

MIDSTATE MEDICAL CENTER					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$45,140,915	\$11,808,352	(\$33,332,563)	-74%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,724,146	\$23,491,286	(\$232,860)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$387,409	\$0	(\$387,409)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,431,508	\$3,846,758	\$415,250	12%
8	Prepaid Expenses	\$2,245,299	\$1,656,273	(\$589,026)	-26%
9	Other Current Assets	\$4,746,679	\$3,394,827	(\$1,351,852)	-28%
	Total Current Assets	\$79,675,956	\$44,197,496	(\$35,478,460)	-45%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,799,538	\$13,638,495	(\$1,161,043)	-8%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$6,307,694	\$6,307,694	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$41,986	\$38,093	(\$3,893)	-9%
	Total Noncurrent Assets Whose Use is Limited:	\$21,149,218	\$19,984,282	(\$1,164,936)	-6%
5	Interest in Net Assets of Foundation	\$42,123,273	\$82,548,240	\$40,424,967	96%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$18,463,116	\$15,405,575	(\$3,057,541)	-17%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$260,616,400	\$265,935,799	\$5,319,399	2%
2	Less: Accumulated Depreciation	\$145,547,861	\$157,707,830	\$12,159,969	8%
	Property, Plant and Equipment, Net	\$115,068,539	\$108,227,969	(\$6,840,570)	-6%
3	Construction in Progress	\$584,432	\$1,505,271	\$920,839	158%
	Total Net Fixed Assets	\$115,652,971	\$109,733,240	(\$5,919,731)	-5%
	Total Assets	\$277,064,534	\$271,868,833	(\$5,195,701)	-2%

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$2,689,312	\$10,938,072	\$8,248,760	307%
2	Salaries, Wages and Payroll Taxes	\$7,004,880	\$4,208,421	(\$2,796,459)	-40%
3	Due To Third Party Payers	\$4,070,103	\$7,239,596	\$3,169,493	78%
4	Due To Affiliates	\$3,582,982	\$2,547,087	(\$1,035,895)	-29%
5	Current Portion of Long Term Debt	\$757,808	\$906,469	\$148,661	20%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,394,597	\$6,953,305	(\$1,441,292)	-17%
	Total Current Liabilities	\$26,499,682	\$32,792,950	\$6,293,268	24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$86,762,098	\$85,514,281	(\$1,247,817)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$86,762,098	\$85,514,281	(\$1,247,817)	-1%
3	Accrued Pension Liability	\$34,688,717	\$46,123,235	\$11,434,518	33%
4	Other Long Term Liabilities	\$21,672,445	\$17,956,145	(\$3,716,300)	-17%
	Total Long Term Liabilities	\$143,123,260	\$149,593,661	\$6,470,401	5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$89,763,992	\$72,575,242	(\$17,188,750)	-19%
2	Temporarily Restricted Net Assets	\$2,099,252	\$2,488,430	\$389,178	19%
3	Permanently Restricted Net Assets	\$15,578,348	\$14,418,550	(\$1,159,798)	-7%
	Total Net Assets	\$107,441,592	\$89,482,222	(\$17,959,370)	-17%
	Total Liabilities and Net Assets	\$277,064,534	\$271,868,833	(\$5,195,701)	-2%

MIDSTATE MEDICAL CENTER					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$543,429,524	\$549,527,239	\$6,097,715	1%
2	Less: Allowances	\$309,787,045	\$326,495,410	\$16,708,365	5%
3	Less: Charity Care	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$225,517,469	\$216,815,672	(\$8,701,797)	-4%
5	Provision for Bad Debts	\$6,385,283	\$4,423,863	(\$1,961,420)	-31%
	Net Patient Service Revenue less provision for bad debts	\$219,132,186	\$212,391,809	(\$6,740,377)	-3%
6	Other Operating Revenue	\$8,274,793	\$6,998,179	(\$1,276,614)	-15%
7	Net Assets Released from Restrictions	\$322,248	\$101,856	(\$220,392)	-68%
	Total Operating Revenue	\$227,729,227	\$219,491,844	(\$8,237,383)	-4%
B. Operating Expenses:					
1	Salaries and Wages	\$69,745,355	\$66,713,505	(\$3,031,850)	-4%
2	Fringe Benefits	\$19,652,817	\$17,327,268	(\$2,325,549)	-12%
3	Physicians Fees	\$3,834,533	\$4,016,634	\$182,101	5%
4	Supplies and Drugs	\$32,858,794	\$34,145,823	\$1,287,029	4%
5	Depreciation and Amortization	\$12,906,996	\$12,305,503	(\$601,493)	-5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,992,280	\$3,968,133	(\$24,147)	-1%
8	Malpractice Insurance Cost	\$2,753,277	\$2,190,432	(\$562,845)	-20%
9	Other Operating Expenses	\$63,048,599	\$62,425,175	(\$623,424)	-1%
	Total Operating Expenses	\$208,792,651	\$203,092,473	(\$5,700,178)	-3%
	Income/(Loss) From Operations	\$18,936,576	\$16,399,371	(\$2,537,205)	-13%
C. Non-Operating Revenue:					
1	Income from Investments	\$17,066	\$1,211,021	\$1,193,955	6996%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$3,854,108	(\$2,703,971)	(\$6,558,079)	-170%
	Total Non-Operating Revenue	\$3,871,174	(\$1,492,950)	(\$5,364,124)	-139%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$22,807,750	\$14,906,421	(\$7,901,329)	-35%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$723,879)	(\$1,109,757)	(\$385,878)	53%
	Total Other Adjustments	(\$723,879)	(\$1,109,757)	(\$385,878)	53%
	Excess/(Deficiency) of Revenue Over Expenses	\$22,083,871	\$13,796,664	(\$8,287,207)	-38%
	Principal Payments	\$955,854	\$1,099,156	\$143,302	15%

**MIDSTATE MEDICAL CENTER
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
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$99,307,055	\$99,125,681	(\$181,374)	0%
2	MEDICARE MANAGED CARE	\$33,861,421	\$35,804,127	\$1,942,706	6%
3	MEDICAID	\$40,223,929	\$37,502,987	(\$2,720,942)	-7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$106,532	\$243,880	\$137,348	129%
6	COMMERCIAL INSURANCE	\$2,033,161	\$1,840,046	(\$193,115)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$47,276,274	\$47,170,450	(\$105,824)	0%
8	WORKER'S COMPENSATION	\$1,007,372	\$1,726,754	\$719,382	71%
9	SELF- PAY/UNINSURED	\$2,576,251	\$1,924,125	(\$652,126)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$226,391,995	\$225,338,050	(\$1,053,945)	0%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$77,323,593	\$84,351,170	\$7,027,577	9%
2	MEDICARE MANAGED CARE	\$32,585,129	\$33,828,057	\$1,242,928	4%
3	MEDICAID	\$78,467,175	\$82,689,411	\$4,222,236	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$763,906	\$580,494	(\$183,412)	-24%
6	COMMERCIAL INSURANCE	\$5,437,931	\$6,354,266	\$916,335	17%
7	NON-GOVERNMENT MANAGED CARE	\$111,555,273	\$107,722,194	(\$3,833,079)	-3%
8	WORKER'S COMPENSATION	\$4,070,092	\$3,568,204	(\$501,888)	-12%
9	SELF- PAY/UNINSURED	\$6,834,430	\$5,095,393	(\$1,739,037)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$317,037,529	\$324,189,189	\$7,151,660	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$176,630,648	\$183,476,851	\$6,846,203	4%
2	MEDICARE MANAGED CARE	\$66,446,550	\$69,632,184	\$3,185,634	5%
3	MEDICAID	\$118,691,104	\$120,192,398	\$1,501,294	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$870,438	\$824,374	(\$46,064)	-5%
6	COMMERCIAL INSURANCE	\$7,471,092	\$8,194,312	\$723,220	10%
7	NON-GOVERNMENT MANAGED CARE	\$158,831,547	\$154,892,644	(\$3,938,903)	-2%
8	WORKER'S COMPENSATION	\$5,077,464	\$5,294,958	\$217,494	4%
9	SELF- PAY/UNINSURED	\$9,410,681	\$7,019,518	(\$2,391,163)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$543,429,524	\$549,527,239	\$6,097,715	1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$37,721,640	\$38,994,916	\$1,273,276	3%
2	MEDICARE MANAGED CARE	\$14,121,343	\$12,992,410	(\$1,128,933)	-8%

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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
3	MEDICAID	\$12,188,046	\$10,521,691	(\$1,666,355)	-14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$21,397	\$63,289	\$41,892	196%
6	COMMERCIAL INSURANCE	\$2,192,183	\$1,299,674	(\$892,509)	-41%
7	NON-GOVERNMENT MANAGED CARE	\$29,217,508	\$29,574,257	\$356,749	1%
8	WORKER'S COMPENSATION	\$1,007,372	\$1,726,754	\$719,382	71%
9	SELF- PAY/UNINSURED	\$1,035,766	\$852,594	(\$183,172)	-18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$97,505,255	\$96,025,585	(\$1,479,670)	-2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$21,320,301	\$23,064,946	\$1,744,645	8%
2	MEDICARE MANAGED CARE	\$8,352,550	\$8,720,289	\$367,739	4%
3	MEDICAID	\$17,449,662	\$15,941,006	(\$1,508,656)	-9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$153,431	\$150,643	(\$2,788)	-2%
6	COMMERCIAL INSURANCE	\$5,790,564	\$5,206,957	(\$583,607)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$71,988,557	\$69,482,751	(\$2,505,806)	-3%
8	WORKER'S COMPENSATION	\$4,070,093	\$3,568,204	(\$501,889)	-12%
9	SELF- PAY/UNINSURED	\$1,001,844	\$1,185,018	\$183,174	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$130,127,002	\$127,319,814	(\$2,807,188)	-2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$59,041,941	\$62,059,862	\$3,017,921	5%
2	MEDICARE MANAGED CARE	\$22,473,893	\$21,712,699	(\$761,194)	-3%
3	MEDICAID	\$29,637,708	\$26,462,697	(\$3,175,011)	-11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$174,828	\$213,932	\$39,104	22%
6	COMMERCIAL INSURANCE	\$7,982,747	\$6,506,631	(\$1,476,116)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$101,206,065	\$99,057,008	(\$2,149,057)	-2%
8	WORKER'S COMPENSATION	\$5,077,465	\$5,294,958	\$217,493	4%
9	SELF- PAY/UNINSURED	\$2,037,610	\$2,037,612	\$2	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$227,632,257	\$223,345,399	(\$4,286,858)	-2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,388	3,397	9	0%
2	MEDICARE MANAGED CARE	1,095	1,207	112	10%
3	MEDICAID	2,182	2,137	(45)	-2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	12	21	9	75%
6	COMMERCIAL INSURANCE	107	79	(28)	-26%
7	NON-GOVERNMENT MANAGED CARE	2,346	2,225	(121)	-5%
8	WORKER'S COMPENSATION	27	46	19	70%

