ESSENT-SHARON HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
l.	ASSETS				
	Current Assets:	¢400.004	Ф00 044	(0440,550)	500/
	Cash and Cash Equivalents	\$193,394	\$80,844	(\$112,550)	-58%
	Short Term Investments	\$0	\$0	\$0	0%
	Accounts Receivable (Less: Allowance for Doubtful Accounts) Current Assets Whose Use is Limited for Current Liabilities	\$6,149,131 \$0	\$6,051,797 \$0	(\$97,334) \$0	-2% 0%
				·	
5 6	Due From Affiliates	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
	Due From Third Party Payers Inventories of Supplies	\$1,321,574	\$1,314,378	(\$7,196)	-1%
	Prepaid Expenses	\$635,358	\$1,138,282	\$502,924	79%
	Other Current Assets	\$0	\$1,130,202	\$0	0%
	Total Current Assets	\$8,299,457	\$8,585,301	\$285,844	3%
		40,200,101	40,000,00	4 200,011	
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				
Α.	Current Liabilities:				

ESSENT-SHARON HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
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.	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%
	Assured Dension Linkiller	¢4 204 000	\$4.4FC.000	(\$4.40,000)	440/
	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.	Net Assets:				
11	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%
	Total Elabilities and Net Assets	\$20,413,700	\$13,003,930	(\$14,007,030)	-5176

		-SHARON HOSPITA ONTHS ACTUAL FI			
		SCAL YEAR 2016	LING		
	REPORT 150 - HOSPITAL STA		ATIONS INFORMA	TION	
(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
	SECOND TION	AGTONE	71010712	DHTERENGE	DITTERCTION
	Operating Revenue:				
Α.		0.4.40.000.005	# 440.045.000	(0500, 400)	
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 Net Patient Service Revenue less provision for bad debts	\$1,930,565 \$49,485,574	\$2,583,831 \$49,154,424	\$653,266 (\$331,150)	34% - 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%
	Total Operating Nevenue	ψ30,337,130	ψ+3,013,340	(\$321,330)	-170
В.	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%
		(\$10,400,100)	(\$14,500,010)	Ψ-1,τοτ,σ: Ι	2470
	Excess/(Deficiency) of Revenue Over Expenses	(\$18,200,362)	(\$13,708,633)	\$4,491,729	-25%
	Principal Payments	\$1	\$1	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	CROSS DEVENUE BY DAVED				
I.	GROSS REVENUE BY PAYER				
Α.	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%
-	OUTPATIENT GROSS REVENUE	\$24.007.000	Ф0.4.0.44.00Б	CO OF 4 400	70/
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 MEDICAID MANAGED CARE	\$8,023,925 \$0	\$8,071,723 \$0	\$47,798 \$0	1% 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	(\$2,780,238)	-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%
	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		\$2,548,036	\$1,970,269	(\$577,767)	-23%
	SELF- PAY/UNINSURED	\$2,416,523	\$2,859,312	\$442,789	18%
	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				
	INDATIONAL NET DEVENUE				
	INPATIENT NET REVENUE	****	04 4 000 ===	4. :	
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%

(1)	(2)	(3)	(4)	(5)	(6)
1]		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	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				
	<u>DISCHARGES</u>				
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%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
11	OTHER	179	164	(15)	-8%
	TOTAL DISCHARGES	2,466	2,410	(56)	-2%
В.	PATIENT DAYS				
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	(112)	0%
11	OTHER TOTAL PATIENT DAYS	657	545	(112)	-17%
		11,029	9,789	(1,240)	-11%
C.	OUTPATIENT VISITS	04.004	00.004	(0.007)	4.40/
1	MEDICARE TRADITIONAL	34,601	30,934	(3,667)	-11%
2	MEDICARE MANAGED CARE	2,823	3,276	453	16%
3	MEDICAID MANAGER CARE	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	(4.000)	0%
11	OTHER TOTAL OUTPATIENT VISITS	4,993	165	(4,828)	-97% -17%
	TOTAL GOTFATIENT VISITS	90,592	75,028	(15,564)	-1770
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
A.	REVENUE				
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%
	EMERGENCY DEPARTMENT OUTPATIENT NET			, , , ,	
В.	REVENUE				
1	MEDICARE TRADITIONAL	\$1,058,961	\$855,858	(\$203,103)	-19%
2	MEDICARE MANAGED CARE	\$96,169	\$81,964	(\$14,205)	-15%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	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.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
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%

ESSENT-SHARON HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
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.	Fringe Benefits:		4	(4	
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.	Contractual Labor Fees:				
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.	Medical Supplies and Pharmaceutical Cost:				
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.	Depreciation and Amortization:				
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.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$18,377	\$30,588	\$12,211	66%
	THOTOGE EXPONDO	φισ,στι	φου,σοσ	Ψ12,211	0070
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$1,288,699	\$823,151	(\$465,548)	-36%
	Utilities:				
I. 1	Water	\$70,608	\$107,269	\$36,661	52%
2	Natural Gas	\$13,546	\$107,269	(\$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.	Business Expenses:				

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(4)	(0)	(0)	(4)	(F)	(0)
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	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%
- '	wiscellaneous Other Operating Expenses	Ψ1,291,072	\$1,329,004	ψ30,732	370
	Total Operating Expenses - All Expense Categories*	\$50,076,702	\$49,518,354	(\$558,348)	-1%
	*AK.The total operating expenses amount above mus	t agree with the to	otal operating expe	enses amount on R	eport 150
II.	OPERATING EXPENSE BY DEPARTMENT				
11.	OF ENVIRONMENT ENVIRONMENT				
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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	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	\$2,426,670	(\$26,540)	0%
15	Repairs and Maintenance	\$0	\$0 \$0	\$0 \$0	0%
16	Central Sterile Supply	\$0	\$0 \$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%
10	Total General Services	\$28,124,342	\$25,262,693	(\$2,861,649)	-10%
	Total General Services	\$20,124,342	\$25,262,693	(\$2,001,049)	-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 PET Scan	\$215,187	\$178,968	(\$36,219)	-17%
26		\$0 \$0	\$0 \$0	\$0 \$0	0%
27	PET/CT Scan		\$0 \$0	\$0 \$0	0%
28	Endoscopy Slean Contar	\$0	\$0 \$0	\$0	0%
29	Sleep Center	\$0	\$0 \$0	\$0	0%
30	Lithotripsy Cording Catheterization/Rehabilitation	\$0	\$0 \$275,792	\$0 \$172.757	0%
31	Cardiac Catheterization/Rehabilitation	\$103,026	\$275,783	\$172,757	168%

ESSENT-SHARON HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
	0 (17) (17)	Φ570.005	0004.404	# 404.000	400/
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.	Routine Services:				
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.	Other Departments:				
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 to	otal operating exp	enses amount on l	Report 150.

