

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$444,722	\$1,675,853	\$1,231,131	277%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,595,481	\$9,554,938	\$959,457	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	\$1,295,797	\$1,506,354	\$210,557	16%
8	Prepaid Expenses	\$1,653,559	\$1,497,131	(\$156,428)	-9%
9	Other Current Assets	\$580,488	\$329,908	(\$250,580)	-43%
	<b>Total Current Assets</b>	<b>\$12,570,047</b>	<b>\$14,564,184</b>	<b>\$1,994,137</b>	<b>16%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$3,793,323	\$3,425,921	(\$367,402)	-10%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$224,048	\$224,917	\$869	0%
4	Other Noncurrent Assets Whose Use is Limited	\$843,587	\$843,587	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$4,860,958</b>	<b>\$4,494,425</b>	<b>(\$366,533)</b>	<b>-8%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,397,937	\$3,467,074	\$69,137	2%
7	Other Noncurrent Assets	\$8,261,131	\$8,986,456	\$725,325	9%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$60,542,187	\$66,495,422	\$5,953,235	10%
2	Less: Accumulated Depreciation	\$44,128,525	\$45,821,926	\$1,693,401	4%
	<b>Property, Plant and Equipment, Net</b>	<b>\$16,413,662</b>	<b>\$20,673,496</b>	<b>\$4,259,834</b>	<b>26%</b>
3	Construction in Progress	\$0	\$0	\$0	0%
	<b>Total Net Fixed Assets</b>	<b>\$16,413,662</b>	<b>\$20,673,496</b>	<b>\$4,259,834</b>	<b>26%</b>
	<b>Total Assets</b>	<b>\$45,503,735</b>	<b>\$52,185,635</b>	<b>\$6,681,900</b>	<b>15%</b>
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				
1	Accounts Payable and Accrued Expenses	\$5,855,188	\$8,861,782	\$3,006,594	51%
2	Salaries, Wages and Payroll Taxes	\$1,753,717	\$1,895,078	\$141,361	8%



JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$170,600,764	\$171,319,321	\$718,557	0%
2	Less: Allowances	\$99,445,286	\$102,596,531	\$3,151,245	3%
3	Less: Charity Care	\$387,404	\$221,056	(\$166,348)	-43%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$70,768,074</b>	<b>\$68,501,734</b>	<b>(\$2,266,340)</b>	<b>-3%</b>
5	Provision for Bad Debts	\$4,119,249	\$3,114,000	(\$1,005,249)	-24%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$66,648,825</b>	<b>\$65,387,734</b>	<b>(\$1,261,091)</b>	<b>-2%</b>
6	Other Operating Revenue	\$414,887	\$590,810	\$175,923	42%
7	Net Assets Released from Restrictions	\$235,925	\$23,905	(\$212,020)	-90%
	<b>Total Operating Revenue</b>	<b>\$67,299,637</b>	<b>\$66,002,449</b>	<b>(\$1,297,188)</b>	<b>-2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$25,111,605	\$24,833,219	(\$278,386)	-1%
2	Fringe Benefits	\$6,448,090	\$6,111,895	(\$336,195)	-5%
3	Physicians Fees	\$2,126,346	\$4,050,496	\$1,924,150	90%
4	Supplies and Drugs	\$10,153,960	\$10,665,670	\$511,710	5%
5	Depreciation and Amortization	\$2,314,386	\$1,804,654	(\$509,732)	-22%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,459,503	\$975,626	(\$483,877)	-33%
8	Malpractice Insurance Cost	\$1,129,342	\$1,058,521	(\$70,821)	-6%
9	Other Operating Expenses	\$17,713,491	\$20,739,982	\$3,026,491	17%
	<b>Total Operating Expenses</b>	<b>\$66,456,723</b>	<b>\$70,240,063</b>	<b>\$3,783,340</b>	<b>6%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$842,914</b>	<b>(\$4,237,614)</b>	<b>(\$5,080,528)</b>	<b>-603%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$357,200	\$228,556	(\$128,644)	-36%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$4,203	\$0	(\$4,203)	-100%
	<b>Total Non-Operating Revenue</b>	<b>\$361,403</b>	<b>\$228,556</b>	<b>(\$132,847)</b>	<b>-37%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$1,204,317</b>	<b>(\$4,009,058)</b>	<b>(\$5,213,375)</b>	<b>-433%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>AMOUNT</u>	<u>%</u>
		<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$1,204,317</b>	<b>(\$4,009,058)</b>	<b>(\$5,213,375)</b>	<b>-433%</b>
	Principal Payments	\$106,608	\$184,222	\$77,614	73%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$28,946,962	\$26,176,710	(\$2,770,252)	-10%
2	MEDICARE MANAGED CARE	\$8,847,807	\$9,017,001	\$169,194	2%
3	MEDICAID	\$10,503,345	\$10,212,033	(\$291,312)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$370,688	\$741,009	\$370,321	100%
6	COMMERCIAL INSURANCE	\$618,868	\$715,246	\$96,378	16%
7	NON-GOVERNMENT MANAGED CARE	\$11,553,882	\$11,458,464	(\$95,418)	-1%
8	WORKER'S COMPENSATION	\$64,709	\$136,899	\$72,190	112%
9	SELF- PAY/UNINSURED	\$546,866	\$706,618	\$159,752	29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$61,453,127</b>	<b>\$59,163,980</b>	<b>(\$2,289,147)</b>	<b>-4%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$29,272,118	\$29,476,708	\$204,590	1%
2	MEDICARE MANAGED CARE	\$11,997,937	\$13,991,385	\$1,993,448	17%
3	MEDICAID	\$20,760,315	\$21,840,217	\$1,079,902	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$593,638	\$743,123	\$149,485	25%
6	COMMERCIAL INSURANCE	\$986,652	\$1,275,247	\$288,595	29%
7	NON-GOVERNMENT MANAGED CARE	\$41,670,356	\$41,336,844	(\$333,512)	-1%
8	WORKER'S COMPENSATION	\$1,900,052	\$2,034,037	\$133,985	7%
9	SELF- PAY/UNINSURED	\$1,966,567	\$1,457,778	(\$508,789)	-26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$109,147,635</b>	<b>\$112,155,339</b>	<b>\$3,007,704</b>	<b>3%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$58,219,080	\$55,653,418	(\$2,565,662)	-4%
2	MEDICARE MANAGED CARE	\$20,845,744	\$23,008,386	\$2,162,642	10%
3	MEDICAID	\$31,263,660	\$32,052,250	\$788,590	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$964,326	\$1,484,132	\$519,806	54%
6	COMMERCIAL INSURANCE	\$1,605,520	\$1,990,493	\$384,973	24%
7	NON-GOVERNMENT MANAGED CARE	\$53,224,238	\$52,795,308	(\$428,930)	-1%
8	WORKER'S COMPENSATION	\$1,964,761	\$2,170,936	\$206,175	10%
9	SELF- PAY/UNINSURED	\$2,513,433	\$2,164,396	(\$349,037)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$170,600,762</b>	<b>\$171,319,319</b>	<b>\$718,557</b>	<b>0%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$10,978,208	\$9,839,566	(\$1,138,642)	-10%
2	MEDICARE MANAGED CARE	\$3,119,323	\$3,039,798	(\$79,525)	-3%
3	MEDICAID	\$5,211,995	\$3,942,846	(\$1,269,149)	-24%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$155,890	\$273,260	\$117,370	75%
6	COMMERCIAL INSURANCE	\$518,527	\$539,280	\$20,753	4%

**JOHNSON MEMORIAL HOSPITAL  
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FISCAL YEAR 2015  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$7,332,745	\$7,625,014	\$292,269	4%
8	WORKER'S COMPENSATION	\$48,900	\$109,895	\$60,995	125%
9	SELF- PAY/UNINSURED	\$5,904	\$13,345	\$7,441	126%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$27,371,492</b>	<b>\$25,383,004</b>	<b>(\$1,988,488)</b>	<b>-7%</b>
<b>B.</b>	<b><u>OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$7,510,348	\$6,870,264	(\$640,084)	-9%
2	MEDICARE MANAGED CARE	\$3,063,902	\$3,272,062	\$208,160	7%
3	MEDICAID	\$4,425,841	\$4,752,140	\$326,299	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$183,266	\$257,374	\$74,108	40%
6	COMMERCIAL INSURANCE	\$459,289	\$817,554	\$358,265	78%
7	NON-GOVERNMENT MANAGED CARE	\$22,138,310	\$22,881,508	\$743,198	3%
8	WORKER'S COMPENSATION	\$1,212,041	\$1,041,324	(\$170,717)	-14%
9	SELF- PAY/UNINSURED	\$284,363	\$112,504	(\$171,859)	-60%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$39,277,360</b>	<b>\$40,004,730</b>	<b>\$727,370</b>	<b>2%</b>
<b>C.</b>	<b><u>TOTAL NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$18,488,556	\$16,709,830	(\$1,778,726)	-10%
2	MEDICARE MANAGED CARE	\$6,183,225	\$6,311,860	\$128,635	2%
3	MEDICAID	\$9,637,836	\$8,694,986	(\$942,850)	-10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$339,156	\$530,634	\$191,478	56%
6	COMMERCIAL INSURANCE	\$977,816	\$1,356,834	\$379,018	39%
7	NON-GOVERNMENT MANAGED CARE	\$29,471,055	\$30,506,522	\$1,035,467	4%
8	WORKER'S COMPENSATION	\$1,260,941	\$1,151,219	(\$109,722)	-9%
9	SELF- PAY/UNINSURED	\$290,267	\$125,849	(\$164,418)	-57%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$66,648,852</b>	<b>\$65,387,734</b>	<b>(\$1,261,118)</b>	<b>-2%</b>
<b>III.</b>	<b><u>STATISTICS BY PAYER</u></b>				
<b>A.</b>	<b><u>DISCHARGES</u></b>				
1	MEDICARE TRADITIONAL	1,195	1,104	(91)	-8%
2	MEDICARE MANAGED CARE	376	373	(3)	-1%
3	MEDICAID	681	678	(3)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	24	50	26	108%
6	COMMERCIAL INSURANCE	53	46	(7)	-13%
7	NON-GOVERNMENT MANAGED CARE	817	743	(74)	-9%
8	WORKER'S COMPENSATION	3	3	0	0%
9	SELF- PAY/UNINSURED	42	39	(3)	-7%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>3,191</b>	<b>3,036</b>	<b>(155)</b>	<b>-5%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	7,199	6,307	(892)	-12%
2	MEDICARE MANAGED CARE	1,944	1,969	25	1%
3	MEDICAID	3,369	3,070	(299)	-9%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	101	285	184	182%
6	COMMERCIAL INSURANCE	198	233	35	18%
7	NON-GOVERNMENT MANAGED CARE	3,278	2,988	(290)	-9%
8	WORKER'S COMPENSATION	12	11	(1)	-8%
9	SELF- PAY/UNINSURED	169	228	59	35%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>16,270</b>	<b>15,091</b>	<b>(1,179)</b>	<b>-7%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	23,855	23,693	(162)	-1%
2	MEDICARE MANAGED CARE	10,123	10,968	845	8%
3	MEDICAID	12,344	13,058	714	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	470	458	(12)	-3%
6	COMMERCIAL INSURANCE	593	931	338	57%
7	NON-GOVERNMENT MANAGED CARE	31,562	28,699	(2,863)	-9%
8	WORKER'S COMPENSATION	1,138	1,259	121	11%
9	SELF- PAY/UNINSURED	1,612	1,758	146	9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>81,697</b>	<b>80,824</b>	<b>(873)</b>	<b>-1%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$5,507,678	\$5,940,127	\$432,449	8%
2	MEDICARE MANAGED CARE	\$2,054,735	\$2,182,741	\$128,006	6%
3	MEDICAID	\$11,390,959	\$11,499,785	\$108,826	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$341,552	\$315,271	(\$26,281)	-8%
6	COMMERCIAL INSURANCE	\$380,328	\$724,048	\$343,720	90%
7	NON-GOVERNMENT MANAGED CARE	\$10,927,453	\$10,354,744	(\$572,709)	-5%
8	WORKER'S COMPENSATION	\$642,644	\$726,635	\$83,991	13%
9	SELF- PAY/UNINSURED	\$1,449,644	\$1,091,962	(\$357,682)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$32,694,993</b>	<b>\$32,835,313</b>	<b>\$140,320</b>	<b>0%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,424,368	\$1,448,125	\$23,757	2%
2	MEDICARE MANAGED CARE	\$509,689	\$507,840	(\$1,849)	0%
3	MEDICAID	\$2,000,080	\$1,906,892	(\$93,188)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$79,926	\$65,666	(\$14,260)	-18%
6	COMMERCIAL INSURANCE	\$164,308	\$326,974	\$162,666	99%
7	NON-GOVERNMENT MANAGED CARE	\$5,422,015	\$5,060,023	(\$361,992)	-7%
8	WORKER'S COMPENSATION	\$482,455	\$435,951	(\$46,504)	-10%
9	SELF- PAY/UNINSURED	\$41,848	\$39,347	(\$2,501)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$10,124,689</b>	<b>\$9,790,818</b>	<b>(\$333,871)</b>	<b>-3%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	2,612	2,770	158	6%
2	MEDICARE MANAGED CARE	933	1,011	78	8%
3	MEDICAID	5,553	5,522	(31)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	189	184	(5)	-3%
6	COMMERCIAL INSURANCE	196	371	175	89%
7	NON-GOVERNMENT MANAGED CARE	5,955	5,617	(338)	-6%
8	WORKER'S COMPENSATION	477	500	23	5%
9	SELF- PAY/UNINSURED	865	654	(211)	-24%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>16,780</b>	<b>16,629</b>	<b>(151)</b>	<b>-1%</b>

