

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$193,394	\$80,844	(\$112,550)	-58%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$6,149,131	\$6,051,797	(\$97,334)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,321,574	\$1,314,378	(\$7,196)	-1%
8	Prepaid Expenses	\$635,358	\$1,138,282	\$502,924	79%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$8,299,457	\$8,585,301	\$285,844	3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$4,438,562	\$524,534	(\$3,914,028)	-88%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$15,566,790	\$4,669,627	(\$10,897,163)	-70%
2	Less: Accumulated Depreciation	\$0	\$0	\$0	0%
	Property, Plant and Equipment, Net	\$15,566,790	\$4,669,627	(\$10,897,163)	-70%
3	Construction in Progress	\$108,959	\$26,468	(\$82,491)	-76%
	Total Net Fixed Assets	\$15,675,749	\$4,696,095	(\$10,979,654)	-70%
	Total Assets	\$28,413,768	\$13,805,930	(\$14,607,838)	-51%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
1	Accounts Payable and Accrued Expenses	\$1,371,389	\$1,673,460	\$302,071	22%
2	Salaries, Wages and Payroll Taxes	\$3,615,081	\$2,531,277	(\$1,083,804)	-30%
3	Due To Third Party Payers	\$96,881	\$64,094	(\$32,787)	-34%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$174,279	\$182,458	\$8,179	5%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$5,257,630	\$4,451,289	(\$806,341)	-15%
	B. <u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$1,304,000	\$1,156,000	(\$148,000)	-11%
4	Other Long Term Liabilities	\$338,837	\$217,973	(\$120,864)	-36%
	Total Long Term Liabilities	\$1,642,837	\$1,373,973	(\$268,864)	-16%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
	C. <u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$21,513,301	\$7,980,668	(\$13,532,633)	-63%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	\$21,513,301	\$7,980,668	(\$13,532,633)	-63%
	Total Liabilities and Net Assets	\$28,413,768	\$13,805,930	(\$14,607,838)	-51%

ESSENT-SHARON HOSPITAL					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$143,606,025	\$143,045,832	(\$560,193)	0%
2	Less: Allowances	\$90,594,383	\$89,938,791	(\$655,592)	-1%
3	Less: Charity Care	\$741,722	\$536,593	(\$205,129)	-28%
4	Less: Other Deductions	\$853,781	\$832,193	(\$21,588)	-3%
	Total Net Patient Revenue	\$51,416,139	\$51,738,255	\$322,116	1%
5	Provision for Bad Debts	\$1,930,565	\$2,583,831	\$653,266	34%
	Net Patient Service Revenue less provision for bad debts	\$49,485,574	\$49,154,424	(\$331,150)	-1%
6	Other Operating Revenue	\$851,556	\$661,116	(\$190,440)	-22%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$50,337,130	\$49,815,540	(\$521,590)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$17,318,636	\$17,915,581	\$596,945	3%
2	Fringe Benefits	\$4,138,300	\$3,941,821	(\$196,479)	-5%
3	Physicians Fees	\$1,806,481	\$2,872,407	\$1,065,926	59%
4	Supplies and Drugs	\$5,438,800	\$5,694,862	\$256,062	5%
5	Depreciation and Amortization	\$2,548,585	\$1,312,339	(\$1,236,246)	-49%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$18,377	\$30,588	\$12,211	66%
8	Malpractice Insurance Cost	\$1,288,699	\$823,151	(\$465,548)	-36%
9	Other Operating Expenses	\$17,518,824	\$16,927,605	(\$591,219)	-3%
	Total Operating Expenses	\$50,076,702	\$49,518,354	(\$558,348)	-1%
	Income/(Loss) From Operations	\$260,428	\$297,186	\$36,758	14%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$260,428	\$297,186	\$36,758	14%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$18,460,790)	(\$14,005,819)	\$4,454,971	-24%
	Total Other Adjustments	(\$18,460,790)	(\$14,005,819)	\$4,454,971	-24%
	Excess/(Deficiency) of Revenue Over Expenses	(\$18,200,362)	(\$13,708,633)	\$4,491,729	-25%
	Principal Payments	\$1	\$1	\$0	0%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	GROSS REVENUE BY PAYER				
A.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$32,871,393	\$29,650,070	(\$3,221,323)	-10%
2	MEDICARE MANAGED CARE	\$3,558,785	\$3,285,137	(\$273,648)	-8%
3	MEDICAID	\$3,561,353	\$3,885,345	\$323,992	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$68,340	\$135,837	\$67,497	99%
6	COMMERCIAL INSURANCE	\$731,155	\$1,070,982	\$339,827	46%
7	NON-GOVERNMENT MANAGED CARE	\$8,106,070	\$8,275,921	\$169,851	2%
8	WORKER'S COMPENSATION	\$668,509	\$202,923	(\$465,586)	-70%
9	SELF- PAY/UNINSURED	\$365,024	\$635,979	\$270,955	74%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,593,563	\$2,915,553	(\$678,010)	-19%
	TOTAL INPATIENT GROSS REVENUE	\$53,524,192	\$50,057,747	(\$3,466,445)	-6%
B.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$31,887,829	\$34,241,965	\$2,354,136	7%
2	MEDICARE MANAGED CARE	\$3,052,407	\$3,582,525	\$530,118	17%
3	MEDICAID	\$8,023,925	\$8,071,723	\$47,798	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$177,520	\$199,502	\$21,982	12%
6	COMMERCIAL INSURANCE	\$3,649,258	\$6,193,042	\$2,543,784	70%
7	NON-GOVERNMENT MANAGED CARE	\$33,641,212	\$30,860,954	(\$2,780,258)	-8%
8	WORKER'S COMPENSATION	\$1,879,527	\$1,767,346	(\$112,181)	-6%
9	SELF- PAY/UNINSURED	\$2,051,499	\$2,223,333	\$171,834	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$5,718,656	\$5,847,697	\$129,041	2%
	TOTAL OUTPATIENT GROSS REVENUE	\$90,081,833	\$92,988,087	\$2,906,254	3%
C.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$64,759,222	\$63,892,035	(\$867,187)	-1%
2	MEDICARE MANAGED CARE	\$6,611,192	\$6,867,662	\$256,470	4%
3	MEDICAID	\$11,585,278	\$11,957,068	\$371,790	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$245,860	\$335,339	\$89,479	36%
6	COMMERCIAL INSURANCE	\$4,380,413	\$7,264,024	\$2,883,611	66%
7	NON-GOVERNMENT MANAGED CARE	\$41,747,282	\$39,136,875	(\$2,610,407)	-6%
8	WORKER'S COMPENSATION	\$2,548,036	\$1,970,269	(\$577,767)	-23%
9	SELF- PAY/UNINSURED	\$2,416,523	\$2,859,312	\$442,789	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$9,312,219	\$8,763,250	(\$548,969)	-6%
	TOTAL GROSS REVENUE	\$143,606,025	\$143,045,834	(\$560,191)	0%
II.	NET REVENUE BY PAYER				
A.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$14,051,318	\$14,098,572	\$47,254	0%
2	MEDICARE MANAGED CARE	\$1,276,830	\$1,275,336	(\$1,494)	0%
3	MEDICAID	\$1,001,592	\$1,057,016	\$55,424	6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$50,049	\$84,437	\$34,388	69%
6	COMMERCIAL INSURANCE	\$331,751	\$454,802	\$123,051	37%
7	NON-GOVERNMENT MANAGED CARE	\$3,975,393	\$4,321,100	\$345,707	9%
8	WORKER'S COMPENSATION	\$374,998	\$68,032	(\$306,966)	-82%
9	SELF- PAY/UNINSURED	\$5,900	\$16,179	\$10,279	174%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,337,350	\$1,481,750	\$144,400	11%
	TOTAL INPATIENT NET REVENUE	\$22,405,181	\$22,857,224	\$452,043	2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,484,359	\$6,301,862	(\$182,497)	-3%
2	MEDICARE MANAGED CARE	\$605,470	\$536,767	(\$68,703)	-11%
3	MEDICAID	\$1,560,189	\$1,466,344	(\$93,845)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$35,754	\$44,759	\$9,005	25%
6	COMMERCIAL INSURANCE	\$1,631,459	\$2,584,065	\$952,606	58%
7	NON-GOVERNMENT MANAGED CARE	\$14,836,140	\$13,786,581	(\$1,049,559)	-7%
8	WORKER'S COMPENSATION	\$550,489	\$432,205	(\$118,284)	-21%
9	SELF- PAY/UNINSURED	\$224,891	\$203,614	(\$21,277)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$731,317	\$705,262	(\$26,055)	-4%
	TOTAL OUTPATIENT NET REVENUE	\$26,660,068	\$26,061,459	(\$598,609)	-2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,535,677	\$20,400,434	(\$135,243)	-1%
2	MEDICARE MANAGED CARE	\$1,882,300	\$1,812,103	(\$70,197)	-4%
3	MEDICAID	\$2,561,781	\$2,523,360	(\$38,421)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$85,803	\$129,196	\$43,393	51%
6	COMMERCIAL INSURANCE	\$1,963,210	\$3,038,867	\$1,075,657	55%
7	NON-GOVERNMENT MANAGED CARE	\$18,811,533	\$18,107,681	(\$703,852)	-4%
8	WORKER'S COMPENSATION	\$925,487	\$500,237	(\$425,250)	-46%
9	SELF- PAY/UNINSURED	\$230,791	\$219,793	(\$10,998)	-5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,068,667	\$2,187,012	\$118,345	6%
	TOTAL NET REVENUE	\$49,065,249	\$48,918,683	(\$146,566)	0%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,279	1,188	(91)	-7%
2	MEDICARE MANAGED CARE	131	131	0	0%
3	MEDICAID	219	268	49	22%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	11	13	2	18%
6	COMMERCIAL INSURANCE	49	70	21	43%
7	NON-GOVERNMENT MANAGED CARE	538	519	(19)	-4%
8	WORKER'S COMPENSATION	15	6	(9)	-60%
9	SELF- PAY/UNINSURED	45	51	6	13%
10	SAGA	0	0	0	0%

