

YALE-NEW HAVEN 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	\$38,914,000	\$20,955,000	(\$17,959,000)	-46%
2	Short Term Investments	\$671,389,000	\$926,009,000	\$254,620,000	38%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$233,822,000	\$259,581,000	\$25,759,000	11%
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	\$27,342,000	\$32,802,000	\$5,460,000	20%
8	Prepaid Expenses	\$33,410,000	\$36,081,000	\$2,671,000	8%
9	Other Current Assets	\$76,334,000	\$57,151,000	(\$19,183,000)	-25%
	Total Current Assets	\$1,081,211,000	\$1,332,579,000	\$251,368,000	23%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,538,000	\$17,796,000	\$5,258,000	42%
2	Board Designated for Capital Acquisition	\$71,557,000	\$107,073,000	\$35,516,000	50%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$84,095,000	\$124,869,000	\$40,774,000	48%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$207,616,000	\$263,938,000	\$56,322,000	27%
7	Other Noncurrent Assets	\$304,698,000	\$304,928,000	\$230,000	0%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,596,042,000	\$1,622,326,000	\$26,284,000	2%
2	Less: Accumulated Depreciation	\$677,907,000	\$735,391,000	\$57,484,000	8%
	Property, Plant and Equipment, Net	\$918,135,000	\$886,935,000	(\$31,200,000)	-3%
3	Construction in Progress	\$22,942,000	\$27,576,000	\$4,634,000	20%
	Total Net Fixed Assets	\$941,077,000	\$914,511,000	(\$26,566,000)	-3%
	Total Assets	\$2,618,697,000	\$2,940,825,000	\$322,128,000	12%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$225,782,000	\$231,911,000	\$6,129,000	3%
2	Salaries, Wages and Payroll Taxes	\$93,206,000	\$113,561,000	\$20,355,000	22%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$33,767,000	\$28,423,000	(\$5,344,000)	-16%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$15,079,000	\$17,897,000	\$2,818,000	19%
	Total Current Liabilities	\$367,834,000	\$391,792,000	\$23,958,000	7%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$676,827,000	\$799,902,000	\$123,075,000	18%
2	Notes Payable (Net of Current Portion)	\$51,347,000	\$51,075,000	(\$272,000)	-1%
	Total Long Term Debt	\$728,174,000	\$850,977,000	\$122,803,000	17%
3	Accrued Pension Liability	\$197,950,000	\$231,477,000	\$33,527,000	17%
4	Other Long Term Liabilities	\$306,614,000	\$345,977,000	\$39,363,000	13%
	Total Long Term Liabilities	\$1,232,738,000	\$1,428,431,000	\$195,693,000	16%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$930,988,000	\$1,020,378,000	\$89,390,000	10%
2	Temporarily Restricted Net Assets	\$59,982,000	\$64,318,000	\$4,336,000	7%
3	Permanently Restricted Net Assets	\$27,155,000	\$35,906,000	\$8,751,000	32%
	Total Net Assets	\$1,018,125,000	\$1,120,602,000	\$102,477,000	10%
	Total Liabilities and Net Assets	\$2,618,697,000	\$2,940,825,000	\$322,128,000	12%

YALE-NEW HAVEN 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	\$8,243,053,000	\$8,384,979,000	\$141,926,000	2%
2	Less: Allowances	\$5,808,321,000	\$5,797,975,000	(\$10,346,000)	0%
3	Less: Charity Care	\$87,167,000	\$176,887,000	\$89,720,000	103%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$2,347,565,000	\$2,410,117,000	\$62,552,000	3%
5	Provision for Bad Debts	\$64,649,000	\$71,764,000	\$7,115,000	11%
	Net Patient Service Revenue less provision for bad debts	\$2,282,916,000	\$2,338,353,000	\$55,437,000	2%
6	Other Operating Revenue	\$45,534,000	\$54,578,000	\$9,044,000	20%
7	Net Assets Released from Restrictions	\$13,099,000	\$8,973,000	(\$4,126,000)	-31%
	Total Operating Revenue	\$2,341,549,000	\$2,401,904,000	\$60,355,000	3%
B. Operating Expenses:					
1	Salaries and Wages	\$790,282,000	\$808,684,000	\$18,402,000	2%
2	Fringe Benefits	\$235,370,000	\$225,961,000	(\$9,409,000)	-4%
3	Physicians Fees	\$81,204,000	\$86,460,000	\$5,256,000	6%
4	Supplies and Drugs	\$377,459,000	\$376,009,000	(\$1,450,000)	0%
5	Depreciation and Amortization	\$107,957,000	\$122,543,000	\$14,586,000	14%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$23,920,000	\$23,742,000	(\$178,000)	-1%
8	Malpractice Insurance Cost	\$16,165,000	\$12,248,000	(\$3,917,000)	-24%
9	Other Operating Expenses	\$604,316,000	\$611,711,000	\$7,395,000	1%
	Total Operating Expenses	\$2,236,673,000	\$2,267,358,000	\$30,685,000	1%
	Income/(Loss) From Operations	\$104,876,000	\$134,546,000	\$29,670,000	28%
C. Non-Operating Revenue:					
1	Income from Investments	\$7,300,000	\$3,195,000	(\$4,105,000)	-56%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$16,263,000	(\$16,357,000)	(\$32,620,000)	-201%
	Total Non-Operating Revenue	\$23,563,000	(\$13,162,000)	(\$36,725,000)	-156%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$128,439,000	\$121,384,000	(\$7,055,000)	-5%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$50,283,000	\$75,949,000	\$25,666,000	51%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	(\$32,631,000)	(\$32,631,000)	0%
	Total Other Adjustments	\$50,283,000	\$43,318,000	(\$6,965,000)	-14%
	Excess/(Deficiency) of Revenue Over Expenses	\$178,722,000	\$164,702,000	(\$14,020,000)	-8%
	Principal Payments	\$10,640,000	\$484,157,000	\$473,517,000	4450%

**YALE-NEW HAVEN 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	\$1,511,593,859	\$1,524,772,902	\$13,179,043	1%
2	MEDICARE MANAGED CARE	\$417,417,649	\$445,662,284	\$28,244,635	7%
3	MEDICAID	\$1,155,720,092	\$1,096,846,915	(\$58,873,177)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$25,246,609	\$25,295,301	\$48,692	0%
6	COMMERCIAL INSURANCE	\$115,719,898	\$72,386,489	(\$43,333,409)	-37%
7	NON-GOVERNMENT MANAGED CARE	\$1,344,796,494	\$1,301,902,106	(\$42,894,388)	-3%
8	WORKER'S COMPENSATION	\$22,975,395	\$21,931,934	(\$1,043,461)	-5%
9	SELF- PAY/UNINSURED	\$47,404,499	\$65,761,465	\$18,356,966	39%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$4,640,874,495	\$4,554,559,396	(\$86,315,099)	-2%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$998,159,164	\$1,147,646,596	\$149,487,432	15%
2	MEDICARE MANAGED CARE	\$272,010,248	\$288,216,101	\$16,205,853	6%
3	MEDICAID	\$653,663,080	\$697,483,038	\$43,819,958	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$15,430,638	\$22,072,889	\$6,642,251	43%
6	COMMERCIAL INSURANCE	\$115,707,599	\$75,808,339	(\$39,899,260)	-34%
7	NON-GOVERNMENT MANAGED CARE	\$1,415,864,727	\$1,484,681,453	\$68,816,726	5%
8	WORKER'S COMPENSATION	\$17,565,203	\$19,648,951	\$2,083,748	12%
9	SELF- PAY/UNINSURED	\$113,777,717	\$94,861,804	(\$18,915,913)	-17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$3,602,178,376	\$3,830,419,171	\$228,240,795	6%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,509,753,023	\$2,672,419,498	\$162,666,475	6%
2	MEDICARE MANAGED CARE	\$689,427,897	\$733,878,385	\$44,450,488	6%
3	MEDICAID	\$1,809,383,172	\$1,794,329,953	(\$15,053,219)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$40,677,247	\$47,368,190	\$6,690,943	16%
6	COMMERCIAL INSURANCE	\$231,427,497	\$148,194,828	(\$83,232,669)	-36%
7	NON-GOVERNMENT MANAGED CARE	\$2,760,661,221	\$2,786,583,559	\$25,922,338	1%
8	WORKER'S COMPENSATION	\$40,540,598	\$41,580,885	\$1,040,287	3%
9	SELF- PAY/UNINSURED	\$161,182,216	\$160,623,269	(\$558,947)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$8,243,052,871	\$8,384,978,567	\$141,925,696	2%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$418,338,611	\$426,581,340	\$8,242,729	2%
2	MEDICARE MANAGED CARE	\$120,378,904	\$136,536,116	\$16,157,212	13%

**YALE-NEW HAVEN HOSPITAL
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FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$187,684,822	\$115,925,541	(\$71,759,281)	-38%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,797,029	\$2,112,365	(\$2,684,664)	-56%
6	COMMERCIAL INSURANCE	\$47,819,948	\$36,396,661	(\$11,423,287)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$496,680,697	\$571,261,737	\$74,581,040	15%
8	WORKER'S COMPENSATION	\$9,927,679	\$6,016,962	(\$3,910,717)	-39%
9	SELF- PAY/UNINSURED	\$6,033,320	\$12,191,274	\$6,157,954	102%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$1,291,661,010	\$1,307,021,996	\$15,360,986	1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$134,929,616	\$167,389,985	\$32,460,369	24%
2	MEDICARE MANAGED CARE	\$42,306,504	\$46,713,610	\$4,407,106	10%
3	MEDICAID	\$149,393,789	\$97,347,700	(\$52,046,089)	-35%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,970,886	\$2,274,341	\$303,455	15%
6	COMMERCIAL INSURANCE	\$51,309,655	\$56,392,408	\$5,082,753	10%
7	NON-GOVERNMENT MANAGED CARE	\$594,813,395	\$612,399,509	\$17,586,114	3%
8	WORKER'S COMPENSATION	\$7,903,155	\$6,734,229	(\$1,168,926)	-15%
9	SELF- PAY/UNINSURED	\$6,485,741	\$10,489,921	\$4,004,180	62%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$989,112,741	\$999,741,703	\$10,628,962	1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$553,268,227	\$593,971,325	\$40,703,098	7%
2	MEDICARE MANAGED CARE	\$162,685,408	\$183,249,726	\$20,564,318	13%
3	MEDICAID	\$337,078,611	\$213,273,241	(\$123,805,370)	-37%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$6,767,915	\$4,386,706	(\$2,381,209)	-35%
6	COMMERCIAL INSURANCE	\$99,129,603	\$92,789,069	(\$6,340,534)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$1,091,494,092	\$1,183,661,246	\$92,167,154	8%
8	WORKER'S COMPENSATION	\$17,830,834	\$12,751,191	(\$5,079,643)	-28%
9	SELF- PAY/UNINSURED	\$12,519,061	\$22,681,195	\$10,162,134	81%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$2,280,773,751	\$2,306,763,699	\$25,989,948	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	22,329	21,547	(782)	-4%
2	MEDICARE MANAGED CARE	6,304	6,699	395	6%
3	MEDICAID	23,006	22,415	(591)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	448	400	(48)	-11%
6	COMMERCIAL INSURANCE	1,993	987	(1,006)	-50%
7	NON-GOVERNMENT MANAGED CARE	25,192	25,195	3	0%
8	WORKER'S COMPENSATION	346	334	(12)	-3%