	ESSEN	IT-SHARON HOSPITAL					
	TWELVE MONTHS ACTUAL FILING						
	FISCAL YEAR 2016						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)			
(1)	(2)	ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016			
Α.	Statement of Operations Summary						
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)			
В.	Profitability Summary						
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.	Net Assets Summary						
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.	Cost Data Summary						
1	Ratio of Cost to Charges	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						
(4)	(0)	(2)	(4)	(F)			
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016			
5	Private Payment to Cost Ratio	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	Medicare Payment to Cost Ratio	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	Medicaid Payment to Cost Ratio	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	Uncompensated Care Cost	\$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	Uncompensated Care % of Total Expenses	2.2%	1.8%	2.2%			
21	Total Operating Expenses	\$48,236,048	\$50,076,702	\$49,518,354			
E.	Liquidity Measures Summary						
1	Current Ratio	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	Days Cash on Hand	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 A	ND STATISTICAL DATA A	NALYSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>			
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	Days Revenue in Patient Accounts Receivable	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	Average Payment Period	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.	Solvency Measures Summary						
1	Equity Financing Ratio	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	Cash Flow to Total Debt Ratio	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	Long Term Debt to Capitalization Ratio	11.5	-	<u>-</u>			
12	Total Long Term Debt	\$4,264,339	\$0	\$0			
13	Total Net Assets	\$32,809,453	\$21,513,301	\$7,980,668			

	ESSENT-SHAI	RON HOSPITAL					
	TWELVE MONTH	S 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			
14	Total Long Term Debt and Total Net Assets	\$37,073,792	\$21,513,301	\$7,980,668			
15	Debt Service Coverage Ratio	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.	Other Financial Ratios						
20	Average Age of Plant	12.1	-	-			
21	Accumulated Depreciation	31,083,584	-	-			
22	Depreciation and Amortization Expense	2,563,946	2,548,585	1,312,339			
Н.	Utilization Measures Summary						
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.	Hospital Gross Revenue Payer Mix Percentage						
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%			
<u>5</u> 6	Uninsured Gross Revenue Payer Mix Percentage CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	2.0% 0.2%	1.7% 0.2%	2.0% 0.2%			
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%			
		1331270					
8	Non-Government Gross Revenue (Charges)	\$49,386,855	\$48,675,731	\$48,371,168			

	ESSENT-SHAI	RON HOSPITAL					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
	REPORT 185 - HOSPITAL FINANCIAL	L AND STATISTICAL DATA A	INALTSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	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			
	U (al Nat Barrera Barrera Mira Barrera Barrera						
J.	Hospital Net Revenue Payer Mix Percentage	40.00/	44.20/	44.20			
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.	<u>Discharges</u>						
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 MONTI	HS ACTUAL FILING					
	FISCA	L YEAR 2016					
	REPORT 185 - HOSPITAL FINANCIA	L AND STATISTICAL DATA A	NALYSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
<u>LINE</u>	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			
М.	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			

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	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)	
5	Discharges	9	12	3 (22)	33%
6	Patient Days	71	48 201	(23) 60	-32%
7 8	Outpatient Visits (Excludes ED Visits)	141	16	12	43% 300%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	6	10	4	67%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$602,749	\$468,230	(\$134,519)	
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$161,082	\$146,074	(\$15,008)	-9%
	TOTAL INI ATIENT & GOTT ATIENT I ATIMENTO	ψ101,00 <u>2</u>	Ψ140,074	(ψ13,000)	-370
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)	
4	Outpatient Payments	\$157,172	\$98,435	(\$58,737)	-37%
5	Discharges	17	16	(1)	
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)	
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$318,629	\$266,933	(\$51,696)	-16%
_	LIEAL TUNET OF CONNECTICUT				
D.	HEALTHNET OF CONNECTICUT	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Charges 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 Outputient 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%

