993,103
7	TOTAL ACCRUED PAYMENTS	\$53,665,853	\$62,142,199	\$8,476,346
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$53,665,853	\$62,142,199	\$8,476,346
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3372425702	0.3642551081	0.0270125378
11	COST OF UNCOMPENSATED CARE	\$1,607,248	\$1,641,571	\$34,324
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,687,827	\$1,750,112	(\$937,715)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,295,075	\$3,391,683	(\$903,392)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.69%	61.84%	8.16%
2	MEDICARE	33.76%	37.30%	3.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.40%	49.62%	27.22%
4	MEDICAID	22.40%	49.62%	27.22%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	38.83%	42.05%	3.22%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	1.08%	1.06%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.81%	40.00%	8.19%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	36.46%	44.54%	8.08%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.37%	51.79%	1.41%
2	MEDICARE	24.82%	25.62%	0.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.67%	21.32%	-2.35%
4	MEDICAID	23.67%	21.32%	-2.35%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	30.52%	30.87%	0.35%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.05%	14.46%	9.41%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.52%	24.25%	-0.27%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.06%	35.99%	-0.07%

JOHNSON MEMORIAL 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	\$57,627,685	\$66,648,852	\$9,021,167
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$57,627,685	\$66,648,852	\$9,021,167
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,005,899	\$0	(\$2,005,899)
4	CALCULATED NET REVENUE	\$64,089,036	\$66,648,852	\$2,559,816
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$59,633,584	\$66,648,825	\$7,015,241
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$4,455,452	\$27	(\$4,455,425)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$159,131,313	\$170,600,762	\$11,469,449
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$159,131,313	\$170,600,762	\$11,469,449
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$159,131,313	\$170,600,764	\$11,469,451
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,765,850	\$4,506,653	(\$259,197)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,765,850	\$4,506,653	(\$259,197)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,765,850	\$4,506,653	(\$259,197)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

JOHNSON MEMORIAL 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)	\$12,784,325
2	MEDICARE	37,794,769
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,503,345
4	MEDICAID	10,503,345
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	370,688
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	546,866
	TOTAL INPATIENT GOVERNMENT CHARGES	\$48,668,802
	TOTAL INPATIENT CHARGES	\$61,453,127
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,523,627
2	MEDICARE	41,270,055
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,760,315
4	MEDICAID	20,760,315
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	593,638
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,966,567
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$62,624,008
	TOTAL OUTPATIENT CHARGES	\$109,147,635
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$59,307,952
2	TOTAL GOVERNMENT ACCRUED CHARGES	111,292,810
	TOTAL ACCRUED CHARGES	\$170,600,762
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,906,076
2	MEDICARE	14,097,531
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,211,995
4	MEDICAID	5,211,995
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	155,890
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,904
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$19,465,416
	TOTAL INPATIENT PAYMENTS	\$27,371,492
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,094,003
2	MEDICARE	10,574,250
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,425,841
4	MEDICAID	4,425,841
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	183,266
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	284,363
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,183,357
	TOTAL OUTPATIENT PAYMENTS	\$39,277,360
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$32,000,079
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	34,648,773
	TOTAL ACCRUED PAYMENTS	\$66,648,852

JOHNSON MEMORIAL 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)	915
2	MEDICARE	1,571
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	681
4	MEDICAID	681
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	24
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	42
	TOTAL GOVERNMENT DISCHARGES	2,276
	TOTAL DISCHARGES	3,191
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00930
2	MEDICARE	1.26170
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.94080
4	MEDICAID	0.94080
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.91200
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01010
	TOTAL GOVERNMENT CASE MIX INDEX	1.16200
	TOTAL CASE MIX INDEX	1.11821
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$59,307,952
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,000,079
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,307,873
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.04%
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	\$387,404
9	BAD DEBTS	\$4,119,249
10	TOTAL UNCOMPENSATED CARE	\$4,506,653
11	TOTAL OTHER OPERATING REVENUE	\$473,373
12	TOTAL OPERATING EXPENSES	\$66,456,723

JOHNSON MEMORIAL 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	\$66,648,852
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$66,648,852
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	CALCULATED NET REVENUE	\$66,648,852
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$66,648,825
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$27
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$170,600,762
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$170,600,762
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$170,600,764
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,506,653
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,506,653
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,506,653
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

JOHNSON MEMORIAL 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	168	117	(51)	-30%
2	Number of Approved Applicants	113	102	(11)	-10%
3	Total Charges (A)	\$310,398	\$387,404	\$77,006	25%
4	Average Charges	\$2,747	\$3,798	\$1,051	38%
5	Ratio of Cost to Charges (RCC)	0.431354	0.398842	(0.032512)	-8%
6	Total Cost	\$133,891	\$154,513	\$20,622	15%
7	Average Cost	\$1,185	\$1,515	\$330	28%
8	Charity Care - Inpatient Charges	\$147,829	\$163,321	\$15,492	10%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	56,756	114,751	57,995	102%
10	Charity Care - Emergency Department Charges	105,813	109,332	3,519	3%
11	Total Charges (A)	\$310,398	\$387,404	\$77,006	25%
12	Charity Care - Number of Patient Days	36	34	(2)	-6%
13	Charity Care - Number of Discharges	19	9	(10)	-53%
14	Charity Care - Number of Outpatient ED Visits	129	117	(12)	-9%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	185	178	(7)	-4%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,261,784	\$1,004,296	(\$257,488)	-20%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	698,615	863,388	164,773	24%
3	Bad Debts - Emergency Department	2,495,053	2,251,565	(243,488)	-10%
4	Total Bad Debts (A)	\$4,455,452	\$4,119,249	(\$336,203)	-8%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$310,398	\$387,404	\$77,006	25%
2	Bad Debts (A)	4,455,452	4,119,249	(336,203)	-8%
3	Total Uncompensated Care (A)	\$4,765,850	\$4,506,653	(\$259,197)	-5%
4	Uncompensated Care - Inpatient Services	\$1,409,613	\$1,167,617	(\$241,996)	-17%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	755,371	978,139	222,768	29%
6	Uncompensated Care - Emergency Department	2,600,866	2,360,897	(239,969)	-9%
7	Total Uncompensated Care (A)	\$4,765,850	\$4,506,653	(\$259,197)	-5%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

