

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$36,581,000	\$47,854,470	\$11,273,470	31%
2	Short Term Investments	\$21,491,000	\$10,160,000	(\$11,331,000)	-53%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$43,502,000	\$42,766,700	(\$735,300)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,281,000	\$2,773,844	(\$1,507,156)	-35%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$808,000	\$0	(\$808,000)	-100%
7	Inventories of Supplies	\$1,161,000	\$1,190,149	\$29,149	3%
8	Prepaid Expenses	\$2,329,000	\$2,799,860	\$470,860	20%
9	Other Current Assets	\$3,214,000	\$2,948,541	(\$265,459)	-8%
	Total Current Assets	\$113,367,000	\$110,493,564	(\$2,873,436)	-3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$10,442,000	\$10,936,569	\$494,569	5%
2	Board Designated for Capital Acquisition	\$119,802,000	\$118,316,405	(\$1,485,595)	-1%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$15,947,000	\$19,086,251	\$3,139,251	20%
	Total Noncurrent Assets Whose Use is Limited:	\$146,191,000	\$148,339,225	\$2,148,225	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$23,461,000	\$11,001,880	(\$12,459,120)	-53%
7	Other Noncurrent Assets	\$8,380,000	\$11,981,815	\$3,601,815	43%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$436,930,000	\$453,616,450	\$16,686,450	4%
2	Less: Accumulated Depreciation	\$252,473,000	\$275,553,635	\$23,080,635	9%
	Property, Plant and Equipment, Net	\$184,457,000	\$178,062,815	(\$6,394,185)	-3%
3	Construction in Progress	\$7,955,000	\$10,138,450	\$2,183,450	27%
	Total Net Fixed Assets	\$192,412,000	\$188,201,265	(\$4,210,735)	-2%
	Total Assets	\$483,811,000	\$470,017,749	(\$13,793,251)	-3%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$21,523,000	\$18,972,638	(\$2,550,362)	-12%
2	Salaries, Wages and Payroll Taxes	\$32,945,000	\$28,400,357	(\$4,544,643)	-14%
3	Due To Third Party Payers	\$0	\$965,643	\$965,643	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,255,000	\$3,410,000	\$155,000	5%
6	Current Portion of Notes Payable	\$21,000	\$5,244	(\$15,756)	-75%
7	Other Current Liabilities	\$6,360,000	\$4,833,162	(\$1,526,838)	-24%
	Total Current Liabilities	\$64,104,000	\$56,587,044	(\$7,516,956)	-12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$56,684,000	\$52,587,952	(\$4,096,048)	-7%
2	Notes Payable (Net of Current Portion)	\$5,000	\$0	(\$5,000)	-100%
	Total Long Term Debt	\$56,689,000	\$52,587,952	(\$4,101,048)	-7%
3	Accrued Pension Liability	\$45,992,000	\$64,263,947	\$18,271,947	40%
4	Other Long Term Liabilities	\$29,326,000	\$34,622,749	\$5,296,749	18%
	Total Long Term Liabilities	\$132,007,000	\$151,474,648	\$19,467,648	15%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$270,689,000	\$245,189,354	(\$25,499,646)	-9%
2	Temporarily Restricted Net Assets	\$10,034,000	\$9,788,808	(\$245,192)	-2%
3	Permanently Restricted Net Assets	\$6,977,000	\$6,977,895	\$895	0%
	Total Net Assets	\$287,700,000	\$261,956,057	(\$25,743,943)	-9%
	Total Liabilities and Net Assets	\$483,811,000	\$470,017,749	(\$13,793,251)	-3%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)	-1%
2	Less: Allowances	\$895,746,007	\$890,315,301	(\$5,430,706)	-1%
3	Less: Charity Care	\$8,559,951	\$6,695,669	(\$1,864,282)	-22%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$367,919,649	\$367,907,989	(\$11,660)	0%
5	Provision for Bad Debts	\$13,908,964	\$10,271,353	(\$3,637,611)	-26%
	Net Patient Service Revenue less provision for bad debts	\$354,010,685	\$357,636,636	\$3,625,951	1%
6	Other Operating Revenue	\$12,557,059	\$13,366,834	\$809,775	6%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$366,567,744	\$371,003,470	\$4,435,726	1%
B. Operating Expenses:					
1	Salaries and Wages	\$164,845,574	\$168,078,237	\$3,232,663	2%
2	Fringe Benefits	\$36,803,680	\$42,556,795	\$5,753,115	16%
3	Physicians Fees	\$3,624,974	\$4,053,027	\$428,053	12%
4	Supplies and Drugs	\$36,253,957	\$41,070,578	\$4,816,621	13%
5	Depreciation and Amortization	\$22,309,482	\$23,551,155	\$1,241,673	6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,896,503	\$2,603,790	(\$292,713)	-10%
8	Malpractice Insurance Cost	\$3,379,448	\$5,883,856	\$2,504,408	74%
9	Other Operating Expenses	\$75,746,996	\$77,953,883	\$2,206,887	3%
	Total Operating Expenses	\$345,860,614	\$365,751,321	\$19,890,707	6%
	Income/(Loss) From Operations	\$20,707,130	\$5,252,149	(\$15,454,981)	-75%
C. Non-Operating Revenue:					
1	Income from Investments	\$13,450,948	\$7,305,000	(\$6,145,948)	-46%
2	Gifts, Contributions and Donations	\$563,644	\$2,027,000	\$1,463,356	260%
3	Other Non-Operating Gains/(Losses)	\$961,884	(\$2,120,000)	(\$3,081,884)	-320%
	Total Non-Operating Revenue	\$14,976,476	\$7,212,000	(\$7,764,476)	-52%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$35,683,606	\$12,464,149	(\$23,219,457)	-65%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$35,683,606	\$12,464,149	(\$23,219,457)	-65%
	Principal Payments	\$3,156,000	\$3,261,251	\$105,251	3%

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$280,860,334	\$266,689,413	(\$14,170,921)	-5%
2	MEDICARE MANAGED CARE	\$65,233,790	\$66,537,673	\$1,303,883	2%
3	MEDICAID	\$77,179,588	\$76,836,069	(\$343,519)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,800,340	\$1,934,851	\$134,511	7%
6	COMMERCIAL INSURANCE	\$11,352,746	\$9,895,485	(\$1,457,261)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$132,500,711	\$125,383,762	(\$7,116,949)	-5%
8	WORKER'S COMPENSATION	\$5,313,783	\$6,691,001	\$1,377,218	26%
9	SELF- PAY/UNINSURED	\$4,804,078	\$3,849,533	(\$954,545)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$579,045,370	\$557,817,787	(\$21,227,583)	-4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$200,714,915	\$205,249,189	\$4,534,274	2%
2	MEDICARE MANAGED CARE	\$53,823,193	\$62,218,116	\$8,394,923	16%
3	MEDICAID	\$119,249,249	\$127,898,287	\$8,649,038	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,144,401	\$3,663,118	\$518,717	16%
6	COMMERCIAL INSURANCE	\$26,552,286	\$26,592,537	\$40,251	0%
7	NON-GOVERNMENT MANAGED CARE	\$265,366,297	\$260,276,128	(\$5,090,169)	-2%
8	WORKER'S COMPENSATION	\$9,578,831	\$10,173,710	\$594,879	6%
9	SELF- PAY/UNINSURED	\$14,751,065	\$11,030,087	(\$3,720,978)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$693,180,237	\$707,101,172	\$13,920,935	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$481,575,249	\$471,938,602	(\$9,636,647)	-2%
2	MEDICARE MANAGED CARE	\$119,056,983	\$128,755,789	\$9,698,806	8%
3	MEDICAID	\$196,428,837	\$204,734,356	\$8,305,519	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,944,741	\$5,597,969	\$653,228	13%
6	COMMERCIAL INSURANCE	\$37,905,032	\$36,488,022	(\$1,417,010)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$397,867,008	\$385,659,890	(\$12,207,118)	-3%
8	WORKER'S COMPENSATION	\$14,892,614	\$16,864,711	\$1,972,097	13%
9	SELF- PAY/UNINSURED	\$19,555,143	\$14,879,620	(\$4,675,523)	-24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)	-1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$65,352,824	\$61,364,040	(\$3,988,784)	-6%
2	MEDICARE MANAGED CARE	\$14,864,511	\$14,106,388	(\$758,123)	-5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$10,773,156	\$13,013,835	\$2,240,679	21%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$367,877	\$373,735	\$5,858	2%
6	COMMERCIAL INSURANCE	\$4,654,241	\$3,757,446	(\$896,795)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$59,469,601	\$59,073,969	(\$395,632)	-1%
8	WORKER'S COMPENSATION	\$3,747,264	\$3,460,402	(\$286,862)	-8%
9	SELF- PAY/UNINSURED	\$1,364,690	\$1,360,408	(\$4,282)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$160,594,164	\$156,510,223	(\$4,083,941)	-3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$42,106,080	\$46,744,465	\$4,638,385	11%
2	MEDICARE MANAGED CARE	\$9,032,873	\$10,712,124	\$1,679,251	19%
3	MEDICAID	\$20,919,610	\$20,645,716	(\$273,894)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$293,636	\$599,314	\$305,678	104%
6	COMMERCIAL INSURANCE	\$10,433,397	\$10,504,830	\$71,433	1%
7	NON-GOVERNMENT MANAGED CARE	\$105,723,502	\$108,336,430	\$2,612,928	2%
8	WORKER'S COMPENSATION	\$6,590,078	\$4,993,897	(\$1,596,181)	-24%
9	SELF- PAY/UNINSURED	\$2,469,628	\$2,492,116	\$22,488	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$197,568,804	\$205,028,892	\$7,460,088	4%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$107,458,904	\$108,108,505	\$649,601	1%
2	MEDICARE MANAGED CARE	\$23,897,384	\$24,818,512	\$921,128	4%
3	MEDICAID	\$31,692,766	\$33,659,551	\$1,966,785	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$661,513	\$973,049	\$311,536	47%
6	COMMERCIAL INSURANCE	\$15,087,638	\$14,262,276	(\$825,362)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$165,193,103	\$167,410,399	\$2,217,296	1%
8	WORKER'S COMPENSATION	\$10,337,342	\$8,454,299	(\$1,883,043)	-18%
9	SELF- PAY/UNINSURED	\$3,834,318	\$3,852,524	\$18,206	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$358,162,968	\$361,539,115	\$3,376,147	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	6,359	6,102	(257)	-4%
2	MEDICARE MANAGED CARE	1,401	1,402	1	0%
3	MEDICAID	2,263	2,251	(12)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	57	62	5	9%
6	COMMERCIAL INSURANCE	299	264	(35)	-12%
7	NON-GOVERNMENT MANAGED CARE	3,711	3,384	(327)	-9%
8	WORKER'S COMPENSATION	67	60	(7)	-10%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	139	92	(47)	-34%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	14,296	13,617	(679)	-5%
	B. PATIENT DAYS				
1	MEDICARE TRADITIONAL	29,402	28,224	(1,178)	-4%
2	MEDICARE MANAGED CARE	6,184	6,607	423	7%
3	MEDICAID	9,624	10,039	415	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	174	180	6	3%
6	COMMERCIAL INSURANCE	1,011	966	(45)	-4%
7	NON-GOVERNMENT MANAGED CARE	12,362	11,616	(746)	-6%
8	WORKER'S COMPENSATION	234	198	(36)	-15%
9	SELF- PAY/UNINSURED	308	394	86	28%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	59,299	58,224	(1,075)	-2%
	C. OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	217,335	222,466	5,131	2%
2	MEDICARE MANAGED CARE	46,789	52,629	5,840	12%
3	MEDICAID	111,729	119,492	7,763	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	2,797	2,975	178	6%
6	COMMERCIAL INSURANCE	19,542	27,821	8,279	42%
7	NON-GOVERNMENT MANAGED CARE	217,156	214,702	(2,454)	-1%
8	WORKER'S COMPENSATION	15,386	15,811	425	3%
9	SELF- PAY/UNINSURED	8,231	7,116	(1,115)	-14%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	638,965	663,012	24,047	4%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
A.					
1	MEDICARE TRADITIONAL	\$66,664,570	\$77,834,601	\$11,170,031	17%
2	MEDICARE MANAGED CARE	\$16,621,394	\$20,564,756	\$3,943,362	24%
3	MEDICAID	\$59,670,269	\$65,510,836	\$5,840,567	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,535,427	\$1,741,044	\$205,617	13%
6	COMMERCIAL INSURANCE	\$7,495,450	\$8,107,525	\$612,075	8%
7	NON-GOVERNMENT MANAGED CARE	\$94,467,190	\$92,604,897	(\$1,862,293)	-2%
8	WORKER'S COMPENSATION	\$3,687,086	\$3,755,044	\$67,958	2%
9	SELF- PAY/UNINSURED	\$10,338,122	\$7,679,262	(\$2,658,860)	-26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$260,479,508	\$277,797,965	\$17,318,457	7%
	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
B.					
1	MEDICARE TRADITIONAL	\$8,951,059	\$9,869,607	\$918,548	10%

