

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$11,808,352	\$8,498,985	(\$3,309,367)	-28%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,491,286	\$28,799,085	\$5,307,799	23%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,846,758	\$3,234,698	(\$612,060)	-16%
8	Prepaid Expenses	\$1,656,273	\$2,998,000	\$1,341,727	81%
9	Other Current Assets	\$3,394,827	\$3,912,113	\$517,286	15%
	Total Current Assets	\$44,197,496	\$47,442,881	\$3,245,385	7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,638,495	\$14,190,086	\$551,591	4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$6,307,694	\$6,307,694	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$38,093	\$471,284	\$433,191	1137%
	Total Noncurrent Assets Whose Use is Limited:	\$19,984,282	\$20,969,064	\$984,782	5%
5	Interest in Net Assets of Foundation	\$82,548,240	\$91,312,483	\$8,764,243	11%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$15,405,575	\$15,689,639	\$284,064	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$265,935,799	\$268,958,196	\$3,022,397	1%
2	Less: Accumulated Depreciation	\$157,707,830	\$168,655,639	\$10,947,809	7%
	Property, Plant and Equipment, Net	\$108,227,969	\$100,302,557	(\$7,925,412)	-7%
3	Construction in Progress	\$1,505,271	\$1,023,256	(\$482,015)	-32%
	Total Net Fixed Assets	\$109,733,240	\$101,325,813	(\$8,407,427)	-8%
	Total Assets	\$271,868,833	\$276,739,880	\$4,871,047	2%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$10,938,072	\$6,152,171	(\$4,785,901)	-44%
2	Salaries, Wages and Payroll Taxes	\$4,208,421	\$5,678,137	\$1,469,716	35%
3	Due To Third Party Payers	\$7,239,596	\$3,982,126	(\$3,257,470)	-45%
4	Due To Affiliates	\$2,547,087	\$2,807,083	\$259,996	10%
5	Current Portion of Long Term Debt	\$906,469	\$976,569	\$70,100	8%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,953,305	\$4,557,740	(\$2,395,565)	-34%
	Total Current Liabilities	\$32,792,950	\$24,153,826	(\$8,639,124)	-26%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$85,514,281	\$84,168,605	(\$1,345,676)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$85,514,281	\$84,168,605	(\$1,345,676)	-2%
3	Accrued Pension Liability	\$46,123,235	\$64,555,584	\$18,432,349	40%
4	Other Long Term Liabilities	\$17,956,145	\$15,803,337	(\$2,152,808)	-12%
	Total Long Term Liabilities	\$149,593,661	\$164,527,526	\$14,933,865	10%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$72,575,242	\$70,508,214	(\$2,067,028)	-3%
2	Temporarily Restricted Net Assets	\$2,488,430	\$2,580,173	\$91,743	4%
3	Permanently Restricted Net Assets	\$14,418,550	\$14,970,141	\$551,591	4%
	Total Net Assets	\$89,482,222	\$88,058,528	(\$1,423,694)	-2%
	Total Liabilities and Net Assets	\$271,868,833	\$276,739,880	\$4,871,047	2%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$549,527,239	\$553,545,920	\$4,018,681	1%
2	Less: Allowances	\$326,495,410	\$330,728,494	\$4,233,084	1%
3	Less: Charity Care	\$6,216,157	\$5,621,530	(\$594,627)	-10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$216,815,672	\$217,195,896	\$380,224	0%
5	Provision for Bad Debts	\$4,423,863	\$2,743,728	(\$1,680,135)	-38%
	Net Patient Service Revenue less provision for bad debts	\$212,391,809	\$214,452,168	\$2,060,359	1%
6	Other Operating Revenue	\$6,998,179	\$8,234,019	\$1,235,840	18%
7	Net Assets Released from Restrictions	\$101,856	\$234,983	\$133,127	131%
	Total Operating Revenue	\$219,491,844	\$222,921,170	\$3,429,326	2%
B. Operating Expenses:					
1	Salaries and Wages	\$66,713,505	\$63,513,538	(\$3,199,967)	-5%
2	Fringe Benefits	\$17,327,268	\$16,628,884	(\$698,384)	-4%
3	Physicians Fees	\$4,016,634	\$2,580,282	(\$1,436,352)	-36%
4	Supplies and Drugs	\$34,145,823	\$33,834,329	(\$311,494)	-1%
5	Depreciation and Amortization	\$12,305,503	\$11,375,368	(\$930,135)	-8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,968,133	\$3,913,863	(\$54,270)	-1%
8	Malpractice Insurance Cost	\$2,190,432	\$2,404,964	\$214,532	10%
9	Other Operating Expenses	\$62,425,175	\$68,598,490	\$6,173,315	10%
	Total Operating Expenses	\$203,092,473	\$202,849,718	(\$242,755)	0%
	Income/(Loss) From Operations	\$16,399,371	\$20,071,452	\$3,672,081	22%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,211,021	\$0	(\$1,211,021)	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,703,971)	\$9,228,277	\$11,932,248	-441%
	Total Non-Operating Revenue	(\$1,492,950)	\$9,228,277	\$10,721,227	-718%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$14,906,421	\$29,299,729	\$14,393,308	97%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$1,109,757)	(\$1,080,237)	\$29,520	-3%
	Total Other Adjustments	(\$1,109,757)	(\$1,080,237)	\$29,520	-3%
	Excess/(Deficiency) of Revenue Over Expenses	\$13,796,664	\$28,219,492	\$14,422,828	105%
	Principal Payments	\$1,099,156	\$1,231,992	\$132,836	12%

MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$99,125,681	\$96,451,925	(\$2,673,756)	-3%
2	MEDICARE MANAGED CARE	\$35,804,127	\$34,413,120	(\$1,391,007)	-4%
3	MEDICAID	\$37,502,987	\$40,412,597	\$2,909,610	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$243,880	\$623,584	\$379,704	156%
6	COMMERCIAL INSURANCE	\$1,840,046	\$977,446	(\$862,600)	-47%
7	NON-GOVERNMENT MANAGED CARE	\$47,170,450	\$46,861,186	(\$309,264)	-1%
8	WORKER'S COMPENSATION	\$1,726,754	\$896,958	(\$829,796)	-48%
9	SELF- PAY/UNINSURED	\$1,924,125	\$2,427,669	\$503,544	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$225,338,050	\$223,064,485	(\$2,273,565)	-1%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$84,351,170	\$86,594,971	\$2,243,801	3%
2	MEDICARE MANAGED CARE	\$33,828,057	\$35,475,508	\$1,647,451	5%
3	MEDICAID	\$82,689,411	\$81,744,974	(\$944,437)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$580,494	\$1,349,664	\$769,170	133%
6	COMMERCIAL INSURANCE	\$6,354,266	\$4,529,182	(\$1,825,084)	-29%
7	NON-GOVERNMENT MANAGED CARE	\$107,722,194	\$111,704,679	\$3,982,485	4%
8	WORKER'S COMPENSATION	\$3,568,204	\$2,851,393	(\$716,811)	-20%
9	SELF- PAY/UNINSURED	\$5,095,393	\$6,231,066	\$1,135,673	22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$324,189,189	\$330,481,437	\$6,292,248	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$183,476,851	\$183,046,896	(\$429,955)	0%
2	MEDICARE MANAGED CARE	\$69,632,184	\$69,888,628	\$256,444	0%
3	MEDICAID	\$120,192,398	\$122,157,571	\$1,965,173	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$824,374	\$1,973,248	\$1,148,874	139%
6	COMMERCIAL INSURANCE	\$8,194,312	\$5,506,628	(\$2,687,684)	-33%
7	NON-GOVERNMENT MANAGED CARE	\$154,892,644	\$158,565,865	\$3,673,221	2%
8	WORKER'S COMPENSATION	\$5,294,958	\$3,748,351	(\$1,546,607)	-29%
9	SELF- PAY/UNINSURED	\$7,019,518	\$8,658,735	\$1,639,217	23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$549,527,239	\$553,545,922	\$4,018,683	1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$38,994,916	\$33,292,709	(\$5,702,207)	-15%
2	MEDICARE MANAGED CARE	\$12,992,410	\$12,436,387	(\$556,023)	-4%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$10,521,691	\$9,560,997	(\$960,694)	-9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$63,289	\$156,509	\$93,220	147%
6	COMMERCIAL INSURANCE	\$1,299,674	\$889,933	(\$409,741)	-32%
7	NON-GOVERNMENT MANAGED CARE	\$29,574,257	\$31,560,367	\$1,986,110	7%
8	WORKER'S COMPENSATION	\$1,726,754	\$655,532	(\$1,071,222)	-62%
9	SELF- PAY/UNINSURED	\$852,594	\$960,352	\$107,758	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$96,025,585	\$89,512,786	(\$6,512,799)	-7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$23,064,946	\$23,133,552	\$68,606	0%
2	MEDICARE MANAGED CARE	\$8,720,289	\$9,043,712	\$323,423	4%
3	MEDICAID	\$15,941,006	\$15,674,732	(\$266,274)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$150,643	\$461,806	\$311,163	207%
6	COMMERCIAL INSURANCE	\$5,206,957	\$4,282,616	(\$924,341)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$69,482,751	\$81,608,319	\$12,125,568	17%
8	WORKER'S COMPENSATION	\$3,568,204	\$1,825,143	(\$1,743,061)	-49%
9	SELF- PAY/UNINSURED	\$1,185,018	\$748,461	(\$436,557)	-37%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$127,319,814	\$136,778,341	\$9,458,527	7%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$62,059,862	\$56,426,261	(\$5,633,601)	-9%
2	MEDICARE MANAGED CARE	\$21,712,699	\$21,480,099	(\$232,600)	-1%
3	MEDICAID	\$26,462,697	\$25,235,729	(\$1,226,968)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$213,932	\$618,315	\$404,383	189%
6	COMMERCIAL INSURANCE	\$6,506,631	\$5,172,549	(\$1,334,082)	-21%
7	NON-GOVERNMENT MANAGED CARE	\$99,057,008	\$113,168,686	\$14,111,678	14%
8	WORKER'S COMPENSATION	\$5,294,958	\$2,480,675	(\$2,814,283)	-53%
9	SELF- PAY/UNINSURED	\$2,037,612	\$1,708,813	(\$328,799)	-16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$223,345,399	\$226,291,127	\$2,945,728	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,397	2,924	(473)	-14%
2	MEDICARE MANAGED CARE	1,207	1,158	(49)	-4%
3	MEDICAID	2,137	1,968	(169)	-8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	21	27	6	29%
6	COMMERCIAL INSURANCE	79	85	6	8%
7	NON-GOVERNMENT MANAGED CARE	2,225	2,099	(126)	-6%
8	WORKER'S COMPENSATION	46	30	(16)	-35%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	96	220	124	129%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,208	8,511	(697)	-8%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	16,548	14,467	(2,081)	-13%
2	MEDICARE MANAGED CARE	5,565	5,545	(20)	0%
3	MEDICAID	7,226	6,764	(462)	-6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	60	113	53	88%
6	COMMERCIAL INSURANCE	275	160	(115)	-42%
7	NON-GOVERNMENT MANAGED CARE	6,868	6,595	(273)	-4%
8	WORKER'S COMPENSATION	130	108	(22)	-17%
9	SELF- PAY/UNINSURED	586	462	(124)	-21%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	37,258	34,214	(3,044)	-8%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	31,463	28,596	(2,867)	-9%
2	MEDICARE MANAGED CARE	12,908	13,361	453	4%
3	MEDICAID	49,058	45,671	(3,387)	-7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	423	522	99	23%
6	COMMERCIAL INSURANCE	2,048	2,334	286	14%
7	NON-GOVERNMENT MANAGED CARE	54,874	51,074	(3,800)	-7%
8	WORKER'S COMPENSATION	2,143	1,683	(460)	-21%
9	SELF- PAY/UNINSURED	4,078	4,448	370	9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	156,995	147,689	(9,306)	-6%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$22,936,108	\$20,068,235	(\$2,867,873)	-13%
2	MEDICARE MANAGED CARE	\$8,053,082	\$8,080,663	\$27,581	0%
3	MEDICAID	\$43,268,329	\$37,662,182	(\$5,606,147)	-13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$280,013	\$437,194	\$157,181	56%
6	COMMERCIAL INSURANCE	\$1,404,156	\$2,337,211	\$933,055	66%
7	NON-GOVERNMENT MANAGED CARE	\$28,080,226	\$25,134,626	(\$2,945,600)	-10%
8	WORKER'S COMPENSATION	\$960,711	\$1,038,396	\$77,685	8%
9	SELF- PAY/UNINSURED	\$4,098,340	\$4,834,615	\$736,275	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$109,080,965	\$99,593,122	(\$9,487,843)	-9%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,706,855	\$4,118,664	(\$588,191)	-12%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$1,594,337	\$1,629,851	\$35,514	2%
3	MEDICAID	\$7,943,862	\$6,654,611	(\$1,289,251)	-16%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$60,519	\$79,358	\$18,839	31%
6	COMMERCIAL INSURANCE	\$802,980	\$1,145,381	\$342,401	43%
7	NON-GOVERNMENT MANAGED CARE	\$17,971,183	\$16,575,554	(\$1,395,629)	-8%
8	WORKER'S COMPENSATION	\$643,295	\$694,555	\$51,260	8%
9	SELF- PAY/UNINSURED	\$224,429	\$178,656	(\$45,773)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$33,947,460	\$31,076,630	(\$2,870,830)	-8%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,000	7,963	(37)	0%
2	MEDICARE MANAGED CARE	2,653	3,162	509	19%
3	MEDICAID	23,886	22,549	(1,337)	-6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	196	251	55	28%
6	COMMERCIAL INSURANCE	634	1,336	702	111%
7	NON-GOVERNMENT MANAGED CARE	13,003	12,639	(364)	-3%
8	WORKER'S COMPENSATION	686	820	134	20%
9	SELF- PAY/UNINSURED	2,587	3,183	596	23%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	51,645	51,903	258	0%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$26,330,425	\$26,116,182	(\$214,243)	-1%
2	Physician Salaries	\$7,884,815	\$7,750,719	(\$134,096)	-2%
3	Non-Nursing, Non-Physician Salaries	\$32,498,265	\$29,646,637	(\$2,851,628)	-9%
	Total Salaries & Wages	\$66,713,505	\$63,513,538	(\$3,199,967)	-5%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$7,006,264	\$6,949,256	(\$57,008)	-1%
2	Physician Fringe Benefits	\$1,347,769	\$1,324,848	(\$22,921)	-2%
3	Non-Nursing, Non-Physician Fringe Benefits	\$8,973,235	\$8,354,780	(\$618,455)	-7%
	Total Fringe Benefits	\$17,327,268	\$16,628,884	(\$698,384)	-4%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$958,618	\$808,298	(\$150,320)	-16%
2	Physician Fees	\$4,016,634	\$2,580,282	(\$1,436,352)	-36%
3	Non-Nursing, Non-Physician Fees	\$26,049,687	\$34,838,729	\$8,789,042	34%
	Total Contractual Labor Fees	\$31,024,939	\$38,227,309	\$7,202,370	23%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$17,607,146	\$18,231,755	\$624,609	4%
2	Pharmaceutical Costs	\$16,538,677	\$15,602,574	(\$936,103)	-6%
	Total Medical Supplies and Pharmaceutical Cost	\$34,145,823	\$33,834,329	(\$311,494)	-1%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$3,953,437	\$3,869,404	(\$84,033)	-2%
2	Depreciation-Equipment	\$8,274,330	\$7,078,405	(\$1,195,925)	-14%
3	Amortization	\$77,736	\$427,559	\$349,823	450%
	Total Depreciation and Amortization	\$12,305,503	\$11,375,368	(\$930,135)	-8%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$3,968,133	\$3,913,863	(\$54,270)	-1%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$2,190,432	\$2,404,964	\$214,532	10%
I.	Utilities:				
1	Water	\$300,000	\$461,600	\$161,600	54%
2	Natural Gas	\$622,318	\$475,915	(\$146,403)	-24%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,815,301	\$1,233,490	(\$581,811)	-32%
5	Telephone	\$360,593	\$237,076	(\$123,517)	-34%
6	Other Utilities	\$7,681	\$6,677	(\$1,004)	-13%
	Total Utilities	\$3,105,893	\$2,414,758	(\$691,135)	-22%
J.	Business Expenses:				
1	Accounting Fees	\$42,817	\$69,334	\$26,517	62%
2	Legal Fees	\$59,950	\$28,573	(\$31,377)	-52%
3	Consulting Fees	\$408,718	\$168,849	(\$239,869)	-59%
4	Dues and Membership	\$547,574	\$667,994	\$120,420	22%
5	Equipment Leases	\$566,268	\$498,159	(\$68,109)	-12%
6	Building Leases	\$3,412,377	\$3,291,838	(\$120,539)	-4%
7	Repairs and Maintenance	\$4,363,192	\$3,411,840	(\$951,352)	-22%
8	Insurance	\$536,266	\$549,413	\$13,147	2%
9	Travel	\$59,439	\$57,148	(\$2,291)	-4%
10	Conferences	\$141,879	\$166,210	\$24,331	17%
11	Property Tax	\$204,371	\$123,318	(\$81,053)	-40%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
12	General Supplies	\$2,294,457	\$2,286,805	(\$7,652)	0%
13	Licenses and Subscriptions	\$1,414	\$63	(\$1,351)	-96%
14	Postage and Shipping	\$138,344	\$73,460	(\$64,884)	-47%
15	Advertising	\$41,685	\$50,143	\$8,458	20%
16	Corporate parent/system fees	\$5,015,247	\$7,731,348	\$2,716,101	54%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$894,531	\$1,220,781	\$326,250	36%
20	Lab Fees / Red Cross charges	\$782,854	\$731,566	(\$51,288)	-7%
21	Billing & Collection / Bank Fees	\$100,395	\$149,457	\$49,062	49%
22	Recruiting / Employee Education & Recognition	\$722,833	\$685,340	(\$37,493)	-5%
23	Laundry / Linen	\$519,260	\$488,214	(\$31,046)	-6%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$175,670	\$183,693	\$8,023	5%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$11,281,436	\$7,903,159	(\$3,378,277)	-30%
	Total Business Expenses	\$32,310,977	\$30,536,705	(\$1,774,272)	-5%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$203,092,473	\$202,849,718	(\$242,755)	0%
	*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$45,186,965	\$47,308,995	\$2,122,030	5%
2	General Accounting	\$223,657	\$373,845	\$150,188	67%
3	Patient Billing & Collection	\$6,787,998	\$8,304,915	\$1,516,917	22%
4	Admitting / Registration Office	\$470,966	\$24,878	(\$446,088)	-95%
5	Data Processing	\$9,394,713	\$12,466,624	\$3,071,911	33%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,584,110	\$6,428	(\$1,577,682)	-100%
8	Public Relations	\$173,194	\$118,725	(\$54,469)	-31%
9	Purchasing	\$895,394	\$102,188	(\$793,206)	-89%
10	Dietary and Cafeteria	\$3,174,727	\$3,167,548	(\$7,179)	0%
11	Housekeeping	\$2,520,170	\$2,407,858	(\$112,312)	-4%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$6,715,339	\$5,870,357	(\$844,982)	-13%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$535,270	\$535,270	0%
17	Pharmacy Department	\$18,843,773	\$19,916,077	\$1,072,304	6%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$95,971,006	\$100,603,708	\$4,632,702	5%
B.	Professional Services:				
1	Medical Care Administration	\$1,044,466	\$1,178,430	\$133,964	13%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,474,220	\$1,128,488	(\$345,732)	-23%
4	Medical Records	\$339,521	\$221,154	(\$118,367)	-35%
5	Social Service	\$1,572,108	\$1,644,878	\$72,770	5%
6	Other Professional Services	\$4,913,831	\$4,941,021	\$27,190	1%
	Total Professional Services	\$9,344,146	\$9,113,971	(\$230,175)	-2%
C.	Special Services:				
1	Operating Room	\$20,578,502	\$20,564,305	(\$14,197)	0%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	Recovery Room	\$2,527,030	\$2,442,976	(\$84,054)	-3%
3	Anesthesiology	\$576,343	\$533,108	(\$43,235)	-8%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$7,695,286	\$7,395,456	(\$299,830)	-4%
6	Diagnostic Ultrasound	\$1,211,937	\$1,192,524	(\$19,413)	-2%
7	Radiation Therapy	\$5,363,786	\$4,348,230	(\$1,015,556)	-19%
8	Radioisotopes	\$752,584	\$739,156	(\$13,428)	-2%
9	CT Scan	\$1,358,952	\$1,235,555	(\$123,397)	-9%
10	Laboratory	\$7,519,228	\$7,354,850	(\$164,378)	-2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$976,041	\$887,306	(\$88,735)	-9%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,305,393	\$1,315,046	\$9,653	1%
19	Pulmonary Function	\$101,388	\$120,160	\$18,772	19%
20	Intravenous Therapy	\$385,596	\$475,868	\$90,272	23%
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	\$12,877,306	\$12,427,392	(\$449,914)	-3%
25	MRI	\$1,082,647	\$1,183,068	\$100,421	9%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$243,025	\$225,195	(\$17,830)	-7%
28	Endoscopy	\$3,543,600	\$3,335,424	(\$208,176)	-6%
29	Sleep Center	\$903,593	\$867,744	(\$35,849)	-4%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$162,876	\$165,277	\$2,401	1%
32	Occupational Therapy / Physical Therapy	\$825,434	\$848,589	\$23,155	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,078,742	\$1,937,868	(\$140,874)	-7%
	Total Special Services	\$72,069,289	\$69,595,097	(\$2,474,192)	-3%
D.	Routine Services:				
1	Medical & Surgical Units	\$19,005,002	\$18,521,113	(\$483,889)	-3%
2	Intensive Care Unit	\$0	\$0	\$0	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,778,895	\$161,278	(\$1,617,617)	-91%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,924,135	\$4,854,551	(\$69,584)	-1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
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	\$25,708,032	\$23,536,942	(\$2,171,090)	-8%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$203,092,473	\$202,849,718	(\$242,755)	0%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$219,132,186	\$212,391,809	\$214,452,168
2	Other Operating Revenue	8,597,041	7,100,035	8,469,002
3	Total Operating Revenue	\$227,729,227	\$219,491,844	\$222,921,170
4	Total Operating Expenses	208,792,651	203,092,473	202,849,718
5	Income/(Loss) From Operations	\$18,936,576	\$16,399,371	\$20,071,452
6	Total Non-Operating Revenue	3,147,295	(2,602,707)	8,148,040
7	Excess/(Deficiency) of Revenue Over Expenses	\$22,083,871	\$13,796,664	\$28,219,492
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	8.20%	7.56%	8.69%
2	Hospital Non Operating Margin	1.36%	-1.20%	3.53%
3	Hospital Total Margin	9.57%	6.36%	12.21%
4	Income/(Loss) From Operations	\$18,936,576	\$16,399,371	\$20,071,452
5	Total Operating Revenue	\$227,729,227	\$219,491,844	\$222,921,170
6	Total Non-Operating Revenue	\$3,147,295	(\$2,602,707)	\$8,148,040
7	Total Revenue	\$230,876,522	\$216,889,137	\$231,069,210
8	Excess/(Deficiency) of Revenue Over Expenses	\$22,083,871	\$13,796,664	\$28,219,492
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$89,763,992	\$72,575,242	\$70,508,214
2	Hospital Total Net Assets	\$107,441,592	\$89,482,222	\$88,058,528
3	Hospital Change in Total Net Assets	(\$6,144,434)	(\$17,959,370)	(\$1,423,694)
4	Hospital Change in Total Net Assets %	94.6%	-16.7%	-1.6%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
D. Cost Data Summary				
1	<u>Ratio of Cost to Charges</u>	0.38	0.36	0.36
2	Total Operating Expenses	\$208,792,651	\$203,092,473	\$202,849,718
3	Total Gross Revenue	\$543,429,524	\$549,527,239	\$553,545,922
4	Total Other Operating Revenue	\$8,597,041	\$7,100,035	\$8,469,002
5	<u>Private Payment to Cost Ratio</u>	1.76	1.80	1.99
6	Total Non-Government Payments	\$116,303,887	\$112,896,209	\$122,530,723
7	Total Uninsured Payments	\$2,037,610	\$2,037,612	\$1,708,813
8	Total Non-Government Charges	\$180,790,784	\$175,401,432	\$176,479,579
9	Total Uninsured Charges	\$9,410,681	\$7,019,518	\$8,658,735
10	<u>Medicare Payment to Cost Ratio</u>	0.89	0.91	0.85
11	Total Medicare Payments	\$81,515,834	\$83,772,561	\$77,906,360
12	Total Medicare Charges	\$243,077,198	\$253,109,035	\$252,935,524
13	<u>Medicaid Payment to Cost Ratio</u>	0.66	0.60	0.57
14	Total Medicaid Payments	\$29,637,708	\$26,462,697	\$25,235,729
15	Total Medicaid Charges	\$118,691,104	\$120,192,398	\$122,157,571
16	<u>Uncompensated Care Cost</u>	\$5,488,219	\$3,882,145	\$3,019,297
17	Charity Care	\$8,125,010	\$6,216,157	\$5,621,530
18	Bad Debts	\$6,385,283	\$4,423,863	\$2,743,728
19	Total Uncompensated Care	\$14,510,293	\$10,640,020	\$8,365,258
20	<u>Uncompensated Care % of Total Expenses</u>	2.6%	1.9%	1.5%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses	\$208,792,651	\$203,092,473	\$202,849,718
E. Liquidity Measures Summary				
1	Current Ratio	3	1	2
2	Total Current Assets	\$79,675,956	\$44,197,496	\$47,442,881
3	Total Current Liabilities	\$26,499,682	\$32,792,950	\$24,153,826
4	Days Cash on Hand	84	23	16
5	Cash and Cash Equivalents	\$45,140,915	\$11,808,352	\$8,498,985
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$45,140,915	\$11,808,352	\$8,498,985
8	Total Operating Expenses	\$208,792,651	\$203,092,473	\$202,849,718
9	Depreciation Expense	\$12,906,996	\$12,305,503	\$11,375,368
10	Operating Expenses less Depreciation Expense	\$195,885,655	\$190,786,970	\$191,474,350
11	Days Revenue in Patient Accounts Receivable	33	28	42
12	Net Patient Accounts Receivable	\$23,724,146	\$23,491,286	\$28,799,085
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,070,103	\$7,239,596	\$3,982,126
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$19,654,043	\$16,251,690	\$24,816,959
16	Total Net Patient Revenue	\$219,132,186	\$212,391,809	\$214,452,168
17	Average Payment Period	49	63	46
18	Total Current Liabilities	\$26,499,682	\$32,792,950	\$24,153,826
19	Total Operating Expenses	\$208,792,651	\$203,092,473	\$202,849,718
20	Depreciation Expense	\$12,906,996	\$12,305,503	\$11,375,368