REPORT 200 18 of 57 9/19/2017,2:18 PM

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

LINE DESCRIPTION	(1)	(2)	(3)	(4)	(5)	(6)
2						, ,
3 Outpatient Charges	LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
3 Outpatient Charges	2	Innational Douments	¢400.000	£404.470	#220.440	4200/
4 Outpatient Payments						
5 Discharges 15 37 22 144						
6 Patient Days 7 Outpatient Visits (Excludes ED Visits) 243 296 53 22 8 Emergency Department Outpatient Visits 9 Emergency Department Impatient Admissions 13 31 18 13 17 TOTAL INPATIENT & OUTPATIENT PAYMENTS 50 5858,601 51,133,784 161 17 TOTAL INPATIENT & OUTPATIENT PAYMENTS 5248,820 \$528,163 \$279,343 161 17 TOTAL INPATIENT & OUTPATIENT PAYMENTS 5248,820 \$528,163 \$279,343 161 17 TOTAL INPATIENT & OUTPATIENT PAYMENTS 5248,820 \$528,163 \$279,343 161 17 TOTAL INPATIENT & OUTPATIENT PAYMENTS 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0						
7 Outpatient Visits (Excludes ED Visits) 243 296 53 22						
B. Emergency Department Impatient Admissions 13 31 18 133 18 133 18 133 19 133 133 19 133 13						20976
Bernergency Department Inpatient Admissions 13 31 18 138						116%
TOTAL INPATIENT & OUTPATIENT CHARGES \$685,801 \$1,819,585 \$1,133,784 166						138%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$248,820 \$528,163 \$279,343 112	Ŭ					165%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE 1 Inpatient Charges 9.0 \$0 \$0 \$0 \$0 \$0 \$0 \$0						112%
1 Inpatient Charges \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$				\		
1	F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE				
3 Outpatient Charges \$656 \$4,241 \$3,585 544	1		\$0	\$0	\$0	0%
4 Outpatient Payments \$0 \$675 \$675 \$675 \$675 \$675 \$675 \$675 \$675	2	Inpatient Payments	\$0	\$0	\$0	0%
Discharges	3	Outpatient Charges	\$656	\$4,241	\$3,585	546%
6 Patient Days 7 Outpatient Visits (Excludes ED Visits) 1 1 3 2 200 8 Emergency Department Outpatient Visits 9 Emergency Department Outpatient Visits 1 1 1 0 0 0 9 Emergency Department Inpatient Admissions 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4	Outpatient Payments	\$0	\$675	\$675	0%
7 Outpatient Visits (Excludes ED Visits)			0	0	0	0%
Emergency Department Outpatient Visits 1			0			0%
B			1	3	2	200%
TOTAL INPATIENT & OUTPATIENT CHARGES \$656 \$4,241 \$3,585 544						0%
Cotat Inpatient & Outpatient Payments So \$675 \$6	9		_		-	0%
Section Company Comp						546%
Inpatient Charges		TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$675	\$675	0%
Inpatient Charges	G	LINITED HEALTHCARE INSURANCE COMPANY				
2			\$0	\$0	\$0	0%
3 Outpatient Charges \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$						0%
4 Outpatient Payments \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$						0%
5 Discharges 0 0 0 0 6 Patient Days 0 0 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0 0 8 Emergency Department Outpatient Visits 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 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 <tr< td=""><td></td><td></td><td></td><td></td><td></td><td>0%</td></tr<>						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 H. WELLCARE OF CONNECTICUT ***						0%
8 Emergency Department Outpatient Visits 0	7		0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	8		0	0	0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0	9	Emergency Department Inpatient Admissions	0	0	0	0%
H. WELLCARE OF CONNECTICUT 1 Inpatient Charges \$101,566 \$0 (\$101,566) -100			\$0	\$0	\$0	0%
Inpatient Charges		TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Inpatient Charges	ш	WELL CADE OF CONNECTICUT				
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) -86 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 Payments \$529,736 \$801,891 \$272,155			\$101 566	60	(\$101.566)	-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 1 Outpatient Payments \$105,695 \$134,350 \$28,655 27 1 Outpatient Payments \$105,695 \$134,350 \$28,655 27 1 Outpatient Payments \$105,695 \$134,350 \$28,655 27 5 Discharges 24 14 (10) -42 1 Outpatient Payments 25 Outpatient Payments 24		i	\$101,300			
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 8697,664 \$240,633 (\$457,031) -66 2 Inpatient Charges \$697,664 \$240,633 (\$457,031) -66 2 Inpatient Payments \$220,297 \$59,840 (\$160,457) -73 3 Outpatient Payments \$529,736 \$801,891 \$272,155 51 4 Outpatient Payments \$105,695 \$134,350 \$28,655		, ,				
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 54 4 Outpatient Payments \$105,695 \$134,350 \$28,655 27 5 Discharges 24 14 (10) -42						
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 54 4 Outpatient Payments \$105,695 \$134,350 \$28,655 27 5 Discharges 24 14 (10) -42						
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 54 4 Outpatient Payments \$105,695 \$134,350 \$28,655 27 5 Discharges 24 14 (10) -42						
8 Emergency Department Outpatient Visits 5 1 (4) -86 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						
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						
TOTAL INPATIENT & OUTPATIENT CHARGES \$116,812 \$360 \$(\$116,452) -100 TOTAL INPATIENT & OUTPATIENT PAYMENTS \$24,343 \$50 \$(\$24,293) -100 I. AETNA		Emergency Department Inpatient Admissions		0		
TOTAL INPATIENT & OUTPATIENT PAYMENTS \$24,343 \$50 (\$24,293) -100 I. AETNA 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			\$116,812		(\$116,452)	
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						
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		AFTMA				
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			4007.001	#C 40 000	(0.457.004)	000
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						
4 Outpatient Payments \$105,695 \$134,350 \$28,655 27 5 Discharges 24 14 (10) -42						
5 Discharges 24 14 (10) -42		1 0				51%
		•				27%
		Patient Days	139	14	(10)	

REPORT 200 19 of 57 9/19/2017,2:18 PM

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	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%
		755		(+55.7	10070
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	00		00	007
1	Inpatient Charges	\$0	\$0	\$0 \$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0% 0%
4	Outpatient Payments	\$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)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	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			T	1
	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 CONTANIENT VIOLES (EXCEODES ED VIOLES)	2,330	2,320	312	13/0
	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)	

REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	« DIEEEDENIGE
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
	INCOTORIO MANAGED GARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
A.	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%
l_					
В.	COMMUNITY HEALTH NETWORK OF CT	40	40		20/
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
7	Patient Days Outpatient Visits (Excludes ED Visits)	0	0	0	0% 0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL IN ATTENT & CONTACT TATMENTO	40	Ψ0	Ψ	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%

REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	o/ DIEEEDENIGE
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
7	Outpotient Visite (Evaludes ED Visite)	0	0	0	00/
7 8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	0	0	0	0% 0%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$ 0	0%
-	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0 \$0	\$0 \$0	0%
	TOTAL INFATILITY & COTTATILITY FATMLING	\$ 0	ΨΟ	Ψυ	0 /8
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%
	FIRST CHOICE OF CONNECTICUT, PREFERRED				
F.	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%
	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%
Н.	AETNA	Φ0	Φ2	Φ2	001
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%

REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% 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) (4) (5) (6)FY 2015 FY 2016 **AMOUNT** LINE **DESCRIPTION ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE ASSETS Current Assets:** Cash and Cash Equivalents -56% \$317,130 \$139,667 (\$177,463)Short Term Investments \$0 \$0 0% Accounts Receivable (Less: Allowance for 3 Doubtful Accounts) \$6,658,799 \$6,707,780 \$48.981 1% Current Assets Whose Use is Limited for Current Liabilities \$0 \$0 \$0 0% 5 Due From Affiliates \$0 \$0 \$0 0% \$0 0% Due From Third Party Payers \$0 \$0 7 Inventories of Supplies \$1,342,069 \$1,382,048 \$39,979 3% \$1,222,941 \$695.358 \$527.583 76% 8 **Prepaid Expenses** 0% Other Current Assets \$0 \$0 \$0 **Total Current Assets** \$9,013,356 \$9,452,436 \$439,080 5% Noncurrent Assets Whose Use is Limited: B. \$0 \$0 \$0 0% Held by Trustee Board Designated for Capital Acquisition \$0 \$0 \$0 0% Funds Held in Escrow \$0 \$0 \$0 3 0% Other Noncurrent Assets Whose Use is Limited \$0 \$0 \$0 0% **Total Noncurrent Assets Whose Use is** Limited: \$0 \$0 \$0 0% Interest in Net Assets of Foundation 5 \$0 \$0 \$0 0% Long Term Investments \$0 \$0 \$0 0% 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% \$0 \$0 \$0 \$0 Less: Accumulated Depreciation Property, Plant and Equipment, Net \$15,586,215 \$4.689.052 (\$10,897,163) -70% \$108,959 -76% Construction in Progress \$26,468 (\$82,491)-70% **Total Net Fixed Assets** \$15,695,174 \$4,715,520 (\$10,979,654)

\$29,368,517

\$14,779,710

(\$14,588,807)

-50%

Total Assets

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

\$21,513,301

\$29,368,517

\$7,980,668

\$14,779,710

(\$13,532,633)

(\$14,588,807)

