

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,892,694	\$1,171,348	(\$5,721,346)	-83%
2	Short Term Investments	\$110,778	\$3,536,565	\$3,425,787	3092%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,850,797	\$8,480,597	(\$370,200)	-4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$772,809	\$775,631	\$2,822	0%
8	Prepaid Expenses	\$872,178	\$360,501	(\$511,677)	-59%
9	Other Current Assets	\$672,298	\$983,092	\$310,794	46%
	Total Current Assets	\$18,171,554	\$15,307,734	(\$2,863,820)	-16%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,658,681	\$1,665,769	\$7,088	0%
	Total Noncurrent Assets Whose Use is Limited:	\$1,658,681	\$1,665,769	\$7,088	0%
5	Interest in Net Assets of Foundation	\$960,239	\$946,440	(\$13,799)	-1%
6	Long Term Investments	\$1,815,473	\$457,556	(\$1,357,917)	-75%
7	Other Noncurrent Assets	\$3,337,233	\$3,826,862	\$489,629	15%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$51,713,669	\$53,080,312	\$1,366,643	3%
2	Less: Accumulated Depreciation	\$30,714,786	\$32,778,530	\$2,063,744	7%
	Property, Plant and Equipment, Net	\$20,998,883	\$20,301,782	(\$697,101)	-3%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$20,998,883	\$20,301,782	(\$697,101)	-3%
	Total Assets	\$46,942,063	\$42,506,143	(\$4,435,920)	-9%

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,032,887	\$6,717,519	(\$315,368)	-4%
2	Salaries, Wages and Payroll Taxes	\$6,690,575	\$5,785,222	(\$905,353)	-14%
3	Due To Third Party Payers	\$2,226,150	\$920,996	(\$1,305,154)	-59%
4	Due To Affiliates	\$122,749	\$230,880	\$108,131	88%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,554,267	\$2,465,236	(\$89,031)	-3%
	Total Current Liabilities	\$18,626,628	\$16,119,853	(\$2,506,775)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$6,000,000	\$8,000,000	\$2,000,000	33%
	Total Long Term Debt	\$6,000,000	\$8,000,000	\$2,000,000	33%
3	Accrued Pension Liability	\$18,262,691	\$32,759,034	\$14,496,343	79%
4	Other Long Term Liabilities	\$5,074,953	\$6,994,390	\$1,919,437	38%
	Total Long Term Liabilities	\$29,337,644	\$47,753,424	\$18,415,780	63%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$2,536,448)	(\$22,867,574)	(\$20,331,126)	802%
2	Temporarily Restricted Net Assets	\$840,476	\$826,677	(\$13,799)	-2%
3	Permanently Restricted Net Assets	\$673,763	\$673,763	\$0	0%
	Total Net Assets	(\$1,022,209)	(\$21,367,134)	(\$20,344,925)	1990%
	Total Liabilities and Net Assets	\$46,942,063	\$42,506,143	(\$4,435,920)	-9%

MILFORD 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	\$197,304,278	\$201,245,838	\$3,941,560	2%
2	Less: Allowances	\$126,172,435	\$135,274,838	\$9,102,403	7%
3	Less: Charity Care	\$579,794	\$245,354	(\$334,440)	-58%
4	Less: Other Deductions	\$1,442,946	\$1,796,306	\$353,360	24%
	Total Net Patient Revenue	\$69,109,103	\$63,929,340	(\$5,179,763)	-7%
5	Provision for Bad Debts	\$5,608,309	\$3,556,700	(\$2,051,609)	-37%
	Net Patient Service Revenue less provision for bad debts	\$63,500,794	\$60,372,640	(\$3,128,154)	-5%
6	Other Operating Revenue	\$1,352,459	\$3,567,807	\$2,215,348	164%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$64,853,253	\$63,940,447	(\$912,806)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$35,687,358	\$32,255,430	(\$3,431,928)	-10%
2	Fringe Benefits	\$9,339,322	\$10,121,904	\$782,582	8%
3	Physicians Fees	\$770,256	\$1,108,353	\$338,097	44%
4	Supplies and Drugs	\$12,428,440	\$11,980,208	(\$448,232)	-4%
5	Depreciation and Amortization	\$2,687,549	\$2,462,228	(\$225,321)	-8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$26,961	\$85,184	\$58,223	216%
8	Malpractice Insurance Cost	\$746,227	\$711,640	(\$34,587)	-5%
9	Other Operating Expenses	\$10,390,485	\$9,941,141	(\$449,344)	-4%
	Total Operating Expenses	\$72,076,598	\$68,666,088	(\$3,410,510)	-5%
	Income/(Loss) From Operations	(\$7,223,345)	(\$4,725,641)	\$2,497,704	-35%
C. Non-Operating Revenue:					
1	Income from Investments	\$360,284	\$296,789	(\$63,495)	-18%
2	Gifts, Contributions and Donations	\$1,905	\$22,978	\$21,073	1106%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$362,189	\$319,767	(\$42,422)	-12%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$6,861,156)	(\$4,405,874)	\$2,455,282	-36%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$342,578)	(\$207,863)	\$134,715	-39%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$342,578)	(\$207,863)	\$134,715	-39%
	Excess/(Deficiency) of Revenue Over Expenses	(\$7,203,734)	(\$4,613,737)	\$2,589,997	-36%
	Principal Payments	\$1	\$1	\$0	0%

**MILFORD 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.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$46,013,180	\$46,762,527	\$749,347	2%
2	MEDICARE MANAGED CARE	\$17,563,560	\$21,390,161	\$3,826,601	22%
3	MEDICAID	\$8,491,118	\$7,962,245	(\$528,873)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$119,348	\$0	(\$119,348)	-100%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$24,892,987	\$28,264,387	\$3,371,400	14%
8	WORKER'S COMPENSATION	\$521,777	\$524,200	\$2,423	0%
9	SELF- PAY/UNINSURED	\$1,574,728	\$758,177	(\$816,551)	-52%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$72,804	\$138,845	\$66,041	91%
	TOTAL INPATIENT GROSS REVENUE	\$99,249,502	\$105,800,542	\$6,551,040	7%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$23,774,337	\$23,519,730	(\$254,607)	-1%
2	MEDICARE MANAGED CARE	\$10,956,407	\$11,404,805	\$448,398	4%
3	MEDICAID	\$16,965,353	\$18,535,877	\$1,570,524	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$180,436	\$139,543	(\$40,893)	-23%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$41,749,036	\$36,789,159	(\$4,959,877)	-12%
8	WORKER'S COMPENSATION	\$1,220,144	\$978,472	(\$241,672)	-20%
9	SELF- PAY/UNINSURED	\$3,025,507	\$3,899,766	\$874,259	29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$183,557	\$177,944	(\$5,613)	-3%
	TOTAL OUTPATIENT GROSS REVENUE	\$98,054,777	\$95,445,296	(\$2,609,481)	-3%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$69,787,517	\$70,282,257	\$494,740	1%
2	MEDICARE MANAGED CARE	\$28,519,967	\$32,794,966	\$4,274,999	15%
3	MEDICAID	\$25,456,471	\$26,498,122	\$1,041,651	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$299,784	\$139,543	(\$160,241)	-53%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$66,642,023	\$65,053,546	(\$1,588,477)	-2%
8	WORKER'S COMPENSATION	\$1,741,921	\$1,502,672	(\$239,249)	-14%
9	SELF- PAY/UNINSURED	\$4,600,235	\$4,657,943	\$57,708	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$256,361	\$316,789	\$60,428	24%
	TOTAL GROSS REVENUE	\$197,304,279	\$201,245,838	\$3,941,559	2%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$14,387,850	\$13,083,835	(\$1,304,015)	-9%
2	MEDICARE MANAGED CARE	\$5,724,759	\$5,958,792	\$234,033	4%

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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	\$1,668,745	\$1,391,159	(\$277,586)	-17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$33,114	\$0	(\$33,114)	-100%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$10,324,547	\$11,213,003	\$888,456	9%
8	WORKER'S COMPENSATION	\$265,443	\$257,527	(\$7,916)	-3%
9	SELF- PAY/UNINSURED	\$56,740	\$75,818	\$19,078	34%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$18,590	\$36,215	\$17,625	95%
	TOTAL INPATIENT NET REVENUE	\$32,479,788	\$32,016,349	(\$463,439)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,835,248	\$5,318,625	(\$516,623)	-9%
2	MEDICARE MANAGED CARE	\$2,614,117	\$2,459,276	(\$154,841)	-6%
3	MEDICAID	\$4,731,261	\$5,019,976	\$288,715	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$51,084	\$38,199	(\$12,885)	-25%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$18,173,357	\$16,246,705	(\$1,926,652)	-11%
8	WORKER'S COMPENSATION	\$889,993	\$643,033	(\$246,960)	-28%
9	SELF- PAY/UNINSURED	\$134,197	\$389,977	\$255,780	191%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$34,694	\$36,804	\$2,110	6%
	TOTAL OUTPATIENT NET REVENUE	\$32,463,951	\$30,152,595	(\$2,311,356)	-7%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,223,098	\$18,402,460	(\$1,820,638)	-9%
2	MEDICARE MANAGED CARE	\$8,338,876	\$8,418,068	\$79,192	1%
3	MEDICAID	\$6,400,006	\$6,411,135	\$11,129	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$84,198	\$38,199	(\$45,999)	-55%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$28,497,904	\$27,459,708	(\$1,038,196)	-4%
8	WORKER'S COMPENSATION	\$1,155,436	\$900,560	(\$254,876)	-22%
9	SELF- PAY/UNINSURED	\$190,937	\$465,795	\$274,858	144%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$53,284	\$73,019	\$19,735	37%
	TOTAL NET REVENUE	\$64,943,739	\$62,168,944	(\$2,774,795)	-4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,342	1,328	(14)	-1%
2	MEDICARE MANAGED CARE	525	613	88	17%
3	MEDICAID	333	323	(10)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	3	0	(3)	-100%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	850	887	37	4%
8	WORKER'S COMPENSATION	11	12	1	9%