**MIDSTATE MEDICAL CENTER
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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
9	SELF- PAY/UNINSURED	127	96	(31)	-24%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,284	9,208	(76)	-1%
	B. PATIENT DAYS				
1	MEDICARE TRADITIONAL	17,151	16,548	(603)	-4%
2	MEDICARE MANAGED CARE	5,449	5,565	116	2%
3	MEDICAID	8,199	7,226	(973)	-12%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	26	60	34	131%
6	COMMERCIAL INSURANCE	337	275	(62)	-18%
7	NON-GOVERNMENT MANAGED CARE	7,571	6,868	(703)	-9%
8	WORKER'S COMPENSATION	97	130	33	34%
9	SELF- PAY/UNINSURED	662	586	(76)	-11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	39,492	37,258	(2,234)	-6%
	C. OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	31,790	31,463	(327)	-1%
2	MEDICARE MANAGED CARE	12,539	12,908	369	3%
3	MEDICAID	52,128	49,058	(3,070)	-6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	505	423	(82)	-16%
6	COMMERCIAL INSURANCE	2,207	2,048	(159)	-7%
7	NON-GOVERNMENT MANAGED CARE	61,518	54,874	(6,644)	-11%
8	WORKER'S COMPENSATION	1,828	2,143	315	17%
9	SELF- PAY/UNINSURED	5,556	4,078	(1,478)	-27%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	168,071	156,995	(11,076)	-7%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
	A. REVENUE				
1	MEDICARE TRADITIONAL	\$22,709,728	\$22,936,108	\$226,380	1%
2	MEDICARE MANAGED CARE	\$8,015,275	\$8,053,082	\$37,807	0%
3	MEDICAID	\$42,555,224	\$43,268,329	\$713,105	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$307,105	\$280,013	(\$27,092)	-9%
6	COMMERCIAL INSURANCE	\$1,061,296	\$1,404,156	\$342,860	32%
7	NON-GOVERNMENT MANAGED CARE	\$28,482,162	\$28,080,226	(\$401,936)	-1%
8	WORKER'S COMPENSATION	\$974,263	\$960,711	(\$13,552)	-1%
9	SELF- PAY/UNINSURED	\$5,186,682	\$4,098,340	(\$1,088,342)	-21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$109,291,735	\$109,080,965	(\$210,770)	0%
	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
	B. REVENUE				
1	MEDICARE TRADITIONAL	\$4,545,010	\$4,706,855	\$161,845	4%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$1,602,904	\$1,594,337	(\$8,567)	-1%
3	MEDICAID	\$8,397,392	\$7,943,862	(\$453,530)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$56,545	\$60,519	\$3,974	7%
6	COMMERCIAL INSURANCE	\$551,986	\$802,980	\$250,994	45%
7	NON-GOVERNMENT MANAGED CARE	\$17,344,209	\$17,971,183	\$626,974	4%
8	WORKER'S COMPENSATION	\$610,221	\$643,295	\$33,074	5%
9	SELF- PAY/UNINSURED	\$146,156	\$224,429	\$78,273	54%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$33,254,423	\$33,947,460	\$693,037	2%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,940	8,000	60	1%
2	MEDICARE MANAGED CARE	2,501	2,653	152	6%
3	MEDICAID	23,826	23,886	60	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	200	196	(4)	-2%
6	COMMERCIAL INSURANCE	542	634	92	17%
7	NON-GOVERNMENT MANAGED CARE	13,205	13,003	(202)	-2%
8	WORKER'S COMPENSATION	779	686	(93)	-12%
9	SELF- PAY/UNINSURED	3,276	2,587	(689)	-21%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	52,269	51,645	(624)	-1%

MIDSTATE MEDICAL CENTER					
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$27,000,116	\$26,330,425	(\$669,691)	-2%
2	Physician Salaries	\$8,218,072	\$7,884,815	(\$333,257)	-4%
3	Non-Nursing, Non-Physician Salaries	\$34,527,167	\$32,498,265	(\$2,028,902)	-6%
	Total Salaries & Wages	\$69,745,355	\$66,713,505	(\$3,031,850)	-4%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$7,365,276	\$7,006,264	(\$359,012)	-5%
2	Physician Fringe Benefits	\$1,416,831	\$1,347,769	(\$69,062)	-5%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,870,710	\$8,973,235	(\$1,897,475)	-17%
	Total Fringe Benefits	\$19,652,817	\$17,327,268	(\$2,325,549)	-12%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$675,439	\$958,618	\$283,179	42%
2	Physician Fees	\$3,834,533	\$4,016,634	\$182,101	5%
3	Non-Nursing, Non-Physician Fees	\$25,612,148	\$26,049,687	\$437,539	2%
	Total Contractual Labor Fees	\$30,122,120	\$31,024,939	\$902,819	3%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$17,137,898	\$17,607,146	\$469,248	3%
2	Pharmaceutical Costs	\$15,720,896	\$16,538,677	\$817,781	5%
	Total Medical Supplies and Pharmaceutical Cost	\$32,858,794	\$34,145,823	\$1,287,029	4%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$6,126,074	\$3,953,437	(\$2,172,637)	-35%
2	Depreciation-Equipment	\$6,703,183	\$8,274,330	\$1,571,147	23%
3	Amortization	\$77,739	\$77,736	(\$3)	0%
	Total Depreciation and Amortization	\$12,906,996	\$12,305,503	(\$601,493)	-5%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$3,992,280	\$3,968,133	(\$24,147)	-1%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$2,753,277	\$2,190,432	(\$562,845)	-20%
I.	Utilities:				
1	Water	\$300,000	\$300,000	\$0	0%
2	Natural Gas	\$632,574	\$622,318	(\$10,256)	-2%
3	Oil	\$87,755	\$0	(\$87,755)	-100%
4	Electricity	\$1,791,375	\$1,815,301	\$23,926	1%
5	Telephone	\$436,294	\$360,593	(\$75,701)	-17%
6	Other Utilities	\$18,868	\$7,681	(\$11,187)	-59%
	Total Utilities	\$3,266,866	\$3,105,893	(\$160,973)	-5%
J.	Business Expenses:				
1	Accounting Fees	\$277,664	\$42,817	(\$234,847)	-85%
2	Legal Fees	\$74,739	\$59,950	(\$14,789)	-20%
3	Consulting Fees	\$2,532,438	\$408,718	(\$2,123,720)	-84%
4	Dues and Membership	\$517,498	\$547,574	\$30,076	6%
5	Equipment Leases	\$754,635	\$566,268	(\$188,367)	-25%
6	Building Leases	\$2,985,159	\$3,412,377	\$427,218	14%
7	Repairs and Maintenance	\$4,541,385	\$4,363,192	(\$178,193)	-4%
8	Insurance	\$276,208	\$536,266	\$260,058	94%
9	Travel	\$78,607	\$59,439	(\$19,168)	-24%
10	Conferences	\$49,817	\$141,879	\$92,062	185%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$235,818	\$204,371	(\$31,447)	-13%
12	General Supplies	\$2,246,524	\$2,294,457	\$47,933	2%
13	Licenses and Subscriptions	\$73,454	\$1,414	(\$72,040)	-98%
14	Postage and Shipping	\$151,692	\$138,344	(\$13,348)	-9%
15	Advertising	\$421,006	\$41,685	(\$379,321)	-90%
16	Corporate parent/system fees	\$4,378,866	\$5,015,247	\$636,381	15%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$1,030,017	\$894,531	(\$135,486)	-13%
20	Lab Fees / Red Cross charges	\$967,932	\$782,854	(\$185,078)	-19%
21	Billing & Collection / Bank Fees	\$367,647	\$100,395	(\$267,252)	-73%
22	Recruiting / Employee Education & Recognition	\$661,959	\$722,833	\$60,874	9%
23	Laundry / Linen	\$579,637	\$519,260	(\$60,377)	-10%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$144,916	\$175,670	\$30,754	21%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$10,146,528	\$11,281,436	\$1,134,908	11%
	Total Business Expenses	\$33,494,146	\$32,310,977	(\$1,183,169)	-4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$208,792,651	\$203,092,473	(\$5,700,178)	-3%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$55,746,633	\$45,186,965	(\$10,559,668)	-19%
2	General Accounting	\$1,892,098	\$223,657	(\$1,668,441)	-88%
3	Patient Billing & Collection	\$5,758,412	\$6,787,998	\$1,029,586	18%
4	Admitting / Registration Office	\$1,767,947	\$470,966	(\$1,296,981)	-73%
5	Data Processing	\$6,872,313	\$9,394,713	\$2,522,400	37%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$731,407	\$1,584,110	\$852,703	117%
8	Public Relations	\$1,180,987	\$173,194	(\$1,007,793)	-85%
9	Purchasing	\$843,469	\$895,394	\$51,925	6%
10	Dietary and Cafeteria	\$3,265,897	\$3,174,727	(\$91,170)	-3%
11	Housekeeping	\$2,515,924	\$2,520,170	\$4,246	0%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$6,332,665	\$6,715,339	\$382,674	6%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$17,690,612	\$18,843,773	\$1,153,161	7%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$104,598,364	\$95,971,006	(\$8,627,358)	-8%
B.	Professional Services:				
1	Medical Care Administration	\$1,033,740	\$1,044,466	\$10,726	1%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,489,652	\$1,474,220	(\$15,432)	-1%
4	Medical Records	\$858,654	\$339,521	(\$519,133)	-60%
5	Social Service	\$1,579,067	\$1,572,108	(\$6,959)	0%
6	Other Professional Services	\$5,167,186	\$4,913,831	(\$253,355)	-5%
	Total Professional Services	\$10,128,299	\$9,344,146	(\$784,153)	-8%
C.	Special Services:				