-63%

-50%

Total Net Assets

Total Liabilities and Net Assets

SHARON HOSPITAL HOLDING CO, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	DESCRIPTION	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	<u>DIFFERENCE</u>
Α.	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%
	Total Operating Nevenue	ψ33,003,330	ψ55,050,025	Ψ12,001	070
В.	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) (6) (3) (4) (5) FY 2015 FY 2016 **AMOUNT** LINE DESCRIPTION **DIFFERENCE ACTUAL ACTUAL DIFFERENCE** Other Adjustments: Unrealized Gains/(Losses) \$0 \$0 \$0 0% All Other Adjustments (\$15,331,206) \$4,124,494 -27% (\$11,206,712)**Total Other Adjustments** (\$15,331,206) (\$11,206,712) \$4,124,494 -27% Excess/(Deficiency) of Revenue Over Expenses -25% (\$18,200,362) (\$13,708,630) \$4,491,732

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	
Α.	Parent Corporation Statement of Operations Summary				
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)	
В.	Parent Corporation Profitability Summary				
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.	Parent Corporation Net Assets Summary				
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)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	<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	Days Cash on Hand	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	Days Revenue in Patient Accounts Receivable	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 \$96,881	\$0 \$64,094
15	Due To Third Party Payers Total Net Patient Accounts Receivable and Third Party Payer Activity	\$0	\$ 6,561,918	
16	Total Net Patient Revenue	\$56,110,242	\$54,951,775	\$55,199,240
17	Average Payment Period	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.	Solvency Measures Summary			
1	Equity Financing Ratio	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 \$44,528,599 \$29,368,517 \$14,779,710 **Total Assets** 4 **Cash Flow to Total Debt Ratio** 4.4 (251.9)(244.6)(\$13,708,630) 5 Excess/(Deficiency) of Revenues Over Expenses (\$1,410,344)(\$18,200,362)6 Depreciation Expense \$2,576,361 \$2,548,585 \$1,312,339 Excess of Revenues Over Expenses and Depreciation Expense (\$12,396,291)\$1,166,017 (\$15,651,777) **Total Current Liabilities** \$5,546,336 \$6,212,379 \$5,067,370 8 Total Long Term Debt \$20,704,808 \$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

\$16,068,631

\$36,773,439

\$21,513,301

\$21,513,301

\$7,980,668

\$7,980,668

13 Total Net Assets

14 Total Long Term Debt and Total Net Assets

				ESSEN	IT-SHARON HOS	PITAL		
					MONTHS ACTUA			
					SCAL YEAR 2010			
			REPORT 40	00 - HOSPITAL INPATIENT BED UTILIZATION BY DE			PARTMENT	
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
	(-/	(0)	(,	(2.5.)	` ′	(0)	OCCUPANCY	OCCUPANCY
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	3,966	1,527	850	22	47	49.4%	23.1%
	3	-,	7-					
2	ICU/CCU (Excludes Neonatal ICU)	802	362	0	7	11	31.4%	20.0%
	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
	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%
_							2 22/	
9	Pediatric	0	0	0	0	0	0.0%	0.0%
40	Other	0	0	0	0	0	0.00/	0.00/
10	Other	0	0	0	U	U	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	9,141	2,134	1,468	45	78	55.7%	32.1%
	TOTAL EXCLUDING NEWBORN	9,141	2,134	1,400	45	70	55.7%	32.170
	TOTAL INPATIENT BED UTILIZATION	9,789	2,410	1,745	49	94	54.7%	28.5%
	TOTAL INPATIENT BED UTILIZATION	9,769	2,410	1,745	49	94	34.7%	20.3%
	TOTAL INPATIENT REPORTED YEAR	9.789	2.410	1.745	49	94	54.7%	28.5%
	TOTAL INPATIENT REPORTED TEAR TOTAL INPATIENT PRIOR YEAR	11,029	2,410	1,745	49	94	61.7%	
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	•	-56	-141	49	94		32.1%
	DIFFERENCE #: REPORTED VS. PRIOR TEAR	-1,240	-36	-141	U	U	-6.9%	-3.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-11%	-2%	-7%	0%	0%	-11%	440/
	DIFFERENCE %: REPURIED VS. PRIOR YEAR	-11%	-2%	-7%	0%	0%	-11%	-11%
	Total Licensed Beds and Bassinets	94						
	i otal Licensed Beds and Bassinets	94						
/A\ T			b dan anton and an in	4-4-1				
(A) I	his number may not exceed the number of availa	nie peas for eac	n department of in	total.				
Nat-	Total discharges de not include ICL/CCL = -15-	.1.						
Note	: Total discharges do not include ICU/CCU patier	its.						

	ESSE	NT-SHARON HOSPI	TAL		
		MONTHS ACTUAL			
		FISCAL YEAR 2016			
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTH	IER SERVICES UTIL	IZATION AND FTES	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	(3)	(4)	(3)	(0)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	CT Scans (A)	0.10			
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	349	272	-77	-22%
2	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%
	MRI Scans (A)	400	470	40	00/
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	188	172	-16	-9%
2	Scans)	1,615	1,550	-65	-4%
	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%
	DET Coope (A)				
	PET Scans (A) Inpatient Scans	0	0	0	0%
<u>'</u>	Outpatient Scans (Excluding Emergency Department	0	0	0	0 /6
2	Scans)	0	0	0	0%
	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%
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	0	0	0	0%
	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0	0	0 0	0% 0%
	Total 1 E1701 Octals	0	0	•	070
	(A) If the Hospital is not the primary provider of thes	se scans, the Hospita	al must obtain the fis	scal year	
	volume of each of these types of scans from the	primary provider of	the scans.		
E.	<u>Linear Accelerator Procedures</u>			0	00/
2	Inpatient Procedures Outpatient Procedures	0	0	0	0% 0%
	Total Linear Accelerator Procedures	0	0	0	0%
					3,0
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%
	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
.	Electronic le ma Otradia				
H.	Electrophysiology Studies				

	ESS	ENT-SHARON HOSPIT	ΔI		
-		E MONTHS ACTUAL F			
	111122	FISCAL YEAR 2016	ILINO		
	REPORT 450 - HOSPITAL INPATIENT A		ER SERVICES UTILI	ZATION AND FTES	
(1)	(2)	(3)	(4)	(5)	(6)
	, ,			` '	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
<u> </u>	Oi. al Bura a dessa				
<u>l.</u>	Surgical Procedures	000	004		00/
1	Inpatient Surgical Procedures	322	321 1,328	- <u>1</u> 57	0% 4%
2	Outpatient Surgical Procedures Total Surgical Procedures	1,271 1,593	1,649	<u>57</u>	4%
	Total Surgical Frocedures	1,393	1,043	30	4 /0
J.	Endoscopy Procedures				
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.	Hospital Emergency Room Visits				
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%
⊢.	Handial Olinia Walta				
L.	Hospital Clinic Visits Substance Abuse Treatment Clinic Visits	0	0	0	00/
2	Substance Abuse Treatment Clinic Visits Dental Clinic Visits	0	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 Total Hospital Clinic Visits	1,652 2,035	1,500 1,924	-152 -111	-9% -5%
	Total Hospital Cliffic Visits	2,033	1,324	-111	-5 /0
М.	Other Hospital Outpatient Visits				
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%
<u> </u>					
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	95.0	102.0	7.0	7%
2	Total Non Nursing and Non Physician ETEs	0.0	0.0	0.0	0% 2%
3	Total Non-Nursing and Non-Physician FTEs Total Hospital Full Time Equivalent Employees	158.9 253.9	162.2 264.2	3.3 10.3	2% 4%
	Total Hospital Full Fillie Equivalent Employees	255.9	204.2	10.3	470