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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	55	33	(22)	-40%
10	SAGA	0	0	0	0%
11	OTHER	2	5	3	150%
	TOTAL DISCHARGES	3,121	3,201	80	3%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	6,035	5,511	(524)	-9%
2	MEDICARE MANAGED CARE	2,196	2,580	384	17%
3	MEDICAID	1,559	1,252	(307)	-20%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	6	0	(6)	-100%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	2,792	2,593	(199)	-7%
8	WORKER'S COMPENSATION	32	51	19	59%
9	SELF- PAY/UNINSURED	244	101	(143)	-59%
10	SAGA	0	0	0	0%
11	OTHER	16	22	6	38%
	TOTAL PATIENT DAYS	12,880	12,110	(770)	-6%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	8,599	8,271	(328)	-4%
2	MEDICARE MANAGED CARE	4,330	4,680	350	8%
3	MEDICAID	10,132	10,354	222	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	108	99	(9)	-8%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	25,829	23,865	(1,964)	-8%
8	WORKER'S COMPENSATION	941	821	(120)	-13%
9	SELF- PAY/UNINSURED	2,168	1,615	(553)	-26%
10	SAGA	0	0	0	0%
11	OTHER	112	124	12	11%
	TOTAL OUTPATIENT VISITS	52,219	49,829	(2,390)	-5%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$7,736,819	\$7,062,198	(\$674,621)	-9%
2	MEDICARE MANAGED CARE	\$3,328,587	\$3,208,323	(\$120,264)	-4%
3	MEDICAID	\$10,903,073	\$12,246,235	\$1,343,162	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$104,766	\$70,913	(\$33,853)	-32%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$15,161,151	\$13,626,571	(\$1,534,580)	-10%
8	WORKER'S COMPENSATION	\$703,461	\$523,664	(\$179,797)	-26%
9	SELF- PAY/UNINSURED	\$2,484,621	\$1,547,493	(\$937,128)	-38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$143,018	\$132,888	(\$10,130)	-7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$40,565,496	\$38,418,285	(\$2,147,211)	-5%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,079,526	\$1,391,659	(\$687,867)	-33%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$1,071,143	\$610,855	(\$460,288)	-43%
3	MEDICAID	\$2,809,423	\$3,016,872	\$207,449	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$27,431	\$14,936	(\$12,495)	-46%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$7,574,417	\$6,109,324	(\$1,465,093)	-19%
8	WORKER'S COMPENSATION	\$509,377	\$308,241	(\$201,136)	-39%
9	SELF- PAY/UNINSURED	\$74,310	\$54,419	(\$19,891)	-27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$51,576	\$21,361	(\$30,215)	-59%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$14,197,203	\$11,527,667	(\$2,669,536)	-19%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	3,197	3,003	(194)	-6%
2	MEDICARE MANAGED CARE	1,302	1,274	(28)	-2%
3	MEDICAID	5,331	5,725	394	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	60	50	(10)	-17%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	7,683	7,079	(604)	-8%
8	WORKER'S COMPENSATION	543	455	(88)	-16%
9	SELF- PAY/UNINSURED	1,526	980	(546)	-36%
10	SAGA	0	0	0	0%
11	OTHER	93	98	5	5%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	19,735	18,664	(1,071)	-5%

MILFORD HOSPITAL					
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$14,893,505	\$14,504,923	(\$388,582)	-3%
2	Physician Salaries	\$4,236,141	\$3,081,841	(\$1,154,300)	-27%
3	Non-Nursing, Non-Physician Salaries	\$16,557,712	\$14,668,666	(\$1,889,046)	-11%
	Total Salaries & Wages	\$35,687,358	\$32,255,430	(\$3,431,928)	-10%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$4,202,695	\$4,784,452	\$581,757	14%
2	Physician Fringe Benefits	\$560,359	\$495,240	(\$65,119)	-12%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,576,268	\$4,842,212	\$265,944	6%
	Total Fringe Benefits	\$9,339,322	\$10,121,904	\$782,582	8%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$74,114	\$25,489	(\$48,625)	-66%
2	Physician Fees	\$770,256	\$1,108,353	\$338,097	44%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$844,370	\$1,133,842	\$289,472	34%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$10,406,832	\$9,646,973	(\$759,859)	-7%
2	Pharmaceutical Costs	\$2,021,608	\$2,333,235	\$311,627	15%
	Total Medical Supplies and Pharmaceutical Cost	\$12,428,440	\$11,980,208	(\$448,232)	-4%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$1,033,891	\$845,041	(\$188,850)	-18%
2	Depreciation-Equipment	\$1,653,658	\$1,617,187	(\$36,471)	-2%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$2,687,549	\$2,462,228	(\$225,321)	-8%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$26,961	\$85,184	\$58,223	216%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$746,227	\$711,640	(\$34,587)	-5%
I.	<u>Utilities:</u>				
1	Water	\$81,301	\$78,982	(\$2,319)	-3%
2	Natural Gas	\$326,461	\$334,214	\$7,753	2%
3	Oil	\$18,680	\$15,288	(\$3,392)	-18%
4	Electricity	\$985,369	\$937,429	(\$47,940)	-5%
5	Telephone	\$84,843	\$80,173	(\$4,670)	-6%
6	Other Utilities	\$52,691	\$54,066	\$1,375	3%
	Total Utilities	\$1,549,345	\$1,500,152	(\$49,193)	-3%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$232,189	\$153,487	(\$78,702)	-34%
2	Legal Fees	\$290,258	\$159,130	(\$131,128)	-45%
3	Consulting Fees	\$33,279	\$63,085	\$29,806	90%
4	Dues and Membership	\$230,726	\$239,839	\$9,113	4%
5	Equipment Leases	\$212,590	\$153,191	(\$59,399)	-28%
6	Building Leases	\$142,426	\$147,618	\$5,192	4%
7	Repairs and Maintenance	\$119,286	\$95,129	(\$24,157)	-20%
8	Insurance	\$224,540	\$231,026	\$6,486	3%
9	Travel	\$28,825	\$20,709	(\$8,116)	-28%
10	Conferences	\$29,486	\$5,905	(\$23,581)	-80%

MILFORD 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	\$0	\$0	\$0	0%
12	General Supplies	\$647,825	\$182,895	(\$464,930)	-72%
13	Licenses and Subscriptions	\$210,516	\$206,249	(\$4,267)	-2%
14	Postage and Shipping	\$29,569	\$32,871	\$3,302	11%
15	Advertising	\$103,779	\$87,513	(\$16,266)	-16%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$681,140	\$618,945	(\$62,195)	-9%
20	Lab Fees / Red Cross charges	\$643,733	\$739,263	\$95,530	15%
21	Billing & Collection / Bank Fees	\$511,346	\$511,364	\$18	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$257,339	\$246,463	(\$10,876)	-4%
24	Professional / Physician Fees	\$770,256	\$1,108,353	\$338,097	44%
25	Waste disposal	\$36,462	\$67,499	\$31,037	85%
26	Purchased Services - Medical	\$414,749	\$498,323	\$83,574	20%
27	Purchased Services - Non Medical	\$506,915	\$831,315	\$324,400	64%
28	Other Business Expenses	\$338,532	\$209,163	(\$129,369)	-38%
	Total Business Expenses	\$6,695,766	\$6,609,335	(\$86,431)	-1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$2,071,260	\$1,806,165	(\$265,095)	-13%
	Total Operating Expenses - All Expense Categories*	\$72,076,598	\$68,666,088	(\$3,410,510)	-5%
	*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$2,689,660	\$2,057,605	(\$632,055)	-23%
2	General Accounting	\$746,062	\$711,640	(\$34,422)	-5%
3	Patient Billing & Collection	\$1,211,626	\$1,131,989	(\$79,637)	-7%
4	Admitting / Registration Office	\$631,657	\$638,191	\$6,534	1%
5	Data Processing	\$2,426,865	\$2,318,178	(\$108,687)	-4%
6	Communications	\$444,823	\$436,592	(\$8,231)	-2%
7	Personnel	\$379,037	\$367,590	(\$11,447)	-3%
8	Public Relations	\$152,558	\$107,125	(\$45,433)	-30%
9	Purchasing	\$226,432	\$438,190	\$211,758	94%
10	Dietary and Cafeteria	\$1,532,506	\$1,462,722	(\$69,784)	-5%
11	Housekeeping	\$1,163,361	\$1,152,059	(\$11,302)	-1%
12	Laundry & Linen	\$46,730	\$95,663	\$48,933	105%
13	Operation of Plant	\$2,904,106	\$2,115,570	(\$788,536)	-27%
14	Security	\$233,793	\$236,404	\$2,611	1%
15	Repairs and Maintenance	\$737,514	\$742,552	\$5,038	1%
16	Central Sterile Supply	\$382,451	\$364,608	(\$17,843)	-5%
17	Pharmacy Department	\$2,873,691	\$3,122,945	\$249,254	9%
18	Other General Services	\$4,614,832	\$5,281,875	\$667,043	14%
	Total General Services	\$23,397,704	\$22,781,498	(\$616,206)	-3%
B.	Professional Services:				
1	Medical Care Administration	\$564,504	\$576,006	\$11,502	2%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,138,875	\$982,774	(\$156,101)	-14%
4	Medical Records	\$824,655	\$734,165	(\$90,490)	-11%
5	Social Service	\$267,911	\$267,756	(\$155)	0%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,795,945	\$2,560,701	(\$235,244)	-8%
C.	Special Services:				

MILFORD 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	\$2,280,979	\$1,994,380	(\$286,599)	-13%
2	Recovery Room	\$471,539	\$446,713	(\$24,826)	-5%
3	Anesthesiology	\$109,122	\$105,432	(\$3,690)	-3%
4	Delivery Room	\$190,066	\$117,196	(\$72,870)	-38%
5	Diagnostic Radiology	\$2,745,865	\$2,877,345	\$131,480	5%
6	Diagnostic Ultrasound	\$504,576	\$436,449	(\$68,127)	-14%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$626,172	\$529,004	(\$97,168)	-16%
10	Laboratory	\$3,987,670	\$3,942,960	(\$44,710)	-1%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$100,219	\$82,770	(\$17,449)	-17%
14	Electroencephalography	\$6,517	\$8,512	\$1,995	31%
15	Occupational Therapy	\$60,512	\$64,330	\$3,818	6%
16	Speech Pathology	\$42,851	\$39,853	(\$2,998)	-7%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$898,779	\$838,569	(\$60,210)	-7%
19	Pulmonary Function	\$102,314	\$111,177	\$8,863	9%
20	Intravenous Therapy	\$305,523	\$322,972	\$17,449	6%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$6,266,290	\$5,342,183	(\$924,107)	-15%
25	MRI	\$405,833	\$393,790	(\$12,043)	-3%
26	PET Scan	\$72,397	\$60,932	(\$11,465)	-16%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$604,769	\$586,026	(\$18,743)	-3%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$612,444	\$587,094	(\$25,350)	-4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$12,998,543	\$13,520,066	\$521,523	4%
	Total Special Services	\$33,392,980	\$32,407,753	(\$985,227)	-3%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,820,852	\$7,058,489	(\$762,363)	-10%
2	Intensive Care Unit	\$2,250,929	\$2,184,526	(\$66,403)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$866,045	\$595,115	(\$270,930)	-31%
7	Newborn Nursery Unit	\$895,508	\$562,540	(\$332,968)	-37%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$656,635	\$515,466	(\$141,169)	-21%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$12,489,969	\$10,916,136	(\$1,573,833)	-13%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$72,076,598	\$68,666,088	(\$3,410,510)	-5%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$69,903,315	\$63,500,794	\$60,372,640
2	Other Operating Revenue	1,449,445	1,352,459	3,567,807
3	Total Operating Revenue	\$71,352,760	\$64,853,253	\$63,940,447
4	Total Operating Expenses	80,117,246	72,076,598	68,666,088
5	Income/(Loss) From Operations	(\$8,764,486)	(\$7,223,345)	(\$4,725,641)
6	Total Non-Operating Revenue	(111,532)	19,611	111,904
7	Excess/(Deficiency) of Revenue Over Expenses	(\$8,876,018)	(\$7,203,734)	(\$4,613,737)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-12.30%	-11.13%	-7.38%
2	Hospital Non Operating Margin	-0.16%	0.03%	0.17%
3	Hospital Total Margin	-12.46%	-11.10%	-7.20%
4	Income/(Loss) From Operations	(\$8,764,486)	(\$7,223,345)	(\$4,725,641)
5	Total Operating Revenue	\$71,352,760	\$64,853,253	\$63,940,447
6	Total Non-Operating Revenue	(\$111,532)	\$19,611	\$111,904
7	Total Revenue	\$71,241,228	\$64,872,864	\$64,052,351
8	Excess/(Deficiency) of Revenue Over Expenses	(\$8,876,018)	(\$7,203,734)	(\$4,613,737)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$7,157,824	(\$2,536,448)	(\$22,867,574)
2	Hospital Total Net Assets	\$8,606,097	(\$1,022,209)	(\$21,367,134)
3	Hospital Change in Total Net Assets	\$1,335,634	(\$9,628,306)	(\$20,344,925)
4	Hospital Change in Total Net Assets %	118.4%	-111.9%	1990.3%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.41	0.36	0.34
2	Total Operating Expenses	\$80,117,246	\$72,076,598	\$68,666,088
3	Total Gross Revenue	\$194,913,881	\$197,304,279	\$201,245,838
4	Total Other Operating Revenue	\$1,449,445	\$1,352,459	\$669,361
5	<u>Private Payment to Cost Ratio</u>	1.17	1.20	1.25
6	Total Non-Government Payments	\$34,099,176	\$29,844,277	\$28,826,063
7	Total Uninsured Payments	\$77,593	\$190,937	\$465,795
8	Total Non-Government Charges	\$78,413,568	\$72,984,179	\$71,214,161
9	Total Uninsured Charges	\$6,871,474	\$4,600,235	\$4,657,943
10	<u>Medicare Payment to Cost Ratio</u>	0.72	0.80	0.77
11	Total Medicare Payments	\$28,130,272	\$28,561,974	\$26,820,528
12	Total Medicare Charges	\$95,955,767	\$98,307,484	\$103,077,223
13	<u>Medicaid Payment to Cost Ratio</u>	0.64	0.69	0.71
14	Total Medicaid Payments	\$5,190,292	\$6,400,006	\$6,411,135
15	Total Medicaid Charges	\$19,908,533	\$25,456,471	\$26,498,122
16	<u>Uncompensated Care Cost</u>	\$2,896,870	\$2,245,167	\$1,292,979
17	Charity Care	\$643,601	\$579,795	\$245,354
18	Bad Debts	\$6,456,481	\$5,608,309	\$3,556,700
19	Total Uncompensated Care	\$7,100,082	\$6,188,104	\$3,802,054
20	<u>Uncompensated Care % of Total Expenses</u>	3.6%	3.1%	1.9%