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$18,966,633	\$20,578,502	\$1,611,869	8%
2	Recovery Room	\$2,522,300	\$2,527,030	\$4,730	0%
3	Anesthesiology	\$419,320	\$576,343	\$157,023	37%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$7,312,876	\$7,695,286	\$382,410	5%
6	Diagnostic Ultrasound	\$1,064,705	\$1,211,937	\$147,232	14%
7	Radiation Therapy	\$4,678,579	\$5,363,786	\$685,207	15%
8	Radioisotopes	\$757,676	\$752,584	(\$5,092)	-1%
9	CT Scan	\$1,282,770	\$1,358,952	\$76,182	6%
10	Laboratory	\$7,433,896	\$7,519,228	\$85,332	1%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,007,867	\$976,041	(\$31,826)	-3%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,234,637	\$1,305,393	\$70,756	6%
19	Pulmonary Function	\$90,360	\$101,388	\$11,028	12%
20	Intravenous Therapy	\$373,744	\$385,596	\$11,852	3%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$13,129,201	\$12,877,306	(\$251,895)	-2%
25	MRI	\$1,425,013	\$1,082,647	(\$342,366)	-24%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$74,090	\$243,025	\$168,935	228%
28	Endoscopy	\$3,253,416	\$3,543,600	\$290,184	9%
29	Sleep Center	\$917,937	\$903,593	(\$14,344)	-2%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$152,163	\$162,876	\$10,713	7%
32	Occupational Therapy / Physical Therapy	\$739,954	\$825,434	\$85,480	12%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,893,036	\$2,078,742	\$185,706	10%
	Total Special Services	\$68,730,173	\$72,069,289	\$3,339,116	5%
D.	Routine Services:				
1	Medical & Surgical Units	\$18,530,257	\$19,005,002	\$474,745	3%
2	Intensive Care Unit	\$0	\$0	\$0	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,048,096	\$1,778,895	(\$269,201)	-13%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,757,462	\$4,924,135	\$166,673	4%
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	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$25,335,815	\$25,708,032	\$372,217	1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$208,792,651	\$203,092,473	(\$5,700,178)	-3%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$217,746,204	\$219,132,186	\$212,391,809
2	Other Operating Revenue	9,116,321	8,597,041	7,100,035
3	Total Operating Revenue	\$226,862,525	\$227,729,227	\$219,491,844
4	Total Operating Expenses	210,520,148	208,792,651	203,092,473
5	Income/(Loss) From Operations	\$16,342,377	\$18,936,576	\$16,399,371
6	Total Non-Operating Revenue	4,228,077	3,147,295	(2,602,707)
7	Excess/(Deficiency) of Revenue Over Expenses	\$20,570,454	\$22,083,871	\$13,796,664
B. Profitability Summary				
1	Hospital Operating Margin	7.07%	8.20%	7.56%
2	Hospital Non Operating Margin	1.83%	1.36%	-1.20%
3	Hospital Total Margin	8.90%	9.57%	6.36%
4	Income/(Loss) From Operations	\$16,342,377	\$18,936,576	\$16,399,371
5	Total Operating Revenue	\$226,862,525	\$227,729,227	\$219,491,844
6	Total Non-Operating Revenue	\$4,228,077	\$3,147,295	(\$2,602,707)
7	Total Revenue	\$231,090,602	\$230,876,522	\$216,889,137
8	Excess/(Deficiency) of Revenue Over Expenses	\$20,570,454	\$22,083,871	\$13,796,664
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$96,806,371	\$89,763,992	\$72,575,242
2	Hospital Total Net Assets	\$113,586,026	\$107,441,592	\$89,482,222
3	Hospital Change in Total Net Assets	\$23,667,398	(\$6,144,434)	(\$17,959,370)
4	Hospital Change in Total Net Assets %	126.3%	-5.4%	-16.7%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.41	0.38	0.36
2	Total Operating Expenses	\$210,520,148	\$208,792,651	\$203,092,473
3	Total Gross Revenue	\$505,047,658	\$543,429,524	\$549,527,239
4	Total Other Operating Revenue	\$9,116,321	\$8,597,041	\$7,100,035
5	<u>Private Payment to Cost Ratio</u>	1.72	1.76	1.80
6	Total Non-Government Payments	\$118,317,341	\$116,303,887	\$112,896,209
7	Total Uninsured Payments	\$3,103,407	\$2,037,610	\$2,037,612
8	Total Non-Government Charges	\$175,772,877	\$180,790,784	\$175,401,432
9	Total Uninsured Charges	\$12,499,941	\$9,410,681	\$7,019,518
10	<u>Medicare Payment to Cost Ratio</u>	0.84	0.89	0.91
11	Total Medicare Payments	\$77,840,664	\$81,515,834	\$83,772,561
12	Total Medicare Charges	\$227,070,873	\$243,077,198	\$253,109,035
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.66	0.60
14	Total Medicaid Payments	\$28,414,839	\$29,637,708	\$26,462,697
15	Total Medicaid Charges	\$101,018,064	\$118,691,104	\$120,192,398
16	<u>Uncompensated Care Cost</u>	\$3,847,332	\$5,488,219	\$3,882,145
17	Charity Care	\$7,131,143	\$8,125,010	\$6,216,157
18	Bad Debts	\$2,265,391	\$6,385,283	\$4,423,863
19	Total Uncompensated Care	\$9,396,534	\$14,510,293	\$10,640,020
20	<u>Uncompensated Care % of Total Expenses</u>	1.8%	2.6%	1.9%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses	\$210,520,148	\$208,792,651	\$203,092,473
E. Liquidity Measures Summary				
1	Current Ratio	2	3	1
2	Total Current Assets	\$73,423,487	\$79,675,956	\$44,197,496
3	Total Current Liabilities	\$30,486,002	\$26,499,682	\$32,792,950
4	Days Cash on Hand	50	84	23
5	Cash and Cash Equivalents	\$27,158,493	\$45,140,915	\$11,808,352
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$27,158,493	\$45,140,915	\$11,808,352
8	Total Operating Expenses	\$210,520,148	\$208,792,651	\$203,092,473
9	Depreciation Expense	\$13,104,256	\$12,906,996	\$12,305,503
10	Operating Expenses less Depreciation Expense	\$197,415,892	\$195,885,655	\$190,786,970
11	Days Revenue in Patient Accounts Receivable	49	33	28
12	Net Patient Accounts Receivable	\$27,767,137	\$23,724,146	\$23,491,286
13	Due From Third Party Payers	\$1,517,735	\$0	\$0
14	Due To Third Party Payers	\$0	\$4,070,103	\$7,239,596
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$29,284,872	\$19,654,043	\$16,251,690
16	Total Net Patient Revenue	\$217,746,204	\$219,132,186	\$212,391,809
17	Average Payment Period	56	49	63
18	Total Current Liabilities	\$30,486,002	\$26,499,682	\$32,792,950
19	Total Operating Expenses	\$210,520,148	\$208,792,651	\$203,092,473
20	Depreciation Expense	\$13,104,256	\$12,906,996	\$12,305,503

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses less Depreciation Expense	\$197,415,892	\$195,885,655	\$190,786,970
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	41.6	38.8	32.9
2	Total Net Assets	\$113,586,026	\$107,441,592	\$89,482,222
3	Total Assets	\$273,104,731	\$277,064,534	\$271,868,833
4	<u>Cash Flow to Total Debt Ratio</u>	28.5	30.9	22.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$20,570,454	\$22,083,871	\$13,796,664
6	Depreciation Expense	\$13,104,256	\$12,906,996	\$12,305,503
7	Excess of Revenues Over Expenses and Depreciation Expense	\$33,674,710	\$34,990,867	\$26,102,167
8	Total Current Liabilities	\$30,486,002	\$26,499,682	\$32,792,950
9	Total Long Term Debt	\$87,806,192	\$86,762,098	\$85,514,281
10	Total Current Liabilities and Total Long Term Debt	\$118,292,194	\$113,261,780	\$118,307,231
11	<u>Long Term Debt to Capitalization Ratio</u>	43.6	44.7	48.9
12	Total Long Term Debt	\$87,806,192	\$86,762,098	\$85,514,281
13	Total Net Assets	\$113,586,026	\$107,441,592	\$89,482,222
14	Total Long Term Debt and Total Net Assets	\$201,392,218	\$194,203,690	\$174,996,503
15	<u>Debt Service Coverage Ratio</u>	8.9	7.9	5.9
16	Excess Revenues over Expenses	20,570,454	\$22,083,871	\$13,796,664
17	Interest Expense	3,987,276	\$3,992,280	\$3,968,133
18	Depreciation and Amortization Expense	13,104,256	\$12,906,996	\$12,305,503
19	Principal Payments	255,545	\$955,854	\$1,099,156
G. Other Financial Ratios				

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
20	Average Age of Plant	10.1	11.3	12.8
21	Accumulated Depreciation	132,718,605	145,547,861	157,707,830
22	Depreciation and Amortization Expense	13,104,256	12,906,996	12,305,503
H. Utilization Measures Summary				
1	Patient Days	41,898	39,492	37,258
2	Discharges	9,847	9,284	9,208
3	ALOS	4.3	4.3	4.0
4	Staffed Beds	139	135	135
5	Available Beds	-	156	156
6	Licensed Beds	156	156	156
7	Occupancy of Staffed Beds	82.6%	80.1%	75.6%
8	Occupancy of Available Beds	73.6%	69.4%	65.4%
9	Full Time Equivalent Employees	1,028.1	963.3	876.9
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	32.3%	31.5%	30.6%
2	Medicare Gross Revenue Payer Mix Percentage	45.0%	44.7%	46.1%
3	Medicaid Gross Revenue Payer Mix Percentage	20.0%	21.8%	21.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	1.7%	1.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$163,272,936	\$171,380,103	\$168,381,914
9	Medicare Gross Revenue (Charges)	\$227,070,873	\$243,077,198	\$253,109,035
10	Medicaid Gross Revenue (Charges)	\$101,018,064	\$118,691,104	\$120,192,398
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$12,499,941	\$9,410,681	\$7,019,518
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,185,844	\$870,438	\$824,374
14	Total Gross Revenue (Charges)	\$505,047,658	\$543,429,524	\$549,527,239
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	51.2%	50.2%	49.6%
2	Medicare Net Revenue Payer Mix Percentage	34.6%	35.8%	37.5%
3	Medicaid Net Revenue Payer Mix Percentage	12.6%	13.0%	11.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.4%	0.9%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$115,213,934	\$114,266,277	\$110,858,597
9	Medicare Net Revenue (Payments)	\$77,840,664	\$81,515,834	\$83,772,561
10	Medicaid Net Revenue (Payments)	\$28,414,839	\$29,637,708	\$26,462,697

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$3,103,407	\$2,037,610	\$2,037,612
13	CHAMPUS / TRICARE Net Revenue Payments)	\$246,567	\$174,828	\$213,932
14	Total Net Revenue (Payments)	\$224,819,411	\$227,632,257	\$223,345,399
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	2,804	2,607	2,446
2	Medicare	4,908	4,483	4,604
3	Medical Assistance	2,111	2,182	2,137
4	Medicaid	2,111	2,182	2,137
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	24	12	21
7	Uninsured (Included In Non-Government)	242	127	96
8	Total	9,847	9,284	9,208
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.10877	1.14295	1.17024
2	Medicare	1.52013	1.59467	1.52983
3	Medical Assistance	0.98576	0.99991	1.00499
4	Medicaid	0.98576	0.99991	1.00499
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.72830	0.55530	0.78797
7	Uninsured (Included In Non-Government)	0.94379	0.34031	0.94141
8	Total Case Mix Index	1.28650	1.32670	1.31081
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	6,894	6,344	6,065
2	Emergency Room - Treated and Discharged	52,897	52,269	51,645
3	Total Emergency Room Visits	59,791	58,613	57,710