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$9,346,702	\$8,836,210	(\$510,492)	-5%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$15,764,903	\$15,997,009	\$232,106	1%
	<b>Total Salaries &amp; Wages</b>	<b>\$25,111,605</b>	<b>\$24,833,219</b>	<b>(\$278,386)</b>	<b>-1%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$2,547,260	\$2,174,748	(\$372,512)	-15%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$3,900,830	\$3,937,147	\$36,317	1%
	<b>Total Fringe Benefits</b>	<b>\$6,448,090</b>	<b>\$6,111,895</b>	<b>(\$336,195)</b>	<b>-5%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$84,628	\$669,863	\$585,235	692%
2	Physician Fees	\$2,126,346	\$4,050,496	\$1,924,150	90%
3	Non-Nursing, Non-Physician Fees	\$1,205,201	\$937,174	(\$268,027)	-22%
	<b>Total Contractual Labor Fees</b>	<b>\$3,416,175</b>	<b>\$5,657,533</b>	<b>\$2,241,358</b>	<b>66%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$4,025,110	\$4,253,115	\$228,005	6%
2	Pharmaceutical Costs	\$6,128,850	\$6,412,555	\$283,705	5%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$10,153,960</b>	<b>\$10,665,670</b>	<b>\$511,710</b>	<b>5%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$1,053,419	\$978,079	(\$75,340)	-7%
2	Depreciation-Equipment	\$1,247,018	\$774,017	(\$473,001)	-38%
3	Amortization	\$13,949	\$52,558	\$38,609	277%
	<b>Total Depreciation and Amortization</b>	<b>\$2,314,386</b>	<b>\$1,804,654</b>	<b>(\$509,732)</b>	<b>-22%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$0	\$0	\$0	0%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,459,503	\$975,626	(\$483,877)	-33%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$1,129,342	\$1,058,521	(\$70,821)	-6%
<b>I. Utilities:</b>					
1	Water	\$29,402	\$35,952	\$6,550	22%
2	Natural Gas	\$29,953	\$36,036	\$6,083	20%
3	Oil	\$726,777	\$609,556	(\$117,221)	-16%
4	Electricity	\$779,438	\$749,113	(\$30,325)	-4%
5	Telephone	\$198,688	\$170,367	(\$28,321)	-14%
6	Other Utilities	\$84,681	\$77,710	(\$6,971)	-8%
	<b>Total Utilities</b>	<b>\$1,848,939</b>	<b>\$1,678,734</b>	<b>(\$170,205)</b>	<b>-9%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$90,565	\$97,600	\$7,035	8%
2	Legal Fees	\$1,014,187	\$1,849,015	\$834,828	82%
3	Consulting Fees	\$938,003	\$1,982,669	\$1,044,666	111%

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
4	Dues and Membership	\$195,642	\$223,876	\$28,234	14%
5	Equipment Leases	\$689,217	\$427,556	(\$261,661)	-38%
6	Building Leases	\$783,147	\$945,902	\$162,755	21%
7	Repairs and Maintenance	\$406,186	\$496,838	\$90,652	22%
8	Insurance	\$156,315	\$175,514	\$19,199	12%
9	Travel	\$3,774	\$26,680	\$22,906	607%
10	Conferences	\$6,053	\$2,261	(\$3,792)	-63%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$325,343	\$445,464	\$120,121	37%
13	Licenses and Subscriptions	\$19,491	\$34,738	\$15,247	78%
14	Postage and Shipping	\$92,575	\$107,486	\$14,911	16%
15	Advertising	\$102,909	\$109,814	\$6,905	7%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$932,258	\$670,856	(\$261,402)	-28%
18	Computer hardware & small equipment	\$92,324	\$86,730	(\$5,594)	-6%
19	Dietary / Food Services	\$292,206	\$237,249	(\$54,957)	-19%
20	Lab Fees / Red Cross charges	\$820,907	\$478,483	(\$342,424)	-42%
21	Billing & Collection / Bank Fees	\$665,971	\$682,014	\$16,043	2%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$189,479	\$174,093	(\$15,386)	-8%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$185,239	\$200,106	\$14,867	8%
26	Purchased Services - Medical	\$738,126	\$727,770	(\$10,356)	-1%
27	Purchased Services - Non Medical	\$644,535	\$2,160,261	\$1,515,726	235%
28	Other Business Expenses	\$4,890,829	\$5,111,236	\$220,407	5%
	<b>Total Business Expenses</b>	<b>\$14,275,281</b>	<b>\$17,454,211</b>	<b>\$3,178,930</b>	<b>22%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$299,442	\$0	(\$299,442)	-100%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$66,456,723</b>	<b>\$70,240,063</b>	<b>\$3,783,340</b>	<b>6%</b>
<b>*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>					
<b>II. OPERATING EXPENSE BY DEPARTMENT</b>					
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$7,766,174	\$10,363,995	\$2,597,821	33%
2	General Accounting	\$601,621	\$628,869	\$27,248	5%
3	Patient Billing & Collection	\$1,169,076	\$1,024,262	(\$144,814)	-12%
4	Admitting / Registration Office	\$813,653	\$802,905	(\$10,748)	-1%
5	Data Processing	\$1,515,757	\$1,652,458	\$136,701	9%
6	Communications	\$151,091	\$120,058	(\$31,033)	-21%
7	Personnel	\$6,353,574	\$6,358,239	\$4,665	0%
8	Public Relations	\$45,100	\$65,396	\$20,296	45%
9	Purchasing	\$311,169	\$304,713	(\$6,456)	-2%
10	Dietary and Cafeteria	\$982,371	\$998,552	\$16,181	2%
11	Housekeeping	\$728,985	\$764,911	\$35,926	5%
12	Laundry & Linen	\$190,892	\$176,177	(\$14,715)	-8%
13	Operation of Plant	\$1,787,786	\$1,736,946	(\$50,840)	-3%
14	Security	\$185,337	\$207,118	\$21,781	12%
15	Repairs and Maintenance	\$1,130,752	\$1,253,439	\$122,687	11%
16	Central Sterile Supply	\$157,045	\$208,842	\$51,797	33%

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
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(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
17	Pharmacy Department	\$6,825,308	\$7,546,779	\$721,471	11%
18	Other General Services	\$4,566,727	\$3,843,312	(\$723,415)	-16%
	<b>Total General Services</b>	<b>\$35,282,418</b>	<b>\$38,056,971</b>	<b>\$2,774,553</b>	<b>8%</b>
	<b>B. Professional Services:</b>				
1	Medical Care Administration	\$1,105,201	\$1,292,204	\$187,003	17%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$584,096	\$750,074	\$165,978	28%
4	Medical Records	\$830,555	\$928,439	\$97,884	12%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$2,519,852</b>	<b>\$2,970,717</b>	<b>\$450,865</b>	<b>18%</b>
	<b>C. Special Services:</b>				
1	Operating Room	\$1,593,283	\$1,980,520	\$387,237	24%
2	Recovery Room	\$292,338	\$289,245	(\$3,093)	-1%
3	Anesthesiology	\$627,802	\$544,823	(\$82,979)	-13%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,856,787	\$1,804,224	(\$52,563)	-3%
6	Diagnostic Ultrasound	\$292,916	\$298,225	\$5,309	2%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$378,264	\$395,264	\$17,000	4%
9	CT Scan	\$346,255	\$439,767	\$93,512	27%
10	Laboratory	\$3,313,575	\$3,723,481	\$409,906	12%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$368,715	\$361,747	(\$6,968)	-2%
13	Electrocardiology	\$82,796	\$51,013	(\$31,783)	-38%
14	Electroencephalography	\$17,484	\$19,448	\$1,964	11%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$660,885	\$751,524	\$90,639	14%
19	Pulmonary Function	\$352,059	\$297,637	(\$54,422)	-15%
20	Intravenous Therapy	\$144,522	\$176,380	\$31,858	22%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$195,784	\$312,714	\$116,930	60%
23	Renal Dialysis	\$40,665	\$59,307	\$18,642	46%
24	Emergency Room	\$2,963,680	\$2,820,754	(\$142,926)	-5%
25	MRI	\$717,667	\$756,851	\$39,184	5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$739,425	\$792,202	\$52,777	7%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,188,137	\$2,637,109	\$448,972	21%
	<b>Total Special Services</b>	<b>\$17,173,039</b>	<b>\$18,512,235</b>	<b>\$1,339,196</b>	<b>8%</b>
	<b>D. Routine Services:</b>				
1	Medical & Surgical Units	\$3,486,572	\$3,526,977	\$40,405	1%
2	Intensive Care Unit	\$1,395,827	\$1,385,381	(\$10,446)	-1%
3	Coronary Care Unit	\$0	\$0	\$0	0%

<b>JOHNSON MEMORIAL HOSPITAL</b>					
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<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
4	Psychiatric Unit	\$2,312,673	\$2,079,092	(\$233,581)	-10%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,102,223	\$1,099,133	(\$3,090)	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$3,184,119	\$2,609,557	(\$574,562)	-18%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$11,481,414</b>	<b>\$10,700,140</b>	<b>(\$781,274)</b>	<b>-7%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$66,456,723</b>	<b>\$70,240,063</b>	<b>\$3,783,340</b>	<b>6%</b>
<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>					