**YALE-NEW HAVEN HOSPITAL
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FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	885	952	67	8%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	80,503	78,529	(1,974)	-2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	153,017	142,143	(10,874)	-7%
2	MEDICARE MANAGED CARE	39,133	39,579	446	1%
3	MEDICAID	132,732	120,382	(12,350)	-9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	2,097	1,625	(472)	-23%
6	COMMERCIAL INSURANCE	10,648	4,519	(6,129)	-58%
7	NON-GOVERNMENT MANAGED CARE	119,212	112,844	(6,368)	-5%
8	WORKER'S COMPENSATION	1,430	1,087	(343)	-24%
9	SELF- PAY/UNINSURED	3,950	4,336	386	10%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	462,219	426,515	(35,704)	-8%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	230,796	270,084	39,288	17%
2	MEDICARE MANAGED CARE	71,834	79,977	8,143	11%
3	MEDICAID	297,513	314,914	17,401	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	4,541	5,215	674	15%
6	COMMERCIAL INSURANCE	33,895	16,111	(17,784)	-52%
7	NON-GOVERNMENT MANAGED CARE	399,113	456,425	57,312	14%
8	WORKER'S COMPENSATION	5,677	6,369	692	12%
9	SELF- PAY/UNINSURED	57,165	38,310	(18,855)	-33%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	1,100,534	1,187,405	86,871	8%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$137,569,426	\$170,022,591	\$32,453,165	24%
2	MEDICARE MANAGED CARE	\$35,772,142	\$44,013,361	\$8,241,219	23%
3	MEDICAID	\$193,201,647	\$214,936,851	\$21,735,204	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,261,371	\$1,186,195	(\$75,176)	-6%
6	COMMERCIAL INSURANCE	\$16,803,969	\$9,766,288	(\$7,037,681)	-42%
7	NON-GOVERNMENT MANAGED CARE	\$136,026,672	\$161,212,403	\$25,185,731	19%
8	WORKER'S COMPENSATION	\$5,195,486	\$4,808,996	(\$386,490)	-7%
9	SELF- PAY/UNINSURED	\$36,359,265	\$29,710,592	(\$6,648,673)	-18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$562,189,978	\$635,657,277	\$73,467,299	13%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$16,966,652	\$21,301,154	\$4,334,502	26%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$4,853,358	\$4,150,515	(\$702,843)	-14%
3	MEDICAID	\$29,734,859	\$32,226,422	\$2,491,563	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$190,939	\$262,200	\$71,261	37%
6	COMMERCIAL INSURANCE	\$6,054,121	\$5,316,006	(\$738,115)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$48,688,785	\$60,095,768	\$11,406,983	23%
8	WORKER'S COMPENSATION	\$2,653,714	\$2,544,006	(\$109,708)	-4%
9	SELF- PAY/UNINSURED	\$2,115,053	\$622,652	(\$1,492,401)	-71%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$111,257,481	\$126,518,723	\$15,261,242	14%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	21,508	19,064	(2,444)	-11%
2	MEDICARE MANAGED CARE	5,897	5,604	(293)	-5%
3	MEDICAID	72,847	65,998	(6,849)	-9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	470	386	(84)	-18%
6	COMMERCIAL INSURANCE	4,818	2,362	(2,456)	-51%
7	NON-GOVERNMENT MANAGED CARE	39,738	36,423	(3,315)	-8%
8	WORKER'S COMPENSATION	2,060	1,694	(366)	-18%
9	SELF- PAY/UNINSURED	16,447	10,989	(5,458)	-33%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	163,785	142,520	(21,265)	-13%

YALE-NEW HAVEN 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	\$332,073,000	\$328,622,000	(\$3,451,000)	-1%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$458,209,000	\$480,062,000	\$21,853,000	5%
	Total Salaries & Wages	\$790,282,000	\$808,684,000	\$18,402,000	2%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$98,908,000	\$91,823,000	(\$7,085,000)	-7%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$136,462,000	\$134,138,000	(\$2,324,000)	-2%
	Total Fringe Benefits	\$235,370,000	\$225,961,000	(\$9,409,000)	-4%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$5,073,000	\$4,283,000	(\$790,000)	-16%
2	Physician Fees	\$81,204,000	\$86,460,000	\$5,256,000	6%
3	Non-Nursing, Non-Physician Fees	\$37,083,000	\$165,763,000	\$128,680,000	347%
	Total Contractual Labor Fees	\$123,360,000	\$256,506,000	\$133,146,000	108%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$223,966,000	\$210,740,000	(\$13,226,000)	-6%
2	Pharmaceutical Costs	\$153,493,000	\$165,269,000	\$11,776,000	8%
	Total Medical Supplies and Pharmaceutical Cost	\$377,459,000	\$376,009,000	(\$1,450,000)	0%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$41,726,000	\$47,480,000	\$5,754,000	14%
2	Depreciation-Equipment	\$66,231,000	\$75,063,000	\$8,832,000	13%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$107,957,000	\$122,543,000	\$14,586,000	14%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$23,920,000	\$23,742,000	(\$178,000)	-1%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$16,165,000	\$12,248,000	(\$3,917,000)	-24%
I.	<u>Utilities:</u>				
1	Water	\$1,399,000	\$1,589,000	\$190,000	14%
2	Natural Gas	\$1,685,000	\$1,873,000	\$188,000	11%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$20,047,000	\$19,096,000	(\$951,000)	-5%
5	Telephone	\$4,681,000	\$3,945,000	(\$736,000)	-16%
6	Other Utilities	\$1,036,000	\$1,225,000	\$189,000	18%
	Total Utilities	\$28,848,000	\$27,728,000	(\$1,120,000)	-4%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$1,358,000	\$1,372,000	\$14,000	1%
2	Legal Fees	\$3,921,000	\$4,093,000	\$172,000	4%
3	Consulting Fees	\$1,152,000	\$236,000	(\$916,000)	-80%
4	Dues and Membership	\$1,780,000	\$1,840,000	\$60,000	3%
5	Equipment Leases	\$7,064,000	\$6,760,000	(\$304,000)	-4%
6	Building Leases	\$15,216,000	\$18,706,000	\$3,490,000	23%
7	Repairs and Maintenance	\$31,831,000	\$37,095,000	\$5,264,000	17%
8	Insurance	\$2,452,000	\$2,561,000	\$109,000	4%
9	Travel	\$15,000	\$6,000	(\$9,000)	-60%
10	Conferences	\$3,329,000	\$2,927,000	(\$402,000)	-12%

YALE-NEW HAVEN 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	\$4,474,000	\$4,203,000	(\$271,000)	-6%
12	General Supplies	\$16,586,000	\$20,416,000	\$3,830,000	23%
13	Licenses and Subscriptions	\$1,798,000	\$1,639,000	(\$159,000)	-9%
14	Postage and Shipping	\$1,061,000	\$867,000	(\$194,000)	-18%
15	Advertising	\$87,000	\$72,000	(\$15,000)	-17%
16	Corporate parent/system fees	\$24,417,000	\$28,104,000	\$3,687,000	15%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$984,000	\$893,000	(\$91,000)	-9%
19	Dietary / Food Services	\$3,156,000	\$3,067,000	(\$89,000)	-3%
20	Lab Fees / Red Cross charges	\$16,189,000	\$16,288,000	\$99,000	1%
21	Billing & Collection / Bank Fees	\$640,000	\$1,015,000	\$375,000	59%
22	Recruiting / Employee Education & Recognition	\$664,000	\$682,000	\$18,000	3%
23	Laundry / Linen	\$6,160,000	\$5,894,000	(\$266,000)	-4%
24	Professional / Physician Fees	\$4,786,000	\$4,956,000	\$170,000	4%
25	Waste disposal	\$1,328,000	\$1,680,000	\$352,000	27%
26	Purchased Services - Medical	\$121,768,000	\$133,544,000	\$11,776,000	10%
27	Purchased Services - Non Medical	\$140,085,000	\$112,249,000	(\$27,836,000)	-20%
28	Other Business Expenses	\$121,011,000	\$2,772,000	(\$118,239,000)	-98%
	Total Business Expenses	\$533,312,000	\$413,937,000	(\$119,375,000)	-22%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$2,236,673,000	\$2,267,358,000	\$30,685,000	1%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$62,721,270	\$75,441,333	\$12,720,063	20%
2	General Accounting	\$5,395,950	\$5,939,855	\$543,905	10%
3	Patient Billing & Collection	\$28,954,137	\$33,733,020	\$4,778,883	17%
4	Admitting / Registration Office	\$15,328,578	\$13,799,808	(\$1,528,770)	-10%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$5,668,103	\$7,074,250	\$1,406,147	25%
7	Personnel	\$3,940,430	\$3,988,465	\$48,035	1%
8	Public Relations	\$1,215,733	\$1,203,681	(\$12,052)	-1%
9	Purchasing	\$3,578,303	\$4,116,140	\$537,837	15%
10	Dietary and Cafeteria	\$27,199,717	\$30,247,701	\$3,047,984	11%
11	Housekeeping	\$26,988,620	\$26,844,377	(\$144,243)	-1%
12	Laundry & Linen	\$630,338	\$259,642	(\$370,696)	-59%
13	Operation of Plant	\$32,606,161	\$31,787,858	(\$818,303)	-3%
14	Security	\$10,285,731	\$9,481,819	(\$803,912)	-8%
15	Repairs and Maintenance	\$23,216,912	\$26,526,956	\$3,310,044	14%
16	Central Sterile Supply	\$11,388,395	\$10,348,691	(\$1,039,704)	-9%
17	Pharmacy Department	\$57,067,003	\$61,967,523	\$4,900,520	9%
18	Other General Services	\$487,232,237	\$462,125,104	(\$25,107,133)	-5%
	Total General Services	\$803,417,618	\$804,886,223	\$1,468,605	0%
B.	Professional Services:				
1	Medical Care Administration	\$52,151,125	\$48,015,009	(\$4,136,116)	-8%
2	Residency Program	\$66,068,752	\$72,942,628	\$6,873,876	10%
3	Nursing Services Administration	\$18,299,375	\$16,593,282	(\$1,706,093)	-9%
4	Medical Records	\$13,082,778	\$4,736,709	(\$8,346,069)	-64%
5	Social Service	\$7,682,075	\$6,553,678	(\$1,128,397)	-15%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$157,284,105	\$148,841,306	(\$8,442,799)	-5%
C.	Special Services:				