**MIDSTATE MEDICAL CENTER
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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,563,175	\$2,145,217	(\$417,958)	-16%
2	Inpatient Payments	\$939,614	\$801,384	(\$138,230)	-15%
3	Outpatient Charges	\$1,442,991	\$1,978,954	\$535,963	37%
4	Outpatient Payments	\$507,894	\$589,742	\$81,848	16%
5	Discharges	82	76	(6)	-7%
6	Patient Days	424	356	(68)	-16%
7	Outpatient Visits (Excludes ED Visits)	579	678	99	17%
8	Emergency Department Outpatient Visits	118	189	71	60%
9	Emergency Department Inpatient Admissions	75	64	(11)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,006,166	\$4,124,171	\$118,005	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,447,508	\$1,391,126	(\$56,382)	-4%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$8,596,148	\$10,122,058	\$1,525,910	18%
2	Inpatient Payments	\$3,388,043	\$3,503,194	\$115,151	3%
3	Outpatient Charges	\$9,779,891	\$10,533,317	\$753,426	8%
4	Outpatient Payments	\$2,611,667	\$2,833,189	\$221,522	8%
5	Discharges	274	322	48	18%
6	Patient Days	1,304	1,519	215	16%
7	Outpatient Visits (Excludes ED Visits)	3,009	3,363	354	12%
8	Emergency Department Outpatient Visits	507	626	119	23%
9	Emergency Department Inpatient Admissions	215	252	37	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,376,039	\$20,655,375	\$2,279,336	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,999,710	\$6,336,383	\$336,673	6%

**MIDSTATE MEDICAL CENTER
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
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$559,904	\$182,176	(\$377,728)	-67%
2	Inpatient Payments	\$241,390	\$69,882	(\$171,508)	-71%
3	Outpatient Charges	\$251,386	\$172,296	(\$79,090)	-31%
4	Outpatient Payments	\$56,925	\$40,425	(\$16,500)	-29%
5	Discharges	19	9	(10)	-53%
6	Patient Days	88	38	(50)	-57%
7	Outpatient Visits (Excludes ED Visits)	60	40	(20)	-33%
8	Emergency Department Outpatient Visits	48	57	9	19%
9	Emergency Department Inpatient Admissions	18	9	(9)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$811,290	\$354,472	(\$456,818)	-56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$298,315	\$110,307	(\$188,008)	-63%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
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
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$2,138,485	\$3,281,337	\$1,142,852	53%
2	Inpatient Payments	\$834,346	\$1,160,195	\$325,849	39%
3	Outpatient Charges	\$2,314,416	\$2,943,159	\$628,743	27%
4	Outpatient Payments	\$415,818	\$638,115	\$222,297	53%
5	Discharges	87	120	33	38%
6	Patient Days	354	463	109	31%
7	Outpatient Visits (Excludes ED Visits)	644	946	302	47%
8	Emergency Department Outpatient Visits	387	387	0	0%
9	Emergency Department Inpatient Admissions	82	103	21	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,452,901	\$6,224,496	\$1,771,595	40%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,250,164	\$1,798,310	\$548,146	44%
I. AETNA					
1	Inpatient Charges	\$5,344,142	\$6,580,865	\$1,236,723	23%
2	Inpatient Payments	\$3,028,593	\$2,477,716	(\$550,877)	-18%
3	Outpatient Charges	\$5,334,278	\$6,119,799	\$785,521	15%
4	Outpatient Payments	\$1,307,832	\$1,587,043	\$279,211	21%
5	Discharges	173	208	35	20%
6	Patient Days	861	1,033	172	20%
7	Outpatient Visits (Excludes ED Visits)	1,736	1,903	167	10%
8	Emergency Department Outpatient Visits	389	429	40	10%
9	Emergency Department Inpatient Admissions	150	174	24	16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,678,420	\$12,700,664	\$2,022,244	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,336,425	\$4,064,759	(\$271,666)	-6%

**MIDSTATE MEDICAL CENTER
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
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
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
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$14,659,567	\$13,492,474	(\$1,167,093)	-8%
2	Inpatient Payments	\$5,689,357	\$4,980,039	(\$709,318)	-12%
3	Outpatient Charges	\$13,462,167	\$12,080,532	(\$1,381,635)	-10%
4	Outpatient Payments	\$3,452,414	\$3,031,775	(\$420,639)	-12%
5	Discharges	460	472	12	3%
6	Patient Days	2,418	2,156	(262)	-11%
7	Outpatient Visits (Excludes ED Visits)	4,010	3,325	(685)	-17%
8	Emergency Department Outpatient Visits	1,052	965	(87)	-8%
9	Emergency Department Inpatient Admissions	403	421	18	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,121,734	\$25,573,006	(\$2,548,728)	-9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,141,771	\$8,011,814	(\$1,129,957)	-12%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$33,861,421	\$35,804,127	\$1,942,706	6%
	TOTAL INPATIENT PAYMENTS	\$14,121,343	\$12,992,410	(\$1,128,933)	-8%
	TOTAL OUTPATIENT CHARGES	\$32,585,129	\$33,828,057	\$1,242,928	4%
	TOTAL OUTPATIENT PAYMENTS	\$8,352,550	\$8,720,289	\$367,739	4%
	TOTAL DISCHARGES	1,095	1,207	112	10%
	TOTAL PATIENT DAYS	5,449	5,565	116	2%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,038	10,255	217	2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,501	2,653	152	6%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	943	1,023	80	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$66,446,550	\$69,632,184	\$3,185,634	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,473,893	\$21,712,699	(\$761,194)	-3%

**MIDSTATE MEDICAL CENTER
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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
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
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**MIDSTATE MEDICAL CENTER
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
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$45,862,697	\$12,664,293	(\$33,198,404)	-72%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,724,146	\$23,491,286	(\$232,860)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$387,409	\$0	(\$387,409)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,431,508	\$3,846,758	\$415,250	12%
8	Prepaid Expenses	\$2,297,359	\$1,675,972	(\$621,387)	-27%
9	Other Current Assets	\$5,479,797	\$4,102,696	(\$1,377,101)	-25%
	Total Current Assets	\$81,182,916	\$45,781,005	(\$35,401,911)	-44%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,799,538	\$13,638,495	(\$1,161,043)	-8%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$6,307,694	\$6,307,694	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$41,986	\$38,093	(\$3,893)	-9%
	Total Noncurrent Assets Whose Use is Limited:	\$21,149,218	\$19,984,282	(\$1,164,936)	-6%
5	Interest in Net Assets of Foundation	\$42,123,273	\$82,548,240	\$40,424,967	96%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$17,029,004	\$13,505,139	(\$3,523,865)	-21%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$263,193,906	\$269,275,145	\$6,081,239	2%
2	Less: Accumulated Depreciation	\$147,817,759	\$160,263,327	\$12,445,568	\$0
	Property, Plant and Equipment, Net	\$115,376,147	\$109,011,818	(\$6,364,329)	-6%
3	Construction in Progress	\$584,432	\$1,505,271	\$920,839	158%
	Total Net Fixed Assets	\$115,960,579	\$110,517,089	(\$5,443,490)	-5%
	Total Assets	\$277,444,990	\$272,335,755	(\$5,109,235)	-2%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$3,147,145	\$11,173,418	\$8,026,273	255%
2	Salaries, Wages and Payroll Taxes	\$7,004,880	\$4,208,421	(\$2,796,459)	-40%
3	Due To Third Party Payers	\$4,070,103	\$7,239,596	\$3,169,493	78%
4	Due To Affiliates	\$3,582,982	\$2,547,087	(\$1,035,895)	-29%
5	Current Portion of Long Term Debt	\$757,808	\$906,469	\$148,661	20%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,394,597	\$6,953,305	(\$1,441,292)	-17%
	Total Current Liabilities	\$26,957,515	\$33,028,296	\$6,070,781	23%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$86,762,098	\$85,514,281	(\$1,247,817)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$86,762,098	\$85,514,281	(\$1,247,817)	-1%
3	Accrued Pension Liability	\$34,688,717	\$46,123,235	\$11,434,518	33%
4	Other Long Term Liabilities	\$22,023,821	\$18,481,312	(\$3,542,509)	-16%
	Total Long Term Liabilities	\$143,474,636	\$150,118,828	\$6,644,192	5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$89,335,239	\$72,281,651	(\$17,053,588)	-19%
2	Temporarily Restricted Net Assets	\$2,099,252	\$2,488,430	\$389,178	19%
3	Permanently Restricted Net Assets	\$15,578,348	\$14,418,550	(\$1,159,798)	-7%
	Total Net Assets	\$107,012,839	\$89,188,631	(\$17,824,208)	-17%
	Total Liabilities and Net Assets	\$277,444,990	\$272,335,755	(\$5,109,235)	-2%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$543,429,524	\$549,527,239	\$6,097,715	1%
2	Less: Allowances	\$309,787,045	\$326,495,410	\$16,708,365	5%
3	Less: Charity Care	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$225,517,469	\$216,815,672	(\$8,701,797)	-4%
5	Provision for Bad Debts	\$6,385,283	\$4,423,863	(\$1,961,420)	-31%
	Net Patient Service Revenue less provision for bad debts	\$219,132,186	\$212,391,809	(\$6,740,377)	-3%
6	Other Operating Revenue	\$15,841,929	\$14,304,616	(\$1,537,313)	-10%
7	Net Assets Released from Restrictions	\$322,248	\$101,856	(\$220,392)	-68%
	Total Operating Revenue	\$235,296,363	\$226,798,281	(\$8,498,082)	-4%
B. Operating Expenses:					
1	Salaries and Wages	\$69,745,355	\$66,713,505	(\$3,031,850)	-4%
2	Fringe Benefits	\$19,652,817	\$17,327,268	(\$2,325,549)	-12%
3	Physicians Fees	\$6,724,322	\$6,307,847	(\$416,475)	-6%
4	Supplies and Drugs	\$33,088,173	\$34,375,460	\$1,287,287	4%
5	Depreciation and Amortization	\$13,076,585	\$12,593,806	(\$482,779)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,992,280	\$3,968,133	(\$24,147)	-1%
8	Malpractice Insurance Cost	\$2,753,277	\$2,190,432	(\$562,845)	-20%
9	Other Operating Expenses	\$67,582,036	\$66,787,297	(\$794,739)	-1%
	Total Operating Expenses	\$216,614,845	\$210,263,748	(\$6,351,097)	-3%
	Income/(Loss) From Operations	\$18,681,518	\$16,534,533	(\$2,146,985)	-11%
C. Non-Operating Revenue:					
1	Income from Investments	\$17,066	\$1,211,021	\$1,193,955	6996%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$3,854,108	(\$2,703,971)	(\$6,558,079)	-170%
	Total Non-Operating Revenue	\$3,871,174	(\$1,492,950)	(\$5,364,124)	-139%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$22,552,692	\$15,041,583	(\$7,511,109)	-33%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$723,879)	(\$1,109,757)	(\$385,878)	53%
	Total Other Adjustments	(\$723,879)	(\$1,109,757)	(\$385,878)	53%
	Excess/(Deficiency) of Revenue Over Expenses	\$21,828,813	\$13,931,826	(\$7,896,987)	-36%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$217,746,204	\$219,132,186	\$212,391,809
2	Other Operating Revenue	19,139,869	16,164,177	14,406,472
3	Total Operating Revenue	\$236,886,073	\$235,296,363	\$226,798,281
4	Total Operating Expenses	222,912,485	216,614,845	210,263,748
5	Income/(Loss) From Operations	\$13,973,588	\$18,681,518	\$16,534,533
6	Total Non-Operating Revenue	4,228,077	3,147,295	(2,602,707)
7	Excess/(Deficiency) of Revenue Over Expenses	\$18,201,665	\$21,828,813	\$13,931,826
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	5.80%	7.83%	7.38%
2	Parent Corporation Non-Operating Margin	1.75%	1.32%	-1.16%
3	Parent Corporation Total Margin	7.55%	9.15%	6.21%
4	Income/(Loss) From Operations	\$13,973,588	\$18,681,518	\$16,534,533
5	Total Operating Revenue	\$236,886,073	\$235,296,363	\$226,798,281
6	Total Non-Operating Revenue	\$4,228,077	\$3,147,295	(\$2,602,707)
7	Total Revenue	\$241,114,150	\$238,443,658	\$224,195,574
8	Excess/(Deficiency) of Revenue Over Expenses	\$18,201,665	\$21,828,813	\$13,931,826
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$95,882,676	\$89,335,239	\$72,281,651
2	Parent Corporation Total Net Assets	\$112,662,331	\$107,012,839	\$89,188,631
3	Parent Corporation Change in Total Net Assets	\$22,035,373	(\$5,649,492)	(\$17,824,208)
4	Parent Corporation Change in Total Net Assets %	124.3%	-5.0%	-16.7%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.44	3.01	1.39
2	Total Current Assets	\$75,535,375	\$81,182,916	\$45,781,005
3	Total Current Liabilities	\$30,996,556	\$26,957,515	\$33,028,296
4	<u>Days Cash on Hand</u>	50	82	23
5	Cash and Cash Equivalents	\$28,465,876	\$45,862,697	\$12,664,293
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$28,465,876	\$45,862,697	\$12,664,293
8	Total Operating Expenses	\$222,912,485	\$216,614,845	\$210,263,748
9	Depreciation Expense	\$13,310,897	\$13,076,585	\$12,593,806
10	Operating Expenses less Depreciation Expense	\$209,601,588	\$203,538,260	\$197,669,942
11	<u>Days Revenue in Patient Accounts Receivable</u>	49	33	28
12	Net Patient Accounts Receivable	\$ 27,767,137	\$ 23,724,146	\$ 23,491,286
13	Due From Third Party Payers	\$1,517,735	\$0	\$0
14	Due To Third Party Payers	\$0	\$4,070,103	\$7,239,596
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 29,284,872	\$ 19,654,043	\$ 16,251,690
16	Total Net Patient Revenue	\$217,746,204	\$219,132,186	\$212,391,809
17	<u>Average Payment Period</u>	54	48	61
18	Total Current Liabilities	\$30,996,556	\$26,957,515	\$33,028,296
19	Total Operating Expenses	\$222,912,485	\$216,614,845	\$210,263,748
20	Depreciation Expense	\$13,310,897	\$13,076,585	\$12,593,806
20	Total Operating Expenses less Depreciation Expense	\$209,601,588	\$203,538,260	\$197,669,942