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$59,633,584	\$66,648,825	\$65,387,734
2	Other Operating Revenue	718,658	650,812	614,715
3	Total Operating Revenue	\$60,352,242	\$67,299,637	\$66,002,449
4	Total Operating Expenses	63,578,052	66,456,723	70,240,063
5	Income/(Loss) From Operations	(\$3,225,810)	\$842,914	(\$4,237,614)
6	Total Non-Operating Revenue	232,279	361,403	228,556
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,993,531)	\$1,204,317	(\$4,009,058)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-5.32%	1.25%	-6.40%
2	Hospital Non Operating Margin	0.38%	0.53%	0.35%
3	Hospital Total Margin	-4.94%	1.78%	-6.05%
4	Income/(Loss) From Operations	(\$3,225,810)	\$842,914	(\$4,237,614)
5	Total Operating Revenue	\$60,352,242	\$67,299,637	\$66,002,449
6	Total Non-Operating Revenue	\$232,279	\$361,403	\$228,556
7	Total Revenue	\$60,584,521	\$67,661,040	\$66,231,005
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,993,531)	\$1,204,317	(\$4,009,058)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$2,069,573	\$3,321,184	(\$498,600)
2	Hospital Total Net Assets	\$6,911,814	\$8,290,975	\$4,242,424
3	Hospital Change in Total Net Assets	(\$2,772,784)	\$1,379,161	(\$4,048,551)
4	Hospital Change in Total Net Assets %	71.4%	20.0%	-48.8%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.40</b>	<b>0.39</b>	<b>0.41</b>
2	Total Operating Expenses	\$63,578,052	\$66,456,723	\$70,240,063
3	Total Gross Revenue	\$159,131,313	\$170,600,762	\$171,319,319
4	Total Other Operating Revenue	\$275,135	\$473,373	\$590,810

<b>JOHNSON MEMORIAL HOSPITAL</b>				
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<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b><u>FY 2013</u></b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.34</b>	<b>1.44</b>	<b>1.42</b>
6	Total Non-Government Payments	\$28,880,836	\$32,000,079	\$33,140,424
7	Total Uninsured Payments	\$95,489	\$290,267	\$125,849
8	Total Non-Government Charges	\$56,461,997	\$59,307,952	\$59,121,133
9	Total Uninsured Charges	\$2,537,726	\$2,513,433	\$2,164,396
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.74</b>	<b>0.80</b>	<b>0.72</b>
11	Total Medicare Payments	\$22,452,248	\$24,671,781	\$23,021,690
12	Total Medicare Charges	\$76,043,380	\$79,064,824	\$78,661,804
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.58</b>	<b>0.79</b>	<b>0.66</b>
14	Total Medicaid Payments	\$5,963,226	\$9,637,836	\$8,694,986
15	Total Medicaid Charges	\$25,652,317	\$31,263,660	\$32,052,250
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$1,900,823</b>	<b>\$1,750,688</b>	<b>\$1,362,653</b>
17	Charity Care	\$310,398	\$387,404	\$221,047
18	Bad Debts	\$4,455,452	\$4,119,249	\$3,114,000
19	Total Uncompensated Care	\$4,765,850	\$4,506,653	\$3,335,047
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.0%</b>	<b>2.6%</b>	<b>1.9%</b>
21	Total Operating Expenses	\$63,578,052	\$66,456,723	\$70,240,063
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0</b>	<b>0</b>	<b>0</b>
2	Total Current Assets	\$11,357,806	\$12,570,047	\$14,564,184
3	Total Current Liabilities	\$26,152,731	\$28,331,587	\$35,937,730
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>1</b>	<b>3</b>	<b>9</b>
5	Cash and Cash Equivalents	\$188,181	\$444,722	\$1,675,853
6	Short Term Investments	0	0	0

<b>JOHNSON MEMORIAL HOSPITAL</b>				
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<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
7	Total Cash and Short Term Investments	\$188,181	\$444,722	\$1,675,853
8	Total Operating Expenses	\$63,578,052	\$66,456,723	\$70,240,063
9	Depreciation Expense	\$3,082,027	\$2,314,386	\$1,804,654
10	Operating Expenses less Depreciation Expense	\$60,496,025	\$64,142,337	\$68,435,409
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>29</b>	<b>32</b>	<b>41</b>
12	Net Patient Accounts Receivable	\$7,312,397	\$8,595,481	\$9,554,938
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,564,571	\$2,675,513	\$2,212,362
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$4,747,826	\$5,919,968	\$7,342,576
16	Total Net Patient Revenue	\$59,633,584	\$66,648,825	\$65,387,734
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>158</b>	<b>161</b>	<b>192</b>
18	Total Current Liabilities	\$26,152,731	\$28,331,587	\$35,937,730
19	Total Operating Expenses	\$63,578,052	\$66,456,723	\$70,240,063
20	Depreciation Expense	\$3,082,027	\$2,314,386	\$1,804,654
21	Total Operating Expenses less Depreciation Expense	\$60,496,025	\$64,142,337	\$68,435,409
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>16.4</b>	<b>18.2</b>	<b>8.1</b>
2	Total Net Assets	\$6,911,814	\$8,290,975	\$4,242,424
3	Total Assets	\$42,030,335	\$45,503,735	\$52,185,635
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>0.3</b>	<b>12.4</b>	<b>(5.4)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,993,531)	\$1,204,317	(\$4,009,058)
6	Depreciation Expense	\$3,082,027	\$2,314,386	\$1,804,654
7	Excess of Revenues Over Expenses and Depreciation Expense	\$88,496	\$3,518,703	(\$2,204,404)
8	Total Current Liabilities	\$26,152,731	\$28,331,587	\$35,937,730
9	Total Long Term Debt	\$0	\$0	\$4,572,057
10	Total Current Liabilities and Total Long Term Debt	\$26,152,731	\$28,331,587	\$40,509,787

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	-	-	<b>51.9</b>
12	Total Long Term Debt	\$0	\$0	\$4,572,057
13	Total Net Assets	\$6,911,814	\$8,290,975	\$4,242,424
14	Total Long Term Debt and Total Net Assets	\$6,911,814	\$8,290,975	\$8,814,481
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>0.9</b>	<b>3.2</b>	<b>(1.1)</b>
16	Excess Revenues over Expenses	(2,993,531)	\$1,204,317	(\$4,009,058)
17	Interest Expense	1,408,245	\$1,459,503	\$975,626
18	Depreciation and Amortization Expense	3,082,027	\$2,314,386	\$1,804,654
19	Principal Payments	231,498	\$106,608	\$184,222
<b>G.</b>	<b><u>Other Financial Ratios</u></b>			
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>13.6</b>	<b>19.1</b>	<b>25.4</b>
21	Accumulated Depreciation	42,014,780	44,128,525	45,821,926
22	Depreciation and Amortization Expense	3,082,027	2,314,386	1,804,654
<b>H.</b>	<b><u>Utilization Measures Summary</u></b>			
1	Patient Days	16,130	16,270	15,091
2	Discharges	3,139	3,191	3,036
3	ALOS	5.1	5.1	5.0
4	Staffed Beds	70	70	70
5	Available Beds	-	95	95
6	Licensed Beds	95	101	101
7	Occupancy of Staffed Beds	63.1%	63.7%	59.1%
8	Occupancy of Available Beds	46.5%	46.9%	43.5%
9	Full Time Equivalent Employees	460.3	447.2	451.3
<b>I.</b>	<b><u>Hospital Gross Revenue Payer Mix Percentage</u></b>			
1	Non-Government Gross Revenue Payer Mix Percentage	33.9%	33.3%	33.2%
2	Medicare Gross Revenue Payer Mix Percentage	47.8%	46.3%	45.9%

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
3	Medicaid Gross Revenue Payer Mix Percentage	16.1%	18.3%	18.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.6%	1.5%	1.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.6%	0.9%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$53,924,271	\$56,794,519	\$56,956,737
9	Medicare Gross Revenue (Charges)	\$76,043,380	\$79,064,824	\$78,661,804
10	Medicaid Gross Revenue (Charges)	\$25,652,317	\$31,263,660	\$32,052,250
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$2,537,726	\$2,513,433	\$2,164,396
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$973,619	\$964,326	\$1,484,132
14	Total Gross Revenue (Charges)	\$159,131,313	\$170,600,762	\$171,319,319
<b>J.</b>	<b><u>Hospital Net Revenue Payer Mix Percentage</u></b>			
1	Non-Government Net Revenue Payer Mix Percentage	50.0%	47.6%	50.5%
2	Medicare Net Revenue Payer Mix Percentage	39.0%	37.0%	35.2%
3	Medicaid Net Revenue Payer Mix Percentage	10.3%	14.5%	13.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.4%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.6%	0.5%	0.8%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$28,785,347	\$31,709,812	\$33,014,575
9	Medicare Net Revenue (Payments)	\$22,452,248	\$24,671,781	\$23,021,690
10	Medicaid Net Revenue (Payments)	\$5,963,226	\$9,637,836	\$8,694,986
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$95,489	\$290,267	\$125,849
13	CHAMPUS / TRICARE Net Revenue Payments)	\$331,375	\$339,156	\$530,634
14	Total Net Revenue (Payments)	\$57,627,685	\$66,648,852	\$65,387,734
<b>K.</b>	<b><u>Discharges</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	896	915	831
2	Medicare	1,633	1,571	1,477
3	Medical Assistance	581	681	678
4	Medicaid	581	681	678
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	29	24	50

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2013</u></b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>
7	Uninsured (Included In Non-Government)	48	42	39
8	Total	3,139	3,191	3,036
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	0.96850	1.00930	1.02510
2	Medicare	1.31700	1.26170	1.27580
3	Medical Assistance	0.94340	0.94080	0.93926
4	Medicaid	0.94340	0.94080	0.93926
5	Other Medical Assistance	0.85000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.08870	0.91200	0.97100
7	Uninsured (Included In Non-Government)	1.01490	1.01010	0.94590
8	Total Case Mix Index	1.14626	1.11821	1.12700
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	2,309	2,270	2,297
2	Emergency Room - Treated and Discharged	17,817	16,780	16,629
3	Total Emergency Room Visits	20,126	19,050	18,926

