

YALE-NEW HAVEN 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	\$20,955,000	\$101,130,000	\$80,175,000	383%
2	Short Term Investments	\$926,009,000	\$980,087,000	\$54,078,000	6%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$259,581,000	\$286,728,000	\$27,147,000	10%
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	\$32,802,000	\$39,408,000	\$6,606,000	20%
8	Prepaid Expenses	\$36,081,000	\$34,914,000	(\$1,167,000)	-3%
9	Other Current Assets	\$57,151,000	\$58,101,000	\$950,000	2%
	Total Current Assets	\$1,332,579,000	\$1,500,368,000	\$167,789,000	13%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$17,796,000	\$18,051,000	\$255,000	1%
2	Board Designated for Capital Acquisition	\$107,073,000	\$78,837,000	(\$28,236,000)	-26%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$124,869,000	\$96,888,000	(\$27,981,000)	-22%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$263,938,000	\$289,434,000	\$25,496,000	10%
7	Other Noncurrent Assets	\$304,928,000	\$297,453,000	(\$7,475,000)	-2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,622,326,000	\$1,664,895,000	\$42,569,000	3%
2	Less: Accumulated Depreciation	\$735,391,000	\$808,887,000	\$73,496,000	10%
	Property, Plant and Equipment, Net	\$886,935,000	\$856,008,000	(\$30,927,000)	-3%
3	Construction in Progress	\$27,576,000	\$80,774,000	\$53,198,000	193%
	Total Net Fixed Assets	\$914,511,000	\$936,782,000	\$22,271,000	2%
	Total Assets	\$2,940,825,000	\$3,120,925,000	\$180,100,000	6%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$231,911,000	\$258,947,000	\$27,036,000	12%
2	Salaries, Wages and Payroll Taxes	\$113,561,000	\$87,225,000	(\$26,336,000)	-23%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$28,423,000	\$29,938,000	\$1,515,000	5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$17,897,000	\$58,668,000	\$40,771,000	228%
	Total Current Liabilities	\$391,792,000	\$434,778,000	\$42,986,000	11%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$799,902,000	\$800,348,000	\$446,000	0%
2	Notes Payable (Net of Current Portion)	\$51,075,000	\$46,850,000	(\$4,225,000)	-8%
	Total Long Term Debt	\$850,977,000	\$847,198,000	(\$3,779,000)	0%
3	Accrued Pension Liability	\$231,477,000	\$228,810,000	(\$2,667,000)	-1%
4	Other Long Term Liabilities	\$345,977,000	\$385,147,000	\$39,170,000	11%
	Total Long Term Liabilities	\$1,428,431,000	\$1,461,155,000	\$32,724,000	2%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$1,020,378,000	\$1,107,165,000	\$86,787,000	9%
2	Temporarily Restricted Net Assets	\$64,318,000	\$70,941,000	\$6,623,000	10%
3	Permanently Restricted Net Assets	\$35,906,000	\$46,886,000	\$10,980,000	31%
	Total Net Assets	\$1,120,602,000	\$1,224,992,000	\$104,390,000	9%
	Total Liabilities and Net Assets	\$2,940,825,000	\$3,120,925,000	\$180,100,000	6%

YALE-NEW HAVEN 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	\$8,384,979,000	\$8,723,514,000	\$338,535,000	4%
2	Less: Allowances	\$5,797,975,000	\$6,009,231,000	\$211,256,000	4%
3	Less: Charity Care	\$176,887,000	\$206,990,000	\$30,103,000	17%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$2,410,117,000	\$2,507,293,000	\$97,176,000	4%
5	Provision for Bad Debts	\$71,764,000	\$49,304,000	(\$22,460,000)	-31%
	Net Patient Service Revenue less provision for bad debts	\$2,338,353,000	\$2,457,989,000	\$119,636,000	5%
6	Other Operating Revenue	\$54,578,000	\$57,562,000	\$2,984,000	5%
7	Net Assets Released from Restrictions	\$8,973,000	\$11,325,000	\$2,352,000	26%
	Total Operating Revenue	\$2,401,904,000	\$2,526,876,000	\$124,972,000	5%
B. Operating Expenses:					
1	Salaries and Wages	\$808,684,000	\$817,890,000	\$9,206,000	1%
2	Fringe Benefits	\$225,961,000	\$235,850,000	\$9,889,000	4%
3	Physicians Fees	\$86,460,000	\$89,392,000	\$2,932,000	3%
4	Supplies and Drugs	\$376,009,000	\$457,333,000	\$81,324,000	22%
5	Depreciation and Amortization	\$122,543,000	\$119,157,000	(\$3,386,000)	-3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$23,742,000	\$20,696,000	(\$3,046,000)	-13%
8	Malpractice Insurance Cost	\$12,248,000	\$14,594,000	\$2,346,000	19%
9	Other Operating Expenses	\$611,711,000	\$658,452,000	\$46,741,000	8%
	Total Operating Expenses	\$2,267,358,000	\$2,413,364,000	\$146,006,000	6%
	Income/(Loss) From Operations	\$134,546,000	\$113,512,000	(\$21,034,000)	-16%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,195,000	\$3,958,000	\$763,000	24%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$16,357,000)	(\$28,248,000)	(\$11,891,000)	73%
	Total Non-Operating Revenue	(\$13,162,000)	(\$24,290,000)	(\$11,128,000)	85%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$121,384,000	\$89,222,000	(\$32,162,000)	-26%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$75,949,000	\$20,129,000	(\$55,820,000)	-73%
	All Other Adjustments	(\$32,631,000)	\$0	\$32,631,000	-100%
	Total Other Adjustments	\$43,318,000	\$20,129,000	(\$23,189,000)	-54%
	Excess/(Deficiency) of Revenue Over Expenses	\$164,702,000	\$109,351,000	(\$55,351,000)	-34%
	Principal Payments	\$484,157,000	\$7,626,000	(\$476,531,000)	-98%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$1,524,772,902	\$1,499,907,162	(\$24,865,740)	-2%
2	MEDICARE MANAGED CARE	\$445,662,284	\$464,560,392	\$18,898,108	4%
3	MEDICAID	\$1,096,846,915	\$1,148,213,273	\$51,366,358	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$25,295,301	\$20,042,376	(\$5,252,925)	-21%
6	COMMERCIAL INSURANCE	\$72,386,489	\$72,460,139	\$73,650	0%
7	NON-GOVERNMENT MANAGED CARE	\$1,301,902,106	\$1,320,566,176	\$18,664,070	1%
8	WORKER'S COMPENSATION	\$21,931,934	\$21,767,078	(\$164,856)	-1%
9	SELF- PAY/UNINSURED	\$65,761,465	\$80,469,795	\$14,708,330	22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$4,554,559,396	\$4,627,986,391	\$73,426,995	2%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$1,147,646,596	\$1,235,204,835	\$87,558,239	8%
2	MEDICARE MANAGED CARE	\$288,216,101	\$331,198,450	\$42,982,349	15%
3	MEDICAID	\$697,483,038	\$781,303,401	\$83,820,363	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$22,072,889	\$19,908,475	(\$2,164,414)	-10%
6	COMMERCIAL INSURANCE	\$75,808,339	\$61,400,968	(\$14,407,371)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$1,484,681,453	\$1,552,606,620	\$67,925,167	5%
8	WORKER'S COMPENSATION	\$19,648,951	\$16,950,801	(\$2,698,150)	-14%
9	SELF- PAY/UNINSURED	\$94,861,804	\$96,954,852	\$2,093,048	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$3,830,419,171	\$4,095,528,402	\$265,109,231	7%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$2,672,419,498	\$2,735,111,997	\$62,692,499	2%
2	MEDICARE MANAGED CARE	\$733,878,385	\$795,758,842	\$61,880,457	8%
3	MEDICAID	\$1,794,329,953	\$1,929,516,674	\$135,186,721	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$47,368,190	\$39,950,851	(\$7,417,339)	-16%
6	COMMERCIAL INSURANCE	\$148,194,828	\$133,861,107	(\$14,333,721)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$2,786,583,559	\$2,873,172,796	\$86,589,237	3%
8	WORKER'S COMPENSATION	\$41,580,885	\$38,717,879	(\$2,863,006)	-7%
9	SELF- PAY/UNINSURED	\$160,623,269	\$177,424,647	\$16,801,378	10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$8,384,978,567	\$8,723,514,793	\$338,536,226	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$426,581,340	\$464,495,952	\$37,914,612	9%
2	MEDICARE MANAGED CARE	\$136,536,116	\$162,931,805	\$26,395,689	19%

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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	\$115,925,541	\$130,960,728	\$15,035,187	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,112,365	\$4,483,239	\$2,370,874	112%
6	COMMERCIAL INSURANCE	\$36,396,661	\$26,378,220	(\$10,018,441)	-28%
7	NON-GOVERNMENT MANAGED CARE	\$571,261,737	\$617,364,859	\$46,103,122	8%
8	WORKER'S COMPENSATION	\$6,016,962	\$12,766,549	\$6,749,587	112%
9	SELF- PAY/UNINSURED	\$12,191,274	\$27,560,241	\$15,368,967	126%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$1,307,021,996	\$1,446,941,593	\$139,919,597	11%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$167,389,985	\$203,459,062	\$36,069,077	22%
2	MEDICARE MANAGED CARE	\$46,713,610	\$45,337,013	(\$1,376,597)	-3%
3	MEDICAID	\$97,347,700	\$119,432,312	\$22,084,612	23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,274,341	\$1,519,605	(\$754,736)	-33%
6	COMMERCIAL INSURANCE	\$56,392,408	\$26,587,428	(\$29,804,980)	-53%
7	NON-GOVERNMENT MANAGED CARE	\$612,399,509	\$695,914,393	\$83,514,884	14%
8	WORKER'S COMPENSATION	\$6,734,229	\$3,693,167	(\$3,041,062)	-45%
9	SELF- PAY/UNINSURED	\$10,489,921	\$12,752,235	\$2,262,314	22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$999,741,703	\$1,108,695,215	\$108,953,512	11%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$593,971,325	\$667,955,014	\$73,983,689	12%
2	MEDICARE MANAGED CARE	\$183,249,726	\$208,268,818	\$25,019,092	14%
3	MEDICAID	\$213,273,241	\$250,393,040	\$37,119,799	17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,386,706	\$6,002,844	\$1,616,138	37%
6	COMMERCIAL INSURANCE	\$92,789,069	\$52,965,648	(\$39,823,421)	-43%
7	NON-GOVERNMENT MANAGED CARE	\$1,183,661,246	\$1,313,279,252	\$129,618,006	11%
8	WORKER'S COMPENSATION	\$12,751,191	\$16,459,716	\$3,708,525	29%
9	SELF- PAY/UNINSURED	\$22,681,195	\$40,312,476	\$17,631,281	78%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$2,306,763,699	\$2,555,636,808	\$248,873,109	11%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	21,547	21,223	(324)	-2%
2	MEDICARE MANAGED CARE	6,699	6,856	157	2%
3	MEDICAID	22,415	22,248	(167)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	400	413	13	3%
6	COMMERCIAL INSURANCE	987	1,192	205	21%
7	NON-GOVERNMENT MANAGED CARE	25,195	24,831	(364)	-1%
8	WORKER'S COMPENSATION	334	350	16	5%