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FISCAL YEAR 2016
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	179	164	(15)	-8%
	TOTAL DISCHARGES	2,466	2,410	(56)	-2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	6,858	5,836	(1,022)	-15%
2	MEDICARE MANAGED CARE	829	722	(107)	-13%
3	MEDICAID	795	822	27	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	22	28	6	27%
6	COMMERCIAL INSURANCE	134	183	49	37%
7	NON-GOVERNMENT MANAGED CARE	1,562	1,525	(37)	-2%
8	WORKER'S COMPENSATION	48	20	(28)	-58%
9	SELF- PAY/UNINSURED	124	108	(16)	-13%
10	SAGA	0	0	0	0%
11	OTHER	657	545	(112)	-17%
	TOTAL PATIENT DAYS	11,029	9,789	(1,240)	-11%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	34,601	30,934	(3,667)	-11%
2	MEDICARE MANAGED CARE	2,823	3,276	453	16%
3	MEDICAID	7,078	7,097	19	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	190	126	(64)	-34%
6	COMMERCIAL INSURANCE	5,589	6,203	614	11%
7	NON-GOVERNMENT MANAGED CARE	31,731	24,767	(6,964)	-22%
8	WORKER'S COMPENSATION	1,042	521	(521)	-50%
9	SELF- PAY/UNINSURED	2,545	1,939	(606)	-24%
10	SAGA	0	0	0	0%
11	OTHER	4,993	165	(4,828)	-97%
	TOTAL OUTPATIENT VISITS	90,592	75,028	(15,564)	-17%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$5,973,726	\$6,189,606	\$215,880	4%
2	MEDICARE MANAGED CARE	\$565,533	\$750,138	\$184,605	33%
3	MEDICAID	\$2,793,875	\$2,241,188	(\$552,687)	-20%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$81,681	\$76,206	(\$5,475)	-7%
6	COMMERCIAL INSURANCE	\$689,682	\$1,746,444	\$1,056,762	153%
7	NON-GOVERNMENT MANAGED CARE	\$8,467,476	\$7,752,285	(\$715,191)	-8%
8	WORKER'S COMPENSATION	\$480,953	\$422,641	(\$58,312)	-12%
9	SELF- PAY/UNINSURED	\$1,487,307	\$0	(\$1,487,307)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,024,514	\$392,677	(\$2,631,837)	-87%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$23,564,747	\$19,571,185	(\$3,993,562)	-17%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,058,961	\$855,858	(\$203,103)	-19%
2	MEDICARE MANAGED CARE	\$96,169	\$81,964	(\$14,205)	-15%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$395,189	\$338,212	(\$56,977)	-14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$10,586	\$10,164	(\$422)	-4%
6	COMMERCIAL INSURANCE	\$131,924	\$252,461	\$120,537	91%
7	NON-GOVERNMENT MANAGED CARE	\$2,024,026	\$1,820,146	(\$203,880)	-10%
8	WORKER'S COMPENSATION	\$21,047	\$7,219	(\$13,828)	-66%
9	SELF- PAY/UNINSURED	\$48,704	\$0	(\$48,704)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$337,187	\$20,751	(\$316,436)	-94%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$4,123,793	\$3,386,775	(\$737,018)	-18%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	3,182	2,959	(223)	-7%
2	MEDICARE MANAGED CARE	267	348	81	30%
3	MEDICAID	1,671	1,365	(306)	-18%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	64	63	(1)	-2%
6	COMMERCIAL INSURANCE	466	902	436	94%
7	NON-GOVERNMENT MANAGED CARE	5,563	4,963	(600)	-11%
8	WORKER'S COMPENSATION	505	406	(99)	-20%
9	SELF- PAY/UNINSURED	1,050	1,020	(30)	-3%
10	SAGA	0	0	0	0%
11	OTHER	2,051	2,129	78	4%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	14,819	14,155	(664)	-4%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$7,190,589	\$7,609,297	\$418,708	6%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$10,128,047	\$10,306,284	\$178,237	2%
	Total Salaries & Wages	\$17,318,636	\$17,915,581	\$596,945	3%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$1,799,542	\$1,674,212	(\$125,330)	-7%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$2,338,758	\$2,267,609	(\$71,149)	-3%
	Total Fringe Benefits	\$4,138,300	\$3,941,821	(\$196,479)	-5%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$583,774	\$319,035	(\$264,739)	-45%
2	Physician Fees	\$1,806,481	\$2,872,407	\$1,065,926	59%
3	Non-Nursing, Non-Physician Fees	\$199,487	\$0	(\$199,487)	-100%
	Total Contractual Labor Fees	\$2,589,742	\$3,191,442	\$601,700	23%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$4,008,775	\$4,066,188	\$57,413	1%
2	Pharmaceutical Costs	\$1,430,025	\$1,628,674	\$198,649	14%
	Total Medical Supplies and Pharmaceutical Cost	\$5,438,800	\$5,694,862	\$256,062	5%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$1,478,895	\$771,104	(\$707,791)	-48%
2	Depreciation-Equipment	\$1,069,690	\$541,235	(\$528,455)	-49%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$2,548,585	\$1,312,339	(\$1,236,246)	-49%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$18,377	\$30,588	\$12,211	66%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$1,288,699	\$823,151	(\$465,548)	-36%
I.	<u>Utilities:</u>				
1	Water	\$70,608	\$107,269	\$36,661	52%
2	Natural Gas	\$13,546	\$11,610	(\$1,936)	-14%
3	Oil	\$602,902	\$521,106	(\$81,796)	-14%
4	Electricity	\$659,490	\$726,849	\$67,359	10%
5	Telephone	\$134,957	\$119,729	(\$15,228)	-11%
6	Other Utilities	\$55,952	\$56,345	\$393	1%
	Total Utilities	\$1,537,455	\$1,542,908	\$5,453	0%
J.	<u>Business Expenses:</u>				

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounting Fees	\$52,154	\$62,965	\$10,811	21%
2	Legal Fees	\$198,908	\$96,261	(\$102,647)	-52%
3	Consulting Fees	\$234,940	\$332,358	\$97,418	41%
4	Dues and Membership	\$0	\$0	\$0	0%
5	Equipment Leases	\$145,784	\$100,809	(\$44,975)	-31%
6	Building Leases	\$100,994	\$100,790	(\$204)	0%
7	Repairs and Maintenance	\$1,720,781	\$1,910,869	\$190,088	11%
8	Insurance	\$96,422	\$73,425	(\$22,997)	-24%
9	Travel	\$34,930	\$39,777	\$4,847	14%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$314,659	\$305,402	(\$9,257)	-3%
12	General Supplies	\$239,718	\$271,344	\$31,626	13%
13	Licenses and Subscriptions	\$47,353	\$29,432	(\$17,921)	-38%
14	Postage and Shipping	\$68,401	\$66,052	(\$2,349)	-3%
15	Advertising	\$533,347	\$576,441	\$43,094	8%
16	Corporate parent/system fees	\$1,697,387	\$1,634,998	(\$62,389)	-4%
17	Computer Software	\$193,903	\$267,413	\$73,510	38%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$293,045	\$294,931	\$1,886	1%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$395,597	\$353,952	(\$41,645)	-11%
22	Recruiting / Employee Education & Recognition	\$39,875	\$41,557	\$1,682	4%
23	Laundry / Linen	\$188,790	\$226,497	\$37,707	20%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$65,402	\$82,557	\$17,155	26%
26	Purchased Services - Medical	\$3,763,415	\$4,430,632	\$667,217	18%
27	Purchased Services - Non Medical	\$1,262,760	\$1,299,439	\$36,679	3%
28	Other Business Expenses	\$2,218,471	\$1,137,957	(\$1,080,514)	-49%
	Total Business Expenses	\$13,907,036	\$13,735,858	(\$171,178)	-1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$1,291,072	\$1,329,804	\$38,732	3%
	Total Operating Expenses - All Expense Categories*	\$50,076,702	\$49,518,354	(\$558,348)	-1%
*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	\$10,626,673	\$8,134,293	(\$2,492,380)	-23%
2	General Accounting	\$0	\$0	\$0	0%
3	Patient Billing & Collection	\$0	\$0	\$0	0%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$736,980	\$763,949	\$26,969	4%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$1,135,859	\$1,136,620	\$761	0%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Housekeeping	\$604,776	\$798,294	\$193,518	32%
12	Laundry & Linen	\$188,825	\$226,497	\$37,672	20%
13	Operation of Plant	\$2,453,210	\$2,426,670	(\$26,540)	-1%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$2,350,887	\$2,584,328	\$233,441	10%
18	Other General Services	\$10,027,132	\$9,192,042	(\$835,090)	-8%
	Total General Services	\$28,124,342	\$25,262,693	(\$2,861,649)	-10%
	B. Professional Services:				
1	Medical Care Administration	\$345,276	\$366,865	\$21,589	6%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$507,146	\$449,295	(\$57,851)	-11%
4	Medical Records	\$0	\$0	\$0	0%
5	Social Service	\$454,349	\$373,419	(\$80,930)	-18%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$1,306,771	\$1,189,579	(\$117,192)	-9%
	C. Special Services:				
1	Operating Room	\$2,474,520	\$3,085,374	\$610,854	25%
2	Recovery Room	\$273,596	\$241,139	(\$32,457)	-12%
3	Anesthesiology	\$15,518	\$13,289	(\$2,229)	-14%
4	Delivery Room	\$612,588	\$630,966	\$18,378	3%
5	Diagnostic Radiology	\$1,311,515	\$1,299,814	(\$11,701)	-1%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$222,324	\$232,081	\$9,757	4%
9	CT Scan	\$538,768	\$633,156	\$94,388	18%
10	Laboratory	\$2,753,065	\$2,839,495	\$86,430	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$309,913	\$318,767	\$8,854	3%
14	Electroencephalography	\$108,293	\$122,328	\$14,035	13%
15	Occupational Therapy	\$97,642	\$105,116	\$7,474	8%
16	Speech Pathology	\$84,662	\$136,943	\$52,281	62%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$429,112	\$470,410	\$41,298	10%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$2,226,119	\$2,892,163	\$666,044	30%
25	MRI	\$215,187	\$178,968	(\$36,219)	-17%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$103,026	\$275,783	\$172,757	168%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
32	Occupational Therapy / Physical Therapy	\$579,225	\$684,191	\$104,966	18%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,169,958	\$2,178,093	\$8,135	0%
	Total Special Services	\$14,525,031	\$16,338,076	\$1,813,045	12%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$2,288,535	\$2,477,245	\$188,710	8%
2	Intensive Care Unit	\$1,368,624	\$1,443,924	\$75,300	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,135,253	\$2,468,847	\$333,594	16%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$328,146	\$337,990	\$9,844	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$6,120,558	\$6,728,006	\$607,448	10%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$50,076,702	\$49,518,354	(\$558,348)	-1%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>	<u>ACTUAL</u> <u>FY 2016</u>
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$50,085,913	\$49,485,574	\$49,154,424
2	Other Operating Revenue	1,092,483	851,556	661,116
3	Total Operating Revenue	\$51,178,396	\$50,337,130	\$49,815,540
4	Total Operating Expenses	48,236,048	50,076,702	49,518,354
5	Income/(Loss) From Operations	\$2,942,348	\$260,428	\$297,186
6	Total Non-Operating Revenue	0	(18,460,790)	(14,005,819)
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,942,348	(\$18,200,362)	(\$13,708,633)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.75%	0.82%	0.83%
2	Hospital Non Operating Margin	0.00%	-57.91%	-39.11%
3	Hospital Total Margin	5.75%	-57.10%	-38.28%
4	Income/(Loss) From Operations	\$2,942,348	\$260,428	\$297,186
5	Total Operating Revenue	\$51,178,396	\$50,337,130	\$49,815,540
6	Total Non-Operating Revenue	\$0	(\$18,460,790)	(\$14,005,819)
7	Total Revenue	\$51,178,396	\$31,876,340	\$35,809,721
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,942,348	(\$18,200,362)	(\$13,708,633)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$32,809,453	\$21,513,301	\$7,980,668
2	Hospital Total Net Assets	\$32,809,453	\$21,513,301	\$7,980,668
3	Hospital Change in Total Net Assets	\$2,754,871	(\$11,296,152)	(\$13,532,633)
4	Hospital Change in Total Net Assets %	109.2%	-34.4%	-62.9%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.33	0.35	0.34
2	Total Operating Expenses	\$48,236,048	\$50,076,702	\$49,518,354
3	Total Gross Revenue	\$145,172,347	\$143,606,025	\$143,045,834
4	Total Other Operating Revenue	\$1,092,483	\$851,556	\$661,116