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses less Depreciation Expense	\$195,885,655	\$190,786,970	\$191,474,350
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	38.8	32.9	31.8
2	Total Net Assets	\$107,441,592	\$89,482,222	\$88,058,528
3	Total Assets	\$277,064,534	\$271,868,833	\$276,739,880
4	<u>Cash Flow to Total Debt Ratio</u>	30.9	22.1	36.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$22,083,871	\$13,796,664	\$28,219,492
6	Depreciation Expense	\$12,906,996	\$12,305,503	\$11,375,368
7	Excess of Revenues Over Expenses and Depreciation Expense	\$34,990,867	\$26,102,167	\$39,594,860
8	Total Current Liabilities	\$26,499,682	\$32,792,950	\$24,153,826
9	Total Long Term Debt	\$86,762,098	\$85,514,281	\$84,168,605
10	Total Current Liabilities and Total Long Term Debt	\$113,261,780	\$118,307,231	\$108,322,431
11	<u>Long Term Debt to Capitalization Ratio</u>	44.7	48.9	48.9
12	Total Long Term Debt	\$86,762,098	\$85,514,281	\$84,168,605
13	Total Net Assets	\$107,441,592	\$89,482,222	\$88,058,528
14	Total Long Term Debt and Total Net Assets	\$194,203,690	\$174,996,503	\$172,227,133
15	<u>Debt Service Coverage Ratio</u>	7.9	5.9	8.5
16	Excess Revenues over Expenses	22,083,871	\$13,796,664	\$28,219,492
17	Interest Expense	3,992,280	\$3,968,133	\$3,913,863
18	Depreciation and Amortization Expense	12,906,996	\$12,305,503	\$11,375,368
19	Principal Payments	955,854	\$1,099,156	\$1,231,992
G. <u>Other Financial Ratios</u>				

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
20	Average Age of Plant	11.3	12.8	14.8
21	Accumulated Depreciation	145,547,861	157,707,830	168,655,639
22	Depreciation and Amortization Expense	12,906,996	12,305,503	11,375,368
H. Utilization Measures Summary				
1	Patient Days	39,492	37,258	34,214
2	Discharges	9,284	9,208	8,511
3	ALOS	4.3	4.0	4.0
4	Staffed Beds	135	135	99
5	Available Beds	-	156	156
6	Licensed Beds	156	156	156
7	Occupancy of Staffed Beds	80.1%	75.6%	94.7%
8	Occupancy of Available Beds	69.4%	65.4%	60.1%
9	Full Time Equivalent Employees	963.3	876.9	844.2
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	31.5%	30.6%	30.3%
2	Medicare Gross Revenue Payer Mix Percentage	44.7%	46.1%	45.7%
3	Medicaid Gross Revenue Payer Mix Percentage	21.8%	21.9%	22.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.7%	1.3%	1.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$171,380,103	\$168,381,914	\$167,820,844
9	Medicare Gross Revenue (Charges)	\$243,077,198	\$253,109,035	\$252,935,524
10	Medicaid Gross Revenue (Charges)	\$118,691,104	\$120,192,398	\$122,157,571
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$9,410,681	\$7,019,518	\$8,658,735
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$870,438	\$824,374	\$1,973,248
14	Total Gross Revenue (Charges)	\$543,429,524	\$549,527,239	\$553,545,922
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	50.2%	49.6%	53.4%
2	Medicare Net Revenue Payer Mix Percentage	35.8%	37.5%	34.4%
3	Medicaid Net Revenue Payer Mix Percentage	13.0%	11.8%	11.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.9%	0.9%	0.8%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$114,266,277	\$110,858,597	\$120,821,910
9	Medicare Net Revenue (Payments)	\$81,515,834	\$83,772,561	\$77,906,360
10	Medicaid Net Revenue (Payments)	\$29,637,708	\$26,462,697	\$25,235,729

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$2,037,610	\$2,037,612	\$1,708,813
13	CHAMPUS / TRICARE Net Revenue Payments)	\$174,828	\$213,932	\$618,315
14	Total Net Revenue (Payments)	\$227,632,257	\$223,345,399	\$226,291,127
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	2,607	2,446	2,434
2	Medicare	4,483	4,604	4,082
3	Medical Assistance	2,182	2,137	1,968
4	Medicaid	2,182	2,137	1,968
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	12	21	27
7	Uninsured (Included In Non-Government)	127	96	220
8	Total	9,284	9,208	8,511
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.14295	1.17024	1.22597
2	Medicare	1.59467	1.52983	1.63006
3	Medical Assistance	0.99991	1.00499	1.08108
4	Medicaid	0.99991	1.00499	1.08108
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.55530	0.78797	1.34113
7	Uninsured (Included In Non-Government)	0.34031	0.94141	1.20472
8	Total Case Mix Index	1.32670	1.31081	1.38664
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	6,344	6,065	5,826
2	Emergency Room - Treated and Discharged	52,269	51,645	51,903
3	Total Emergency Room Visits	58,613	57,710	57,729