JOHNSON MEMORIAL 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
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$56,461,997	\$59,307,952	\$2,845,955	5%
2	Total Contractual Allowances	\$26,777,143	\$27,307,873	\$530,730	2%
	Total Accrued Payments (A)	\$29,684,854	\$32,000,079	\$2,315,225	8%
	Total Discount Percentage	47.43%	46.04%	-1.38%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHNSON MEMORIAL 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	\$65,614,784	\$62,288,196	\$61,453,127
2	Outpatient Gross Revenue	\$87,064,856	\$96,843,117	\$109,147,635
3	Total Gross Patient Revenue	\$152,679,640	\$159,131,313	\$170,600,762
4	Net Patient Revenue	\$65,318,419	\$59,633,584	\$66,648,825
B. Total Operating Expenses				
1	Total Operating Expense	\$65,981,058	\$63,578,052	\$66,456,723
C. Utilization Statistics				
1	Patient Days	16,189	16,130	16,270
2	Discharges	3,251	3,139	3,191
3	Average Length of Stay	5.0	5.1	5.1
4	Equivalent (Adjusted) Patient Days (EPD)	37,670	41,208	45,167
0	Equivalent (Adjusted) Discharges (ED)	7,565	8,019	8,859
D. Case Mix Statistics				
1	Case Mix Index	1.16648	1.14626	1.11821
2	Case Mix Adjusted Patient Days (CMAPD)	18,884	18,489	18,193
3	Case Mix Adjusted Discharges (CMAD)	3,792	3,598	3,568
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	43,942	47,236	50,507
5	Case Mix Adjusted Equivalent Discharges (CMAED)	8,824	9,192	9,906
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$9,431	\$9,866	\$10,486
2	Total Gross Revenue per Discharge	\$46,964	\$50,695	\$53,463
3	Total Gross Revenue per EPD	\$4,053	\$3,862	\$3,777
4	Total Gross Revenue per ED	\$20,183	\$19,843	\$19,258
5	Total Gross Revenue per CMAEPD	\$3,475	\$3,369	\$3,378
6	Total Gross Revenue per CMAED	\$17,302	\$17,311	\$17,222
7	Inpatient Gross Revenue per EPD	\$1,742	\$1,512	\$1,361
8	Inpatient Gross Revenue per ED	\$8,674	\$7,767	\$6,937

JOHNSON MEMORIAL 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	\$4,035	\$3,697	\$4,096
2	Net Patient Revenue per Discharge	\$20,092	\$18,998	\$20,887
3	Net Patient Revenue per EPD	\$1,734	\$1,447	\$1,476
4	Net Patient Revenue per ED	\$8,635	\$7,436	\$7,524
5	Net Patient Revenue per CMAEPD	\$1,486	\$1,262	\$1,320
6	Net Patient Revenue per CMAED	\$7,402	\$6,487	\$6,728
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,076	\$3,942	\$4,085
2	Total Operating Expense per Discharge	\$20,296	\$20,254	\$20,826
3	Total Operating Expense per EPD	\$1,752	\$1,543	\$1,471
4	Total Operating Expense per ED	\$8,722	\$7,928	\$7,502
5	Total Operating Expense per CMAEPD	\$1,502	\$1,346	\$1,316
6	Total Operating Expense per CMAED	\$7,477	\$6,916	\$6,709
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$9,394,293	\$9,201,815	\$9,346,702
2	Nursing Fringe Benefits Expense	\$2,347,211	\$2,141,165	\$2,547,260
3	Total Nursing Salary and Fringe Benefits Expense	\$11,741,504	\$11,342,980	\$11,893,962
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$17,775,085	\$17,662,595	\$15,764,903
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,441,193	\$4,109,900	\$3,900,830
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$22,216,278	\$21,772,495	\$19,665,733
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$27,169,378	\$26,864,410	\$25,111,605
2	Total Fringe Benefits Expense	\$6,788,404	\$6,251,065	\$6,448,090
3	Total Salary and Fringe Benefits Expense	\$33,957,782	\$33,115,475	\$31,559,695

JOHNSON MEMORIAL 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	118.7	114.2	115.5
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	345.5	346.1	331.7
4	Total Full Time Equivalent Employees (FTEs)	464.2	460.3	447.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$79,143	\$80,576	\$80,924
2	Nursing Fringe Benefits Expense per FTE	\$19,774	\$18,749	\$22,054
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$98,917	\$99,326	\$102,978
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,447	\$51,033	\$47,528
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$12,854	\$11,875	\$11,760
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$64,302	\$62,908	\$59,288
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$58,529	\$58,363	\$56,153
2	Total Fringe Benefits Expense per FTE	\$14,624	\$13,580	\$14,419
3	Total Salary and Fringe Benefits Expense per FTE	\$73,153	\$71,943	\$70,572
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,098	\$2,053	\$1,940
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,445	\$10,550	\$9,890
3	Total Salary and Fringe Benefits Expense per EPD	\$901	\$804	\$699
4	Total Salary and Fringe Benefits Expense per ED	\$4,489	\$4,129	\$3,563
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$773	\$701	\$625
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,848	\$3,603	\$3,186