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
5	<u>Private Payment to Cost Ratio</u>	1.29	1.29	1.30
6	Total Non-Government Payments	\$21,315,739	\$21,931,021	\$21,866,578
7	Total Uninsured Payments	\$279,386	\$230,791	\$219,793
8	Total Non-Government Charges	\$52,241,943	\$51,092,254	\$51,230,480
9	Total Uninsured Charges	\$2,855,088	\$2,416,523	\$2,859,312
10	<u>Medicare Payment to Cost Ratio</u>	0.98	0.91	0.91
11	Total Medicare Payments	\$23,646,098	\$22,417,977	\$22,212,537
12	Total Medicare Charges	\$73,523,827	\$71,370,414	\$70,759,697
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.64	0.61
14	Total Medicaid Payments	\$2,447,356	\$2,561,781	\$2,523,360
15	Total Medicaid Charges	\$10,729,564	\$11,585,278	\$11,957,068
16	<u>Uncompensated Care Cost</u>	\$1,043,330	\$926,357	\$1,075,231
17	Charity Care	\$892,961	\$741,722	\$536,593
18	Bad Debts	\$2,270,701	\$1,930,565	\$2,583,830
19	Total Uncompensated Care	\$3,163,662	\$2,672,287	\$3,120,423
20	<u>Uncompensated Care % of Total Expenses</u>	2.2%	1.8%	2.2%
21	Total Operating Expenses	\$48,236,048	\$50,076,702	\$49,518,354
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2	2	2
2	Total Current Assets	\$10,006,947	\$8,299,457	\$8,585,301
3	Total Current Liabilities	\$4,788,673	\$5,257,630	\$4,451,289
4	<u>Days Cash on Hand</u>	0	1	1
5	Cash and Cash Equivalents	\$0	\$193,394	\$80,844
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$193,394	\$80,844
8	Total Operating Expenses	\$48,236,048	\$50,076,702	\$49,518,354

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
9	Depreciation Expense	\$2,563,946	\$2,548,585	\$1,312,339
10	Operating Expenses less Depreciation Expense	\$45,672,102	\$47,528,117	\$48,206,015
11	<u>Days Revenue in Patient Accounts Receivable</u>	47	45	44
12	Net Patient Accounts Receivable	\$6,272,473	\$6,149,131	\$6,051,797
13	Due From Third Party Payers	\$137,029	\$0	\$0
14	Due To Third Party Payers	\$0	\$96,881	\$64,094
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$6,409,502	\$6,052,250	\$5,987,703
16	Total Net Patient Revenue	\$50,085,913	\$49,485,574	\$49,154,424
17	<u>Average Payment Period</u>	38	40	34
18	Total Current Liabilities	\$4,788,673	\$5,257,630	\$4,451,289
19	Total Operating Expenses	\$48,236,048	\$50,076,702	\$49,518,354
20	Depreciation Expense	\$2,563,946	\$2,548,585	\$1,312,339
21	Total Operating Expenses less Depreciation Expense	\$45,672,102	\$47,528,117	\$48,206,015
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	74.9	75.7	57.8
2	Total Net Assets	\$32,809,453	\$21,513,301	\$7,980,668
3	Total Assets	\$43,821,289	\$28,413,768	\$13,805,930
4	<u>Cash Flow to Total Debt Ratio</u>	60.8	(297.7)	(278.5)
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,942,348	(\$18,200,362)	(\$13,708,633)
6	Depreciation Expense	\$2,563,946	\$2,548,585	\$1,312,339
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,506,294	(\$15,651,777)	(\$12,396,294)
8	Total Current Liabilities	\$4,788,673	\$5,257,630	\$4,451,289
9	Total Long Term Debt	\$4,264,339	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$9,053,012	\$5,257,630	\$4,451,289
11	<u>Long Term Debt to Capitalization Ratio</u>	11.5	-	-
12	Total Long Term Debt	\$4,264,339	\$0	\$0
13	Total Net Assets	\$32,809,453	\$21,513,301	\$7,980,668

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
14	Total Long Term Debt and Total Net Assets	\$37,073,792	\$21,513,301	\$7,980,668
15	<u>Debt Service Coverage Ratio</u>	489.8	(850.7)	(404.3)
16	Excess Revenues over Expenses	2,942,348	(\$18,200,362)	(\$13,708,633)
17	Interest Expense	11,263	\$18,377	\$30,588
18	Depreciation and Amortization Expense	2,563,946	\$2,548,585	\$1,312,339
19	Principal Payments	1	\$1	\$1
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	12.1	-	-
21	Accumulated Depreciation	31,083,584	-	-
22	Depreciation and Amortization Expense	2,563,946	2,548,585	1,312,339
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	11,690	11,029	9,789
2	Discharges	2,616	2,466	2,410
3	ALOS	4.5	4.5	4.1
4	Staffed Beds	49	49	49
5	Available Beds	-	94	94
6	Licensed Beds	94	94	94
7	Occupancy of Staffed Beds	65.4%	61.7%	54.7%
8	Occupancy of Available Beds	34.1%	32.1%	28.5%
9	Full Time Equivalent Employees	259.6	253.9	264.2
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	34.0%	33.9%	33.8%
2	Medicare Gross Revenue Payer Mix Percentage	50.6%	49.7%	49.5%
3	Medicaid Gross Revenue Payer Mix Percentage	7.4%	8.1%	8.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	5.8%	6.5%	6.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	1.7%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$49,386,855	\$48,675,731	\$48,371,168

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
9	Medicare Gross Revenue (Charges)	\$73,523,827	\$71,370,414	\$70,759,697
10	Medicaid Gross Revenue (Charges)	\$10,729,564	\$11,585,278	\$11,957,068
11	Other Medical Assistance Gross Revenue (Charges)	\$8,452,901	\$9,312,219	\$8,763,250
12	Uninsured Gross Revenue (Charges)	\$2,855,088	\$2,416,523	\$2,859,312
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$224,112	\$245,860	\$335,339
14	Total Gross Revenue (Charges)	\$145,172,347	\$143,606,025	\$143,045,834
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	42.6%	44.2%	44.3%
2	Medicare Net Revenue Payer Mix Percentage	47.9%	45.7%	45.4%
3	Medicaid Net Revenue Payer Mix Percentage	5.0%	5.2%	5.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	3.8%	4.2%	4.5%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.5%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$21,036,353	\$21,700,230	\$21,646,785
9	Medicare Net Revenue (Payments)	\$23,646,098	\$22,417,977	\$22,212,537
10	Medicaid Net Revenue (Payments)	\$2,447,356	\$2,561,781	\$2,523,360
11	Other Medical Assistance Net Revenue (Payments)	\$1,858,709	\$2,068,667	\$2,187,012
12	Uninsured Net Revenue (Payments)	\$279,386	\$230,791	\$219,793
13	CHAMPUS / TRICARE Net Revenue Payments)	\$64,984	\$85,803	\$129,196
14	Total Net Revenue (Payments)	\$49,332,886	\$49,065,249	\$48,918,683
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	703	647	646
2	Medicare	1,461	1,410	1,319
3	Medical Assistance	447	398	432
4	Medicaid	235	219	268
5	Other Medical Assistance	212	179	164
6	CHAMPUS / TRICARE	5	11	13
7	Uninsured (Included In Non-Government)	40	45	51
8	Total	2,616	2,466	2,410
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.92370	0.87690	0.89430
2	Medicare	1.19620	1.17200	1.23210
3	Medical Assistance	0.90741	0.96739	0.92260
4	Medicaid	0.93440	0.93510	0.87560
5	Other Medical Assistance	0.87750	1.00690	0.99940

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
6	CHAMPUS / TRICARE	0.68860	0.87500	0.66910
7	Uninsured (Included In Non-Government)	0.75600	0.73840	0.87180
8	Total Case Mix Index	1.07266	1.06023	1.08304
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	1,593	1,561	1,518
2	Emergency Room - Treated and Discharged	14,825	14,819	14,155
3	Total Emergency Room Visits	16,418	16,380	15,673