YALE-NEW HAVEN 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	\$142,606,666	\$150,499,810	\$7,893,144	6%
2	Recovery Room	\$11,467,125	\$11,171,001	(\$296,124)	-3%
3	Anesthesiology	\$20,001,438	\$21,991,514	\$1,990,076	10%
4	Delivery Room	\$12,467,329	\$12,693,400	\$226,071	2%
5	Diagnostic Radiology	\$36,698,324	\$37,037,409	\$339,085	1%
6	Diagnostic Ultrasound	\$6,467,464	\$3,750,695	(\$2,716,769)	-42%
7	Radiation Therapy	\$18,576,883	\$17,012,192	(\$1,564,691)	-8%
8	Radioisotopes	\$36,625,486	\$37,361,446	\$735,960	2%
9	CT Scan	\$5,699,029	\$6,133,284	\$434,255	8%
10	Laboratory	\$70,002,945	\$70,795,323	\$792,378	1%
11	Blood Storing/Processing	\$22,315,749	\$21,711,671	(\$604,078)	-3%
12	Cardiology	\$0	\$11,168,933	\$11,168,933	0%
13	Electrocardiology	\$19,416,864	\$21,139,010	\$1,722,146	9%
14	Electroencephalography	\$6,829,348	\$4,331,223	(\$2,498,125)	-37%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$15,635,790	\$16,062,363	\$426,573	3%
19	Pulmonary Function	\$0	\$2,803,130	\$2,803,130	0%
20	Intravenous Therapy	\$0	\$1,122,447	\$1,122,447	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$6,301,283	\$7,347,636	\$1,046,353	17%
23	Renal Dialysis	\$3,882,776	\$3,782,301	(\$100,475)	-3%
24	Emergency Room	\$67,237,087	\$65,604,860	(\$1,632,227)	-2%
25	MRI	\$7,876,965	\$7,500,370	(\$376,595)	-5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,775,834	\$2,224,330	(\$551,504)	-20%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,105,156	\$6,469,743	\$1,364,587	27%
32	Occupational Therapy / Physical Therapy	\$8,863,644	\$9,247,336	\$383,692	4%
33	Dental Clinic	\$4,225,639	\$4,056,430	(\$169,209)	-4%
34	Other Special Services	\$4,721,122	\$5,365,596	\$644,474	14%
	Total Special Services	\$535,799,946	\$558,383,453	\$22,583,507	4%
D.	Routine Services:				
1	Medical & Surgical Units	\$220,229,180	\$211,549,331	(\$8,679,849)	-4%
2	Intensive Care Unit	\$57,763,763	\$55,379,591	(\$2,384,172)	-4%
3	Coronary Care Unit	\$10,858,604	\$9,832,208	(\$1,026,396)	-9%
4	Psychiatric Unit	\$22,959,848	\$26,347,540	\$3,387,692	15%
5	Pediatric Unit	\$16,076,947	\$15,805,949	(\$270,998)	-2%
6	Maternity Unit	\$7,944,400	\$8,589,773	\$645,373	8%
7	Newborn Nursery Unit	\$7,672,660	\$4,927,946	(\$2,744,714)	-36%
8	Neonatal ICU	\$19,502,683	\$19,736,886	\$234,203	1%
9	Rehabilitation Unit	\$1,712,909	\$1,539,963	(\$172,946)	-10%
10	Ambulatory Surgery	\$10,253,989	\$10,284,386	\$30,397	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$199,679,009	\$213,406,479	\$13,727,470	7%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$574,653,992	\$577,400,052	\$2,746,060	0%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$165,517,339	\$177,846,966	\$12,329,627	7%
	Total Operating Expenses - All Departments*	\$2,236,673,000	\$2,267,358,000	\$30,685,000	1%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$1,713,271,000	\$2,282,916,000	\$2,338,353,000
2	Other Operating Revenue	47,560,000	58,633,000	63,551,000
3	Total Operating Revenue	\$1,760,831,000	\$2,341,549,000	\$2,401,904,000
4	Total Operating Expenses	1,654,251,000	2,236,673,000	2,267,358,000
5	Income/(Loss) From Operations	\$106,580,000	\$104,876,000	\$134,546,000
6	Total Non-Operating Revenue	24,029,000	73,846,000	30,156,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$130,609,000	\$178,722,000	\$164,702,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.97%	4.34%	5.53%
2	Hospital Non Operating Margin	1.35%	3.06%	1.24%
3	Hospital Total Margin	7.32%	7.40%	6.77%
4	Income/(Loss) From Operations	\$106,580,000	\$104,876,000	\$134,546,000
5	Total Operating Revenue	\$1,760,831,000	\$2,341,549,000	\$2,401,904,000
6	Total Non-Operating Revenue	\$24,029,000	\$73,846,000	\$30,156,000
7	Total Revenue	\$1,784,860,000	\$2,415,395,000	\$2,432,060,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$130,609,000	\$178,722,000	\$164,702,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$676,008,000	\$930,988,000	\$1,020,378,000
2	Hospital Total Net Assets	\$748,778,000	\$1,018,125,000	\$1,120,602,000
3	Hospital Change in Total Net Assets	\$74,691,000	\$269,347,000	\$102,477,000
4	Hospital Change in Total Net Assets %	111.1%	36.0%	10.1%

YALE-NEW HAVEN 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>	0.29	0.27	0.27
2	Total Operating Expenses	\$1,654,251,000	\$2,236,673,000	\$2,267,358,000
3	Total Gross Revenue	\$5,740,304,076	\$8,243,052,871	\$8,384,978,567
4	Total Other Operating Revenue	\$3,034,922	\$3,256,036	\$3,296,108
5	<u>Private Payment to Cost Ratio</u>	1.40	1.47	1.60
6	Total Non-Government Payments	\$910,703,894	\$1,220,973,590	\$1,311,882,701
7	Total Uninsured Payments	\$11,106,305	\$12,519,061	\$22,681,195
8	Total Non-Government Charges	\$2,345,778,878	\$3,193,811,532	\$3,136,982,541
9	Total Uninsured Charges	\$117,029,674	\$161,182,216	\$160,623,269
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.83	0.84
11	Total Medicare Payments	\$482,971,170	\$715,953,635	\$777,221,051
12	Total Medicare Charges	\$2,020,637,383	\$3,199,180,920	\$3,406,297,883
13	<u>Medicaid Payment to Cost Ratio</u>	0.66	0.69	0.44
14	Total Medicaid Payments	\$254,834,152	\$337,078,611	\$213,273,241
15	Total Medicaid Charges	\$1,341,436,594	\$1,809,383,172	\$1,794,329,953
16	<u>Uncompensated Care Cost</u>	\$31,889,609	\$41,003,684	\$54,368,589
17	Charity Care	\$35,745,214	\$32,480,929	\$43,211,397
18	Bad Debts	\$74,971,258	\$118,694,071	\$157,929,603
19	Total Uncompensated Care	\$110,716,472	\$151,175,000	\$201,141,000
20	<u>Uncompensated Care % of Total Expenses</u>	1.9%	1.8%	2.4%

YALE-NEW HAVEN 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	\$1,654,251,000	\$2,236,673,000	\$2,267,358,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	3	3
2	Total Current Assets	\$956,682,000	\$1,081,211,000	\$1,332,579,000
3	Total Current Liabilities	\$421,486,000	\$367,834,000	\$391,792,000
4	<u>Days Cash on Hand</u>	147	122	161
5	Cash and Cash Equivalents	\$64,528,000	\$38,914,000	\$20,955,000
6	Short Term Investments	571,302,000	671,389,000	926,009,000
7	Total Cash and Short Term Investments	\$635,830,000	\$710,303,000	\$946,964,000
8	Total Operating Expenses	\$1,654,251,000	\$2,236,673,000	\$2,267,358,000
9	Depreciation Expense	\$73,101,000	\$107,957,000	\$122,543,000
10	Operating Expenses less Depreciation Expense	\$1,581,150,000	\$2,128,716,000	\$2,144,815,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	43	37	41
12	Net Patient Accounts Receivable	\$202,909,000	\$233,822,000	\$259,581,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$202,909,000	\$233,822,000	\$259,581,000
16	Total Net Patient Revenue	\$1,713,271,000	\$2,282,916,000	\$2,338,353,000
17	<u>Average Payment Period</u>	97	63	67
18	Total Current Liabilities	\$421,486,000	\$367,834,000	\$391,792,000
19	Total Operating Expenses	\$1,654,251,000	\$2,236,673,000	\$2,267,358,000
20	Depreciation Expense	\$73,101,000	\$107,957,000	\$122,543,000

YALE-NEW HAVEN 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 less Depreciation Expense	\$1,581,150,000	\$2,128,716,000	\$2,144,815,000
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	30.2	38.9	38.1
2	Total Net Assets	\$748,778,000	\$1,018,125,000	\$1,120,602,000
3	Total Assets	\$2,479,015,000	\$2,618,697,000	\$2,940,825,000
4	<u>Cash Flow to Total Debt Ratio</u>	17.7	26.2	23.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$130,609,000	\$178,722,000	\$164,702,000
6	Depreciation Expense	\$73,101,000	\$107,957,000	\$122,543,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$203,710,000	\$286,679,000	\$287,245,000
8	Total Current Liabilities	\$421,486,000	\$367,834,000	\$391,792,000
9	Total Long Term Debt	\$727,206,000	\$728,174,000	\$850,977,000
10	Total Current Liabilities and Total Long Term Debt	\$1,148,692,000	\$1,096,008,000	\$1,242,769,000
11	<u>Long Term Debt to Capitalization Ratio</u>	49.3	41.7	43.2
12	Total Long Term Debt	\$727,206,000	\$728,174,000	\$850,977,000
13	Total Net Assets	\$748,778,000	\$1,018,125,000	\$1,120,602,000
14	Total Long Term Debt and Total Net Assets	\$1,475,984,000	\$1,746,299,000	\$1,971,579,000
15	<u>Debt Service Coverage Ratio</u>	7.9	9.0	0.6
16	Excess Revenues over Expenses	130,609,000	\$178,722,000	\$164,702,000
17	Interest Expense	17,720,000	\$23,920,000	\$23,742,000
18	Depreciation and Amortization Expense	73,101,000	\$107,957,000	\$122,543,000
19	Principal Payments	10,185,000	\$10,640,000	\$484,157,000
G. <u>Other Financial Ratios</u>				

YALE-NEW HAVEN 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>	8.2	6.3	6.0
21	Accumulated Depreciation	601,670,000	677,907,000	735,391,000
22	Depreciation and Amortization Expense	73,101,000	107,957,000	122,543,000
H. <u>Utilization Measures Summary</u>				
1	Patient Days	311,547	462,219	426,515
2	Discharges	59,426	80,503	78,529
3	ALOS	5.2	5.7	5.4
4	Staffed Beds	859	1,572	1,426
5	Available Beds	-	1,618	1,521
6	Licensed Beds	1,001	1,541	1,541
7	Occupancy of Staffed Beds	99.4%	80.6%	81.9%
8	Occupancy of Available Beds	85.3%	78.3%	76.8%
9	Full Time Equivalent Employees	8,150.6	11,071.7	10,878.6
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	38.8%	36.8%	35.5%
2	Medicare Gross Revenue Payer Mix Percentage	35.2%	38.8%	40.6%
3	Medicaid Gross Revenue Payer Mix Percentage	23.4%	22.0%	21.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.0%	1.9%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.5%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$2,228,749,204	\$3,032,629,316	\$2,976,359,272
9	Medicare Gross Revenue (Charges)	\$2,020,637,383	\$3,199,180,920	\$3,406,297,883
10	Medicaid Gross Revenue (Charges)	\$1,341,436,594	\$1,809,383,172	\$1,794,329,953
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$117,029,674	\$161,182,216	\$160,623,269
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$32,451,221	\$40,677,247	\$47,368,190
14	Total Gross Revenue (Charges)	\$5,740,304,076	\$8,243,052,871	\$8,384,978,567
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	54.4%	53.0%	55.9%
2	Medicare Net Revenue Payer Mix Percentage	29.2%	31.4%	33.7%

YALE-NEW HAVEN 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	15.4%	14.8%	9.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	0.5%	1.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.3%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$899,597,589	\$1,208,454,529	\$1,289,201,506
9	Medicare Net Revenue (Payments)	\$482,971,170	\$715,953,635	\$777,221,051
10	Medicaid Net Revenue (Payments)	\$254,834,152	\$337,078,611	\$213,273,241
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$11,106,305	\$12,519,061	\$22,681,195
13	CHAMPUS / TRICARE Net Revenue Payments)	\$6,294,436	\$6,767,915	\$4,386,706
14	Total Net Revenue (Payments)	\$1,654,803,652	\$2,280,773,751	\$2,306,763,699
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	23,650	28,416	27,468
2	Medicare	18,100	28,633	28,246
3	Medical Assistance	17,294	23,006	22,415
4	Medicaid	17,294	23,006	22,415
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	382	448	400
7	Uninsured (Included In Non-Government)	977	885	952
8	Total	59,426	80,503	78,529
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.35313	1.38715	1.43745
2	Medicare	1.77425	1.72501	1.79150
3	Medical Assistance	1.17508	1.18613	1.23093
4	Medicaid	1.17508	1.18613	1.23093
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.45877	1.36383	1.41741
7	Uninsured (Included In Non-Government)	1.21790	1.42665	1.55003
8	Total Case Mix Index	1.43026	1.44974	1.50575
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	26,732	40,919	54,292
2	Emergency Room - Treated and Discharged	114,396	163,785	142,520
3	Total Emergency Room Visits	141,128	204,704	196,812

**YALE-NEW HAVEN 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	\$33,107,961	\$13,044,759	(\$20,063,202)	-61%
2	Inpatient Payments	\$9,001,256	\$4,011,099	(\$4,990,157)	-55%
3	Outpatient Charges	\$16,683,329	\$11,993,200	(\$4,690,129)	-28%
4	Outpatient Payments	\$5,235,166	\$2,371,444	(\$2,863,722)	-55%
5	Discharges	484	209	(275)	-57%
6	Patient Days	3,470	1,159	(2,311)	-67%
7	Outpatient Visits (Excludes ED Visits)	4,480	2,576	(1,904)	-43%
8	Emergency Department Outpatient Visits	346	158	(188)	-54%
9	Emergency Department Inpatient Admissions	178	133	(45)	-25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$49,791,290	\$25,037,959	(\$24,753,331)	-50%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,236,422	\$6,382,543	(\$7,853,879)	-55%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$118,122,977	\$144,323,912	\$26,200,935	22%
2	Inpatient Payments	\$35,765,401	\$46,086,564	\$10,321,163	29%
3	Outpatient Charges	\$77,435,197	\$104,296,001	\$26,860,804	35%
4	Outpatient Payments	\$10,958,365	\$17,269,275	\$6,310,910	58%
5	Discharges	1,632	2,106	474	29%
6	Patient Days	9,949	12,124	2,175	22%
7	Outpatient Visits (Excludes ED Visits)	18,497	27,528	9,031	49%
8	Emergency Department Outpatient Visits	1,183	1,319	136	11%
9	Emergency Department Inpatient Admissions	522	1,244	722	138%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$195,558,174	\$248,619,913	\$53,061,739	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$46,723,766	\$63,355,839	\$16,632,073	36%