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$2,446,705	\$2,858,725	\$412,020	17%
3	MEDICAID	\$8,484,648	\$8,281,194	(\$203,454)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$247,333	\$277,421	\$30,088	12%
6	COMMERCIAL INSURANCE	\$1,680,023	\$1,770,968	\$90,945	5%
7	NON-GOVERNMENT MANAGED CARE	\$35,331,716	\$35,326,756	(\$4,960)	0%
8	WORKER'S COMPENSATION	\$2,055,544	\$1,897,872	(\$157,672)	-8%
9	SELF- PAY/UNINSURED	\$306,286	\$222,043	(\$84,243)	-28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$59,503,314	\$60,504,586	\$1,001,272	2%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	15,549	15,635	86	1%
2	MEDICARE MANAGED CARE	3,815	4,346	531	14%
3	MEDICAID	21,676	23,044	1,368	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	647	675	28	4%
6	COMMERCIAL INSURANCE	2,328	2,439	111	5%
7	NON-GOVERNMENT MANAGED CARE	30,820	28,630	(2,190)	-7%
8	WORKER'S COMPENSATION	1,895	1,897	2	0%
9	SELF- PAY/UNINSURED	3,825	2,897	(928)	-24%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	80,555	79,563	(992)	-1%

MIDDLESEX HOSPITAL					
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
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$45,660,781	\$48,109,273	\$2,448,492	5%
2	Physician Salaries	\$28,083,459	\$29,654,826	\$1,571,367	6%
3	Non-Nursing, Non-Physician Salaries	\$91,101,334	\$90,314,138	(\$787,196)	-1%
	Total Salaries & Wages	\$164,845,574	\$168,078,237	\$3,232,663	2%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$10,194,297	\$12,181,092	\$1,986,795	19%
2	Physician Fringe Benefits	\$6,269,956	\$7,508,493	\$1,238,537	20%
3	Non-Nursing, Non-Physician Fringe Benefits	\$20,339,427	\$22,867,210	\$2,527,783	12%
	Total Fringe Benefits	\$36,803,680	\$42,556,795	\$5,753,115	16%
C. Contractual Labor Fees:					
1	Nursing Fees	\$599,453	\$532,781	(\$66,672)	-11%
2	Physician Fees	\$3,624,974	\$4,053,027	\$428,053	12%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$4,224,427	\$4,585,808	\$361,381	9%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$26,443,627	\$30,045,580	\$3,601,953	14%
2	Pharmaceutical Costs	\$9,810,330	\$11,024,998	\$1,214,668	12%
	Total Medical Supplies and Pharmaceutical Cost	\$36,253,957	\$41,070,578	\$4,816,621	13%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$10,461,349	\$10,729,732	\$268,383	3%
2	Depreciation-Equipment	\$11,820,262	\$12,583,510	\$763,248	6%
3	Amortization	\$27,871	\$237,913	\$210,042	754%
	Total Depreciation and Amortization	\$22,309,482	\$23,551,155	\$1,241,673	6%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$2,896,503	\$2,603,790	(\$292,713)	-10%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,379,448	\$5,883,856	\$2,504,408	74%
I. Utilities:					
1	Water	\$378,725	\$370,385	(\$8,340)	-2%
2	Natural Gas	\$860,074	\$1,074,262	\$214,188	25%
3	Oil	\$100,641	\$65,348	(\$35,293)	-35%
4	Electricity	\$2,707,487	\$2,925,231	\$217,744	8%
5	Telephone	\$1,532,992	\$1,637,498	\$104,506	7%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$5,579,919	\$6,072,724	\$492,805	9%
J. Business Expenses:					
1	Accounting Fees	\$219,741	\$176,843	(\$42,898)	-20%
2	Legal Fees	\$689,601	\$651,119	(\$38,482)	-6%
3	Consulting Fees	\$3,597,979	\$1,493,636	(\$2,104,343)	-58%
4	Dues and Membership	\$769,384	\$868,780	\$99,396	13%
5	Equipment Leases	\$1,971,166	\$1,968,551	(\$2,615)	0%
6	Building Leases	\$3,931,224	\$4,321,619	\$390,395	10%
7	Repairs and Maintenance	\$1,739,842	\$1,940,494	\$200,652	12%
8	Insurance	\$557,123	\$583,596	\$26,473	5%
9	Travel	\$1,320,681	\$1,277,886	(\$42,795)	-3%
10	Conferences	\$97,707	\$159,203	\$61,496	63%

MIDDLESEX HOSPITAL					
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	\$108,499	\$122,764	\$14,265	13%
12	General Supplies	\$1,678,733	\$1,942,979	\$264,246	16%
13	Licenses and Subscriptions	\$538,669	\$543,369	\$4,700	1%
14	Postage and Shipping	\$248,412	\$290,897	\$42,485	17%
15	Advertising	\$311,953	\$355,568	\$43,615	14%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$4,104,775	\$4,131,826	\$27,051	1%
18	Computer hardware & small equipment	\$341,331	\$313,698	(\$27,633)	-8%
19	Dietary / Food Services	\$1,620,267	\$1,636,801	\$16,534	1%
20	Lab Fees / Red Cross charges	\$2,987,587	\$1,953,250	(\$1,034,337)	-35%
21	Billing & Collection / Bank Fees	\$562,352	\$687,308	\$124,956	22%
22	Recruiting / Employee Education & Recognition	\$1,017,654	\$1,179,513	\$161,859	16%
23	Laundry / Linen	\$496,371	\$477,415	(\$18,956)	-4%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$385,609	\$407,137	\$21,528	6%
26	Purchased Services - Medical	\$4,605,290	\$4,021,073	(\$584,217)	-13%
27	Purchased Services - Non Medical	\$20,097,240	\$22,153,076	\$2,055,836	10%
28	Other Business Expenses	\$15,568,434	\$17,689,977	\$2,121,543	14%
	Total Business Expenses	\$69,567,624	\$71,348,378	\$1,780,754	3%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$345,860,614	\$365,751,321	\$19,890,707	6%
	*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	\$44,572,906	\$44,491,015	(\$81,891)	0%
2	General Accounting	\$1,412,470	\$1,658,594	\$246,124	17%
3	Patient Billing & Collection	\$5,161,107	\$4,007,909	(\$1,153,198)	-22%
4	Admitting / Registration Office	\$2,786,686	\$3,754,775	\$968,089	35%
5	Data Processing	\$15,538,303	\$16,607,446	\$1,069,143	7%
6	Communications	\$1,951,817	\$2,097,934	\$146,117	7%
7	Personnel	\$39,362,893	\$44,976,703	\$5,613,810	14%
8	Public Relations	\$4,099,858	\$4,332,294	\$232,436	6%
9	Purchasing	\$1,649,890	\$1,578,138	(\$71,752)	-4%
10	Dietary and Cafeteria	\$4,107,082	\$4,021,334	(\$85,748)	-2%
11	Housekeeping	\$2,995,638	\$2,968,297	(\$27,341)	-1%
12	Laundry & Linen	\$140,098	\$829,408	\$689,310	492%
13	Operation of Plant	\$14,025,518	\$15,927,229	\$1,901,711	14%
14	Security	\$2,263,796	\$2,308,772	\$44,976	2%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$3,327,667	\$3,425,925	\$98,258	3%
17	Pharmacy Department	\$12,595,208	\$13,567,708	\$972,500	8%
18	Other General Services	\$810,403	\$863,056	\$52,653	6%
	Total General Services	\$156,801,340	\$167,416,537	\$10,615,197	7%
B.	Professional Services:				
1	Medical Care Administration	\$4,963,039	\$5,096,725	\$133,686	3%
2	Residency Program	\$5,132,542	\$5,392,398	\$259,856	5%
3	Nursing Services Administration	\$3,004,397	\$3,203,153	\$198,756	7%
4	Medical Records	\$4,566,398	\$4,270,482	(\$295,916)	-6%
5	Social Service	\$449,423	\$435,824	(\$13,599)	-3%
6	Other Professional Services	\$416,372	\$491,456	\$75,084	18%
	Total Professional Services	\$18,532,171	\$18,890,038	\$357,867	2%
C.	Special Services:				