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$441,092	\$239,701	(\$201,391)	-46%
2	Inpatient Payments	\$123,016	\$111,394	(\$11,622)	-9%
3	Outpatient Charges	\$161,657	\$228,529	\$66,872	41%
4	Outpatient Payments	\$38,066	\$34,680	(\$3,386)	-9%
5	Discharges	9	12	3	33%
6	Patient Days	71	48	(23)	-32%
7	Outpatient Visits (Excludes ED Visits)	141	201	60	43%
8	Emergency Department Outpatient Visits	4	16	12	300%
9	Emergency Department Inpatient Admissions	6	10	4	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$602,749	\$468,230	(\$134,519)	-22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$161,082	\$146,074	(\$15,008)	-9%
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	\$370,850	\$399,843	\$28,993	8%
2	Inpatient Payments	\$161,457	\$168,498	\$7,041	4%
3	Outpatient Charges	\$768,822	\$640,513	(\$128,309)	-17%
4	Outpatient Payments	\$157,172	\$98,435	(\$58,737)	-37%
5	Discharges	17	16	(1)	-6%
6	Patient Days	95	97	2	2%
7	Outpatient Visits (Excludes ED Visits)	652	695	43	7%
8	Emergency Department Outpatient Visits	37	45	8	22%
9	Emergency Department Inpatient Admissions	9	9	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,139,672	\$1,040,356	(\$99,316)	-9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$318,629	\$266,933	(\$51,696)	-16%
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$354,536	\$1,060,813	\$706,277	199%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	Inpatient Payments	\$186,362	\$424,472	\$238,110	128%
3	Outpatient Charges	\$331,265	\$758,772	\$427,507	129%
4	Outpatient Payments	\$62,458	\$103,691	\$41,233	66%
5	Discharges	15	37	22	147%
6	Patient Days	75	232	157	209%
7	Outpatient Visits (Excludes ED Visits)	243	296	53	22%
8	Emergency Department Outpatient Visits	50	108	58	116%
9	Emergency Department Inpatient Admissions	13	31	18	138%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$685,801	\$1,819,585	\$1,133,784	165%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$248,820	\$528,163	\$279,343	112%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$656	\$4,241	\$3,585	546%
4	Outpatient Payments	\$0	\$675	\$675	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	3	2	200%
8	Emergency Department Outpatient Visits	1	1	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$656	\$4,241	\$3,585	546%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$675	\$675	0%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$101,566	\$0	(\$101,566)	-100%
2	Inpatient Payments	\$21,762	\$0	(\$21,762)	-100%
3	Outpatient Charges	\$15,246	\$360	(\$14,886)	-98%
4	Outpatient Payments	\$2,581	\$50	(\$2,531)	-98%
5	Discharges	3	0	(3)	-100%
6	Patient Days	28	0	(28)	-100%
7	Outpatient Visits (Excludes ED Visits)	4	0	(4)	-100%
8	Emergency Department Outpatient Visits	5	1	(4)	-80%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$116,812	\$360	(\$116,452)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$24,343	\$50	(\$24,293)	-100%
I.	AETNA				
1	Inpatient Charges	\$697,664	\$240,633	(\$457,031)	-66%
2	Inpatient Payments	\$220,297	\$59,840	(\$160,457)	-73%
3	Outpatient Charges	\$529,736	\$801,891	\$272,155	51%
4	Outpatient Payments	\$105,695	\$134,350	\$28,655	27%
5	Discharges	24	14	(10)	-42%
6	Patient Days	139	44	(95)	-68%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	Outpatient Visits (Excludes ED Visits)	556	770	214	38%
8	Emergency Department Outpatient Visits	39	62	23	59%
9	Emergency Department Inpatient Admissions	16	12	(4)	-25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,227,400	\$1,042,524	(\$184,876)	-15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$325,992	\$194,190	(\$131,802)	-40%
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,288	\$0	(\$2,288)	-100%
4	Outpatient Payments	\$397	\$0	(\$397)	-100%
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	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,288	\$0	(\$2,288)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$397	\$0	(\$397)	-100%
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%
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%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
N.	EVERCARE				
1	Inpatient Charges	\$1,593,077	\$1,344,147	(\$248,930)	-16%
2	Inpatient Payments	\$563,936	\$511,132	(\$52,804)	-9%
3	Outpatient Charges	\$1,242,737	\$1,148,219	(\$94,518)	-8%
4	Outpatient Payments	\$239,101	\$164,886	(\$74,215)	-31%
5	Discharges	63	52	(11)	-17%
6	Patient Days	421	301	(120)	-29%
7	Outpatient Visits (Excludes ED Visits)	959	963	4	0%
8	Emergency Department Outpatient Visits	130	115	(15)	-12%
9	Emergency Department Inpatient Admissions	39	32	(7)	-18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,835,814	\$2,492,366	(\$343,448)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$803,037	\$676,018	(\$127,019)	-16%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$3,558,785	\$3,285,137	(\$273,648)	-8%
	TOTAL INPATIENT PAYMENTS	\$1,276,830	\$1,275,336	(\$1,494)	0%
	TOTAL OUTPATIENT CHARGES	\$3,052,407	\$3,582,525	\$530,118	17%
	TOTAL OUTPATIENT PAYMENTS	\$605,470	\$536,767	(\$68,703)	-11%
	TOTAL DISCHARGES	131	131	0	0%
	TOTAL PATIENT DAYS	829	722	(107)	-13%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,556	2,928	372	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	267	348	81	30%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	84	94	10	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,611,192	\$6,867,662	\$256,470	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,882,300	\$1,812,103	(\$70,197)	-4%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 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%
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%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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%
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%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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%

SHARON HOSPITAL HOLDING CO, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$317,130	\$139,667	(\$177,463)	-56%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$6,658,799	\$6,707,780	\$48,981	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,342,069	\$1,382,048	\$39,979	3%
8	Prepaid Expenses	\$695,358	\$1,222,941	\$527,583	76%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$9,013,356	\$9,452,436	\$439,080	5%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$4,659,987	\$611,754	(\$4,048,233)	-87%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$15,586,215	\$4,689,052	(\$10,897,163)	-70%
2	Less: Accumulated Depreciation	\$0	\$0	\$0	\$0
	Property, Plant and Equipment, Net	\$15,586,215	\$4,689,052	(\$10,897,163)	-70%
3	Construction in Progress	\$108,959	\$26,468	(\$82,491)	-76%
	Total Net Fixed Assets	\$15,695,174	\$4,715,520	(\$10,979,654)	-70%
	Total Assets	\$29,368,517	\$14,779,710	(\$14,588,807)	-50%

SHARON HOSPITAL HOLDING CO, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$1,598,775	\$1,739,858	\$141,083	9%
2	Salaries, Wages and Payroll Taxes	\$4,342,444	\$3,080,960	(\$1,261,484)	-29%
3	Due To Third Party Payers	\$96,881	\$64,094	(\$32,787)	-34%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$174,279	\$182,458	\$8,179	5%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$6,212,379	\$5,067,370	(\$1,145,009)	-18%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$1,304,000	\$1,156,000	(\$148,000)	-11%
4	Other Long Term Liabilities	\$338,837	\$575,672	\$236,835	70%
	Total Long Term Liabilities	\$1,642,837	\$1,731,672	\$88,835	5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$21,513,301	\$7,980,668	(\$13,532,633)	-63%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	\$21,513,301	\$7,980,668	(\$13,532,633)	-63%
	Total Liabilities and Net Assets	\$29,368,517	\$14,779,710	(\$14,588,807)	-50%

SHARON HOSPITAL HOLDING CO, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$156,550,609	\$156,641,778	\$91,169	0%
2	Less: Allowances	\$97,769,852	\$97,389,031	(\$380,821)	0%
3	Less: Charity Care	\$741,722	\$536,593	(\$205,129)	-28%
4	Less: Other Deductions	\$853,781	\$832,193	(\$21,588)	-3%
	Total Net Patient Revenue	\$57,185,254	\$57,883,961	\$698,707	1%
5	Provision for Bad Debts	\$2,233,479	\$2,684,721	\$451,242	20%
	Net Patient Service Revenue less provision for bad debts	\$54,951,775	\$55,199,240	\$247,465	0%
6	Other Operating Revenue	\$934,163	\$698,785	(\$235,378)	-25%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$55,885,938	\$55,898,025	\$12,087	0%
B. Operating Expenses:					
1	Salaries and Wages	\$21,709,858	\$21,733,826	\$23,968	0%
2	Fringe Benefits	\$4,384,844	\$4,308,592	(\$76,252)	-2%
3	Physicians Fees	\$2,535,715	\$3,512,636	\$976,921	39%
4	Supplies and Drugs	\$5,682,283	\$6,045,453	\$363,170	6%
5	Depreciation and Amortization	\$2,548,585	\$1,312,339	(\$1,236,246)	-49%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$18,277	\$30,588	\$12,311	67%
8	Malpractice Insurance Cost	\$1,292,016	\$983,582	(\$308,434)	-24%
9	Other Operating Expenses	\$20,583,516	\$20,472,927	(\$110,589)	-1%
	Total Operating Expenses	\$58,755,094	\$58,399,943	(\$355,151)	-1%
	Income/(Loss) From Operations	(\$2,869,156)	(\$2,501,918)	\$367,238	-13%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$2,869,156)	(\$2,501,918)	\$367,238	-13%

SHARON HOSPITAL HOLDING CO, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015</u> <u>ACTUAL</u>	<u>FY 2016</u> <u>ACTUAL</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$15,331,206)	(\$11,206,712)	\$4,124,494	-27%
	Total Other Adjustments	(\$15,331,206)	(\$11,206,712)	\$4,124,494	-27%
	Excess/(Deficiency) of Revenue Over Expenses	(\$18,200,362)	(\$13,708,630)	\$4,491,732	-25%

SHARON HOSPITAL HOLDING CO, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$56,110,242	\$54,951,775	\$55,199,240
2	Other Operating Revenue	1,205,475	934,163	698,785
3	Total Operating Revenue	\$57,315,717	\$55,885,938	\$55,898,025
4	Total Operating Expenses	58,726,061	58,755,094	58,399,943
5	Income/(Loss) From Operations	(\$1,410,344)	(\$2,869,156)	(\$2,501,918)
6	Total Non-Operating Revenue	0	(15,331,206)	(11,206,712)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,410,344)	(\$18,200,362)	(\$13,708,630)
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	-2.46%	-7.07%	-5.60%
2	Parent Corporation Non-Operating Margin	0.00%	-37.80%	-25.08%
3	Parent Corporation Total Margin	-2.46%	-44.88%	-30.67%
4	Income/(Loss) From Operations	(\$1,410,344)	(\$2,869,156)	(\$2,501,918)
5	Total Operating Revenue	\$57,315,717	\$55,885,938	\$55,898,025
6	Total Non-Operating Revenue	\$0	(\$15,331,206)	(\$11,206,712)
7	Total Revenue	\$57,315,717	\$40,554,732	\$44,691,313
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,410,344)	(\$18,200,362)	(\$13,708,630)
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$16,068,631	\$21,513,301	\$7,980,668
2	Parent Corporation Total Net Assets	\$16,068,631	\$21,513,301	\$7,980,668
3	Parent Corporation Change in Total Net Assets	(\$1,536,362)	\$5,444,670	(\$13,532,633)
4	Parent Corporation Change in Total Net Assets %	91.3%	33.9%	-62.9%
D. <u>Liquidity Measures Summary</u>				
1	Current Ratio	1.93	1.45	1.87

SHARON HOSPITAL HOLDING CO, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>ACTUAL</u>
		<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
2	Total Current Assets	\$10,714,886	\$9,013,356	\$9,452,436
3	Total Current Liabilities	\$5,546,336	\$6,212,379	\$5,067,370
4	<u>Days Cash on Hand</u>	0	2	1
5	Cash and Cash Equivalents	\$10,465	\$317,130	\$139,667
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$10,465	\$317,130	\$139,667
8	Total Operating Expenses	\$58,726,061	\$58,755,094	\$58,399,943
9	Depreciation Expense	\$2,576,361	\$2,548,585	\$1,312,339
10	Operating Expenses less Depreciation Expense	\$56,149,700	\$56,206,509	\$57,087,604
11	<u>Days Revenue in Patient Accounts Receivable</u>	46	44	44
12	Net Patient Accounts Receivable	\$ 6,904,941	\$ 6,658,799	\$ 6,707,780
13	Due From Third Party Payers	\$137,029	\$0	\$0
14	Due To Third Party Payers	\$0	\$96,881	\$64,094
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,041,970	\$ 6,561,918	\$ 6,643,686
16	Total Net Patient Revenue	\$56,110,242	\$54,951,775	\$55,199,240
17	<u>Average Payment Period</u>	36	40	32
18	Total Current Liabilities	\$5,546,336	\$6,212,379	\$5,067,370
19	Total Operating Expenses	\$58,726,061	\$58,755,094	\$58,399,943
20	Depreciation Expense	\$2,576,361	\$2,548,585	\$1,312,339
20	Total Operating Expenses less Depreciation Expense	\$56,149,700	\$56,206,509	\$57,087,604
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	36.1	73.3	54.0
2	Total Net Assets	\$16,068,631	\$21,513,301	\$7,980,668