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	41.3	38.6	32.7
2	Total Net Assets	\$112,662,331	\$107,012,839	\$89,188,631
3	Total Assets	\$273,106,730	\$277,444,990	\$272,335,755
4	<u>Cash Flow to Total Debt Ratio</u>	26.5	30.7	22.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$18,201,665	\$21,828,813	\$13,931,826
6	Depreciation Expense	\$13,310,897	\$13,076,585	\$12,593,806
7	Excess of Revenues Over Expenses and Depreciation Expense	\$31,512,562	\$34,905,398	\$26,525,632
8	Total Current Liabilities	\$30,996,556	\$26,957,515	\$33,028,296
9	Total Long Term Debt	\$87,806,192	\$86,762,098	\$85,514,281
10	Total Current Liabilities and Total Long Term Debt	\$118,802,748	\$113,719,613	\$118,542,577
11	<u>Long Term Debt to Capitalization Ratio</u>	43.8	44.8	48.9
12	Total Long Term Debt	\$87,806,192	\$86,762,098	\$85,514,281
13	Total Net Assets	\$112,662,331	\$107,012,839	\$89,188,631
14	Total Long Term Debt and Total Net Assets	\$200,468,523	\$193,774,937	\$174,702,912

MIDSTATE MEDICAL CENTER 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	29,637	7,222	7,226	102	116	79.6%	70.0%
2	ICU/CCU (Excludes Neonatal ICU)	1,678	483	0	7	9	65.7%	51.1%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	1,471	121	121	6	6	67.2%	67.2%
	TOTAL PSYCHIATRIC	1,471	121	121	6	6	67.2%	67.2%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,298	938	938	10	13	63.0%	48.4%
7	Newborn	2,174	927	927	10	12	59.6%	49.6%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	35,084	8,281	8,285	125	144	76.9%	66.8%
	TOTAL INPATIENT BED UTILIZATION	37,258	9,208	9,212	135	156	75.6%	65.4%
	TOTAL INPATIENT REPORTED YEAR	37,258	9,208	9,212	135	156	75.6%	65.4%
	TOTAL INPATIENT PRIOR YEAR	39,492	9,284	9,284	135	156	80.1%	69.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,234	-76	-72	0	0	-4.5%	-3.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-6%	-1%	-1%	0%	0%	-6%	-6%
	Total Licensed Beds and Bassinets	156						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MIDSTATE MEDICAL CENTER					
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
A. CT Scans (A)					
1	Inpatient Scans	4,657	4,549	-108	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,111	3,817	-294	-7%
3	Emergency Department Scans	8,323	8,599	276	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,091	16,965	-126	-1%
B. MRI Scans (A)					
1	Inpatient Scans	1,134	1,001	-133	-12%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,858	4,892	34	1%
3	Emergency Department Scans	804	617	-187	-23%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	6,796	6,510	-286	-4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	6	7	1	17%
2	Outpatient Scans (Excluding Emergency Department Scans)	379	285	-94	-25%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	385	292	-93	-24%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	98	93	-5	-5%
2	Outpatient Procedures	5,230	5,213	-17	0%
	Total Linear Accelerator Procedures	5,328	5,306	-22	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,336	2,194	-142	-6%
2	Outpatient Surgical Procedures	6,023	5,264	-759	-13%
	Total Surgical Procedures	8,359	7,458	-901	-11%
J. Endoscopy Procedures					

MIDSTATE MEDICAL CENTER					
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
1	Inpatient Endoscopy Procedures	1,170	1,144	-26	-2%
2	Outpatient Endoscopy Procedures	7,623	7,566	-57	-1%
	Total Endoscopy Procedures	8,793	8,710	-83	-1%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	6,344	6,065	-279	-4%
2	Emergency Room Visits: Treated and Discharged	52,269	51,645	-624	-1%
	Total Emergency Room Visits	58,613	57,710	-903	-2%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	31,757	31,331	-426	-1%
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	2,395	2,404	9	0%
	Total Hospital Clinic Visits	34,152	33,735	-417	-1%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	1,145	1,114	-31	-3%
2	Cardiac Rehabilitation	2,239	2,613	374	17%
3	Chemotherapy	874	868	-6	-1%
4	Gastroenterology	7,623	7,566	-57	-1%
5	Other Outpatient Visits	59,696	55,004	-4,692	-8%
	Total Other Hospital Outpatient Visits	71,577	67,165	-4,412	-6%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	298.4	263.7	-34.7	-12%
2	Total Physician FTEs	45.6	46.4	0.8	2%
3	Total Non-Nursing and Non-Physician FTEs	619.3	566.8	-52.5	-8%
	Total Hospital Full Time Equivalent Employees	963.3	876.9	-86.4	-9%