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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	952	1,339	387	41%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	78,529	78,452	(77)	0%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	142,143	137,542	(4,601)	-3%
2	MEDICARE MANAGED CARE	39,579	42,267	2,688	7%
3	MEDICAID	120,382	122,293	1,911	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	1,625	1,577	(48)	-3%
6	COMMERCIAL INSURANCE	4,519	5,739	1,220	27%
7	NON-GOVERNMENT MANAGED CARE	112,844	111,318	(1,526)	-1%
8	WORKER'S COMPENSATION	1,087	1,378	291	27%
9	SELF- PAY/UNINSURED	4,336	6,526	2,190	51%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	426,515	428,640	2,125	0%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	270,084	295,736	25,652	9%
2	MEDICARE MANAGED CARE	79,977	89,458	9,481	12%
3	MEDICAID	314,914	345,834	30,920	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	5,215	5,688	473	9%
6	COMMERCIAL INSURANCE	16,111	18,255	2,144	13%
7	NON-GOVERNMENT MANAGED CARE	456,425	483,563	27,138	6%
8	WORKER'S COMPENSATION	6,369	6,912	543	9%
9	SELF- PAY/UNINSURED	38,310	37,093	(1,217)	-3%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	1,187,405	1,282,539	95,134	8%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$170,022,591	\$191,530,673	\$21,508,082	13%
2	MEDICARE MANAGED CARE	\$44,013,361	\$44,369,954	\$356,593	1%
3	MEDICAID	\$214,936,851	\$230,323,184	\$15,386,333	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,186,195	\$1,306,114	\$119,919	10%
6	COMMERCIAL INSURANCE	\$9,766,288	\$9,664,282	(\$102,006)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$161,212,403	\$155,134,852	(\$6,077,551)	-4%
8	WORKER'S COMPENSATION	\$4,808,996	\$5,104,658	\$295,662	6%
9	SELF- PAY/UNINSURED	\$29,710,592	\$31,040,128	\$1,329,536	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$635,657,277	\$668,473,845	\$32,816,568	5%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$21,301,154	\$23,362,857	\$2,061,703	10%

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

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$4,150,515	\$4,582,398	\$431,883	10%
3	MEDICAID	\$32,226,422	\$31,982,214	(\$244,208)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$262,200	\$157,937	(\$104,263)	-40%
6	COMMERCIAL INSURANCE	\$5,316,006	\$5,035,718	(\$280,288)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$60,095,768	\$63,783,162	\$3,687,394	6%
8	WORKER'S COMPENSATION	\$2,544,006	\$1,737,741	(\$806,265)	-32%
9	SELF- PAY/UNINSURED	\$622,652	\$1,926,426	\$1,303,774	209%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$126,518,723	\$132,568,453	\$6,049,730	5%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	19,064	21,157	2,093	11%
2	MEDICARE MANAGED CARE	5,604	6,537	933	17%
3	MEDICAID	65,998	72,873	6,875	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	386	432	46	12%
6	COMMERCIAL INSURANCE	2,362	2,555	193	8%
7	NON-GOVERNMENT MANAGED CARE	36,423	38,581	2,158	6%
8	WORKER'S COMPENSATION	1,694	1,958	264	16%
9	SELF- PAY/UNINSURED	10,989	8,406	(2,583)	-24%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	142,520	152,499	9,979	7%

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TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$328,622,000	\$342,098,000	\$13,476,000	4%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$480,062,000	\$475,792,000	(\$4,270,000)	-1%
	Total Salaries & Wages	\$808,684,000	\$817,890,000	\$9,206,000	1%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$91,823,000	\$98,661,000	\$6,838,000	7%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$134,138,000	\$137,189,000	\$3,051,000	2%
	Total Fringe Benefits	\$225,961,000	\$235,850,000	\$9,889,000	4%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$4,283,000	\$6,780,000	\$2,497,000	58%
2	Physician Fees	\$86,460,000	\$89,392,000	\$2,932,000	3%
3	Non-Nursing, Non-Physician Fees	\$165,763,000	\$203,284,000	\$37,521,000	23%
	Total Contractual Labor Fees	\$256,506,000	\$299,456,000	\$42,950,000	17%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$210,740,000	\$239,291,000	\$28,551,000	14%
2	Pharmaceutical Costs	\$165,269,000	\$218,042,000	\$52,773,000	32%
	Total Medical Supplies and Pharmaceutical Cost	\$376,009,000	\$457,333,000	\$81,324,000	22%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$47,480,000	\$46,169,000	(\$1,311,000)	-3%
2	Depreciation-Equipment	\$75,063,000	\$72,988,000	(\$2,075,000)	-3%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$122,543,000	\$119,157,000	(\$3,386,000)	-3%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$23,742,000	\$20,696,000	(\$3,046,000)	-13%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$12,248,000	\$14,594,000	\$2,346,000	19%
I.	Utilities:				
1	Water	\$1,589,000	\$1,794,000	\$205,000	13%
2	Natural Gas	\$1,873,000	\$1,451,000	(\$422,000)	-23%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$19,096,000	\$21,571,000	\$2,475,000	13%
5	Telephone	\$3,945,000	\$3,314,000	(\$631,000)	-16%
6	Other Utilities	\$1,225,000	\$1,326,000	\$101,000	8%
	Total Utilities	\$27,728,000	\$29,456,000	\$1,728,000	6%
J.	Business Expenses:				
1	Accounting Fees	\$1,372,000	\$1,065,000	(\$307,000)	-22%
2	Legal Fees	\$4,093,000	\$3,463,000	(\$630,000)	-15%
3	Consulting Fees	\$236,000	\$456,000	\$220,000	93%
4	Dues and Membership	\$1,840,000	\$1,943,000	\$103,000	6%
5	Equipment Leases	\$6,760,000	\$6,357,000	(\$403,000)	-6%
6	Building Leases	\$18,706,000	\$23,520,000	\$4,814,000	26%
7	Repairs and Maintenance	\$37,095,000	\$35,045,000	(\$2,050,000)	-6%
8	Insurance	\$2,561,000	\$2,358,000	(\$203,000)	-8%
9	Travel	\$6,000	\$4,000	(\$2,000)	-33%
10	Conferences	\$2,927,000	\$2,947,000	\$20,000	1%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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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
11	Property Tax	\$4,203,000	\$4,488,000	\$285,000	7%
12	General Supplies	\$20,416,000	\$20,729,000	\$313,000	2%
13	Licenses and Subscriptions	\$1,639,000	\$1,556,000	(\$83,000)	-5%
14	Postage and Shipping	\$867,000	\$884,000	\$17,000	2%
15	Advertising	\$72,000	\$622,000	\$550,000	764%
16	Corporate parent/system fees	\$28,104,000	\$29,760,000	\$1,656,000	6%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$893,000	\$463,000	(\$430,000)	-48%
19	Dietary / Food Services	\$3,067,000	\$3,164,000	\$97,000	3%
20	Lab Fees / Red Cross charges	\$16,288,000	\$14,213,000	(\$2,075,000)	-13%
21	Billing & Collection / Bank Fees	\$1,015,000	\$1,251,000	\$236,000	23%
22	Recruiting / Employee Education & Recognition	\$682,000	\$400,000	(\$282,000)	-41%
23	Laundry / Linen	\$5,894,000	\$6,092,000	\$198,000	3%
24	Professional / Physician Fees	\$4,956,000	\$3,982,000	(\$974,000)	-20%
25	Waste disposal	\$1,680,000	\$1,950,000	\$270,000	16%
26	Purchased Services - Medical	\$133,544,000	\$135,425,000	\$1,881,000	1%
27	Purchased Services - Non Medical	\$112,249,000	\$113,015,000	\$766,000	1%
28	Other Business Expenses	\$2,772,000	\$3,780,000	\$1,008,000	36%
	Total Business Expenses	\$413,937,000	\$418,932,000	\$4,995,000	1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$2,267,358,000	\$2,413,364,000	\$146,006,000	6%
	*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$75,441,333	\$72,496,443	(\$2,944,890)	-4%
2	General Accounting	\$5,939,855	\$5,896,204	(\$43,651)	-1%
3	Patient Billing & Collection	\$33,733,020	\$65,322,534	\$31,589,514	94%
4	Admitting / Registration Office	\$13,799,808	\$208,707	(\$13,591,101)	-98%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$7,074,250	\$6,622,266	(\$451,984)	-6%
7	Personnel	\$3,988,465	\$4,433,538	\$445,073	11%
8	Public Relations	\$1,203,681	\$1,244,128	\$40,447	3%
9	Purchasing	\$4,116,140	\$5,570,171	\$1,454,031	35%
10	Dietary and Cafeteria	\$30,247,701	\$31,257,833	\$1,010,132	3%
11	Housekeeping	\$26,844,377	\$26,191,764	(\$652,613)	-2%
12	Laundry & Linen	\$259,642	\$338,472	\$78,830	30%
13	Operation of Plant	\$31,787,858	\$37,060,046	\$5,272,188	17%
14	Security	\$9,481,819	\$10,559,123	\$1,077,304	11%
15	Repairs and Maintenance	\$26,526,956	\$27,381,341	\$854,385	3%
16	Central Sterile Supply	\$10,348,691	\$12,888,771	\$2,540,080	25%
17	Pharmacy Department	\$61,967,523	\$121,028,342	\$59,060,819	95%
18	Other General Services	\$462,125,104	\$445,788,092	(\$16,337,012)	-4%
	Total General Services	\$804,886,223	\$874,287,775	\$69,401,552	9%
B.	Professional Services:				
1	Medical Care Administration	\$48,015,009	\$51,760,553	\$3,745,544	8%
2	Residency Program	\$72,942,628	\$89,108,689	\$16,166,061	22%
3	Nursing Services Administration	\$16,593,282	\$18,101,555	\$1,508,273	9%
4	Medical Records	\$4,736,709	\$1,703,577	(\$3,033,132)	-64%
5	Social Service	\$6,553,678	\$8,476,907	\$1,923,229	29%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$148,841,306	\$169,151,281	\$20,309,975	14%
C.	Special Services:				