MIDDLESEX HOSPITAL					
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	\$20,956,594	\$23,720,282	\$2,763,688	13%
2	Recovery Room	\$2,017,381	\$2,005,280	(\$12,101)	-1%
3	Anesthesiology	\$1,108,441	\$1,138,391	\$29,950	3%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$9,262,603	\$9,646,791	\$384,188	4%
6	Diagnostic Ultrasound	\$1,831,579	\$1,996,303	\$164,724	9%
7	Radiation Therapy	\$3,453,269	\$3,514,904	\$61,635	2%
8	Radioisotopes	\$751,456	\$804,062	\$52,606	7%
9	CT Scan	\$2,746,368	\$2,643,993	(\$102,375)	-4%
10	Laboratory	\$14,248,231	\$14,079,103	(\$169,128)	-1%
11	Blood Storing/Processing	\$1,731,523	\$1,474,396	(\$257,127)	-15%
12	Cardiology	\$846,557	\$745,724	(\$100,833)	-12%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$325,529	\$506,896	\$181,367	56%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$172,115	\$203,424	\$31,309	18%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,200,177	\$1,265,919	\$65,742	5%
19	Pulmonary Function	\$59,661	\$51,183	(\$8,478)	-14%
20	Intravenous Therapy	\$789,457	\$900,803	\$111,346	14%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$9,201,935	\$9,242,527	\$40,592	0%
23	Renal Dialysis	\$169,738	\$167,786	(\$1,952)	-1%
24	Emergency Room	\$23,075,456	\$23,533,864	\$458,408	2%
25	MRI	\$2,777,968	\$2,855,733	\$77,765	3%
26	PET Scan	\$359,282	\$349,490	(\$9,792)	-3%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$975,459	\$1,373,696	\$398,237	41%
29	Sleep Center	\$666,724	\$888,558	\$221,834	33%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$894,347	\$977,291	\$82,944	9%
32	Occupational Therapy / Physical Therapy	\$3,660,501	\$4,451,750	\$791,249	22%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$5,189,697	\$5,879,620	\$689,923	13%
	Total Special Services	\$108,472,048	\$114,417,769	\$5,945,721	5%
D.	Routine Services:				
1	Medical & Surgical Units	\$25,708,282	\$26,892,178	\$1,183,896	5%
2	Intensive Care Unit	\$6,422,495	\$6,378,398	(\$44,097)	-1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,485,377	\$2,547,881	\$62,504	3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,456,289	\$4,482,752	\$26,463	1%
7	Newborn Nursery Unit	\$1,136,406	\$1,219,803	\$83,397	7%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,561,842	\$1,959,999	\$398,157	25%
11	Home Care	\$11,099,976	\$11,811,024	\$711,048	6%
12	Outpatient Clinics	\$8,999,314	\$9,550,498	\$551,184	6%
13	Other Routine Services	\$185,074	\$184,444	(\$630)	0%
	Total Routine Services	\$62,055,055	\$65,026,977	\$2,971,922	5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$345,860,614	\$365,751,321	\$19,890,707	6%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDDLESEX HOSPITAL				
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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$347,171,019	\$354,010,685	\$357,636,636
2	Other Operating Revenue	12,173,148	12,557,059	13,366,834
3	Total Operating Revenue	\$359,344,167	\$366,567,744	\$371,003,470
4	Total Operating Expenses	342,279,038	345,860,614	365,751,321
5	Income/(Loss) From Operations	\$17,065,129	\$20,707,130	\$5,252,149
6	Total Non-Operating Revenue	7,063,038	14,976,476	7,212,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$24,128,167	\$35,683,606	\$12,464,149
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.66%	5.43%	1.39%
2	Hospital Non Operating Margin	1.93%	3.93%	1.91%
3	Hospital Total Margin	6.59%	9.35%	3.30%
4	Income/(Loss) From Operations	\$17,065,129	\$20,707,130	\$5,252,149
5	Total Operating Revenue	\$359,344,167	\$366,567,744	\$371,003,470
6	Total Non-Operating Revenue	\$7,063,038	\$14,976,476	\$7,212,000
7	Total Revenue	\$366,407,205	\$381,544,220	\$378,215,470
8	Excess/(Deficiency) of Revenue Over Expenses	\$24,128,167	\$35,683,606	\$12,464,149
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$247,940,000	\$270,689,000	\$245,189,354
2	Hospital Total Net Assets	\$264,166,000	\$287,700,000	\$261,956,057
3	Hospital Change in Total Net Assets	\$103,161,000	\$23,534,000	(\$25,743,943)
4	Hospital Change in Total Net Assets %	164.1%	8.9%	-8.9%

MIDDLESEX HOSPITAL				
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. Cost Data Summary				
1	<u>Ratio of Cost to Charges</u>	0.28	0.27	0.29
2	Total Operating Expenses	\$342,279,038	\$345,860,614	\$365,751,321
3	Total Gross Revenue	\$1,216,521,478	\$1,272,225,607	\$1,264,918,959
4	Total Other Operating Revenue	\$12,173,148	\$12,557,059	\$13,366,834
5	<u>Private Payment to Cost Ratio</u>	1.55	1.57	1.51
6	Total Non-Government Payments	\$194,592,913	\$194,452,401	\$193,979,498
7	Total Uninsured Payments	\$8,285,172	\$3,834,318	\$3,852,524
8	Total Non-Government Charges	\$451,015,896	\$470,219,797	\$453,892,243
9	Total Uninsured Charges	\$20,685,891	\$19,555,143	\$14,879,620
10	<u>Medicare Payment to Cost Ratio</u>	0.78	0.81	0.77
11	Total Medicare Payments	\$126,605,584	\$131,356,288	\$132,927,017
12	Total Medicare Charges	\$585,430,051	\$600,632,232	\$600,694,391
13	<u>Medicaid Payment to Cost Ratio</u>	0.61	0.60	0.57
14	Total Medicaid Payments	\$29,640,372	\$31,692,766	\$33,659,551
15	Total Medicaid Charges	\$175,646,641	\$196,428,837	\$204,734,356
16	<u>Uncompensated Care Cost</u>	\$5,466,908	\$6,048,582	\$4,854,713
17	Charity Care	\$8,529,846	\$8,559,951	\$6,695,669
18	Bad Debts	\$11,094,963	\$13,908,964	\$10,271,353
19	Total Uncompensated Care	\$19,624,809	\$22,468,915	\$16,967,022
20	<u>Uncompensated Care % of Total Expenses</u>	1.6%	1.7%	1.3%

MIDDLESEX HOSPITAL				
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	\$342,279,038	\$345,860,614	\$365,751,321
E. Liquidity Measures Summary				
1	Current Ratio	2	2	2
2	Total Current Assets	\$118,433,000	\$113,367,000	\$110,493,564
3	Total Current Liabilities	\$57,631,000	\$64,104,000	\$56,587,044
4	Days Cash on Hand	69	66	62
5	Cash and Cash Equivalents	\$39,387,000	\$36,581,000	\$47,854,470
6	Short Term Investments	20,741,000	21,491,000	10,160,000
7	Total Cash and Short Term Investments	\$60,128,000	\$58,072,000	\$58,014,470
8	Total Operating Expenses	\$342,279,038	\$345,860,614	\$365,751,321
9	Depreciation Expense	\$22,127,207	\$22,309,482	\$23,551,155
10	Operating Expenses less Depreciation Expense	\$320,151,831	\$323,551,132	\$342,200,166
11	Days Revenue in Patient Accounts Receivable	49	46	43
12	Net Patient Accounts Receivable	\$44,032,000	\$43,502,000	\$42,766,700
13	Due From Third Party Payers	\$2,914,000	\$808,000	\$0
14	Due To Third Party Payers	\$0	\$0	\$965,643
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$46,946,000	\$44,310,000	\$41,801,057
16	Total Net Patient Revenue	\$347,171,019	\$354,010,685	\$357,636,636
17	Average Payment Period	66	72	60
18	Total Current Liabilities	\$57,631,000	\$64,104,000	\$56,587,044
19	Total Operating Expenses	\$342,279,038	\$345,860,614	\$365,751,321
20	Depreciation Expense	\$22,127,207	\$22,309,482	\$23,551,155

MIDDLESEX HOSPITAL				
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	\$320,151,831	\$323,551,132	\$342,200,166
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	57.4	59.5	55.7
2	Total Net Assets	\$264,166,000	\$287,700,000	\$261,956,057
3	Total Assets	\$460,311,000	\$483,811,000	\$470,017,749
4	<u>Cash Flow to Total Debt Ratio</u>	39.3	48.0	33.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$24,128,167	\$35,683,606	\$12,464,149
6	Depreciation Expense	\$22,127,207	\$22,309,482	\$23,551,155
7	Excess of Revenues Over Expenses and Depreciation Expense	\$46,255,374	\$57,993,088	\$36,015,304
8	Total Current Liabilities	\$57,631,000	\$64,104,000	\$56,587,044
9	Total Long Term Debt	\$60,071,000	\$56,689,000	\$52,587,952
10	Total Current Liabilities and Total Long Term Debt	\$117,702,000	\$120,793,000	\$109,174,996
11	<u>Long Term Debt to Capitalization Ratio</u>	18.5	16.5	16.7
12	Total Long Term Debt	\$60,071,000	\$56,689,000	\$52,587,952
13	Total Net Assets	\$264,166,000	\$287,700,000	\$261,956,057
14	Total Long Term Debt and Total Net Assets	\$324,237,000	\$344,389,000	\$314,544,009
15	<u>Debt Service Coverage Ratio</u>	6.5	10.1	6.6
16	Excess Revenues over Expenses	24,128,167	\$35,683,606	\$12,464,149
17	Interest Expense	3,016,511	\$2,896,503	\$2,603,790
18	Depreciation and Amortization Expense	22,127,207	\$22,309,482	\$23,551,155
19	Principal Payments	4,618,000	\$3,156,000	\$3,261,251
G. Other Financial Ratios				

MIDDLESEX HOSPITAL				
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
20	<u>Average Age of Plant</u>	10.4	11.3	11.7
21	Accumulated Depreciation	230,191,000	252,473,000	275,553,635
22	Depreciation and Amortization Expense	22,127,207	22,309,482	23,551,155
H. <u>Utilization Measures Summary</u>				
1	Patient Days	62,546	59,299	58,224
2	Discharges	15,162	14,296	13,617
3	ALOS	4.1	4.1	4.3
4	Staffed Beds	189	183	192
5	Available Beds	-	237	245
6	Licensed Beds	260	297	297
7	Occupancy of Staffed Beds	90.7%	88.8%	83.1%
8	Occupancy of Available Beds	65.9%	68.5%	65.1%
9	Full Time Equivalent Employees	2,119.0	2,081.2	2,107.2
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	35.4%	35.4%	34.7%
2	Medicare Gross Revenue Payer Mix Percentage	48.1%	47.2%	47.5%
3	Medicaid Gross Revenue Payer Mix Percentage	14.4%	15.4%	16.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.7%	1.5%	1.2%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.4%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$430,330,005	\$450,664,654	\$439,012,623
9	Medicare Gross Revenue (Charges)	\$585,430,051	\$600,632,232	\$600,694,391
10	Medicaid Gross Revenue (Charges)	\$175,646,641	\$196,428,837	\$204,734,356
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$20,685,891	\$19,555,143	\$14,879,620
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$4,428,890	\$4,944,741	\$5,597,969
14	Total Gross Revenue (Charges)	\$1,216,521,478	\$1,272,225,607	\$1,264,918,959
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	53.0%	53.2%	52.6%
2	Medicare Net Revenue Payer Mix Percentage	36.0%	36.7%	36.8%
3	Medicaid Net Revenue Payer Mix Percentage	8.4%	8.8%	9.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	2.4%	1.1%	1.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$186,307,741	\$190,618,083	\$190,126,974
9	Medicare Net Revenue (Payments)	\$126,605,584	\$131,356,288	\$132,927,017
10	Medicaid Net Revenue (Payments)	\$29,640,372	\$31,692,766	\$33,659,551

MIDDLESEX HOSPITAL				
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)	\$8,285,172	\$3,834,318	\$3,852,524
13	CHAMPUS / TRICARE Net Revenue Payments)	\$751,168	\$661,513	\$973,049
14	Total Net Revenue (Payments)	\$351,590,037	\$358,162,968	\$361,539,115
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	4,525	4,216	3,800
2	Medicare	8,270	7,760	7,504
3	Medical Assistance	2,323	2,263	2,251
4	Medicaid	2,323	2,263	2,251
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	44	57	62
7	Uninsured (Included In Non-Government)	168	139	92
8	Total	15,162	14,296	13,617
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.12920	1.18891	1.27619
2	Medicare	1.34070	1.37202	1.42635
3	Medical Assistance	0.98280	1.04375	1.07462
4	Medicaid	0.98280	1.04375	1.07462
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.27120	1.05180	1.22936
7	Uninsured (Included In Non-Government)	1.10750	1.12178	1.33100
8	Total Case Mix Index	1.22254	1.26478	1.32541
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	9,971	9,060	8,263
2	Emergency Room - Treated and Discharged	81,193	80,555	79,563
3	Total Emergency Room Visits	91,164	89,615	87,826