MIDSTATE MEDICAL CENTER					
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)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Main hospital campus	6,023	5,264	-759	-13%
	Total Outpatient Surgical Procedures(A)	6,023	5,264	-759	-13%
B. Outpatient Endoscopy Procedures					
1	Main hospital campus	7,623	7,566	-57	-1%
	Total Outpatient Endoscopy Procedures(B)	7,623	7,566	-57	-1%
C. Outpatient Hospital Emergency Room Visits					
1	Main hospital campus	52,269	51,645	-624	-1%
2	61 Pomeroy Ave	0	0	0	0%
3	680 S. Main St Cheshire	0	0	0	0%
	Total Outpatient Hospital Emergency Room Visits(C)	52,269	51,645	-624	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$133,168,476	\$134,929,808	\$1,761,332	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,842,983	\$51,987,326	\$144,343	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.93%	38.53%	-0.40%	-1%
4	DISCHARGES	4,483	4,604	121	3%
5	CASE MIX INDEX (CMI)	1.59467	1.52983	(0.06484)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,148.90561	7,043.33732	(105.56829)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,251.88	\$7,381.06	\$129.19	2%
8	PATIENT DAYS	22,600	22,113	(487)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,293.94	\$2,350.98	\$57.05	2%
10	AVERAGE LENGTH OF STAY	5.0	4.8	(0.2)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$109,908,722	\$118,179,227	\$8,270,505	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,672,851	\$31,785,235	\$2,112,384	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.00%	26.90%	-0.10%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	82.53%	87.59%	5.05%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,699.98077	4,032.44597	332.46520	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,019.73	\$7,882.37	(\$137.36)	-2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$243,077,198	\$253,109,035	\$10,031,837	4%
18	TOTAL ACCRUED PAYMENTS	\$81,515,834	\$83,772,561	\$2,256,727	3%
19	TOTAL ALLOWANCES	\$161,561,364	\$169,336,474	\$7,775,110	5%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$52,893,058	\$52,661,375	(\$231,683)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,452,829	\$33,453,279	\$450	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	63.25%	63.53%	0.28%	0%
4	DISCHARGES	2,607	2,446	(161)	-6%
5	CASE MIX INDEX (CMI)	1.14295	1.17024	0.02729	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,979.67065	2,862.40704	(117.26361)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,227.02	\$11,687.11	\$460.09	4%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,975.15)	(\$4,306.05)	(\$330.90)	8%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$11,844,624)	(\$12,325,668)	(\$481,044)	4%
10	PATIENT DAYS	8,667	7,859	(808)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,859.79	\$4,256.68	\$396.89	10%
12	AVERAGE LENGTH OF STAY	3.3	3.2	(0.1)	-3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$127,897,726	\$122,740,057	(\$5,157,669)	-4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$82,851,058	\$79,442,930	(\$3,408,128)	-4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	64.78%	64.72%	-0.05%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	241.80%	233.07%	-8.73%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,303.83994	5,700.99393	(602.84601)	-10%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,142.95	\$13,934.93	\$791.98	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$5,123.22)	(\$6,052.56)	(\$929.34)	18%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$32,295,957)	(\$34,505,581)	(\$2,209,624)	7%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$180,790,784	\$175,401,432	(\$5,389,352)	-3%
22	TOTAL ACCRUED PAYMENTS	\$116,303,887	\$112,896,209	(\$3,407,678)	-3%
23	TOTAL ALLOWANCES	\$64,486,897	\$62,505,223	(\$1,981,674)	-3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$44,140,581)	(\$46,831,249)	(\$2,690,668)	6%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$180,790,784	\$175,401,432	(\$5,389,352)	-3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$130,814,180	\$123,536,229	(\$7,277,951)	-6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$49,976,604	\$51,865,203	\$1,888,599	4%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	27.64%	29.57%	1.93%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,576,251	\$1,924,125	(\$652,126)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,035,766	\$852,594	(\$183,172)	-18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.20%	44.31%	4.11%	10%
4	DISCHARGES	127	96	(31)	-24%
5	CASE MIX INDEX (CMI)	0.34031	0.94141	0.60110	177%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	43.21937	90.37536	47.15599	109%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$23,965.32	\$9,433.92	(\$14,531.40)	-61%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	(\$12,738.30)	\$2,253.19	\$14,991.49	-118%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$16,713.44)	(\$2,052.86)	\$14,660.59	-88%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$722,344)	(\$185,528)	\$536,817	-74%
11	PATIENT DAYS	662	586	(76)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,564.60	\$1,454.94	(\$109.66)	-7%
13	AVERAGE LENGTH OF STAY	5.2	6.1	0.9	17%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,834,430	\$5,095,393	(\$1,739,037)	-25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,001,844	\$1,185,018	\$183,174	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.66%	23.26%	8.60%	59%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	265.29%	264.82%	-0.47%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	336.91306	254.22347	(82.68959)	-25%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,973.60	\$4,661.32	\$1,687.73	57%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,169.35	\$9,273.60	(\$895.75)	-9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,046.13	\$3,221.05	(\$1,825.09)	-36%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,700,108	\$818,866	(\$881,242)	-52%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$9,410,681	\$7,019,518	(\$2,391,163)	-25%
24	TOTAL ACCRUED PAYMENTS	\$2,037,610	\$2,037,612	\$2	0%
25	TOTAL ALLOWANCES	\$7,373,071	\$4,981,906	(\$2,391,165)	-32%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$977,764	\$633,338	(\$344,426)	-35%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$40,223,929	\$37,502,987	(\$2,720,942)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,188,046	\$10,521,691	(\$1,666,355)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.30%	28.06%	-2.24%	-7%
4	DISCHARGES	2,182	2,137	(45)	-2%
5	CASE MIX INDEX (CMI)	0.99991	1.00499	0.00508	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,181.80362	2,147.66363	(34.13999)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,586.23	\$4,899.13	(\$687.09)	-12%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,640.80	\$6,787.98	\$1,147.18	20%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,665.65	\$2,481.93	\$816.28	49%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,634,125	\$5,330,352	\$1,696,227	47%
11	PATIENT DAYS	8,199	7,226	(973)	-12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,486.53	\$1,456.09	(\$30.44)	-2%
13	AVERAGE LENGTH OF STAY	3.8	3.4	(0.4)	-10%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$78,467,175	\$82,689,411	\$4,222,236	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,449,662	\$15,941,006	(\$1,508,656)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.24%	19.28%	-2.96%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	195.08%	220.49%	25.41%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,256.55524	4,711.81859	455.26335	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,099.48	\$3,383.20	(\$716.28)	-17%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,043.47	\$10,551.73	\$1,508.26	17%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,920.25	\$4,499.17	\$578.92	15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,686,767	\$21,199,296	\$4,512,529	27%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$118,691,104	\$120,192,398	\$1,501,294	1%
24	TOTAL ACCRUED PAYMENTS	\$29,637,708	\$26,462,697	(\$3,175,011)	-11%
25	TOTAL ALLOWANCES	\$89,053,396	\$93,729,701	\$4,676,305	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,320,892	\$26,529,648	\$6,208,757	31%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$11,227.02	\$11,687.11	\$460.09	4%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,251.88	\$7,381.06	\$129.19	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
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	\$13,142.95	\$13,934.93	\$791.98	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,019.73	\$7,882.37	(\$137.36)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$40,223,929	\$37,502,987	(\$2,720,942)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,188,046	\$10,521,691	(\$1,666,355)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.30%	28.06%	-2.24%	-7%
4	DISCHARGES	2,182	2,137	(45)	-2%
5	CASE MIX INDEX (CMI)	0.99991	1.00499	0.00508	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,181.80362	2,147.66363	(34.13999)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,586.23	\$4,899.13	(\$687.09)	-12%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,640.80	\$6,787.98	\$1,147.18	20%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,665.65	\$2,481.93	\$816.28	49%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,634,125	\$5,330,352	\$1,696,227	47%
11	PATIENT DAYS	8,199	7,226	(973)	-12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,486.53	\$1,456.09	(\$30.44)	-2%
13	AVERAGE LENGTH OF STAY	3.8	3.4	(0.4)	-10%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$78,467,175	\$82,689,411	\$4,222,236	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,449,662	\$15,941,006	(\$1,508,656)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.24%	19.28%	-2.96%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	195.08%	220.49%	25.41%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,256.55524	4,711.81859	455.26335	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,099.48	\$3,383.20	(\$716.28)	-17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,043.47	\$10,551.73	\$1,508.26	17%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,920.25	\$4,499.17	\$578.92	15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,686,767	\$21,199,296	\$4,512,529	27%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$118,691,104	\$120,192,398	\$1,501,294	1%
24	TOTAL ACCRUED PAYMENTS	\$29,637,708	\$26,462,697	(\$3,175,011)	-11%
25	TOTAL ALLOWANCES	\$89,053,396	\$93,729,701	\$4,676,305	5%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$106,532	\$243,880	\$137,348	129%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,397	\$63,289	\$41,892	196%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.09%	25.95%	5.87%	29%
4	DISCHARGES	12	21	9	75%
5	CASE MIX INDEX (CMI)	0.55530	0.78797	0.23267	42%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6.66360	16.54737	9.88377	148%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,211.03	\$3,824.72	\$613.69	19%
8	PATIENT DAYS	26	60	34	131%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$822.96	\$1,054.82	\$231.86	28%
10	AVERAGE LENGTH OF STAY	2.2	2.9	0.7	32%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$763,906	\$580,494	(\$183,412)	-24%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$153,431	\$150,643	(\$2,788)	-2%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$870,438	\$824,374	(\$46,064)	-5%
14	TOTAL ACCRUED PAYMENTS	\$174,828	\$213,932	\$39,104	22%
15	TOTAL ALLOWANCES	\$695,610	\$610,442	(\$85,168)	-12%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$8,597,041	\$7,100,035	(\$1,497,006)	-17%
2	TOTAL OPERATING EXPENSES	\$208,792,651	\$203,092,473	(\$5,700,178)	-3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
5	BAD DEBTS (CHARGES)	\$6,385,283	\$4,423,863	(\$1,961,420)	-31%
6	UNCOMPENSATED CARE (CHARGES)	\$14,510,293	\$10,640,020	(\$3,870,273)	-27%
7	COST OF UNCOMPENSATED CARE	\$6,035,506	\$4,293,568	(\$1,741,938)	-29%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$118,691,104	\$120,192,398	\$1,501,294	1%
9	TOTAL ACCRUED PAYMENTS	\$29,637,708	\$26,462,697	(\$3,175,011)	-11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$49,369,156	\$48,501,250	(\$867,906)	-2%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,731,448	\$22,038,553	\$2,307,105	12%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$226,391,995	\$225,338,050	(\$1,053,945)	0%
2	TOTAL INPATIENT PAYMENTS	\$97,505,255	\$96,025,585	(\$1,479,670)	-2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.07%	42.61%	-0.46%	-1%
4	TOTAL DISCHARGES	9,284	9,208	(76)	-1%
5	TOTAL CASE MIX INDEX	1.32670	1.31081	(0.01588)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	12,317.04348	12,069.95536	(247.08812)	-2%
7	TOTAL OUTPATIENT CHARGES	\$317,037,529	\$324,189,189	\$7,151,660	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	140.04%	143.87%	3.83%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$130,127,002	\$127,319,814	(\$2,807,188)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.04%	39.27%	-1.77%	-4%
11	TOTAL CHARGES	\$543,429,524	\$549,527,239	\$6,097,715	1%
12	TOTAL PAYMENTS	\$227,632,257	\$223,345,399	(\$4,286,858)	-2%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.89%	40.64%	-1.24%	-3%
14	PATIENT DAYS	39,492	37,258	(2,234)	-6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$173,498,937	\$172,676,675	(\$822,262)	0%
2	INPATIENT PAYMENTS	\$64,052,426	\$62,572,306	(\$1,480,120)	-2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	36.92%	36.24%	-0.68%	-2%
4	DISCHARGES	6,677	6,762	85	1%
5	CASE MIX INDEX	1.39844	1.36166	(0.03678)	-3%
6	CASE MIX ADJUSTED DISCHARGES	9,337.37283	9,207.54832	(129.82451)	-1%
7	OUTPATIENT CHARGES	\$189,139,803	\$201,449,132	\$12,309,329	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	109.01%	116.66%	7.65%	7%
9	OUTPATIENT PAYMENTS	\$47,275,944	\$47,876,884	\$600,940	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.00%	23.77%	-1.23%	-5%
11	TOTAL CHARGES	\$362,638,740	\$374,125,807	\$11,487,067	3%
12	TOTAL PAYMENTS	\$111,328,370	\$110,449,190	(\$879,180)	-1%
13	TOTAL PAYMENTS / CHARGES	30.70%	29.52%	-1.18%	-4%
14	PATIENT DAYS	30,825	29,399	(1,426)	-5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$251,310,370	\$263,676,617	\$12,366,247	5%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.0	4.8	(0.2)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.1)	-3%
3	UNINSURED	5.2	6.1	0.9	17%
4	MEDICAID	3.8	3.4	(0.4)	-10%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.2	2.9	0.7	32%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.0	(0.2)	-5%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$543,429,524	\$549,527,239	\$6,097,715	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$251,310,370	\$263,676,617	\$12,366,247	5%
3	UNCOMPENSATED CARE	\$14,510,293	\$10,640,020	(\$3,870,273)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$49,976,604	\$51,865,203	\$1,888,599	4%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619	\$1,594,619	\$0	0%
6	TOTAL ADJUSTMENTS	\$317,391,886	\$327,776,459	\$10,384,573	3%
7	TOTAL ACCRUED PAYMENTS	\$226,037,638	\$221,750,780	(\$4,286,858)	-2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$226,037,638	\$221,750,780	(\$4,286,858)	-2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4159465543	0.4035300969	(0.0124164574)	-3%
11	COST OF UNCOMPENSATED CARE	\$6,035,506	\$4,293,568	(\$1,741,938)	-29%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,731,448	\$22,038,553	\$2,307,105	12%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$25,766,954	\$26,332,121	\$565,167	2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$16,686,767	\$21,199,296	\$4,512,529	27%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$977,764	\$633,338	(\$344,426)	-35%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$17,664,530	\$21,832,634	\$4,168,104	24%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,925,009	\$4,095,811	\$170,802	4.35%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$8,500,070)	(\$10,953,589)	(\$2,453,519)	28.86%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$219,132,186	\$212,392,000	(\$6,740,186)	-3.08%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$543,429,524	\$549,527,239	\$6,097,715	1.12%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$14,510,293	\$10,640,020	(\$3,870,273)	-26.67%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,893,058	\$52,661,375	(\$231,683)
2	MEDICARE	\$133,168,476	134,929,808	\$1,761,332
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,223,929	37,502,987	(\$2,720,942)
4	MEDICAID	\$40,223,929	37,502,987	(\$2,720,942)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$106,532	243,880	\$137,348
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,576,251	1,924,125	(\$652,126)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$173,498,937	\$172,676,675	(\$822,262)
	TOTAL INPATIENT CHARGES	\$226,391,995	\$225,338,050	(\$1,053,945)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$127,897,726	\$122,740,057	(\$5,157,669)
2	MEDICARE	\$109,908,722	118,179,227	\$8,270,505
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$78,467,175	82,689,411	\$4,222,236
4	MEDICAID	\$78,467,175	82,689,411	\$4,222,236
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$763,906	580,494	(\$183,412)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,834,430	5,095,393	(\$1,739,037)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$189,139,803	\$201,449,132	\$12,309,329
	TOTAL OUTPATIENT CHARGES	\$317,037,529	\$324,189,189	\$7,151,660
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$180,790,784	\$175,401,432	(\$5,389,352)
2	TOTAL MEDICARE	\$243,077,198	\$253,109,035	\$10,031,837
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$118,691,104	\$120,192,398	\$1,501,294
4	TOTAL MEDICAID	\$118,691,104	\$120,192,398	\$1,501,294
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$870,438	\$824,374	(\$46,064)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,410,681	\$7,019,518	(\$2,391,163)
	TOTAL GOVERNMENT CHARGES	\$362,638,740	\$374,125,807	\$11,487,067
	TOTAL CHARGES	\$543,429,524	\$549,527,239	\$6,097,715
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,452,829	\$33,453,279	\$450
2	MEDICARE	\$51,842,983	51,987,326	\$144,343
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,188,046	10,521,691	(\$1,666,355)
4	MEDICAID	\$12,188,046	10,521,691	(\$1,666,355)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$21,397	63,289	\$41,892
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,035,766	852,594	(\$183,172)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$64,052,426	\$62,572,306	(\$1,480,120)
	TOTAL INPATIENT PAYMENTS	\$97,505,255	\$96,025,585	(\$1,479,670)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$82,851,058	\$79,442,930	(\$3,408,128)
2	MEDICARE	\$29,672,851	31,785,235	\$2,112,384
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,449,662	15,941,006	(\$1,508,656)
4	MEDICAID	\$17,449,662	15,941,006	(\$1,508,656)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$153,431	150,643	(\$2,788)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,001,844	1,185,018	\$183,174
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$47,275,944	\$47,876,884	\$600,940
	TOTAL OUTPATIENT PAYMENTS	\$130,127,002	\$127,319,814	(\$2,807,188)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$116,303,887	\$112,896,209	(\$3,407,678)
2	TOTAL MEDICARE	\$81,515,834	\$83,772,561	\$2,256,727
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,637,708	\$26,462,697	(\$3,175,011)
4	TOTAL MEDICAID	\$29,637,708	\$26,462,697	(\$3,175,011)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$174,828	\$213,932	\$39,104
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,037,610	\$2,037,612	\$2
	TOTAL GOVERNMENT PAYMENTS	\$111,328,370	\$110,449,190	(\$879,180)
	TOTAL PAYMENTS	\$227,632,257	\$223,345,399	(\$4,286,858)

