

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$1,171,348	\$2,256,558	\$1,085,210	93%
2	Short Term Investments	\$3,536,565	\$1,318,374	(\$2,218,191)	-63%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,480,597	\$6,548,786	(\$1,931,811)	-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	\$775,631	\$1,100,067	\$324,436	42%
8	Prepaid Expenses	\$360,501	\$428,579	\$68,078	19%
9	Other Current Assets	\$983,092	\$919,934	(\$63,158)	-6%
	Total Current Assets	\$15,307,734	\$12,572,298	(\$2,735,436)	-18%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,665,769	\$1,696,568	\$30,799	2%
	Total Noncurrent Assets Whose Use is Limited:	\$1,665,769	\$1,696,568	\$30,799	2%
5	Interest in Net Assets of Foundation	\$946,440	\$1,216,926	\$270,486	29%
6	Long Term Investments	\$457,556	\$477,448	\$19,892	4%
7	Other Noncurrent Assets	\$3,826,862	\$2,740,691	(\$1,086,171)	-28%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$53,080,312	\$52,598,495	(\$481,817)	-1%
2	Less: Accumulated Depreciation	\$32,778,530	\$34,239,316	\$1,460,786	4%
	Property, Plant and Equipment, Net	\$20,301,782	\$18,359,179	(\$1,942,603)	-10%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$20,301,782	\$18,359,179	(\$1,942,603)	-10%
	Total Assets	\$42,506,143	\$37,063,110	(\$5,443,033)	-13%