YALE-NEW HAVEN 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
1	Operating Room	\$150,499,810	\$155,009,981	\$4,510,171	3%
2	Recovery Room	\$11,171,001	\$11,197,070	\$26,069	0%
3	Anesthesiology	\$21,991,514	\$26,796,421	\$4,804,907	22%
4	Delivery Room	\$12,693,400	\$10,725,667	(\$1,967,733)	-16%
5	Diagnostic Radiology	\$37,037,409	\$38,835,409	\$1,798,000	5%
6	Diagnostic Ultrasound	\$3,750,695	\$3,976,760	\$226,065	6%
7	Radiation Therapy	\$17,012,192	\$17,383,781	\$371,589	2%
8	Radioisotopes	\$37,361,446	\$41,861,431	\$4,499,985	12%
9	CT Scan	\$6,133,284	\$6,128,374	(\$4,910)	0%
10	Laboratory	\$70,795,323	\$75,446,385	\$4,651,062	7%
11	Blood Storing/Processing	\$21,711,671	\$20,130,911	(\$1,580,760)	-7%
12	Cardiology	\$11,168,933	\$9,747,785	(\$1,421,148)	-13%
13	Electrocardiology	\$21,139,010	\$19,727,665	(\$1,411,345)	-7%
14	Electroencephalography	\$4,331,223	\$4,753,665	\$422,442	10%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$16,062,363	\$16,336,969	\$274,606	2%
19	Pulmonary Function	\$2,803,130	\$3,386,502	\$583,372	21%
20	Intravenous Therapy	\$1,122,447	\$1,191,011	\$68,564	6%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$7,347,636	\$7,268,845	(\$78,791)	-1%
23	Renal Dialysis	\$3,782,301	\$3,888,213	\$105,912	3%
24	Emergency Room	\$65,604,860	\$65,786,401	\$181,541	0%
25	MRI	\$7,500,370	\$7,590,165	\$89,795	1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,224,330	\$5,171,464	\$2,947,134	132%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$6,469,743	\$6,341,982	(\$127,761)	-2%
32	Occupational Therapy / Physical Therapy	\$9,247,336	\$10,619,854	\$1,372,518	15%
33	Dental Clinic	\$4,056,430	\$5,643,416	\$1,586,986	39%
34	Other Special Services	\$5,365,596	\$4,255,466	(\$1,110,130)	-21%
	Total Special Services	\$558,383,453	\$579,201,593	\$20,818,140	4%
D.	Routine Services:				
1	Medical & Surgical Units	\$211,549,331	\$232,259,288	\$20,709,957	10%
2	Intensive Care Unit	\$55,379,591	\$49,785,215	(\$5,594,376)	-10%
3	Coronary Care Unit	\$9,832,208	\$5,406,131	(\$4,426,077)	-45%
4	Psychiatric Unit	\$26,347,540	\$26,604,983	\$257,443	1%
5	Pediatric Unit	\$15,805,949	\$15,875,262	\$69,313	0%
6	Maternity Unit	\$8,589,773	\$7,618,851	(\$970,922)	-11%
7	Newborn Nursery Unit	\$4,927,946	\$4,669,618	(\$258,328)	-5%
8	Neonatal ICU	\$19,736,886	\$20,007,304	\$270,418	1%
9	Rehabilitation Unit	\$1,539,963	\$4,978,763	\$3,438,800	223%
10	Ambulatory Surgery	\$10,284,386	\$12,172,991	\$1,888,605	18%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$213,406,479	\$240,399,774	\$26,993,295	13%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$577,400,052	\$619,778,180	\$42,378,128	7%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$177,846,966	\$170,945,171	(\$6,901,795)	-4%
	Total Operating Expenses - All Departments*	\$2,267,358,000	\$2,413,364,000	\$146,006,000	6%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$2,282,916,000	\$2,338,353,000	\$2,457,989,000
2	Other Operating Revenue	58,633,000	63,551,000	68,887,000
3	Total Operating Revenue	\$2,341,549,000	\$2,401,904,000	\$2,526,876,000
4	Total Operating Expenses	2,236,673,000	2,267,358,000	2,413,364,000
5	Income/(Loss) From Operations	\$104,876,000	\$134,546,000	\$113,512,000
6	Total Non-Operating Revenue	73,846,000	30,156,000	(4,161,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$178,722,000	\$164,702,000	\$109,351,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.34%	5.53%	4.50%
2	Hospital Non Operating Margin	3.06%	1.24%	-0.16%
3	Hospital Total Margin	7.40%	6.77%	4.33%
4	Income/(Loss) From Operations	\$104,876,000	\$134,546,000	\$113,512,000
5	Total Operating Revenue	\$2,341,549,000	\$2,401,904,000	\$2,526,876,000
6	Total Non-Operating Revenue	\$73,846,000	\$30,156,000	(\$4,161,000)
7	Total Revenue	\$2,415,395,000	\$2,432,060,000	\$2,522,715,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$178,722,000	\$164,702,000	\$109,351,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$930,988,000	\$1,020,378,000	\$1,107,165,000
2	Hospital Total Net Assets	\$1,018,125,000	\$1,120,602,000	\$1,224,992,000
3	Hospital Change in Total Net Assets	\$269,347,000	\$102,477,000	\$104,390,000
4	Hospital Change in Total Net Assets %	136.0%	10.1%	9.3%

YALE-NEW HAVEN 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>	0.27	0.27	0.28
2	Total Operating Expenses	\$2,236,673,000	\$2,267,358,000	\$2,413,364,000
3	Total Gross Revenue	\$8,243,052,871	\$8,384,978,567	\$8,723,514,793
4	Total Other Operating Revenue	\$3,256,036	\$3,296,108	\$3,237,338
5	<u>Private Payment to Cost Ratio</u>	1.47	1.60	1.64
6	Total Non-Government Payments	\$1,220,973,590	\$1,311,882,701	\$1,423,017,092
7	Total Uninsured Payments	\$12,519,061	\$22,681,195	\$40,312,476
8	Total Non-Government Charges	\$3,193,811,532	\$3,136,982,541	\$3,223,176,429
9	Total Uninsured Charges	\$161,182,216	\$160,623,269	\$177,424,647
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.84	0.90
11	Total Medicare Payments	\$715,953,635	\$777,221,051	\$876,223,832
12	Total Medicare Charges	\$3,199,180,920	\$3,406,297,883	\$3,530,870,839
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.44	0.47
14	Total Medicaid Payments	\$337,078,611	\$213,273,241	\$250,393,040
15	Total Medicaid Charges	\$1,809,383,172	\$1,794,329,953	\$1,929,516,674
16	<u>Uncompensated Care Cost</u>	\$41,003,684	\$54,368,589	\$48,579,767
17	Charity Care	\$32,480,929	\$43,211,397	\$41,146,000
18	Bad Debts	\$118,694,071	\$157,929,603	\$134,519,000
19	Total Uncompensated Care	\$151,175,000	\$201,141,000	\$175,665,000
20	<u>Uncompensated Care % of Total Expenses</u>	1.8%	2.4%	2.0%

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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	\$2,236,673,000	\$2,267,358,000	\$2,413,364,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	3	3	3
2	Total Current Assets	\$1,081,211,000	\$1,332,579,000	\$1,500,368,000
3	Total Current Liabilities	\$367,834,000	\$391,792,000	\$434,778,000
4	<u>Days Cash on Hand</u>	122	161	172
5	Cash and Cash Equivalents	\$38,914,000	\$20,955,000	\$101,130,000
6	Short Term Investments	671,389,000	926,009,000	980,087,000
7	Total Cash and Short Term Investments	\$710,303,000	\$946,964,000	\$1,081,217,000
8	Total Operating Expenses	\$2,236,673,000	\$2,267,358,000	\$2,413,364,000
9	Depreciation Expense	\$107,957,000	\$122,543,000	\$119,157,000
10	Operating Expenses less Depreciation Expense	\$2,128,716,000	\$2,144,815,000	\$2,294,207,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	37	41	43
12	Net Patient Accounts Receivable	\$233,822,000	\$259,581,000	\$286,728,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$233,822,000	\$259,581,000	\$286,728,000
16	Total Net Patient Revenue	\$2,282,916,000	\$2,338,353,000	\$2,457,989,000
17	<u>Average Payment Period</u>	63	67	69
18	Total Current Liabilities	\$367,834,000	\$391,792,000	\$434,778,000
19	Total Operating Expenses	\$2,236,673,000	\$2,267,358,000	\$2,413,364,000
20	Depreciation Expense	\$107,957,000	\$122,543,000	\$119,157,000

YALE-NEW HAVEN HOSPITAL				
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FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
21	Total Operating Expenses less Depreciation Expense	\$2,128,716,000	\$2,144,815,000	\$2,294,207,000
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	38.9	38.1	39.3
2	Total Net Assets	\$1,018,125,000	\$1,120,602,000	\$1,224,992,000
3	Total Assets	\$2,618,697,000	\$2,940,825,000	\$3,120,925,000
4	<u>Cash Flow to Total Debt Ratio</u>	26.2	23.1	17.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$178,722,000	\$164,702,000	\$109,351,000
6	Depreciation Expense	\$107,957,000	\$122,543,000	\$119,157,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$286,679,000	\$287,245,000	\$228,508,000
8	Total Current Liabilities	\$367,834,000	\$391,792,000	\$434,778,000
9	Total Long Term Debt	\$728,174,000	\$850,977,000	\$847,198,000
10	Total Current Liabilities and Total Long Term Debt	\$1,096,008,000	\$1,242,769,000	\$1,281,976,000
11	<u>Long Term Debt to Capitalization Ratio</u>	41.7	43.2	40.9
12	Total Long Term Debt	\$728,174,000	\$850,977,000	\$847,198,000
13	Total Net Assets	\$1,018,125,000	\$1,120,602,000	\$1,224,992,000
14	Total Long Term Debt and Total Net Assets	\$1,746,299,000	\$1,971,579,000	\$2,072,190,000
15	<u>Debt Service Coverage Ratio</u>	9.0	0.6	8.8
16	Excess Revenues over Expenses	178,722,000	\$164,702,000	\$109,351,000
17	Interest Expense	23,920,000	\$23,742,000	\$20,696,000
18	Depreciation and Amortization Expense	107,957,000	\$122,543,000	\$119,157,000
19	Principal Payments	10,640,000	\$484,157,000	\$7,626,000
G. <u>Other Financial Ratios</u>				

YALE-NEW HAVEN 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	6.3	6.0	6.8
21	Accumulated Depreciation	677,907,000	735,391,000	808,887,000
22	Depreciation and Amortization Expense	107,957,000	122,543,000	119,157,000
H. Utilization Measures Summary				
1	Patient Days	462,219	426,515	428,640
2	Discharges	80,503	78,529	78,452
3	ALOS	5.7	5.4	5.5
4	Staffed Beds	1,572	1,426	1,425
5	Available Beds	-	1,521	1,522
6	Licensed Beds	1,618	1,541	1,541
7	Occupancy of Staffed Beds	80.6%	81.9%	82.4%
8	Occupancy of Available Beds	78.3%	76.8%	77.2%
9	Full Time Equivalent Employees	11,071.7	10,878.6	10,693.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	36.8%	35.5%	34.9%
2	Medicare Gross Revenue Payer Mix Percentage	38.8%	40.6%	40.5%
3	Medicaid Gross Revenue Payer Mix Percentage	22.0%	21.4%	22.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	1.9%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.6%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$3,032,629,316	\$2,976,359,272	\$3,045,751,782
9	Medicare Gross Revenue (Charges)	\$3,199,180,920	\$3,406,297,883	\$3,530,870,839
10	Medicaid Gross Revenue (Charges)	\$1,809,383,172	\$1,794,329,953	\$1,929,516,674
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$161,182,216	\$160,623,269	\$177,424,647
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$40,677,247	\$47,368,190	\$39,950,851
14	Total Gross Revenue (Charges)	\$8,243,052,871	\$8,384,978,567	\$8,723,514,793
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	53.0%	55.9%	54.1%
2	Medicare Net Revenue Payer Mix Percentage	31.4%	33.7%	34.3%

YALE-NEW HAVEN 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	14.8%	9.2%	9.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	1.0%	1.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$1,208,454,529	\$1,289,201,506	\$1,382,704,616
9	Medicare Net Revenue (Payments)	\$715,953,635	\$777,221,051	\$876,223,832
10	Medicaid Net Revenue (Payments)	\$337,078,611	\$213,273,241	\$250,393,040
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$12,519,061	\$22,681,195	\$40,312,476
13	CHAMPUS / TRICARE Net Revenue Payments)	\$6,767,915	\$4,386,706	\$6,002,844
14	Total Net Revenue (Payments)	\$2,280,773,751	\$2,306,763,699	\$2,555,636,808
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	28,416	27,468	27,712
2	Medicare	28,633	28,246	28,079
3	Medical Assistance	23,006	22,415	22,248
4	Medicaid	23,006	22,415	22,248
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	448	400	413
7	Uninsured (Included In Non-Government)	885	952	1,339
8	Total	80,503	78,529	78,452
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.38715	1.43745	1.47000
2	Medicare	1.72501	1.79150	1.81000
3	Medical Assistance	1.18613	1.23093	1.27000
4	Medicaid	1.18613	1.23093	1.27000
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.36383	1.41741	1.32000
7	Uninsured (Included In Non-Government)	1.42665	1.55003	1.60000
8	Total Case Mix Index	1.44974	1.50575	1.53418
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	40,919	54,292	54,844
2	Emergency Room - Treated and Discharged	163,785	142,520	152,499
3	Total Emergency Room Visits	204,704	196,812	207,343