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.73%	9.58%	-0.15%
2	MEDICARE	24.51%	24.55%	0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.40%	6.82%	-0.58%
4	MEDICAID	7.40%	6.82%	-0.58%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.02%	0.04%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.47%	0.35%	-0.12%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.93%	31.42%	-0.50%
	TOTAL INPATIENT PAYER MIX	41.66%	41.01%	-0.65%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.54%	22.34%	-1.20%
2	MEDICARE	20.23%	21.51%	1.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.44%	15.05%	0.61%
4	MEDICAID	14.44%	15.05%	0.61%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.14%	0.11%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.26%	0.93%	-0.33%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	34.80%	36.66%	1.85%
	TOTAL OUTPATIENT PAYER MIX	58.34%	58.99%	0.65%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.70%	14.98%	0.28%
2	MEDICARE	22.77%	23.28%	0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.35%	4.71%	-0.64%
4	MEDICAID	5.35%	4.71%	-0.64%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.01%	0.03%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.46%	0.38%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	28.14%	28.02%	-0.12%
	TOTAL INPATIENT PAYER MIX	42.83%	42.99%	0.16%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.40%	35.57%	-0.83%
2	MEDICARE	13.04%	14.23%	1.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.67%	7.14%	-0.53%
4	MEDICAID	7.67%	7.14%	-0.53%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.07%	0.07%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%	0.53%	0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.77%	21.44%	0.67%
	TOTAL OUTPATIENT PAYER MIX	57.17%	57.01%	-0.16%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,607	2,446	(161)
2	MEDICARE	4,483	4,604	121
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,182	2,137	(45)
4	MEDICAID	2,182	2,137	(45)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	12	21	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	127	96	(31)
	TOTAL GOVERNMENT DISCHARGES	6,677	6,762	85
	TOTAL DISCHARGES	9,284	9,208	(76)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,667	7,859	(808)
2	MEDICARE	22,600	22,113	(487)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,199	7,226	(973)
4	MEDICAID	8,199	7,226	(973)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	26	60	34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	662	586	(76)
	TOTAL GOVERNMENT PATIENT DAYS	30,825	29,399	(1,426)
	TOTAL PATIENT DAYS	39,492	37,258	(2,234)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.1)
2	MEDICARE	5.0	4.8	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	3.4	(0.4)
4	MEDICAID	3.8	3.4	(0.4)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.2	2.9	0.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.2	6.1	0.9
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.6	4.3	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.0	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.14295	1.17024	0.02729
2	MEDICARE	1.59467	1.52983	(0.06484)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99991	1.00499	0.00508
4	MEDICAID	0.99991	1.00499	0.00508
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.55530	0.78797	0.23267
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34031	0.94141	0.60110
	TOTAL GOVERNMENT CASE MIX INDEX	1.39844	1.36166	(0.03678)
	TOTAL CASE MIX INDEX	1.32670	1.31081	(0.01588)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$180,790,784	\$175,401,432	(\$5,389,352)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,814,180	\$123,536,229	(\$7,277,951)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$49,976,604	\$51,865,203	\$1,888,599
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	27.64%	29.57%	1.93%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,925,009	\$4,095,811	\$170,802
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619	\$1,594,619	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$8,125,010	\$6,216,157	(\$1,908,853)
9	BAD DEBTS	\$6,385,283	\$4,423,863	(\$1,961,420)
10	TOTAL UNCOMPENSATED CARE	\$14,510,293	\$10,640,020	(\$3,870,273)
11	TOTAL OTHER OPERATING REVENUE	\$8,597,041	\$7,100,035	(\$1,497,006)
12	TOTAL OPERATING EXPENSES	\$208,792,651	\$203,092,473	(\$5,700,178)

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,979.67065	2,862.40704	(117.26361)
2	MEDICARE	7,148.90561	7,043.33732	(105.56829)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,181.80362	2,147.66363	(34.13999)
4	MEDICAID	2,181.80362	2,147.66363	(34.13999)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	6.66360	16.54737	9.88377
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	43.21937	90.37536	47.15599
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	9,337.37283	9,207.54832	(129.82451)
	TOTAL CASE MIX ADJUSTED DISCHARGES	12,317.04348	12,069.95536	(247.08812)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,303.83994	5,700.99393	-602.84601
2	MEDICARE	3,699.98077	4,032.44597	332.46520
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,256.55524	4,711.81859	455.26335
4	MEDICAID	4,256.55524	4,711.81859	455.26335
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	86.04806	49.98513	-36.06293
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	336.91306	254.22347	-82.68959
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,042.58408	8,794.24970	751.66562
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	14,346.42402	14,495.24363	148.81961
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,227.02	\$11,687.11	\$460.09
2	MEDICARE	\$7,251.88	\$7,381.06	\$129.19
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,586.23	\$4,899.13	(\$687.09)
4	MEDICAID	\$5,586.23	\$4,899.13	(\$687.09)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,211.03	\$3,824.72	\$613.69
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$23,965.32	\$9,433.92	(\$14,531.40)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,859.79	\$6,795.76	(\$64.03)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,916.29	\$7,955.75	\$39.47
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,142.95	\$13,934.93	\$791.98
2	MEDICARE	\$8,019.73	\$7,882.37	(\$137.36)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,099.48	\$3,383.20	(\$716.28)
4	MEDICAID	\$4,099.48	\$3,383.20	(\$716.28)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$1,783.08	\$3,013.76	\$1,230.67
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,973.60	\$4,661.32	\$1,687.73
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,878.20	\$5,444.11	(\$434.09)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,070.34	\$8,783.56	(\$286.79)