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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	\$6,717,519	\$4,415,431	(\$2,302,088)	-34%
2	Salaries, Wages and Payroll Taxes	\$5,785,222	\$5,083,631	(\$701,591)	-12%
3	Due To Third Party Payers	\$920,996	\$633,085	(\$287,911)	-31%
4	Due To Affiliates	\$230,880	\$169,786	(\$61,094)	-26%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,465,236	\$2,567,378	\$102,142	4%
	Total Current Liabilities	\$16,119,853	\$12,869,311	(\$3,250,542)	-20%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$8,000,000	\$8,000,000	\$0	0%
	Total Long Term Debt	\$8,000,000	\$8,000,000	\$0	0%
3	Accrued Pension Liability	\$32,759,034	\$38,712,756	\$5,953,722	18%
4	Other Long Term Liabilities	\$6,994,390	\$5,688,788	(\$1,305,602)	-19%
	Total Long Term Liabilities	\$47,753,424	\$52,401,544	\$4,648,120	10%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$22,867,574)	(\$29,978,671)	(\$7,111,097)	31%
2	Temporarily Restricted Net Assets	\$826,677	\$1,097,163	\$270,486	33%
3	Permanently Restricted Net Assets	\$673,763	\$673,763	\$0	0%
	Total Net Assets	(\$21,367,134)	(\$28,207,745)	(\$6,840,611)	32%
	Total Liabilities and Net Assets	\$42,506,143	\$37,063,110	(\$5,443,033)	-13%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$201,245,838	\$207,773,119	\$6,527,281	3%
2	Less: Allowances	\$135,274,838	\$140,637,108	\$5,362,270	4%
3	Less: Charity Care	\$245,354	\$300,473	\$55,119	22%
4	Less: Other Deductions	\$1,796,306	\$829,025	(\$967,281)	-54%
	Total Net Patient Revenue	\$63,929,340	\$66,006,513	\$2,077,173	3%
5	Provision for Bad Debts	\$3,556,700	\$3,982,595	\$425,895	12%
	Net Patient Service Revenue less provision for bad debts	\$60,372,640	\$62,023,918	\$1,651,278	3%
6	Other Operating Revenue	\$3,567,807	\$5,924,574	\$2,356,767	66%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$63,940,447	\$67,948,492	\$4,008,045	6%
B. Operating Expenses:					
1	Salaries and Wages	\$32,255,430	\$33,709,901	\$1,454,471	5%
2	Fringe Benefits	\$10,121,904	\$8,294,963	(\$1,826,941)	-18%
3	Physicians Fees	\$1,108,353	\$985,221	(\$123,132)	-11%
4	Supplies and Drugs	\$11,980,208	\$12,144,661	\$164,453	1%
5	Depreciation and Amortization	\$2,462,228	\$2,354,624	(\$107,604)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$85,184	\$68,338	(\$16,846)	-20%
8	Malpractice Insurance Cost	\$711,640	\$572,805	(\$138,835)	-20%
9	Other Operating Expenses	\$9,941,141	\$9,168,485	(\$772,656)	-8%
	Total Operating Expenses	\$68,666,088	\$67,298,998	(\$1,367,090)	-2%
	Income/(Loss) From Operations	(\$4,725,641)	\$649,494	\$5,375,135	-114%
C. Non-Operating Revenue:					
1	Income from Investments	\$296,789	\$139,451	(\$157,338)	-53%
2	Gifts, Contributions and Donations	\$22,978	\$2,485	(\$20,493)	-89%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$319,767	\$141,936	(\$177,831)	-56%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$4,405,874)	\$791,430	\$5,197,304	-118%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$207,863)	(\$39,227)	\$168,636	-81%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$207,863)	(\$39,227)	\$168,636	-81%
	Excess/(Deficiency) of Revenue Over Expenses	(\$4,613,737)	\$752,203	\$5,365,940	-116%
	Principal Payments	\$1	\$1	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$46,762,527	\$48,492,147	\$1,729,620	4%
2	MEDICARE MANAGED CARE	\$21,390,161	\$21,701,179	\$311,018	1%
3	MEDICAID	\$7,962,245	\$7,791,203	(\$171,042)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$0	\$19,106	\$19,106	0%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$28,264,387	\$29,085,694	\$821,307	3%
8	WORKER'S COMPENSATION	\$524,200	\$736,217	\$212,017	40%
9	SELF- PAY/UNINSURED	\$758,177	\$605,694	(\$152,483)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$138,845	\$148,311	\$9,466	7%
	TOTAL INPATIENT GROSS REVENUE	\$105,800,542	\$108,579,551	\$2,779,009	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$23,519,730	\$24,207,461	\$687,731	3%
2	MEDICARE MANAGED CARE	\$11,404,805	\$11,654,636	\$249,831	2%
3	MEDICAID	\$18,535,877	\$18,369,635	(\$166,242)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$139,543	\$184,061	\$44,518	32%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$36,789,159	\$38,881,432	\$2,092,273	6%
8	WORKER'S COMPENSATION	\$978,472	\$1,088,819	\$110,347	11%
9	SELF- PAY/UNINSURED	\$3,899,766	\$4,578,715	\$678,949	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$177,944	\$228,810	\$50,866	29%
	TOTAL OUTPATIENT GROSS REVENUE	\$95,445,296	\$99,193,569	\$3,748,273	4%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$70,282,257	\$72,699,608	\$2,417,351	3%
2	MEDICARE MANAGED CARE	\$32,794,966	\$33,355,815	\$560,849	2%
3	MEDICAID	\$26,498,122	\$26,160,838	(\$337,284)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$139,543	\$203,167	\$63,624	46%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$65,053,546	\$67,967,126	\$2,913,580	4%
8	WORKER'S COMPENSATION	\$1,502,672	\$1,825,036	\$322,364	21%
9	SELF- PAY/UNINSURED	\$4,657,943	\$5,184,409	\$526,466	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$316,789	\$377,121	\$60,332	19%
	TOTAL GROSS REVENUE	\$201,245,838	\$207,773,120	\$6,527,282	3%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$13,083,835	\$13,745,449	\$661,614	5%
2	MEDICARE MANAGED CARE	\$5,958,792	\$6,123,794	\$165,002	3%