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$307,463	\$391,815	\$84,352	27%
2	Inpatient Payments	\$126,743	\$154,680	\$27,937	22%
3	Outpatient Charges	\$487,207	\$797,093	\$309,886	64%
4	Outpatient Payments	\$128,920	\$145,405	\$16,485	13%
5	Discharges	16	17	1	6%
6	Patient Days	69	93	24	35%
7	Outpatient Visits (Excludes ED Visits)	347	321	(26)	-7%
8	Emergency Department Outpatient Visits	35	26	(9)	-26%
9	Emergency Department Inpatient Admissions	16	15	(1)	-6%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$794,670</b>	<b>\$1,188,908</b>	<b>\$394,238</b>	<b>50%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$255,663</b>	<b>\$300,085</b>	<b>\$44,422</b>	<b>17%</b>
<b>B. CIGNA HEALTHCARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$2,827,006	\$3,692,626	\$865,620	31%
2	Inpatient Payments	\$1,045,119	\$1,293,159	\$248,040	24%
3	Outpatient Charges	\$4,697,631	\$5,665,474	\$967,843	21%
4	Outpatient Payments	\$1,226,970	\$1,456,791	\$229,821	19%
5	Discharges	125	153	28	22%
6	Patient Days	602	800	198	33%
7	Outpatient Visits (Excludes ED Visits)	3,323	3,656	333	10%
8	Emergency Department Outpatient Visits	351	403	52	15%
9	Emergency Department Inpatient Admissions	104	139	35	34%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,524,637</b>	<b>\$9,358,100</b>	<b>\$1,833,463</b>	<b>24%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,272,089</b>	<b>\$2,749,950</b>	<b>\$477,861</b>	<b>21%</b>
<b>D. HEALTHNET OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$35,744	\$81,156	\$45,412	127%
2	Inpatient Payments	\$8,403	\$20,551	\$12,148	145%
3	Outpatient Charges	\$72,368	\$92,245	\$19,877	27%
4	Outpatient Payments	\$20,695	\$20,937	\$242	1%
5	Discharges	3	5	2	67%
6	Patient Days	10	17	7	70%
7	Outpatient Visits (Excludes ED Visits)	5	11	6	120%
8	Emergency Department Outpatient Visits	38	54	16	42%
9	Emergency Department Inpatient Admissions	3	5	2	67%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$108,112</b>	<b>\$173,401</b>	<b>\$65,289</b>	<b>60%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$29,098</b>	<b>\$41,488</b>	<b>\$12,390</b>	<b>43%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$3,921,388	\$3,875,096	(\$46,292)	-1%
2	Inpatient Payments	\$1,332,326	\$1,216,815	(\$115,511)	-9%
3	Outpatient Charges	\$3,617,576	\$4,000,756	\$383,180	11%
4	Outpatient Payments	\$903,768	\$880,011	(\$23,757)	-3%
5	Discharges	168	144	(24)	-14%
6	Patient Days	842	832	(10)	-1%
7	Outpatient Visits (Excludes ED Visits)	3,205	3,289	84	3%
8	Emergency Department Outpatient Visits	299	303	4	1%
9	Emergency Department Inpatient Admissions	152	132	(20)	-13%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,538,964</b>	<b>\$7,875,852</b>	<b>\$336,888</b>	<b>4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,236,094</b>	<b>\$2,096,826</b>	<b>(\$139,268)</b>	<b>-6%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$644,798	\$270,502	(\$374,296)	-58%
2	Inpatient Payments	\$179,963	\$113,447	(\$66,516)	-37%
3	Outpatient Charges	\$720,807	\$645,760	(\$75,047)	-10%
4	Outpatient Payments	\$140,694	\$121,953	(\$18,741)	-13%
5	Discharges	21	17	(4)	-19%
6	Patient Days	142	78	(64)	-45%
7	Outpatient Visits (Excludes ED Visits)	287	404	117	41%
8	Emergency Department Outpatient Visits	70	84	14	20%
9	Emergency Department Inpatient Admissions	18	15	(3)	-17%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,365,605</b>	<b>\$916,262</b>	<b>(\$449,343)</b>	<b>-33%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$320,657</b>	<b>\$235,400</b>	<b>(\$85,257)</b>	<b>-27%</b>
<b>I. AETNA</b>					

**JOHNSON MEMORIAL HOSPITAL  
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FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$954,864	\$546,315	(\$408,549)	-43%
2	Inpatient Payments	\$368,043	\$173,691	(\$194,352)	-53%
3	Outpatient Charges	\$1,544,779	\$2,476,603	\$931,824	60%
4	Outpatient Payments	\$426,751	\$568,512	\$141,761	33%
5	Discharges	36	27	(9)	-25%
6	Patient Days	246	108	(138)	-56%
7	Outpatient Visits (Excludes ED Visits)	909	1,213	304	33%
8	Emergency Department Outpatient Visits	83	99	16	19%
9	Emergency Department Inpatient Admissions	27	25	(2)	-7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,499,643</b>	<b>\$3,022,918</b>	<b>\$523,275</b>	<b>21%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$794,794</b>	<b>\$742,203</b>	<b>(\$52,591)</b>	<b>-7%</b>
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$0	\$44,040	\$44,040	0%
2	Inpatient Payments	\$0	\$18,526	\$18,526	0%
3	Outpatient Charges	\$25,658	\$30,926	\$5,268	21%
4	Outpatient Payments	\$9,252	\$9,638	\$386	4%
5	Discharges	0	3	3	0%
6	Patient Days	0	13	13	0%
7	Outpatient Visits (Excludes ED Visits)	19	16	(3)	-16%
8	Emergency Department Outpatient Visits	9	11	2	22%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$25,658</b>	<b>\$74,966</b>	<b>\$49,308</b>	<b>192%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,252</b>	<b>\$28,164</b>	<b>\$18,912</b>	<b>204%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$117,575	\$9,554	(\$108,021)	-92%
2	Inpatient Payments	\$41,095	\$4,054	(\$37,041)	-90%
3	Outpatient Charges	\$726,252	\$99,669	(\$626,583)	-86%
4	Outpatient Payments	\$179,487	\$26,058	(\$153,429)	-85%
5	Discharges	4	1	(3)	-75%
6	Patient Days	23	2	(21)	-91%
7	Outpatient Visits (Excludes ED Visits)	283	131	(152)	-54%
8	Emergency Department Outpatient Visits	33	9	(24)	-73%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$843,827</b>	<b>\$109,223</b>	<b>(\$734,604)</b>	<b>-87%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$220,582</b>	<b>\$30,112</b>	<b>(\$190,470)</b>	<b>-86%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$38,969	\$105,897	\$66,928	172%
2	Inpatient Payments	\$17,631	\$44,875	\$27,244	155%
3	Outpatient Charges	\$105,659	\$182,859	\$77,200	73%
4	Outpatient Payments	\$27,365	\$42,757	\$15,392	56%
5	Discharges	3	6	3	100%
6	Patient Days	10	26	16	160%
7	Outpatient Visits (Excludes ED Visits)	812	916	104	13%
8	Emergency Department Outpatient Visits	15	22	7	47%
9	Emergency Department Inpatient Admissions	3	5	2	67%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$144,628</b>	<b>\$288,756</b>	<b>\$144,128</b>	<b>100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$44,996</b>	<b>\$87,632</b>	<b>\$42,636</b>	<b>95%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$8,847,807</b>	<b>\$9,017,001</b>	<b>\$169,194</b>	<b>2%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,119,323</b>	<b>\$3,039,798</b>	<b>(\$79,525)</b>	<b>-3%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$11,997,937</b>	<b>\$13,991,385</b>	<b>\$1,993,448</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,063,902</b>	<b>\$3,272,062</b>	<b>\$208,160</b>	<b>7%</b>
	<b>TOTAL DISCHARGES</b>	<b>376</b>	<b>373</b>	<b>(3)</b>	<b>-1%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,944</b>	<b>1,969</b>	<b>25</b>	<b>1%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>9,190</b>	<b>9,957</b>	<b>767</b>	<b>8%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>933</b>	<b>1,011</b>	<b>78</b>	<b>8%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>325</b>	<b>340</b>	<b>15</b>	<b>5%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$20,845,744</b>	<b>\$23,008,386</b>	<b>\$2,162,642</b>	<b>10%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$6,183,225</b>	<b>\$6,311,860</b>	<b>\$128,635</b>	<b>2%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>D. OTHER MEDICAID MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHNSON MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	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%

<b>JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$1,528,751	\$1,805,602	\$276,851	18%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,658,028	\$12,246,951	\$588,923	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,295,797	\$1,523,756	\$227,959	18%
8	Prepaid Expenses	\$2,288,803	\$1,880,119	(\$408,684)	-18%
9	Other Current Assets	\$1,078,149	\$537,387	(\$540,762)	-50%
	<b>Total Current Assets</b>	<b>\$17,849,528</b>	<b>\$17,993,815</b>	<b>\$144,287</b>	<b>1%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$4,822,532	\$4,452,119	(\$370,413)	-8%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$224,048	\$224,917	\$869	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$5,046,580</b>	<b>\$4,677,036</b>	<b>(\$369,544)</b>	<b>-7%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,409,730	\$3,467,074	\$57,344	2%
7	Other Noncurrent Assets	\$1,888,856	\$1,486,054	(\$402,802)	-21%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$88,738,708	\$97,485,005	\$8,746,297	10%
2	Less: Accumulated Depreciation	\$65,468,893	\$70,147,136	\$4,678,243	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$23,269,815</b>	<b>\$27,337,869</b>	<b>\$4,068,054</b>	<b>17%</b>
3	Construction in Progress	\$0	\$0	\$0	0%
	<b>Total Net Fixed Assets</b>	<b>\$23,269,815</b>	<b>\$27,337,869</b>	<b>\$4,068,054</b>	<b>17%</b>
	<b>Total Assets</b>	<b>\$51,464,509</b>	<b>\$54,961,848</b>	<b>\$3,497,339</b>	<b>7%</b>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					

<b>JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
1	Accounts Payable and Accrued Expenses	\$8,408,688	\$12,652,911	\$4,244,223	50%
2	Salaries, Wages and Payroll Taxes	\$2,789,581	\$2,677,952	(\$111,629)	-4%
3	Due To Third Party Payers	\$2,911,614	\$2,446,731	(\$464,883)	-16%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$29,141,197	\$29,141,197	\$0	0%
6	Current Portion of Notes Payable	\$323,071	\$838,274	\$515,203	159%
7	Other Current Liabilities	\$6,549,172	\$11,243,011	\$4,693,839	72%
	<b>Total Current Liabilities</b>	<b>\$50,123,323</b>	<b>\$59,000,076</b>	<b>\$8,876,753</b>	<b>18%</b>
	<b>B. Long Term Debt:</b>				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$4,572,057	\$4,572,057	0%
	<b>Total Long Term Debt</b>	<b>\$0</b>	<b>\$4,572,057</b>	<b>\$4,572,057</b>	<b>0%</b>
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$8,245,286	\$4,932,692	(\$3,312,594)	-40%
	<b>Total Long Term Liabilities</b>	<b>\$8,245,286</b>	<b>\$9,504,749</b>	<b>\$1,259,463</b>	<b>15%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
	<b>C. Net Assets:</b>				
1	Unrestricted Net Assets or Equity	(\$12,121,840)	(\$18,535,995)	(\$6,414,155)	53%
2	Temporarily Restricted Net Assets	\$410,595	\$553,275	\$142,680	35%
3	Permanently Restricted Net Assets	\$4,807,145	\$4,439,743	(\$367,402)	-8%
	<b>Total Net Assets</b>	<b>(\$6,904,100)</b>	<b>(\$13,542,977)</b>	<b>(\$6,638,877)</b>	<b>96%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$51,464,509</b>	<b>\$54,961,848</b>	<b>\$3,497,339</b>	<b>7%</b>

## JOHNSON MEMORIAL MEDICAL CENTER, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$208,384,764	\$206,688,056	(\$1,696,708)	-1%
2	Less: Allowances	\$111,383,001	\$113,763,631	\$2,380,630	2%
3	Less: Charity Care	\$387,403	\$221,056	(\$166,347)	-43%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$96,614,360</b>	<b>\$92,703,369</b>	<b>(\$3,910,991)</b>	<b>-4%</b>
5	Provision for Bad Debts	\$4,537,178	\$3,470,135	(\$1,067,043)	-24%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$92,077,182</b>	<b>\$89,233,234</b>	<b>(\$2,843,948)</b>	<b>-3%</b>
6	Other Operating Revenue	\$1,052,144	\$1,190,422	\$138,278	13%
7	Net Assets Released from Restrictions	\$269,758	\$36,593	(\$233,165)	-86%
	<b>Total Operating Revenue</b>	<b>\$93,399,084</b>	<b>\$90,460,249</b>	<b>(\$2,938,835)</b>	<b>-3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$40,411,635	\$40,500,652	\$89,017	0%
2	Fringe Benefits	\$10,541,692	\$10,064,877	(\$476,815)	-5%
3	Physicians Fees	\$2,126,346	\$4,050,496	\$1,924,150	90%
4	Supplies and Drugs	\$12,822,617	\$12,485,965	(\$336,652)	-3%
5	Depreciation and Amortization	\$3,226,575	\$2,419,144	(\$807,431)	-25%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,985,339	\$1,503,067	(\$482,272)	-24%
8	Malpractice Insurance Cost	\$1,129,342	\$1,056,331	(\$73,011)	-6%
9	Other Operating Expenses	\$22,452,310	\$25,211,129	\$2,758,819	12%
	<b>Total Operating Expenses</b>	<b>\$94,695,856</b>	<b>\$97,291,661</b>	<b>\$2,595,805</b>	<b>3%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$1,296,772)</b>	<b>(\$6,831,412)</b>	<b>(\$5,534,640)</b>	<b>427%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$166,175	\$159,517	(\$6,658)	-4%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$218,759	\$69,138	(\$149,621)	-68%
	<b>Total Non-Operating Revenue</b>	<b>\$384,934</b>	<b>\$228,655</b>	<b>(\$156,279)</b>	<b>-41%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$911,838)</b>	<b>(\$6,602,757)</b>	<b>(\$5,690,919)</b>	<b>624%</b>
	<b>Other Adjustments:</b>				