MILFORD 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	\$80,117,246	\$72,076,598	\$68,666,088
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$14,823,966	\$18,171,554	\$15,307,734
3	Total Current Liabilities	\$16,587,370	\$18,626,628	\$16,119,853
4	<u>Days Cash on Hand</u>	9	37	26
5	Cash and Cash Equivalents	\$1,665,016	\$6,892,694	\$1,171,348
6	Short Term Investments	110,612	110,778	3,536,565
7	Total Cash and Short Term Investments	\$1,775,628	\$7,003,472	\$4,707,913
8	Total Operating Expenses	\$80,117,246	\$72,076,598	\$68,666,088
9	Depreciation Expense	\$4,180,977	\$2,687,549	\$2,462,228
10	Operating Expenses less Depreciation Expense	\$75,936,269	\$69,389,049	\$66,203,860
11	<u>Days Revenue in Patient Accounts Receivable</u>	41	38	46
12	Net Patient Accounts Receivable	\$9,618,035	\$8,850,797	\$8,480,597
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,691,606	\$2,226,150	\$920,996
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$7,926,429	\$6,624,647	\$7,559,601
16	Total Net Patient Revenue	\$69,903,315	\$63,500,794	\$60,372,640
17	<u>Average Payment Period</u>	80	98	89
18	Total Current Liabilities	\$16,587,370	\$18,626,628	\$16,119,853
19	Total Operating Expenses	\$80,117,246	\$72,076,598	\$68,666,088
20	Depreciation Expense	\$4,180,977	\$2,687,549	\$2,462,228

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
21	Total Operating Expenses less Depreciation Expense	\$75,936,269	\$69,389,049	\$66,203,860
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	17.8	(2.2)	(50.3)
2	Total Net Assets	\$8,606,097	(\$1,022,209)	(\$21,367,134)
3	Total Assets	\$48,376,089	\$46,942,063	\$42,506,143
4	<u>Cash Flow to Total Debt Ratio</u>	(28.3)	(18.3)	(8.9)
5	Excess/(Deficiency) of Revenues Over Expenses	(\$8,876,018)	(\$7,203,734)	(\$4,613,737)
6	Depreciation Expense	\$4,180,977	\$2,687,549	\$2,462,228
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$4,695,041)	(\$4,516,185)	(\$2,151,509)
8	Total Current Liabilities	\$16,587,370	\$18,626,628	\$16,119,853
9	Total Long Term Debt	\$0	\$6,000,000	\$8,000,000
10	Total Current Liabilities and Total Long Term Debt	\$16,587,370	\$24,626,628	\$24,119,853
11	<u>Long Term Debt to Capitalization Ratio</u>	-	120.5	(59.8)
12	Total Long Term Debt	\$0	\$6,000,000	\$8,000,000
13	Total Net Assets	\$8,606,097	(\$1,022,209)	(\$21,367,134)
14	Total Long Term Debt and Total Net Assets	\$8,606,097	\$4,977,791	(\$13,367,134)
15	<u>Debt Service Coverage Ratio</u>	(4.8)	(166.5)	(24.3)
16	Excess Revenues over Expenses	(8,876,018)	(\$7,203,734)	(\$4,613,737)
17	Interest Expense	34,936	\$26,961	\$85,184
18	Depreciation and Amortization Expense	4,180,977	\$2,687,549	\$2,462,228
19	Principal Payments	935,367	\$1	\$1
G.	<u>Other Financial Ratios</u>			

MILFORD 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	Average Age of Plant	6.7	11.4	13.3
21	Accumulated Depreciation	28,032,185	30,714,786	32,778,530
22	Depreciation and Amortization Expense	4,180,977	2,687,549	2,462,228
H. Utilization Measures Summary				
1	Patient Days	13,603	12,880	12,110
2	Discharges	3,348	3,121	3,201
3	ALOS	4.1	4.1	3.8
4	Staffed Beds	46	43	41
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
7	Occupancy of Staffed Beds	81.0%	82.1%	80.9%
8	Occupancy of Available Beds	31.6%	29.9%	28.1%
9	Full Time Equivalent Employees	498.6	468.0	444.2
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	36.7%	34.7%	33.1%
2	Medicare Gross Revenue Payer Mix Percentage	49.2%	49.8%	51.2%
3	Medicaid Gross Revenue Payer Mix Percentage	10.2%	12.9%	13.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	3.5%	2.3%	2.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$71,542,094	\$68,383,944	\$66,556,218
9	Medicare Gross Revenue (Charges)	\$95,955,767	\$98,307,484	\$103,077,223
10	Medicaid Gross Revenue (Charges)	\$19,908,533	\$25,456,471	\$26,498,122
11	Other Medical Assistance Gross Revenue (Charges)	\$230,095	\$256,361	\$316,789
12	Uninsured Gross Revenue (Charges)	\$6,871,474	\$4,600,235	\$4,657,943
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$405,918	\$299,784	\$139,543
14	Total Gross Revenue (Charges)	\$194,913,881	\$197,304,279	\$201,245,838
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	50.3%	45.7%	45.6%
2	Medicare Net Revenue Payer Mix Percentage	41.6%	44.0%	43.1%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
3	Medicaid Net Revenue Payer Mix Percentage	7.7%	9.9%	10.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.1%	0.3%	0.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$34,021,583	\$29,653,340	\$28,360,268
9	Medicare Net Revenue (Payments)	\$28,130,272	\$28,561,974	\$26,820,528
10	Medicaid Net Revenue (Payments)	\$5,190,292	\$6,400,006	\$6,411,135
11	Other Medical Assistance Net Revenue (Payments)	\$43,491	\$53,284	\$73,019
12	Uninsured Net Revenue (Payments)	\$77,593	\$190,937	\$465,795
13	CHAMPUS / TRICARE Net Revenue Payments)	\$125,128	\$84,198	\$38,199
14	Total Net Revenue (Payments)	\$67,588,359	\$64,943,739	\$62,168,944
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,068	916	932
2	Medicare	2,011	1,867	1,941
3	Medical Assistance	259	335	328
4	Medicaid	258	333	323
5	Other Medical Assistance	1	2	5
6	CHAMPUS / TRICARE	10	3	-
7	Uninsured (Included In Non-Government)	50	55	33
8	Total	3,348	3,121	3,201
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.34430	1.39700	1.41370
2	Medicare	1.47660	1.47070	1.42530
3	Medical Assistance	1.20935	1.10945	0.99157
4	Medicaid	1.20690	1.11100	0.99048
5	Other Medical Assistance	1.84180	0.85140	1.06230
6	CHAMPUS / TRICARE	1.26520	1.67740	0.00000
7	Uninsured (Included In Non-Government)	0.94562	1.27420	1.10100
8	Total Case Mix Index	1.41309	1.41049	1.37748
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	3,065	2,897	3,031
2	Emergency Room - Treated and Discharged	32,175	19,735	18,664
3	Total Emergency Room Visits	35,240	22,632	21,695

**MILFORD 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	\$547,150	\$312,287	(\$234,863)	-43%
2	Inpatient Payments	\$102,277	\$94,784	(\$7,493)	-7%
3	Outpatient Charges	\$107,926	\$319,784	\$211,858	196%
4	Outpatient Payments	\$66,237	\$71,743	\$5,506	8%
5	Discharges	14	8	(6)	-43%
6	Patient Days	90	39	(51)	-57%
7	Outpatient Visits (Excludes ED Visits)	18	66	48	267%
8	Emergency Department Outpatient Visits	13	45	32	246%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$655,076	\$632,071	(\$23,005)	-4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$168,514	\$166,527	(\$1,987)	-1%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$5,858,616	\$8,608,774	\$2,750,158	47%
2	Inpatient Payments	\$1,926,748	\$2,387,477	\$460,729	24%
3	Outpatient Charges	\$3,429,385	\$4,450,046	\$1,020,661	30%
4	Outpatient Payments	\$790,550	\$987,088	\$196,538	25%
5	Discharges	167	245	78	47%
6	Patient Days	730	1,038	308	42%
7	Outpatient Visits (Excludes ED Visits)	701	1,012	311	44%
8	Emergency Department Outpatient Visits	399	462	63	16%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,288,001	\$13,058,820	\$3,770,819	41%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,717,298	\$3,374,565	\$657,267	24%