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**YALE-NEW HAVEN 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	\$200,990,332	\$149,247,073	(\$51,743,259)	-26%
2	Inpatient Payments	\$57,012,235	\$43,482,951	(\$13,529,284)	-24%
3	Outpatient Charges	\$118,917,550	\$64,549,453	(\$54,368,097)	-46%
4	Outpatient Payments	\$17,012,500	\$9,022,815	(\$7,989,685)	-47%
5	Discharges	3,194	2,188	(1,006)	-31%
6	Patient Days	19,591	13,860	(5,731)	-29%
7	Outpatient Visits (Excludes ED Visits)	29,081	16,451	(12,630)	-43%
8	Emergency Department Outpatient Visits	2,756	1,583	(1,173)	-43%
9	Emergency Department Inpatient Admissions	1,267	1,596	329	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$319,907,882	\$213,796,526	(\$106,111,356)	-33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$74,024,735	\$52,505,766	(\$21,518,969)	-29%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$27,013,400	\$46,375,708	\$19,362,308	72%
2	Inpatient Payments	\$7,840,706	\$14,136,802	\$6,296,096	80%
3	Outpatient Charges	\$18,443,818	\$31,868,022	\$13,424,204	73%
4	Outpatient Payments	\$2,632,249	\$5,002,225	\$2,369,976	90%
5	Discharges	441	727	286	65%
6	Patient Days	2,817	4,329	1,512	54%
7	Outpatient Visits (Excludes ED Visits)	5,655	8,497	2,842	50%
8	Emergency Department Outpatient Visits	1,033	1,320	287	28%
9	Emergency Department Inpatient Admissions	202	554	352	174%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$45,457,218	\$78,243,730	\$32,786,512	72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,472,955	\$19,139,027	\$8,666,072	83%
I. AETNA					
1	Inpatient Charges	\$36,086,690	\$88,712,119	\$52,625,429	146%
2	Inpatient Payments	\$10,089,761	\$27,756,412	\$17,666,651	175%
3	Outpatient Charges	\$39,631,423	\$74,699,309	\$35,067,886	88%
4	Outpatient Payments	\$6,402,277	\$12,929,556	\$6,527,279	102%
5	Discharges	520	1,412	892	172%
6	Patient Days	3,096	7,745	4,649	150%
7	Outpatient Visits (Excludes ED Visits)	7,928	19,061	11,133	140%
8	Emergency Department Outpatient Visits	532	1,172	640	120%
9	Emergency Department Inpatient Admissions	259	927	668	258%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$75,718,113	\$163,411,428	\$87,693,315	116%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,492,038	\$40,685,968	\$24,193,930	147%

**YALE-NEW HAVEN 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	\$2,096,289	\$3,958,713	\$1,862,424	89%
2	Inpatient Payments	\$669,545	\$1,062,288	\$392,743	59%
3	Outpatient Charges	\$898,931	\$810,116	(\$88,815)	-10%
4	Outpatient Payments	\$65,947	\$118,295	\$52,348	79%
5	Discharges	33	57	24	73%
6	Patient Days	210	362	152	72%
7	Outpatient Visits (Excludes ED Visits)	296	260	(36)	-12%
8	Emergency Department Outpatient Visits	47	52	5	11%
9	Emergency Department Inpatient Admissions	18	44	26	144%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,995,220	\$4,768,829	\$1,773,609	59%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$735,492	\$1,180,583	\$445,091	61%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**YALE-NEW HAVEN 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$417,417,649	\$445,662,284	\$28,244,635	7%
	TOTAL INPATIENT PAYMENTS	\$120,378,904	\$136,536,116	\$16,157,212	13%
	TOTAL OUTPATIENT CHARGES	\$272,010,248	\$288,216,101	\$16,205,853	6%
	TOTAL OUTPATIENT PAYMENTS	\$42,306,504	\$46,713,610	\$4,407,106	10%
	TOTAL DISCHARGES	6,304	6,699	395	6%
	TOTAL PATIENT DAYS	39,133	39,579	446	1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	65,937	74,373	8,436	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	5,897	5,604	(293)	-5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,446	4,498	2,052	84%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$689,427,897	\$733,878,385	\$44,450,488	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$162,685,408	\$183,249,726	\$20,564,318	13%

**YALE-NEW HAVEN 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%

**YALE-NEW HAVEN 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%

**YALE-NEW HAVEN 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%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
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	\$46,312,000	\$161,059,000	\$114,747,000	248%
2	Short Term Investments	\$709,453,000	\$1,040,882,000	\$331,429,000	47%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$238,901,000	\$368,342,000	\$129,441,000	54%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$29,844,000	\$40,473,000	\$10,629,000	36%
8	Prepaid Expenses	\$34,089,000	\$13,846,000	(\$20,243,000)	-59%
9	Other Current Assets	\$76,112,000	\$58,405,000	(\$17,707,000)	-23%
	Total Current Assets	\$1,134,711,000	\$1,683,007,000	\$548,296,000	48%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,538,000	\$17,796,000	\$5,258,000	42%
2	Board Designated for Capital Acquisition	\$71,557,000	\$107,073,000	\$35,516,000	50%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$108,681,000	\$108,681,000	0%
	Total Noncurrent Assets Whose Use is Limited:	\$84,095,000	\$233,550,000	\$149,455,000	178%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$214,382,000	\$394,904,000	\$180,522,000	84%
7	Other Noncurrent Assets	\$294,202,000	\$400,099,000	\$105,897,000	36%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,625,294,000	\$2,900,150,000	\$1,274,856,000	78%
2	Less: Accumulated Depreciation	\$695,193,000	\$1,444,576,000	\$749,383,000	\$1
	Property, Plant and Equipment, Net	\$930,101,000	\$1,455,574,000	\$525,473,000	56%
3	Construction in Progress	\$23,639,000	\$66,043,000	\$42,404,000	179%
	Total Net Fixed Assets	\$953,740,000	\$1,521,617,000	\$567,877,000	60%
	Total Assets	\$2,681,130,000	\$4,233,177,000	\$1,552,047,000	58%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
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	\$234,110,000	\$354,226,000	\$120,116,000	51%
2	Salaries, Wages and Payroll Taxes	\$93,206,000	\$115,172,000	\$21,966,000	24%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$13,668,000	\$57,727,000	\$44,059,000	322%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$36,630,000	\$40,432,000	\$3,802,000	10%
	Total Current Liabilities	\$377,614,000	\$567,557,000	\$189,943,000	50%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$675,929,000	\$902,400,000	\$226,471,000	34%
2	Notes Payable (Net of Current Portion)	\$55,364,000	\$85,709,000	\$30,345,000	55%
	Total Long Term Debt	\$731,293,000	\$988,109,000	\$256,816,000	35%
3	Accrued Pension Liability	\$197,950,000	\$321,442,000	\$123,492,000	62%
4	Other Long Term Liabilities	\$345,910,000	\$489,445,000	\$143,535,000	41%
	Total Long Term Liabilities	\$1,275,153,000	\$1,798,996,000	\$523,843,000	41%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$2,383,000	\$0	(\$2,383,000)	-100%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$938,843,000	\$1,644,056,000	\$705,213,000	75%
2	Temporarily Restricted Net Assets	\$59,982,000	\$141,712,000	\$81,730,000	136%
3	Permanently Restricted Net Assets	\$27,155,000	\$80,856,000	\$53,701,000	198%
	Total Net Assets	\$1,025,980,000	\$1,866,624,000	\$840,644,000	82%
	Total Liabilities and Net Assets	\$2,681,130,000	\$4,233,177,000	\$1,552,047,000	58%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$8,355,658,000	\$11,767,478,000	\$3,411,820,000	41%
2	Less: Allowances	\$5,885,526,000	\$8,106,128,000	\$2,220,602,000	38%
3	Less: Charity Care	\$87,167,000	\$200,412,000	\$113,245,000	130%
4	Less: Other Deductions	\$0	\$49,503,000	\$49,503,000	0%
	Total Net Patient Revenue	\$2,382,965,000	\$3,411,435,000	\$1,028,470,000	43%
5	Provision for Bad Debts	\$65,535,000	\$123,743,000	\$58,208,000	89%
	Net Patient Service Revenue less provision for bad debts	\$2,317,430,000	\$3,287,692,000	\$970,262,000	42%
6	Other Operating Revenue	\$60,720,000	\$103,175,000	\$42,455,000	70%
7	Net Assets Released from Restrictions	\$0	\$3,819,000	\$3,819,000	0%
	Total Operating Revenue	\$2,378,150,000	\$3,394,686,000	\$1,016,536,000	43%
B. Operating Expenses:					
1	Salaries and Wages	\$804,309,000	\$1,318,391,000	\$514,082,000	64%
2	Fringe Benefits	\$237,277,000	\$425,746,000	\$188,469,000	79%
3	Physicians Fees	\$81,367,000	\$121,415,000	\$40,048,000	49%
4	Supplies and Drugs	\$374,971,000	\$493,932,000	\$118,961,000	32%
5	Depreciation and Amortization	\$109,616,000	\$192,072,000	\$82,456,000	75%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$24,246,000	\$26,917,000	\$2,671,000	11%
8	Malpractice Insurance Cost	\$16,811,000	\$58,999,000	\$42,188,000	251%
9	Other Operating Expenses	\$630,838,000	\$587,102,000	(\$43,736,000)	-7%
	Total Operating Expenses	\$2,279,435,000	\$3,224,574,000	\$945,139,000	41%
	Income/(Loss) From Operations	\$98,715,000	\$170,112,000	\$71,397,000	72%
C. Non-Operating Revenue:					
1	Income from Investments	\$7,993,000	\$3,103,000	(\$4,890,000)	-61%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$16,263,000	(\$23,196,000)	(\$39,459,000)	-243%
	Total Non-Operating Revenue	\$24,256,000	(\$20,093,000)	(\$44,349,000)	-183%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$122,971,000	\$150,019,000	\$27,048,000	22%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$50,283,000	\$86,913,000	\$36,630,000	73%
	All Other Adjustments	(\$4,594,000)	(\$32,631,000)	(\$28,037,000)	610%
	Total Other Adjustments	\$45,689,000	\$54,282,000	\$8,593,000	19%
	Excess/(Deficiency) of Revenue Over Expenses	\$168,660,000	\$204,301,000	\$35,641,000	21%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
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	\$1,733,252,000	\$2,317,430,000	\$3,287,692,000
2	Other Operating Revenue	49,518,000	60,720,000	106,994,000
3	Total Operating Revenue	\$1,782,770,000	\$2,378,150,000	\$3,394,686,000
4	Total Operating Expenses	1,675,207,000	2,279,435,000	3,224,574,000
5	Income/(Loss) From Operations	\$107,563,000	\$98,715,000	\$170,112,000
6	Total Non-Operating Revenue	22,853,000	69,945,000	34,189,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$130,416,000	\$168,660,000	\$204,301,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	5.96%	4.03%	4.96%
2	Parent Corporation Non-Operating Margin	1.27%	2.86%	1.00%
3	Parent Corporation Total Margin	7.22%	6.89%	5.96%
4	Income/(Loss) From Operations	\$107,563,000	\$98,715,000	\$170,112,000
5	Total Operating Revenue	\$1,782,770,000	\$2,378,150,000	\$3,394,686,000
6	Total Non-Operating Revenue	\$22,853,000	\$69,945,000	\$34,189,000
7	Total Revenue	\$1,805,623,000	\$2,448,095,000	\$3,428,875,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$130,416,000	\$168,660,000	\$204,301,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$686,529,000	\$938,843,000	\$1,644,056,000
2	Parent Corporation Total Net Assets	\$759,299,000	\$1,025,980,000	\$1,866,624,000
3	Parent Corporation Change in Total Net Assets	\$74,097,000	\$266,681,000	\$840,644,000
4	Parent Corporation Change in Total Net Assets %	110.8%	35.1%	81.9%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.36	3.00	2.97
2	Total Current Assets	\$1,009,552,000	\$1,134,711,000	\$1,683,007,000
3	Total Current Liabilities	\$428,054,000	\$377,614,000	\$567,557,000
4	<u>Days Cash on Hand</u>	156	127	145
5	Cash and Cash Equivalents	\$69,453,000	\$46,312,000	\$161,059,000
6	Short Term Investments	\$613,360,000	\$709,453,000	\$1,040,882,000
7	Total Cash and Short Term Investments	\$682,813,000	\$755,765,000	\$1,201,941,000
8	Total Operating Expenses	\$1,675,207,000	\$2,279,435,000	\$3,224,574,000
9	Depreciation Expense	\$74,623,000	\$109,616,000	\$192,072,000
10	Operating Expenses less Depreciation Expense	\$1,600,584,000	\$2,169,819,000	\$3,032,502,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	43	38	41
12	Net Patient Accounts Receivable	\$ 205,704,000	\$ 238,901,000	\$ 368,342,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 205,704,000	\$ 238,901,000	\$ 368,342,000
16	Total Net Patient Revenue	\$1,733,252,000	\$2,317,430,000	\$3,287,692,000
17	<u>Average Payment Period</u>	98	64	68
18	Total Current Liabilities	\$428,054,000	\$377,614,000	\$567,557,000
19	Total Operating Expenses	\$1,675,207,000	\$2,279,435,000	\$3,224,574,000
20	Depreciation Expense	\$74,623,000	\$109,616,000	\$192,072,000
20	Total Operating Expenses less Depreciation Expense	\$1,600,584,000	\$2,169,819,000	\$3,032,502,000