## JOHNSON MEMORIAL MEDICAL CENTER, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$2,452,326)	\$0	\$2,452,326	-100%
	<b>Total Other Adjustments</b>	<b>(\$2,452,326)</b>	<b>\$0</b>	<b>\$2,452,326</b>	<b>-100%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$3,364,164)</b>	<b>(\$6,602,757)</b>	<b>(\$3,238,593)</b>	<b>96%</b>

## JOHNSON MEMORIAL MEDICAL CENTER, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$86,321,671	\$92,077,182	\$89,233,234
2	Other Operating Revenue	1,356,313	1,321,902	1,227,015
3	Total Operating Revenue	\$87,677,984	\$93,399,084	\$90,460,249
4	Total Operating Expenses	93,071,797	94,695,856	97,291,661
5	Income/(Loss) From Operations	(\$5,393,813)	(\$1,296,772)	(\$6,831,412)
6	Total Non-Operating Revenue	2,589,208	(2,067,392)	228,655
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,804,605)	(\$3,364,164)	(\$6,602,757)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-5.98%	-1.42%	-7.53%
2	Parent Corporation Non-Operating Margin	2.87%	-2.26%	0.25%
3	Parent Corporation Total Margin	-3.11%	-3.68%	-7.28%
4	Income/(Loss) From Operations	(\$5,393,813)	(\$1,296,772)	(\$6,831,412)
5	Total Operating Revenue	\$87,677,984	\$93,399,084	\$90,460,249
6	Total Non-Operating Revenue	\$2,589,208	(\$2,067,392)	\$228,655
7	Total Revenue	\$90,267,192	\$91,331,692	\$90,688,904
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,804,605)	(\$3,364,164)	(\$6,602,757)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	(\$8,766,006)	(\$12,121,840)	(\$18,535,995)
2	Parent Corporation Total Net Assets	(\$3,686,748)	(\$6,904,100)	(\$13,542,977)
3	Parent Corporation Change in Total Net Assets	(\$7,278,534)	(\$3,217,352)	(\$6,638,877)
4	Parent Corporation Change in Total Net Assets %	-102.6%	87.3%	96.2%
<b>D. Liquidity Measures Summary</b>				
1	<b>Current Ratio</b>	<b>0.33</b>	<b>0.36</b>	<b>0.30</b>
2	Total Current Assets	\$15,465,517	\$17,849,528	\$17,993,815
3	Total Current Liabilities	\$47,362,264	\$50,123,323	\$59,000,076
4	<b>Days Cash on Hand</b>	<b>4</b>	<b>6</b>	<b>7</b>

## JOHNSON MEMORIAL MEDICAL CENTER, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
5	Cash and Cash Equivalents	\$875,661	\$1,528,751	\$1,805,602
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$875,661	\$1,528,751	\$1,805,602
8	Total Operating Expenses	\$93,071,797	\$94,695,856	\$97,291,661
9	Depreciation Expense	\$4,269,259	\$3,226,575	\$2,419,144
10	Operating Expenses less Depreciation Expense	\$88,802,538	\$91,469,281	\$94,872,517
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>31</b>	<b>35</b>	<b>40</b>
12	Net Patient Accounts Receivable	\$ 10,135,389	\$ 11,658,028	\$ 12,246,951
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,784,065	\$2,911,614	\$2,446,731
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,351,324	\$ 8,746,414	\$ 9,800,220
16	Total Net Patient Revenue	\$86,321,671	\$92,077,182	\$89,233,234
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>195</b>	<b>200</b>	<b>227</b>
18	Total Current Liabilities	\$47,362,264	\$50,123,323	\$59,000,076
19	Total Operating Expenses	\$93,071,797	\$94,695,856	\$97,291,661
20	Depreciation Expense	\$4,269,259	\$3,226,575	\$2,419,144
20	Total Operating Expenses less Depreciation Expense	\$88,802,538	\$91,469,281	\$94,872,517
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>(7.2)</b>	<b>(13.4)</b>	<b>(24.6)</b>
2	Total Net Assets	(\$3,686,748)	(\$6,904,100)	(\$13,542,977)
3	Total Assets	\$51,478,375	\$51,464,509	\$54,961,848
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>3.1</b>	<b>(0.3)</b>	<b>(6.6)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,804,605)	(\$3,364,164)	(\$6,602,757)
6	Depreciation Expense	\$4,269,259	\$3,226,575	\$2,419,144
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,464,654	(\$137,589)	(\$4,183,613)
8	Total Current Liabilities	\$47,362,264	\$50,123,323	\$59,000,076
9	Total Long Term Debt	\$0	\$0	\$4,572,057

<b>JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
10	Total Current Liabilities and Total Long Term Debt	\$47,362,264	\$50,123,323	\$63,572,133
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	-	-	<b>(51.0)</b>
12	Total Long Term Debt	\$0	\$0	\$4,572,057
13	Total Net Assets	(\$3,686,748)	(\$6,904,100)	(\$13,542,977)
14	Total Long Term Debt and Total Net Assets	(\$3,686,748)	(\$6,904,100)	(\$8,970,920)

JOHNSON MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	9,904	2,019	1,731	40	56	67.8%	48.5%
2	ICU/CCU (Excludes Neonatal ICU)	0	90	0	5	7	0.0%	0.0%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,144	624	625	17	20	66.8%	56.8%
	<b>TOTAL PSYCHIATRIC</b>	<b>4,144</b>	<b>624</b>	<b>625</b>	<b>17</b>	<b>20</b>	<b>66.8%</b>	<b>56.8%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	562	196	196	4	6	38.5%	25.7%
7	Newborn	481	197	195	4	6	32.9%	22.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>14,610</b>	<b>2,839</b>	<b>2,552</b>	<b>66</b>	<b>89</b>	<b>60.6%</b>	<b>45.0%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>15,091</b>	<b>3,036</b>	<b>2,747</b>	<b>70</b>	<b>95</b>	<b>59.1%</b>	<b>43.5%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>15,091</b>	<b>3,036</b>	<b>2,747</b>	<b>70</b>	<b>95</b>	<b>59.1%</b>	<b>43.5%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>16,270</b>	<b>3,191</b>	<b>2,818</b>	<b>70</b>	<b>95</b>	<b>63.7%</b>	<b>46.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-1,179</b>	<b>-155</b>	<b>-71</b>	<b>0</b>	<b>0</b>	<b>-4.6%</b>	<b>-3.4%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-7%</b>	<b>-5%</b>	<b>-3%</b>	<b>0%</b>	<b>0%</b>	<b>-7%</b>	<b>-7%</b>
	Total Licensed Beds and Bassinets	101						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,782	1,638	-144	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,980	1,850	-130	-7%
3	Emergency Department Scans	3,574	3,556	-18	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>7,336</b>	<b>7,044</b>	<b>-292</b>	<b>-4%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	180	164	-16	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	887	1,070	183	21%
3	Emergency Department Scans	44	53	9	20%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>1,111</b>	<b>1,287</b>	<b>176</b>	<b>16%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(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.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	473	453	-20	-4%
2	Outpatient Surgical Procedures	1,995	2,059	64	3%
	<b>Total Surgical Procedures</b>	<b>2,468</b>	<b>2,512</b>	<b>44</b>	<b>2%</b>
<b>J. Endoscopy Procedures</b>					
1	Inpatient Endoscopy Procedures	81	86	5	6%
2	Outpatient Endoscopy Procedures	2,104	2,021	-83	-4%
	<b>Total Endoscopy Procedures</b>	<b>2,185</b>	<b>2,107</b>	<b>-78</b>	<b>-4%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	2,270	2,297	27	1%
2	Emergency Room Visits: Treated and Discharged	16,780	16,629	-151	-1%
	<b>Total Emergency Room Visits</b>	<b>19,050</b>	<b>18,926</b>	<b>-124</b>	<b>-1%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	1,930	2,201	271	14%
2	Cardiac Rehabilitation	1,915	2,843	928	48%
3	Chemotherapy	1,521	1,665	144	9%
4	Gastroenterology	932	959	27	3%
5	Other Outpatient Visits	81,697	73,156	-8,541	-10%
	<b>Total Other Hospital Outpatient Visits</b>	<b>87,995</b>	<b>80,824</b>	<b>-7,171</b>	<b>-8%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	115.5	113.6	-1.9	-2%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	331.7	337.7	6.0	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>447.2</b>	<b>451.3</b>	<b>4.1</b>	<b>1%</b>

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Johnson Memorial Hospital	779	871	92	12%
2	Offsite Surgery Department - Enfield, CT	1,216	1,188	-28	-2%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>1,995</b>	<b>2,059</b>	<b>64</b>	<b>3%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Johnson Memorial Hospital	1,166	1,208	42	4%
2	Offsite Surgical Department - Enfield, CT	938	813	-125	-13%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,104</b>	<b>2,021</b>	<b>-83</b>	<b>-4%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Johnson Memorial Hospital	16,780	16,629	-151	-1%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>16,780</b>	<b>16,629</b>	<b>-151</b>	<b>-1%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$37,794,769	\$35,193,711	(\$2,601,058)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,097,531	\$12,879,364	(\$1,218,167)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.30%	36.60%	-0.70%	-2%
4	DISCHARGES	1,571	1,477	(94)	-6%
5	CASE MIX INDEX (CMI)	1.26170	1.27580	0.01410	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,982.13070	1,884.35660	(97.77410)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,112.31	\$6,834.89	(\$277.42)	-4%
8	PATIENT DAYS	9,143	8,276	(867)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,541.89	\$1,556.23	\$14.34	1%
10	AVERAGE LENGTH OF STAY	5.8	5.6	(0.2)	-4%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$41,270,055	\$43,468,093	\$2,198,038	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,574,250	\$10,142,326	(\$431,924)	-4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.62%	23.33%	-2.29%	-9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	109.20%	123.51%	14.32%	13%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,715.45582	1,824.25699	108.80117	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,164.11	\$5,559.70	(\$604.40)	-10%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$79,064,824	\$78,661,804	(\$403,020)	-1%
18	TOTAL ACCRUED PAYMENTS	\$24,671,781	\$23,021,690	(\$1,650,091)	-7%
19	TOTAL ALLOWANCES	\$54,393,043	\$55,640,114	\$1,247,071	2%
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$12,784,325	\$13,017,227	\$232,902	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,906,076	\$8,287,534	\$381,458	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	61.84%	63.67%	1.82%	3%
4	DISCHARGES	915	831	(84)	-9%
5	CASE MIX INDEX (CMI)	1.00930	1.02510	0.01580	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	923.50950	851.85810	(71.65140)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,560.90	\$9,728.77	\$1,167.87	14%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,448.59)	(\$2,893.89)	(\$1,445.29)	100%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,337,789)	(\$2,465,180)	(\$1,127,392)	84%
10	PATIENT DAYS	3,657	3,460	(197)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,161.90	\$2,395.24	\$233.34	11%
12	AVERAGE LENGTH OF STAY	4.0	4.2	0.2	4%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$46,523,627	\$46,103,906	(\$419,721)	-1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,094,003	\$24,852,890	\$758,887	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.79%	53.91%	2.12%	4%