**YALE-NEW HAVEN 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	\$13,044,759	\$25,342,679	\$12,297,920	94%
2	Inpatient Payments	\$4,011,099	\$8,748,422	\$4,737,323	118%
3	Outpatient Charges	\$11,993,200	\$17,338,259	\$5,345,059	45%
4	Outpatient Payments	\$2,371,444	\$2,285,690	(\$85,754)	-4%
5	Discharges	209	401	192	92%
6	Patient Days	1,159	2,310	1,151	99%
7	Outpatient Visits (Excludes ED Visits)	2,576	4,543	1,967	76%
8	Emergency Department Outpatient Visits	158	349	191	121%
9	Emergency Department Inpatient Admissions	133	358	225	169%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,037,959	\$42,680,938	\$17,642,979	70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,382,543	\$11,034,112	\$4,651,569	73%
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	\$144,323,912	\$184,462,796	\$40,138,884	28%
2	Inpatient Payments	\$46,086,564	\$64,208,072	\$18,121,508	39%
3	Outpatient Charges	\$104,296,001	\$147,543,236	\$43,247,235	41%
4	Outpatient Payments	\$17,269,275	\$20,656,682	\$3,387,407	20%
5	Discharges	2,106	2,745	639	30%
6	Patient Days	12,124	16,207	4,083	34%
7	Outpatient Visits (Excludes ED Visits)	27,528	37,777	10,249	37%
8	Emergency Department Outpatient Visits	1,319	1,957	638	48%
9	Emergency Department Inpatient Admissions	1,244	2,170	926	74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$248,619,913	\$332,006,032	\$83,386,119	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$63,355,839	\$84,864,754	\$21,508,915	34%

**YALE-NEW HAVEN 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	\$146,562,537	\$84,300,554	(\$62,261,983)	-42%
2	Inpatient Payments	\$42,736,843	\$27,974,116	(\$14,762,727)	-35%
3	Outpatient Charges	\$64,061,650	\$31,127,320	(\$32,934,330)	-51%
4	Outpatient Payments	\$8,933,116	\$3,976,665	(\$4,956,451)	-55%
5	Discharges	2,149	1,205	(944)	-44%
6	Patient Days	13,278	7,732	(5,546)	-42%
7	Outpatient Visits (Excludes ED Visits)	16,309	6,100	(10,209)	-63%
8	Emergency Department Outpatient Visits	1,570	959	(611)	-39%
9	Emergency Department Inpatient Admissions	1,571	38	(1,533)	-98%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$210,624,187	\$115,427,874	(\$95,196,313)	-45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$51,669,959	\$31,950,781	(\$19,719,178)	-38%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$2,684,536	\$2,636,980	(\$47,556)	-2%
2	Inpatient Payments	\$746,108	\$1,094,766	\$348,658	47%
3	Outpatient Charges	\$487,803	\$292,870	(\$194,933)	-40%
4	Outpatient Payments	\$89,699	\$51,478	(\$38,221)	-43%
5	Discharges	39	26	(13)	-33%
6	Patient Days	582	522	(60)	-10%
7	Outpatient Visits (Excludes ED Visits)	142	40	(102)	-72%
8	Emergency Department Outpatient Visits	13	7	(6)	-46%
9	Emergency Department Inpatient Admissions	25	25	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,172,339	\$2,929,850	(\$242,489)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$835,807	\$1,146,244	\$310,437	37%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$46,375,708	\$63,870,307	\$17,494,599	38%
2	Inpatient Payments	\$14,136,802	\$26,124,523	\$11,987,721	85%
3	Outpatient Charges	\$31,868,022	\$40,869,618	\$9,001,596	28%
4	Outpatient Payments	\$5,002,225	\$5,215,135	\$212,910	4%
5	Discharges	727	1,029	302	42%
6	Patient Days	4,329	5,971	1,642	38%
7	Outpatient Visits (Excludes ED Visits)	8,497	12,153	3,656	43%
8	Emergency Department Outpatient Visits	1,320	1,725	405	31%
9	Emergency Department Inpatient Admissions	554	1,007	453	82%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$78,243,730	\$104,739,925	\$26,496,195	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$19,139,027	\$31,339,658	\$12,200,631	64%
I. AETNA					
1	Inpatient Charges	\$88,712,119	\$101,552,289	\$12,840,170	14%
2	Inpatient Payments	\$27,756,412	\$34,047,925	\$6,291,513	23%
3	Outpatient Charges	\$74,699,309	\$92,551,917	\$17,852,608	24%
4	Outpatient Payments	\$12,929,556	\$12,954,983	\$25,427	0%
5	Discharges	1,412	1,412	0	0%
6	Patient Days	7,745	9,278	1,533	20%
7	Outpatient Visits (Excludes ED Visits)	19,061	21,971	2,910	15%
8	Emergency Department Outpatient Visits	1,172	1,494	322	27%
9	Emergency Department Inpatient Admissions	927	1,300	373	40%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$163,411,428	\$194,104,206	\$30,692,778	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$40,685,968	\$47,002,908	\$6,316,940	16%

**YALE-NEW HAVEN 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	\$3,958,713	\$2,394,787	(\$1,563,926)	-40%
2	Inpatient Payments	\$1,062,288	\$733,981	(\$328,307)	-31%
3	Outpatient Charges	\$810,116	\$1,475,230	\$665,114	82%
4	Outpatient Payments	\$118,295	\$196,380	\$78,085	66%
5	Discharges	57	38	(19)	-33%
6	Patient Days	362	247	(115)	-32%
7	Outpatient Visits (Excludes ED Visits)	260	337	77	30%
8	Emergency Department Outpatient Visits	52	46	(6)	-12%
9	Emergency Department Inpatient Admissions	44	36	(8)	-18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,768,829	\$3,870,017	(\$898,812)	-19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,180,583	\$930,361	(\$250,222)	-21%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$445,662,284	\$464,560,392	\$18,898,108	4%
	TOTAL INPATIENT PAYMENTS	\$136,536,116	\$162,931,805	\$26,395,689	19%
	TOTAL OUTPATIENT CHARGES	\$288,216,101	\$331,198,450	\$42,982,349	15%
	TOTAL OUTPATIENT PAYMENTS	\$46,713,610	\$45,337,013	(\$1,376,597)	-3%
	TOTAL DISCHARGES	6,699	6,856	157	2%
	TOTAL PATIENT DAYS	39,579	42,267	2,688	7%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	74,373	82,921	8,548	11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	5,604	6,537	933	17%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	4,498	4,934	436	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$733,878,385	\$795,758,842	\$61,880,457	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$183,249,726	\$208,268,818	\$25,019,092	14%

**YALE-NEW HAVEN 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%

**YALE-NEW HAVEN 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%

**YALE-NEW HAVEN 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%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
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	\$161,059,000	\$194,946,000	\$33,887,000	21%
2	Short Term Investments	\$1,040,882,000	\$1,160,670,000	\$119,788,000	12%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$368,342,000	\$405,694,000	\$37,352,000	10%
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	\$40,473,000	\$45,816,000	\$5,343,000	13%
8	Prepaid Expenses	\$13,846,000	\$25,580,000	\$11,734,000	85%
9	Other Current Assets	\$58,405,000	\$57,779,000	(\$626,000)	-1%
	Total Current Assets	\$1,683,007,000	\$1,890,485,000	\$207,478,000	12%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$31,833,000	\$30,531,000	(\$1,302,000)	-4%
2	Board Designated for Capital Acquisition	\$107,073,000	\$96,951,000	(\$10,122,000)	-9%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$94,644,000	\$78,837,000	(\$15,807,000)	-17%
	Total Noncurrent Assets Whose Use is Limited:	\$233,550,000	\$206,319,000	(\$27,231,000)	-12%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$394,904,000	\$420,800,000	\$25,896,000	7%
7	Other Noncurrent Assets	\$400,099,000	\$421,351,000	\$21,252,000	5%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$2,900,150,000	\$2,940,033,000	\$39,883,000	1%
2	Less: Accumulated Depreciation	\$1,444,576,000	\$1,551,286,000	\$106,710,000	\$0
	Property, Plant and Equipment, Net	\$1,455,574,000	\$1,388,747,000	(\$66,827,000)	-5%
3	Construction in Progress	\$66,043,000	\$157,101,000	\$91,058,000	138%
	Total Net Fixed Assets	\$1,521,617,000	\$1,545,848,000	\$24,231,000	2%
	Total Assets	\$4,233,177,000	\$4,484,803,000	\$251,626,000	6%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
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	\$354,226,000	\$377,319,000	\$23,093,000	7%
2	Salaries, Wages and Payroll Taxes	\$115,172,000	\$122,564,000	\$7,392,000	6%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$57,727,000	\$51,101,000	(\$6,626,000)	-11%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$40,432,000	\$92,866,000	\$52,434,000	130%
	Total Current Liabilities	\$567,557,000	\$643,850,000	\$76,293,000	13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$902,400,000	\$906,150,000	\$3,750,000	0%
2	Notes Payable (Net of Current Portion)	\$85,709,000	\$107,159,000	\$21,450,000	25%
	Total Long Term Debt	\$988,109,000	\$1,013,309,000	\$25,200,000	3%
3	Accrued Pension Liability	\$321,442,000	\$339,901,000	\$18,459,000	6%
4	Other Long Term Liabilities	\$489,445,000	\$495,824,000	\$6,379,000	1%
	Total Long Term Liabilities	\$1,798,996,000	\$1,849,034,000	\$50,038,000	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$1,644,056,000	\$1,750,995,000	\$106,939,000	7%
2	Temporarily Restricted Net Assets	\$141,712,000	\$147,568,000	\$5,856,000	4%
3	Permanently Restricted Net Assets	\$80,856,000	\$93,356,000	\$12,500,000	15%
	Total Net Assets	\$1,866,624,000	\$1,991,919,000	\$125,295,000	7%
	Total Liabilities and Net Assets	\$4,233,177,000	\$4,484,803,000	\$251,626,000	6%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHC)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$11,767,478,000	\$12,297,458,000	\$529,980,000	5%
2	Less: Allowances	\$8,106,128,000	\$8,479,889,000	\$373,761,000	5%
3	Less: Charity Care	\$200,412,000	\$184,456,000	(\$15,956,000)	-8%
4	Less: Other Deductions	\$49,503,000	\$58,900,000	\$9,397,000	19%
	Total Net Patient Revenue	\$3,411,435,000	\$3,574,213,000	\$162,778,000	5%
5	Provision for Bad Debts	\$123,743,000	\$81,528,000	(\$42,215,000)	-34%
	Net Patient Service Revenue less provision for bad debts	\$3,287,692,000	\$3,492,685,000	\$204,993,000	6%
6	Other Operating Revenue	\$103,175,000	\$104,061,000	\$886,000	1%
7	Net Assets Released from Restrictions	\$3,819,000	\$5,534,000	\$1,715,000	45%
	Total Operating Revenue	\$3,394,686,000	\$3,602,280,000	\$207,594,000	6%
B. Operating Expenses:					
1	Salaries and Wages	\$1,318,391,000	\$1,390,520,000	\$72,129,000	5%
2	Fringe Benefits	\$425,746,000	\$467,952,000	\$42,206,000	10%
3	Physicians Fees	\$121,415,000	\$127,505,000	\$6,090,000	5%
4	Supplies and Drugs	\$493,932,000	\$572,515,000	\$78,583,000	16%
5	Depreciation and Amortization	\$192,072,000	\$185,944,000	(\$6,128,000)	-3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$26,917,000	\$24,188,000	(\$2,729,000)	-10%
8	Malpractice Insurance Cost	\$58,999,000	\$64,096,000	\$5,097,000	9%
9	Other Operating Expenses	\$587,102,000	\$609,904,000	\$22,802,000	4%
	Total Operating Expenses	\$3,224,574,000	\$3,442,624,000	\$218,050,000	7%
	Income/(Loss) From Operations	\$170,112,000	\$159,656,000	(\$10,456,000)	-6%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,103,000	\$5,099,000	\$1,996,000	64%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$23,196,000)	(\$35,200,000)	(\$12,004,000)	52%
	Total Non-Operating Revenue	(\$20,093,000)	(\$30,101,000)	(\$10,008,000)	50%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$150,019,000	\$129,555,000	(\$20,464,000)	-14%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$86,913,000	\$14,536,000	(\$72,377,000)	-83%
	All Other Adjustments	(\$32,631,000)	\$0	\$32,631,000	-100%
	Total Other Adjustments	\$54,282,000	\$14,536,000	(\$39,746,000)	-73%
	Excess/(Deficiency) of Revenue Over Expenses	\$204,301,000	\$144,091,000	(\$60,210,000)	-29%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
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	\$2,317,430,000	\$3,287,692,000	\$3,492,685,000
2	Other Operating Revenue	60,720,000	106,994,000	109,595,000
3	Total Operating Revenue	\$2,378,150,000	\$3,394,686,000	\$3,602,280,000
4	Total Operating Expenses	2,279,435,000	3,224,574,000	3,442,624,000
5	Income/(Loss) From Operations	\$98,715,000	\$170,112,000	\$159,656,000
6	Total Non-Operating Revenue	69,945,000	34,189,000	(15,565,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$168,660,000	\$204,301,000	\$144,091,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	4.03%	4.96%	4.45%
2	Parent Corporation Non-Operating Margin	2.86%	1.00%	-0.43%
3	Parent Corporation Total Margin	6.89%	5.96%	4.02%
4	Income/(Loss) From Operations	\$98,715,000	\$170,112,000	\$159,656,000
5	Total Operating Revenue	\$2,378,150,000	\$3,394,686,000	\$3,602,280,000
6	Total Non-Operating Revenue	\$69,945,000	\$34,189,000	(\$15,565,000)
7	Total Revenue	\$2,448,095,000	\$3,428,875,000	\$3,586,715,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$168,660,000	\$204,301,000	\$144,091,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$938,843,000	\$1,644,056,000	\$1,750,995,000
2	Parent Corporation Total Net Assets	\$1,025,980,000	\$1,866,624,000	\$1,991,919,000
3	Parent Corporation Change in Total Net Assets	\$266,681,000	\$840,644,000	\$125,295,000
4	Parent Corporation Change in Total Net Assets %	135.1%	81.9%	6.7%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	3.00	2.97	2.94
2	Total Current Assets	\$1,134,711,000	\$1,683,007,000	\$1,890,485,000
3	Total Current Liabilities	\$377,614,000	\$567,557,000	\$643,850,000
4	<u>Days Cash on Hand</u>	127	145	152
5	Cash and Cash Equivalents	\$46,312,000	\$161,059,000	\$194,946,000
6	Short Term Investments	\$709,453,000	\$1,040,882,000	\$1,160,670,000
7	Total Cash and Short Term Investments	\$755,765,000	\$1,201,941,000	\$1,355,616,000
8	Total Operating Expenses	\$2,279,435,000	\$3,224,574,000	\$3,442,624,000
9	Depreciation Expense	\$109,616,000	\$192,072,000	\$185,944,000
10	Operating Expenses less Depreciation Expense	\$2,169,819,000	\$3,032,502,000	\$3,256,680,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	41	42
12	Net Patient Accounts Receivable	\$ 238,901,000	\$ 368,342,000	\$ 405,694,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 238,901,000	\$ 368,342,000	\$ 405,694,000
16	Total Net Patient Revenue	\$2,317,430,000	\$3,287,692,000	\$3,492,685,000
17	<u>Average Payment Period</u>	64	68	72
18	Total Current Liabilities	\$377,614,000	\$567,557,000	\$643,850,000
19	Total Operating Expenses	\$2,279,435,000	\$3,224,574,000	\$3,442,624,000
20	Depreciation Expense	\$109,616,000	\$192,072,000	\$185,944,000
20	Total Operating Expenses less Depreciation Expense	\$2,169,819,000	\$3,032,502,000	\$3,256,680,000