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	29.9	38.3	44.1
2	Total Net Assets	\$759,299,000	\$1,025,980,000	\$1,866,624,000
3	Total Assets	\$2,538,981,000	\$2,681,130,000	\$4,233,177,000
4	<u>Cash Flow to Total Debt Ratio</u>	17.7	25.1	25.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$130,416,000	\$168,660,000	\$204,301,000
6	Depreciation Expense	\$74,623,000	\$109,616,000	\$192,072,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$205,039,000	\$278,276,000	\$396,373,000
8	Total Current Liabilities	\$428,054,000	\$377,614,000	\$567,557,000
9	Total Long Term Debt	\$731,364,000	\$731,293,000	\$988,109,000
10	Total Current Liabilities and Total Long Term Debt	\$1,159,418,000	\$1,108,907,000	\$1,555,666,000
11	<u>Long Term Debt to Capitalization Ratio</u>	49.1	41.6	34.6
12	Total Long Term Debt	\$731,364,000	\$731,293,000	\$988,109,000
13	Total Net Assets	\$759,299,000	\$1,025,980,000	\$1,866,624,000
14	Total Long Term Debt and Total Net Assets	\$1,490,663,000	\$1,757,273,000	\$2,854,733,000

YALE-NEW HAVEN 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	268,667	53,552	52,018	820	898	89.8%	82.0%
2	ICU/CCU (Excludes Neonatal ICU)	33,978	3,904	0	160	160	58.2%	58.2%
3	Psychiatric: Ages 0 to 17	11,016	1,126	1,129	36	36	83.8%	83.8%
4	Psychiatric: Ages 18+	35,770	3,266	3,305	99	99	99.0%	99.0%
	TOTAL PSYCHIATRIC	46,786	4,392	4,434	135	135	94.9%	94.9%
5	Rehabilitation	2,421	195	192	18	18	36.8%	36.8%
6	Maternity	20,915	6,171	5,072	67	75	85.5%	76.4%
7	Newborn	11,948	5,854	5,210	53	53	61.8%	61.8%
8	Neonatal ICU	17,376	917	0	81	81	58.8%	58.8%
9	Pediatric	24,424	7,448	7,370	92	101	72.7%	66.3%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	414,567	72,675	69,086	1,373	1,468	82.7%	77.4%
	TOTAL INPATIENT BED UTILIZATION	426,515	78,529	74,296	1,426	1,521	81.9%	76.8%
	TOTAL INPATIENT REPORTED YEAR	426,515	78,529	74,296	1,426	1,521	81.9%	76.8%
	TOTAL INPATIENT PRIOR YEAR	462,219	80,503	68,812	1572	1618	80.6%	78.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-35,704	-1,974	5,484	-146	-97	1.4%	-1.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-2%	8%	-9%	-6%	2%	-2%
	Total Licensed Beds and Bassinets	1541						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	42,201	42,206	5	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	48,448	53,887	5,439	11%
3	Emergency Department Scans	26,127	21,924	-4,203	-16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	116,776	118,017	1,241	1%
B. MRI Scans (A)					
1	Inpatient Scans	10,230	11,676	1,446	14%
2	Outpatient Scans (Excluding Emergency Department Scans)	35,856	37,688	1,832	5%
3	Emergency Department Scans	1,460	1,028	-432	-30%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	47,546	50,392	2,846	6%
C. PET Scans (A)					
1	Inpatient Scans	104	119	15	14%
2	Outpatient Scans (Excluding Emergency Department Scans)	190	625	435	229%
3	Emergency Department Scans	66	0	-66	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	360	744	384	107%
D. PET/CT Scans (A)					
1	Inpatient Scans	612	218	-394	-64%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,598	3,245	-353	-10%
3	Emergency Department Scans	2,455	2	-2,453	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	6,665	3,465	-3,200	-48%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	1,527	1,335	-192	-13%
2	Outpatient Procedures	46,200	47,831	1,631	4%
	Total Linear Accelerator Procedures	47,727	49,166	1,439	3%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	1,469	2,521	1,052	72%
2	Outpatient Procedures	935	1,748	813	87%
	Total Cardiac Catheterization Procedures	2,404	4,269	1,865	78%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	359	627	268	75%
2	Elective Procedures	1,470	929	-541	-37%
	Total Cardiac Angioplasty Procedures	1,829	1,556	-273	-15%
H. Electrophysiology Studies					
1	Inpatient Studies	1,651	932	-719	-44%
2	Outpatient Studies	694	626	-68	-10%
	Total Electrophysiology Studies	2,345	1,558	-787	-34%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	12,296	20,029	7,733	63%
2	Outpatient Surgical Procedures	30,314	30,887	573	2%
	Total Surgical Procedures	42,610	50,916	8,306	19%
J. Endoscopy Procedures					

YALE-NEW HAVEN 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	4,316	887	-3,429	-79%
2	Outpatient Endoscopy Procedures	14,720	7,405	-7,315	-50%
	Total Endoscopy Procedures	19,036	8,292	-10,744	-56%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	40,919	54,292	13,373	33%
2	Emergency Room Visits: Treated and Discharged	163,785	142,520	-21,265	-13%
	Total Emergency Room Visits	204,704	196,812	-7,892	-4%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	182	32,785	32,603	17914%
3	Psychiatric Clinic Visits	0	1,028	1,028	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	37,631	37,631	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	12,478	12,478	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	42,079	42,079	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	55,765	55,765	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	2,436	2,436	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	4,107	4,107	0%
13	Specialty Clinic Visits - Other Speciality Clinics	284,071	270,971	-13,100	-5%
	Total Hospital Clinic Visits	284,253	459,280	175,027	62%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	0	19,282	19,282	0%
2	Cardiac Rehabilitation	9,765	10,398	633	6%
3	Chemotherapy	81,490	91,585	10,095	12%
4	Gastroenterology	13,392	17,156	3,764	28%
5	Other Outpatient Visits	995,887	1,048,984	53,097	5%
	Total Other Hospital Outpatient Visits	1,100,534	1,187,405	86,871	8%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	4,083.0	4,684.2	601.2	15%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	6,988.7	6,194.4	-794.3	-11%
	Total Hospital Full Time Equivalent Employees	11,071.7	10,878.6	-193.1	-2%

YALE-NEW HAVEN 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	Temple Medical Center	12,308	5,697	-6,611	-54%
2	Yale New Haven Hospital	18,006	17,376	-630	-3%
3	SRC Operating	0	7,814	7,814	0%
	Total Outpatient Surgical Procedures(A)	30,314	30,887	573	2%
B. Outpatient Endoscopy Procedures					
1	Temple Medical Center	5,740	3,788	-1,952	-34%
2	Yale New Haven Hospital	8,980	1,445	-7,535	-84%
3	SRC Operating	0	2,172	2,172	0%
	Total Outpatient Endoscopy Procedures(B)	14,720	7,405	-7,315	-50%
C. Outpatient Hospital Emergency Room Visits					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	24,765	19,526	-5,239	-21%
3	Yale New Haven Hospital	139,020	84,884	-54,136	-39%
4	SRC Operating	0	38,110	38,110	0%
	Total Outpatient Hospital Emergency Room Visits(C)	163,785	142,520	-21,265	-13%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	\$1,929,011,508	\$1,970,435,186	\$41,423,678	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$538,717,515	\$563,117,456	\$24,399,941	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.93%	28.58%	0.65%	2%
4	DISCHARGES	28,633	28,246	(387)	-1%
5	CASE MIX INDEX (CMI)	1.72501	1.79150	0.06649	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	49,392.21133	50,602.70900	1,210.49767	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,906.93	\$11,128.21	\$221.28	2%
8	PATIENT DAYS	192,150	181,722	(10,428)	-5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,803.63	\$3,098.79	\$295.16	11%
10	AVERAGE LENGTH OF STAY	6.7	6.4	(0.3)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,270,169,412	\$1,435,862,697	\$165,693,285	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$177,236,120	\$214,103,595	\$36,867,475	21%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.95%	14.91%	0.96%	7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	65.85%	72.87%	7.02%	11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	18,853.57377	20,582.95448	1,729.38071	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,400.66	\$10,401.99	\$1,001.32	11%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$3,199,180,920	\$3,406,297,883	\$207,116,963	6%
18	TOTAL ACCRUED PAYMENTS	\$715,953,635	\$777,221,051	\$61,267,416	9%
19	TOTAL ALLOWANCES	\$2,483,227,285	\$2,629,076,832	\$145,849,547	6%

YALE-NEW HAVEN 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	\$1,530,896,286	\$1,461,981,994	(\$68,914,292)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$560,461,644	\$625,866,634	\$65,404,990	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.61%	42.81%	6.20%	17%
4	DISCHARGES	28,416	27,468	(948)	-3%
5	CASE MIX INDEX (CMI)	1.38715	1.43745	0.05030	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	39,417.25440	39,483.87660	66.62220	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$14,218.69	\$15,851.20	\$1,632.51	11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,311.76)	(\$4,722.99)	(\$1,411.23)	43%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$130,540,311)	(\$186,481,854)	(\$55,941,543)	43%
10	PATIENT DAYS	135,240	122,786	(12,454)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,144.20	\$5,097.21	\$953.01	23%
12	AVERAGE LENGTH OF STAY	4.8	4.5	(0.3)	-6%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,662,915,246	\$1,675,000,547	\$12,085,301	1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$660,511,946	\$686,016,067	\$25,504,121	4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.72%	40.96%	1.24%	3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	108.62%	114.57%	5.95%	5%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	30,866.49309	31,470.23371	603.74062	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$21,399.00	\$21,798.89	\$399.89	2%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$11,998.33)	(\$11,396.90)	\$601.43	-5%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$370,346,403)	(\$358,663,151)	\$11,683,252	-3%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$3,193,811,532	\$3,136,982,541	(\$56,828,991)	-2%
22	TOTAL ACCRUED PAYMENTS	\$1,220,973,590	\$1,311,882,701	\$90,909,111	7%
23	TOTAL ALLOWANCES	\$1,972,837,942	\$1,825,099,840	(\$147,738,102)	-7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$500,886,714)	(\$545,145,005)	(\$44,258,291)	9%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$3,004,952,573	\$2,976,359,272	(\$28,593,301)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,210,596,860	\$1,289,201,506	\$78,604,646	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,794,355,713	\$1,687,157,766	(\$107,197,947)	-6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.71%	56.69%	-3.03%	