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
16	OUTPATIENT CHARGES / INPATIENT CHARGES	363.91%	354.18%	-9.74%	-3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,329.79009	2,943.20333	(386.58676)	-12%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,235.89	\$8,444.16	\$1,208.27	17%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,071.79)	(\$2,884.46)	(\$1,812.67)	169%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,568,827)	(\$8,489,555)	(\$4,920,728)	138%
<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>					
21	TOTAL ACCRUED CHARGES	\$59,307,952	\$59,121,133	(\$186,819)	0%
22	TOTAL ACCRUED PAYMENTS	\$32,000,079	\$33,140,424	\$1,140,345	4%
23	TOTAL ALLOWANCES	\$27,307,873	\$25,980,709	(\$1,327,164)	-5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,906,616)	(\$10,954,736)	(\$6,048,120)	123%
<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$59,307,952	\$54,974,285	(\$4,333,667)	-7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,000,079	\$35,230,262	\$3,230,183	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,307,873	\$19,744,023	(\$7,563,850)	-28%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.04%	35.92%	-10.13%	
<b><u>C. UNINSURED</u></b>					
<b><u>UNINSURED INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$546,866	\$706,618	\$159,752	29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,904	\$13,345	\$7,441	126%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.08%	1.89%	0.81%	75%
4	DISCHARGES	42	39	(3)	-7%
5	CASE MIX INDEX (CMI)	1.01010	0.94590	(0.06420)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	42.42420	36.89010	(5.53410)	-13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$139.17	\$361.75	\$222.58	160%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,421.74	\$9,367.02	\$945.28	11%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,973.15	\$6,473.14	(\$500.01)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$295,830	\$238,795	(\$57,035)	-19%
11	PATIENT DAYS	169	228	59	35%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$34.93	\$58.53	\$23.60	68%
13	AVERAGE LENGTH OF STAY	4.0	5.8	1.8	45%
<b><u>UNINSURED OUTPATIENT</u></b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,966,567	\$1,457,778	(\$508,789)	-26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$284,363	\$112,504	(\$171,859)	-60%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.46%	7.72%	-6.74%	-47%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	359.61%	206.30%	-153.30%	-43%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	151.03483	80.45838	(70.57645)	-47%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,882.76	\$1,398.29	(\$484.48)	-26%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,353.13	\$7,045.88	\$1,692.75	32%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,281.34	\$4,161.41	(\$119.93)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$646,632	\$334,821	(\$311,811)	-48%
<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>					
23	TOTAL ACCRUED CHARGES	\$2,513,433	\$2,164,396	(\$349,037)	-14%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$290,267	\$125,849	(\$164,418)	-57%
25	TOTAL ALLOWANCES	\$2,223,166	\$2,038,547	(\$184,619)	-8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$942,462	\$573,615	(\$368,846)	-39%
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$10,503,345	\$10,212,033	(\$291,312)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,211,995	\$3,942,846	(\$1,269,149)	-24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.62%	38.61%	-11.01%	-22%
4	DISCHARGES	681	678	(3)	0%
5	CASE MIX INDEX (CMI)	0.94080	0.93926	(0.00154)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	640.68480	636.81828	(3.86652)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,135.04	\$6,191.48	(\$1,943.56)	-24%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$425.87	\$3,537.30	\$3,111.43	731%
9	MEDICARE - MEDICAID IP PMT / CMAD	(\$1,022.73)	\$643.41	\$1,666.14	-163%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$655,245)	\$409,735	\$1,064,980	-163%
11	PATIENT DAYS	3,369	3,070	(299)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,547.05	\$1,284.31	(\$262.73)	-17%
13	AVERAGE LENGTH OF STAY	4.9	4.5	(0.4)	-8%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,760,315	\$21,840,217	\$1,079,902	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,425,841	\$4,752,140	\$326,299	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.32%	21.76%	0.44%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.65%	213.87%	16.21%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,346.02591	1,450.02147	103.99556	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,288.08	\$3,277.29	(\$10.79)	0%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,947.81	\$5,166.87	\$1,219.06	31%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,876.03	\$2,282.41	(\$593.61)	-21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,871,204	\$3,309,548	(\$561,656)	-15%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$31,263,660	\$32,052,250	\$788,590	3%
24	TOTAL ACCRUED PAYMENTS	\$9,637,836	\$8,694,986	(\$942,850)	-10%
25	TOTAL ALLOWANCES	\$21,625,824	\$23,357,264	\$1,731,440	8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,215,959	\$3,719,283	\$503,324	16%
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
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%

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$8,560.90	\$9,728.77	\$1,167.87	14%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,112.31	\$6,834.89	(\$277.42)	-4%
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%
<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$7,235.89	\$8,444.16	\$1,208.27	17%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,164.11	\$5,559.70	(\$604.40)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>					
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%
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b><u>TOTAL MEDICAL ASSISTANCE INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$10,503,345	\$10,212,033	(\$291,312)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,211,995	\$3,942,846	(\$1,269,149)	-24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.62%	38.61%	-11.01%	-22%
4	DISCHARGES	681	678	(3)	0%
5	CASE MIX INDEX (CMI)	0.94080	0.93926	(0.00154)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	640.68480	636.81828	(3.86652)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,135.04	\$6,191.48	(\$1,943.56)	-24%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$425.87	\$3,537.30	\$3,111.43	731%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$1,022.73)	\$643.41	\$1,666.14	-163%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$655,245)	\$409,735	\$1,064,980	-163%
11	PATIENT DAYS	3,369	3,070	(299)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,547.05	\$1,284.31	(\$262.73)	-17%
13	AVERAGE LENGTH OF STAY	4.9	4.5	(0.4)	-8%
<b><u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u></b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,760,315	\$21,840,217	\$1,079,902	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,425,841	\$4,752,140	\$326,299	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.32%	21.76%	0.44%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.65%	213.87%	16.21%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,346.02591	1,450.02147	103.99556	8%

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,288.08	\$3,277.29	(\$10.79)	0%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,947.81	\$5,166.87	\$1,219.06	31%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,876.03	\$2,282.41	(\$593.61)	-21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,871,204	\$3,309,548	(\$561,656)	-15%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$31,263,660	\$32,052,250	\$788,590	3%
24	TOTAL ACCRUED PAYMENTS	\$9,637,836	\$8,694,986	(\$942,850)	-10%
25	TOTAL ALLOWANCES	\$21,625,824	\$23,357,264	\$1,731,440	8%
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$370,688	\$741,009	\$370,321	100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$155,890	\$273,260	\$117,370	75%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.05%	36.88%	-5.18%	-12%
4	DISCHARGES	24	50	26	108%
5	CASE MIX INDEX (CMI)	0.91200	0.97100	0.05900	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	21.88800	48.55000	26.66200	122%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,122.17	\$5,628.42	(\$1,493.74)	-21%
8	PATIENT DAYS	101	285	184	182%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,543.47	\$958.81	(\$584.66)	-38%
10	AVERAGE LENGTH OF STAY	4.2	5.7	1.5	35%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$593,638	\$743,123	\$149,485	25%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$183,266	\$257,374	\$74,108	40%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$964,326	\$1,484,132	\$519,806	54%
14	TOTAL ACCRUED PAYMENTS	\$339,156	\$530,634	\$191,478	56%
15	TOTAL ALLOWANCES	\$625,170	\$953,498	\$328,328	53%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$473,373	\$590,810	\$117,437	25%
2	TOTAL OPERATING EXPENSES	\$66,456,723	\$70,240,063	\$3,783,340	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$387,404	\$221,047	(\$166,357)	-43%
5	BAD DEBTS (CHARGES)	\$4,119,249	\$3,114,000	(\$1,005,249)	-24%
6	UNCOMPENSATED CARE (CHARGES)	\$4,506,653	\$3,335,047	(\$1,171,606)	-26%
7	COST OF UNCOMPENSATED CARE	\$1,641,571	\$1,329,379	(\$312,193)	-19%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$31,263,660	\$32,052,250	\$788,590	3%
9	TOTAL ACCRUED PAYMENTS	\$9,637,836	\$8,694,986	(\$942,850)	-10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$11,387,948	\$12,776,306	\$1,388,358	12%

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,750,112	\$4,081,320	\$2,331,208	133%
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$61,453,127	\$59,163,980	(\$2,289,147)	-4%
2	TOTAL INPATIENT PAYMENTS	\$27,371,492	\$25,383,004	(\$1,988,488)	-7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	44.54%	42.90%	-1.64%	-4%
4	TOTAL DISCHARGES	3,191	3,036	(155)	-5%
5	TOTAL CASE MIX INDEX	1.11821	1.12700	0.00879	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,568.21300	3,421.58298	(146.63002)	-4%
7	TOTAL OUTPATIENT CHARGES	\$109,147,635	\$112,155,339	\$3,007,704	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	177.61%	189.57%	11.96%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$39,277,360	\$40,004,730	\$727,370	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.99%	35.67%	-0.32%	-1%
11	TOTAL CHARGES	\$170,600,762	\$171,319,319	\$718,557	0%
12	TOTAL PAYMENTS	\$66,648,852	\$65,387,734	(\$1,261,118)	-2%
13	TOTAL PAYMENTS / TOTAL CHARGES	39.07%	38.17%	-0.90%	-2%
14	PATIENT DAYS	16,270	15,091	(1,179)	-7%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$48,668,802	\$46,146,753	(\$2,522,049)	-5%
2	INPATIENT PAYMENTS	\$19,465,416	\$17,095,470	(\$2,369,946)	-12%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.00%	37.05%	-2.95%	-7%
4	DISCHARGES	2,276	2,205	(71)	-3%
5	CASE MIX INDEX	1.16200	1.16541	0.00341	0%
6	CASE MIX ADJUSTED DISCHARGES	2,644.70350	2,569.72488	(74.97862)	-3%
7	OUTPATIENT CHARGES	\$62,624,008	\$66,051,433	\$3,427,425	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	128.67%	143.13%	14.46%	11%
9	OUTPATIENT PAYMENTS	\$15,183,357	\$15,151,840	(\$31,517)	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.25%	22.94%	-1.31%	-5%
11	TOTAL CHARGES	\$111,292,810	\$112,198,186	\$905,376	1%
12	TOTAL PAYMENTS	\$34,648,773	\$32,247,310	(\$2,401,463)	-7%
13	TOTAL PAYMENTS / CHARGES	31.13%	28.74%	-2.39%	-8%
14	PATIENT DAYS	12,613	11,631	(982)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$76,644,037	\$79,950,876	\$3,306,839	4%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.8	5.6	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.2	0.2	4%
3	UNINSURED	4.0	5.8	1.8	45%
4	MEDICAID	4.9	4.5	(0.4)	-8%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.2	5.7	1.5	35%
7	TOTAL AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)	-3%
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$170,600,762	\$171,319,319	\$718,557	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$76,644,037	\$79,950,876	\$3,306,839	4%