TWELVE MONTH FISCAL Y ORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOS (2) DESCRIPTION	EAR 2016		OM SERVICES E	BY LOCATION (6)
ORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOS	(3)	(4)		
(2)	(3)	(4)		
·	. ,	, ,	(5)	(6)
DESCRIPTION	ACTUAL	ACTUAL		i
DESCRIPTION		ACIUAL	AMOUNT	%
	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
Outpatient Surgical Procedures				
Sharon Hospital	1,271	1,328	57	4%
Total Outpatient Surgical Procedures(A)	1,271	1,328	57	4%
Outpatient Endoscopy Procedures				
Sharon Hospital	776	996	220	28%
Total Outpatient Endoscopy Procedures(B)	776	996	220	28%
Outpatient Hospital Emergency Room Visits				
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 Procedure	es on Report 450			
B) Must agree with Total Outpatient Endoscopy Proced	lures on Report 4	450.		
C) Must agree with Emergency Room Visits Treated an	d Discharged on	Report 450.		
	haron Hospital otal Outpatient Surgical Procedures(A) utpatient Endoscopy Procedures haron Hospital otal Outpatient Endoscopy Procedures(B) utpatient Hospital Emergency Room Visits haron Hospital otal Outpatient Hospital Emergency Room Visits(C) A) Must agree with Total Outpatient Surgical Procedure B) Must agree with Total Outpatient Endoscopy Proced	haron Hospital otal Outpatient Surgical Procedures(A) 1,271 outpatient Endoscopy Procedures haron Hospital otal Outpatient Endoscopy Procedures(B) 776 outpatient Hospital Emergency Room Visits haron Hospital 14,819 otal Outpatient Hospital Emergency Room Visits(C) 14,819 A) Must agree with Total Outpatient Surgical Procedures on Report 450 B) Must agree with Total Outpatient Endoscopy Procedures on Report 450	haron Hospital 1,271 1,328 otal Outpatient Surgical Procedures(A) 1,271 1,328 outpatient Endoscopy Procedures 776 996 haron Hospital 776 996 otal Outpatient Endoscopy Procedures(B) 776 996 outpatient Hospital Emergency Room Visits 14,819 14,155	haron Hospital 1,271 1,328 57 otal Outpatient Surgical Procedures(A) 1,271 1,328 57 outpatient Endoscopy Procedures haron Hospital 776 996 220 otal Outpatient Endoscopy Procedures(B) 776 996 220 outpatient Hospital Emergency Room Visits haron Hospital 14,819 14,155 -664 otal Outpatient Hospital Emergency Room Visits(C) 14,819 14,155 -664 A) Must agree with Total Outpatient Surgical Procedures 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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	<u>DESCRIPTION</u>	<u>FY 2015</u>	FY 2016	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
٠.	DATA BT MIASONT ATEN 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%
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON COVERNMENT INDATIENT				
	NON-GOVERNMENT INPATIENT	ФО 070 750	#40.405.005	#045.047	00/
1	INPATIENT ACCRUED CHARGES	\$9,870,758	\$10,185,805	\$315,047	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,688,042 47.49%	\$4,860,113	\$172,071	4%
3 4	INPATIENT PAYMENTS / INPATIENT CHARGES DISCHARGES		47.71%	0.22%	0% 0%
5	CASE MIX INDEX (CMI)	0.87690	0.89430	0.01740	2%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	567.35430	577.71780	10.36350	2%
6 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	\$34.61	5%
10	PATIENT DAYS				-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	1,868 \$2,509.66	1,836 \$2,647.12	(32) \$137.46	-2 % 5%
	AVERAGE LENGTH OF STAY	2.9	2.8	(0.0)	-2%
				, ,	

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

	AND BASELINE UNDERFATMENT DA				
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	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%
	TOTAL ALLOWANGED	Ψ23,101,233	Ψ23,303,302	Ψ202,003	1 70
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	\$25,835,394	\$25,927,321	\$91,927	0%
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
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%	ì	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	562.02%	349.59%	-212.43%	-38%
18	OUTPATIENT CHARGES / INPATIENT CHARGES OUTPATIENT EQUIVALENT DISCHARGES (OPED)	252.90790	178.29202	(74.61588)	-30%
10	OUTPATIENT EQUIVALENT DISCHARGES (OPED) OUTPATIENT ACCRUED PAYMENTS / OPED	\$889.22	\$1,142.03	\$252.80	28%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

		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%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

		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 + OUTPATIEN	IT)			
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 MEDICA	LASSISTANCE			
г.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICA	L ASSISTANCE,	<u></u>		
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$7,154,916	\$6,800,898	(\$354,018)	-5%
	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%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	MEDICALE TOTAL MEDICAL ACCIONANCE ID DATE (OMA)	\$0,000.70	#0.000.04	(\$440.55)	201
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%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
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%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPAT	IENT)			
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%
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
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%
	CHAMPUS / TRICARE OUTPATIENT			A	
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%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
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%
Н.	OTHER DATA				

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

	AND BASELINE UNDERPAYMENT DAT	A. COMPARAT	IVE ANALISI		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
4	OTHER OPERATING REVENUE	\$851,556	\$661 116	(\$190,440)	-22%
	TOTAL OPERATING EXPENSES	\$50,076,702	\$661,116 \$49,518,354	(\$558,348)	-1%
	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$30,076,702	\$49,516,354	(\$336,346)	-1%
3	OCI DOTTI ATMILINTO (GIOSS DOTT pius Opper Limit Aujustinent)	φυ	φ0_	φ0	0 /6
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
	CHARITY CARE (CHARGES)	\$741,722	\$536,593	(\$205,129)	-28%
	BAD DEBTS (CHARGES)	\$1,930,565	\$2,583,830	\$653,265	34%
	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%
			. , , ,	, ,	
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOI	LOGY)			
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.	AGGREGATE DATA				
_					
	TOTALS - ALL PAYERS				
	TOTAL INPATIENT CHARGES	\$53,524,192	\$50,057,747	(\$3,466,445)	-6%
	TOTAL INPATIENT PAYMENTS	\$22,405,181	\$22,857,224	\$452,043	2%
	TOTAL INPATIENT PAYMENTS / CHARGES	41.86%	45.66%		9%
	TOTAL DISCHARGES	2,466	2,410	(56)	-2%
	TOTAL CASE MIX INDEX	1.06023	1.08304	0.02281	2%
	TOTAL CASE MIX ADJUSTED DISCHARGES	2,614.52130	2,610.11840	(4.40290)	0%
	TOTAL OUTPATIENT CHARGES	\$90,081,833	\$92,988,087	\$2,906,254	3%
	OUTPATIENT CHARGES / INPATIENT CHARGES	168.30%	185.76%		10% -2%
	TOTAL OUTPATIENT PAYMENTS OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	\$26,660,068 29.60%	\$26,061,459 28.03%	(\$598,609) -1.57%	-2% -5%
	TOTAL CHARGES	\$143,606,025	\$143,045,834	(\$560,191)	-5%
	TOTAL PAYMENTS	\$49,065,249	\$48,918,683	(\$146,566)	0%
	TOTAL PAYMENTS / TOTAL CHARGES	34.17%	34.20%	(, ,	0%
	PATIENT DAYS	11,029	9,789	(1,240)	-11%
17	TAILM DATO	11,025	3,703	(1,240)	1170
В.	TOTALS - ALL GOVERNMENT PAYERS				
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%		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%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