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
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>	38.3	44.1	44.4
2	Total Net Assets	\$1,025,980,000	\$1,866,624,000	\$1,991,919,000
3	Total Assets	\$2,681,130,000	\$4,233,177,000	\$4,484,803,000
4	<u>Cash Flow to Total Debt Ratio</u>	25.1	25.5	19.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$168,660,000	\$204,301,000	\$144,091,000
6	Depreciation Expense	\$109,616,000	\$192,072,000	\$185,944,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$278,276,000	\$396,373,000	\$330,035,000
8	Total Current Liabilities	\$377,614,000	\$567,557,000	\$643,850,000
9	Total Long Term Debt	\$731,293,000	\$988,109,000	\$1,013,309,000
10	Total Current Liabilities and Total Long Term Debt	\$1,108,907,000	\$1,555,666,000	\$1,657,159,000
11	<u>Long Term Debt to Capitalization Ratio</u>	41.6	34.6	33.7
12	Total Long Term Debt	\$731,293,000	\$988,109,000	\$1,013,309,000
13	Total Net Assets	\$1,025,980,000	\$1,866,624,000	\$1,991,919,000
14	Total Long Term Debt and Total Net Assets	\$1,757,273,000	\$2,854,733,000	\$3,005,228,000

YALE-NEW HAVEN HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	267,068	53,423	52,001	820	898	89.2%	81.5%
2	ICU/CCU (Excludes Neonatal ICU)	39,607	8,705	0	160	160	67.8%	67.8%
3	Psychiatric: Ages 0 to 17	10,811	1,132	1,129	36	36	82.3%	82.3%
4	Psychiatric: Ages 18+	35,679	3,372	3,399	98	100	99.7%	97.8%
	TOTAL PSYCHIATRIC	46,490	4,504	4,528	134	136	95.1%	93.7%
5	Rehabilitation	2,277	193	254	18	18	34.7%	34.7%
6	Maternity	19,512	6,132	5,132	67	75	79.8%	71.3%
7	Newborn	12,028	5,851	5,222	53	53	62.2%	62.2%
8	Neonatal ICU	17,251	990	0	81	81	58.3%	58.3%
9	Pediatric	24,407	7,359	7,019	92	101	72.7%	66.2%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	416,612	72,601	68,934	1,372	1,469	83.2%	77.7%
	TOTAL INPATIENT BED UTILIZATION	428,640	78,452	74,156	1,425	1,522	82.4%	77.2%
	TOTAL INPATIENT REPORTED YEAR	428,640	78,452	74,156	1,425	1,522	82.4%	77.2%
	TOTAL INPATIENT PRIOR YEAR	426,515	78,529	74,296	1426	1521	81.9%	76.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,125	-77	-140	-1	1	0.5%	0.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	0%	0%	0%	0%	1%	0%
	Total Licensed Beds and Bassinets	1541						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	42,206	43,743	1,537	4%
2	Outpatient Scans (Excluding Emergency Department Scans)	53,887	48,811	-5,076	-9%
3	Emergency Department Scans	21,924	23,183	1,259	6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	118,017	115,737	-2,280	-2%
B. MRI Scans (A)					
1	Inpatient Scans	11,676	12,562	886	8%
2	Outpatient Scans (Excluding Emergency Department Scans)	37,688	38,954	1,266	3%
3	Emergency Department Scans	1,028	1,126	98	10%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	50,392	52,642	2,250	4%
C. PET Scans (A)					
1	Inpatient Scans	119	134	15	13%
2	Outpatient Scans (Excluding Emergency Department Scans)	625	697	72	12%
3	Emergency Department Scans	0	1	1	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	744	832	88	12%
D. PET/CT Scans (A)					
1	Inpatient Scans	218	109	-109	-50%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,245	3,371	126	4%
3	Emergency Department Scans	2	4	2	100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	3,465	3,484	19	1%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	1,335	2,501	1,166	87%
2	Outpatient Procedures	47,831	43,711	-4,120	-9%
	Total Linear Accelerator Procedures	49,166	46,212	-2,954	-6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	2,521	2,351	-170	-7%
2	Outpatient Procedures	1,748	1,891	143	8%
	Total Cardiac Catheterization Procedures	4,269	4,242	-27	-1%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	627	678	51	8%
2	Elective Procedures	929	907	-22	-2%
	Total Cardiac Angioplasty Procedures	1,556	1,585	29	2%
H. Electrophysiology Studies					
1	Inpatient Studies	932	871	-61	-7%
2	Outpatient Studies	626	869	243	39%
	Total Electrophysiology Studies	1,558	1,740	182	12%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	20,029	19,638	-391	-2%
2	Outpatient Surgical Procedures	30,887	28,722	-2,165	-7%
	Total Surgical Procedures	50,916	48,360	-2,556	-5%
J. Endoscopy Procedures					

YALE-NEW HAVEN 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	887	807	-80	-9%
2	Outpatient Endoscopy Procedures	7,405	7,236	-169	-2%
	Total Endoscopy Procedures	8,292	8,043	-249	-3%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	54,292	54,844	552	1%
2	Emergency Room Visits: Treated and Discharged	142,520	152,499	9,979	7%
	Total Emergency Room Visits	196,812	207,343	10,531	5%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	32,785	36,026	3,241	10%
3	Psychiatric Clinic Visits	1,028	806	-222	-22%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	37,631	30,869	-6,762	-18%
6	Medical Clinic Visits - Urgent Care Clinic	12,478	12,243	-235	-2%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	42,079	47,633	5,554	13%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	55,765	57,624	1,859	3%
11	Specialty Clinic Visits - Chronic Pain Clinic	2,436	2,344	-92	-4%
12	Specialty Clinic Visits - OB-GYN Clinic	4,107	3,998	-109	-3%
13	Specialty Clinic Visits - Other Speciality Clinics	270,971	295,584	24,613	9%
	Total Hospital Clinic Visits	459,280	487,127	27,847	6%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	19,282	98,699	79,417	412%
2	Cardiac Rehabilitation	10,398	9,844	-554	-5%
3	Chemotherapy	91,585	106,160	14,575	16%
4	Gastroenterology	17,156	16,576	-580	-3%
5	Other Outpatient Visits	447,184	411,634	-35,550	-8%
	Total Other Hospital Outpatient Visits	585,605	642,913	57,308	10%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	4,684.2	4,892.0	207.8	4%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	6,194.4	5,801.5	-392.9	-6%
	Total Hospital Full Time Equivalent Employees	10,878.6	10,693.5	-185.1	-2%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Temple Medical Center	5,697	4,900	-797	-14%
2	SRC Operating	7,814	6,730	-1,084	-14%
3	Yale New Haven Hospital	17,376	17,092	-284	-2%
	Total Outpatient Surgical Procedures(A)	30,887	28,722	-2,165	-7%
B. Outpatient Endoscopy Procedures					
1	Temple Medical Center	3,788	3,619	-169	-4%
2	SRC Operating	2,172	2,386	214	10%
3	Yale New Haven Hospital	1,445	1,231	-214	-15%
	Total Outpatient Endoscopy Procedures(B)	7,405	7,236	-169	-2%
C. Outpatient Hospital Emergency Room Visits					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	19,526	20,253	727	4%
3	SRC Operating	38,110	39,266	1,156	3%
4	Yale New Haven Hospital	84,884	92,980	8,096	10%
	Total Outpatient Hospital Emergency Room Visits(C)	142,520	152,499	9,979	7%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	\$1,970,435,186	\$1,964,467,554	(\$5,967,632)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$563,117,456	\$627,427,757	\$64,310,301	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.58%	31.94%	3.36%	12%
4	DISCHARGES	28,246	28,079	(167)	-1%
5	CASE MIX INDEX (CMI)	1.79150	1.81000	0.01850	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	50,602.70900	50,822.99000	220.28100	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,128.21	\$12,345.35	\$1,217.15	11%
8	PATIENT DAYS	181,722	179,809	(1,913)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,098.79	\$3,489.41	\$390.63	13%
10	AVERAGE LENGTH OF STAY	6.4	6.4	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,435,862,697	\$1,566,403,285	\$130,540,588	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$214,103,595	\$248,796,075	\$34,692,480	16%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.91%	15.88%	0.97%	7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	72.87%	79.74%	6.87%	9%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	20,582.95448	22,389.29208	1,806.33760	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,401.99	\$11,112.28	\$710.29	7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$3,406,297,883	\$3,530,870,839	\$124,572,956	4%
18	TOTAL ACCRUED PAYMENTS	\$777,221,051	\$876,223,832	\$99,002,781	13%
19	TOTAL ALLOWANCES	\$2,629,076,832	\$2,654,647,007	\$25,570,175	1%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,461,981,994	\$1,495,263,188	\$33,281,194	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$625,866,634	\$684,069,869	\$58,203,235	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.81%	45.75%	2.94%	7%
4	DISCHARGES	27,468	27,712	244	1%
5	CASE MIX INDEX (CMI)	1.43745	1.47000	0.03255	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	39,483.87660	40,736.64000	1,252.76340	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$15,851.20	\$16,792.50	\$941.30	6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,722.99)	(\$4,447.14)	\$275.84	-6%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$186,481,854)	(\$181,161,664)	\$5,320,190	-3%
10	PATIENT DAYS	122,786	124,961	2,175	2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$5,097.21	\$5,474.27	\$377.05	7%
12	AVERAGE LENGTH OF STAY	4.5	4.5	0.0	1%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,675,000,547	\$1,727,913,241	\$52,912,694	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$686,016,067	\$738,947,223	\$52,931,156	8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.96%	42.77%	1.81%	4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	114.57%	115.56%	0.99%	1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	31,470.23371	32,023.74814	553.51443	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$21,798.89	\$23,074.98	\$1,276.09	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$11,396.90)	(\$11,962.70)	(\$565.80)	5%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$358,663,151)	(\$383,090,378)	(\$24,427,227)	7%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$3,136,982,541	\$3,223,176,429	\$86,193,888	3%
22	TOTAL ACCRUED PAYMENTS	\$1,311,882,701	\$1,423,017,092	\$111,134,391	8%
23	TOTAL ALLOWANCES	\$1,825,099,840	\$1,800,159,337	(\$24,940,503)	-1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$545,145,005)	(\$564,252,042)	(\$19,107,037)	4%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$2,976,359,272	\$3,045,751,782	\$69,392,510	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,289,201,506	\$1,342,232,256	\$53,030,750	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,687,157,766	\$1,703,519,526	\$16,361,760	1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.69%	55.93%	-0.75%	