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,805,319	\$1,890,185	(\$915,134)	-33%
2	Inpatient Payments	\$639,235	\$400,731	(\$238,504)	-37%
3	Outpatient Charges	\$2,416,064	\$2,335,958	(\$80,106)	-3%
4	Outpatient Payments	\$405,475	\$402,183	(\$3,292)	-1%
5	Discharges	69	45	(24)	-35%
6	Patient Days	275	191	(84)	-31%
7	Outpatient Visits (Excludes ED Visits)	1,929	1,813	(116)	-6%
8	Emergency Department Outpatient Visits	171	222	51	30%
9	Emergency Department Inpatient Admissions	63	41	(22)	-35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,221,383	\$4,226,143	(\$995,240)	-19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,044,710	\$802,914	(\$241,796)	-23%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$61,673	\$61,673	0%
2	Inpatient Payments	\$0	\$13,075	\$13,075	0%
3	Outpatient Charges	\$0	\$14,812	\$14,812	0%
4	Outpatient Payments	\$0	\$2,550	\$2,550	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	8	8	0%
7	Outpatient Visits (Excludes ED Visits)	0	11	11	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$76,485	\$76,485	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$15,625	\$15,625	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$43,416,862	\$43,939,771	\$522,909	1%
2	Inpatient Payments	\$9,893,192	\$9,315,496	(\$577,696)	-6%
3	Outpatient Charges	\$38,020,358	\$44,794,953	\$6,774,595	18%
4	Outpatient Payments	\$6,380,764	\$7,712,369	\$1,331,605	21%
5	Discharges	943	949	6	1%
6	Patient Days	4,077	4,370	293	7%
7	Outpatient Visits (Excludes ED Visits)	30,357	34,762	4,405	15%
8	Emergency Department Outpatient Visits	2,695	2,735	40	1%
9	Emergency Department Inpatient Admissions	795	791	(4)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$81,437,220	\$88,734,724	\$7,297,504	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,273,956	\$17,027,865	\$753,909	5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$790	\$790	0%
4	Outpatient Payments	\$0	\$136	\$136	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$790	\$790	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$136	\$136	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$19,011,609	\$6,277,437	(\$12,734,172)	-67%
2	Inpatient Payments	\$4,332,084	\$1,330,854	(\$3,001,230)	-69%
3	Outpatient Charges	\$13,386,771	\$4,820,817	(\$8,565,954)	-64%
4	Outpatient Payments	\$2,246,634	\$830,003	(\$1,416,631)	-63%
5	Discharges	389	113	(276)	-71%
6	Patient Days	1,832	512	(1,320)	-72%
7	Outpatient Visits (Excludes ED Visits)	10,688	3,742	(6,946)	-65%
8	Emergency Department Outpatient Visits	949	1,035	86	9%
9	Emergency Department Inpatient Admissions	354	340	(14)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,398,380	\$11,098,254	(\$21,300,126)	-66%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,578,718	\$2,160,857	(\$4,417,861)	-67%
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	\$8,760	\$8,760	0%
4	Outpatient Payments	\$0	\$1,508	\$1,508	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	7	7	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$8,760	\$8,760	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,508	\$1,508	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$9,373,212	\$9,373,212	0%
2	Inpatient Payments	\$0	\$1,987,177	\$1,987,177	0%
3	Outpatient Charges	\$0	\$5,353,921	\$5,353,921	0%
4	Outpatient Payments	\$0	\$921,787	\$921,787	0%
5	Discharges	0	174	174	0%
6	Patient Days	0	1,019	1,019	0%
7	Outpatient Visits (Excludes ED Visits)	0	4,155	4,155	0%
8	Emergency Department Outpatient Visits	0	267	267	0%
9	Emergency Department Inpatient Admissions	0	20	20	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$14,727,133	\$14,727,133	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,908,964	\$2,908,964	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$372,761	\$372,761	0%
2	Inpatient Payments	\$0	\$79,028	\$79,028	0%
3	Outpatient Charges	\$0	\$264,795	\$264,795	0%
4	Outpatient Payments	\$0	\$45,590	\$45,590	0%
5	Discharges	0	8	8	0%
6	Patient Days	0	31	31	0%
7	Outpatient Visits (Excludes ED Visits)	0	205	205	0%
8	Emergency Department Outpatient Visits	0	6	6	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$637,556	\$637,556	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$124,618	\$124,618	0%
I. AETNA					
1	Inpatient Charges	\$0	\$3,810,466	\$3,810,466	0%
2	Inpatient Payments	\$0	\$807,842	\$807,842	0%
3	Outpatient Charges	\$0	\$4,178,182	\$4,178,182	0%
4	Outpatient Payments	\$0	\$719,360	\$719,360	0%
5	Discharges	0	92	92	0%
6	Patient Days	0	388	388	0%
7	Outpatient Visits (Excludes ED Visits)	0	3,242	3,242	0%
8	Emergency Department Outpatient Visits	0	75	75	0%
9	Emergency Department Inpatient Admissions	0	6	6	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$7,988,648	\$7,988,648	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,527,202	\$1,527,202	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$812,168	\$812,168	0%
2	Inpatient Payments	\$0	\$172,185	\$172,185	0%
3	Outpatient Charges	\$0	\$445,128	\$445,128	0%
4	Outpatient Payments	\$0	\$76,638	\$76,638	0%
5	Discharges	0	20	20	0%
6	Patient Days	0	88	88	0%
7	Outpatient Visits (Excludes ED Visits)	0	345	345	0%
8	Emergency Department Outpatient Visits	0	6	6	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,257,296	\$1,257,296	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$248,823	\$248,823	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%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$65,233,790	\$66,537,673	\$1,303,883	2%
	TOTAL INPATIENT PAYMENTS	\$14,864,511	\$14,106,388	(\$758,123)	-5%
	TOTAL OUTPATIENT CHARGES	\$53,823,193	\$62,218,116	\$8,394,923	16%
	TOTAL OUTPATIENT PAYMENTS	\$9,032,873	\$10,712,124	\$1,679,251	19%
	TOTAL DISCHARGES	1,401	1,402	1	0%
	TOTAL PATIENT DAYS	6,184	6,607	423	7%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	42,974	48,283	5,309	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,815	4,346	531	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,212	1,198	(14)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$119,056,983	\$128,755,789	\$9,698,806	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,897,384	\$24,818,512	\$921,128	4%

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

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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%

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

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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%

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

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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%

MIDDLESEX HEALTH SYSTEM, INC.					
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	\$39,755,000	\$50,370,000	\$10,615,000	27%
2	Short Term Investments	\$21,491,000	\$10,160,000	(\$11,331,000)	-53%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$44,515,000	\$44,169,000	(\$346,000)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,365,000	\$2,858,000	(\$1,507,000)	-35%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$808,000	\$0	(\$808,000)	-100%
7	Inventories of Supplies	\$1,161,000	\$1,190,149	\$29,149	3%
8	Prepaid Expenses	\$2,633,000	\$3,106,851	\$473,851	18%
9	Other Current Assets	\$3,273,000	\$2,958,000	(\$315,000)	-10%
	Total Current Assets	\$118,001,000	\$114,812,000	(\$3,189,000)	-3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$10,443,000	\$10,937,000	\$494,000	5%
2	Board Designated for Capital Acquisition	\$119,801,000	\$120,455,000	\$654,000	1%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$16,044,000	\$15,948,000	(\$96,000)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$146,288,000	\$147,340,000	\$1,052,000	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$23,461,000	\$9,944,000	(\$13,517,000)	-58%
7	Other Noncurrent Assets	\$7,811,000	\$13,281,000	\$5,470,000	70%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$455,719,000	\$475,594,000	\$19,875,000	4%
2	Less: Accumulated Depreciation	\$261,664,000	\$285,642,000	\$23,978,000	\$0
	Property, Plant and Equipment, Net	\$194,055,000	\$189,952,000	(\$4,103,000)	-2%
3	Construction in Progress	\$8,049,000	\$10,205,000	\$2,156,000	27%
	Total Net Fixed Assets	\$202,104,000	\$200,157,000	(\$1,947,000)	-1%
	Total Assets	\$497,665,000	\$485,534,000	(\$12,131,000)	-2%

MIDDLESEX HEALTH SYSTEM, INC.					
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	\$21,761,000	\$19,782,000	(\$1,979,000)	-9%
2	Salaries, Wages and Payroll Taxes	\$34,614,000	\$31,202,000	(\$3,412,000)	-10%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,530,000	\$3,681,000	\$151,000	4%
6	Current Portion of Notes Payable	\$85,000	\$85,000	\$0	0%
7	Other Current Liabilities	\$6,545,000	\$5,107,000	(\$1,438,000)	-22%
	Total Current Liabilities	\$66,535,000	\$59,857,000	(\$6,678,000)	-10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$61,230,000	\$56,749,000	(\$4,481,000)	-7%
2	Notes Payable (Net of Current Portion)	\$784,000	\$805,000	\$21,000	3%
	Total Long Term Debt	\$62,014,000	\$57,554,000	(\$4,460,000)	-7%
3	Accrued Pension Liability	\$45,992,000	\$64,264,000	\$18,272,000	40%
4	Other Long Term Liabilities	\$29,524,000	\$34,840,000	\$5,316,000	18%
	Total Long Term Liabilities	\$137,530,000	\$156,658,000	\$19,128,000	14%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$276,492,000	\$252,186,000	(\$24,306,000)	-9%
2	Temporarily Restricted Net Assets	\$10,131,000	\$9,855,000	(\$276,000)	-3%
3	Permanently Restricted Net Assets	\$6,977,000	\$6,978,000	\$1,000	0%
	Total Net Assets	\$293,600,000	\$269,019,000	(\$24,581,000)	-8%
	Total Liabilities and Net Assets	\$497,665,000	\$485,534,000	(\$12,131,000)	-2%

MIDDLESEX HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$1,296,965,000	\$1,295,537,000	(\$1,428,000)	0%
2	Less: Allowances	\$903,947,000	\$901,336,000	(\$2,611,000)	0%
3	Less: Charity Care	\$8,560,000	\$6,696,000	(\$1,864,000)	-22%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$384,458,000	\$387,505,000	\$3,047,000	1%
5	Provision for Bad Debts	\$14,214,000	\$10,499,000	(\$3,715,000)	-26%
	Net Patient Service Revenue less provision for bad debts	\$370,244,000	\$377,006,000	\$6,762,000	2%
6	Other Operating Revenue	\$13,560,000	\$14,648,000	\$1,088,000	8%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$383,804,000	\$391,654,000	\$7,850,000	2%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$178,252,000	\$183,156,000	\$4,904,000	3%
2	Fringe Benefits	\$39,185,000	\$45,284,000	\$6,099,000	16%
3	Physicians Fees	\$3,624,974	\$4,053,027	\$428,053	12%
4	Supplies and Drugs	\$37,176,000	\$42,409,000	\$5,233,000	14%
5	Depreciation and Amortization	\$23,047,000	\$24,444,000	\$1,397,000	6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,167,000	\$2,862,000	(\$305,000)	-10%
8	Malpractice Insurance Cost	\$3,553,148	\$6,082,265	\$2,529,117	71%
9	Other Operating Expenses	\$78,892,878	\$82,309,708	\$3,416,830	4%
	Total Operating Expenses	\$366,898,000	\$390,600,000	\$23,702,000	6%
	Income/(Loss) From Operations	\$16,906,000	\$1,054,000	(\$15,852,000)	-94%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$13,454,000	\$5,651,000	(\$7,803,000)	-58%
2	Gifts, Contributions and Donations	\$564,000	\$2,027,000	\$1,463,000	259%
3	Other Non-Operating Gains/(Losses)	\$980,000	(\$483,000)	(\$1,463,000)	-149%
	Total Non-Operating Revenue	\$14,998,000	\$7,195,000	(\$7,803,000)	-52%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$31,904,000	\$8,249,000	(\$23,655,000)	-74%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$31,904,000	\$8,249,000	(\$23,655,000)	-74%