SHARON HOSPITAL HOLDING CO, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
3	Total Assets	\$44,528,599	\$29,368,517	\$14,779,710
4	Cash Flow to Total Debt Ratio	4.4	(251.9)	(244.6)
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,410,344)	(\$18,200,362)	(\$13,708,630)
6	Depreciation Expense	\$2,576,361	\$2,548,585	\$1,312,339
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,166,017	(\$15,651,777)	(\$12,396,291)
8	Total Current Liabilities	\$5,546,336	\$6,212,379	\$5,067,370
9	Total Long Term Debt	\$20,704,808	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$26,251,144	\$6,212,379	\$5,067,370
11	Long Term Debt to Capitalization Ratio	56.3	-	-
12	Total Long Term Debt	\$20,704,808	\$0	\$0
13	Total Net Assets	\$16,068,631	\$21,513,301	\$7,980,668
14	Total Long Term Debt and Total Net Assets	\$36,773,439	\$21,513,301	\$7,980,668

ESSENT-SHARON HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
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	3,966	1,527	850	22	47	49.4%	23.1%
2	ICU/CCU (Excludes Neonatal ICU)	802	362	0	7	11	31.4%	20.0%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,628	325	335	12	12	82.8%	82.8%
	TOTAL PSYCHIATRIC	3,628	325	335	12	12	82.8%	82.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	745	282	283	4	8	51.0%	25.5%
7	Newborn	648	276	277	4	16	44.4%	11.1%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	9,141	2,134	1,468	45	78	55.7%	32.1%
	TOTAL INPATIENT BED UTILIZATION	9,789	2,410	1,745	49	94	54.7%	28.5%
	TOTAL INPATIENT REPORTED YEAR	9,789	2,410	1,745	49	94	54.7%	28.5%
	TOTAL INPATIENT PRIOR YEAR	11,029	2,466	1,886	49	94	61.7%	32.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,240	-56	-141	0	0	-6.9%	-3.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-11%	-2%	-7%	0%	0%	-11%	-11%
	Total Licensed Beds and Bassinets	94						
(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.								

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	349	272	-77	-22%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,458	1,488	30	2%
3	Emergency Department Scans	3,867	3,815	-52	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	5,674	5,575	-99	-2%
B. MRI Scans (A)					
1	Inpatient Scans	188	172	-16	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,615	1,550	-65	-4%
3	Emergency Department Scans	97	81	-16	-16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,900	1,803	-97	-5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I.	<u>Surgical Procedures</u>				
1	Inpatient Surgical Procedures	322	321	-1	0%
2	Outpatient Surgical Procedures	1,271	1,328	57	4%
	Total Surgical Procedures	1,593	1,649	56	4%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	86	72	-14	-16%
2	Outpatient Endoscopy Procedures	776	996	220	28%
	Total Endoscopy Procedures	862	1,068	206	24%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	1,561	1,518	-43	-3%
2	Emergency Room Visits: Treated and Discharged	14,819	14,155	-664	-4%
	Total Emergency Room Visits	16,380	15,673	-707	-4%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	383	424	41	11%
13	Specialty Clinic Visits - Other Speciality Clinics	1,652	1,500	-152	-9%
	Total Hospital Clinic Visits	2,035	1,924	-111	-5%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	9,161	11,535	2,374	26%
2	Cardiac Rehabilitation	4,325	4,618	293	7%
3	Chemotherapy	1,131	690	-441	-39%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	47,531	47,636	105	0%
	Total Other Hospital Outpatient Visits	62,148	64,479	2,331	4%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	95.0	102.0	7.0	7%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	158.9	162.2	3.3	2%
	Total Hospital Full Time Equivalent Employees	253.9	264.2	10.3	4%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A.	Outpatient Surgical Procedures				
1	Sharon Hospital	1,271	1,328	57	4%
	Total Outpatient Surgical Procedures(A)	1,271	1,328	57	4%
B.	Outpatient Endoscopy Procedures				
1	Sharon Hospital	776	996	220	28%
	Total Outpatient Endoscopy Procedures(B)	776	996	220	28%
C.	Outpatient Hospital Emergency Room Visits				
1	Sharon Hospital	14,819	14,155	-664	-4%
	Total Outpatient Hospital Emergency Room Visits(C)	14,819	14,155	-664	-4%
(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.					

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$36,430,178	\$32,935,207	(\$3,494,971)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,328,148	\$15,373,908	\$45,760	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.08%	46.68%	4.60%	11%
4	DISCHARGES	1,410	1,319	(91)	-6%
5	CASE MIX INDEX (CMI)	1.17200	1.23210	0.06010	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,652.52000	1,625.13990	(27.38010)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,275.62	\$9,460.05	\$184.43	2%
8	PATIENT DAYS	7,687	6,558	(1,129)	-15%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,994.04	\$2,344.30	\$350.26	18%
10	AVERAGE LENGTH OF STAY	5.5	5.0	(0.5)	-9%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,940,236	\$37,824,490	\$2,884,254	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,089,829	\$6,838,629	(\$251,200)	-4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.29%	18.08%	-2.21%	-11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	95.91%	114.85%	18.94%	20%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,352.33302	1,514.80761	162.47459	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,242.66	\$4,514.52	(\$728.15)	-14%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$71,370,414	\$70,759,697	(\$610,717)	-1%
18	TOTAL ACCRUED PAYMENTS	\$22,417,977	\$22,212,537	(\$205,440)	-1%
19	TOTAL ALLOWANCES	\$48,952,437	\$48,547,160	(\$405,277)	-1%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,870,758	\$10,185,805	\$315,047	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,688,042	\$4,860,113	\$172,071	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.49%	47.71%	0.22%	0%
4	DISCHARGES	647	646	(1)	0%
5	CASE MIX INDEX (CMI)	0.87690	0.89430	0.01740	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	567.35430	577.71780	10.36350	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,262.99	\$8,412.61	\$149.62	2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,012.63	\$1,047.44	\$34.81	3%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$574,521	\$605,127	\$30,606	5%
10	PATIENT DAYS	1,868	1,836	(32)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,509.66	\$2,647.12	\$137.46	5%
12	AVERAGE LENGTH OF STAY	2.9	2.8	(0.0)	-2%
NON-GOVERNMENT OUTPATIENT					

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$41,221,496	\$41,044,675	(\$176,821)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,242,979	\$17,006,465	(\$236,514)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.83%	41.43%	-0.40%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	417.61%	402.96%	-14.65%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,701.95135	2,603.11876	(98.83259)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,381.68	\$6,533.11	\$151.44	2%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,139.01)	(\$2,018.59)	(\$879.58)	77%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,077,553)	(\$5,254,634)	(\$2,177,081)	71%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$51,092,254	\$51,230,480	\$138,226	0%
22	TOTAL ACCRUED PAYMENTS	\$21,931,021	\$21,866,578	(\$64,443)	0%
23	TOTAL ALLOWANCES	\$29,161,233	\$29,363,902	\$202,669	1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,503,032)	(\$4,649,506)	(\$2,146,474)	86%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$51,092,254	\$51,230,479	\$138,225	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$25,835,394	\$25,927,321	\$91,927	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,256,860	\$25,303,158	\$46,298	0%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.43%	49.39%	-0.04%	
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$365,024	\$635,979	\$270,955	74%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,900	\$16,179	\$10,279	174%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.62%	2.54%	0.93%	57%
4	DISCHARGES	45	51	6	13%
5	CASE MIX INDEX (CMI)	0.73840	0.87180	0.13340	18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	33.22800	44.46180	11.23380	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$177.56	\$363.89	\$186.32	105%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,085.43	\$8,048.72	(\$36.71)	0%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$9,098.06	\$9,096.17	(\$1.89)	0%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$302,310	\$404,432	\$102,122	34%
11	PATIENT DAYS	124	108	(16)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$47.58	\$149.81	\$102.22	215%
13	AVERAGE LENGTH OF STAY	2.8	2.1	(0.6)	-23%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,051,499	\$2,223,333	\$171,834	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$224,891	\$203,614	(\$21,277)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.96%	9.16%	-1.80%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	562.02%	349.59%	-212.43%	-38%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	252.90790	178.29202	(74.61588)	-30%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$889.22	\$1,142.03	\$252.80	28%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,492.46	\$5,391.09	(\$101.37)	-2%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,353.44	\$3,372.49	(\$980.95)	-23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,101,020	\$601,289	(\$499,732)	-45%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,416,523	\$2,859,312	\$442,789	18%
24	TOTAL ACCRUED PAYMENTS	\$230,791	\$219,793	(\$10,998)	-5%
25	TOTAL ALLOWANCES	\$2,185,732	\$2,639,519	\$453,787	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,403,331	\$1,005,721	(\$397,610)	-28%
	D. STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$3,561,353	\$3,885,345	\$323,992	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,001,592	\$1,057,016	\$55,424	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.12%	27.21%	-0.92%	-3%
4	DISCHARGES	219	268	49	22%
5	CASE MIX INDEX (CMI)	0.93510	0.87560	(0.05950)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	204.78690	234.66080	29.87390	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,890.90	\$4,504.44	(\$386.46)	-8%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,372.09	\$3,908.17	\$536.08	16%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,384.72	\$4,955.61	\$570.89	13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$897,934	\$1,162,887	\$264,954	30%
11	PATIENT DAYS	795	822	27	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,259.86	\$1,285.91	\$26.04	2%
13	AVERAGE LENGTH OF STAY	3.6	3.1	(0.6)	-16%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,023,925	\$8,071,723	\$47,798	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,560,189	\$1,466,344	(\$93,845)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.44%	18.17%	-1.28%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	225.31%	207.75%	-17.56%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	493.41910	556.76440	63.34530	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,162.00	\$2,633.69	(\$528.31)	-17%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,219.68	\$3,899.42	\$679.74	21%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,080.67	\$1,880.83	(\$199.84)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,026,642	\$1,047,180	\$20,538	2%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$11,585,278	\$11,957,068	\$371,790	3%
24	TOTAL ACCRUED PAYMENTS	\$2,561,781	\$2,523,360	(\$38,421)	-1%
25	TOTAL ALLOWANCES	\$9,023,497	\$9,433,708	\$410,211	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,924,576	\$2,210,067	\$285,492	15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$3,593,563	\$2,915,553	(\$678,010)	-19%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,337,350	\$1,481,750	\$144,400	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.22%	50.82%	13.61%	37%
4	DISCHARGES	179	164	(15)	-8%
5	CASE MIX INDEX (CMI)	1.00690	0.99940	(0.00750)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	180.23510	163.90160	(16.33350)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,420.03	\$9,040.49	\$1,620.45	22%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$842.96	(\$627.88)	(\$1,470.84)	-174%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,855.59	\$419.57	(\$1,436.02)	-77%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$334,442	\$68,768	(\$265,675)	-79%
11	PATIENT DAYS	657	545	(112)	-17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,035.54	\$2,718.81	\$683.27	34%
13	AVERAGE LENGTH OF STAY	3.7	3.3	(0.3)	-9%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,718,656	\$5,847,697	\$129,041	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$731,317	\$705,262	(\$26,055)	-4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.79%	12.06%	-0.73%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	159.14%	200.57%	41.43%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	284.85362	328.93324	44.07963	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,567.34	\$2,144.09	(\$423.25)	-16%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$3,814.33	\$4,389.02	\$574.69	15%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,675.32	\$2,370.43	(\$304.89)	-11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$762,075	\$779,714	\$17,639	2%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$9,312,219	\$8,763,250	(\$548,969)	-6%
24	TOTAL ACCRUED PAYMENTS	\$2,068,667	\$2,187,012	\$118,345	6%
25	TOTAL ALLOWANCES	\$7,243,552	\$6,576,238	(\$667,314)	-9%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,096,517	\$848,481	(\$248,036)	-23%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$7,154,916	\$6,800,898	(\$354,018)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,338,942	\$2,538,766	\$199,824	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.69%	37.33%	4.64%	14%
4	DISCHARGES	398	432	34	9%
5	CASE MIX INDEX (CMI)	0.96739	0.92260	(0.04479)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	385.02200	398.56240	13.54040	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,074.83	\$6,369.81	\$294.98	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,188.16	\$2,042.80	(\$145.36)	-7%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,200.79	\$3,090.24	(\$110.55)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,232,376	\$1,231,655	(\$721)	0%
11	PATIENT DAYS	1,452	1,367	(85)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,610.84	\$1,857.18	\$246.34	15%
13	AVERAGE LENGTH OF STAY	3.6	3.2	(0.5)	-13%
<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,742,581	\$13,919,420	\$176,839	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,291,506	\$2,171,606	(\$119,900)	-5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.67%	15.60%	-1.07%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.07%	204.67%	12.60%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	778.27271	885.69764	107.42493	14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,944.35	\$2,451.86	(\$492.49)	-17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,437.33	\$4,081.25	\$643.92	19%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,298.32	\$2,062.66	(\$235.66)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,788,717	\$1,826,894	\$38,176	2%
<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$20,897,497	\$20,720,318	(\$177,179)	-1%
24	TOTAL ACCRUED PAYMENTS	\$4,630,448	\$4,710,372	\$79,924	2%
25	TOTAL ALLOWANCES	\$16,267,049	\$16,009,946	(\$257,103)	-2%
<u>G. CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$68,340	\$135,837	\$67,497	99%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$50,049	\$84,437	\$34,388	69%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	73.24%	62.16%	-11.07%	-15%
4	DISCHARGES	11	13	2	18%
5	CASE MIX INDEX (CMI)	0.87500	0.66910	(0.20590)	-24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.62500	8.69830	(0.92670)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,199.90	\$9,707.30	\$4,507.40	87%
8	PATIENT DAYS	22	28	6	27%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,274.95	\$3,015.61	\$740.65	33%
10	AVERAGE LENGTH OF STAY	2.0	2.2	0.2	8%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$177,520	\$199,502	\$21,982	12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,754	\$44,759	\$9,005	25%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$245,860	\$335,339	\$89,479	36%
14	TOTAL ACCRUED PAYMENTS	\$85,803	\$129,196	\$43,393	51%
15	TOTAL ALLOWANCES	\$160,057	\$206,143	\$46,086	29%
<u>H. OTHER DATA</u>					