YALE-NEW HAVEN 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
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$65,761,465	\$80,469,795	\$14,708,330	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,191,274	\$27,560,241	\$15,368,967	126%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.54%	34.25%	15.71%	85%
4	DISCHARGES	952	1,339	387	41%
5	CASE MIX INDEX (CMI)	1.55003	1.60000	0.04997	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,475.62856	2,142.40000	666.77144	45%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,261.75	\$12,864.19	\$4,602.44	56%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,589.45	\$3,928.31	(\$3,661.14)	-48%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,866.46	(\$518.84)	(\$3,385.29)	-118%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,229,827	(\$1,111,557)	(\$5,341,384)	-126%
11	PATIENT DAYS	4,336	6,526	2,190	51%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,811.64	\$4,223.14	\$1,411.50	50%
13	AVERAGE LENGTH OF STAY	4.6	4.9	0.3	7%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$94,861,804	\$96,954,852	\$2,093,048	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,489,921	\$12,752,235	\$2,262,314	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.06%	13.15%	2.09%	19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	144.25%	120.49%	-23.77%	-16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,373.27289	1,613.30779	240.03489	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,638.63	\$7,904.40	\$265.77	3%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$14,160.26	\$15,170.57	\$1,010.31	7%
21	MEDICARE - UNINSURED OP PMT / OPED	\$2,763.36	\$3,207.88	\$444.52	16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,794,844	\$5,175,292	\$1,380,448	36%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$160,623,269	\$177,424,647	\$16,801,378	10%
24	TOTAL ACCRUED PAYMENTS	\$22,681,195	\$40,312,476	\$17,631,281	78%
25	TOTAL ALLOWANCES	\$137,942,074	\$137,112,171	(\$829,903)	-1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,024,671	\$4,063,736	(\$3,960,935)	-49%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,096,846,915	\$1,148,213,273	\$51,366,358	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$115,925,541	\$130,960,728	\$15,035,187	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.57%	11.41%	0.84%	8%
4	DISCHARGES	22,415	22,248	(167)	-1%
5	CASE MIX INDEX (CMI)	1.23093	1.27000	0.03907	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27,591.29595	28,254.96000	663.66405	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,201.53	\$4,634.96	\$433.44	10%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$11,649.67	\$12,157.53	\$507.86	4%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$6,926.68	\$7,710.39	\$783.71	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$191,116,131	\$217,856,730	\$26,740,599	14%
11	PATIENT DAYS	120,382	122,293	1,911	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$962.98	\$1,070.88	\$107.90	11%
13	AVERAGE LENGTH OF STAY	5.4	5.5	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$697,483,038	\$781,303,401	\$83,820,363	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$97,347,700	\$119,432,312	\$22,084,612	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.96%	15.29%	1.33%	10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	63.59%	68.05%	4.46%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,253.65936	15,138.68414	885.02478	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,829.66	\$7,889.21	\$1,059.55	16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$14,969.22	\$15,185.76	\$216.54	1%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,572.32	\$3,223.07	(\$349.26)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$50,918,659	\$48,792,980	(\$2,125,679)	-4%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,794,329,953	\$1,929,516,674	\$135,186,721	8%
24	TOTAL ACCRUED PAYMENTS	\$213,273,241	\$250,393,040	\$37,119,799	17%
25	TOTAL ALLOWANCES	\$1,581,056,712	\$1,679,123,634	\$98,066,922	6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$242,034,790	\$266,649,710	\$24,614,920	10%

YALE-NEW HAVEN 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
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$15,851.20	\$16,792.50	\$941.30	6%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$11,128.21	\$12,345.35	\$1,217.15	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$21,798.89	\$23,074.98	\$1,276.09	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$10,401.99	\$11,112.28	\$710.29	7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,096,846,915	\$1,148,213,273	\$51,366,358	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$115,925,541	\$130,960,728	\$15,035,187	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.57%	11.41%	0.84%	8%
4	DISCHARGES	22,415	22,248	(167)	-1%
5	CASE MIX INDEX (CMI)	1.23093	1.27000	0.03907	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27,591.29595	28,254.96000	663.66405	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,201.53	\$4,634.96	\$433.44	10%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$11,649.67	\$12,157.53	\$507.86	4%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,926.68	\$7,710.39	\$783.71	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$191,116,131	\$217,856,730	\$26,740,599	14%
11	PATIENT DAYS	120,382	122,293	1,911	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$962.98	\$1,070.88	\$107.90	11%
13	AVERAGE LENGTH OF STAY	5.4	5.5	0.1	2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$697,483,038	\$781,303,401	\$83,820,363	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$97,347,700	\$119,432,312	\$22,084,612	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.96%	15.29%	1.33%	10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	63.59%	68.05%	4.46%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,253.65936	15,138.68414	885.02478	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,829.66	\$7,889.21	\$1,059.55	16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$14,969.22	\$15,185.76	\$216.54	1%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,572.32	\$3,223.07	(\$349.26)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$50,918,659	\$48,792,980	(\$2,125,679)	-4%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,794,329,953	\$1,929,516,674	\$135,186,721	8%
24	TOTAL ACCRUED PAYMENTS	\$213,273,241	\$250,393,040	\$37,119,799	17%
25	TOTAL ALLOWANCES	\$1,581,056,712	\$1,679,123,634	\$98,066,922	6%

YALE-NEW HAVEN 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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$25,295,301	\$20,042,376	(\$5,252,925)	-21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,112,365	\$4,483,239	\$2,370,874	112%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.35%	22.37%	14.02%	168%
4	DISCHARGES	400	413	13	3%
5	CASE MIX INDEX (CMI)	1.41741	1.32000	(0.09741)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	566.96400	545.16000	(21.80400)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,725.75	\$8,223.71	\$4,497.96	121%
8	PATIENT DAYS	1,625	1,577	(48)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,299.92	\$2,842.89	\$1,542.97	119%
10	AVERAGE LENGTH OF STAY	4.1	3.8	(0.2)	-6%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,072,889	\$19,908,475	(\$2,164,414)	-10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,274,341	\$1,519,605	(\$754,736)	-33%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$47,368,190	\$39,950,851	(\$7,417,339)	-16%
14	TOTAL ACCRUED PAYMENTS	\$4,386,706	\$6,002,844	\$1,616,138	37%
15	TOTAL ALLOWANCES	\$42,981,484	\$33,948,007	(\$9,033,477)	-21%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,296,108	\$3,237,338	(\$58,770)	-2%
2	TOTAL OPERATING EXPENSES	\$2,267,358,000	\$2,413,364,000	\$146,006,000	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$43,211,397	\$41,146,000	(\$2,065,397)	-5%
5	BAD DEBTS (CHARGES)	\$157,929,603	\$134,519,000	(\$23,410,603)	-15%
6	UNCOMPENSATED CARE (CHARGES)	\$201,141,000	\$175,665,000	(\$25,476,000)	-13%
7	COST OF UNCOMPENSATED CARE	\$53,819,203	\$49,871,410	(\$3,947,793)	-7%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$1,794,329,953	\$1,929,516,674	\$135,186,721	8%
9	TOTAL ACCRUED PAYMENTS	\$213,273,241	\$250,393,040	\$37,119,799	17%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$480,108,022	\$547,791,060	\$67,683,038	14%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$266,834,781	\$297,398,020	\$30,563,239	11%

YALE-NEW HAVEN 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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$4,554,559,396	\$4,627,986,391	\$73,426,995	2%
2	TOTAL INPATIENT PAYMENTS	\$1,307,021,996	\$1,446,941,593	\$139,919,597	11%
3	TOTAL INPATIENT PAYMENTS / CHARGES	28.70%	31.27%	2.57%	9%
4	TOTAL DISCHARGES	78,529	78,452	(77)	0%
5	TOTAL CASE MIX INDEX	1.50575	1.53418	0.02844	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	118,244.84555	120,359.75000	2,114.90445	2%
7	TOTAL OUTPATIENT CHARGES	\$3,830,419,171	\$4,095,528,402	\$265,109,231	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	84.10%	88.49%	4.39%	5%
9	TOTAL OUTPATIENT PAYMENTS	\$999,741,703	\$1,108,695,215	\$108,953,512	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.10%	27.07%	0.97%	4%
11	TOTAL CHARGES	\$8,384,978,567	\$8,723,514,793	\$338,536,226	4%
12	TOTAL PAYMENTS	\$2,306,763,699	\$2,555,636,808	\$248,873,109	11%
13	TOTAL PAYMENTS / TOTAL CHARGES	27.51%	29.30%	1.79%	6%
14	PATIENT DAYS	426,515	428,640	2,125	0%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$3,092,577,402	\$3,132,723,203	\$40,145,801	1%
2	INPATIENT PAYMENTS	\$681,155,362	\$762,871,724	\$81,716,362	12%
3	GOVT. INPATIENT PAYMENTS / CHARGES	22.03%	24.35%	2.33%	11%
4	DISCHARGES	51,061	50,740	(321)	-1%
5	CASE MIX INDEX	1.54249	1.56924	0.02675	2%
6	CASE MIX ADJUSTED DISCHARGES	78,760.96895	79,623.11000	862.14105	1%
7	OUTPATIENT CHARGES	\$2,155,418,624	\$2,367,615,161	\$212,196,537	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	69.70%	75.58%	5.88%	8%
9	OUTPATIENT PAYMENTS	\$313,725,636	\$369,747,992	\$56,022,356	18%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.56%	15.62%	1.06%	7%
11	TOTAL CHARGES	\$5,247,996,026	\$5,500,338,364	\$252,342,338	5%
12	TOTAL PAYMENTS	\$994,880,998	\$1,132,619,716	\$137,738,718	14%
13	TOTAL PAYMENTS / CHARGES	18.96%	20.59%	1.63%	9%
14	PATIENT DAYS	303,729	303,679	(50)	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$4,253,115,028	\$4,367,718,648	\$114,603,620	3%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.4	6.4	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.5	0.0	1%
3	UNINSURED	4.6	4.9	0.3	7%
4	MEDICAID	5.4	5.5	0.1	2%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.1	3.8	(0.2)	-6%
7	TOTAL AVERAGE LENGTH OF STAY	5.4	5.5	0.0	1%