MIDDLESEX HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$361,760,000	\$370,244,000	\$377,006,000
2	Other Operating Revenue	12,946,000	13,560,000	14,648,000
3	Total Operating Revenue	\$374,706,000	\$383,804,000	\$391,654,000
4	Total Operating Expenses	360,357,000	366,898,000	390,600,000
5	Income/(Loss) From Operations	\$14,349,000	\$16,906,000	\$1,054,000
6	Total Non-Operating Revenue	7,155,000	14,998,000	7,195,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$21,504,000	\$31,904,000	\$8,249,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.76%	4.24%	0.26%
2	Parent Corporation Non-Operating Margin	1.87%	3.76%	1.80%
3	Parent Corporation Total Margin	5.63%	8.00%	2.07%
4	Income/(Loss) From Operations	\$14,349,000	\$16,906,000	\$1,054,000
5	Total Operating Revenue	\$374,706,000	\$383,804,000	\$391,654,000
6	Total Non-Operating Revenue	\$7,155,000	\$14,998,000	\$7,195,000
7	Total Revenue	\$381,861,000	\$398,802,000	\$398,849,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$21,504,000	\$31,904,000	\$8,249,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$253,975,000	\$276,492,000	\$252,186,000
2	Parent Corporation Total Net Assets	\$270,319,000	\$293,600,000	\$269,019,000
3	Parent Corporation Change in Total Net Assets	\$103,509,000	\$23,281,000	(\$24,581,000)
4	Parent Corporation Change in Total Net Assets %	162.1%	8.6%	-8.4%

MIDDLESEX HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.06	1.77	1.92
2	Total Current Assets	\$123,606,000	\$118,001,000	\$114,812,000
3	Total Current Liabilities	\$59,887,000	\$66,535,000	\$59,857,000
4	<u>Days Cash on Hand</u>	69	65	60
5	Cash and Cash Equivalents	\$43,344,000	\$39,755,000	\$50,370,000
6	Short Term Investments	\$20,741,000	\$21,491,000	\$10,160,000
7	Total Cash and Short Term Investments	\$64,085,000	\$61,246,000	\$60,530,000
8	Total Operating Expenses	\$360,357,000	\$366,898,000	\$390,600,000
9	Depreciation Expense	\$22,813,000	\$23,047,000	\$24,444,000
10	Operating Expenses less Depreciation Expense	\$337,544,000	\$343,851,000	\$366,156,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	48	45	43
12	Net Patient Accounts Receivable	\$ 44,833,000	\$ 44,515,000	\$ 44,169,000
13	Due From Third Party Payers	\$2,914,000	\$808,000	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 47,747,000	\$ 45,323,000	\$ 44,169,000
16	Total Net Patient Revenue	\$361,760,000	\$370,244,000	\$377,006,000
17	<u>Average Payment Period</u>	65	71	60
18	Total Current Liabilities	\$59,887,000	\$66,535,000	\$59,857,000
19	Total Operating Expenses	\$360,357,000	\$366,898,000	\$390,600,000
20	Depreciation Expense	\$22,813,000	\$23,047,000	\$24,444,000
20	Total Operating Expenses less Depreciation Expense	\$337,544,000	\$343,851,000	\$366,156,000

MIDDLESEX HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	57.0	59.0	55.4
2	Total Net Assets	\$270,319,000	\$293,600,000	\$269,019,000
3	Total Assets	\$474,555,000	\$497,665,000	\$485,534,000
4	<u>Cash Flow to Total Debt Ratio</u>	35.3	42.7	27.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$21,504,000	\$31,904,000	\$8,249,000
6	Depreciation Expense	\$22,813,000	\$23,047,000	\$24,444,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$44,317,000	\$54,951,000	\$32,693,000
8	Total Current Liabilities	\$59,887,000	\$66,535,000	\$59,857,000
9	Total Long Term Debt	\$65,743,000	\$62,014,000	\$57,554,000
10	Total Current Liabilities and Total Long Term Debt	\$125,630,000	\$128,549,000	\$117,411,000
11	<u>Long Term Debt to Capitalization Ratio</u>	19.6	17.4	17.6
12	Total Long Term Debt	\$65,743,000	\$62,014,000	\$57,554,000
13	Total Net Assets	\$270,319,000	\$293,600,000	\$269,019,000
14	Total Long Term Debt and Total Net Assets	\$336,062,000	\$355,614,000	\$326,573,000

MIDDLESEX HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	39,124	10,581	10,467	135	155	79.4%	69.2%
2	ICU/CCU (Excludes Neonatal ICU)	6,935	555	0	21	24	90.5%	79.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	6,120	835	834	17	20	98.6%	83.8%
	TOTAL PSYCHIATRIC	6,120	835	834	17	20	98.6%	83.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,882	1,105	1,169	9	23	87.7%	34.3%
7	Newborn	3,163	1,096	1,113	10	23	86.7%	37.7%
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	55,061	12,521	12,470	182	222	82.9%	68.0%
	TOTAL INPATIENT BED UTILIZATION	58,224	13,617	13,583	192	245	83.1%	65.1%
	TOTAL INPATIENT REPORTED YEAR	58,224	13,617	13,583	192	245	83.1%	65.1%
	TOTAL INPATIENT PRIOR YEAR	59,299	14,296	14,321	183	237	88.8%	68.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,075	-679	-738	9	8	-5.7%	-3.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	-5%	-5%	5%	3%	-6%	-5%
	Total Licensed Beds and Bassinets	297						
(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.								

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	7,521	7,134	-387	-5%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,466	10,658	192	2%
3	Emergency Department Scans	10,946	11,719	773	7%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	28,933	29,511	578	2%
B. MRI Scans (A)					
1	Inpatient Scans	2,074	1,787	-287	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,814	10,200	386	4%
3	Emergency Department Scans	178	284	106	60%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	12,066	12,271	205	2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	1	0	-1	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	1	0	-1	-100%
D. PET/CT Scans (A)					
1	Inpatient Scans	1	2	1	100%
2	Outpatient Scans (Excluding Emergency Department Scans)	517	506	-11	-2%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	518	508	-10	-2%
(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	227	155	-72	-32%
2	Outpatient Procedures	11,482	6,417	-5,065	-44%
	Total Linear Accelerator Procedures	11,709	6,572	-5,137	-44%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	110	101	-9	-8%
2	Outpatient Procedures	220	212	-8	-4%
	Total Cardiac Catheterization Procedures	330	313	-17	-5%
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	2,713	2,634	-79	-3%
2	Outpatient Surgical Procedures	4,765	4,865	100	2%
	Total Surgical Procedures	7,478	7,499	21	0%
J. Endoscopy Procedures					

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	986	951	-35	-4%
2	Outpatient Endoscopy Procedures	1,909	2,256	347	18%
	Total Endoscopy Procedures	2,895	3,207	312	11%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	9,060	8,263	-797	-9%
2	Emergency Room Visits: Treated and Discharged	80,555	79,563	-992	-1%
	Total Emergency Room Visits	89,615	87,826	-1,789	-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	35,531	35,449	-82	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	32,026	32,854	828	3%
8	Medical Clinic Visits - Other Medical Clinics	23,713	26,575	2,862	12%
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	5,368	6,055	687	13%
	Total Hospital Clinic Visits	96,638	100,933	4,295	4%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	49,855	59,350	9,495	19%
2	Cardiac Rehabilitation	3,866	4,030	164	4%
3	Chemotherapy	733	595	-138	-19%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	403,083	407,789	4,706	1%
	Total Other Hospital Outpatient Visits	457,537	471,764	14,227	3%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	520.4	540.2	19.8	4%
2	Total Physician FTEs	134.5	137.3	2.8	2%
3	Total Non-Nursing and Non-Physician FTEs	1,426.3	1,429.7	3.4	0%
	Total Hospital Full Time Equivalent Employees	2,081.2	2,107.2	26.0	1%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	MH OP Center Saybrook Road	1,886	2,000	114	6%
2	Middlesex Hospital	2,879	2,865	-14	0%
	Total Outpatient Surgical Procedures(A)	4,765	4,865	100	2%
B. Outpatient Endoscopy Procedures					
1	MH Shoreline Oscopy Room	0	0	0	0%
2	Middlesex Hospital	1,909	2,256	347	18%
	Total Outpatient Endoscopy Procedures(B)	1,909	2,256	347	18%
C. Outpatient Hospital Emergency Room Visits					
1	MH Marlborough ED	20,458	19,891	-567	-3%
2	MH Shoreline ED	20,585	20,686	101	0%
3	Middlesex Hospital ED	39,512	38,986	-526	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	80,555	79,563	-992	-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.					

MIDDLESEX HOSPITAL					
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	\$346,094,124	\$333,227,086	(\$12,867,038)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$80,217,335	\$75,470,428	(\$4,746,907)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.18%	22.65%	-0.53%	-2%
4	DISCHARGES	7,760	7,504	(256)	-3%
5	CASE MIX INDEX (CMI)	1.37202	1.42635	0.05433	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	10,646.87520	10,703.33040	56.45520	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,534.35	\$7,051.12	(\$483.24)	-6%
8	PATIENT DAYS	35,586	34,831	(755)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,254.18	\$2,166.76	(\$87.42)	-4%
10	AVERAGE LENGTH OF STAY	4.6	4.6	0.1	1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$254,538,108	\$267,467,305	\$12,929,197	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$51,138,953	\$57,456,589	\$6,317,636	12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.09%	21.48%	1.39%	7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	73.55%	80.27%	6.72%	9%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,707.16340	6,023.14380	315.98040	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,960.49	\$9,539.30	\$578.82	6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$600,632,232	\$600,694,391	\$62,159	0%
18	TOTAL ACCRUED PAYMENTS	\$131,356,288	\$132,927,017	\$1,570,729	1%
19	TOTAL ALLOWANCES	\$469,275,944	\$467,767,374	(\$1,508,570)	0%