	AND BASELINE UNDERFATMENT DAT	A. OOMI AKA	TIVE ANALION	Ĭ	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	2233Mir Hon	1.12010	112010	<u> </u>	<u>DITT ETTEROL</u>
12	TOTAL PAYMENTS	\$27,134,228	\$27,052,105	(\$82,123)	0%
13	TOTAL PAYMENTS / CHARGES	29.33%	29.46%	(, , ,	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				
	TOTAL CHARGES	\$1.42 EOE 025	¢1/12 0/15 02/	(\$560,191)	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,606,025 \$65,379,543	\$143,045,834 \$64,763,249	(\$616,294)	-1%
3	UNCOMPENSATED CARE	\$2,672,287	\$3,120,423	\$448,136	-170
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	\$40,910,080	\$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%
	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$2,593,697	\$2,373,344	(\$216,153)	0%
13 14	TOTAL COST OF UNCOMPENSATED CARE AND	\$0	φυ	\$0	076
	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,517,491	\$3,442,663	(\$74,828)	-2%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	GY)			
	,				
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%
٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600	<u> </u>			
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 - CALCULATI	ON OF DSH UPPER I	PAYMENT LIM	IIT				
	AND BASELINE UNDERPAYMEN	T DATA: COMPARAT	IVE ANALYSI	S				
		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%			

FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

<u> </u>	BASELINE UNDERPAYMENT DATA					
(1)	(2)	(3)	(4)	(5)		
	<u>DESCRIPTION</u>	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE		
I.	ACCRUED CHARGES AND PAYMENTS					
A.	INON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,870,758	\$10,185,805	\$315,047		
	MEDICARE AND	\$36,430,178	32,935,207	(\$3,494,971)		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,154,916	6,800,898	(\$354,018)		
	MEDICAID OTHER MEDICAL ASSISTANCE	\$3,561,353 \$3,593,563	3,885,345 2,915,553	\$323,992 (\$678,010)		
	CHAMPUS / TRICARE	\$68,340	135,837	\$67,497		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT CHARGES	\$365,024	635,979	\$270,955		
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$43,653,434 \$53,524,192	\$39,871,942 \$50,057,747	(\$3,781,492) (\$3,466,445)		
	AUTRATICUT AGORUER GUARGEO					
<u>В.</u> 1	OUTPATIENT ACCRUED CHARGES 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		
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	\$8,023,925 \$5,718,656	8,071,723 5,847,697	\$47,798 \$129,041		
6	CHAMPUS / TRICARE	\$177,520	199,502	\$21,982		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT CHARGES	\$2,051,499 \$48,860,337	2,223,333 \$51,943,412	\$171,834 \$3,083,075		
	TOTAL OUTPATIENT CHARGES	\$90,081,833	\$92,988,087	\$2,906,254		
C.	TOTAL ACCRUED CHARGES	 				
<u>t.</u> 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)		
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAID	\$20,897,497 \$11,585,278	\$20,720,318 \$11,957,068	(\$177,179) \$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) TOTAL GOVERNMENT CHARGES	\$2,416,523 \$92,513,771	\$2,859,312 \$91,815,354	\$442,789 (\$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		
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,328,148 \$2,338,942	15,373,908 2,538,766	\$45,760 \$199,824		
4	MEDICAID	\$1,001,592	1,057,016	\$55,424		
	OTHER MEDICAL ASSISTANCE	\$1,337,350	1,481,750	\$144,400		
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$50,049 \$5,900	84,437 16,179	\$34,388 \$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		
	OUTPATIENT ACCRUED PAYMENTS					
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$17,242,979 \$7,089,829	\$17,006,465 6,838,629	(\$236,514) (\$251,200)		
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,291,506	2,171,606	(\$119,900)		
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	\$1,560,189	1,466,344	(\$93,845)		
	CHAMPUS / TRICARE	\$731,317 \$35,754	705,262 44,759	\$9,005		
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$224,891	203,614	(\$21,277)		
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$9,417,089 \$26,660,068	\$9,054,994 \$26,061,459	(\$362,095) (\$598,609)		
F.		,,.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,931,021	\$21,866,578	(\$64,443)		
	TOTAL MEDICARE	\$22,417,977	\$22,212,537	(\$205,440)		
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAID	\$4,630,448 \$2,561,781	\$4,710,372 \$2,523,360	\$79,924 (\$38,421)		
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,068,667	\$2,187,012	\$118,345		
	TOTAL CHAMPUS / TRICARE	\$85,803	\$129,196	\$43,393		
		\$230,791	\$219,793	(\$10,998)		
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PAYMENTS	\$27.134.228	\$27.052.105	(582.123)		
		\$27,134,228 \$49,065,249	\$27,052,105 \$48,918,683	(\$82,123) (\$146,566)		
	TOTAL GOVERNMENT PAYMENTS					
	TOTAL GOVERNMENT PAYMENTS TOTAL PAYMENTS					
II.	TOTAL GOVERNMENT PAYMENTS TOTAL PAYMENTS PAYER MIX					
II. A.	TOTAL GOVERNMENT PAYMENTS TOTAL PAYMENTS PAYER MIX INPATIENT PAYER MIX BASED ON ACCRUED CHARGES	\$49,065,249	\$48,918,683	(\$146,566)		

FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

-	BASELINE UNDERPAYMENT DATA					
(1)	(2)	(3)	(4)	(5)		
	DESCRIPTION	ACTUAL <u>FY 2015</u>	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 TOTAL INPATIENT PAYER MIX	30.40% 37.27%	27.87% 34.99%	-2.52% -2.28%		
	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES	0.1=1,70				
В.	OUTPATIENT PATER MIX BASED ON ACCRUED CHARGES					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.70%	28.69%	-0.01%		
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.33% 9.57%	26.44% 9.73%	2.11% 0.16%		
	MEDICALD	5.59%	5.64%	0.06%		
	OTHER MEDICAL ASSISTANCE	3.98%	4.09%	0.11%		
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12% 1.43%	0.14% 1.55%	0.02% 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					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	9.55% 31.24%	9.94% 31.43%	0.38% 0.19%		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.77%	5.19%	0.19%		
	MEDICAID	2.04%	2.16%	0.12%		
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	2.73% 0.10%	3.03% 0.17%	0.30% 0.07%		
	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					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.14%	34.76%	-0.38%		
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.45% 4.67%	13.98% 4.44%	-0.47% -0.23%		
	MEDICAL ASSISTANCE (INCESDING STIER WEDICAL ASSISTANCE)	3.18%	3.00%	-0.23%		
	OTHER MEDICAL ASSISTANCE	1.49%	1.44%	-0.05%		
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07% 0.46%	0.09% 0.42%	0.02% -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					
	DISCHARGES					
_	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1.410	646 1 319	(1) (91)		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,410 398	1,319 432			
	MEDICAID	219	268	49		
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	179	164 13			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	45	51	6		
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	1,819 2,466	1,764 2,410			
		2,400	2,410	(30)		
	PATIENT DAYS					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1,868 7,687	1,836 6,558	(32) (1,129)		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,452	1,367	(85)		
	MEDICAID OTHER MEDICAL ACCIOTANCE	795	822	27		
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	657	545 28			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	124	108	(16)		
	TOTAL GOVERNMENT PATIENT DAYS	9,161	7,953			
	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)		
	MEDICARE	5.5	5.0			

FISCAL YEAR 2016

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
_INE	DESCRIPTION	ACTUAL <u>FY 2015</u>	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
7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.0	2.2 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
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.17200 0.96739	1.23210 0.92260	0.06010 (0.04479
4	MEDICAL ASSISTANCE (INCESSING OTHER MEDICAL ASSISTANCE)	0.93510	0.92260	(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) TOTAL GOVERNMENT CASE MIX INDEX	0.73840 1.12544	0.87180 1.15215	0.13340 0.02672
	TOTAL GOVERNMENT CASE MIX INDEX	1.06023	1.08304	0.0281
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	\$25,835,394	\$25,927,321	\$91,927
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			•
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,256,860	\$25,303,158	\$46,298
<u>4</u> 5	TOTAL ACTUAL DISCOUNT PERCENTAGE EMPLOYEE SELF INSURANCE GROSS REVENUE	49.43% \$1,159,710	49.39% \$1,677,617	-0.04% \$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 11	TOTAL UNCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE	\$2,672,287 \$851,556	\$3,120,423 \$661,116	\$448,136 (\$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
<u>5</u>	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	180.23510 9.62500	163.90160 8.69830	(16.33350) (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)
В.	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 556.76440	107.42493
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	493.41910 284.85362	328.93324	63.34530 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 TOTAL OUTPATIENT EQUIVALENT DISCHARGES	2,159.17934 4,861.13069	2,419.59818 5,022.71694	260.41884 161.58625
		3,201112000		
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
		\$8.262.00	\$8 <i>1</i> 12 61	\$140 62
1	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$8,262.99 \$9,275.62	\$8,412.61 \$9,460.05	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,275.62 \$6,074.83	\$9,460.05 \$6,369.81	\$184.43 \$294.98
1 2 3 4	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$9,275.62 \$6,074.83 \$4,890.90	\$9,460.05 \$6,369.81 \$4,504.44	\$184.43 \$294.98 (\$386.46
1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE	\$9,275.62 \$6,074.83 \$4,890.90 \$7,420.03	\$9,460.05 \$6,369.81 \$4,504.44 \$9,040.49	\$184.43 \$294.98 (\$386.46 \$1,620.45
1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$9,275.62 \$6,074.83 \$4,890.90 \$7,420.03 \$5,199.90	\$9,460.05 \$6,369.81 \$4,504.44 \$9,040.49 \$9,707.30	\$184.43 \$294.98 (\$386.46 \$1,620.45 \$4,507.40
1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE	\$9,275.62 \$6,074.83 \$4,890.90 \$7,420.03	\$9,460.05 \$6,369.81 \$4,504.44 \$9,040.49	\$184.43 \$294.98 (\$386.46) \$1,620.45 \$4,507.40 \$186.32
1 2 3 4 5	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,275.62 \$6,074.83 \$4,890.90 \$7,420.03 \$5,199.90 \$177.56	\$9,460.05 \$6,369.81 \$4,504.44 \$9,040.49 \$9,707.30 \$363.89	\$149.62 \$184.43 \$294.98 (\$386.46) \$1,620.45 \$4,507.40 \$186.32 \$200.63 \$187.64

FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

BASELINE UNDERPAYMENT DATA

-	BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)	
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>	
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)	
	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 TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,361.42 \$5,484.33	\$3,742.35 \$5,188.72	(\$619.07) (\$295.62)	
v.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$1,026,642	\$1,047,180	\$20,538	
	OTHER MEDICAL ASSISTANCE	\$1,096,517	\$848,481	(\$248.036)	
	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)	
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3456942771	0.3419791030	(0.0037151741)	
	COST OF UNCOMPENSATED CARE	\$923,794	\$1,067,119 \$2,375,544	\$143,325 (\$218,153)	
	MEDICAL ASSISTANCE UNDERPAYMENT PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$2,593,697 \$0	\$2,373,344	\$0	
	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,517,491	\$3,442,663	(\$74,828)	
VII.	<u>RATIOS</u>				
	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	1= 1001		0.000	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.49%	47.71%	0.22%	
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	42.08% 32.69%	46.68% 37.33%	4.60% 4.64%	
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICALD	28.12%	27.21%	-0.92%	
	OTHER MEDICAL ASSISTANCE	37.22%	50.82%	13.61%	
	CHAMPUS / TRICARE	73.24%	62.16%	-11.07%	
_	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.62%	2.54%	0.93%	
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40 5004	45.4407	4.550/	
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40.59% 41.86%	45.14% 45.66%	4.55% 3.80%	
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
<u>в.</u> 1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.83%	41.43%	-0.40%	
2	MEDICARE	20.29%	18.08%	-2.21%	
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.67%	15.60%	-1.07%	
	MEDICAID	19.44%	18.17%	-1.28%	
	OTHER MEDICAL ASSISTANCE	12.79%	12.06%	-0.73%	
	CHAMPUS / TRICARE	20.14%	22.44%	2.29%	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	10.96%	9.16%	-1.80%	
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	19.27% 29.60%	17.43% 28.03%	-1.84% -1.57%	
		29.00%	20.03%	-1.37%	
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)	
	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)	
	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)	