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	OTHER OPERATING REVENUE	\$851,556	\$661,116	(\$190,440)	-22%
2	TOTAL OPERATING EXPENSES	\$50,076,702	\$49,518,354	(\$558,348)	-1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$741,722	\$536,593	(\$205,129)	-28%
5	BAD DEBTS (CHARGES)	\$1,930,565	\$2,583,830	\$653,265	34%
6	UNCOMPENSATED CARE (CHARGES)	\$2,672,287	\$3,120,423	\$448,136	17%
7	COST OF UNCOMPENSATED CARE	\$923,794	\$1,067,119	\$143,325	16%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$20,897,497	\$20,720,318	(\$177,179)	-1%
9	TOTAL ACCRUED PAYMENTS	\$4,630,448	\$4,710,372	\$79,924	2%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$7,224,145	\$7,085,916	(\$138,229)	-2%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,593,697	\$2,375,544	(\$218,153)	-8%
II. <u>AGGREGATE DATA</u>					
A. <u>TOTALS - ALL PAYERS</u>					
1	TOTAL INPATIENT CHARGES	\$53,524,192	\$50,057,747	(\$3,466,445)	-6%
2	TOTAL INPATIENT PAYMENTS	\$22,405,181	\$22,857,224	\$452,043	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	41.86%	45.66%	3.80%	9%
4	TOTAL DISCHARGES	2,466	2,410	(56)	-2%
5	TOTAL CASE MIX INDEX	1.06023	1.08304	0.02281	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	2,614.52130	2,610.11840	(4.40290)	0%
7	TOTAL OUTPATIENT CHARGES	\$90,081,833	\$92,988,087	\$2,906,254	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	168.30%	185.76%	17.46%	10%
9	TOTAL OUTPATIENT PAYMENTS	\$26,660,068	\$26,061,459	(\$598,609)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.60%	28.03%	-1.57%	-5%
11	TOTAL CHARGES	\$143,606,025	\$143,045,834	(\$560,191)	0%
12	TOTAL PAYMENTS	\$49,065,249	\$48,918,683	(\$146,566)	0%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.17%	34.20%	0.03%	0%
14	PATIENT DAYS	11,029	9,789	(1,240)	-11%
B. <u>TOTALS - ALL GOVERNMENT PAYERS</u>					
1	INPATIENT CHARGES	\$43,653,434	\$39,871,942	(\$3,781,492)	-9%
2	INPATIENT PAYMENTS	\$17,717,139	\$17,997,111	\$279,972	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.59%	45.14%	4.55%	11%
4	DISCHARGES	1,819	1,764	(55)	-3%
5	CASE MIX INDEX	1.12544	1.15215	0.02672	2%
6	CASE MIX ADJUSTED DISCHARGES	2,047.16700	2,032.40060	(14.76640)	-1%
7	OUTPATIENT CHARGES	\$48,860,337	\$51,943,412	\$3,083,075	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	111.93%	130.28%	18.35%	16%
9	OUTPATIENT PAYMENTS	\$9,417,089	\$9,054,994	(\$362,095)	-4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.27%	17.43%	-1.84%	-10%
11	TOTAL CHARGES	\$92,513,771	\$91,815,354	(\$698,417)	-1%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
12	TOTAL PAYMENTS	\$27,134,228	\$27,052,105	(\$82,123)	0%
13	TOTAL PAYMENTS / CHARGES	29.33%	29.46%	0.13%	0%
14	PATIENT DAYS	9,161	7,953	(1,208)	-13%
15	TOTAL GOVERNMENT DEDUCTIONS	\$65,379,543	\$64,763,249	(\$616,294)	-1%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.5	5.0	(0.5)	-9%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.9	2.8	(0.0)	-2%
3	UNINSURED	2.8	2.1	(0.6)	-23%
4	MEDICAID	3.6	3.1	(0.6)	-16%
5	OTHER MEDICAL ASSISTANCE	3.7	3.3	(0.3)	-9%
6	CHAMPUS / TRICARE	2.0	2.2	0.2	8%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.1	(0.4)	-9%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$143,606,025	\$143,045,834	(\$560,191)	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$65,379,543	\$64,763,249	(\$616,294)	-1%
3	UNCOMPENSATED CARE	\$2,672,287	\$3,120,423	\$448,136	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,256,860	\$25,303,158	\$46,298	0%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$653,554	\$940,318	\$286,764	44%
6	TOTAL ADJUSTMENTS	\$93,962,244	\$94,127,148	\$164,904	0%
7	TOTAL ACCRUED PAYMENTS	\$49,643,781	\$48,918,686	(\$725,095)	-1%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$49,643,781	\$48,918,686	(\$725,095)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3456942771	0.3419791030	(0.0037151741)	-1%
11	COST OF UNCOMPENSATED CARE	\$923,794	\$1,067,119	\$143,325	16%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,593,697	\$2,375,544	(\$218,153)	-8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,517,491	\$3,442,663	(\$74,828)	-2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$1,026,642	\$1,047,180	\$20,538	2%
2	OTHER MEDICAL ASSISTANCE	\$1,096,517	\$848,481	(\$248,036)	-23%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,403,331	\$1,005,721	(\$397,610)	-28%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,526,490	\$2,901,382	(\$625,108)	-18%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,159,710	\$1,677,617	\$517,907	44.66%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$420,328	\$235,741	(\$184,587)	-43.91%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$49,485,574	\$49,154,424	(\$331,150)	-0.67%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$143,606,025	\$143,045,833	(\$560,192)	-0.39%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,672,287	\$3,120,423	\$448,136	16.77%