MIDDLESEX HOSPITAL					
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
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$153,971,318	\$145,819,781	(\$8,151,537)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,235,796	\$67,652,225	(\$1,583,571)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.97%	46.39%	1.43%	3%
4	DISCHARGES	4,216	3,800	(416)	-10%
5	CASE MIX INDEX (CMI)	1.18891	1.27619	0.08728	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,012.44456	4,849.52200	(162.92256)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,812.78	\$13,950.29	\$137.51	1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$6,278.43)	(\$6,899.17)	(\$620.75)	10%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$31,470,260)	(\$33,457,681)	(\$1,987,421)	6%
10	PATIENT DAYS	13,915	13,174	(741)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,975.62	\$5,135.28	\$159.66	3%
12	AVERAGE LENGTH OF STAY	3.3	3.5	0.2	5%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$316,248,479	\$308,072,462	(\$8,176,017)	-3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$125,216,605	\$126,327,273	\$1,110,668	1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.59%	41.01%	1.41%	4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	205.39%	211.27%	5.87%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,659.42829	8,028.23422	(631.19407)	-7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,460.15	\$15,735.37	\$1,275.23	9%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$5,499.66)	(\$6,196.07)	(\$696.41)	13%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$47,623,926)	(\$49,743,521)	(\$2,119,594)	4%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$470,219,797	\$453,892,243	(\$16,327,554)	-3%
22	TOTAL ACCRUED PAYMENTS	\$194,452,401	\$193,979,498	(\$472,903)	0%
23	TOTAL ALLOWANCES	\$275,767,396	\$259,912,745	(\$15,854,651)	-6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$79,094,187)	(\$83,201,202)	(\$4,107,015)	5%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$429,305,698	\$414,756,036	(\$14,549,662)	-3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$195,659,148	\$192,747,761	(\$2,911,387)	-1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$233,646,550	\$222,008,275	(\$11,638,275)	-5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.42%	53.53%	-0.90%	

MIDDLESEX HOSPITAL					
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
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,804,078	\$3,849,533	(\$954,545)	-20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,364,690	\$1,360,408	(\$4,282)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.41%	35.34%	6.93%	24%
4	DISCHARGES	139	92	(47)	-34%
5	CASE MIX INDEX (CMI)	1.12178	1.33100	0.20922	19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	155.92742	122.45200	(33.47542)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,752.08	\$11,109.72	\$2,357.64	27%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,060.70	\$2,840.56	(\$2,220.13)	-44%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$1,217.73)	(\$4,058.61)	(\$2,840.88)	233%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$189,877)	(\$496,985)	(\$307,107)	162%
11	PATIENT DAYS	308	394	86	28%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,430.81	\$3,452.81	(\$978.00)	-22%
13	AVERAGE LENGTH OF STAY	2.2	4.3	2.1	93%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,751,065	\$11,030,087	(\$3,720,978)	-25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,469,628	\$2,492,116	\$22,488	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.74%	22.59%	5.85%	35%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	307.05%	286.53%	-20.52%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	426.80365	263.60808	(163.19557)	-38%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,786.33	\$9,453.87	\$3,667.54	63%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,673.81	\$6,281.51	(\$2,392.31)	-28%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,174.15	\$85.43	(\$3,088.72)	-97%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,354,740	\$22,521	(\$1,332,219)	-98%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$19,555,143	\$14,879,620	(\$4,675,523)	-24%
24	TOTAL ACCRUED PAYMENTS	\$3,834,318	\$3,852,524	\$18,206	0%
25	TOTAL ALLOWANCES	\$15,720,825	\$11,027,096	(\$4,693,729)	-30%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,164,862	(\$474,464)	(\$1,639,326)	-141%

MIDDLESEX HOSPITAL					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$77,179,588	\$76,836,069	(\$343,519)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,773,156	\$13,013,835	\$2,240,679	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.96%	16.94%	2.98%	21%
4	DISCHARGES	2,263	2,251	(12)	-1%
5	CASE MIX INDEX (CMI)	1.04375	1.07462	0.03087	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,362.00625	2,418.96962	56.96337	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,561.02	\$5,379.91	\$818.89	18%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$9,251.76	\$8,570.38	(\$681.38)	-7%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,973.34	\$1,671.21	(\$1,302.13)	-44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,023,037	\$4,042,601	(\$2,980,436)	-42%
11	PATIENT DAYS	9,624	10,039	415	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,119.41	\$1,296.33	\$176.92	16%
13	AVERAGE LENGTH OF STAY	4.3	4.5	0.2	5%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$119,249,249	\$127,898,287	\$8,649,038	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,919,610	\$20,645,716	(\$273,894)	-1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.54%	16.14%	-1.40%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	154.51%	166.46%	11.95%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,496.53396	3,746.92573	250.39177	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,982.96	\$5,510.04	(\$472.91)	-8%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,477.19	\$10,225.33	\$1,748.14	21%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,977.53	\$4,029.26	\$1,051.73	35%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,411,031	\$15,097,341	\$4,686,310	45%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$196,428,837	\$204,734,356	\$8,305,519	4%
24	TOTAL ACCRUED PAYMENTS	\$31,692,766	\$33,659,551	\$1,966,785	6%
25	TOTAL ALLOWANCES	\$164,736,071	\$171,074,805	\$6,338,734	4%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,434,068	\$19,139,942	\$1,705,874	10%

MIDDLESEX HOSPITAL					
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
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	\$13,812.78	\$13,950.29	\$137.51	1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,534.35	\$7,051.12	(\$483.24)	-6%
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	\$14,460.15	\$15,735.37	\$1,275.23	9%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,960.49	\$9,539.30	\$578.82	6%
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%

MIDDLESEX HOSPITAL					
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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$77,179,588	\$76,836,069	(\$343,519)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,773,156	\$13,013,835	\$2,240,679	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.96%	16.94%	2.98%	21%
4	DISCHARGES	2,263	2,251	(12)	-1%
5	CASE MIX INDEX (CMI)	1.04375	1.07462	0.03087	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,362.00625	2,418.96962	56.96337	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,561.02	\$5,379.91	\$818.89	18%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$9,251.76	\$8,570.38	(\$681.38)	-7%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,973.34	\$1,671.21	(\$1,302.13)	-44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,023,037	\$4,042,601	(\$2,980,436)	-42%
11	PATIENT DAYS	9,624	10,039	415	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,119.41	\$1,296.33	\$176.92	16%
13	AVERAGE LENGTH OF STAY	4.3	4.5	0.2	5%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$119,249,249	\$127,898,287	\$8,649,038	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,919,610	\$20,645,716	(\$273,894)	-1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.54%	16.14%	-1.40%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	154.51%	166.46%	11.95%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,496.53396	3,746.92573	250.39177	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,982.96	\$5,510.04	(\$472.91)	-8%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,477.19	\$10,225.33	\$1,748.14	21%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,977.53	\$4,029.26	\$1,051.73	35%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,411,031	\$15,097,341	\$4,686,310	45%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$196,428,837	\$204,734,356	\$8,305,519	4%
24	TOTAL ACCRUED PAYMENTS	\$31,692,766	\$33,659,551	\$1,966,785	6%
25	TOTAL ALLOWANCES	\$164,736,071	\$171,074,805	\$6,338,734	4%

MIDDLESEX HOSPITAL					
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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,800,340	\$1,934,851	\$134,511	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$367,877	\$373,735	\$5,858	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.43%	19.32%	-1.12%	-5%
4	DISCHARGES	57	62	5	9%
5	CASE MIX INDEX (CMI)	1.05180	1.22936	0.17756	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	59.95260	76.22032	16.26772	27%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,136.13	\$4,903.35	(\$1,232.78)	-20%
8	PATIENT DAYS	174	180	6	3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,114.24	\$2,076.31	(\$37.93)	-2%
10	AVERAGE LENGTH OF STAY	3.1	2.9	(0.1)	-5%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,144,401	\$3,663,118	\$518,717	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$293,636	\$599,314	\$305,678	104%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$4,944,741	\$5,597,969	\$653,228	13%
14	TOTAL ACCRUED PAYMENTS	\$661,513	\$973,049	\$311,536	47%
15	TOTAL ALLOWANCES	\$4,283,228	\$4,624,920	\$341,692	8%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$12,557,059	\$13,366,834	\$809,775	6%
2	TOTAL OPERATING EXPENSES	\$345,860,614	\$365,751,321	\$19,890,707	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$8,559,951	\$6,695,669	(\$1,864,282)	-22%
5	BAD DEBTS (CHARGES)	\$13,908,964	\$10,271,353	(\$3,637,611)	-26%
6	UNCOMPENSATED CARE (CHARGES)	\$22,468,915	\$16,967,022	(\$5,501,893)	-24%
7	COST OF UNCOMPENSATED CARE	\$6,344,709	\$4,921,161	(\$1,423,548)	-22%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$196,428,837	\$204,734,356	\$8,305,519	4%
9	TOTAL ACCRUED PAYMENTS	\$31,692,766	\$33,659,551	\$1,966,785	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$55,467,022	\$59,381,707	\$3,914,684	7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$23,774,256	\$25,722,156	\$1,947,899	8%

MIDDLESEX HOSPITAL					
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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$579,045,370	\$557,817,787	(\$21,227,583)	-4%
2	TOTAL INPATIENT PAYMENTS	\$160,594,164	\$156,510,223	(\$4,083,941)	-3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	27.73%	28.06%	0.32%	1%
4	TOTAL DISCHARGES	14,296	13,617	(679)	-5%
5	TOTAL CASE MIX INDEX	1.26478	1.32541	0.06063	5%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	18,081.27861	18,048.04234	(33.23627)	0%
7	TOTAL OUTPATIENT CHARGES	\$693,180,237	\$707,101,172	\$13,920,935	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	119.71%	126.76%	7.05%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$197,568,804	\$205,028,892	\$7,460,088	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.50%	29.00%	0.49%	2%
11	TOTAL CHARGES	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)	-1%
12	TOTAL PAYMENTS	\$358,162,968	\$361,539,115	\$3,376,147	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	28.15%	28.58%	0.43%	2%
14	PATIENT DAYS	59,299	58,224	(1,075)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$425,074,052	\$411,998,006	(\$13,076,046)	-3%
2	INPATIENT PAYMENTS	\$91,358,368	\$88,857,998	(\$2,500,370)	-3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	21.49%	21.57%	0.08%	0%
4	DISCHARGES	10,080	9,817	(263)	-3%
5	CASE MIX INDEX	1.29651	1.34446	0.04794	4%
6	CASE MIX ADJUSTED DISCHARGES	13,068.83405	13,198.52034	129.68629	1%
7	OUTPATIENT CHARGES	\$376,931,758	\$399,028,710	\$22,096,952	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	88.67%	96.85%	8.18%	9%
9	OUTPATIENT PAYMENTS	\$72,352,199	\$78,701,619	\$6,349,420	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.20%	19.72%	0.53%	3%
11	TOTAL CHARGES	\$802,005,810	\$811,026,716	\$9,020,906	1%
12	TOTAL PAYMENTS	\$163,710,567	\$167,559,617	\$3,849,050	2%
13	TOTAL PAYMENTS / CHARGES	20.41%	20.66%	0.25%	1%
14	PATIENT DAYS	45,384	45,050	(334)	-1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$638,295,243	\$643,467,099	\$5,171,856	1%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.6	4.6	0.1	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.5	0.2	5%
3	UNINSURED	2.2	4.3	2.1	93%
4	MEDICAID	4.3	4.5	0.2	5%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.1	2.9	(0.1)	-5%
7	TOTAL AVERAGE LENGTH OF STAY	4.1	4.3	0.1	3%