YALE-NEW HAVEN HOSPITAL					
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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	\$47,404,499	\$65,761,465	\$18,356,966	39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,033,320	\$12,191,274	\$6,157,954	102%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.73%	18.54%	5.81%	46%
4	DISCHARGES	885	952	67	8%
5	CASE MIX INDEX (CMI)	1.42665	1.55003	0.12338	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,262.58525	1,475.62856	213.04331	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,778.54	\$8,261.75	\$3,483.21	73%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,440.14	\$7,589.45	(\$1,850.70)	-20%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,128.39	\$2,866.46	(\$3,261.93)	-53%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,737,612	\$4,229,827	(\$3,507,785)	-45%
11	PATIENT DAYS	3,950	4,336	386	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,527.42	\$2,811.64	\$1,284.22	84%
13	AVERAGE LENGTH OF STAY	4.5	4.6	0.1	2%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$113,777,717	\$94,861,804	(\$18,915,913)	-17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,485,741	\$10,489,921	\$4,004,180	62%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.70%	11.06%	5.36%	94%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	240.01%	144.25%	-95.76%	-40%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,124.12918	1,373.27289	(750.85628)	-35%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,053.36	\$7,638.63	\$4,585.26	150%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$18,345.63	\$14,160.26	(\$4,185.37)	-23%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,347.30	\$2,763.36	(\$3,583.94)	-56%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,482,485	\$3,794,844	(\$9,687,641)	-72%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$161,182,216	\$160,623,269	(\$558,947)	0%
24	TOTAL ACCRUED PAYMENTS	\$12,519,061	\$22,681,195	\$10,162,134	81%
25	TOTAL ALLOWANCES	\$148,663,155	\$137,942,074	(\$10,721,081)	-7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,220,097	\$8,024,671	(\$13,195,426)	-62%

YALE-NEW HAVEN HOSPITAL					
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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	\$1,155,720,092	\$1,096,846,915	(\$58,873,177)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$187,684,822	\$115,925,541	(\$71,759,281)	-38%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.24%	10.57%	-5.67%	-35%
4	DISCHARGES	23,006	22,415	(591)	-3%
5	CASE MIX INDEX (CMI)	1.18613	1.23093	0.04480	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27,288.10678	27,591.29595	303.18917	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,877.90	\$4,201.53	(\$2,676.37)	-39%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$7,340.79	\$11,649.67	\$4,308.88	59%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,029.03	\$6,926.68	\$2,897.65	72%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$109,944,717	\$191,116,131	\$81,171,414	74%
11	PATIENT DAYS	132,732	120,382	(12,350)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,414.01	\$962.98	(\$451.03)	-32%
13	AVERAGE LENGTH OF STAY	5.8	5.4	(0.4)	-7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$653,663,080	\$697,483,038	\$43,819,958	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$149,393,789	\$97,347,700	(\$52,046,089)	-35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.85%	13.96%	-8.90%	-39%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	56.56%	63.59%	7.03%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	13,011.95066	14,253.65936	1,241.70870	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,481.28	\$6,829.66	(\$4,651.61)	-41%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,917.72	\$14,969.22	\$5,051.50	51%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$2,080.61)	\$3,572.32	\$5,652.93	-272%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$27,072,807)	\$50,918,659	\$77,991,466	-288%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,809,383,172	\$1,794,329,953	(\$15,053,219)	-1%
24	TOTAL ACCRUED PAYMENTS	\$337,078,611	\$213,273,241	(\$123,805,370)	-37%
25	TOTAL ALLOWANCES	\$1,472,304,561	\$1,581,056,712	\$108,752,151	7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$82,871,909	\$242,034,790	\$159,162,880	192%

YALE-NEW HAVEN HOSPITAL					
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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)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$14,218.69	\$15,851.20	\$1,632.51	11%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$10,906.93	\$11,128.21	\$221.28	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$21,399.00	\$21,798.89	\$399.89	2%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$9,400.66	\$10,401.99	\$1,001.32	11%
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%

YALE-NEW HAVEN HOSPITAL					
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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	\$1,155,720,092	\$1,096,846,915	(\$58,873,177)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$187,684,822	\$115,925,541	(\$71,759,281)	-38%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.24%	10.57%	-5.67%	-35%
4	DISCHARGES	23,006	22,415	(591)	-3%
5	CASE MIX INDEX (CMI)	1.18613	1.23093	0.04480	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27,288.10678	27,591.29595	303.18917	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,877.90	\$4,201.53	(\$2,676.37)	-39%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$7,340.79	\$11,649.67	\$4,308.88	59%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,029.03	\$6,926.68	\$2,897.65	72%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$109,944,717	\$191,116,131	\$81,171,414	74%
11	PATIENT DAYS	132,732	120,382	(12,350)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,414.01	\$962.98	(\$451.03)	-32%
13	AVERAGE LENGTH OF STAY	5.8	5.4	(0.4)	-7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$653,663,080	\$697,483,038	\$43,819,958	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$149,393,789	\$97,347,700	(\$52,046,089)	-35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.85%	13.96%	-8.90%	-39%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	56.56%	63.59%	7.03%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	13,011.95066	14,253.65936	1,241.70870	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,481.28	\$6,829.66	(\$4,651.61)	-41%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,917.72	\$14,969.22	\$5,051.50	51%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	(\$2,080.61)	\$3,572.32	\$5,652.93	-272%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$27,072,807)	\$50,918,659	\$77,991,466	-288%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,809,383,172	\$1,794,329,953	(\$15,053,219)	-1%
24	TOTAL ACCRUED PAYMENTS	\$337,078,611	\$213,273,241	(\$123,805,370)	-37%
25	TOTAL ALLOWANCES	\$1,472,304,561	\$1,581,056,712	\$108,752,151	7%

YALE-NEW HAVEN 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	\$25,246,609	\$25,295,301	\$48,692	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,797,029	\$2,112,365	(\$2,684,664)	-56%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.00%	8.35%	-10.65%	-56%
4	DISCHARGES	448	400	(48)	-11%
5	CASE MIX INDEX (CMI)	1.36383	1.41741	0.05358	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	610.99584	566.96400	(44.03184)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,851.16	\$3,725.75	(\$4,125.42)	-53%
8	PATIENT DAYS	2,097	1,625	(472)	-23%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,287.57	\$1,299.92	(\$987.65)	-43%
10	AVERAGE LENGTH OF STAY	4.7	4.1	(0.6)	-13%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,430,638	\$22,072,889	\$6,642,251	43%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,970,886	\$2,274,341	\$303,455	15%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$40,677,247	\$47,368,190	\$6,690,943	16%
14	TOTAL ACCRUED PAYMENTS	\$6,767,915	\$4,386,706	(\$2,381,209)	-35%
15	TOTAL ALLOWANCES	\$33,909,332	\$42,981,484	\$9,072,152	27%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,256,036	\$3,296,108	\$40,072	1%
2	TOTAL OPERATING EXPENSES	\$2,236,673,000	\$2,267,358,000	\$30,685,000	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$32,480,929	\$43,211,397	\$10,730,468	33%
5	BAD DEBTS (CHARGES)	\$118,694,071	\$157,929,603	\$39,235,532	33%
6	UNCOMPENSATED CARE (CHARGES)	\$151,175,000	\$201,141,000	\$49,966,000	33%
7	COST OF UNCOMPENSATED CARE	\$42,329,480	\$53,819,203	\$11,489,723	27%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$1,809,383,172	\$1,794,329,953	(\$15,053,219)	-1%
9	TOTAL ACCRUED PAYMENTS	\$337,078,611	\$213,273,241	(\$123,805,370)	-37%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$506,633,034	\$480,108,022	(\$26,525,012)	-5%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$169,554,423	\$266,834,781	\$97,280,358	57%

YALE-NEW HAVEN 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	\$4,640,874,495	\$4,554,559,396	(\$86,315,099)	-2%
2	TOTAL INPATIENT PAYMENTS	\$1,291,661,010	\$1,307,021,996	\$15,360,986	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	27.83%	28.70%	0.86%	3%
4	TOTAL DISCHARGES	80,503	78,529	(1,974)	-2%
5	TOTAL CASE MIX INDEX	1.44974	1.50575	0.05601	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	116,708.56835	118,244.84555	1,536.27720	1%
7	TOTAL OUTPATIENT CHARGES	\$3,602,178,376	\$3,830,419,171	\$228,240,795	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	77.62%	84.10%	6.48%	8%
9	TOTAL OUTPATIENT PAYMENTS	\$989,112,741	\$999,741,703	\$10,628,962	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.46%	26.10%	-1.36%	-5%
11	TOTAL CHARGES	\$8,243,052,871	\$8,384,978,567	\$141,925,696	2%
12	TOTAL PAYMENTS	\$2,280,773,751	\$2,306,763,699	\$25,989,948	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	27.67%	27.51%	-0.16%	-1%
14	PATIENT DAYS	462,219	426,515	(35,704)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$3,109,978,209	\$3,092,577,402	(\$17,400,807)	-1%
2	INPATIENT PAYMENTS	\$731,199,366	\$681,155,362	(\$50,044,004)	-7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	23.51%	22.03%	-1.49%	-6%
4	DISCHARGES	52,087	51,061	(1,026)	-2%
5	CASE MIX INDEX	1.48389	1.54249	0.05860	4%
6	CASE MIX ADJUSTED DISCHARGES	77,291.31395	78,760.96895	1,469.65500	2%
7	OUTPATIENT CHARGES	\$1,939,263,130	\$2,155,418,624	\$216,155,494	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	62.36%	69.70%	7.34%	12%
9	OUTPATIENT PAYMENTS	\$328,600,795	\$313,725,636	(\$14,875,159)	-5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.94%	14.56%	-2.39%	-14%
11	TOTAL CHARGES	\$5,049,241,339	\$5,247,996,026	\$198,754,687	4%
12	TOTAL PAYMENTS	\$1,059,800,161	\$994,880,998	(\$64,919,163)	-6%
13	TOTAL PAYMENTS / CHARGES	20.99%	18.96%	-2.03%	-10%
14	PATIENT DAYS	326,979	303,729	(23,250)	-7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$3,989,441,178	\$4,253,115,028	\$263,673,850	7%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.7	6.4	(0.3)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.8	4.5	(0.3)	-6%
3	UNINSURED	4.5	4.6	0.1	2%
4	MEDICAID	5.8	5.4	(0.4)	-7%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.7	4.1	(0.6)	-13%
7	TOTAL AVERAGE LENGTH OF STAY	5.7	5.4	(0.3)	-5%

YALE-NEW HAVEN 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	\$8,243,052,871	\$8,384,978,567	\$141,925,696	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$3,989,441,178	\$4,253,115,028	\$263,673,850	7%
3	UNCOMPENSATED CARE	\$151,175,000	\$201,141,000	\$49,966,000	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,794,355,713	\$1,687,157,766	(\$107,197,947)	-6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$5,934,971,891	\$6,141,413,794	\$206,441,903	3%
7	TOTAL ACCRUED PAYMENTS	\$2,308,080,980	\$2,243,564,773	(\$64,516,207)	-3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$2,308,080,980	\$2,243,564,773	(\$64,516,207)	-3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2800031755	0.2675695299	(0.0124336457)	-4%
11	COST OF UNCOMPENSATED CARE	\$42,329,480	\$53,819,203	\$11,489,723	27%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$169,554,423	\$266,834,781	\$97,280,358	57%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$211,883,903	\$320,653,984	\$108,770,081	51%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	(\$27,072,807)	\$50,918,659	\$77,991,466	-288%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,220,097	\$8,024,671	(\$13,195,426)	-62%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	(\$5,852,711)	\$58,943,330	\$64,796,040	-1107%
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	\$2,142,331	\$31,589,301	\$29,446,970	1374.53%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,282,916,000	\$2,338,353,000	\$55,437,000	2.43%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$8,243,052,871	\$8,384,978,567	\$141,925,696	1.72%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$641,000	\$612,000	(\$29,000)	-4.52%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$151,816,000	\$201,753,000	\$49,937,000	32.89%