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,870,758	\$10,185,805	\$315,047
2	MEDICARE	\$36,430,178	32,935,207	(\$3,494,971)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,154,916	6,800,898	(\$354,018)
4	MEDICAID	\$3,561,353	3,885,345	\$323,992
5	OTHER MEDICAL ASSISTANCE	\$3,593,563	2,915,553	(\$678,010)
6	CHAMPUS / TRICARE	\$68,340	135,837	\$67,497
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$365,024	635,979	\$270,955
	TOTAL INPATIENT GOVERNMENT CHARGES	\$43,653,434	\$39,871,942	(\$3,781,492)
	TOTAL INPATIENT CHARGES	\$53,524,192	\$50,057,747	(\$3,466,445)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,221,496	\$41,044,675	(\$176,821)
2	MEDICARE	\$34,940,236	37,824,490	\$2,884,254
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,742,581	13,919,420	\$176,839
4	MEDICAID	\$8,023,925	8,071,723	\$47,798
5	OTHER MEDICAL ASSISTANCE	\$5,718,656	5,847,697	\$129,041
6	CHAMPUS / TRICARE	\$177,520	199,502	\$21,982
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,051,499	2,223,333	\$171,834
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$48,860,337	\$51,943,412	\$3,083,075
	TOTAL OUTPATIENT CHARGES	\$90,081,833	\$92,988,087	\$2,906,254
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,092,254	\$51,230,480	\$138,226
2	TOTAL MEDICARE	\$71,370,414	\$70,759,697	(\$610,717)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,897,497	\$20,720,318	(\$177,179)
4	TOTAL MEDICAID	\$11,585,278	\$11,957,068	\$371,790
5	TOTAL OTHER MEDICAL ASSISTANCE	\$9,312,219	\$8,763,250	(\$548,969)
6	TOTAL CHAMPUS / TRICARE	\$245,860	\$335,339	\$89,479
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,416,523	\$2,859,312	\$442,789
	TOTAL GOVERNMENT CHARGES	\$92,513,771	\$91,815,354	(\$698,417)
	TOTAL CHARGES	\$143,606,025	\$143,045,834	(\$560,191)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,688,042	\$4,860,113	\$172,071
2	MEDICARE	\$15,328,148	15,373,908	\$45,760
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,338,942	2,538,766	\$199,824
4	MEDICAID	\$1,001,592	1,057,016	\$55,424
5	OTHER MEDICAL ASSISTANCE	\$1,337,350	1,481,750	\$144,400
6	CHAMPUS / TRICARE	\$50,049	84,437	\$34,388
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,900	16,179	\$10,279
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,717,139	\$17,997,111	\$279,972
	TOTAL INPATIENT PAYMENTS	\$22,405,181	\$22,857,224	\$452,043
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,242,979	\$17,006,465	(\$236,514)
2	MEDICARE	\$7,089,829	6,838,629	(\$251,200)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,291,506	2,171,606	(\$119,900)
4	MEDICAID	\$1,560,189	1,466,344	(\$93,845)
5	OTHER MEDICAL ASSISTANCE	\$731,317	705,262	(\$26,055)
6	CHAMPUS / TRICARE	\$35,754	44,759	\$9,005
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$224,891	203,614	(\$21,277)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$9,417,089	\$9,054,994	(\$362,095)
	TOTAL OUTPATIENT PAYMENTS	\$26,660,068	\$26,061,459	(\$598,609)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,931,021	\$21,866,578	(\$64,443)
2	TOTAL MEDICARE	\$22,417,977	\$22,212,537	(\$205,440)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,630,448	\$4,710,372	\$79,924
4	TOTAL MEDICAID	\$2,561,781	\$2,523,360	(\$38,421)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,068,667	\$2,187,012	\$118,345
6	TOTAL CHAMPUS / TRICARE	\$85,803	\$129,196	\$43,393
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$230,791	\$219,793	(\$10,998)
	TOTAL GOVERNMENT PAYMENTS	\$27,134,228	\$27,052,105	(\$82,123)
	TOTAL PAYMENTS	\$49,065,249	\$48,918,683	(\$146,566)
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6.87%	7.12%	0.25%
2	MEDICARE	25.37%	23.02%	-2.34%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.98%	4.75%	-0.23%
4	MEDICAID	2.48%	2.72%	0.24%

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
5	OTHER MEDICAL ASSISTANCE	2.50%	2.04%	-0.46%
6	CHAMPUS / TRICARE	0.05%	0.09%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.25%	0.44%	0.19%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.40%	27.87%	-2.52%
	TOTAL INPATIENT PAYER MIX	37.27%	34.99%	-2.28%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.70%	28.69%	-0.01%
2	MEDICARE	24.33%	26.44%	2.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.57%	9.73%	0.16%
4	MEDICAID	5.59%	5.64%	0.06%
5	OTHER MEDICAL ASSISTANCE	3.98%	4.09%	0.11%
6	CHAMPUS / TRICARE	0.12%	0.14%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.43%	1.55%	0.13%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	34.02%	36.31%	2.29%
	TOTAL OUTPATIENT PAYER MIX	62.73%	65.01%	2.28%
	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)	9.55%	9.94%	0.38%
2	MEDICARE	31.24%	31.43%	0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.77%	5.19%	0.42%
4	MEDICAID	2.04%	2.16%	0.12%
5	OTHER MEDICAL ASSISTANCE	2.73%	3.03%	0.30%
6	CHAMPUS / TRICARE	0.10%	0.17%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.03%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.11%	36.79%	0.68%
	TOTAL INPATIENT PAYER MIX	45.66%	46.72%	1.06%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.14%	34.76%	-0.38%
2	MEDICARE	14.45%	13.98%	-0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.67%	4.44%	-0.23%
4	MEDICAID	3.18%	3.00%	-0.18%
5	OTHER MEDICAL ASSISTANCE	1.49%	1.44%	-0.05%
6	CHAMPUS / TRICARE	0.07%	0.09%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.46%	0.42%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.19%	18.51%	-0.68%
	TOTAL OUTPATIENT PAYER MIX	54.34%	53.28%	-1.06%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	647	646	(1)
2	MEDICARE	1,410	1,319	(91)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	398	432	34
4	MEDICAID	219	268	49
5	OTHER MEDICAL ASSISTANCE	179	164	(15)
6	CHAMPUS / TRICARE	11	13	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	45	51	6
	TOTAL GOVERNMENT DISCHARGES	1,819	1,764	(55)
	TOTAL DISCHARGES	2,466	2,410	(56)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,868	1,836	(32)
2	MEDICARE	7,687	6,558	(1,129)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,452	1,367	(85)
4	MEDICAID	795	822	27
5	OTHER MEDICAL ASSISTANCE	657	545	(112)
6	CHAMPUS / TRICARE	22	28	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	124	108	(16)
	TOTAL GOVERNMENT PATIENT DAYS	9,161	7,953	(1,208)
	TOTAL PATIENT DAYS	11,029	9,789	(1,240)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.9	2.8	(0.0)
2	MEDICARE	5.5	5.0	(0.5)

**ESSENT-SHARON HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.6	3.2	(0.5)
4	MEDICAID	3.6	3.1	(0.6)
5	OTHER MEDICAL ASSISTANCE	3.7	3.3	(0.3)
6	CHAMPUS / TRICARE	2.0	2.2	0.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	2.1	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.0	4.5	(0.5)
	TOTAL AVERAGE LENGTH OF STAY	4.5	4.1	(0.4)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.87690	0.89430	0.01740
2	MEDICARE	1.17200	1.23210	0.06010
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96739	0.92260	(0.04479)
4	MEDICAID	0.93510	0.87560	(0.05950)
5	OTHER MEDICAL ASSISTANCE	1.00690	0.99940	(0.00750)
6	CHAMPUS / TRICARE	0.87500	0.66910	(0.20590)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.73840	0.87180	0.13340
	TOTAL GOVERNMENT CASE MIX INDEX	1.12544	1.15215	0.02672
	TOTAL CASE MIX INDEX	1.06023	1.08304	0.02281
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,092,254	\$51,230,479	\$138,225
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$25,835,394	\$25,927,321	\$91,927
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,256,860	\$25,303,158	\$46,298
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.43%	49.39%	-0.04%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,159,710	\$1,677,617	\$517,907
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$653,554	\$940,318	\$286,764
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$741,722	\$536,593	(\$205,129)
9	BAD DEBTS	\$1,930,565	\$2,583,830	\$653,265
10	TOTAL UNCOMPENSATED CARE	\$2,672,287	\$3,120,423	\$448,136
11	TOTAL OTHER OPERATING REVENUE	\$851,556	\$661,116	(\$190,440)
12	TOTAL OPERATING EXPENSES	\$50,076,702	\$49,518,354	(\$558,348)
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	567.35430	577.71780	10.36350
2	MEDICARE	1,652.52000	1,625.13990	(27.38010)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	385.02200	398.56240	13.54040
4	MEDICAID	204.78690	234.66080	29.87390
5	OTHER MEDICAL ASSISTANCE	180.23510	163.90160	(16.33350)
6	CHAMPUS / TRICARE	9.62500	8.69830	(0.92670)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33.22800	44.46180	11.23380
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,047.16700	2,032.40060	(14.76640)
	TOTAL CASE MIX ADJUSTED DISCHARGES	2,614.52130	2,610.11840	(4.40290)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,701.95135	2,603.11876	-98.83259
2	MEDICARE	1,352.33302	1,514.80761	162.47459
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	778.27271	885.69764	107.42493
4	MEDICAID	493.41910	556.76440	63.34530
5	OTHER MEDICAL ASSISTANCE	284.85362	328.93324	44.07963
6	CHAMPUS / TRICARE	28.57360	19.09293	-9.48068
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	252.90790	178.29202	-74.61588
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,159.17934	2,419.59818	260.41884
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,861.13069	5,022.71694	161.58625
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,262.99	\$8,412.61	\$149.62
2	MEDICARE	\$9,275.62	\$9,460.05	\$184.43
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,074.83	\$6,369.81	\$294.98
4	MEDICAID	\$4,890.90	\$4,504.44	(\$386.46)
5	OTHER MEDICAL ASSISTANCE	\$7,420.03	\$9,040.49	\$1,620.45
6	CHAMPUS / TRICARE	\$5,199.90	\$9,707.30	\$4,507.40
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$177.56	\$363.89	\$186.32
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,654.47	\$8,855.10	\$200.63
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,569.52	\$8,757.16	\$187.64
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,381.68	\$6,533.11	\$151.44
2	MEDICARE	\$5,242.66	\$4,514.52	(\$728.15)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,944.35	\$2,451.86	(\$492.49)
4	MEDICAID	\$3,162.00	\$2,633.69	(\$528.31)
5	OTHER MEDICAL ASSISTANCE	\$2,567.34	\$2,144.09	(\$423.25)
6	CHAMPUS / TRICARE	\$1,251.29	\$2,344.27	\$1,092.98
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$889.22	\$1,142.03	\$252.80
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,361.42	\$3,742.35	(\$619.07)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,484.33	\$5,188.72	(\$295.62)
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$1,026,642	\$1,047,180	\$20,538
2	OTHER MEDICAL ASSISTANCE	\$1,096,517	\$848,481	(\$248,036)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,403,331	\$1,005,721	(\$397,610)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,526,490	\$2,901,382	(\$625,108)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$143,606,025	\$143,045,834	(\$560,191)
2	TOTAL GOVERNMENT DEDUCTIONS	\$65,379,543	\$64,763,249	(\$616,294)
3	UNCOMPENSATED CARE	\$2,672,287	\$3,120,423	\$448,136
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,256,860	\$25,303,158	\$46,298
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$653,554	\$940,318	\$286,764
6	TOTAL ADJUSTMENTS	\$93,962,244	\$94,127,148	\$164,904
7	TOTAL ACCRUED PAYMENTS	\$49,643,781	\$48,918,686	(\$725,095)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$49,643,781	\$48,918,686	(\$725,095)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3456942771	0.3419791030	(0.0037151741)
11	COST OF UNCOMPENSATED CARE	\$923,794	\$1,067,119	\$143,325
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,593,697	\$2,375,544	(\$218,153)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,517,491	\$3,442,663	(\$74,828)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.49%	47.71%	0.22%
2	MEDICARE	42.08%	46.68%	4.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.69%	37.33%	4.64%
4	MEDICAID	28.12%	27.21%	-0.92%
5	OTHER MEDICAL ASSISTANCE	37.22%	50.82%	13.61%
6	CHAMPUS / TRICARE	73.24%	62.16%	-11.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.62%	2.54%	0.93%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40.59%	45.14%	4.55%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	41.86%	45.66%	3.80%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.83%	41.43%	-0.40%
2	MEDICARE	20.29%	18.08%	-2.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.67%	15.60%	-1.07%
4	MEDICAID	19.44%	18.17%	-1.28%
5	OTHER MEDICAL ASSISTANCE	12.79%	12.06%	-0.73%
6	CHAMPUS / TRICARE	20.14%	22.44%	2.29%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.96%	9.16%	-1.80%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	19.27%	17.43%	-1.84%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.60%	28.03%	-1.57%
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	\$49,065,249	\$48,918,683	(\$146,566)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$49,065,249	\$48,918,683	(\$146,566)
3	PLUS(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$420,328	\$235,741	(\$184,587)
4	CALCULATED NET REVENUE	\$51,922,298	\$49,154,424	(\$2,767,874)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$49,485,574	\$49,154,424	(\$331,150)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2,436,724	\$0	(\$2,436,724)