**MILFORD 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	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$44,041	\$60,358	\$16,317	37%
2	Inpatient Payments	\$10,367	\$22,200	\$11,833	114%
3	Outpatient Charges	\$48,202	\$46,218	(\$1,984)	-4%
4	Outpatient Payments	\$19,110	\$26,856	\$7,746	41%
5	Discharges	2	2	0	0%
6	Patient Days	7	6	(1)	-14%
7	Outpatient Visits (Excludes ED Visits)	2	3	1	50%
8	Emergency Department Outpatient Visits	16	9	(7)	-44%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$92,243	\$106,576	\$14,333	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$29,477	\$49,056	\$19,579	66%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MILFORD 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	\$7,204,601	\$7,957,714	\$753,113	10%
2	Inpatient Payments	\$2,393,897	\$2,205,317	(\$188,580)	-8%
3	Outpatient Charges	\$4,781,236	\$3,813,177	(\$968,059)	-20%
4	Outpatient Payments	\$1,122,093	\$809,993	(\$312,100)	-28%
5	Discharges	228	222	(6)	-3%
6	Patient Days	882	965	83	9%
7	Outpatient Visits (Excludes ED Visits)	1,251	923	(328)	-26%
8	Emergency Department Outpatient Visits	582	448	(134)	-23%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,985,837	\$11,770,891	(\$214,946)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,515,990	\$3,015,310	(\$500,680)	-14%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$225,245	\$873,306	\$648,061	288%
2	Inpatient Payments	\$65,953	\$229,632	\$163,679	248%
3	Outpatient Charges	\$270,745	\$629,798	\$359,053	133%
4	Outpatient Payments	\$109,796	\$127,541	\$17,745	16%
5	Discharges	8	28	20	250%
6	Patient Days	32	111	79	247%
7	Outpatient Visits (Excludes ED Visits)	174	353	179	103%
8	Emergency Department Outpatient Visits	51	83	32	63%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$495,990	\$1,503,104	\$1,007,114	203%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$175,749	\$357,173	\$181,424	103%
I. AETNA					
1	Inpatient Charges	\$3,626,168	\$3,501,685	(\$124,483)	-3%
2	Inpatient Payments	\$1,208,689	\$997,523	(\$211,166)	-17%
3	Outpatient Charges	\$2,221,528	\$2,028,927	(\$192,601)	-9%
4	Outpatient Payments	\$476,846	\$418,690	(\$58,156)	-12%
5	Discharges	104	105	1	1%
6	Patient Days	447	414	(33)	-7%
7	Outpatient Visits (Excludes ED Visits)	872	1,031	159	18%
8	Emergency Department Outpatient Visits	227	211	(16)	-7%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,847,696	\$5,530,612	(\$317,084)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,685,535	\$1,416,213	(\$269,322)	-16%

**MILFORD 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	\$57,739	\$76,037	\$18,298	32%
2	Inpatient Payments	\$16,828	\$21,859	\$5,031	30%
3	Outpatient Charges	\$97,385	\$116,855	\$19,470	20%
4	Outpatient Payments	\$29,485	\$17,365	(\$12,120)	-41%
5	Discharges	2	3	1	50%
6	Patient Days	8	7	(1)	-13%
7	Outpatient Visits (Excludes ED Visits)	10	18	8	80%
8	Emergency Department Outpatient Visits	14	16	2	14%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$155,124	\$192,892	\$37,768	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$46,313	\$39,224	(\$7,089)	-15%
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%

**MILFORD 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	\$17,563,560	\$21,390,161	\$3,826,601	22%
	TOTAL INPATIENT PAYMENTS	\$5,724,759	\$5,958,792	\$234,033	4%
	TOTAL OUTPATIENT CHARGES	\$10,956,407	\$11,404,805	\$448,398	4%
	TOTAL OUTPATIENT PAYMENTS	\$2,614,117	\$2,459,276	(\$154,841)	-6%
	TOTAL DISCHARGES	525	613	88	17%
	TOTAL PATIENT DAYS	2,196	2,580	384	17%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,028	3,406	378	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,302	1,274	(28)	-2%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,519,967	\$32,794,966	\$4,274,999	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,338,876	\$8,418,068	\$79,192	1%

**MILFORD 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%

**MILFORD 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%

**MILFORD 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%

MILFORD HEALTH & MEDICAL, 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	\$7,667,186	\$1,974,260	(\$5,692,926)	-74%
2	Short Term Investments	\$112,417	\$3,538,211	\$3,425,794	3047%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,919,854	\$9,571,176	(\$348,678)	-4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$772,809	\$775,631	\$2,822	0%
8	Prepaid Expenses	\$1,159,190	\$442,279	(\$716,911)	-62%
9	Other Current Assets	\$0	\$635,284	\$635,284	0%
	Total Current Assets	\$19,631,456	\$16,936,841	(\$2,694,615)	-14%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$5,169,001	\$6,090,992	\$921,991	18%
	Total Noncurrent Assets Whose Use is Limited:	\$5,169,001	\$6,090,992	\$921,991	18%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$5,052,099	\$3,092,074	(\$1,960,025)	-39%
7	Other Noncurrent Assets	\$2,360,811	\$2,599,964	\$239,153	10%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$65,808,101	\$66,992,427	\$1,184,326	2%
2	Less: Accumulated Depreciation	\$31,844,774	\$34,212,577	\$2,367,803	\$0
	Property, Plant and Equipment, Net	\$33,963,327	\$32,779,850	(\$1,183,477)	-3%
3	Construction in Progress	\$0	\$183,601	\$183,601	0%
	Total Net Fixed Assets	\$33,963,327	\$32,963,451	(\$999,876)	-3%
	Total Assets	\$66,176,694	\$61,683,322	(\$4,493,372)	-7%

MILFORD HEALTH & MEDICAL, 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	\$7,255,878	\$6,840,233	(\$415,645)	-6%
2	Salaries, Wages and Payroll Taxes	\$6,989,049	\$5,996,188	(\$992,861)	-14%
3	Due To Third Party Payers	\$2,415,370	\$1,101,627	(\$1,313,743)	-54%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$142,366	\$150,501	\$8,135	6%
7	Other Current Liabilities	\$1,964,014	\$2,029,560	\$65,546	3%
	Total Current Liabilities	\$18,766,677	\$16,118,109	(\$2,648,568)	-14%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$12,492,523	\$14,342,431	\$1,849,908	15%
	Total Long Term Debt	\$12,492,523	\$14,342,431	\$1,849,908	15%
3	Accrued Pension Liability	\$18,262,691	\$32,759,034	\$14,496,343	79%
4	Other Long Term Liabilities	\$10,011,117	\$11,706,423	\$1,695,306	17%
	Total Long Term Liabilities	\$40,766,331	\$58,807,888	\$18,041,557	44%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$5,129,446	(\$14,756,915)	(\$19,886,361)	-388%
2	Temporarily Restricted Net Assets	\$840,477	\$840,477	\$0	0%
3	Permanently Restricted Net Assets	\$673,763	\$673,763	\$0	0%
	Total Net Assets	\$6,643,686	(\$13,242,675)	(\$19,886,361)	-299%
	Total Liabilities and Net Assets	\$66,176,694	\$61,683,322	(\$4,493,372)	-7%

MILFORD HEALTH & MEDICAL, 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	\$204,465,712	\$208,174,705	\$3,708,993	2%
2	Less: Allowances	\$128,630,744	\$137,335,045	\$8,704,301	7%
3	Less: Charity Care	\$581,295	\$245,354	(\$335,941)	-58%
4	Less: Other Deductions	\$1,442,946	\$1,796,306	\$353,360	24%
	Total Net Patient Revenue	\$73,810,727	\$68,798,000	(\$5,012,727)	-7%
5	Provision for Bad Debts	\$5,785,341	\$3,898,291	(\$1,887,050)	-33%
	Net Patient Service Revenue less provision for bad debts	\$68,025,386	\$64,899,709	(\$3,125,677)	-5%
6	Other Operating Revenue	\$2,438,403	\$4,647,727	\$2,209,324	91%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$70,463,789	\$69,547,436	(\$916,353)	-1%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$38,732,104	\$35,312,951	(\$3,419,153)	-9%
2	Fringe Benefits	\$10,103,835	\$10,890,607	\$786,772	8%
3	Physicians Fees	\$770,256	\$1,108,353	\$338,097	44%
4	Supplies and Drugs	\$12,428,440	\$11,980,208	(\$448,232)	-4%
5	Depreciation and Amortization	\$2,989,243	\$2,766,285	(\$222,958)	-7%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$452,267	\$502,550	\$50,283	11%
8	Malpractice Insurance Cost	\$746,227	\$711,640	(\$34,587)	-5%
9	Other Operating Expenses	\$15,361,223	\$14,143,222	(\$1,218,001)	-8%
	Total Operating Expenses	\$81,583,595	\$77,415,816	(\$4,167,779)	-5%
	Income/(Loss) From Operations	(\$11,119,806)	(\$7,868,380)	\$3,251,426	-29%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$1,712,782	\$1,632,871	(\$79,911)	-5%
2	Gifts, Contributions and Donations	\$156,498	\$150,308	(\$6,190)	-4%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$1,869,280	\$1,783,179	(\$86,101)	-5%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$9,250,526)	(\$6,085,201)	\$3,165,325	-34%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$422,199)	(\$571,356)	(\$149,157)	35%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$422,199)	(\$571,356)	(\$149,157)	35%
	Excess/(Deficiency) of Revenue Over Expenses	(\$9,672,725)	(\$6,656,557)	\$3,016,168	-31%

MILFORD HEALTH & MEDICAL, 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	\$74,532,323	\$68,025,386	\$64,899,709
2	Other Operating Revenue	2,729,480	2,438,403	4,647,727
3	Total Operating Revenue	\$77,261,803	\$70,463,789	\$69,547,436
4	Total Operating Expenses	89,832,916	81,583,595	77,415,816
5	Income/(Loss) From Operations	(\$12,571,113)	(\$11,119,806)	(\$7,868,380)
6	Total Non-Operating Revenue	1,654,384	1,447,081	1,211,823
7	Excess/(Deficiency) of Revenue Over Expenses	(\$10,916,729)	(\$9,672,725)	(\$6,656,557)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-15.93%	-15.46%	-11.12%
2	Parent Corporation Non-Operating Margin	2.10%	2.01%	1.71%
3	Parent Corporation Total Margin	-13.83%	-13.45%	-9.41%
4	Income/(Loss) From Operations	(\$12,571,113)	(\$11,119,806)	(\$7,868,380)
5	Total Operating Revenue	\$77,261,803	\$70,463,789	\$69,547,436
6	Total Non-Operating Revenue	\$1,654,384	\$1,447,081	\$1,211,823
7	Total Revenue	\$78,916,187	\$71,910,870	\$70,759,259
8	Excess/(Deficiency) of Revenue Over Expenses	(\$10,916,729)	(\$9,672,725)	(\$6,656,557)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$16,895,968	\$5,129,446	(\$14,756,915)
2	Parent Corporation Total Net Assets	\$18,344,241	\$6,643,686	(\$13,242,675)
3	Parent Corporation Change in Total Net Assets	\$1,538,902	(\$11,700,555)	(\$19,886,361)
4	Parent Corporation Change in Total Net Assets %	109.2%	-63.8%	-299.3%