YALE-NEW HAVEN 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)	\$1,530,896,286		\$1,461,981,994		(\$68,914,292)
2	MEDICARE	\$1,929,011,508		1,970,435,186		\$41,423,678
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,155,720,092		1,096,846,915		(\$58,873,177)
4	MEDICAID	\$1,155,720,092		1,096,846,915		(\$58,873,177)
5	OTHER MEDICAL ASSISTANCE		\$0		0	\$0
6	CHAMPUS / TRICARE	\$25,246,609		25,295,301		\$48,692
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$47,404,499		65,761,465		\$18,356,966
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,109,978,209		\$3,092,577,402		(\$17,400,807)
	TOTAL INPATIENT CHARGES	\$4,640,874,495		\$4,554,559,396		(\$86,315,099)
B.	OUTPATIENT ACCRUED CHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,662,915,246		\$1,675,000,547		\$12,085,301
2	MEDICARE	\$1,270,169,412		1,435,862,697		\$165,693,285
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$653,663,080		697,483,038		\$43,819,958
4	MEDICAID	\$653,663,080		697,483,038		\$43,819,958
5	OTHER MEDICAL ASSISTANCE		\$0		0	\$0
6	CHAMPUS / TRICARE	\$15,430,638		22,072,889		\$6,642,251
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$113,777,717		94,861,804		(\$18,915,913)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$1,939,263,130		\$2,155,418,624		\$216,155,494
	TOTAL OUTPATIENT CHARGES	\$3,602,178,376		\$3,830,419,171		\$228,240,795
C.	TOTAL ACCRUED CHARGES					
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$3,193,811,532		\$3,136,982,541		(\$56,828,991)
2	TOTAL MEDICARE	\$3,199,180,920		\$3,406,297,883		\$207,116,963
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,809,383,172		\$1,794,329,953		(\$15,053,219)
4	TOTAL MEDICAID	\$1,809,383,172		\$1,794,329,953		(\$15,053,219)
5	TOTAL OTHER MEDICAL ASSISTANCE		\$0		0	\$0
6	TOTAL CHAMPUS / TRICARE	\$40,677,247		\$47,368,190		\$6,690,943
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$161,182,216		\$160,623,269		(\$558,947)
	TOTAL GOVERNMENT CHARGES	\$5,049,241,339		\$5,247,996,026		\$198,754,687
	TOTAL CHARGES	\$8,243,052,871		\$8,384,978,567		\$141,925,696
D.	INPATIENT ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$560,461,644		\$625,866,634		\$65,404,990
2	MEDICARE	\$538,717,515		563,117,456		\$24,399,941
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$187,684,822		115,925,541		(\$71,759,281)
4	MEDICAID	\$187,684,822		115,925,541		(\$71,759,281)
5	OTHER MEDICAL ASSISTANCE		\$0		0	\$0
6	CHAMPUS / TRICARE	\$4,797,029		2,112,365		(\$2,684,664)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,033,320		12,191,274		\$6,157,954
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$731,199,366		\$681,155,362		(\$50,044,004)
	TOTAL INPATIENT PAYMENTS	\$1,291,661,010		\$1,307,021,996		\$15,360,986
E.	OUTPATIENT ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$660,511,946		\$686,016,067		\$25,504,121
2	MEDICARE	\$177,236,120		214,103,595		\$36,867,475
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$149,393,789		97,347,700		(\$52,046,089)
4	MEDICAID	\$149,393,789		97,347,700		(\$52,046,089)
5	OTHER MEDICAL ASSISTANCE		\$0		0	\$0
6	CHAMPUS / TRICARE	\$1,970,886		2,274,341		\$303,455
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,485,741		10,489,921		\$4,004,180
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$328,600,795		\$313,725,636		(\$14,875,159)
	TOTAL OUTPATIENT PAYMENTS	\$989,112,741		\$999,741,703		\$10,628,962
F.	TOTAL ACCRUED PAYMENTS					
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,220,973,590		\$1,311,882,701		\$90,909,111
2	TOTAL MEDICARE	\$715,953,635		\$777,221,051		\$61,267,416
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$337,078,611		\$213,273,241		(\$123,805,370)
4	TOTAL MEDICAID	\$337,078,611		\$213,273,241		(\$123,805,370)
5	TOTAL OTHER MEDICAL ASSISTANCE		\$0		0	\$0
6	TOTAL CHAMPUS / TRICARE	\$6,767,915		\$4,386,706		(\$2,381,209)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,519,061		\$22,681,195		\$10,162,134
	TOTAL GOVERNMENT PAYMENTS	\$1,059,800,161		\$994,880,998		(\$64,919,163)
	TOTAL PAYMENTS	\$2,280,773,751		\$2,306,763,699		\$25,989,948

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.57%	17.44%	-1.14%
2	MEDICARE	23.40%	23.50%	0.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.02%	13.08%	-0.94%
4	MEDICAID	14.02%	13.08%	-0.94%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.31%	0.30%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.58%	0.78%	0.21%
TOTAL INPATIENT GOVERNMENT PAYER MIX		37.73%	36.88%	-0.85%
TOTAL INPATIENT PAYER MIX		56.30%	54.32%	-1.98%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.17%	19.98%	-0.20%
2	MEDICARE	15.41%	17.12%	1.72%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.93%	8.32%	0.39%
4	MEDICAID	7.93%	8.32%	0.39%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.19%	0.26%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.38%	1.13%	-0.25%
TOTAL OUTPATIENT GOVERNMENT PAYER MIX		23.53%	25.71%	2.18%
TOTAL OUTPATIENT PAYER MIX		43.70%	45.68%	1.98%
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)	24.57%	27.13%	2.56%
2	MEDICARE	23.62%	24.41%	0.79%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.23%	5.03%	-3.20%
4	MEDICAID	8.23%	5.03%	-3.20%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.21%	0.09%	-0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.26%	0.53%	0.26%
TOTAL INPATIENT GOVERNMENT PAYER MIX		32.06%	29.53%	-2.53%
TOTAL INPATIENT PAYER MIX		56.63%	56.66%	0.03%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.96%	29.74%	0.78%
2	MEDICARE	7.77%	9.28%	1.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.55%	4.22%	-2.33%
4	MEDICAID	6.55%	4.22%	-2.33%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.10%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.28%	0.45%	0.17%
TOTAL OUTPATIENT GOVERNMENT PAYER MIX		14.41%	13.60%	-0.81%
TOTAL OUTPATIENT PAYER MIX		43.37%	43.34%	-0.03%
TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%	100.00%	0.00%

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28,416	27,468	(948)
2	MEDICARE	28,633	28,246	(387)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,006	22,415	(591)
4	MEDICAID	23,006	22,415	(591)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	448	400	(48)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	885	952	67
	TOTAL GOVERNMENT DISCHARGES	52,087	51,061	(1,026)
	TOTAL DISCHARGES	80,503	78,529	(1,974)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	135,240	122,786	(12,454)
2	MEDICARE	192,150	181,722	(10,428)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	132,732	120,382	(12,350)
4	MEDICAID	132,732	120,382	(12,350)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	2,097	1,625	(472)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,950	4,336	386
	TOTAL GOVERNMENT PATIENT DAYS	326,979	303,729	(23,250)
	TOTAL PATIENT DAYS	462,219	426,515	(35,704)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.8	4.5	(0.3)
2	MEDICARE	6.7	6.4	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.8	5.4	(0.4)
4	MEDICAID	5.8	5.4	(0.4)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.7	4.1	(0.6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.5	4.6	0.1
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.3	5.9	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	5.7	5.4	(0.3)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38715	1.43745	0.05030
2	MEDICARE	1.72501	1.79150	0.06649
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.18613	1.23093	0.04480
4	MEDICAID	1.18613	1.23093	0.04480
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.36383	1.41741	0.05358
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.42665	1.55003	0.12338
	TOTAL GOVERNMENT CASE MIX INDEX	1.48389	1.54249	0.05860
	TOTAL CASE MIX INDEX	1.44974	1.50575	0.05601
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$3,004,952,573	\$2,976,359,272	(\$28,593,301)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,210,596,860	\$1,289,201,506	\$78,604,646
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,794,355,713	\$1,687,157,766	(\$107,197,947)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.71%	56.69%	-3.03%
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	\$32,480,929	\$43,211,397	\$10,730,468
9	BAD DEBTS	\$118,694,071	\$157,929,603	\$39,235,532
10	TOTAL UNCOMPENSATED CARE	\$151,175,000	\$201,141,000	\$49,966,000
11	TOTAL OTHER OPERATING REVENUE	\$3,256,036	\$3,296,108	\$40,072
12	TOTAL OPERATING EXPENSES	\$2,236,673,000	\$2,267,358,000	\$30,685,000

YALE-NEW HAVEN 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	FY	ACTUAL	FY	AMOUNT
		2013		2014		DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS					
A.	CASE MIX ADJUSTED DISCHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39,417.25440		39,483.87660		66.62220
2	MEDICARE	49,392.21133		50,602.70900		1,210.49767
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,288.10678		27,591.29595		303.18917
4	MEDICAID	27,288.10678		27,591.29595		303.18917
5	OTHER MEDICAL ASSISTANCE	0.00000		0.00000		0.00000
6	CHAMPUS / TRICARE	610.99584		566.96400		(44.03184)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,262.58525		1,475.62856		213.04331
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	77,291.31395		78,760.96895		1,469.65500
	TOTAL CASE MIX ADJUSTED DISCHARGES	116,708.56835		118,244.84555		1,536.27720
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30,866.49309		31,470.23371		603.74062
2	MEDICARE	18,853.57377		20,582.95448		1,729.38071
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,011.95066		14,253.65936		1,241.70870
4	MEDICAID	13,011.95066		14,253.65936		1,241.70870
5	OTHER MEDICAL ASSISTANCE	0.00000		0.00000		0.00000
6	CHAMPUS / TRICARE	273.81601		349.04331		75.22730
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,124.12918		1,373.27289		-750.85628
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	32,139.34045		35,185.65715		3,046.31670
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	63,005.83354		66,655.89086		3,650.05732
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,218.69		\$15,851.20		\$1,632.51
2	MEDICARE	\$10,906.93		\$11,128.21		\$221.28
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,877.90		\$4,201.53		(\$2,676.37)
4	MEDICAID	\$6,877.90		\$4,201.53		(\$2,676.37)
5	OTHER MEDICAL ASSISTANCE	\$0.00		\$0.00		\$0.00
6	CHAMPUS / TRICARE	\$7,851.16		\$3,725.75		(\$4,125.42)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,778.54		\$8,261.75		\$3,483.21
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,460.30		\$8,648.39		(\$811.92)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$11,067.41		\$11,053.52		(\$13.88)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,399.00		\$21,798.89		\$399.89
2	MEDICARE	\$9,400.66		\$10,401.99		\$1,001.32
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,481.28		\$6,829.66		(\$4,651.61)
4	MEDICAID	\$11,481.28		\$6,829.66		(\$4,651.61)
5	OTHER MEDICAL ASSISTANCE	\$0.00		\$0.00		\$0.00
6	CHAMPUS / TRICARE	\$7,197.85		\$6,515.93		(\$681.92)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,053.36		\$7,638.63		\$4,585.26
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,224.25		\$8,916.29		(\$1,307.96)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$15,698.75		\$14,998.55		(\$700.20)