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,145,217	\$5,300,419	\$3,155,202	147%
2	Inpatient Payments	\$801,384	\$1,872,390	\$1,071,006	134%
3	Outpatient Charges	\$1,978,954	\$5,375,345	\$3,396,391	172%
4	Outpatient Payments	\$589,742	\$1,443,170	\$853,428	145%
5	Discharges	76	172	96	126%
6	Patient Days	356	825	469	132%
7	Outpatient Visits (Excludes ED Visits)	678	1,571	893	132%
8	Emergency Department Outpatient Visits	189	696	507	268%
9	Emergency Department Inpatient Admissions	64	135	71	111%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,124,171	\$10,675,764	\$6,551,593	159%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,391,126	\$3,315,560	\$1,924,434	138%
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	\$10,122,058	\$7,356,578	(\$2,765,480)	-27%
2	Inpatient Payments	\$3,503,194	\$3,080,507	(\$422,687)	-12%
3	Outpatient Charges	\$10,533,317	\$10,841,053	\$307,736	3%
4	Outpatient Payments	\$2,833,189	\$2,883,840	\$50,651	2%
5	Discharges	322	236	(86)	-27%
6	Patient Days	1,519	1,131	(388)	-26%
7	Outpatient Visits (Excludes ED Visits)	3,363	3,148	(215)	-6%
8	Emergency Department Outpatient Visits	626	695	69	11%
9	Emergency Department Inpatient Admissions	252	212	(40)	-16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,655,375	\$18,197,631	(\$2,457,744)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,336,383	\$5,964,347	(\$372,036)	-6%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$182,176	\$1,510,978	\$1,328,802	729%
2	Inpatient Payments	\$69,882	\$546,632	\$476,750	682%
3	Outpatient Charges	\$172,296	\$693,433	\$521,137	302%
4	Outpatient Payments	\$40,425	\$152,364	\$111,939	277%
5	Discharges	9	53	44	489%
6	Patient Days	38	255	217	571%
7	Outpatient Visits (Excludes ED Visits)	40	193	153	383%
8	Emergency Department Outpatient Visits	57	126	69	121%
9	Emergency Department Inpatient Admissions	9	39	30	333%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$354,472	\$2,204,411	\$1,849,939	522%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$110,307	\$698,996	\$588,689	534%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$3,281,337	\$1,067,224	(\$2,214,113)	-67%
2	Inpatient Payments	\$1,160,195	\$416,011	(\$744,184)	-64%
3	Outpatient Charges	\$2,943,159	\$1,214,484	(\$1,728,675)	-59%
4	Outpatient Payments	\$638,115	\$225,837	(\$412,278)	-65%
5	Discharges	120	37	(83)	-69%
6	Patient Days	463	175	(288)	-62%
7	Outpatient Visits (Excludes ED Visits)	946	333	(613)	-65%
8	Emergency Department Outpatient Visits	387	156	(231)	-60%
9	Emergency Department Inpatient Admissions	103	33	(70)	-68%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,224,496	\$2,281,708	(\$3,942,788)	-63%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,798,310	\$641,848	(\$1,156,462)	-64%
I.	AETNA				
1	Inpatient Charges	\$6,580,865	\$5,880,755	(\$700,110)	-11%
2	Inpatient Payments	\$2,477,716	\$2,045,708	(\$432,008)	-17%
3	Outpatient Charges	\$6,119,799	\$6,301,262	\$181,463	3%
4	Outpatient Payments	\$1,587,043	\$1,552,466	(\$34,577)	-2%
5	Discharges	208	196	(12)	-6%
6	Patient Days	1,033	937	(96)	-9%
7	Outpatient Visits (Excludes ED Visits)	1,903	1,832	(71)	-4%
8	Emergency Department Outpatient Visits	429	518	89	21%
9	Emergency Department Inpatient Admissions	174	148	(26)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,700,664	\$12,182,017	(\$518,647)	-4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,064,759	\$3,598,174	(\$466,585)	-11%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
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%
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%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$13,492,474	\$13,297,166	(\$195,308)	-1%
2	Inpatient Payments	\$4,980,039	\$4,475,139	(\$504,900)	-10%
3	Outpatient Charges	\$12,080,532	\$11,049,931	(\$1,030,601)	-9%
4	Outpatient Payments	\$3,031,775	\$2,786,035	(\$245,740)	-8%
5	Discharges	472	464	(8)	-2%
6	Patient Days	2,156	2,222	66	3%
7	Outpatient Visits (Excludes ED Visits)	3,325	3,122	(203)	-6%
8	Emergency Department Outpatient Visits	965	971	6	1%
9	Emergency Department Inpatient Admissions	421	381	(40)	-10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,573,006	\$24,347,097	(\$1,225,909)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,011,814	\$7,261,174	(\$750,640)	-9%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$35,804,127	\$34,413,120	(\$1,391,007)	-4%
	TOTAL INPATIENT PAYMENTS	\$12,992,410	\$12,436,387	(\$556,023)	-4%
	TOTAL OUTPATIENT CHARGES	\$33,828,057	\$35,475,508	\$1,647,451	5%
	TOTAL OUTPATIENT PAYMENTS	\$8,720,289	\$9,043,712	\$323,423	4%
	TOTAL DISCHARGES	1,207	1,158	(49)	-4%
	TOTAL PATIENT DAYS	5,565	5,545	(20)	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,255	10,199	(56)	-1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,653	3,162	509	19%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,023	948	(75)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$69,632,184	\$69,888,628	\$256,444	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$21,712,699	\$21,480,099	(\$232,600)	-1%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$12,664,293	\$9,302,260	(\$3,362,033)	-27%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,491,286	\$28,799,085	\$5,307,799	23%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,846,758	\$3,234,698	(\$612,060)	-16%
8	Prepaid Expenses	\$1,675,972	\$3,017,333	\$1,341,361	80%
9	Other Current Assets	\$4,102,696	\$4,836,068	\$733,372	18%
	Total Current Assets	\$45,781,005	\$49,189,444	\$3,408,439	7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,638,495	\$14,190,086	\$551,591	4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$6,307,694	\$6,307,694	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$38,093	\$471,285	\$433,192	1137%
	Total Noncurrent Assets Whose Use is Limited:	\$19,984,282	\$20,969,065	\$984,783	5%
5	Interest in Net Assets of Foundation	\$82,548,240	\$91,312,483	\$8,764,243	11%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$13,505,139	\$13,746,833	\$241,694	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$269,275,145	\$268,958,197	(\$316,948)	0%
2	Less: Accumulated Depreciation	\$160,263,327	\$167,781,077	\$7,517,750	\$0
	Property, Plant and Equipment, Net	\$109,011,818	\$101,177,120	(\$7,834,698)	-7%
3	Construction in Progress	\$1,505,271	\$1,023,256	(\$482,015)	-32%
	Total Net Fixed Assets	\$110,517,089	\$102,200,376	(\$8,316,713)	-8%
	Total Assets	\$272,335,755	\$277,418,201	\$5,082,446	2%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$11,173,418	\$6,474,228	(\$4,699,190)	-42%
2	Salaries, Wages and Payroll Taxes	\$4,208,421	\$5,678,137	\$1,469,716	35%
3	Due To Third Party Payers	\$7,239,596	\$3,982,126	(\$3,257,470)	-45%
4	Due To Affiliates	\$2,547,087	\$2,807,083	\$259,996	10%
5	Current Portion of Long Term Debt	\$906,469	\$976,569	\$70,100	8%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,953,305	\$4,557,740	(\$2,395,565)	-34%
	Total Current Liabilities	\$33,028,296	\$24,475,883	(\$8,552,413)	-26%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$85,514,281	\$84,168,604	(\$1,345,677)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$85,514,281	\$84,168,604	(\$1,345,677)	-2%
3	Accrued Pension Liability	\$46,123,235	\$64,555,584	\$18,432,349	40%
4	Other Long Term Liabilities	\$18,481,312	\$16,357,443	(\$2,123,869)	-11%
	Total Long Term Liabilities	\$150,118,828	\$165,081,631	\$14,962,803	10%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$72,281,651	\$70,310,373	(\$1,971,278)	-3%
2	Temporarily Restricted Net Assets	\$2,488,430	\$2,580,173	\$91,743	4%
3	Permanently Restricted Net Assets	\$14,418,550	\$14,970,141	\$551,591	4%
	Total Net Assets	\$89,188,631	\$87,860,687	(\$1,327,944)	-1%
	Total Liabilities and Net Assets	\$272,335,755	\$277,418,201	\$5,082,446	2%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$549,527,239	\$553,545,920	\$4,018,681	1%
2	Less: Allowances	\$326,495,410	\$330,728,494	\$4,233,084	1%
3	Less: Charity Care	\$6,216,157	\$5,621,530	(\$594,627)	-10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$216,815,672	\$217,195,896	\$380,224	0%
5	Provision for Bad Debts	\$4,423,863	\$2,743,728	(\$1,680,135)	-38%
	Net Patient Service Revenue less provision for bad debts	\$212,391,809	\$214,452,168	\$2,060,359	1%
6	Other Operating Revenue	\$14,304,616	\$15,296,723	\$992,107	7%
7	Net Assets Released from Restrictions	\$101,856	\$234,983	\$133,127	131%
	Total Operating Revenue	\$226,798,281	\$229,983,874	\$3,185,593	1%
B. Operating Expenses:					
1	Salaries and Wages	\$66,713,505	\$63,513,538	(\$3,199,967)	-5%
2	Fringe Benefits	\$17,327,268	\$16,628,884	(\$698,384)	-4%
3	Physicians Fees	\$6,307,847	\$2,580,282	(\$3,727,565)	-59%
4	Supplies and Drugs	\$34,375,460	\$42,731,882	\$8,356,422	24%
5	Depreciation and Amortization	\$12,593,806	\$11,634,653	(\$959,153)	-8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,968,133	\$3,913,863	(\$54,270)	-1%
8	Malpractice Insurance Cost	\$2,190,432	\$2,404,964	\$214,532	10%
9	Other Operating Expenses	\$66,787,297	\$66,408,603	(\$378,694)	-1%
	Total Operating Expenses	\$210,263,748	\$209,816,669	(\$447,079)	0%
	Income/(Loss) From Operations	\$16,534,533	\$20,167,205	\$3,632,672	22%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,211,021	\$47,755	(\$1,163,266)	-96%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,703,971)	\$9,180,522	\$11,884,493	-440%
	Total Non-Operating Revenue	(\$1,492,950)	\$9,228,277	\$10,721,227	-718%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$15,041,583	\$29,395,482	\$14,353,899	95%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$1,109,757)	(\$1,080,237)	\$29,520	-3%
	Total Other Adjustments	(\$1,109,757)	(\$1,080,237)	\$29,520	-3%
	Excess/(Deficiency) of Revenue Over Expenses	\$13,931,826	\$28,315,245	\$14,383,419	103%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$219,132,186	\$212,391,809	\$214,452,168
2	Other Operating Revenue	16,164,177	14,406,472	15,531,706
3	Total Operating Revenue	\$235,296,363	\$226,798,281	\$229,983,874
4	Total Operating Expenses	216,614,845	210,263,748	209,816,669
5	Income/(Loss) From Operations	\$18,681,518	\$16,534,533	\$20,167,205
6	Total Non-Operating Revenue	3,147,295	(2,602,707)	8,148,040
7	Excess/(Deficiency) of Revenue Over Expenses	\$21,828,813	\$13,931,826	\$28,315,245
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	7.83%	7.38%	8.47%
2	Parent Corporation Non-Operating Margin	1.32%	-1.16%	3.42%
3	Parent Corporation Total Margin	9.15%	6.21%	11.89%
4	Income/(Loss) From Operations	\$18,681,518	\$16,534,533	\$20,167,205
5	Total Operating Revenue	\$235,296,363	\$226,798,281	\$229,983,874
6	Total Non-Operating Revenue	\$3,147,295	(\$2,602,707)	\$8,148,040
7	Total Revenue	\$238,443,658	\$224,195,574	\$238,131,914
8	Excess/(Deficiency) of Revenue Over Expenses	\$21,828,813	\$13,931,826	\$28,315,245
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$89,335,239	\$72,281,651	\$70,310,373
2	Parent Corporation Total Net Assets	\$107,012,839	\$89,188,631	\$87,860,687
3	Parent Corporation Change in Total Net Assets	(\$5,649,492)	(\$17,824,208)	(\$1,327,944)
4	Parent Corporation Change in Total Net Assets %	95.0%	-16.7%	-1.5%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
D. Liquidity Measures Summary				
1	Current Ratio	3.01	1.39	2.01
2	Total Current Assets	\$81,182,916	\$45,781,005	\$49,189,444
3	Total Current Liabilities	\$26,957,515	\$33,028,296	\$24,475,883
4	Days Cash on Hand	82	23	17
5	Cash and Cash Equivalents	\$45,862,697	\$12,664,293	\$9,302,260
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$45,862,697	\$12,664,293	\$9,302,260
8	Total Operating Expenses	\$216,614,845	\$210,263,748	\$209,816,669
9	Depreciation Expense	\$13,076,585	\$12,593,806	\$11,634,653
10	Operating Expenses less Depreciation Expense	\$203,538,260	\$197,669,942	\$198,182,016
11	Days Revenue in Patient Accounts Receivable	33	28	42
12	Net Patient Accounts Receivable	\$ 23,724,146	\$ 23,491,286	\$ 28,799,085
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,070,103	\$7,239,596	\$3,982,126
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 19,654,043	\$ 16,251,690	\$ 24,816,959
16	Total Net Patient Revenue	\$219,132,186	\$212,391,809	\$214,452,168
17	Average Payment Period	48	61	45
18	Total Current Liabilities	\$26,957,515	\$33,028,296	\$24,475,883
19	Total Operating Expenses	\$216,614,845	\$210,263,748	\$209,816,669
20	Depreciation Expense	\$13,076,585	\$12,593,806	\$11,634,653
20	Total Operating Expenses less Depreciation Expense	\$203,538,260	\$197,669,942	\$198,182,016