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.03	1.05	1.05
2	Total Current Assets	\$18,163,962	\$19,631,456	\$16,936,841
3	Total Current Liabilities	\$17,682,950	\$18,766,677	\$16,118,109
4	<u>Days Cash on Hand</u>	14	36	27
5	Cash and Cash Equivalents	\$3,173,042	\$7,667,186	\$1,974,260
6	Short Term Investments	\$112,243	\$112,417	\$3,538,211
7	Total Cash and Short Term Investments	\$3,285,285	\$7,779,603	\$5,512,471
8	Total Operating Expenses	\$89,832,916	\$81,583,595	\$77,415,816
9	Depreciation Expense	\$6,887,793	\$2,989,243	\$2,766,285
10	Operating Expenses less Depreciation Expense	\$82,945,123	\$78,594,352	\$74,649,531
11	<u>Days Revenue in Patient Accounts Receivable</u>	42	40	48
12	Net Patient Accounts Receivable	\$ 10,371,729	\$ 9,919,854	\$ 9,571,176
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,886,925	\$2,415,370	\$1,101,627
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,484,804	\$ 7,504,484	\$ 8,469,549
16	Total Net Patient Revenue	\$74,532,323	\$68,025,386	\$64,899,709
17	<u>Average Payment Period</u>	78	87	79
18	Total Current Liabilities	\$17,682,950	\$18,766,677	\$16,118,109
19	Total Operating Expenses	\$89,832,916	\$81,583,595	\$77,415,816
20	Depreciation Expense	\$6,887,793	\$2,989,243	\$2,766,285
20	Total Operating Expenses less Depreciation Expense	\$82,945,123	\$78,594,352	\$74,649,531

MILFORD HEALTH & MEDICAL, 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. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	24.7	10.0	(21.5)
2	Total Net Assets	\$18,344,241	\$6,643,686	(\$13,242,675)
3	Total Assets	\$74,404,632	\$66,176,694	\$61,683,322
4	<u>Cash Flow to Total Debt Ratio</u>	(16.6)	(21.4)	(12.8)
5	Excess/(Deficiency) of Revenues Over Expenses	(\$10,916,729)	(\$9,672,725)	(\$6,656,557)
6	Depreciation Expense	\$6,887,793	\$2,989,243	\$2,766,285
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$4,028,936)	(\$6,683,482)	(\$3,890,272)
8	Total Current Liabilities	\$17,682,950	\$18,766,677	\$16,118,109
9	Total Long Term Debt	\$6,634,757	\$12,492,523	\$14,342,431
10	Total Current Liabilities and Total Long Term Debt	\$24,317,707	\$31,259,200	\$30,460,540
11	<u>Long Term Debt to Capitalization Ratio</u>	26.6	65.3	1,304.1
12	Total Long Term Debt	\$6,634,757	\$12,492,523	\$14,342,431
13	Total Net Assets	\$18,344,241	\$6,643,686	(\$13,242,675)
14	Total Long Term Debt and Total Net Assets	\$24,978,998	\$19,136,209	\$1,099,756

MILFORD 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 # PATIEN	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	9,767	3,093	3,180	27	78	99.1%	34.3%
2	ICU/CCU (Excludes Neonatal ICU)	2,032	528	0	6	10	92.8%	55.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	161	53	53	4	12	11.0%	3.7%
7	Newborn	150	55	55	4	12	10.3%	3.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	6	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	11,960	3,146	3,233	37	106	88.6%	30.9%
	TOTAL INPATIENT BED UTILIZATION	12,110	3,201	3,288	41	118	80.9%	28.1%
	TOTAL INPATIENT REPORTED YEAR	12,110	3,201	3,288	41	118	80.9%	28.1%
	TOTAL INPATIENT PRIOR YEAR	12,880	3,121	3,127	43	118	82.1%	29.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-770	80	161	-2	0	-1.1%	-1.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-6%	3%	5%	-5%	0%	-1%	-6%
	Total Licensed Beds and Bassinets	118						
(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.								

MILFORD 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	490	483	-7	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,325	1,371	46	3%
3	Emergency Department Scans	6,301	6,124	-177	-3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	8,116	7,978	-138	-2%
B. MRI Scans (A)					
1	Inpatient Scans	140	165	25	18%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,468	1,110	-358	-24%
3	Emergency Department Scans	183	229	46	25%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,791	1,504	-287	-16%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	58	53	-5	-9%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	58	53	-5	-9%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,062	1,001	-61	-6%
2	Outpatient Surgical Procedures	1,748	1,471	-277	-16%
	Total Surgical Procedures	2,810	2,472	-338	-12%
J. Endoscopy Procedures					

MILFORD 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	286	214	-72	-25%
2	Outpatient Endoscopy Procedures	1,645	1,787	142	9%
	Total Endoscopy Procedures	1,931	2,001	70	4%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,897	3,031	134	5%
2	Emergency Room Visits: Treated and Discharged	19,735	18,664	-1,071	-5%
	Total Emergency Room Visits	22,632	21,695	-937	-4%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	11,264	10,532	-732	-6%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	Total Hospital Clinic Visits	11,264	10,532	-732	-6%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	22,170	20,400	-1,770	-8%
	Total Other Hospital Outpatient Visits	22,170	20,400	-1,770	-8%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	195.0	159.6	-35.4	-18%
2	Total Physician FTEs	13.0	11.0	-2.0	-15%
3	Total Non-Nursing and Non-Physician FTEs	260.0	273.6	13.6	5%
	Total Hospital Full Time Equivalent Employees	468.0	444.2	-23.8	-5%

MILFORD 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)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Outpatient Surgical Procedures					
1	Milford Hospital	1,748	1,471	-277	-16%
	Total Outpatient Surgical Procedures(A)	1,748	1,471	-277	-16%
B. Outpatient Endoscopy Procedures					
1	Milford Hospital	1,645	1,787	142	9%
	Total Outpatient Endoscopy Procedures(B)	1,645	1,787	142	9%
C. Outpatient Hospital Emergency Room Visits					
1	MilfHospBostonPostRd WalkIn Ctr	0	0	0	0%
2	Milford Hospital	19,735	18,664	-1,071	-5%
	Total Outpatient Hospital Emergency Room Visits(C)	19,735	18,664	-1,071	-5%
(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.					

MILFORD 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	\$63,576,740	\$68,152,688	\$4,575,948	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$20,112,609	\$19,042,627	(\$1,069,982)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.64%	27.94%	-3.69%	-12%
4	DISCHARGES	1,867	1,941	74	4%
5	CASE MIX INDEX (CMI)	1.47070	1.42530	(0.04540)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,745.79690	2,766.50730	20.71040	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,324.87	\$6,883.27	(\$441.60)	-6%
8	PATIENT DAYS	8,231	8,091	(140)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,443.52	\$2,353.56	(\$89.96)	-4%
10	AVERAGE LENGTH OF STAY	4.4	4.2	(0.2)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,730,744	\$34,924,535	\$193,791	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,449,365	\$7,777,901	(\$671,464)	-8%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.33%	22.27%	-2.06%	-8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	54.63%	51.24%	-3.38%	-6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,019.90601	994.65662	(25.24939)	-2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,284.45	\$7,819.68	(\$464.77)	-6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$98,307,484	\$103,077,223	\$4,769,739	5%
18	TOTAL ACCRUED PAYMENTS	\$28,561,974	\$26,820,528	(\$1,741,446)	-6%
19	TOTAL ALLOWANCES	\$69,745,510	\$76,256,695	\$6,511,185	9%

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$26,989,492	\$29,546,764	\$2,557,272	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,646,730	\$11,546,348	\$899,618	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.45%	39.08%	-0.37%	-1%
4	DISCHARGES	916	932	16	2%
5	CASE MIX INDEX (CMI)	1.39700	1.41370	0.01670	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,279.65200	1,317.56840	37.91640	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,320.02	\$8,763.38	\$443.36	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$995.15)	(\$1,880.10)	(\$884.95)	89%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,273,444)	(\$2,477,164)	(\$1,203,720)	95%
10	PATIENT DAYS	3,068	2,745	(323)	-11%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,470.25	\$4,206.32	\$736.07	21%
12	AVERAGE LENGTH OF STAY	3.3	2.9	(0.4)	-12%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$45,994,687	\$41,667,397	(\$4,327,290)	-9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,197,547	\$17,279,715	(\$1,917,832)	-10%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.74%	41.47%	-0.27%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	170.42%	141.02%	-29.40%	-17%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,561.01987	1,314.32376	(246.69611)	-16%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,298.08	\$13,147.23	\$849.15	7%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$4,013.63)	(\$5,327.54)	(\$1,313.92)	33%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,265,349)	(\$7,002,118)	(\$736,769)	12%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$72,984,179	\$71,214,161	(\$1,770,018)	-2%
22	TOTAL ACCRUED PAYMENTS	\$29,844,277	\$28,826,063	(\$1,018,214)	-3%
23	TOTAL ALLOWANCES	\$43,139,902	\$42,388,098	(\$751,804)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$7,538,793)	(\$9,479,282)	(\$1,940,489)	26%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$66,221,864	\$64,692,160	(\$1,529,704)	-2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,792,844	\$32,162,323	(\$1,630,521)	-5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,429,020	\$32,529,837	\$100,817	0%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.97%	50.28%	1.31%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,574,728	\$758,177	(\$816,551)	-52%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$56,740	\$75,818	\$19,078	34%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	3.60%	10.00%	6.40%	178%
4	DISCHARGES	55	33	(22)	-40%
5	CASE MIX INDEX (CMI)	1.27420	1.10100	(0.17320)	-14%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	70.08100	36.33300	(33.74800)	-48%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$809.63	\$2,086.75	\$1,277.12	158%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,510.39	\$6,676.62	(\$833.76)	-11%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,515.24	\$4,796.52	(\$1,718.72)	-26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$456,594	\$174,272	(\$282,322)	-62%
11	PATIENT DAYS	244	101	(143)	-59%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$232.54	\$750.67	\$518.13	223%
13	AVERAGE LENGTH OF STAY	4.4	3.1	(1.4)	-31%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,025,507	\$3,899,766	\$874,259	29%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$134,197	\$389,977	\$255,780	191%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.44%	10.00%	5.56%	125%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.13%	514.36%	322.23%	168%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	105.67087	169.73910	64.06822	61%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,269.95	\$2,297.51	\$1,027.56	81%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,028.13	\$10,849.72	(\$178.41)	-2%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,014.50	\$5,522.18	(\$1,492.33)	-21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$741,229	\$937,329	\$196,101	26%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$4,600,235	\$4,657,943	\$57,708	1%
24	TOTAL ACCRUED PAYMENTS	\$190,937	\$465,795	\$274,858	144%
25	TOTAL ALLOWANCES	\$4,409,298	\$4,192,148	(\$217,150)	-5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,197,823	\$1,111,601	(\$86,222)	-7%

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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	\$8,491,118	\$7,962,245	(\$528,873)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,668,745	\$1,391,159	(\$277,586)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.65%	17.47%	-2.18%	-11%
4	DISCHARGES	333	323	(10)	-3%
5	CASE MIX INDEX (CMI)	1.11100	0.99048	(0.12052)	-11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	369.96300	319.92504	(50.03796)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,510.57	\$4,348.39	(\$162.18)	-4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,809.45	\$4,414.99	\$605.54	16%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,814.30	\$2,534.88	(\$279.42)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,041,186	\$810,973	(\$230,214)	-22%
11	PATIENT DAYS	1,559	1,252	(307)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,070.39	\$1,111.15	\$40.75	4%
13	AVERAGE LENGTH OF STAY	4.7	3.9	(0.8)	-17%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,965,353	\$18,535,877	\$1,570,524	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,731,261	\$5,019,976	\$288,715	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.89%	27.08%	-0.81%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	199.80%	232.80%	33.00%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	665.33789	751.93470	86.59680	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,111.07	\$6,676.08	(\$434.99)	-6%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,187.01	\$6,471.15	\$1,284.13	25%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,173.39	\$1,143.60	(\$29.78)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$780,701	\$859,916	\$79,216	10%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$25,456,471	\$26,498,122	\$1,041,651	4%
24	TOTAL ACCRUED PAYMENTS	\$6,400,006	\$6,411,135	\$11,129	0%
25	TOTAL ALLOWANCES	\$19,056,465	\$20,086,987	\$1,030,522	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,821,887	\$1,670,889	(\$150,998)	-8%