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
3	UNCOMPENSATED CARE	\$4,506,653	\$3,335,047	(\$1,171,606)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,307,873	\$19,744,023	(\$7,563,850)	-28%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$108,458,563	\$103,029,946	(\$5,428,617)	-5%
7	TOTAL ACCRUED PAYMENTS	\$62,142,199	\$68,289,373	\$6,147,174	10%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$62,142,199	\$68,289,373	\$6,147,174	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3642551081	0.3986087115	0.0343536034	9%
11	COST OF UNCOMPENSATED CARE	\$1,641,571	\$1,329,379	(\$312,193)	-19%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,750,112	\$4,081,320	\$2,331,208	133%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,391,683	\$5,410,699	\$2,019,016	60%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$3,871,204	\$3,309,548	(\$561,656)	-15%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$942,462	\$573,615	(\$368,846)	-39%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,813,666	\$3,883,163	(\$930,503)	-19%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$66,648,825	\$65,387,734	(\$1,261,091)	-1.89%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$170,600,764	\$171,319,321	\$718,557	0.42%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,506,653	\$3,335,047	(\$1,171,606)	-26.00%

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,784,325	\$13,017,227	\$232,902
2	MEDICARE	\$37,794,769	35,193,711	(\$2,601,058)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,503,345	10,212,033	(\$291,312)
4	MEDICAID	\$10,503,345	10,212,033	(\$291,312)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$370,688	741,009	\$370,321
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$546,866	706,618	\$159,752
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$48,668,802</b>	<b>\$46,146,753</b>	<b>(\$2,522,049)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$61,453,127</b>	<b>\$59,163,980</b>	<b>(\$2,289,147)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,523,627	\$46,103,906	(\$419,721)
2	MEDICARE	\$41,270,055	43,468,093	\$2,198,038
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,760,315	21,840,217	\$1,079,902
4	MEDICAID	\$20,760,315	21,840,217	\$1,079,902
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$593,638	743,123	\$149,485
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,966,567	1,457,778	(\$508,789)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$62,624,008</b>	<b>\$66,051,433</b>	<b>\$3,427,425</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$109,147,635</b>	<b>\$112,155,339</b>	<b>\$3,007,704</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,307,952	\$59,121,133	(\$186,819)
2	TOTAL MEDICARE	\$79,064,824	\$78,661,804	(\$403,020)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,263,660	\$32,052,250	\$788,590
4	TOTAL MEDICAID	\$31,263,660	\$32,052,250	\$788,590
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$964,326	\$1,484,132	\$519,806
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,513,433	\$2,164,396	(\$349,037)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$111,292,810</b>	<b>\$112,198,186</b>	<b>\$905,376</b>
	<b>TOTAL CHARGES</b>	<b>\$170,600,762</b>	<b>\$171,319,319</b>	<b>\$718,557</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,906,076	\$8,287,534	\$381,458
2	MEDICARE	\$14,097,531	12,879,364	(\$1,218,167)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,211,995	3,942,846	(\$1,269,149)
4	MEDICAID	\$5,211,995	3,942,846	(\$1,269,149)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$155,890	273,260	\$117,370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,904	13,345	\$7,441
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$19,465,416</b>	<b>\$17,095,470</b>	<b>(\$2,369,946)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$27,371,492</b>	<b>\$25,383,004</b>	<b>(\$1,988,488)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,094,003	\$24,852,890	\$758,887
2	MEDICARE	\$10,574,250	10,142,326	(\$431,924)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,425,841	4,752,140	\$326,299
4	MEDICAID	\$4,425,841	4,752,140	\$326,299
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$183,266	257,374	\$74,108
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$284,363	112,504	(\$171,859)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,183,357</b>	<b>\$15,151,840</b>	<b>(\$31,517)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$39,277,360</b>	<b>\$40,004,730</b>	<b>\$727,370</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$32,000,079	\$33,140,424	\$1,140,345
2	TOTAL MEDICARE	\$24,671,781	\$23,021,690	(\$1,650,091)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,637,836	\$8,694,986	(\$942,850)
4	TOTAL MEDICAID	\$9,637,836	\$8,694,986	(\$942,850)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$339,156	\$530,634	\$191,478
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$290,267	\$125,849	(\$164,418)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$34,648,773</b>	<b>\$32,247,310</b>	<b>(\$2,401,463)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$66,648,852</b>	<b>\$65,387,734</b>	<b>(\$1,261,118)</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.49%	7.60%	0.10%
2	MEDICARE	22.15%	20.54%	-1.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.16%	5.96%	-0.20%
4	MEDICAID	6.16%	5.96%	-0.20%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.22%	0.43%	0.22%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.32%	0.41%	0.09%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>28.53%</b>	<b>26.94%</b>	<b>-1.59%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>36.02%</b>	<b>34.53%</b>	<b>-1.49%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.27%	26.91%	-0.36%
2	MEDICARE	24.19%	25.37%	1.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.17%	12.75%	0.58%
4	MEDICAID	12.17%	12.75%	0.58%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.35%	0.43%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.15%	0.85%	-0.30%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>36.71%</b>	<b>38.55%</b>	<b>1.85%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>63.98%</b>	<b>65.47%</b>	<b>1.49%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.86%	12.67%	0.81%
2	MEDICARE	21.15%	19.70%	-1.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.82%	6.03%	-1.79%
4	MEDICAID	7.82%	6.03%	-1.79%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.23%	0.42%	0.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.02%	0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.21%</b>	<b>26.14%</b>	<b>-3.06%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>41.07%</b>	<b>38.82%</b>	<b>-2.25%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.15%	38.01%	1.86%
2	MEDICARE	15.87%	15.51%	-0.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.64%	7.27%	0.63%
4	MEDICAID	6.64%	7.27%	0.63%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.27%	0.39%	0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.43%	0.17%	-0.25%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>22.78%</b>	<b>23.17%</b>	<b>0.39%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>58.93%</b>	<b>61.18%</b>	<b>2.25%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	915	831	(84)
2	MEDICARE	1,571	1,477	(94)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	681	678	(3)
4	MEDICAID	681	678	(3)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	24	50	26
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	42	39	(3)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,276</b>	<b>2,205</b>	<b>(71)</b>
	<b>TOTAL DISCHARGES</b>	<b>3,191</b>	<b>3,036</b>	<b>(155)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,657	3,460	(197)
2	MEDICARE	9,143	8,276	(867)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,369	3,070	(299)
4	MEDICAID	3,369	3,070	(299)

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	101	285	184
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	169	228	59
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>12,613</b>	<b>11,631</b>	<b>(982)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>16,270</b>	<b>15,091</b>	<b>(1,179)</b>
<b>C.</b>	<b>AVERAGE LENGTH OF STAY (ALOS)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.2	0.2
2	MEDICARE	5.8	5.6	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	4.5	(0.4)
4	MEDICAID	4.9	4.5	(0.4)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.2	5.7	1.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.0	5.8	1.8
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.5</b>	<b>5.3</b>	<b>(0.3)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.1</b>	<b>5.0</b>	<b>(0.1)</b>
<b>D.</b>	<b>CASE MIX INDEX</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00930	1.02510	0.01580
2	MEDICARE	1.26170	1.27580	0.01410
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.94080	0.93926	(0.00154)
4	MEDICAID	0.94080	0.93926	(0.00154)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.91200	0.97100	0.05900
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01010	0.94590	(0.06420)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.16200</b>	<b>1.16541</b>	<b>0.00341</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.11821</b>	<b>1.12700</b>	<b>0.00879</b>
<b>E.</b>	<b>OTHER REQUIRED DATA</b>			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$59,307,952	\$54,974,285	(\$4,333,667)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,000,079	\$35,230,262	\$3,230,183
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,307,873	\$19,744,023	(\$7,563,850)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.04%	35.92%	-10.13%
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	\$387,404	\$221,047	(\$166,357)
9	BAD DEBTS	\$4,119,249	\$3,114,000	(\$1,005,249)
10	TOTAL UNCOMPENSATED CARE	\$4,506,653	\$3,335,047	(\$1,171,606)
11	TOTAL OTHER OPERATING REVENUE	\$473,373	\$590,810	\$117,437
12	TOTAL OPERATING EXPENSES	\$66,456,723	\$70,240,063	\$3,783,340
<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	923.50950	851.85810	(71.65140)
2	MEDICARE	1,982.13070	1,884.35660	(97.77410)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	640.68480	636.81828	(3.86652)
4	MEDICAID	640.68480	636.81828	(3.86652)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	21.88800	48.55000	26.66200
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	42.42420	36.89010	(5.53410)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>2,644.70350</b>	<b>2,569.72488</b>	<b>(74.97862)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>3,568.21300</b>	<b>3,421.58298</b>	<b>(146.63002)</b>
<b>B.</b>	<b>OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,329.79009	2,943.20333	-386.58676
2	MEDICARE	1,715.45582	1,824.25699	108.80117
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,346.02591	1,450.02147	103.99556
4	MEDICAID	1,346.02591	1,450.02147	103.99556
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	38.43478	50.14264	11.70786

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	151.03483	80.45838	-70.57645
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>3,099.91651</b>	<b>3,324.42111</b>	<b>224.50460</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>6,429.70660</b>	<b>6,267.62444</b>	<b>-162.08216</b>
<b>C.</b>	<b>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,560.90	\$9,728.77	\$1,167.87
2	MEDICARE	\$7,112.31	\$6,834.89	(\$277.42)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,135.04	\$6,191.48	(\$1,943.56)
4	MEDICAID	\$8,135.04	\$6,191.48	(\$1,943.56)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$7,122.17	\$5,628.42	(\$1,493.74)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$139.17	\$361.75	\$222.58
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,360.15</b>	<b>\$6,652.65</b>	<b>(\$707.50)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,670.92</b>	<b>\$7,418.50</b>	<b>(\$252.43)</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,235.89	\$8,444.16	\$1,208.27
2	MEDICARE	\$6,164.11	\$5,559.70	(\$604.40)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,288.08	\$3,277.29	(\$10.79)
4	MEDICAID	\$3,288.08	\$3,277.29	(\$10.79)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,768.23	\$5,132.84	\$364.60
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,882.76	\$1,398.29	(\$484.48)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,897.99</b>	<b>\$4,557.74</b>	<b>(\$340.25)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,108.73</b>	<b>\$6,382.76</b>	<b>\$274.03</b>
<b>V.</b>	<b>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>			
1	MEDICAID	\$3,871,204	\$3,309,548	(\$561,656)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$942,462	\$573,615	(\$368,846)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$4,813,666</b>	<b>\$3,883,163</b>	<b>(\$930,503)</b>
<b>VI.</b>	<b>CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>			
1	TOTAL CHARGES	\$170,600,762	\$171,319,319	\$718,557
2	TOTAL GOVERNMENT DEDUCTIONS	\$76,644,037	\$79,950,876	\$3,306,839
3	UNCOMPENSATED CARE	\$4,506,653	\$3,335,047	(\$1,171,606)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$27,307,873	\$19,744,023	(\$7,563,850)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$108,458,563	\$103,029,946	(\$5,428,617)
7	TOTAL ACCRUED PAYMENTS	\$62,142,199	\$68,289,373	\$6,147,174
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$62,142,199	\$68,289,373	\$6,147,174
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3642551081	0.3986087115	0.0343536034
11	COST OF UNCOMPENSATED CARE	\$1,641,571	\$1,329,379	(\$312,193)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,750,112	\$4,081,320	\$2,331,208
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,391,683	\$5,410,699	\$2,019,016
<b>VII.</b>	<b>RATIOS</b>			
<b>A.</b>	<b>RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.84%	63.67%	1.82%
2	MEDICARE	37.30%	36.60%	-0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	49.62%	38.61%	-11.01%
4	MEDICAID	49.62%	38.61%	-11.01%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	42.05%	36.88%	-5.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08%	1.89%	0.81%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>40.00%</b>	<b>37.05%</b>	<b>-2.95%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>44.54%</b>	<b>42.90%</b>	<b>-1.64%</b>
<b>B.</b>	<b>RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.79%	53.91%	2.12%