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	38.6	32.7	31.7
2	Total Net Assets	\$107,012,839	\$89,188,631	\$87,860,687
3	Total Assets	\$277,444,990	\$272,335,755	\$277,418,201
4	<u>Cash Flow to Total Debt Ratio</u>	30.7	22.4	36.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$21,828,813	\$13,931,826	\$28,315,245
6	Depreciation Expense	\$13,076,585	\$12,593,806	\$11,634,653
7	Excess of Revenues Over Expenses and Depreciation Expense	\$34,905,398	\$26,525,632	\$39,949,898
8	Total Current Liabilities	\$26,957,515	\$33,028,296	\$24,475,883
9	Total Long Term Debt	\$86,762,098	\$85,514,281	\$84,168,604
10	Total Current Liabilities and Total Long Term Debt	\$113,719,613	\$118,542,577	\$108,644,487
11	<u>Long Term Debt to Capitalization Ratio</u>	44.8	48.9	48.9
12	Total Long Term Debt	\$86,762,098	\$85,514,281	\$84,168,604
13	Total Net Assets	\$107,012,839	\$89,188,631	\$87,860,687
14	Total Long Term Debt and Total Net Assets	\$193,774,937	\$174,702,912	\$172,029,291

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(7)	
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	28,390	6,836	6,856	79	122	98.5%	63.8%
2	ICU/CCU (Excludes Neonatal ICU)	1,710	342	0	6	9	78.1%	52.1%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,002	831	804	7	13	78.4%	42.2%
7	Newborn	2,112	844	848	7	12	82.7%	48.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	32,102	7,667	7,660	92	144	95.6%	61.1%
	TOTAL INPATIENT BED UTILIZATION	34,214	8,511	8,508	99	156	94.7%	60.1%
	TOTAL INPATIENT REPORTED YEAR	34,214	8,511	8,508	99	156	94.7%	60.1%
	TOTAL INPATIENT PRIOR YEAR	37,258	9,208	9,212	135	156	75.6%	65.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-3,044	-697	-704	-36	0	19.1%	-5.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-8%	-8%	-27%	0%	25%	-8%
	Total Licensed Beds and Bassinets	156						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	4,549	3,728	-821	-18%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,817	212	-3,605	-94%
3	Emergency Department Scans	8,599	10,981	2,382	28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	16,965	14,921	-2,044	-12%
B. MRI Scans (A)					
1	Inpatient Scans	1,001	730	-271	-27%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,892	4,380	-512	-10%
3	Emergency Department Scans	617	641	24	4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	6,510	5,751	-759	-12%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	7	6	-1	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	285	282	-3	-1%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	292	288	-4	-1%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	93	79	-14	-15%
2	Outpatient Procedures	5,213	4,857	-356	-7%
	Total Linear Accelerator Procedures	5,306	4,936	-370	-7%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,194	1,805	-389	-18%
2	Outpatient Surgical Procedures	5,264	4,820	-444	-8%
	Total Surgical Procedures	7,458	6,625	-833	-11%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	1,144	1,406	262	23%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
2	Outpatient Endoscopy Procedures	7,566	7,752	186	2%
	Total Endoscopy Procedures	8,710	9,158	448	5%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	6,065	5,826	-239	-4%
2	Emergency Room Visits: Treated and Discharged	51,645	51,903	258	0%
	Total Emergency Room Visits	57,710	57,729	19	0%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	31,331	32,063	732	2%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	2,404	2,385	-19	-1%
	Total Hospital Clinic Visits	33,735	34,448	713	2%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	1,114	998	-116	-10%
2	Cardiac Rehabilitation	2,613	2,655	42	2%
3	Chemotherapy	4,544	5,222	678	15%
4	Gastroenterology	7,566	7,752	186	2%
5	Other Outpatient Visits	55,004	39,821	-15,183	-28%
	Total Other Hospital Outpatient Visits	70,841	56,448	-14,393	-20%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	263.7	272.1	8.4	3%
2	Total Physician FTEs	46.4	22.4	-24.0	-52%
3	Total Non-Nursing and Non-Physician FTEs	566.8	549.7	-17.1	-3%
	Total Hospital Full Time Equivalent Employees	876.9	844.2	-32.7	-4%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Main hospital campus	5,264	4,820	-444	-8%
	Total Outpatient Surgical Procedures(A)	5,264	4,820	-444	-8%
B. Outpatient Endoscopy Procedures					
1	Main hospital campus	7,566	7,752	186	2%
	Total Outpatient Endoscopy Procedures(B)	7,566	7,752	186	2%
C. Outpatient Hospital Emergency Room Visits					
1	61 Pomeroy Ave	0	0	0	0%
2	680 S. Main St Cheshire	0	0	0	0%
3	Main hospital campus	51,645	51,903	258	0%
	Total Outpatient Hospital Emergency Room Visits(C)	51,645	51,903	258	0%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$134,929,808	\$130,865,045	(\$4,064,763)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,987,326	\$45,729,096	(\$6,258,230)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.53%	34.94%	-3.59%	-9%
4	DISCHARGES	4,604	4,082	(522)	-11%
5	CASE MIX INDEX (CMI)	1.52983	1.63006	0.10023	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,043.33732	6,653.90492	(389.43240)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,381.06	\$6,872.52	(\$508.54)	-7%
8	PATIENT DAYS	22,113	20,012	(2,101)	-10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,350.98	\$2,285.08	(\$65.90)	-3%
10	AVERAGE LENGTH OF STAY	4.8	4.9	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$118,179,227	\$122,070,479	\$3,891,252	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$31,785,235	\$32,177,264	\$392,029	1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.90%	26.36%	-0.54%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	87.59%	93.28%	5.69%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,032.44597	3,807.67603	(224.76994)	-6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,882.37	\$8,450.63	\$568.26	7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$253,109,035	\$252,935,524	(\$173,511)	0%
18	TOTAL ACCRUED PAYMENTS	\$83,772,561	\$77,906,360	(\$5,866,201)	-7%
19	TOTAL ALLOWANCES	\$169,336,474	\$175,029,164	\$5,692,690	3%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$52,661,375	\$51,163,259	(\$1,498,116)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,453,279	\$34,066,184	\$612,905	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	63.53%	66.58%	3.06%	5%
4	DISCHARGES	2,446	2,434	(12)	0%
5	CASE MIX INDEX (CMI)	1.17024	1.22597	0.05573	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,862.40704	2,984.01098	121.60394	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,687.11	\$11,416.24	(\$270.88)	-2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,306.05)	(\$4,543.72)	(\$237.67)	6%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,325,668)	(\$13,558,508)	(\$1,232,840)	10%
10	PATIENT DAYS	7,859	7,325	(534)	-7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,256.68	\$4,650.67	\$393.99	9%
12	AVERAGE LENGTH OF STAY	3.2	3.0	(0.2)	-6%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$122,740,057	\$125,316,320	\$2,576,263	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$79,442,930	\$88,464,539	\$9,021,609	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	64.72%	70.59%	5.87%	9%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	233.07%	244.93%	11.86%	5%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,700.99393	5,961.69847	260.70454	5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,934.93	\$14,838.81	\$903.89	6%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$6,052.56)	(\$6,388.18)	(\$335.63)	6%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$34,505,581)	(\$38,084,427)	(\$3,578,846)	10%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$175,401,432	\$176,479,579	\$1,078,147	1%
22	TOTAL ACCRUED PAYMENTS	\$112,896,209	\$122,530,723	\$9,634,514	9%
23	TOTAL ALLOWANCES	\$62,505,223	\$53,948,856	(\$8,556,367)	-14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$46,831,249)	(\$51,642,935)	(\$4,811,686)	10%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$175,401,432	\$176,479,579	\$1,078,147	1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$123,536,229	\$122,530,723	(\$1,005,506)	-1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,865,203	\$53,948,856	\$2,083,653	4%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.57%	30.57%	1.00%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,924,125	\$2,427,669	\$503,544	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$852,594	\$960,352	\$107,758	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.31%	39.56%	-4.75%	-11%
4	DISCHARGES	96	220	124	129%
5	CASE MIX INDEX (CMI)	0.94141	1.20472	0.26331	28%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	90.37536	265.03840	174.66304	193%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,433.92	\$3,623.44	(\$5,810.48)	-62%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$2,253.19	\$7,792.79	\$5,539.60	246%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$2,052.86)	\$3,249.08	\$5,301.93	-258%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$185,528)	\$861,130	\$1,046,657	-564%
11	PATIENT DAYS	586	462	(124)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,454.94	\$2,078.68	\$623.75	43%
13	AVERAGE LENGTH OF STAY	6.1	2.1	(4.0)	-66%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,095,393	\$6,231,066	\$1,135,673	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,185,018	\$748,461	(\$436,557)	-37%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.26%	12.01%	-11.24%	-48%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	264.82%	256.67%	-8.15%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	254.22347	564.67110	310.44763	122%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,661.32	\$1,325.48	(\$3,335.84)	-72%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,273.60	\$13,513.33	\$4,239.73	46%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,221.05	\$7,125.15	\$3,904.10	121%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$818,866	\$4,023,366	\$3,204,500	391%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$7,019,518	\$8,658,735	\$1,639,217	23%
24	TOTAL ACCRUED PAYMENTS	\$2,037,612	\$1,708,813	(\$328,799)	-16%
25	TOTAL ALLOWANCES	\$4,981,906	\$6,949,922	\$1,968,016	40%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$633,338	\$4,884,496	\$4,251,158	671%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$37,502,987	\$40,412,597	\$2,909,610	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,521,691	\$9,560,997	(\$960,694)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.06%	23.66%	-4.40%	-16%
4	DISCHARGES	2,137	1,968	(169)	-8%
5	CASE MIX INDEX (CMI)	1.00499	1.08108	0.07609	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,147.66363	2,127.56544	(20.09819)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,899.13	\$4,493.87	(\$405.27)	-8%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,787.98	\$6,922.37	\$134.39	2%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,481.93	\$2,378.65	(\$103.28)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,330,352	\$5,060,739	(\$269,613)	-5%
11	PATIENT DAYS	7,226	6,764	(462)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,456.09	\$1,413.51	(\$42.58)	-3%
13	AVERAGE LENGTH OF STAY	3.4	3.4	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$82,689,411	\$81,744,974	(\$944,437)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,941,006	\$15,674,732	(\$266,274)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.28%	19.18%	-0.10%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	220.49%	202.28%	-18.21%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,711.81859	3,980.79116	(731.02743)	-16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,383.20	\$3,937.59	\$554.40	16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$10,551.73	\$10,901.22	\$349.49	3%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,499.17	\$4,513.04	\$13.86	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,199,296	\$17,965,464	(\$3,233,832)	-15%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$120,192,398	\$122,157,571	\$1,965,173	2%