YALE-NEW HAVEN 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	\$8,384,978,567	\$8,723,514,793	\$338,536,226	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$4,253,115,028	\$4,367,718,648	\$114,603,620	3%
3	UNCOMPENSATED CARE	\$201,141,000	\$175,665,000	(\$25,476,000)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,687,157,766	\$1,703,519,526	\$16,361,760	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$6,141,413,794	\$6,246,903,174	\$105,489,380	2%
7	TOTAL ACCRUED PAYMENTS	\$2,243,564,773	\$2,476,611,619	\$233,046,846	10%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$2,243,564,773	\$2,476,611,619	\$233,046,846	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2675695299	0.2839006613	0.0163311315	6%
11	COST OF UNCOMPENSATED CARE	\$53,819,203	\$49,871,410	(\$3,947,793)	-7%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$266,834,781	\$297,398,020	\$30,563,239	11%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$320,653,984	\$347,269,430	\$26,615,446	8%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$50,918,659	\$48,792,980	(\$2,125,679)	-4%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,024,671	\$4,063,736	(\$3,960,935)	-49%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$58,943,330	\$52,856,716	(\$6,086,614)	-10%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$31,589,301	(\$97,646,807)	(\$129,236,108)	-409.11%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,338,353,000	\$2,457,990,000	\$119,637,000	5.12%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$8,384,978,567	\$8,723,514,793	\$338,536,226	4.04%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$612,000	\$596,000	(\$16,000)	-2.61%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$201,753,000	\$176,261,000	(\$25,492,000)	-12.64%

YALE-NEW HAVEN 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)	\$1,461,981,994	\$1,495,263,188	\$33,281,194
2	MEDICARE	\$1,970,435,186	1,964,467,554	(\$5,967,632)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,096,846,915	1,148,213,273	\$51,366,358
4	MEDICAID	\$1,096,846,915	1,148,213,273	\$51,366,358
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$25,295,301	20,042,376	(\$5,252,925)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$65,761,465	80,469,795	\$14,708,330
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,092,577,402	\$3,132,723,203	\$40,145,801
	TOTAL INPATIENT CHARGES	\$4,554,559,396	\$4,627,986,391	\$73,426,995
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,675,000,547	\$1,727,913,241	\$52,912,694
2	MEDICARE	\$1,435,862,697	1,566,403,285	\$130,540,588
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$697,483,038	781,303,401	\$83,820,363
4	MEDICAID	\$697,483,038	781,303,401	\$83,820,363
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$22,072,889	19,908,475	(\$2,164,414)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$94,861,804	96,954,852	\$2,093,048
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$2,155,418,624	\$2,367,615,161	\$212,196,537
	TOTAL OUTPATIENT CHARGES	\$3,830,419,171	\$4,095,528,402	\$265,109,231
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$3,136,982,541	\$3,223,176,429	\$86,193,888
2	TOTAL MEDICARE	\$3,406,297,883	\$3,530,870,839	\$124,572,956
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,794,329,953	\$1,929,516,674	\$135,186,721
4	TOTAL MEDICAID	\$1,794,329,953	\$1,929,516,674	\$135,186,721
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$47,368,190	\$39,950,851	(\$7,417,339)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$160,623,269	\$177,424,647	\$16,801,378
	TOTAL GOVERNMENT CHARGES	\$5,247,996,026	\$5,500,338,364	\$252,342,338
	TOTAL CHARGES	\$8,384,978,567	\$8,723,514,793	\$338,536,226
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$625,866,634	\$684,069,869	\$58,203,235
2	MEDICARE	\$563,117,456	627,427,757	\$64,310,301
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$115,925,541	130,960,728	\$15,035,187
4	MEDICAID	\$115,925,541	130,960,728	\$15,035,187
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,112,365	4,483,239	\$2,370,874
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,191,274	27,560,241	\$15,368,967
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$681,155,362	\$762,871,724	\$81,716,362
	TOTAL INPATIENT PAYMENTS	\$1,307,021,996	\$1,446,941,593	\$139,919,597
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$686,016,067	\$738,947,223	\$52,931,156
2	MEDICARE	\$214,103,595	248,796,075	\$34,692,480
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$97,347,700	119,432,312	\$22,084,612
4	MEDICAID	\$97,347,700	119,432,312	\$22,084,612
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,274,341	1,519,605	(\$754,736)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,489,921	12,752,235	\$2,262,314
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$313,725,636	\$369,747,992	\$56,022,356
	TOTAL OUTPATIENT PAYMENTS	\$999,741,703	\$1,108,695,215	\$108,953,512
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,311,882,701	\$1,423,017,092	\$111,134,391
2	TOTAL MEDICARE	\$777,221,051	\$876,223,832	\$99,002,781
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$213,273,241	\$250,393,040	\$37,119,799
4	TOTAL MEDICAID	\$213,273,241	\$250,393,040	\$37,119,799
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$4,386,706	\$6,002,844	\$1,616,138
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,681,195	\$40,312,476	\$17,631,281
	TOTAL GOVERNMENT PAYMENTS	\$994,880,998	\$1,132,619,716	\$137,738,718
	TOTAL PAYMENTS	\$2,306,763,699	\$2,555,636,808	\$248,873,109

YALE-NEW HAVEN 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)	17.44%	17.14%	-0.30%
2	MEDICARE	23.50%	22.52%	-0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.08%	13.16%	0.08%
4	MEDICAID	13.08%	13.16%	0.08%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.30%	0.23%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.78%	0.92%	0.14%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.88%	35.91%	-0.97%
	TOTAL INPATIENT PAYER MIX	54.32%	53.05%	-1.27%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.98%	19.81%	-0.17%
2	MEDICARE	17.12%	17.96%	0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.32%	8.96%	0.64%
4	MEDICAID	8.32%	8.96%	0.64%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.26%	0.23%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.13%	1.11%	-0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.71%	27.14%	1.43%
	TOTAL OUTPATIENT PAYER MIX	45.68%	46.95%	1.27%
	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)	27.13%	26.77%	-0.36%
2	MEDICARE	24.41%	24.55%	0.14%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.03%	5.12%	0.10%
4	MEDICAID	5.03%	5.12%	0.10%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.18%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	1.08%	0.55%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.53%	29.85%	0.32%
	TOTAL INPATIENT PAYER MIX	56.66%	56.62%	-0.04%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.74%	28.91%	-0.82%
2	MEDICARE	9.28%	9.74%	0.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.22%	4.67%	0.45%
4	MEDICAID	4.22%	4.67%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.06%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.45%	0.50%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.60%	14.47%	0.87%
	TOTAL OUTPATIENT PAYER MIX	43.34%	43.38%	0.04%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

YALE-NEW HAVEN 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)	27,468	27,712	244
2	MEDICARE	28,246	28,079	(167)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,415	22,248	(167)
4	MEDICAID	22,415	22,248	(167)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	400	413	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	952	1,339	387
	TOTAL GOVERNMENT DISCHARGES	51,061	50,740	(321)
	TOTAL DISCHARGES	78,529	78,452	(77)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	122,786	124,961	2,175
2	MEDICARE	181,722	179,809	(1,913)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	120,382	122,293	1,911
4	MEDICAID	120,382	122,293	1,911
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	1,625	1,577	(48)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,336	6,526	2,190
	TOTAL GOVERNMENT PATIENT DAYS	303,729	303,679	(50)
	TOTAL PATIENT DAYS	426,515	428,640	2,125
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.5	0.0
2	MEDICARE	6.4	6.4	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.4	5.5	0.1
4	MEDICAID	5.4	5.5	0.1
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.1	3.8	(0.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.6	4.9	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.9	6.0	0.0
	TOTAL AVERAGE LENGTH OF STAY	5.4	5.5	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.43745	1.47000	0.03255
2	MEDICARE	1.79150	1.81000	0.01850
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.23093	1.27000	0.03907
4	MEDICAID	1.23093	1.27000	0.03907
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.41741	1.32000	(0.09741)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.55003	1.60000	0.04997
	TOTAL GOVERNMENT CASE MIX INDEX	1.54249	1.56924	0.02675
	TOTAL CASE MIX INDEX	1.50575	1.53418	0.02844
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$2,976,359,272	\$3,045,751,782	\$69,392,510
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,289,201,506	\$1,342,232,256	\$53,030,750
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,687,157,766	\$1,703,519,526	\$16,361,760
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.69%	55.93%	-0.75%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$43,211,397	\$41,146,000	(\$2,065,397)
9	BAD DEBTS	\$157,929,603	\$134,519,000	(\$23,410,603)
10	TOTAL UNCOMPENSATED CARE	\$201,141,000	\$175,665,000	(\$25,476,000)
11	TOTAL OTHER OPERATING REVENUE	\$3,296,108	\$3,237,338	(\$58,770)
12	TOTAL OPERATING EXPENSES	\$2,267,358,000	\$2,413,364,000	\$146,006,000

YALE-NEW HAVEN 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)	39,483.87660	40,736.64000	1,252.76340
2	MEDICARE	50,602.70900	50,822.99000	220.28100
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,591.29595	28,254.96000	663.66405
4	MEDICAID	27,591.29595	28,254.96000	663.66405
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	566.96400	545.16000	(21.80400)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,475.62856	2,142.40000	666.77144
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	78,760.96895	79,623.11000	862.14105
	TOTAL CASE MIX ADJUSTED DISCHARGES	118,244.84555	120,359.75000	2,114.90445
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31,470.23371	32,023.74814	553.51443
2	MEDICARE	20,582.95448	22,389.29208	1,806.33760
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,253.65936	15,138.68414	885.02478
4	MEDICAID	14,253.65936	15,138.68414	885.02478
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	349.04331	410.24079	61.19748
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,373.27289	1,613.30779	240.03489
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	35,185.65715	37,938.21701	2,752.55986
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	66,655.89086	69,961.96515	3,306.07429
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,851.20	\$16,792.50	\$941.30
2	MEDICARE	\$11,128.21	\$12,345.35	\$1,217.15
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,201.53	\$4,634.96	\$433.44
4	MEDICAID	\$4,201.53	\$4,634.96	\$433.44
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,725.75	\$8,223.71	\$4,497.96
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,261.75	\$12,864.19	\$4,602.44
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,648.39	\$9,581.03	\$932.65
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$11,053.52	\$12,021.81	\$968.28
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,798.89	\$23,074.98	\$1,276.09
2	MEDICARE	\$10,401.99	\$11,112.28	\$710.29
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,829.66	\$7,889.21	\$1,059.55
4	MEDICAID	\$6,829.66	\$7,889.21	\$1,059.55
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,515.93	\$3,704.18	(\$2,811.75)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,638.63	\$7,904.40	\$265.77
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,916.29	\$9,746.06	\$829.76
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$14,998.55	\$15,847.11	\$848.56