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
2	MEDICARE	25.62%	23.33%	-2.29%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.32%	21.76%	0.44%
4	MEDICAID	21.32%	21.76%	0.44%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	30.87%	34.63%	3.76%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14.46%	7.72%	-6.74%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>			
		<b>24.25%</b>	<b>22.94%</b>	<b>-1.31%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>			
		<b>35.99%</b>	<b>35.67%</b>	<b>-0.32%</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$66,648,852	\$65,387,734	(\$1,261,118)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$66,648,852</b>	<b>\$65,387,734</b>	<b>(\$1,261,118)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	<b>CALCULATED NET REVENUE</b>	<b>\$70,768,101</b>	<b>\$65,387,734</b>	<b>(\$5,380,367)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$66,648,825	\$65,387,734	(\$1,261,091)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$4,119,276</b>	<b>\$0</b>	<b>(\$4,119,276)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$170,600,762	\$171,319,319	\$718,557
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$170,600,762</b>	<b>\$171,319,319</b>	<b>\$718,557</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$170,600,764	\$171,319,321	\$718,557
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>(\$2)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,506,653	\$3,335,047	(\$1,171,606)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,506,653</b>	<b>\$3,335,047</b>	<b>(\$1,171,606)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,506,653	\$3,335,047	(\$1,171,606)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>JOHNSON MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,017,227
2	MEDICARE	35,193,711
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,212,033
4	MEDICAID	10,212,033
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	741,009
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	706,618
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$46,146,753</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$59,163,980</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,103,906
2	MEDICARE	43,468,093
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,840,217
4	MEDICAID	21,840,217
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	743,123
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,457,778
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$66,051,433</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$112,155,339</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$59,121,133
2	TOTAL GOVERNMENT ACCRUED CHARGES	112,198,186
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$171,319,319</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,287,534
2	MEDICARE	12,879,364
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,942,846
4	MEDICAID	3,942,846
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	273,260
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13,345
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$17,095,470</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$25,383,004</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,852,890
2	MEDICARE	10,142,326
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,752,140
4	MEDICAID	4,752,140
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	257,374
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	112,504
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,151,840</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$40,004,730</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$33,140,424
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	32,247,310
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$65,387,734</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	831
2	MEDICARE	1,477
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	678
4	MEDICAID	678
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	50

<b>JOHNSON MEMORIAL HOSPITAL</b>		
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<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	39
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,205</b>
	<b>TOTAL DISCHARGES</b>	<b>3,036</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,02510
2	MEDICARE	1,27580
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0,93926
4	MEDICAID	0,93926
5	OTHER MEDICAL ASSISTANCE	0,00000
6	CHAMPUS / TRICARE	0,97100
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0,94590
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,16541</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,12700</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$54,974,285
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$35,230,262
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,744,023
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.92%
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	\$221,047
9	BAD DEBTS	\$3,114,000
10	TOTAL UNCOMPENSATED CARE	\$3,335,047
11	TOTAL OTHER OPERATING REVENUE	\$590,810
12	TOTAL OPERATING EXPENSES	\$70,240,063
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$65,387,734
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$65,387,734</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	<b>CALCULATED NET REVENUE</b>	<b>\$65,387,734</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$65,387,734
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$171,319,319
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$171,319,319</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$171,319,321
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,335,047
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$3,335,047</b>

<b>JOHNSON MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,335,047
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>JOHNSON MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	117	95	(22)	-19%
2	Number of Approved Applicants	102	69	(33)	-32%
3	<b>Total Charges (A)</b>	<b>\$387,404</b>	<b>\$221,047</b>	<b>(\$166,357)</b>	<b>-43%</b>
4	<b>Average Charges</b>	<b>\$3,798</b>	<b>\$3,204</b>	<b>(\$594)</b>	<b>-16%</b>
5	Ratio of Cost to Charges (RCC)	0.398842	0.388467	(0.010375)	-3%
6	<b>Total Cost</b>	<b>\$154,513</b>	<b>\$85,869</b>	<b>(\$68,644)</b>	<b>-44%</b>
7	<b>Average Cost</b>	<b>\$1,515</b>	<b>\$1,244</b>	<b>(\$270)</b>	<b>-18%</b>
8	Charity Care - Inpatient Charges	\$163,321	\$124,236	(\$39,085)	-24%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	114,751	49,957	(64,794)	-56%
10	Charity Care - Emergency Department Charges	109,332	46,854	(62,478)	-57%
11	<b>Total Charges (A)</b>	<b>\$387,404</b>	<b>\$221,047</b>	<b>(\$166,357)</b>	<b>-43%</b>
12	Charity Care - Number of Patient Days	34	27	(7)	-21%
13	Charity Care - Number of Discharges	9	5	(4)	-44%
14	Charity Care - Number of Outpatient ED Visits	117	76	(41)	-35%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	178	195	17	10%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$1,004,296	\$759,505	(\$244,791)	-24%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	863,388	594,463	(268,925)	-31%
3	Bad Debts - Emergency Department	2,251,565	1,760,032	(491,533)	-22%
4	<b>Total Bad Debts (A)</b>	<b>\$4,119,249</b>	<b>\$3,114,000</b>	<b>(\$1,005,249)</b>	<b>-24%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$387,404	\$221,047	(\$166,357)	-43%
2	Bad Debts (A)	4,119,249	3,114,000	(1,005,249)	-24%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,506,653</b>	<b>\$3,335,047</b>	<b>(\$1,171,606)</b>	<b>-26%</b>
4	Uncompensated Care - Inpatient Services	\$1,167,617	\$883,741	(\$283,876)	-24%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	978,139	644,420	(333,719)	-34%
6	Uncompensated Care - Emergency Department	2,360,897	1,806,886	(554,011)	-23%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,506,653</b>	<b>\$3,335,047</b>	<b>(\$1,171,606)</b>	<b>-26%</b>

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

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<b><u>COMMERCIAL - ALL PAYERS</u></b>					
1	Total Gross Revenue	\$59,307,952	\$54,974,285	(\$4,333,667)	-7%
2	Total Contractual Allowances	\$27,307,873	\$19,744,023	(\$7,563,850)	-28%
	<b>Total Accrued Payments (A)</b>	<b>\$32,000,079</b>	<b>\$35,230,262</b>	<b>\$3,230,183</b>	<b>10%</b>
	<b>Total Discount Percentage</b>	<b>46.04%</b>	<b>35.92%</b>	<b>-10.13%</b>	<b>-22%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>A.</b>	<b><u>Gross and Net Revenue</u></b>			
1	Inpatient Gross Revenue	\$62,288,196	\$61,453,127	\$59,163,980
2	Outpatient Gross Revenue	\$96,843,117	\$109,147,635	\$112,155,339
3	Total Gross Patient Revenue	\$159,131,313	\$170,600,762	\$171,319,319
4	Net Patient Revenue	\$59,633,584	\$66,648,825	\$65,387,734
<b>B.</b>	<b><u>Total Operating Expenses</u></b>			
1	Total Operating Expense	\$63,578,052	\$66,456,723	\$70,240,063
<b>C.</b>	<b><u>Utilization Statistics</u></b>			
1	Patient Days	16,130	16,270	15,091
2	Discharges	3,139	3,191	3,036
3	Average Length of Stay	5.1	5.1	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	41,208	45,167	43,699
0	Equivalent (Adjusted) Discharges (ED)	8,019	8,859	8,791
<b>D.</b>	<b><u>Case Mix Statistics</u></b>			
1	Case Mix Index	1.14626	1.11821	1.12700
2	Case Mix Adjusted Patient Days (CMAPD)	18,489	18,193	17,008
3	Case Mix Adjusted Discharges (CMAD)	3,598	3,568	3,422
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	47,236	50,507	49,248
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,192	9,906	9,908
<b>E.</b>	<b><u>Gross Revenue Per Statistic</u></b>			
1	Total Gross Revenue per Patient Day	\$9,866	\$10,486	\$11,352
2	Total Gross Revenue per Discharge	\$50,695	\$53,463	\$56,429
3	Total Gross Revenue per EPD	\$3,862	\$3,777	\$3,920
4	Total Gross Revenue per ED	\$19,843	\$19,258	\$19,487
5	Total Gross Revenue per CMAEPD	\$3,369	\$3,378	\$3,479
6	Total Gross Revenue per CMAED	\$17,311	\$17,222	\$17,291
7	Inpatient Gross Revenue per EPD	\$1,512	\$1,361	\$1,354
8	Inpatient Gross Revenue per ED	\$7,767	\$6,937	\$6,730

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$3,697	\$4,096	\$4,333
2	Net Patient Revenue per Discharge	\$18,998	\$20,887	\$21,537
3	Net Patient Revenue per EPD	\$1,447	\$1,476	\$1,496
4	Net Patient Revenue per ED	\$7,436	\$7,524	\$7,438
5	Net Patient Revenue per CMAEPD	\$1,262	\$1,320	\$1,328
6	Net Patient Revenue per CMAED	\$6,487	\$6,728	\$6,600
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$3,942	\$4,085	\$4,654
2	Total Operating Expense per Discharge	\$20,254	\$20,826	\$23,136
3	Total Operating Expense per EPD	\$1,543	\$1,471	\$1,607
4	Total Operating Expense per ED	\$7,928	\$7,502	\$7,990
5	Total Operating Expense per CMAEPD	\$1,346	\$1,316	\$1,426
6	Total Operating Expense per CMAED	\$6,916	\$6,709	\$7,089
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$9,201,815	\$9,346,702	\$8,836,210
2	Nursing Fringe Benefits Expense	\$2,141,165	\$2,547,260	\$2,174,748
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$11,342,980</b>	<b>\$11,893,962</b>	<b>\$11,010,958</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$17,662,595	\$15,764,903	\$15,997,009
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,109,900	\$3,900,830	\$3,937,147
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$21,772,495</b>	<b>\$19,665,733</b>	<b>\$19,934,156</b>

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>K.</b>	<b>Total Salary and Fringe Benefits Expense</b>			
1	Total Salary Expense	\$26,864,410	\$25,111,605	\$24,833,219
2	Total Fringe Benefits Expense	\$6,251,065	\$6,448,090	\$6,111,895
<b>3</b>	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$33,115,475</b>	<b>\$31,559,695</b>	<b>\$30,945,114</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	114.2	115.5	113.6
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	346.1	331.7	337.7
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>460.3</b>	<b>447.2</b>	<b>451.3</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$80,576	\$80,924	\$77,784
2	Nursing Fringe Benefits Expense per FTE	\$18,749	\$22,054	\$19,144
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$99,326</b>	<b>\$102,978</b>	<b>\$96,927</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,033	\$47,528	\$47,370
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,875	\$11,760	\$11,659
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$62,908</b>	<b>\$59,288</b>	<b>\$59,029</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$58,363	\$56,153	\$55,026
2	Total Fringe Benefits Expense per FTE	\$13,580	\$14,419	\$13,543
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$71,943</b>	<b>\$70,572</b>	<b>\$68,569</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			

<b>JOHNSON MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,053	\$1,940	\$2,051
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,550	\$9,890	\$10,193
3	Total Salary and Fringe Benefits Expense per EPD	\$804	\$699	\$708
4	Total Salary and Fringe Benefits Expense per ED	\$4,129	\$3,563	\$3,520
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$701	\$625	\$628
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,603	\$3,186	\$3,123