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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.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$72,804	\$138,845	\$66,041	91%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,590	\$36,215	\$17,625	95%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.53%	26.08%	0.55%	2%
4	DISCHARGES	2	5	3	150%
5	CASE MIX INDEX (CMI)	0.85140	1.06230	0.21090	25%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1.70280	5.31150	3.60870	212%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,917.31	\$6,818.22	(\$4,099.09)	-38%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	(\$2,597.29)	\$1,945.15	\$4,542.44	-175%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$3,592.44)	\$65.05	\$3,657.49	-102%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,117)	\$346	\$6,463	-106%
11	PATIENT DAYS	16	22	6	38%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,161.88	\$1,646.14	\$484.26	42%
13	AVERAGE LENGTH OF STAY	8.0	4.4	(3.6)	-45%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$183,557	\$177,944	(\$5,613)	-3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$34,694	\$36,804	\$2,110	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.90%	20.68%	1.78%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	252.12%	128.16%	-123.96%	-49%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5.04250	6.40801	1.36551	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,880.32	\$5,743.44	(\$1,136.88)	-17%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$5,417.76	\$7,403.79	\$1,986.03	37%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,404.13	\$2,076.25	\$672.11	48%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,080	\$13,305	\$6,224	88%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$256,361	\$316,789	\$60,428	24%
24	TOTAL ACCRUED PAYMENTS	\$53,284	\$73,019	\$19,735	37%
25	TOTAL ALLOWANCES	\$203,077	\$243,770	\$40,693	20%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$963	\$13,650	\$12,687	1317%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F.	<u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>				
	<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$8,563,922	\$8,101,090	(\$462,832)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,687,335	\$1,427,374	(\$259,961)	-15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.70%	17.62%	-2.08%	-11%
4	DISCHARGES	335	328	(7)	-2%
5	CASE MIX INDEX (CMI)	1.10945	0.99157	(0.11788)	-11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	371.66580	325.23654	(46.42926)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,539.93	\$4,388.73	(\$151.20)	-3%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,780.09	\$4,374.65	\$594.56	16%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,784.95	\$2,494.55	(\$290.40)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,035,069	\$811,318	(\$223,751)	-22%
11	PATIENT DAYS	1,575	1,274	(301)	-19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,071.32	\$1,120.39	\$49.06	5%
13	AVERAGE LENGTH OF STAY	4.7	3.9	(0.8)	-17%
	<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,148,910	\$18,713,821	\$1,564,911	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,765,955	\$5,056,780	\$290,825	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.79%	27.02%	-0.77%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	200.25%	231.00%	30.76%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	670.38039	758.34270	87.96232	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,109.33	\$6,668.20	(\$441.13)	-6%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,188.75	\$6,479.03	\$1,290.28	25%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,175.13	\$1,151.49	(\$23.64)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$787,781	\$873,221	\$85,440	11%
	<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$25,712,832	\$26,814,911	\$1,102,079	4%
24	TOTAL ACCRUED PAYMENTS	\$6,453,290	\$6,484,154	\$30,864	0%
25	TOTAL ALLOWANCES	\$19,259,542	\$20,330,757	\$1,071,215	6%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
G. <u>CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$119,348	\$0	(\$119,348)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,114	\$0	(\$33,114)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.75%	0.00%	-27.75%	-100%
4	DISCHARGES	3	0	(3)	-100%
5	CASE MIX INDEX (CMI)	1.67740	0.00000	(1.67740)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5.03220	0.00000	(5.03220)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,580.42	\$0.00	(\$6,580.42)	-100%
8	PATIENT DAYS	6	0	(6)	-100%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$5,519.00	\$0.00	(\$5,519.00)	-100%
10	AVERAGE LENGTH OF STAY	2.0	-	(2.0)	-100%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$180,436	\$139,543	(\$40,893)	-23%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$51,084	\$38,199	(\$12,885)	-25%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$299,784	\$139,543	(\$160,241)	-53%
14	TOTAL ACCRUED PAYMENTS	\$84,198	\$38,199	(\$45,999)	-55%
15	TOTAL ALLOWANCES	\$215,586	\$101,344	(\$114,242)	-53%
H. <u>OTHER DATA</u>					
1	OTHER OPERATING REVENUE	\$1,352,459	\$669,361	(\$683,098)	-51%
2	TOTAL OPERATING EXPENSES	\$72,076,598	\$68,666,088	(\$3,410,510)	-5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$579,795	\$245,354	(\$334,441)	-58%
5	BAD DEBTS (CHARGES)	\$5,608,309	\$3,556,700	(\$2,051,609)	-37%
6	UNCOMPENSATED CARE (CHARGES)	\$6,188,104	\$3,802,054	(\$2,386,050)	-39%
7	COST OF UNCOMPENSATED CARE	\$2,110,886	\$1,253,733	(\$857,154)	-41%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$25,712,832	\$26,814,911	\$1,102,079	4%
9	TOTAL ACCRUED PAYMENTS	\$6,453,290	\$6,484,154	\$30,864	0%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$8,771,161	\$8,842,254	\$71,093	1%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,317,871	\$2,358,100	\$40,229	2%

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$99,249,502	\$105,800,542	\$6,551,040	7%
2	TOTAL INPATIENT PAYMENTS	\$32,479,788	\$32,016,349	(\$463,439)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.73%	30.26%	-2.46%	-8%
4	TOTAL DISCHARGES	3,121	3,201	80	3%
5	TOTAL CASE MIX INDEX	1.41049	1.37748	(0.03301)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,402.14690	4,409.31224	7.16534	0%
7	TOTAL OUTPATIENT CHARGES	\$98,054,777	\$95,445,296	(\$2,609,481)	-3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	98.80%	90.21%	-8.58%	-9%
9	TOTAL OUTPATIENT PAYMENTS	\$32,463,951	\$30,152,595	(\$2,311,356)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.11%	31.59%	-1.52%	-5%
11	TOTAL CHARGES	\$197,304,279	\$201,245,838	\$3,941,559	2%
12	TOTAL PAYMENTS	\$64,943,739	\$62,168,944	(\$2,774,795)	-4%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.92%	30.89%	-2.02%	-6%
14	PATIENT DAYS	12,880	12,110	(770)	-6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$72,260,010	\$76,253,778	\$3,993,768	6%
2	INPATIENT PAYMENTS	\$21,833,058	\$20,470,001	(\$1,363,057)	-6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	30.21%	26.84%	-3.37%	-11%
4	DISCHARGES	2,205	2,269	64	3%
5	CASE MIX INDEX	1.41610	1.36260	(0.05350)	-4%
6	CASE MIX ADJUSTED DISCHARGES	3,122.49490	3,091.74384	(30.75106)	-1%
7	OUTPATIENT CHARGES	\$52,060,090	\$53,777,899	\$1,717,809	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.05%	70.52%	-1.52%	-2%
9	OUTPATIENT PAYMENTS	\$13,266,404	\$12,872,880	(\$393,524)	-3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.48%	23.94%	-1.55%	-6%
11	TOTAL CHARGES	\$124,320,100	\$130,031,677	\$5,711,577	5%
12	TOTAL PAYMENTS	\$35,099,462	\$33,342,881	(\$1,756,581)	-5%
13	TOTAL PAYMENTS / CHARGES	28.23%	25.64%	-2.59%	-9%
14	PATIENT DAYS	9,812	9,365	(447)	-5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$89,220,638	\$96,688,796	\$7,468,158	8%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.4	4.2	(0.2)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	2.9	(0.4)	-12%
3	UNINSURED	4.4	3.1	(1.4)	-31%
4	MEDICAID	4.7	3.9	(0.8)	-17%
5	OTHER MEDICAL ASSISTANCE	8.0	4.4	(3.6)	-45%
6	CHAMPUS / TRICARE	2.0	-	(2.0)	-100%
7	TOTAL AVERAGE LENGTH OF STAY	4.1	3.8	(0.3)	-8%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$197,304,279	\$201,245,838	\$3,941,559	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$89,220,638	\$96,688,796	\$7,468,158	8%
3	UNCOMPENSATED CARE	\$6,188,104	\$3,802,054	(\$2,386,050)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,429,020	\$32,529,837	\$100,817	0%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,162,080	\$1,864,058	(\$298,022)	-14%
6	TOTAL ADJUSTMENTS	\$129,999,842	\$134,884,745	\$4,884,903	4%
7	TOTAL ACCRUED PAYMENTS	\$67,304,437	\$66,361,093	(\$943,344)	-1%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$67,304,437	\$66,361,093	(\$943,344)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3411200068	0.3297513810	(0.0113686258)	-3%
11	COST OF UNCOMPENSATED CARE	\$2,110,886	\$1,253,733	(\$857,154)	-41%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,317,871	\$2,358,100	\$40,229	2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,428,758	\$3,611,832	(\$816,925)	-18%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$780,701	\$859,916	\$79,216	10%
2	OTHER MEDICAL ASSISTANCE	\$963	\$13,650	\$12,687	1317%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,197,823	\$1,111,601	(\$86,222)	-7%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,979,487	\$1,985,167	\$5,681	0%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,162,080	\$1,864,058	(\$298,022)	-13.78%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,442,946)	(\$1,796,306)	(\$353,360)	24.49%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$63,500,794	\$60,372,640	(\$3,128,154)	-4.93%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$197,304,279	\$201,245,838	\$3,941,559	2.00%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,188,104	\$3,802,054	(\$2,386,050)	-38.56%