YALE-NEW HAVEN 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	\$50,918,659	\$48,792,980	(\$2,125,679)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,024,671	\$4,063,736	(\$3,960,935)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$58,943,330	\$52,856,716	(\$6,086,614)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$8,384,978,567	\$8,723,514,793	\$338,536,226
2	TOTAL GOVERNMENT DEDUCTIONS	\$4,253,115,028	\$4,367,718,648	\$114,603,620
3	UNCOMPENSATED CARE	\$201,141,000	\$175,665,000	(\$25,476,000)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,687,157,766	\$1,703,519,526	\$16,361,760
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$6,141,413,794	\$6,246,903,174	\$105,489,380
7	TOTAL ACCRUED PAYMENTS	\$2,243,564,773	\$2,476,611,619	\$233,046,846
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$2,243,564,773	\$2,476,611,619	\$233,046,846
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2675695299	0.2839006613	0.0163311315
11	COST OF UNCOMPENSATED CARE	\$53,819,203	\$49,871,410	(\$3,947,793)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$266,834,781	\$297,398,020	\$30,563,239
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$320,653,984	\$347,269,430	\$26,615,446
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.81%	45.75%	2.94%
2	MEDICARE	28.58%	31.94%	3.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.57%	11.41%	0.84%
4	MEDICAID	10.57%	11.41%	0.84%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	8.35%	22.37%	14.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.54%	34.25%	15.71%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	22.03%	24.35%	2.33%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	28.70%	31.27%	2.57%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.96%	42.77%	1.81%
2	MEDICARE	14.91%	15.88%	0.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.96%	15.29%	1.33%
4	MEDICAID	13.96%	15.29%	1.33%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	10.30%	7.63%	-2.67%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.06%	13.15%	2.09%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	14.56%	15.62%	1.06%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.10%	27.07%	0.97%

YALE-NEW HAVEN 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	\$2,306,763,699	\$2,555,636,808	\$248,873,109
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$2,306,763,699	\$2,555,636,808	\$248,873,109
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$31,589,301	(\$97,646,807)	(\$129,236,108)
4	CALCULATED NET REVENUE	\$2,496,282,603	\$2,457,990,001	(\$38,292,602)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,338,353,000	\$2,457,990,000	\$119,637,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$157,929,603	\$1	(\$157,929,602)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$8,384,978,567	\$8,723,514,793	\$338,536,226
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$8,384,978,567	\$8,723,514,793	\$338,536,226
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,384,978,567	\$8,723,514,793	\$338,536,226
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)	\$201,141,000	\$175,665,000	(\$25,476,000)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$612,000	\$596,000	(\$16,000)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$201,753,000	\$176,261,000	(\$25,492,000)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$201,753,000	\$176,261,000	(\$25,492,000)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

YALE-NEW HAVEN 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)	\$1,495,263,188
2	MEDICARE	1,964,467,554
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,148,213,273
4	MEDICAID	1,148,213,273
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	20,042,376
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	80,469,795
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,132,723,203
	TOTAL INPATIENT CHARGES	\$4,627,986,391
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,727,913,241
2	MEDICARE	1,566,403,285
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	781,303,401
4	MEDICAID	781,303,401
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	19,908,475
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	96,954,852
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$2,367,615,161
	TOTAL OUTPATIENT CHARGES	\$4,095,528,402
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$3,223,176,429
2	TOTAL GOVERNMENT ACCRUED CHARGES	5,500,338,364
	TOTAL ACCRUED CHARGES	\$8,723,514,793
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$684,069,869
2	MEDICARE	627,427,757
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	130,960,728
4	MEDICAID	130,960,728
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	4,483,239
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27,560,241
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$762,871,724
	TOTAL INPATIENT PAYMENTS	\$1,446,941,593
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$738,947,223
2	MEDICARE	248,796,075
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	119,432,312
4	MEDICAID	119,432,312
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,519,605
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12,752,235
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$369,747,992
	TOTAL OUTPATIENT PAYMENTS	\$1,108,695,215
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$1,423,017,092
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	1,132,619,716
	TOTAL ACCRUED PAYMENTS	\$2,555,636,808

YALE-NEW HAVEN 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)	27,712
2	MEDICARE	28,079
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,248
4	MEDICAID	22,248
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	413
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1339
	TOTAL GOVERNMENT DISCHARGES	50,740
	TOTAL DISCHARGES	78,452
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.47000
2	MEDICARE	1.81000
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.27000
4	MEDICAID	1.27000
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.32000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.60000
	TOTAL GOVERNMENT CASE MIX INDEX	1.56924
	TOTAL CASE MIX INDEX	1.53418
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$3,045,751,782
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,342,232,256
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,703,519,526
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.93%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$41,146,000
9	BAD DEBTS	\$134,519,000
10	TOTAL UNCOMPENSATED CARE	\$175,665,000
11	TOTAL OTHER OPERATING REVENUE	\$3,237,338
12	TOTAL OPERATING EXPENSES	\$2,413,364,000

YALE-NEW HAVEN 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	\$2,555,636,808
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$2,555,636,808
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$97,646,807)
	CALCULATED NET REVENUE	\$2,457,990,001
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,457,990,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$8,723,514,793
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$8,723,514,793
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,723,514,793
	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)	\$175,665,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$596,000
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$176,261,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$176,261,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	6,433	11,105	4,672	73%
2	Number of Approved Applicants	5,496	8,613	3,117	57%
3	Total Charges (A)	\$43,211,397	\$41,146,000	(\$2,065,397)	-5%
4	Average Charges	\$7,862	\$4,777	(\$3,085)	-39%
5	Ratio of Cost to Charges (RCC)	0.271233	0.270301	(0.000932)	0%
6	Total Cost	\$11,720,357	\$11,121,805	(\$598,552)	-5%
7	Average Cost	\$2,133	\$1,291	(\$841)	-39%
8	Charity Care - Inpatient Charges	\$16,246,048	\$15,365,288	(\$880,760)	-5%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	18,430,623	21,146,797	2,716,174	15%
10	Charity Care - Emergency Department Charges	8,534,726	4,633,915	(3,900,811)	-46%
11	Total Charges (A)	\$43,211,397	\$41,146,000	(\$2,065,397)	-5%
12	Charity Care - Number of Patient Days	12,981	6,144	(6,837)	-53%
13	Charity Care - Number of Discharges	2,479	905	(1,574)	-63%
14	Charity Care - Number of Outpatient ED Visits	2,860	2,749	(111)	-4%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	14,851	13,992	(859)	-6%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$33,910,337	\$62,234,432	\$28,324,095	84%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	65,017,311	34,740,999	(30,276,312)	-47%
3	Bad Debts - Emergency Department	59,001,955	37,543,569	(21,458,386)	-36%
4	Total Bad Debts (A)	\$157,929,603	\$134,519,000	(\$23,410,603)	-15%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$43,211,397	\$41,146,000	(\$2,065,397)	-5%
2	Bad Debts (A)	157,929,603	134,519,000	(23,410,603)	-15%
3	Total Uncompensated Care (A)	\$201,141,000	\$175,665,000	(\$25,476,000)	-13%
4	Uncompensated Care - Inpatient Services	\$50,156,385	\$77,599,720	\$27,443,335	55%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	83,447,934	55,887,796	(27,560,138)	-33%
6	Uncompensated Care - Emergency Department	67,536,681	42,177,484	(25,359,197)	-38%
7	Total Uncompensated Care (A)	\$201,141,000	\$175,665,000	(\$25,476,000)	-13%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$2,976,359,272	\$3,045,751,782	\$69,392,510	2%
2	Total Contractual Allowances	\$1,687,157,766	\$1,703,519,526	\$16,361,760	1%
	Total Accrued Payments (A)	\$1,289,201,506	\$1,342,232,256	\$53,030,750	4%
	Total Discount Percentage	56.69%	55.93%	-0.75%	-1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$4,640,874,495	\$4,554,559,396	\$4,627,986,391
2	Outpatient Gross Revenue	\$3,602,178,376	\$3,830,419,171	\$4,095,528,402
3	Total Gross Patient Revenue	\$8,243,052,871	\$8,384,978,567	\$8,723,514,793
4	Net Patient Revenue	\$2,282,916,000	\$2,338,353,000	\$2,457,989,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$2,236,673,000	\$2,267,358,000	\$2,413,364,000
C. <u>Utilization Statistics</u>				
1	Patient Days	462,219	426,515	428,640
2	Discharges	80,503	78,529	78,452
3	Average Length of Stay	5.7	5.4	5.5
4	Equivalent (Adjusted) Patient Days (EPD)	820,987	785,217	807,964
0	Equivalent (Adjusted) Discharges (ED)	142,988	144,572	147,878
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.44974	1.50575	1.53418
2	Case Mix Adjusted Patient Days (CMAPD)	670,098	642,224	657,612
3	Case Mix Adjusted Discharges (CMAD)	116,709	118,245	120,360
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	1,190,219	1,182,339	1,239,565
5	Case Mix Adjusted Equivalent Discharges (CMAED)	207,296	217,690	226,872
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$17,834	\$19,659	\$20,352
2	Total Gross Revenue per Discharge	\$102,394	\$106,776	\$111,196
3	Total Gross Revenue per EPD	\$10,040	\$10,679	\$10,797
4	Total Gross Revenue per ED	\$57,648	\$57,998	\$58,991
5	Total Gross Revenue per CMAEPD	\$6,926	\$7,092	\$7,038
6	Total Gross Revenue per CMAED	\$39,765	\$38,518	\$38,451
7	Inpatient Gross Revenue per EPD	\$5,653	\$5,800	\$5,728
8	Inpatient Gross Revenue per ED	\$32,456	\$31,504	\$31,296

YALE-NEW HAVEN 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	\$4,939	\$5,482	\$5,734
2	Net Patient Revenue per Discharge	\$28,358	\$29,777	\$31,331
3	Net Patient Revenue per EPD	\$2,781	\$2,978	\$3,042
4	Net Patient Revenue per ED	\$15,966	\$16,174	\$16,622
5	Net Patient Revenue per CMAEPD	\$1,918	\$1,978	\$1,983
6	Net Patient Revenue per CMAED	\$11,013	\$10,742	\$10,834
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,839	\$5,316	\$5,630
2	Total Operating Expense per Discharge	\$27,784	\$28,873	\$30,762
3	Total Operating Expense per EPD	\$2,724	\$2,888	\$2,987
4	Total Operating Expense per ED	\$15,642	\$15,683	\$16,320
5	Total Operating Expense per CMAEPD	\$1,879	\$1,918	\$1,947
6	Total Operating Expense per CMAED	\$10,790	\$10,416	\$10,638
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$332,073,000	\$328,622,000	\$342,098,000
2	Nursing Fringe Benefits Expense	\$98,908,000	\$91,823,000	\$98,661,000
3	Total Nursing Salary and Fringe Benefits Expense	\$430,981,000	\$420,445,000	\$440,759,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$458,209,000	\$480,062,000	\$475,792,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$136,462,000	\$134,138,000	\$137,189,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$594,671,000	\$614,200,000	\$612,981,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$790,282,000	\$808,684,000	\$817,890,000
2	Total Fringe Benefits Expense	\$235,370,000	\$225,961,000	\$235,850,000
3	Total Salary and Fringe Benefits Expense	\$1,025,652,000	\$1,034,645,000	\$1,053,740,000

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	4083.0	4684.2	4892.0
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	6988.7	6194.4	5801.5
4	Total Full Time Equivalent Employees (FTEs)	11,071.7	10,878.6	10,693.5
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$81,331	\$70,155	\$69,930
2	Nursing Fringe Benefits Expense per FTE	\$24,224	\$19,603	\$20,168
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$105,555	\$89,758	\$90,098
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$65,564	\$77,499	\$82,012
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,526	\$21,655	\$23,647
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$85,090	\$99,154	\$105,659
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$71,379	\$74,337	\$76,485
2	Total Fringe Benefits Expense per FTE	\$21,259	\$20,771	\$22,055
3	Total Salary and Fringe Benefits Expense per FTE	\$92,637	\$95,108	\$98,540
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,219	\$2,426	\$2,458
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,741	\$13,175	\$13,432
3	Total Salary and Fringe Benefits Expense per EPD	\$1,249	\$1,318	\$1,304
4	Total Salary and Fringe Benefits Expense per ED	\$7,173	\$7,157	\$7,126
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$862	\$875	\$850
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,948	\$4,753	\$4,645