MIDDLESEX HOSPITAL					
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	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)	-1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$638,295,243	\$643,467,099	\$5,171,856	1%
3	UNCOMPENSATED CARE	\$22,468,915	\$16,967,022	(\$5,501,893)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$233,646,550	\$222,008,275	(\$11,638,275)	-5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$18,567,411	\$15,596,046	(\$2,971,365)	-16%
6	TOTAL ADJUSTMENTS	\$912,978,119	\$898,038,442	(\$14,939,677)	-2%
7	TOTAL ACCRUED PAYMENTS	\$359,247,488	\$366,880,517	\$7,633,029	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.	\$359,247,488	\$366,880,517	\$7,633,029	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2823771869	0.2900427054	0.0076655185	3%
11	COST OF UNCOMPENSATED CARE	\$6,344,709	\$4,921,161	(\$1,423,548)	-22%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$23,774,256	\$25,722,156	\$1,947,899	8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$30,118,965	\$30,643,316	\$524,351	2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$10,411,031	\$15,097,341	\$4,686,310	45%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,164,862	(\$474,464)	(\$1,639,326)	-141%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,575,893	\$14,622,877	\$3,046,984	26%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,158,869	\$21,618,618	(\$3,540,251)	-14.07%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$4,152,362)	(\$3,902,482)	\$249,880	-6.02%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$354,010,685	\$357,636,636	\$3,625,951	1.02%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)	-0.57%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$22,468,915	\$16,967,022	(\$5,501,893)	-24.49%

MIDDLESEX HOSPITAL				
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)	\$153,971,318	\$145,819,781	(\$8,151,537)
2	MEDICARE	\$346,094,124	333,227,086	(\$12,867,038)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$77,179,588	76,836,069	(\$343,519)
4	MEDICAID	\$77,179,588	76,836,069	(\$343,519)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,800,340	1,934,851	\$134,511
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,804,078	3,849,533	(\$954,545)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$425,074,052	\$411,998,006	(\$13,076,046)
	TOTAL INPATIENT CHARGES	\$579,045,370	\$557,817,787	(\$21,227,583)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$316,248,479	\$308,072,462	(\$8,176,017)
2	MEDICARE	\$254,538,108	267,467,305	\$12,929,197
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$119,249,249	127,898,287	\$8,649,038
4	MEDICAID	\$119,249,249	127,898,287	\$8,649,038
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$3,144,401	3,663,118	\$518,717
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,751,065	11,030,087	(\$3,720,978)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$376,931,758	\$399,028,710	\$22,096,952
	TOTAL OUTPATIENT CHARGES	\$693,180,237	\$707,101,172	\$13,920,935
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$470,219,797	\$453,892,243	(\$16,327,554)
2	TOTAL MEDICARE	\$600,632,232	\$600,694,391	\$62,159
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$196,428,837	\$204,734,356	\$8,305,519
4	TOTAL MEDICAID	\$196,428,837	\$204,734,356	\$8,305,519
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$4,944,741	\$5,597,969	\$653,228
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,555,143	\$14,879,620	(\$4,675,523)
	TOTAL GOVERNMENT CHARGES	\$802,005,810	\$811,026,716	\$9,020,906
	TOTAL CHARGES	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,235,796	\$67,652,225	(\$1,583,571)
2	MEDICARE	\$80,217,335	75,470,428	(\$4,746,907)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,773,156	13,013,835	\$2,240,679
4	MEDICAID	\$10,773,156	13,013,835	\$2,240,679
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$367,877	373,735	\$5,858
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,364,690	1,360,408	(\$4,282)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$91,358,368	\$88,857,998	(\$2,500,370)
	TOTAL INPATIENT PAYMENTS	\$160,594,164	\$156,510,223	(\$4,083,941)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$125,216,605	\$126,327,273	\$1,110,668
2	MEDICARE	\$51,138,953	57,456,589	\$6,317,636
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,919,610	20,645,716	(\$273,894)
4	MEDICAID	\$20,919,610	20,645,716	(\$273,894)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$293,636	599,314	\$305,678
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,469,628	2,492,116	\$22,488
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$72,352,199	\$78,701,619	\$6,349,420
	TOTAL OUTPATIENT PAYMENTS	\$197,568,804	\$205,028,892	\$7,460,088
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$194,452,401	\$193,979,498	(\$472,903)
2	TOTAL MEDICARE	\$131,356,288	\$132,927,017	\$1,570,729
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,692,766	\$33,659,551	\$1,966,785
4	TOTAL MEDICAID	\$31,692,766	\$33,659,551	\$1,966,785
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$661,513	\$973,049	\$311,536
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,834,318	\$3,852,524	\$18,206
	TOTAL GOVERNMENT PAYMENTS	\$163,710,567	\$167,559,617	\$3,849,050
	TOTAL PAYMENTS	\$358,162,968	\$361,539,115	\$3,376,147

MIDDLESEX HOSPITAL				
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)	12.10%	11.53%	-0.57%
2	MEDICARE	27.20%	26.34%	-0.86%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.07%	6.07%	0.01%
4	MEDICAID	6.07%	6.07%	0.01%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.14%	0.15%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38%	0.30%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.41%	32.57%	-0.84%
	TOTAL INPATIENT PAYER MIX	45.51%	44.10%	-1.42%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.86%	24.36%	-0.50%
2	MEDICARE	20.01%	21.15%	1.14%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.37%	10.11%	0.74%
4	MEDICAID	9.37%	10.11%	0.74%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.25%	0.29%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16%	0.87%	-0.29%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	29.63%	31.55%	1.92%
	TOTAL OUTPATIENT PAYER MIX	54.49%	55.90%	1.42%
	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)	19.33%	18.71%	-0.62%
2	MEDICARE	22.40%	20.87%	-1.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.01%	3.60%	0.59%
4	MEDICAID	3.01%	3.60%	0.59%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.10%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38%	0.38%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.51%	24.58%	-0.93%
	TOTAL INPATIENT PAYER MIX	44.84%	43.29%	-1.55%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.96%	34.94%	-0.02%
2	MEDICARE	14.28%	15.89%	1.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.84%	5.71%	-0.13%
4	MEDICAID	5.84%	5.71%	-0.13%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.08%	0.17%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.69%	0.69%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.20%	21.77%	1.57%
	TOTAL OUTPATIENT PAYER MIX	55.16%	56.71%	1.55%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDDLESEX HOSPITAL				
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)	4,216	3,800	(416)
2	MEDICARE	7,760	7,504	(256)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,263	2,251	(12)
4	MEDICAID	2,263	2,251	(12)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	57	62	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	139	92	(47)
	TOTAL GOVERNMENT DISCHARGES	10,080	9,817	(263)
	TOTAL DISCHARGES	14,296	13,617	(679)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,915	13,174	(741)
2	MEDICARE	35,586	34,831	(755)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,624	10,039	415
4	MEDICAID	9,624	10,039	415
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	174	180	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	308	394	86
	TOTAL GOVERNMENT PATIENT DAYS	45,384	45,050	(334)
	TOTAL PATIENT DAYS	59,299	58,224	(1,075)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.5	0.2
2	MEDICARE	4.6	4.6	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.3	4.5	0.2
4	MEDICAID	4.3	4.5	0.2
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.1	2.9	(0.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.2	4.3	2.1
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.5	4.6	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.1	4.3	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.18891	1.27619	0.08728
2	MEDICARE	1.37202	1.42635	0.05433
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.04375	1.07462	0.03087
4	MEDICAID	1.04375	1.07462	0.03087
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.05180	1.22936	0.17756
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12178	1.33100	0.20922
	TOTAL GOVERNMENT CASE MIX INDEX	1.29651	1.34446	0.04794
	TOTAL CASE MIX INDEX	1.26478	1.32541	0.06063
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$429,305,698	\$414,756,036	(\$14,549,662)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$195,659,148	\$192,747,761	(\$2,911,387)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$233,646,550	\$222,008,275	(\$11,638,275)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.42%	53.53%	-0.90%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,158,869	\$21,618,618	(\$3,540,251)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$18,567,411	\$15,596,046	(\$2,971,365)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$8,559,951	\$6,695,669	(\$1,864,282)
9	BAD DEBTS	\$13,908,964	\$10,271,353	(\$3,637,611)
10	TOTAL UNCOMPENSATED CARE	\$22,468,915	\$16,967,022	(\$5,501,893)
11	TOTAL OTHER OPERATING REVENUE	\$12,557,059	\$13,366,834	\$809,775
12	TOTAL OPERATING EXPENSES	\$345,860,614	\$365,751,321	\$19,890,707

MIDDLESEX HOSPITAL				
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)	5,012.44456	4,849.52200	(162.92256)
2	MEDICARE	10,646.87520	10,703.33040	56.45520
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,362.00625	2,418.96962	56.96337
4	MEDICAID	2,362.00625	2,418.96962	56.96337
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	59.95260	76.22032	16.26772
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	155.92742	122.45200	(33.47542)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	13,068.83405	13,198.52034	129.68629
	TOTAL CASE MIX ADJUSTED DISCHARGES	18,081.27861	18,048.04234	(33.23627)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,659.42829	8,028.23422	-631.19407
2	MEDICARE	5,707.16340	6,023.14380	315.98040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,496.53396	3,746.92573	250.39177
4	MEDICAID	3,496.53396	3,746.92573	250.39177
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	99.55389	117.38026	17.82637
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	426.80365	263.60808	-163.19557
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	9,303.25126	9,887.44979	584.19854
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	17,962.67955	17,915.68401	-46.99554
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,812.78	\$13,950.29	\$137.51
2	MEDICARE	\$7,534.35	\$7,051.12	(\$483.24)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,561.02	\$5,379.91	\$818.89
4	MEDICAID	\$4,561.02	\$5,379.91	\$818.89
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,136.13	\$4,903.35	(\$1,232.78)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,752.08	\$11,109.72	\$2,357.64
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,990.55	\$6,732.42	(\$258.13)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,881.79	\$8,671.87	(\$209.93)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,460.15	\$15,735.37	\$1,275.23
2	MEDICARE	\$8,960.49	\$9,539.30	\$578.82
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,982.96	\$5,510.04	(\$472.91)
4	MEDICAID	\$5,982.96	\$5,510.04	(\$472.91)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$2,949.52	\$5,105.75	\$2,156.23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,786.33	\$9,453.87	\$3,667.54
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,777.09	\$7,959.75	\$182.66
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,998.85	\$11,444.10	\$445.25

MIDDLESEX HOSPITAL				
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	\$10,411,031	\$15,097,341	\$4,686,310
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,164,862	(\$474,464)	(\$1,639,326)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,575,893	\$14,622,877	\$3,046,984
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)
2	TOTAL GOVERNMENT DEDUCTIONS	\$638,295,243	\$643,467,099	\$5,171,856
3	UNCOMPENSATED CARE	\$22,468,915	\$16,967,022	(\$5,501,893)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$233,646,550	\$222,008,275	(\$11,638,275)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$18,567,411	\$15,596,046	(\$2,971,365)
6	TOTAL ADJUSTMENTS	\$912,978,119	\$898,038,442	(\$14,939,677)
7	TOTAL ACCRUED PAYMENTS	\$359,247,488	\$366,880,517	\$7,633,029
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$359,247,488	\$366,880,517	\$7,633,029
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2823771869	0.2900427054	0.0076655185
11	COST OF UNCOMPENSATED CARE	\$6,344,709	\$4,921,161	(\$1,423,548)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$23,774,256	\$25,722,156	\$1,947,899
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$30,118,965	\$30,643,316	\$524,351
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.97%	46.39%	1.43%
2	MEDICARE	23.18%	22.65%	-0.53%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.96%	16.94%	2.98%
4	MEDICAID	13.96%	16.94%	2.98%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	20.43%	19.32%	-1.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.41%	35.34%	6.93%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	21.49%	21.57%	0.08%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.73%	28.06%	0.32%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.59%	41.01%	1.41%
2	MEDICARE	20.09%	21.48%	1.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.54%	16.14%	-1.40%
4	MEDICAID	17.54%	16.14%	-1.40%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	9.34%	16.36%	7.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.74%	22.59%	5.85%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	19.20%	19.72%	0.53%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.50%	29.00%	0.49%