MILFORD 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)	\$26,989,492	\$29,546,764	\$2,557,272
2	MEDICARE	\$63,576,740	68,152,688	\$4,575,948
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,563,922	8,101,090	(\$462,832)
4	MEDICAID	\$8,491,118	7,962,245	(\$528,873)
5	OTHER MEDICAL ASSISTANCE	\$72,804	138,845	\$66,041
6	CHAMPUS / TRICARE	\$119,348	0	(\$119,348)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,574,728	758,177	(\$816,551)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$72,260,010	\$76,253,778	\$3,993,768
	TOTAL INPATIENT CHARGES	\$99,249,502	\$105,800,542	\$6,551,040
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$45,994,687	\$41,667,397	(\$4,327,290)
2	MEDICARE	\$34,730,744	34,924,535	\$193,791
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,148,910	18,713,821	\$1,564,911
4	MEDICAID	\$16,965,353	18,535,877	\$1,570,524
5	OTHER MEDICAL ASSISTANCE	\$183,557	177,944	(\$5,613)
6	CHAMPUS / TRICARE	\$180,436	139,543	(\$40,893)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,025,507	3,899,766	\$874,259
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$52,060,090	\$53,777,899	\$1,717,809
	TOTAL OUTPATIENT CHARGES	\$98,054,777	\$95,445,296	(\$2,609,481)
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$72,984,179	\$71,214,161	(\$1,770,018)
2	TOTAL MEDICARE	\$98,307,484	\$103,077,223	\$4,769,739
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,712,832	\$26,814,911	\$1,102,079
4	TOTAL MEDICAID	\$25,456,471	\$26,498,122	\$1,041,651
5	TOTAL OTHER MEDICAL ASSISTANCE	\$256,361	\$316,789	\$60,428
6	TOTAL CHAMPUS / TRICARE	\$299,784	\$139,543	(\$160,241)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,600,235	\$4,657,943	\$57,708
	TOTAL GOVERNMENT CHARGES	\$124,320,100	\$130,031,677	\$5,711,577
	TOTAL CHARGES	\$197,304,279	\$201,245,838	\$3,941,559
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,646,730	\$11,546,348	\$899,618
2	MEDICARE	\$20,112,609	19,042,627	(\$1,069,982)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,687,335	1,427,374	(\$259,961)
4	MEDICAID	\$1,668,745	1,391,159	(\$277,586)
5	OTHER MEDICAL ASSISTANCE	\$18,590	36,215	\$17,625
6	CHAMPUS / TRICARE	\$33,114	0	(\$33,114)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$56,740	75,818	\$19,078
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$21,833,058	\$20,470,001	(\$1,363,057)
	TOTAL INPATIENT PAYMENTS	\$32,479,788	\$32,016,349	(\$463,439)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,197,547	\$17,279,715	(\$1,917,832)
2	MEDICARE	\$8,449,365	7,777,901	(\$671,464)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,765,955	5,056,780	\$290,825
4	MEDICAID	\$4,731,261	5,019,976	\$288,715
5	OTHER MEDICAL ASSISTANCE	\$34,694	36,804	\$2,110
6	CHAMPUS / TRICARE	\$51,084	38,199	(\$12,885)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$134,197	389,977	\$255,780
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$13,266,404	\$12,872,880	(\$393,524)
	TOTAL OUTPATIENT PAYMENTS	\$32,463,951	\$30,152,595	(\$2,311,356)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$29,844,277	\$28,826,063	(\$1,018,214)
2	TOTAL MEDICARE	\$28,561,974	\$26,820,528	(\$1,741,446)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,453,290	\$6,484,154	\$30,864
4	TOTAL MEDICAID	\$6,400,006	\$6,411,135	\$11,129
5	TOTAL OTHER MEDICAL ASSISTANCE	\$53,284	\$73,019	\$19,735
6	TOTAL CHAMPUS / TRICARE	\$84,198	\$38,199	(\$45,999)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$190,937	\$465,795	\$274,858
	TOTAL GOVERNMENT PAYMENTS	\$35,099,462	\$33,342,881	(\$1,756,581)
	TOTAL PAYMENTS	\$64,943,739	\$62,168,944	(\$2,774,795)

MILFORD 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)	13.68%	14.68%	1.00%
2	MEDICARE	32.22%	33.87%	1.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.34%	4.03%	-0.31%
4	MEDICAID	4.30%	3.96%	-0.35%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.07%	0.03%
6	CHAMPUS / TRICARE	0.06%	0.00%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.80%	0.38%	-0.42%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.62%	37.89%	1.27%
	TOTAL INPATIENT PAYER MIX	50.30%	52.57%	2.27%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.31%	20.70%	-2.61%
2	MEDICARE	17.60%	17.35%	-0.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.69%	9.30%	0.61%
4	MEDICAID	8.60%	9.21%	0.61%
5	OTHER MEDICAL ASSISTANCE	0.09%	0.09%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.07%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.53%	1.94%	0.40%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.39%	26.72%	0.34%
	TOTAL OUTPATIENT PAYER MIX	49.70%	47.43%	-2.27%
	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)	16.39%	18.57%	2.18%
2	MEDICARE	30.97%	30.63%	-0.34%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.60%	2.30%	-0.30%
4	MEDICAID	2.57%	2.24%	-0.33%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.06%	0.03%
6	CHAMPUS / TRICARE	0.05%	0.00%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.12%	0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.62%	32.93%	-0.69%
	TOTAL INPATIENT PAYER MIX	50.01%	51.50%	1.49%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.56%	27.79%	-1.77%
2	MEDICARE	13.01%	12.51%	-0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.34%	8.13%	0.80%
4	MEDICAID	7.29%	8.07%	0.79%
5	OTHER MEDICAL ASSISTANCE	0.05%	0.06%	0.01%
6	CHAMPUS / TRICARE	0.08%	0.06%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.63%	0.42%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.43%	20.71%	0.28%
	TOTAL OUTPATIENT PAYER MIX	49.99%	48.50%	-1.49%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MILFORD 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)	916	932	16
2	MEDICARE	1,867	1,941	74
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	335	328	(7)
4	MEDICAID	333	323	(10)
5	OTHER MEDICAL ASSISTANCE	2	5	3
6	CHAMPUS / TRICARE	3	0	(3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	55	33	(22)
	TOTAL GOVERNMENT DISCHARGES	2,205	2,269	64
	TOTAL DISCHARGES	3,121	3,201	80
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,068	2,745	(323)
2	MEDICARE	8,231	8,091	(140)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,575	1,274	(301)
4	MEDICAID	1,559	1,252	(307)
5	OTHER MEDICAL ASSISTANCE	16	22	6
6	CHAMPUS / TRICARE	6	0	(6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	244	101	(143)
	TOTAL GOVERNMENT PATIENT DAYS	9,812	9,365	(447)
	TOTAL PATIENT DAYS	12,880	12,110	(770)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	2.9	(0.4)
2	MEDICARE	4.4	4.2	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.7	3.9	(0.8)
4	MEDICAID	4.7	3.9	(0.8)
5	OTHER MEDICAL ASSISTANCE	8.0	4.4	(3.6)
6	CHAMPUS / TRICARE	2.0	0.0	(2.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.4	3.1	(1.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	4.1	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.1	3.8	(0.3)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.39700	1.41370	0.01670
2	MEDICARE	1.47070	1.42530	(0.04540)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.10945	0.99157	(0.11788)
4	MEDICAID	1.11100	0.99048	(0.12052)
5	OTHER MEDICAL ASSISTANCE	0.85140	1.06230	0.21090
6	CHAMPUS / TRICARE	1.67740	0.00000	(1.67740)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27420	1.10100	(0.17320)
	TOTAL GOVERNMENT CASE MIX INDEX	1.41610	1.36260	(0.05350)
	TOTAL CASE MIX INDEX	1.41049	1.37748	(0.03301)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$66,221,864	\$64,692,160	(\$1,529,704)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,792,844	\$32,162,323	(\$1,630,521)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,429,020	\$32,529,837	\$100,817
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.97%	50.28%	1.31%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,162,080	\$1,864,058	(\$298,022)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,162,080	\$1,864,058	(\$298,022)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$579,795	\$245,354	(\$334,441)
9	BAD DEBTS	\$5,608,309	\$3,556,700	(\$2,051,609)
10	TOTAL UNCOMPENSATED CARE	\$6,188,104	\$3,802,054	(\$2,386,050)
11	TOTAL OTHER OPERATING REVENUE	\$1,352,459	\$669,361	(\$683,098)
12	TOTAL OPERATING EXPENSES	\$72,076,598	\$68,666,088	(\$3,410,510)

MILFORD 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)	1,279.65200	1,317.56840	37.91640
2	MEDICARE	2,745.79690	2,766.50730	20.71040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	371.66580	325.23654	(46.42926)
4	MEDICAID	369.96300	319.92504	(50.03796)
5	OTHER MEDICAL ASSISTANCE	1.70280	5.31150	3.60870
6	CHAMPUS / TRICARE	5.03220	0.00000	(5.03220)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	70.08100	36.33300	(33.74800)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,122.49490	3,091.74384	(30.75106)
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,402.14690	4,409.31224	7.16534
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,561.01987	1,314.32376	-246.69611
2	MEDICARE	1,019.90601	994.65662	-25.24939
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	670.38039	758.34270	87.96232
4	MEDICAID	665.33789	751.93470	86.59680
5	OTHER MEDICAL ASSISTANCE	5.04250	6.40801	1.36551
6	CHAMPUS / TRICARE	4.53554	0.00000	-4.53554
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	105.67087	169.73910	64.06822
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,694.82194	1,752.99933	58.17739
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	3,255.84181	3,067.32309	-188.51872
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,320.02	\$8,763.38	\$443.36
2	MEDICARE	\$7,324.87	\$6,883.27	(\$441.60)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,539.93	\$4,388.73	(\$151.20)
4	MEDICAID	\$4,510.57	\$4,348.39	(\$162.18)
5	OTHER MEDICAL ASSISTANCE	\$10,917.31	\$6,818.22	(\$4,099.09)
6	CHAMPUS / TRICARE	\$6,580.42	\$0.00	(\$6,580.42)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$809.63	\$2,086.75	\$1,277.12
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,992.18	\$6,620.86	(\$371.32)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,378.17	\$7,261.08	(\$117.09)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,298.08	\$13,147.23	\$849.15
2	MEDICARE	\$8,284.45	\$7,819.68	(\$464.77)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,109.33	\$6,668.20	(\$441.13)
4	MEDICAID	\$7,111.07	\$6,676.08	(\$434.99)
5	OTHER MEDICAL ASSISTANCE	\$6,880.32	\$5,743.44	(\$1,136.88)
6	CHAMPUS / TRICARE	\$11,263.04	\$0.00	(\$11,263.04)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,269.95	\$2,297.51	\$1,027.56
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,827.61	\$7,343.35	(\$484.26)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,970.99	\$9,830.26	(\$140.72)

MILFORD 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	\$780,701	\$859,916	\$79,216
2	OTHER MEDICAL ASSISTANCE	\$963	\$13,650	\$12,687
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,197,823	\$1,111,601	(\$86,222)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,979,487	\$1,985,167	\$5,681
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$197,304,279	\$201,245,838	\$3,941,559
2	TOTAL GOVERNMENT DEDUCTIONS	\$89,220,638	\$96,688,796	\$7,468,158
3	UNCOMPENSATED CARE	\$6,188,104	\$3,802,054	(\$2,386,050)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,429,020	\$32,529,837	\$100,817
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,162,080	\$1,864,058	(\$298,022)
6	TOTAL ADJUSTMENTS	\$129,999,842	\$134,884,745	\$4,884,903
7	TOTAL ACCRUED PAYMENTS	\$67,304,437	\$66,361,093	(\$943,344)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$67,304,437	\$66,361,093	(\$943,344)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3411200068	0.3297513810	(0.0113686258)
11	COST OF UNCOMPENSATED CARE	\$2,110,886	\$1,253,733	(\$857,154)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,317,871	\$2,358,100	\$40,229
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,428,758	\$3,611,832	(\$816,925)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.45%	39.08%	-0.37%
2	MEDICARE	31.64%	27.94%	-3.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.70%	17.62%	-2.08%
4	MEDICAID	19.65%	17.47%	-2.18%
5	OTHER MEDICAL ASSISTANCE	25.53%	26.08%	0.55%
6	CHAMPUS / TRICARE	27.75%	0.00%	-27.75%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.60%	10.00%	6.40%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	30.21%	26.84%	-3.37%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.73%	30.26%	-2.46%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.74%	41.47%	-0.27%
2	MEDICARE	24.33%	22.27%	-2.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.79%	27.02%	-0.77%
4	MEDICAID	27.89%	27.08%	-0.81%
5	OTHER MEDICAL ASSISTANCE	18.90%	20.68%	1.78%
6	CHAMPUS / TRICARE	28.31%	27.37%	-0.94%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.44%	10.00%	5.56%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.48%	23.94%	-1.55%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	33.11%	31.59%	-1.52%