YALE-NEW HAVEN 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	(\$27,072,807)	\$50,918,659	\$77,991,466
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,220,097	\$8,024,671	(\$13,195,426)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	(\$5,852,711)	\$58,943,330	\$64,796,040
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$8,243,052,871	\$8,384,978,567	\$141,925,696
2	TOTAL GOVERNMENT DEDUCTIONS	\$3,989,441,178	\$4,253,115,028	\$263,673,850
3	UNCOMPENSATED CARE	\$151,175,000	\$201,141,000	\$49,966,000
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,794,355,713	\$1,687,157,766	(\$107,197,947)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$5,934,971,891	\$6,141,413,794	\$206,441,903
7	TOTAL ACCRUED PAYMENTS	\$2,308,080,980	\$2,243,564,773	(\$64,516,207)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$2,308,080,980	\$2,243,564,773	(\$64,516,207)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2800031755	0.2675695299	(0.0124336457)
11	COST OF UNCOMPENSATED CARE	\$42,329,480	\$53,819,203	\$11,489,723
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$169,554,423	\$266,834,781	\$97,280,358
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$211,883,903	\$320,653,984	\$108,770,081
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.61%	42.81%	6.20%
2	MEDICARE	27.93%	28.58%	0.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.24%	10.57%	-5.67%
4	MEDICAID	16.24%	10.57%	-5.67%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	19.00%	8.35%	-10.65%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12.73%	18.54%	5.81%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	23.51%	22.03%	-1.49%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.83%	28.70%	0.86%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.72%	40.96%	1.24%
2	MEDICARE	13.95%	14.91%	0.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.85%	13.96%	-8.90%
4	MEDICAID	22.85%	13.96%	-8.90%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	12.77%	10.30%	-2.47%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.70%	11.06%	5.36%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	16.94%	14.56%	-2.39%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.46%	26.10%	-1.36%

YALE-NEW HAVEN 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	\$2,280,773,751	\$2,306,763,699	\$25,989,948
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$2,280,773,751	\$2,306,763,699	\$25,989,948
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,142,331	\$31,589,301	\$29,446,970
4	CALCULATED NET REVENUE	\$2,401,610,153	\$2,338,353,000	(\$63,257,153)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,282,916,000	\$2,338,353,000	\$55,437,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$118,694,153	\$0	(\$118,694,153)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$8,243,052,871	\$8,384,978,567	\$141,925,696
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$8,243,052,871	\$8,384,978,567	\$141,925,696
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,243,052,871	\$8,384,978,567	\$141,925,696
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$151,175,000	\$201,141,000	\$49,966,000
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$641,000	\$612,000	(\$29,000)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$151,816,000	\$201,753,000	\$49,937,000
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$151,816,000	\$201,753,000	\$49,937,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

YALE-NEW HAVEN 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)	\$1,461,981,994
2	MEDICARE	1,970,435,186
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,096,846,915
4	MEDICAID	1,096,846,915
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	25,295,301
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65,761,465
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,092,577,402
	TOTAL INPATIENT CHARGES	\$4,554,559,396
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,675,000,547
2	MEDICARE	1,435,862,697
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	697,483,038
4	MEDICAID	697,483,038
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	22,072,889
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	94,861,804
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$2,155,418,624
	TOTAL OUTPATIENT CHARGES	\$3,830,419,171
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$3,136,982,541
2	TOTAL GOVERNMENT ACCRUED CHARGES	5,247,996,026
	TOTAL ACCRUED CHARGES	\$8,384,978,567
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$625,866,634
2	MEDICARE	563,117,456
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	115,925,541
4	MEDICAID	115,925,541
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,112,365
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12,191,274
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$681,155,362
	TOTAL INPATIENT PAYMENTS	\$1,307,021,996
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$686,016,067
2	MEDICARE	214,103,595
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	97,347,700
4	MEDICAID	97,347,700
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,274,341
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,489,921
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$313,725,636
	TOTAL OUTPATIENT PAYMENTS	\$999,741,703
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$1,311,882,701
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	994,880,998
	TOTAL ACCRUED PAYMENTS	\$2,306,763,699

YALE-NEW HAVEN 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)	27,468
2	MEDICARE	28,246
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,415
4	MEDICAID	22,415
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	952
	TOTAL GOVERNMENT DISCHARGES	51,061
	TOTAL DISCHARGES	78,529
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.43745
2	MEDICARE	1.79150
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.23093
4	MEDICAID	1.23093
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.41741
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.55003
	TOTAL GOVERNMENT CASE MIX INDEX	1.54249
	TOTAL CASE MIX INDEX	1.50575
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$2,976,359,272
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,289,201,506
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,687,157,766
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.69%
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	\$43,211,397
9	BAD DEBTS	\$157,929,603
10	TOTAL UNCOMPENSATED CARE	\$201,141,000
11	TOTAL OTHER OPERATING REVENUE	\$3,296,108
12	TOTAL OPERATING EXPENSES	\$2,267,358,000

YALE-NEW HAVEN 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	\$2,306,763,699
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$2,306,763,699
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$31,589,301
	CALCULATED NET REVENUE	\$2,338,353,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,338,353,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$8,384,978,567
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$8,384,978,567
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,384,978,567
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$201,141,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$612,000
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$201,753,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$201,753,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

YALE-NEW HAVEN 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	6,553	6,433	(120)	-2%
2	Number of Approved Applicants	5,356	5,496	140	3%
3	Total Charges (A)	\$32,480,929	\$43,211,397	\$10,730,468	33%
4	Average Charges	\$6,064	\$7,862	\$1,798	30%
5	Ratio of Cost to Charges (RCC)	0.301756	0.271233	(0.030523)	-10%
6	Total Cost	\$9,801,315	\$11,720,357	\$1,919,042	20%
7	Average Cost	\$1,830	\$2,133	\$303	17%
8	Charity Care - Inpatient Charges	\$18,113,836	\$16,246,048	(\$1,867,788)	-10%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	12,122,474	18,430,623	6,308,149	52%
10	Charity Care - Emergency Department Charges	2,244,619	8,534,726	6,290,107	280%
11	Total Charges (A)	\$32,480,929	\$43,211,397	\$10,730,468	33%
12	Charity Care - Number of Patient Days	6,473	12,981	6,508	101%
13	Charity Care - Number of Discharges	952	2,479	1,527	160%
14	Charity Care - Number of Outpatient ED Visits	2,635	2,860	225	9%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	15,029	14,851	(178)	-1%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$66,192,840	\$33,910,337	(\$32,282,503)	-49%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	44,298,788	65,017,311	20,718,523	47%
3	Bad Debts - Emergency Department	8,202,443	59,001,955	50,799,512	619%
4	Total Bad Debts (A)	\$118,694,071	\$157,929,603	\$39,235,532	33%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$32,480,929	\$43,211,397	\$10,730,468	33%
2	Bad Debts (A)	118,694,071	157,929,603	39,235,532	33%
3	Total Uncompensated Care (A)	\$151,175,000	\$201,141,000	\$49,966,000	33%
4	Uncompensated Care - Inpatient Services	\$84,306,676	\$50,156,385	(\$34,150,291)	-41%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	56,421,262	83,447,934	27,026,672	48%
6	Uncompensated Care - Emergency Department	10,447,062	67,536,681	57,089,619	546%
7	Total Uncompensated Care (A)	\$151,175,000	\$201,141,000	\$49,966,000	33%

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

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 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	\$3,004,952,573	\$2,976,359,272	(\$28,593,301)	-1%
2	Total Contractual Allowances	\$1,794,355,713	\$1,687,157,766	(\$107,197,947)	-6%
	Total Accrued Payments (A)	\$1,210,596,860	\$1,289,201,506	\$78,604,646	6%
	Total Discount Percentage	59.71%	56.69%	-3.03%	-5%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$3,433,134,250	\$4,640,874,495	\$4,554,559,396
2	Outpatient Gross Revenue	\$2,307,169,826	\$3,602,178,376	\$3,830,419,171
3	Total Gross Patient Revenue	\$5,740,304,076	\$8,243,052,871	\$8,384,978,567
4	Net Patient Revenue	\$1,713,271,000	\$2,282,916,000	\$2,338,353,000
B. Total Operating Expenses				
1	Total Operating Expense	\$1,654,251,000	\$2,236,673,000	\$2,267,358,000
C. Utilization Statistics				
1	Patient Days	311,547	462,219	426,515
2	Discharges	59,426	80,503	78,529
3	Average Length of Stay	5.2	5.7	5.4
4	Equivalent (Adjusted) Patient Days (EPD)	520,916	820,987	785,217
0	Equivalent (Adjusted) Discharges (ED)	99,362	142,988	144,572
D. Case Mix Statistics				
1	Case Mix Index	1.43026	1.44974	1.50575
2	Case Mix Adjusted Patient Days (CMAPD)	445,593	670,098	642,224
3	Case Mix Adjusted Discharges (CMAD)	84,995	116,709	118,245
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	745,044	1,190,219	1,182,339
5	Case Mix Adjusted Equivalent Discharges (CMAED)	142,113	207,296	217,690
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$18,425	\$17,834	\$19,659
2	Total Gross Revenue per Discharge	\$96,596	\$102,394	\$106,776
3	Total Gross Revenue per EPD	\$11,020	\$10,040	\$10,679
4	Total Gross Revenue per ED	\$57,772	\$57,648	\$57,998
5	Total Gross Revenue per CMAEPD	\$7,705	\$6,926	\$7,092
6	Total Gross Revenue per CMAED	\$40,392	\$39,765	\$38,518
7	Inpatient Gross Revenue per EPD	\$6,591	\$5,653	\$5,800
8	Inpatient Gross Revenue per ED	\$34,552	\$32,456	\$31,504

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(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	\$5,499	\$4,939	\$5,482
2	Net Patient Revenue per Discharge	\$28,830	\$28,358	\$29,777
3	Net Patient Revenue per EPD	\$3,289	\$2,781	\$2,978
4	Net Patient Revenue per ED	\$17,243	\$15,966	\$16,174
5	Net Patient Revenue per CMAEPD	\$2,300	\$1,918	\$1,978
6	Net Patient Revenue per CMAED	\$12,056	\$11,013	\$10,742
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,310	\$4,839	\$5,316
2	Total Operating Expense per Discharge	\$27,837	\$27,784	\$28,873
3	Total Operating Expense per EPD	\$3,176	\$2,724	\$2,888
4	Total Operating Expense per ED	\$16,649	\$15,642	\$15,683
5	Total Operating Expense per CMAEPD	\$2,220	\$1,879	\$1,918
6	Total Operating Expense per CMAED	\$11,640	\$10,790	\$10,416
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$247,331,000	\$332,073,000	\$328,622,000
2	Nursing Fringe Benefits Expense	\$72,696,000	\$98,908,000	\$91,823,000
3	Total Nursing Salary and Fringe Benefits Expense	\$320,027,000	\$430,981,000	\$420,445,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$58,393,000	\$0	\$0
2	Physician Fringe Benefits Expense	\$17,163,000	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$75,556,000	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$279,523,000	\$458,209,000	\$480,062,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$82,157,000	\$136,462,000	\$134,138,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$361,680,000	\$594,671,000	\$614,200,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$585,247,000	\$790,282,000	\$808,684,000
2	Total Fringe Benefits Expense	\$172,016,000	\$235,370,000	\$225,961,000
3	Total Salary and Fringe Benefits Expense	\$757,263,000	\$1,025,652,000	\$1,034,645,000

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(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	3089.0	4083.0	4684.2
2	Total Physician FTEs	780.6	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	4281.0	6988.7	6194.4
4	Total Full Time Equivalent Employees (FTEs)	8,150.6	11,071.7	10,878.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$80,068	\$81,331	\$70,155
2	Nursing Fringe Benefits Expense per FTE	\$23,534	\$24,224	\$19,603
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$103,602	\$105,555	\$89,758
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$74,805	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$21,987	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$96,792	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$65,294	\$65,564	\$77,499
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,191	\$19,526	\$21,655
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$84,485	\$85,090	\$99,154
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$71,804	\$71,379	\$74,337
2	Total Fringe Benefits Expense per FTE	\$21,105	\$21,259	\$20,771
3	Total Salary and Fringe Benefits Expense per FTE	\$92,909	\$92,637	\$95,108
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,431	\$2,219	\$2,426
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,743	\$12,741	\$13,175
3	Total Salary and Fringe Benefits Expense per EPD	\$1,454	\$1,249	\$1,318
4	Total Salary and Fringe Benefits Expense per ED	\$7,621	\$7,173	\$7,157
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,016	\$862	\$875
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,329	\$4,948	\$4,753