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) **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE** В. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE \$143,045,834 \$143,606,025 S) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$0 \$0 \$0 **CALCULATED GROSS REVENUE** \$143,606,025 \$143,045,834 3 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) \$143,045,833 \$143,606,025 4 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$1 \$1 \$0 C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE \$2,672,287 \$3,120,423 \$448,136 2 \$0 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$2,672,287 \$3,120,423 \$448,136 UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$2,672,287 \$3,120,423 \$448,136 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$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	
	BACELINE CROENT ATMENT DATA. ACREED OF ORT ROCEDURES	
(1)	(2)	(3)
. ,		ACTÚAL
<u>LINE</u>	DESCRIPTION	<u>FY 2016</u>
I.	ACCRUED CHARGES AND PAYMENTS	
	INDATIFAL ACCOUNT CHARGE	
A.	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,185,805
2	MEDICARE	32,935,207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,800,898
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	3,885,345 2,915,553
6	CHAMPUS / TRICARE	135,837
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	635,979
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$39,871,942 \$50,057,747
		ψου,υσ1,141
В.	OUTPATIENT ACCRUED CHARGES	*********
1 2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$41,044,675 37,824,490
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,919,420
4	MEDICAID	8,071,723
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	5,847,697 199,502
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 TOTAL ACCRUED CHARGES	91,815,354 \$143,045,834
	TOTAL ACCROED CHARGES	\$143,045,634
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$4,860,113 45,373,000
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,373,908 2,538,766
4	MEDICAID	1,057,016
5	OTHER MEDICAL ASSISTANCE	1,481,750
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	84,437 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 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	2,171,606 1,466,344
5	OTHER MEDICAL ASSISTANCE	705,262
6	CHAMPUS / TRICARE	44,759
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS	203,614 \$9,054,994
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$9,054,994 \$26,061,459
F.	TOTAL NON COVERNMENT ACCRUSED DAYMENTS (INCLUDING SELE DAY (LININGLIDED)	#04.000 FT0
2	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) TOTAL GOVERNMENT ACCRUED PAYMENTS	\$21,866,578 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)
		ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2016
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
Α.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	646
2	MEDICARE	1,319
<u>3</u>	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	432 268
5	OTHER MEDICAL ASSISTANCE	164
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	13 51
- '-	TOTAL GOVERNMENT DISCHARGES	1,764
	TOTAL DISCHARGES	2,410
	CASE MIX INDEX	0.00100
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	0.89430 1.23210
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92260
4	MEDICAID	0.87560
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.99940 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	
2	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,230,479 \$25,927,321
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	Ψ23,921,321
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
		A 500 500
<u>8</u> 9	CHARITY CARE BAD DEBTS	\$536,593 \$2,583,830
10	TOTAL UNCOMPENSATED CARE	\$3,120,423
11 12	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$661,116 \$49,518,354
		Ψ+3,010,00+
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
	HALT REVERSE TROM HOUT HAL ADDITED FINANCIAL STATEMENTS (I NOM ANNOAL REFORTING)	ψ-75,154,424

	ESSENT-SHARON HOSPITAL	I
	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)
		ACTÚAL
INF	DESCRIPTION	FY 2016
	<u>BEGORII TION</u>	11 2010
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
11	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	OLICA DEFINED LINICOMDENISATED CARE (CHARITY CARE AND RAD DERTS)	\$3,120,423
	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,120,423
	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

FISCAL YEAR 2016 REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A.	Hospital Charity Care (from HRS Report 500)				
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)	
7	Average Cost	\$1,941	\$1,378	(\$563)	-29%
'	Average cost	φ1,341	Ψ1,370	(\$303)	-23/0
8	Charity Care - Inpatient Charges	\$263,589	\$223,962	(\$39,627)	-15%
9	Charity Care - Impatient Charges Charity Care - Outpatient Charges (Excludes ED Charges)	214,674	156,980	(57,694)	-27%
10	Charity Care - Sutpatient Charges (Excludes ED Charges) Charity Care - Emergency Department Charges	263,459	155,651	(107,808)	-41%
11	Total Charges (A)	\$741,722	\$536,593	(\$205,129)	-28%
	rotal onal goo (i ij	Ψ,	Ψοσο,σσο	(4200,120)	2070
12	Charity Care - Number of Patient Days	260	150	(110)	-42%
13	Charity Care - Number of Discharges	63	50	(13)	
14	Charity Care - Number of Outpatient ED Visits	408	201	(207)	-51%
	Charity Care - Number of Outpatient Visits (Excludes ED			,	
15	Visits)	277	251	(26)	-9%
				,	
B.	Hospital Bad Debts (from HRS Report 500)				
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.	Hospital Uncompensated Care (from HRS Report 500)				
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%
	Total Olioompensated date (A)	ΨΖ,01 Ζ,201	ψ3,120,423	ψ-τ-0,130	1770
4	Uncompensated Care - Inpatient Services	\$392,410	\$674,167	\$281,757	72%
	Uncompensated Care - Outpatient Services (Excludes ED				
5	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) 1	The amount must agree with the amount listed on Hospital Ro	eporting System - R	eport 500.		

		ESSENT-SHARON HOS	DITAL		
		TWELVE MONTHS ACTUA			
		FISCAL YEAR 201			
	REPORT 685 - HOSPITA	AL NON-GOVERNMENT GROSS RE	•	ALLOWANCES.	
		CCRUED PAYMENTS AND DISCOL			
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	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\ A -	anned Domesta coordinated with New Or	Allowers and Company and Allowers are		a for Illocompose sets	I Como
(A) AC	crued Payments associated with Non-Gov	vernment Contractual Allowances i	nust exclude any reduction	n for Uncompensated	a Care.

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
В.	Total Operating Expenses			
1	Total Operating Expense	\$48,236,048	\$50,076,702	\$49,518,354
C.	<u>Utilization Statistics</u>			
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

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	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.	Net Revenue Per Statistic			
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.	Operating Expense Per Statistic			
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
Н.	Nursing Salary and Fringe Benefits Expense			
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
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$9,839,922	\$10,128,047	\$10,306,284

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
М.	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
0.	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) (5) (3) (4) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2014 FY 2015 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 Total Salary and Fringe Benefits Expense per Patient Day \$1,822 1 \$1,946 \$2,233 Total Salary and Fringe Benefits Expense per Discharge 2 \$8,141 \$8,701 \$9,069 3 Total Salary and Fringe Benefits Expense per EPD \$726 \$725 \$781

\$3,244

\$3,025

\$677

\$3,243

\$3,059

\$684

\$3,174

\$721

\$2,930

Total Salary and Fringe Benefits Expense per ED

Total Salary and Fringe Benefits Expense per CMAEPD

Total Salary and Fringe Benefits Expense per CMAED

4

5

6