MILFORD 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	\$64,943,739	\$62,168,944	(\$2,774,795)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$64,943,739	\$62,168,944	(\$2,774,795)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,442,946)	(\$1,796,306)	(\$353,360)
4	CALCULATED NET REVENUE	\$69,109,102	\$60,372,638	(\$8,736,464)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,500,794	\$60,372,640	(\$3,128,154)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$5,608,308	(\$2)	(\$5,608,310)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$197,304,279	\$201,245,838	\$3,941,559
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$197,304,279	\$201,245,838	\$3,941,559
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$197,304,279	\$201,245,838	\$3,941,559
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)	\$6,188,104	\$3,802,054	(\$2,386,050)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,188,104	\$3,802,054	(\$2,386,050)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,188,104	\$3,802,054	(\$2,386,050)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MILFORD 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)	\$29,546,764
2	MEDICARE	68,152,688
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,101,090
4	MEDICAID	7,962,245
5	OTHER MEDICAL ASSISTANCE	138,845
6	CHAMPUS / TRICARE	0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	758,177
	TOTAL INPATIENT GOVERNMENT CHARGES	\$76,253,778
	TOTAL INPATIENT CHARGES	\$105,800,542
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,667,397
2	MEDICARE	34,924,535
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,713,821
4	MEDICAID	18,535,877
5	OTHER MEDICAL ASSISTANCE	177,944
6	CHAMPUS / TRICARE	139,543
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,899,766
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$53,777,899
	TOTAL OUTPATIENT CHARGES	\$95,445,296
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$71,214,161
2	TOTAL GOVERNMENT ACCRUED CHARGES	130,031,677
	TOTAL ACCRUED CHARGES	\$201,245,838
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,546,348
2	MEDICARE	19,042,627
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,427,374
4	MEDICAID	1,391,159
5	OTHER MEDICAL ASSISTANCE	36,215
6	CHAMPUS / TRICARE	0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	75,818
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$20,470,001
	TOTAL INPATIENT PAYMENTS	\$32,016,349
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,279,715
2	MEDICARE	7,777,901
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,056,780
4	MEDICAID	5,019,976
5	OTHER MEDICAL ASSISTANCE	36,804
6	CHAMPUS / TRICARE	38,199
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	389,977
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$12,872,880
	TOTAL OUTPATIENT PAYMENTS	\$30,152,595
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$28,826,063
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	33,342,881
	TOTAL ACCRUED PAYMENTS	\$62,168,944

MILFORD 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)	932
2	MEDICARE	1,941
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	328
4	MEDICAID	323
5	OTHER MEDICAL ASSISTANCE	5
6	CHAMPUS / TRICARE	0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33
	TOTAL GOVERNMENT DISCHARGES	2,269
	TOTAL DISCHARGES	3,201
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41370
2	MEDICARE	1.42530
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99157
4	MEDICAID	0.99048
5	OTHER MEDICAL ASSISTANCE	1.06230
6	CHAMPUS / TRICARE	0.00000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10100
	TOTAL GOVERNMENT CASE MIX INDEX	1.36260
	TOTAL CASE MIX INDEX	1.37748
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$64,692,160
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,162,323
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,529,837
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.28%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,864,058
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,864,058
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$245,354
9	BAD DEBTS	\$3,556,700
10	TOTAL UNCOMPENSATED CARE	\$3,802,054
11	TOTAL OTHER OPERATING REVENUE	\$669,361
12	TOTAL OPERATING EXPENSES	\$68,666,088

MILFORD 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	\$62,168,944
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$62,168,944
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,796,306)
	CALCULATED NET REVENUE	\$60,372,638
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$60,372,640
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$201,245,838
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$201,245,838
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$201,245,838
	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)	\$3,802,054
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,802,054
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,802,054
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	1,024	364	(660)	-64%
2	Number of Approved Applicants	271	78	(193)	-71%
3	Total Charges (A)	\$579,795	\$245,354	(\$334,441)	-58%
4	Average Charges	\$2,139	\$3,146	\$1,006	47%
5	Ratio of Cost to Charges (RCC)	0.408005	0.362820	(0.045185)	-11%
6	Total Cost	\$236,559	\$89,019	(\$147,540)	-62%
7	Average Cost	\$873	\$1,141	\$268	31%
8	Charity Care - Inpatient Charges	\$216,130	\$144,239	(\$71,891)	-33%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	76,980	26,927	(50,053)	-65%
10	Charity Care - Emergency Department Charges	286,685	74,188	(212,497)	-74%
11	Total Charges (A)	\$579,795	\$245,354	(\$334,441)	-58%
12	Charity Care - Number of Patient Days	161	68	(93)	-58%
13	Charity Care - Number of Discharges	27	17	(10)	-37%
14	Charity Care - Number of Outpatient ED Visits	198	70	(128)	-65%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	52	23	(29)	-56%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$2,284,924	\$1,112,950	(\$1,171,974)	-51%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	691,475	513,188	(178,287)	-26%
3	Bad Debts - Emergency Department	2,631,910	1,930,562	(701,348)	-27%
4	Total Bad Debts (A)	\$5,608,309	\$3,556,700	(\$2,051,609)	-37%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$579,795	\$245,354	(\$334,441)	-58%
2	Bad Debts (A)	5,608,309	3,556,700	(2,051,609)	-37%
3	Total Uncompensated Care (A)	\$6,188,104	\$3,802,054	(\$2,386,050)	-39%
4	Uncompensated Care - Inpatient Services	\$2,501,054	\$1,257,189	(\$1,243,865)	-50%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	768,455	540,115	(228,340)	-30%
6	Uncompensated Care - Emergency Department	2,918,595	2,004,750	(913,845)	-31%
7	Total Uncompensated Care (A)	\$6,188,104	\$3,802,054	(\$2,386,050)	-39%

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

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$66,221,864	\$64,692,160	(\$1,529,704)	-2%
2	Total Contractual Allowances	\$32,429,020	\$32,529,837	\$100,817	0%
	Total Accrued Payments (A)	\$33,792,844	\$32,162,323	(\$1,630,521)	-5%
	Total Discount Percentage	48.97%	50.28%	1.31%	3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MILFORD 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. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$98,180,414	\$99,249,502	\$105,800,542
2	Outpatient Gross Revenue	\$96,733,467	\$98,054,777	\$95,445,296
3	Total Gross Patient Revenue	\$194,913,881	\$197,304,279	\$201,245,838
4	Net Patient Revenue	\$69,903,315	\$63,500,794	\$60,372,640
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$80,117,246	\$72,076,598	\$68,666,088
C. <u>Utilization Statistics</u>				
1	Patient Days	13,603	12,880	12,110
2	Discharges	3,348	3,121	3,201
3	Average Length of Stay	4.1	4.1	3.8
4	Equivalent (Adjusted) Patient Days (EPD)	27,006	25,605	23,035
0	Equivalent (Adjusted) Discharges (ED)	6,647	6,204	6,089
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.41309	1.41049	1.37748
2	Case Mix Adjusted Patient Days (CMAPD)	19,222	18,167	16,681
3	Case Mix Adjusted Discharges (CMAD)	4,731	4,402	4,409
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	38,161	36,116	31,730
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,392	8,751	8,387
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$14,329	\$15,319	\$16,618
2	Total Gross Revenue per Discharge	\$58,218	\$63,218	\$62,870
3	Total Gross Revenue per EPD	\$7,218	\$7,706	\$8,737
4	Total Gross Revenue per ED	\$29,325	\$31,801	\$33,052
5	Total Gross Revenue per CMAEPD	\$5,108	\$5,463	\$6,342
6	Total Gross Revenue per CMAED	\$20,752	\$22,546	\$23,995
7	Inpatient Gross Revenue per EPD	\$3,636	\$3,876	\$4,593
8	Inpatient Gross Revenue per ED	\$14,771	\$15,997	\$17,377

MILFORD 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	\$5,139	\$4,930	\$4,985
2	Net Patient Revenue per Discharge	\$20,879	\$20,346	\$18,861
3	Net Patient Revenue per EPD	\$2,588	\$2,480	\$2,621
4	Net Patient Revenue per ED	\$10,517	\$10,235	\$9,916
5	Net Patient Revenue per CMAEPD	\$1,832	\$1,758	\$1,903
6	Net Patient Revenue per CMAED	\$7,443	\$7,256	\$7,198
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,890	\$5,596	\$5,670
2	Total Operating Expense per Discharge	\$23,930	\$23,094	\$21,451
3	Total Operating Expense per EPD	\$2,967	\$2,815	\$2,981
4	Total Operating Expense per ED	\$12,054	\$11,617	\$11,278
5	Total Operating Expense per CMAEPD	\$2,099	\$1,996	\$2,164
6	Total Operating Expense per CMAED	\$8,530	\$8,236	\$8,187
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$16,446,079	\$14,893,505	\$14,504,923
2	Nursing Fringe Benefits Expense	\$5,577,143	\$4,202,695	\$4,784,452
3	Total Nursing Salary and Fringe Benefits Expense	\$22,023,222	\$19,096,200	\$19,289,375
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$5,633,239	\$4,236,141	\$3,081,841
2	Physician Fringe Benefits Expense	\$695,961	\$560,359	\$495,240
3	Total Physician Salary and Fringe Benefits Expense	\$6,329,200	\$4,796,500	\$3,577,081
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$15,739,752	\$16,557,712	\$14,668,666
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,907,420	\$4,576,268	\$4,842,212
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$21,647,172	\$21,133,980	\$19,510,878
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$37,819,070	\$35,687,358	\$32,255,430
2	Total Fringe Benefits Expense	\$12,180,524	\$9,339,322	\$10,121,904
3	Total Salary and Fringe Benefits Expense	\$49,999,594	\$45,026,680	\$42,377,334

MILFORD 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	170.7	195.0	159.6
2	Total Physician FTEs	20.6	13.0	11.0
3	Total Non-Nursing, Non-Physician FTEs	307.3	260.0	273.6
4	Total Full Time Equivalent Employees (FTEs)	498.6	468.0	444.2
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$96,345	\$76,377	\$90,883
2	Nursing Fringe Benefits Expense per FTE	\$32,672	\$21,552	\$29,978
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$129,017	\$97,929	\$120,861
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$273,458	\$325,857	\$280,167
2	Physician Fringe Benefits Expense per FTE	\$33,785	\$43,105	\$45,022
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$307,243	\$368,962	\$325,189
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,219	\$63,684	\$53,614
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,224	\$17,601	\$17,698
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$70,443	\$81,285	\$71,312
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$75,851	\$76,255	\$72,615
2	Total Fringe Benefits Expense per FTE	\$24,429	\$19,956	\$22,787
3	Total Salary and Fringe Benefits Expense per FTE	\$100,280	\$96,211	\$95,401
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,676	\$3,496	\$3,499
2	Total Salary and Fringe Benefits Expense per Discharge	\$14,934	\$14,427	\$13,239
3	Total Salary and Fringe Benefits Expense per EPD	\$1,851	\$1,759	\$1,840
4	Total Salary and Fringe Benefits Expense per ED	\$7,523	\$7,257	\$6,960
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,310	\$1,247	\$1,336
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,323	\$5,145	\$5,053