MIDDLESEX HOSPITAL				
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	\$358,162,968	\$361,539,115	\$3,376,147
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$358,162,968	\$361,539,115	\$3,376,147
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$4,152,362)	(\$3,902,482)	\$249,880
4	CALCULATED NET REVENUE	\$374,511,028	\$357,636,633	(\$16,874,395)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$354,010,685	\$357,636,636	\$3,625,951
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$20,500,343	(\$3)	(\$20,500,346)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,272,225,607	\$1,264,918,959	(\$7,306,648)
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)	\$22,468,915	\$16,967,022	(\$5,501,893)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$22,468,915	\$16,967,022	(\$5,501,893)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$22,468,915	\$16,967,022	(\$5,501,893)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDDLESEX HOSPITAL		
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)	\$145,819,781
2	MEDICARE	333,227,086
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	76,836,069
4	MEDICAID	76,836,069
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,934,851
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,849,533
	TOTAL INPATIENT GOVERNMENT CHARGES	\$411,998,006
	TOTAL INPATIENT CHARGES	\$557,817,787
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$308,072,462
2	MEDICARE	267,467,305
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	127,898,287
4	MEDICAID	127,898,287
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	3,663,118
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11,030,087
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$399,028,710
	TOTAL OUTPATIENT CHARGES	\$707,101,172
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$453,892,243
2	TOTAL GOVERNMENT ACCRUED CHARGES	811,026,716
	TOTAL ACCRUED CHARGES	\$1,264,918,959
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$67,652,225
2	MEDICARE	75,470,428
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,013,835
4	MEDICAID	13,013,835
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	373,735
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,360,408
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$88,857,998
	TOTAL INPATIENT PAYMENTS	\$156,510,223
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$126,327,273
2	MEDICARE	57,456,589
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,645,716
4	MEDICAID	20,645,716
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	599,314
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,492,116
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$78,701,619
	TOTAL OUTPATIENT PAYMENTS	\$205,028,892
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$193,979,498
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	167,559,617
	TOTAL ACCRUED PAYMENTS	\$361,539,115

MIDDLESEX HOSPITAL		
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)	3,800
2	MEDICARE	7,504
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,251
4	MEDICAID	2,251
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	62
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	92
	TOTAL GOVERNMENT DISCHARGES	9,817
	TOTAL DISCHARGES	13,617
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,27619
2	MEDICARE	1,42635
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,07462
4	MEDICAID	1,07462
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1,22936
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,33100
	TOTAL GOVERNMENT CASE MIX INDEX	1,34446
	TOTAL CASE MIX INDEX	1,32541
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$414,756,036
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$192,747,761
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$222,008,275
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	53.53%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,618,618
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,596,046
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$6,695,669
9	BAD DEBTS	\$10,271,353
10	TOTAL UNCOMPENSATED CARE	\$16,967,022
11	TOTAL OTHER OPERATING REVENUE	\$13,366,834
12	TOTAL OPERATING EXPENSES	\$365,751,321

MIDDLESEX HOSPITAL		
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	\$361,539,115
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$361,539,115
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,902,482)
	CALCULATED NET REVENUE	\$357,636,633
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$357,636,636
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,264,918,959
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,264,918,959
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,264,918,959
	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)	\$16,967,022
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$16,967,022
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$16,967,022
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDDLESEX HOSPITAL					
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	3,635	3,035	(600)	-17%
2	Number of Approved Applicants	2,474	2,007	(467)	-19%
3	Total Charges (A)	\$8,559,951	\$6,695,669	(\$1,864,282)	-22%
4	Average Charges	\$3,460	\$3,336	(\$124)	-4%
5	Ratio of Cost to Charges (RCC)	0.278571	0.269198	(0.009373)	-3%
6	Total Cost	\$2,384,554	\$1,802,461	(\$582,093)	-24%
7	Average Cost	\$964	\$898	(\$66)	-7%
8	Charity Care - Inpatient Charges	\$2,238,441	\$2,055,675	(\$182,766)	-8%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	3,416,309	2,360,871	(1,055,438)	-31%
10	Charity Care - Emergency Department Charges	2,905,201	2,279,123	(626,078)	-22%
11	Total Charges (A)	\$8,559,951	\$6,695,669	(\$1,864,282)	-22%
12	Charity Care - Number of Patient Days	214	188	(26)	-12%
13	Charity Care - Number of Discharges	78	58	(20)	-26%
14	Charity Care - Number of Outpatient ED Visits	1,091	746	(345)	-32%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,553	1,093	(460)	-30%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$4,466,117	\$2,458,609	(\$2,007,508)	-45%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,568,461	1,987,267	(581,194)	-23%
3	Bad Debts - Emergency Department	6,874,386	5,825,477	(1,048,909)	-15%
4	Total Bad Debts (A)	\$13,908,964	\$10,271,353	(\$3,637,611)	-26%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$8,559,951	\$6,695,669	(\$1,864,282)	-22%
2	Bad Debts (A)	13,908,964	10,271,353	(3,637,611)	-26%
3	Total Uncompensated Care (A)	\$22,468,915	\$16,967,022	(\$5,501,893)	-24%
4	Uncompensated Care - Inpatient Services	\$6,704,558	\$4,514,284	(\$2,190,274)	-33%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,984,770	4,348,138	(1,636,632)	-27%
6	Uncompensated Care - Emergency Department	9,779,587	8,104,600	(1,674,987)	-17%
7	Total Uncompensated Care (A)	\$22,468,915	\$16,967,022	(\$5,501,893)	-24%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$574,805,058	\$579,045,370	\$557,817,787
2	Outpatient Gross Revenue	\$641,716,420	\$693,180,237	\$707,101,172
3	Total Gross Patient Revenue	\$1,216,521,478	\$1,272,225,607	\$1,264,918,959
4	Net Patient Revenue	\$347,171,019	\$354,010,685	\$357,636,636
B. Total Operating Expenses				
1	Total Operating Expense	\$342,279,038	\$345,860,614	\$365,751,321
C. Utilization Statistics				
1	Patient Days	62,546	59,299	58,224
2	Discharges	15,162	14,296	13,617
3	Average Length of Stay	4.1	4.1	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	132,373	130,286	132,030
0	Equivalent (Adjusted) Discharges (ED)	32,089	31,410	30,878
D. Case Mix Statistics				
1	Case Mix Index	1.22254	1.26478	1.32541
2	Case Mix Adjusted Patient Days (CMAPD)	76,465	75,000	77,170
3	Case Mix Adjusted Discharges (CMAD)	18,536	18,081	18,048
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	161,831	164,783	174,993
5	Case Mix Adjusted Equivalent Discharges (CMAED)	39,230	39,727	40,926
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$19,450	\$21,454	\$21,725
2	Total Gross Revenue per Discharge	\$80,235	\$88,992	\$92,893
3	Total Gross Revenue per EPD	\$9,190	\$9,765	\$9,581
4	Total Gross Revenue per ED	\$37,911	\$40,504	\$40,965
5	Total Gross Revenue per CMAEPD	\$7,517	\$7,721	\$7,228
6	Total Gross Revenue per CMAED	\$31,010	\$32,025	\$30,907
7	Inpatient Gross Revenue per EPD	\$4,342	\$4,444	\$4,225
8	Inpatient Gross Revenue per ED	\$17,913	\$18,435	\$18,065

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,551	\$5,970	\$6,142
2	Net Patient Revenue per Discharge	\$22,897	\$24,763	\$26,264
3	Net Patient Revenue per EPD	\$2,623	\$2,717	\$2,709
4	Net Patient Revenue per ED	\$10,819	\$11,271	\$11,582
5	Net Patient Revenue per CMAEPD	\$2,145	\$2,148	\$2,044
6	Net Patient Revenue per CMAED	\$8,850	\$8,911	\$8,739
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,472	\$5,832	\$6,282
2	Total Operating Expense per Discharge	\$22,575	\$24,193	\$26,860
3	Total Operating Expense per EPD	\$2,586	\$2,655	\$2,770
4	Total Operating Expense per ED	\$10,667	\$11,011	\$11,845
5	Total Operating Expense per CMAEPD	\$2,115	\$2,099	\$2,090
6	Total Operating Expense per CMAED	\$8,725	\$8,706	\$8,937
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$48,997,371	\$45,660,781	\$48,109,273
2	Nursing Fringe Benefits Expense	\$11,061,300	\$10,194,297	\$12,181,092
3	Total Nursing Salary and Fringe Benefits Expense	\$60,058,671	\$55,855,078	\$60,290,365
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$27,684,896	\$28,083,459	\$29,654,826
2	Physician Fringe Benefits Expense	\$6,249,946	\$6,269,956	\$7,508,493
3	Total Physician Salary and Fringe Benefits Expense	\$33,934,842	\$34,353,415	\$37,163,319
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$87,711,038	\$91,101,334	\$90,314,138
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$19,801,024	\$20,339,427	\$22,867,210
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$107,512,062	\$111,440,761	\$113,181,348
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$164,393,305	\$164,845,574	\$168,078,237
2	Total Fringe Benefits Expense	\$37,112,270	\$36,803,680	\$42,556,795
3	Total Salary and Fringe Benefits Expense	\$201,505,575	\$201,649,254	\$210,635,032

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	534.0	520.4	540.2
2	Total Physician FTEs	135.0	134.5	137.3
3	Total Non-Nursing, Non-Physician FTEs	1450.0	1426.3	1429.7
4	Total Full Time Equivalent Employees (FTEs)	2,119.0	2,081.2	2,107.2
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$91,755	\$87,742	\$89,058
2	Nursing Fringe Benefits Expense per FTE	\$20,714	\$19,589	\$22,549
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$112,469	\$107,331	\$111,607
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$205,073	\$208,799	\$215,986
2	Physician Fringe Benefits Expense per FTE	\$46,296	\$46,617	\$54,687
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$251,369	\$255,416	\$270,672
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$60,490	\$63,872	\$63,170
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,656	\$14,260	\$15,994
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$74,146	\$78,133	\$79,164
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$77,581	\$79,207	\$79,764
2	Total Fringe Benefits Expense per FTE	\$17,514	\$17,684	\$20,196
3	Total Salary and Fringe Benefits Expense per FTE	\$95,095	\$96,891	\$99,960
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,222	\$3,401	\$3,618
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,290	\$14,105	\$15,469
3	Total Salary and Fringe Benefits Expense per EPD	\$1,522	\$1,548	\$1,595
4	Total Salary and Fringe Benefits Expense per ED	\$6,280	\$6,420	\$6,821
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,245	\$1,224	\$1,204
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,136	\$5,076	\$5,147