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$16,686,767	\$21,199,296	\$4,512,529
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$977,764	\$633,338	(\$344,426)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$17,664,530	\$21,832,634	\$4,168,104
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$543,429,524	\$549,527,239	\$6,097,715
2	TOTAL GOVERNMENT DEDUCTIONS	\$251,310,370	\$263,676,617	\$12,366,247
3	UNCOMPENSATED CARE	\$14,510,293	\$10,640,020	(\$3,870,273)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$49,976,604	\$51,865,203	\$1,888,599
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619	\$1,594,619	\$0
6	TOTAL ADJUSTMENTS	\$317,391,886	\$327,776,459	\$10,384,573
7	TOTAL ACCRUED PAYMENTS	\$226,037,638	\$221,750,780	(\$4,286,858)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$226,037,638	\$221,750,780	(\$4,286,858)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4159465543	0.4035300969	(0.0124164574)
11	COST OF UNCOMPENSATED CARE	\$6,035,506	\$4,293,568	(\$1,741,938)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$19,731,448	\$22,038,553	\$2,307,105
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$25,766,954	\$26,332,121	\$565,167
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.25%	63.53%	0.28%
2	MEDICARE	38.93%	38.53%	-0.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.30%	28.06%	-2.24%
4	MEDICAID	30.30%	28.06%	-2.24%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	20.09%	25.95%	5.87%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	40.20%	44.31%	4.11%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	36.92%	36.24%	-0.68%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.07%	42.61%	-0.46%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	64.78%	64.72%	-0.05%
2	MEDICARE	27.00%	26.90%	-0.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.24%	19.28%	-2.96%
4	MEDICAID	22.24%	19.28%	-2.96%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	20.09%	25.95%	5.87%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14.66%	23.26%	8.60%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.00%	23.77%	-1.23%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	41.04%	39.27%	-1.77%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$227,632,257	\$223,345,399	(\$4,286,858)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$227,632,257	\$223,345,399	(\$4,286,858)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$8,500,070)	(\$10,953,589)	(\$2,453,519)
4	CALCULATED NET REVENUE	\$227,847,860	\$212,391,810	(\$15,456,050)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$219,132,186	\$212,392,000	(\$6,740,186)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$8,715,674	(\$190)	(\$8,715,864)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$543,429,524	\$549,527,239	\$6,097,715
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$543,429,524	\$549,527,239	\$6,097,715
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$543,429,524	\$549,527,239	\$6,097,715
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$14,510,293	\$10,640,020	(\$3,870,273)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$14,510,293	\$10,640,020	(\$3,870,273)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$14,510,293	\$10,640,020	(\$3,870,273)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDSTATE MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,661,375
2	MEDICARE	134,929,808
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,502,987
4	MEDICAID	37,502,987
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	243,880
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,924,125
	TOTAL INPATIENT GOVERNMENT CHARGES	\$172,676,675
	TOTAL INPATIENT CHARGES	\$225,338,050
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$122,740,057
2	MEDICARE	118,179,227
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	82,689,411
4	MEDICAID	82,689,411
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	580,494
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,095,393
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$201,449,132
	TOTAL OUTPATIENT CHARGES	\$324,189,189
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$175,401,432
2	TOTAL GOVERNMENT ACCRUED CHARGES	374,125,807
	TOTAL ACCRUED CHARGES	\$549,527,239
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,453,279
2	MEDICARE	51,987,326
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,521,691
4	MEDICAID	10,521,691
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	63,289
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	852,594
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$62,572,306
	TOTAL INPATIENT PAYMENTS	\$96,025,585
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,442,930
2	MEDICARE	31,785,235
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,941,006
4	MEDICAID	15,941,006
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	150,643
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,185,018
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$47,876,884
	TOTAL OUTPATIENT PAYMENTS	\$127,319,814
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$112,896,209
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	110,449,190
	TOTAL ACCRUED PAYMENTS	\$223,345,399

MIDSTATE MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,446
2	MEDICARE	4,604
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,137
4	MEDICAID	2,137
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	96
	TOTAL GOVERNMENT DISCHARGES	6,762
	TOTAL DISCHARGES	9,208
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.17024
2	MEDICARE	1.52983
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.00499
4	MEDICAID	1.00499
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.78797
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94141
	TOTAL GOVERNMENT CASE MIX INDEX	1.36166
	TOTAL CASE MIX INDEX	1.31081
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,401,432
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$123,536,229
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,865,203
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.57%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,095,811
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$6,216,157
9	BAD DEBTS	\$4,423,863
10	TOTAL UNCOMPENSATED CARE	\$10,640,020
11	TOTAL OTHER OPERATING REVENUE	\$7,100,035
12	TOTAL OPERATING EXPENSES	\$203,092,473

MIDSTATE MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$223,345,399
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$223,345,399
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$10,953,589)
	CALCULATED NET REVENUE	\$212,391,810
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$212,392,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$190)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$549,527,239
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$549,527,239
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$549,527,239
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,640,020
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,640,020
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,640,020
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	7,006	6,304	(702)	-10%
2	Number of Approved Applicants	6,656	5,989	(667)	-10%
3	Total Charges (A)	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
4	Average Charges	\$1,221	\$1,038	(\$183)	-15%
5	Ratio of Cost to Charges (RCC)	0.409442	0.378229	(0.031213)	-8%
6	Total Cost	\$3,326,720	\$2,351,131	(\$975,589)	-29%
7	Average Cost	\$500	\$393	(\$107)	-21%
8	Charity Care - Inpatient Charges	\$1,646,964	\$1,205,338	(\$441,626)	-27%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,688,334	1,300,971	(387,363)	-23%
10	Charity Care - Emergency Department Charges	4,789,712	3,709,848	(1,079,864)	-23%
11	Total Charges (A)	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
12	Charity Care - Number of Patient Days	2,039	1,781	(258)	-13%
13	Charity Care - Number of Discharges	500	448	(52)	-10%
14	Charity Care - Number of Outpatient ED Visits	7,893	6,572	(1,321)	-17%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,235	2,209	(26)	-1%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$3,093,127	\$1,110,350	(\$1,982,777)	-64%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,217,619	1,405,186	187,567	15%
3	Bad Debts - Emergency Department	2,074,537	1,908,327	(166,210)	-8%
4	Total Bad Debts (A)	\$6,385,283	\$4,423,863	(\$1,961,420)	-31%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$8,125,010	\$6,216,157	(\$1,908,853)	-23%
2	Bad Debts (A)	6,385,283	4,423,863	(1,961,420)	-31%
3	Total Uncompensated Care (A)	\$14,510,293	\$10,640,020	(\$3,870,273)	-27%
4	Uncompensated Care - Inpatient Services	\$4,740,091	\$2,315,688	(\$2,424,403)	-51%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,905,953	2,706,157	(199,796)	-7%
6	Uncompensated Care - Emergency Department	6,864,249	5,618,175	(1,246,074)	-18%
7	Total Uncompensated Care (A)	\$14,510,293	\$10,640,020	(\$3,870,273)	-27%

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

MIDSTATE MEDICAL CENTER 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
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$180,790,784	\$175,401,432	(\$5,389,352)	-3%
2	Total Contractual Allowances	\$49,976,604	\$51,865,203	\$1,888,599	4%
	Total Accrued Payments (A)	\$130,814,180	\$123,536,229	(\$7,277,951)	-6%
	Total Discount Percentage	27.64%	29.57%	1.93%	7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MIDSTATE MEDICAL CENTER				
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
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$219,546,008	\$226,391,995	\$225,338,050
2	Outpatient Gross Revenue	\$285,501,650	\$317,037,529	\$324,189,189
3	Total Gross Patient Revenue	\$505,047,658	\$543,429,524	\$549,527,239
4	Net Patient Revenue	\$217,746,204	\$219,132,186	\$212,391,809
B. Total Operating Expenses				
1	Total Operating Expense	\$210,520,148	\$208,792,651	\$203,092,473
C. Utilization Statistics				
1	Patient Days	41,898	39,492	37,258
2	Discharges	9,847	9,284	9,208
3	Average Length of Stay	4.3	4.3	4.0
4	Equivalent (Adjusted) Patient Days (EPD)	96,383	94,796	90,860
0	Equivalent (Adjusted) Discharges (ED)	22,652	22,285	22,455
D. Case Mix Statistics				
1	Case Mix Index	1.28650	1.32670	1.31081
2	Case Mix Adjusted Patient Days (CMAPD)	53,902	52,394	48,838
3	Case Mix Adjusted Discharges (CMAD)	12,668	12,317	12,070
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	123,997	125,766	119,101
5	Case Mix Adjusted Equivalent Discharges (CMAED)	29,142	29,566	29,435
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$12,054	\$13,760	\$14,749
2	Total Gross Revenue per Discharge	\$51,289	\$58,534	\$59,679
3	Total Gross Revenue per EPD	\$5,240	\$5,733	\$6,048
4	Total Gross Revenue per ED	\$22,296	\$24,385	\$24,472
5	Total Gross Revenue per CMAEPD	\$4,073	\$4,321	\$4,614
6	Total Gross Revenue per CMAED	\$17,330	\$18,380	\$18,669
7	Inpatient Gross Revenue per EPD	\$2,278	\$2,388	\$2,480
8	Inpatient Gross Revenue per ED	\$9,692	\$10,159	\$10,035

MIDSTATE MEDICAL CENTER				
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
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,197	\$5,549	\$5,701
2	Net Patient Revenue per Discharge	\$22,113	\$23,603	\$23,066
3	Net Patient Revenue per EPD	\$2,259	\$2,312	\$2,338
4	Net Patient Revenue per ED	\$9,613	\$9,833	\$9,458
5	Net Patient Revenue per CMAEPD	\$1,756	\$1,742	\$1,783
6	Net Patient Revenue per CMAED	\$7,472	\$7,412	\$7,216
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,025	\$5,287	\$5,451
2	Total Operating Expense per Discharge	\$21,379	\$22,490	\$22,056
3	Total Operating Expense per EPD	\$2,184	\$2,203	\$2,235
4	Total Operating Expense per ED	\$9,294	\$9,369	\$9,044
5	Total Operating Expense per CMAEPD	\$1,698	\$1,660	\$1,705
6	Total Operating Expense per CMAED	\$7,224	\$7,062	\$6,900
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$27,207,529	\$27,000,116	\$26,330,425
2	Nursing Fringe Benefits Expense	\$8,488,460	\$7,365,276	\$7,006,264
3	Total Nursing Salary and Fringe Benefits Expense	\$35,695,989	\$34,365,392	\$33,336,689
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$7,916,881	\$8,218,072	\$7,884,815
2	Physician Fringe Benefits Expense	\$1,632,894	\$1,416,831	\$1,347,769
3	Total Physician Salary and Fringe Benefits Expense	\$9,549,775	\$9,634,903	\$9,232,584
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$40,133,370	\$34,527,167	\$32,498,265
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$12,528,463	\$10,870,710	\$8,973,235
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$52,661,833	\$45,397,877	\$41,471,500
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$75,257,780	\$69,745,355	\$66,713,505
2	Total Fringe Benefits Expense	\$22,649,817	\$19,652,817	\$17,327,268
3	Total Salary and Fringe Benefits Expense	\$97,907,597	\$89,398,172	\$84,040,773

MIDSTATE MEDICAL CENTER				
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
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	310.2	298.4	263.7
2	Total Physician FTEs	44.7	45.6	46.4
3	Total Non-Nursing, Non-Physician FTEs	673.2	619.3	566.8
4	Total Full Time Equivalent Employees (FTEs)	1,028.1	963.3	876.9
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$87,710	\$90,483	\$99,850
2	Nursing Fringe Benefits Expense per FTE	\$27,364	\$24,683	\$26,569
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$115,074	\$115,166	\$126,419
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$177,111	\$180,221	\$169,931
2	Physician Fringe Benefits Expense per FTE	\$36,530	\$31,071	\$29,047
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$213,641	\$211,292	\$198,978
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$59,616	\$55,752	\$57,336
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,610	\$17,553	\$15,831
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$78,226	\$73,305	\$73,168
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$73,201	\$72,403	\$76,079
2	Total Fringe Benefits Expense per FTE	\$22,031	\$20,402	\$19,760
3	Total Salary and Fringe Benefits Expense per FTE	\$95,232	\$92,804	\$95,838
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,337	\$2,264	\$2,256
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,943	\$9,629	\$9,127
3	Total Salary and Fringe Benefits Expense per EPD	\$1,016	\$943	\$925
4	Total Salary and Fringe Benefits Expense per ED	\$4,322	\$4,012	\$3,743
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$790	\$711	\$706
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,360	\$3,024	\$2,855