24	TOTAL ACCRUED PAYMENTS	\$26,462,697	\$25,235,729	(\$1,226,968)	-5%
25	TOTAL ALLOWANCES	\$93,729,701	\$96,921,842	\$3,192,141	3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$26,529,648	\$23,026,203	(\$3,503,445)	-13%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$11,687.11	\$11,416.24	(\$270.88)	-2%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,381.06	\$6,872.52	(\$508.54)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$13,934.93	\$14,838.81	\$903.89	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,882.37	\$8,450.63	\$568.26	7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$37,502,987	\$40,412,597	\$2,909,610	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,521,691	\$9,560,997	(\$960,694)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.06%	23.66%	-4.40%	-16%
4	DISCHARGES	2,137	1,968	(169)	-8%
5	CASE MIX INDEX (CMI)	1.00499	1.08108	0.07609	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,147.66363	2,127.56544	(20.09819)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,899.13	\$4,493.87	(\$405.27)	-8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,787.98	\$6,922.37	\$134.39	2%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,481.93	\$2,378.65	(\$103.28)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,330,352	\$5,060,739	(\$269,613)	-5%
11	PATIENT DAYS	7,226	6,764	(462)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,456.09	\$1,413.51	(\$42.58)	-3%
13	AVERAGE LENGTH OF STAY	3.4	3.4	0.1	2%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$82,689,411	\$81,744,974	(\$944,437)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,941,006	\$15,674,732	(\$266,274)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.28%	19.18%	-0.10%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	220.49%	202.28%	-18.21%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,711.81859	3,980.79116	(731.02743)	-16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,383.20	\$3,937.59	\$554.40	16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$10,551.73	\$10,901.22	\$349.49	3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,499.17	\$4,513.04	\$13.86	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,199,296	\$17,965,464	(\$3,233,832)	-15%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$120,192,398	\$122,157,571	\$1,965,173	2%
24	TOTAL ACCRUED PAYMENTS	\$26,462,697	\$25,235,729	(\$1,226,968)	-5%
25	TOTAL ALLOWANCES	\$93,729,701	\$96,921,842	\$3,192,141	3%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$243,880	\$623,584	\$379,704	156%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$63,289	\$156,509	\$93,220	147%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.95%	25.10%	-0.85%	-3%
4	DISCHARGES	21	27	6	29%
5	CASE MIX INDEX (CMI)	0.78797	1.34113	0.55316	70%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	16.54737	36.21051	19.66314	119%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,824.72	\$4,322.20	\$497.48	13%
8	PATIENT DAYS	60	113	53	88%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,054.82	\$1,385.04	\$330.22	31%
10	AVERAGE LENGTH OF STAY	2.9	4.2	1.3	46%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$580,494	\$1,349,664	\$769,170	133%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$150,643	\$461,806	\$311,163	207%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$824,374	\$1,973,248	\$1,148,874	139%
14	TOTAL ACCRUED PAYMENTS	\$213,932	\$618,315	\$404,383	189%
15	TOTAL ALLOWANCES	\$610,442	\$1,354,933	\$744,491	122%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$7,100,035	\$8,469,002	\$1,368,967	19%
2	TOTAL OPERATING EXPENSES	\$203,092,473	\$202,849,718	(\$242,755)	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$6,216,157	\$5,621,530	(\$594,627)	-10%
5	BAD DEBTS (CHARGES)	\$4,423,863	\$2,743,728	(\$1,680,135)	-38%
6	UNCOMPENSATED CARE (CHARGES)	\$10,640,020	\$8,365,258	(\$2,274,762)	-21%
7	COST OF UNCOMPENSATED CARE	\$4,293,568	\$3,276,725	(\$1,016,843)	-24%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$120,192,398	\$122,157,571	\$1,965,173	2%
9	TOTAL ACCRUED PAYMENTS	\$26,462,697	\$25,235,729	(\$1,226,968)	-5%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$48,501,250	\$47,849,901	(\$651,349)	-1%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,038,553	\$22,614,172	\$575,619	3%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$225,338,050	\$223,064,485	(\$2,273,565)	-1%
2	TOTAL INPATIENT PAYMENTS	\$96,025,585	\$89,512,786	(\$6,512,799)	-7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	42.61%	40.13%	-2.49%	-6%
4	TOTAL DISCHARGES	9,208	8,511	(697)	-8%
5	TOTAL CASE MIX INDEX	1.31081	1.38664	0.07583	6%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	12,069.95536	11,801.69185	(268.26351)	-2%
7	TOTAL OUTPATIENT CHARGES	\$324,189,189	\$330,481,437	\$6,292,248	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	143.87%	148.16%	4.29%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$127,319,814	\$136,778,341	\$9,458,527	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.27%	41.39%	2.11%	5%
11	TOTAL CHARGES	\$549,527,239	\$553,545,922	\$4,018,683	1%
12	TOTAL PAYMENTS	\$223,345,399	\$226,291,127	\$2,945,728	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.64%	40.88%	0.24%	1%
14	PATIENT DAYS	37,258	34,214	(3,044)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$172,676,675	\$171,901,226	(\$775,449)	0%
2	INPATIENT PAYMENTS	\$62,572,306	\$55,446,602	(\$7,125,704)	-11%
3	GOVT. INPATIENT PAYMENTS / CHARGES	36.24%	32.25%	-3.98%	-11%
4	DISCHARGES	6,762	6,077	(685)	-10%
5	CASE MIX INDEX	1.36166	1.45099	0.08933	7%
6	CASE MIX ADJUSTED DISCHARGES	9,207.54832	8,817.68087	(389.86745)	-4%
7	OUTPATIENT CHARGES	\$201,449,132	\$205,165,117	\$3,715,985	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	116.66%	119.35%	2.69%	2%
9	OUTPATIENT PAYMENTS	\$47,876,884	\$48,313,802	\$436,918	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.77%	23.55%	-0.22%	-1%
11	TOTAL CHARGES	\$374,125,807	\$377,066,343	\$2,940,536	1%
12	TOTAL PAYMENTS	\$110,449,190	\$103,760,404	(\$6,688,786)	-6%
13	TOTAL PAYMENTS / CHARGES	29.52%	27.52%	-2.00%	-7%
14	PATIENT DAYS	29,399	26,889	(2,510)	-9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$263,676,617	\$273,305,939	\$9,629,322	4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.8	4.9	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.0	(0.2)	-6%
3	UNINSURED	6.1	2.1	(4.0)	-66%
4	MEDICAID	3.4	3.4	0.1	2%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.9	4.2	1.3	46%
7	TOTAL AVERAGE LENGTH OF STAY	4.0	4.0	(0.0)	-1%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$549,527,239	\$553,545,922	\$4,018,683	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$263,676,617	\$273,305,939	\$9,629,322	4%
3	UNCOMPENSATED CARE	\$10,640,020	\$8,365,258	(\$2,274,762)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,865,203	\$53,948,856	\$2,083,653	4%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619	\$1,098,395	(\$496,224)	-31%
6	TOTAL ADJUSTMENTS	\$327,776,459	\$336,718,448	\$8,941,989	3%
7	TOTAL ACCRUED PAYMENTS	\$221,750,780	\$216,827,474	(\$4,923,306)	-2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$221,750,780	\$216,827,474	(\$4,923,306)	-2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4035300969	0.3917063885	(0.0118237084)	-3%
11	COST OF UNCOMPENSATED CARE	\$4,293,568	\$3,276,725	(\$1,016,843)	-24%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,038,553	\$22,614,172	\$575,619	3%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,332,121	\$25,890,897	(\$441,224)	-2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$21,199,296	\$17,965,464	(\$3,233,832)	-15%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$633,338	\$4,884,496	\$4,251,158	671%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,832,634	\$22,849,960	\$1,017,326	5%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,095,811	\$2,927,853	(\$1,167,958)	-28.52%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$10,953,589)	(\$11,838,959)	(\$885,370)	8.08%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$212,392,000	\$214,452,170	\$2,060,170	0.97%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$549,527,239	\$553,545,920	\$4,018,681	0.73%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$10,640,020	\$8,365,258	(\$2,274,762)	-21.38%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,661,375	\$51,163,259	(\$1,498,116)
2	MEDICARE	\$134,929,808	130,865,045	(\$4,064,763)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,502,987	40,412,597	\$2,909,610
4	MEDICAID	\$37,502,987	40,412,597	\$2,909,610
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$243,880	623,584	\$379,704
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,924,125	2,427,669	\$503,544
	TOTAL INPATIENT GOVERNMENT CHARGES	\$172,676,675	\$171,901,226	(\$775,449)
	TOTAL INPATIENT CHARGES	\$225,338,050	\$223,064,485	(\$2,273,565)
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$122,740,057	\$125,316,320	\$2,576,263
2	MEDICARE	\$118,179,227	122,070,479	\$3,891,252
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$82,689,411	81,744,974	(\$944,437)
4	MEDICAID	\$82,689,411	81,744,974	(\$944,437)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$580,494	1,349,664	\$769,170
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,095,393	6,231,066	\$1,135,673
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$201,449,132	\$205,165,117	\$3,715,985
	TOTAL OUTPATIENT CHARGES	\$324,189,189	\$330,481,437	\$6,292,248
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$175,401,432	\$176,479,579	\$1,078,147
2	TOTAL MEDICARE	\$253,109,035	\$252,935,524	(\$173,511)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$120,192,398	\$122,157,571	\$1,965,173
4	TOTAL MEDICAID	\$120,192,398	\$122,157,571	\$1,965,173
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$824,374	\$1,973,248	\$1,148,874
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,019,518	\$8,658,735	\$1,639,217
	TOTAL GOVERNMENT CHARGES	\$374,125,807	\$377,066,343	\$2,940,536
	TOTAL CHARGES	\$549,527,239	\$553,545,922	\$4,018,683
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,453,279	\$34,066,184	\$612,905
2	MEDICARE	\$51,987,326	45,729,096	(\$6,258,230)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,521,691	9,560,997	(\$960,694)
4	MEDICAID	\$10,521,691	9,560,997	(\$960,694)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$63,289	156,509	\$93,220
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$852,594	960,352	\$107,758
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$62,572,306	\$55,446,602	(\$7,125,704)
	TOTAL INPATIENT PAYMENTS	\$96,025,585	\$89,512,786	(\$6,512,799)
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,442,930	\$88,464,539	\$9,021,609
2	MEDICARE	\$31,785,235	32,177,264	\$392,029
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,941,006	15,674,732	(\$266,274)
4	MEDICAID	\$15,941,006	15,674,732	(\$266,274)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$150,643	461,806	\$311,163
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,185,018	748,461	(\$436,557)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$47,876,884	\$48,313,802	\$436,918
	TOTAL OUTPATIENT PAYMENTS	\$127,319,814	\$136,778,341	\$9,458,527
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$112,896,209	\$122,530,723	\$9,634,514
2	TOTAL MEDICARE	\$83,772,561	\$77,906,360	(\$5,866,201)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,462,697	\$25,235,729	(\$1,226,968)
4	TOTAL MEDICAID	\$26,462,697	\$25,235,729	(\$1,226,968)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$213,932	\$618,315	\$404,383
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,037,612	\$1,708,813	(\$328,799)
	TOTAL GOVERNMENT PAYMENTS	\$110,449,190	\$103,760,404	(\$6,688,786)
	TOTAL PAYMENTS	\$223,345,399	\$226,291,127	\$2,945,728