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$143,606,025	\$143,045,834	(\$560,191)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$143,606,025	\$143,045,834	(\$560,191)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$143,606,025	\$143,045,833	(\$560,192)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,672,287	\$3,120,423	\$448,136
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,672,287	\$3,120,423	\$448,136
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,672,287	\$3,120,423	\$448,136
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

ESSENT-SHARON HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,185,805
2	MEDICARE	32,935,207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,800,898
4	MEDICAID	3,885,345
5	OTHER MEDICAL ASSISTANCE	2,915,553
6	CHAMPUS / TRICARE	135,837
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	635,979
	TOTAL INPATIENT GOVERNMENT CHARGES	\$39,871,942
	TOTAL INPATIENT CHARGES	\$50,057,747
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,044,675
2	MEDICARE	37,824,490
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,919,420
4	MEDICAID	8,071,723
5	OTHER MEDICAL ASSISTANCE	5,847,697
6	CHAMPUS / TRICARE	199,502
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,223,333
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$51,943,412
	TOTAL OUTPATIENT CHARGES	\$92,988,087
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$51,230,480
2	TOTAL GOVERNMENT ACCRUED CHARGES	91,815,354
	TOTAL ACCRUED CHARGES	\$143,045,834
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,860,113
2	MEDICARE	15,373,908
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,538,766
4	MEDICAID	1,057,016
5	OTHER MEDICAL ASSISTANCE	1,481,750
6	CHAMPUS / TRICARE	84,437
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16,179
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,997,111
	TOTAL INPATIENT PAYMENTS	\$22,857,224
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,006,465
2	MEDICARE	6,838,629
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,171,606
4	MEDICAID	1,466,344
5	OTHER MEDICAL ASSISTANCE	705,262
6	CHAMPUS / TRICARE	44,759
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	203,614
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$9,054,994
	TOTAL OUTPATIENT PAYMENTS	\$26,061,459
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$21,866,578
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	27,052,105
	TOTAL ACCRUED PAYMENTS	\$48,918,683

ESSENT-SHARON HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	646
2	MEDICARE	1,319
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	432
4	MEDICAID	268
5	OTHER MEDICAL ASSISTANCE	164
6	CHAMPUS / TRICARE	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51
	TOTAL GOVERNMENT DISCHARGES	1,764
	TOTAL DISCHARGES	2,410
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.89430
2	MEDICARE	1.23210
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92260
4	MEDICAID	0.87560
5	OTHER MEDICAL ASSISTANCE	0.99940
6	CHAMPUS / TRICARE	0.66910
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.87180
	TOTAL GOVERNMENT CASE MIX INDEX	1.15215
	TOTAL CASE MIX INDEX	1.08304
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,230,479
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$25,927,321
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,303,158
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.39%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,677,617
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$940,318
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$536,593
9	BAD DEBTS	\$2,583,830
10	TOTAL UNCOMPENSATED CARE	\$3,120,423
11	TOTAL OTHER OPERATING REVENUE	\$661,116
12	TOTAL OPERATING EXPENSES	\$49,518,354
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	\$48,918,683
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$48,918,683
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$235,741
	CALCULATED NET REVENUE	\$49,154,424
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$49,154,424

ESSENT-SHARON HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$143,045,834
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$143,045,834
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$143,045,833
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,120,423
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,120,423
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,120,423
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

ESSENT-SHARON HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	130	138	8	6%
2	Number of Approved Applicants	126	135	9	7%
3	Total Charges (A)	\$741,722	\$536,593	(\$205,129)	-28%
4	Average Charges	\$5,887	\$3,975	(\$1,912)	-32%
5	Ratio of Cost to Charges (RCC)	0.329786	0.346653	0.016867	5%
6	Total Cost	\$244,610	\$186,012	(\$58,598)	-24%
7	Average Cost	\$1,941	\$1,378	(\$563)	-29%
8	Charity Care - Inpatient Charges	\$263,589	\$223,962	(\$39,627)	-15%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	214,674	156,980	(57,694)	-27%
10	Charity Care - Emergency Department Charges	263,459	155,651	(107,808)	-41%
11	Total Charges (A)	\$741,722	\$536,593	(\$205,129)	-28%
12	Charity Care - Number of Patient Days	260	150	(110)	-42%
13	Charity Care - Number of Discharges	63	50	(13)	-21%
14	Charity Care - Number of Outpatient ED Visits	408	201	(207)	-51%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	277	251	(26)	-9%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$128,821	\$450,205	\$321,384	249%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	672,903	726,195	53,292	8%
3	Bad Debts - Emergency Department	1,128,841	1,407,430	278,589	25%
4	Total Bad Debts (A)	\$1,930,565	\$2,583,830	\$653,265	34%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$741,722	\$536,593	(\$205,129)	-28%
2	Bad Debts (A)	1,930,565	2,583,830	653,265	34%
3	Total Uncompensated Care (A)	\$2,672,287	\$3,120,423	\$448,136	17%
4	Uncompensated Care - Inpatient Services	\$392,410	\$674,167	\$281,757	72%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	887,577	883,175	(4,402)	0%
6	Uncompensated Care - Emergency Department	1,392,300	1,563,081	170,781	12%
7	Total Uncompensated Care (A)	\$2,672,287	\$3,120,423	\$448,136	17%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCURED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2015	(4) FY 2016	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$51,092,254	\$51,230,479	\$138,225	0%
2	Total Contractual Allowances	\$25,256,860	\$25,303,158	\$46,298	0%
	Total Accrued Payments (A)	\$25,835,394	\$25,927,321	\$91,927	0%
	Total Discount Percentage	49.43%	49.39%	-0.04%	0%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$57,855,847	\$53,524,192	\$50,057,747
2	Outpatient Gross Revenue	\$87,316,500	\$90,081,833	\$92,988,087
3	Total Gross Patient Revenue	\$145,172,347	\$143,606,025	\$143,045,834
4	Net Patient Revenue	\$50,085,913	\$49,485,574	\$49,154,424
B. Total Operating Expenses				
1	Total Operating Expense	\$48,236,048	\$50,076,702	\$49,518,354
C. Utilization Statistics				
1	Patient Days	11,690	11,029	9,789
2	Discharges	2,616	2,466	2,410
3	Average Length of Stay	4.5	4.5	4.1
4	Equivalent (Adjusted) Patient Days (EPD)	29,333	29,591	27,973
0	Equivalent (Adjusted) Discharges (ED)	6,564	6,616	6,887
D. Case Mix Statistics				
1	Case Mix Index	1.07266	1.06023	1.08304
2	Case Mix Adjusted Patient Days (CMAPD)	12,539	11,693	10,602
3	Case Mix Adjusted Discharges (CMAD)	2,806	2,615	2,610
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	31,464	31,373	30,296
5	Case Mix Adjusted Equivalent Discharges (CMAED)	7,041	7,015	7,459
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$12,419	\$13,021	\$14,613
2	Total Gross Revenue per Discharge	\$55,494	\$58,234	\$59,355
3	Total Gross Revenue per EPD	\$4,949	\$4,853	\$5,114
4	Total Gross Revenue per ED	\$22,116	\$21,705	\$20,771
5	Total Gross Revenue per CMAEPD	\$4,614	\$4,577	\$4,722
6	Total Gross Revenue per CMAED	\$20,618	\$20,472	\$19,178

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
7	Inpatient Gross Revenue per EPD	\$1,972	\$1,809	\$1,789
8	Inpatient Gross Revenue per ED	\$8,814	\$8,090	\$7,269
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$4,285	\$4,487	\$5,021
2	Net Patient Revenue per Discharge	\$19,146	\$20,067	\$20,396
3	Net Patient Revenue per EPD	\$1,708	\$1,672	\$1,757
4	Net Patient Revenue per ED	\$7,630	\$7,479	\$7,137
5	Net Patient Revenue per CMAEPD	\$1,592	\$1,577	\$1,622
6	Net Patient Revenue per CMAED	\$7,113	\$7,054	\$6,590
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,126	\$4,540	\$5,059
2	Total Operating Expense per Discharge	\$18,439	\$20,307	\$20,547
3	Total Operating Expense per EPD	\$1,644	\$1,692	\$1,770
4	Total Operating Expense per ED	\$7,348	\$7,569	\$7,190
5	Total Operating Expense per CMAEPD	\$1,533	\$1,596	\$1,634
6	Total Operating Expense per CMAED	\$6,851	\$7,139	\$6,639
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$7,183,819	\$7,190,589	\$7,609,297
2	Nursing Fringe Benefits Expense	\$1,803,117	\$1,799,542	\$1,674,212
3	Total Nursing Salary and Fringe Benefits Expense	\$8,986,936	\$8,990,131	\$9,283,509
I.	<u>Physician Salary and Fringe Expense</u>			
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.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$9,839,922	\$10,128,047	\$10,306,284

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$2,469,797	\$2,338,758	\$2,267,609
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$12,309,719	\$12,466,805	\$12,573,893
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$17,023,741	\$17,318,636	\$17,915,581
2	Total Fringe Benefits Expense	\$4,272,914	\$4,138,300	\$3,941,821
3	Total Salary and Fringe Benefits Expense	\$21,296,655	\$21,456,936	\$21,857,402
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	102.6	95.0	102.0
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	157.0	158.9	162.2
4	Total Full Time Equivalent Employees (FTEs)	259.6	253.9	264.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$70,018	\$75,690	\$74,601
2	Nursing Fringe Benefits Expense per FTE	\$17,574	\$18,943	\$16,414
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$87,592	\$94,633	\$91,015
N.	Physician Salary and Fringe Expense per FTE			
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.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$62,675	\$63,738	\$63,541
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$15,731	\$14,718	\$13,980
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$78,406	\$78,457	\$77,521
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$65,577	\$68,210	\$67,811

ESSENT-SHARON HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Total Fringe Benefits Expense per FTE	\$16,460	\$16,299	\$14,920
3	Total Salary and Fringe Benefits Expense per FTE	\$82,036	\$84,509	\$82,731
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,822	\$1,946	\$2,233
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,141	\$8,701	\$9,069
3	Total Salary and Fringe Benefits Expense per EPD	\$726	\$725	\$781
4	Total Salary and Fringe Benefits Expense per ED	\$3,244	\$3,243	\$3,174
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$677	\$684	\$721
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,025	\$3,059	\$2,930