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.58%	9.24%	-0.34%
2	MEDICARE	24.55%	23.64%	-0.91%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.82%	7.30%	0.48%
4	MEDICAID	6.82%	7.30%	0.48%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.04%	0.11%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.35%	0.44%	0.09%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.42%	31.05%	-0.37%
	TOTAL INPATIENT PAYER MIX	41.01%	40.30%	-0.71%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.34%	22.64%	0.30%
2	MEDICARE	21.51%	22.05%	0.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.05%	14.77%	-0.28%
4	MEDICAID	15.05%	14.77%	-0.28%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.11%	0.24%	0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.93%	1.13%	0.20%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	36.66%	37.06%	0.41%
	TOTAL OUTPATIENT PAYER MIX	58.99%	59.70%	0.71%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.98%	15.05%	0.08%
2	MEDICARE	23.28%	20.21%	-3.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.71%	4.23%	-0.49%
4	MEDICAID	4.71%	4.23%	-0.49%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.03%	0.07%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38%	0.42%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	28.02%	24.50%	-3.51%
	TOTAL INPATIENT PAYER MIX	42.99%	39.56%	-3.44%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.57%	39.09%	3.52%
2	MEDICARE	14.23%	14.22%	-0.01%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.14%	6.93%	-0.21%
4	MEDICAID	7.14%	6.93%	-0.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.07%	0.20%	0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	0.33%	-0.20%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.44%	21.35%	-0.09%
	TOTAL OUTPATIENT PAYER MIX	57.01%	60.44%	3.44%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,446	2,434	(12)
2	MEDICARE	4,604	4,082	(522)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,137	1,968	(169)
4	MEDICAID	2,137	1,968	(169)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	21	27	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	96	220	124
	TOTAL GOVERNMENT DISCHARGES	6,762	6,077	(685)
	TOTAL DISCHARGES	9,208	8,511	(697)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,859	7,325	(534)
2	MEDICARE	22,113	20,012	(2,101)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,226	6,764	(462)
4	MEDICAID	7,226	6,764	(462)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	60	113	53
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	586	462	(124)
	TOTAL GOVERNMENT PATIENT DAYS	29,399	26,889	(2,510)
	TOTAL PATIENT DAYS	37,258	34,214	(3,044)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.0	(0.2)
2	MEDICARE	4.8	4.9	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.4	3.4	0.1
4	MEDICAID	3.4	3.4	0.1
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.9	4.2	1.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.1	2.1	(4.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.3	4.4	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.0	4.0	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.17024	1.22597	0.05573
2	MEDICARE	1.52983	1.63006	0.10023
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.00499	1.08108	0.07609
4	MEDICAID	1.00499	1.08108	0.07609
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.78797	1.34113	0.55316
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94141	1.20472	0.26331
	TOTAL GOVERNMENT CASE MIX INDEX	1.36166	1.45099	0.08933
	TOTAL CASE MIX INDEX	1.31081	1.38664	0.07583
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,401,432	\$176,479,579	\$1,078,147
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$123,536,229	\$122,530,723	(\$1,005,506)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,865,203	\$53,948,856	\$2,083,653
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.57%	30.57%	1.00%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,095,811	\$2,927,853	(\$1,167,958)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619	\$1,098,395	(\$496,224)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$6,216,157	\$5,621,530	(\$594,627)
9	BAD DEBTS	\$4,423,863	\$2,743,728	(\$1,680,135)
10	TOTAL UNCOMPENSATED CARE	\$10,640,020	\$8,365,258	(\$2,274,762)
11	TOTAL OTHER OPERATING REVENUE	\$7,100,035	\$8,469,002	\$1,368,967
12	TOTAL OPERATING EXPENSES	\$203,092,473	\$202,849,718	(\$242,755)

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,862.40704	2,984.01098	121.60394
2	MEDICARE	7,043.33732	6,653.90492	(389.43240)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,147.66363	2,127.56544	(20.09819)
4	MEDICAID	2,147.66363	2,127.56544	(20.09819)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	16.54737	36.21051	19.66314
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	90.37536	265.03840	174.66304
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	9,207.54832	8,817.68087	(389.86745)
	TOTAL CASE MIX ADJUSTED DISCHARGES	12,069.95536	11,801.69185	(268.26351)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,700.99393	5,961.69847	260.70454
2	MEDICARE	4,032.44597	3,807.67603	-224.76994
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,711.81859	3,980.79116	-731.02743
4	MEDICAID	4,711.81859	3,980.79116	-731.02743
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	49.98513	58.43788	8.45275
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	254.22347	564.67110	310.44763
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,794.24970	7,846.90507	-947.34462
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	14,495.24363	13,808.60354	-686.64009
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,687.11	\$11,416.24	(\$270.88)
2	MEDICARE	\$7,381.06	\$6,872.52	(\$508.54)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,899.13	\$4,493.87	(\$405.27)
4	MEDICAID	\$4,899.13	\$4,493.87	(\$405.27)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,824.72	\$4,322.20	\$497.48
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,433.92	\$3,623.44	(\$5,810.48)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,795.76	\$6,288.12	(\$507.65)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,955.75	\$7,584.74	(\$371.01)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,934.93	\$14,838.81	\$903.89
2	MEDICARE	\$7,882.37	\$8,450.63	\$568.26
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,383.20	\$3,937.59	\$554.40
4	MEDICAID	\$3,383.20	\$3,937.59	\$554.40
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,013.76	\$7,902.51	\$4,888.75
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,661.32	\$1,325.48	(\$3,335.84)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,444.11	\$6,157.05	\$712.94
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,783.56	\$9,905.30	\$1,121.74

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$21,199,296	\$17,965,464	(\$3,233,832)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$633,338	\$4,884,496	\$4,251,158
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,832,634	\$22,849,960	\$1,017,326
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$549,527,239	\$553,545,922	\$4,018,683
2	TOTAL GOVERNMENT DEDUCTIONS	\$263,676,617	\$273,305,939	\$9,629,322
3	UNCOMPENSATED CARE	\$10,640,020	\$8,365,258	(\$2,274,762)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,865,203	\$53,948,856	\$2,083,653
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,594,619	\$1,098,395	(\$496,224)
6	TOTAL ADJUSTMENTS	\$327,776,459	\$336,718,448	\$8,941,989
7	TOTAL ACCRUED PAYMENTS	\$221,750,780	\$216,827,474	(\$4,923,306)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$221,750,780	\$216,827,474	(\$4,923,306)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4035300969	0.3917063885	(0.0118237084)
11	COST OF UNCOMPENSATED CARE	\$4,293,568	\$3,276,725	(\$1,016,843)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$22,038,553	\$22,614,172	\$575,619
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,332,121	\$25,890,897	(\$441,224)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.53%	66.58%	3.06%
2	MEDICARE	38.53%	34.94%	-3.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.06%	23.66%	-4.40%
4	MEDICAID	28.06%	23.66%	-4.40%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	25.95%	25.10%	-0.85%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	44.31%	39.56%	-4.75%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	36.24%	32.25%	-3.98%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.61%	40.13%	-2.49%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	64.72%	70.59%	5.87%
2	MEDICARE	26.90%	26.36%	-0.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.28%	19.18%	-0.10%
4	MEDICAID	19.28%	19.18%	-0.10%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	25.95%	34.22%	8.27%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23.26%	12.01%	-11.24%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.77%	23.55%	-0.22%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	39.27%	41.39%	2.11%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
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	\$223,345,399	\$226,291,127	\$2,945,728
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$223,345,399	\$226,291,127	\$2,945,728
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$10,953,589)	(\$11,838,959)	(\$885,370)
4	CALCULATED NET REVENUE	\$219,316,865	\$214,452,168	(\$4,864,697)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$212,392,000	\$214,452,170	\$2,060,170
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$6,924,865	(\$2)	(\$6,924,867)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$549,527,239	\$553,545,922	\$4,018,683
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$549,527,239	\$553,545,922	\$4,018,683
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$549,527,239	\$553,545,920	\$4,018,681
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$2	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,640,020	\$8,365,258	(\$2,274,762)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,640,020	\$8,365,258	(\$2,274,762)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,640,020	\$8,365,258	(\$2,274,762)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,163,259
2	MEDICARE	130,865,045
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	40,412,597
4	MEDICAID	40,412,597
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	623,584
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,427,669
	TOTAL INPATIENT GOVERNMENT CHARGES	\$171,901,226
	TOTAL INPATIENT CHARGES	\$223,064,485
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$125,316,320
2	MEDICARE	122,070,479
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	81,744,974
4	MEDICAID	81,744,974
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,349,664
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,231,066
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$205,165,117
	TOTAL OUTPATIENT CHARGES	\$330,481,437
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$176,479,579
2	TOTAL GOVERNMENT ACCRUED CHARGES	377,066,343
	TOTAL ACCRUED CHARGES	\$553,545,922
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,066,184
2	MEDICARE	45,729,096
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,560,997
4	MEDICAID	9,560,997
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	156,509
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	960,352
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$55,446,602
	TOTAL INPATIENT PAYMENTS	\$89,512,786
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,464,539
2	MEDICARE	32,177,264
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,674,732
4	MEDICAID	15,674,732
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	461,806
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	748,461
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$48,313,802
	TOTAL OUTPATIENT PAYMENTS	\$136,778,341
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$122,530,723
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	103,760,404
	TOTAL ACCRUED PAYMENTS	\$226,291,127

MIDSTATE MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,434
2	MEDICARE	4,082
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,968
4	MEDICAID	1,968
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	27
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	220
	TOTAL GOVERNMENT DISCHARGES	6,077
	TOTAL DISCHARGES	8,511
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,22597
2	MEDICARE	1,63006
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,08108
4	MEDICAID	1,08108
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1,34113
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,20472
	TOTAL GOVERNMENT CASE MIX INDEX	1,45099
	TOTAL CASE MIX INDEX	1,38664
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$176,479,579
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$122,530,723
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$53,948,856
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	30.57%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,927,853
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,098,395
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$5,621,530
9	BAD DEBTS	\$2,743,728
10	TOTAL UNCOMPENSATED CARE	\$8,365,258
11	TOTAL OTHER OPERATING REVENUE	\$8,469,002
12	TOTAL OPERATING EXPENSES	\$202,849,718

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
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	\$226,291,127
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$226,291,127
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$11,838,959)
	CALCULATED NET REVENUE	\$214,452,168
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$214,452,170
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$553,545,922
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$553,545,922
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$553,545,920
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,365,258
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,365,258
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,365,258
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	6,304	5,987	(317)	-5%
2	Number of Approved Applicants	5,989	5,702	(287)	-5%
3	Total Charges (A)	\$6,216,157	\$5,621,530	(\$594,627)	-10%
4	Average Charges	\$1,038	\$986	(\$52)	-5%
5	Ratio of Cost to Charges (RCC)	0.378229	0.364863	(0.013366)	-4%
6	Total Cost	\$2,351,131	\$2,051,088	(\$300,043)	-13%
7	Average Cost	\$393	\$360	(\$33)	-8%
8	Charity Care - Inpatient Charges	\$1,205,338	\$843,230	(\$362,108)	-30%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,300,971	3,091,842	1,790,871	138%
10	Charity Care - Emergency Department Charges	3,709,848	1,686,458	(2,023,390)	-55%
11	Total Charges (A)	\$6,216,157	\$5,621,530	(\$594,627)	-10%
12	Charity Care - Number of Patient Days	1,781	1,978	197	11%
13	Charity Care - Number of Discharges	448	568	120	27%
14	Charity Care - Number of Outpatient ED Visits	6,572	3,879	(2,693)	-41%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,209	3,915	1,706	77%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,110,350	\$769,265	(\$341,085)	-31%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,405,186	829,274	(575,912)	-41%
3	Bad Debts - Emergency Department	1,908,327	1,145,189	(763,138)	-40%
4	Total Bad Debts (A)	\$4,423,863	\$2,743,728	(\$1,680,135)	-38%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$6,216,157	\$5,621,530	(\$594,627)	-10%
2	Bad Debts (A)	4,423,863	2,743,728	(1,680,135)	-38%
3	Total Uncompensated Care (A)	\$10,640,020	\$8,365,258	(\$2,274,762)	-21%
4	Uncompensated Care - Inpatient Services	\$2,315,688	\$1,612,495	(\$703,193)	-30%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,706,157	3,921,116	1,214,959	45%
6	Uncompensated Care - Emergency Department	5,618,175	2,831,647	(2,786,528)	-50%
7	Total Uncompensated Care (A)	\$10,640,020	\$8,365,258	(\$2,274,762)	-21%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	FY 2016 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
COMMERCIAL - ALL PAYERS					
1	Total Gross Revenue	\$175,401,432	\$176,479,579	\$1,078,147	1%
2	Total Contractual Allowances	\$51,865,203	\$53,948,856	\$2,083,653	4%
	Total Accrued Payments (A)	\$123,536,229	\$122,530,723	(\$1,005,506)	-1%
	Total Discount Percentage	29.57%	30.57%	1.00%	3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MIDSTATE MEDICAL CENTER				
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	\$226,391,995	\$225,338,050	\$223,064,485
2	Outpatient Gross Revenue	\$317,037,529	\$324,189,189	\$330,481,437
3	Total Gross Patient Revenue	\$543,429,524	\$549,527,239	\$553,545,922
4	Net Patient Revenue	\$219,132,186	\$212,391,809	\$214,452,168
B. Total Operating Expenses				
1	Total Operating Expense	\$208,792,651	\$203,092,473	\$202,849,718
C. Utilization Statistics				
1	Patient Days	39,492	37,258	34,214
2	Discharges	9,284	9,208	8,511
3	Average Length of Stay	4.3	4.0	4.0
4	Equivalent (Adjusted) Patient Days (EPD)	94,796	90,860	84,904
0	Equivalent (Adjusted) Discharges (ED)	22,285	22,455	21,120
D. Case Mix Statistics				
1	Case Mix Index	1.32670	1.31081	1.38664
2	Case Mix Adjusted Patient Days (CMAPD)	52,394	48,838	47,442
3	Case Mix Adjusted Discharges (CMAD)	12,317	12,070	11,802
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	125,766	119,101	117,731
5	Case Mix Adjusted Equivalent Discharges (CMAED)	29,566	29,435	29,287
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$13,760	\$14,749	\$16,179
2	Total Gross Revenue per Discharge	\$58,534	\$59,679	\$65,039
3	Total Gross Revenue per EPD	\$5,733	\$6,048	\$6,520
4	Total Gross Revenue per ED	\$24,385	\$24,472	\$26,209
5	Total Gross Revenue per CMAEPD	\$4,321	\$4,614	\$4,702
6	Total Gross Revenue per CMAED	\$18,380	\$18,669	\$18,901
7	Inpatient Gross Revenue per EPD	\$2,388	\$2,480	\$2,627
8	Inpatient Gross Revenue per ED	\$10,159	\$10,035	\$10,562

MIDSTATE MEDICAL CENTER				
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
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,549	\$5,701	\$6,268
2	Net Patient Revenue per Discharge	\$23,603	\$23,066	\$25,197
3	Net Patient Revenue per EPD	\$2,312	\$2,338	\$2,526
4	Net Patient Revenue per ED	\$9,833	\$9,458	\$10,154
5	Net Patient Revenue per CMAEPD	\$1,742	\$1,783	\$1,822
6	Net Patient Revenue per CMAED	\$7,412	\$7,216	\$7,323
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,287	\$5,451	\$5,929
2	Total Operating Expense per Discharge	\$22,490	\$22,056	\$23,834
3	Total Operating Expense per EPD	\$2,203	\$2,235	\$2,389
4	Total Operating Expense per ED	\$9,369	\$9,044	\$9,604
5	Total Operating Expense per CMAEPD	\$1,660	\$1,705	\$1,723
6	Total Operating Expense per CMAED	\$7,062	\$6,900	\$6,926
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$27,000,116	\$26,330,425	\$26,116,182
2	Nursing Fringe Benefits Expense	\$7,365,276	\$7,006,264	\$6,949,256
3	Total Nursing Salary and Fringe Benefits Expense	\$34,365,392	\$33,336,689	\$33,065,438
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$8,218,072	\$7,884,815	\$7,750,719
2	Physician Fringe Benefits Expense	\$1,416,831	\$1,347,769	\$1,324,848
3	Total Physician Salary and Fringe Benefits Expense	\$9,634,903	\$9,232,584	\$9,075,567
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$34,527,167	\$32,498,265	\$29,646,637
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$10,870,710	\$8,973,235	\$8,354,780
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$45,397,877	\$41,471,500	\$38,001,417
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$69,745,355	\$66,713,505	\$63,513,538
2	Total Fringe Benefits Expense	\$19,652,817	\$17,327,268	\$16,628,884
3	Total Salary and Fringe Benefits Expense	\$89,398,172	\$84,040,773	\$80,142,422

MIDSTATE MEDICAL CENTER				
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
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	298.4	263.7	272.1
2	Total Physician FTEs	45.6	46.4	22.4
3	Total Non-Nursing, Non-Physician FTEs	619.3	566.8	549.7
4	Total Full Time Equivalent Employees (FTEs)	963.3	876.9	844.2
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$90,483	\$99,850	\$95,980
2	Nursing Fringe Benefits Expense per FTE	\$24,683	\$26,569	\$25,539
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$115,166	\$126,419	\$121,519
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$180,221	\$169,931	\$346,014
2	Physician Fringe Benefits Expense per FTE	\$31,071	\$29,047	\$59,145
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$211,292	\$198,978	\$405,159
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,752	\$57,336	\$53,932
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,553	\$15,831	\$15,199
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,305	\$73,168	\$69,131
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$72,403	\$76,079	\$75,235
2	Total Fringe Benefits Expense per FTE	\$20,402	\$19,760	\$19,698
3	Total Salary and Fringe Benefits Expense per FTE	\$92,804	\$95,838	\$94,933
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,264	\$2,256	\$2,342
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,629	\$9,127	\$9,416
3	Total Salary and Fringe Benefits Expense per EPD	\$943	\$925	\$944
4	Total Salary and Fringe Benefits Expense per ED	\$4,012	\$3,743	\$3,795
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$711	\$706	\$681
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,024	\$2,855	\$2,736