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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	\$1,391,159	\$1,350,019	(\$41,140)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$0	\$12,304	\$12,304	0%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$11,213,003	\$10,460,217	(\$752,786)	-7%
8	WORKER'S COMPENSATION	\$257,527	\$566,893	\$309,366	120%
9	SELF- PAY/UNINSURED	\$75,818	\$55,814	(\$20,004)	-26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$36,215	\$71,959	\$35,744	99%
	TOTAL INPATIENT NET REVENUE	\$32,016,349	\$32,386,449	\$370,100	1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,318,625	\$5,214,108	(\$104,517)	-2%
2	MEDICARE MANAGED CARE	\$2,459,276	\$2,337,712	(\$121,564)	-5%
3	MEDICAID	\$5,019,976	\$4,285,321	(\$734,655)	-15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$38,199	\$57,243	\$19,044	50%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$16,246,705	\$17,372,332	\$1,125,627	7%
8	WORKER'S COMPENSATION	\$643,033	\$658,469	\$15,436	2%
9	SELF- PAY/UNINSURED	\$389,977	\$444,186	\$54,209	14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$36,804	\$97,122	\$60,318	164%
	TOTAL OUTPATIENT NET REVENUE	\$30,152,595	\$30,466,493	\$313,898	1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$18,402,460	\$18,959,557	\$557,097	3%
2	MEDICARE MANAGED CARE	\$8,418,068	\$8,461,506	\$43,438	1%
3	MEDICAID	\$6,411,135	\$5,635,340	(\$775,795)	-12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$38,199	\$69,547	\$31,348	82%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$27,459,708	\$27,832,549	\$372,841	1%
8	WORKER'S COMPENSATION	\$900,560	\$1,225,362	\$324,802	36%
9	SELF- PAY/UNINSURED	\$465,795	\$500,000	\$34,205	7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$73,019	\$169,081	\$96,062	132%
	TOTAL NET REVENUE	\$62,168,944	\$62,852,942	\$683,998	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,328	1,227	(101)	-8%
2	MEDICARE MANAGED CARE	613	562	(51)	-8%
3	MEDICAID	323	255	(68)	-21%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	0	1	1	0%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	887	791	(96)	-11%
8	WORKER'S COMPENSATION	12	13	1	8%

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

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	33	24	(9)	-27%
10	SAGA	0	0	0	0%
11	OTHER	5	7	2	40%
	TOTAL DISCHARGES	3,201	2,880	(321)	-10%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	5,511	5,196	(315)	-6%
2	MEDICARE MANAGED CARE	2,580	2,372	(208)	-8%
3	MEDICAID	1,252	979	(273)	-22%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	0	2	2	0%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	2,593	2,391	(202)	-8%
8	WORKER'S COMPENSATION	51	30	(21)	-41%
9	SELF- PAY/UNINSURED	101	79	(22)	-22%
10	SAGA	0	0	0	0%
11	OTHER	22	22	0	0%
	TOTAL PATIENT DAYS	12,110	11,071	(1,039)	-9%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	8,271	8,196	(75)	-1%
2	MEDICARE MANAGED CARE	4,680	4,592	(88)	-2%
3	MEDICAID	10,354	9,638	(716)	-7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	99	97	(2)	-2%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	23,865	21,659	(2,206)	-9%
8	WORKER'S COMPENSATION	821	674	(147)	-18%
9	SELF- PAY/UNINSURED	1,615	1,695	80	5%
10	SAGA	0	0	0	0%
11	OTHER	124	127	3	2%
	TOTAL OUTPATIENT VISITS	49,829	46,678	(3,151)	-6%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$7,062,198	\$8,428,514	\$1,366,316	19%
2	MEDICARE MANAGED CARE	\$3,208,323	\$4,206,104	\$997,781	31%
3	MEDICAID	\$12,246,235	\$11,559,652	(\$686,583)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$70,913	\$79,615	\$8,702	12%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$13,626,571	\$16,168,239	\$2,541,668	19%
8	WORKER'S COMPENSATION	\$523,664	\$654,242	\$130,578	25%
9	SELF- PAY/UNINSURED	\$1,547,493	\$1,933,809	\$386,316	25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$132,888	\$194,561	\$61,673	46%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$38,418,285	\$43,224,736	\$4,806,451	13%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,391,659	\$1,969,471	\$577,812	42%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$610,855	\$1,059,589	\$448,734	73%
3	MEDICAID	\$3,016,872	\$2,856,057	(\$160,815)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$14,936	\$27,255	\$12,319	82%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$6,109,324	\$14,647,591	\$8,538,267	140%
8	WORKER'S COMPENSATION	\$308,241	\$394,304	\$86,063	28%
9	SELF- PAY/UNINSURED	\$54,419	\$59,457	\$5,038	9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$21,361	\$89,545	\$68,184	319%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$11,527,667	\$21,103,269	\$9,575,602	83%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	3,003	3,159	156	5%
2	MEDICARE MANAGED CARE	1,274	1,438	164	13%
3	MEDICAID	5,725	5,429	(296)	-5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	50	45	(5)	-10%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	7,079	7,121	42	1%
8	WORKER'S COMPENSATION	455	376	(79)	-17%
9	SELF- PAY/UNINSURED	980	1,031	51	5%
10	SAGA	0	0	0	0%
11	OTHER	98	105	7	7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	18,664	18,704	40	0%

MILFORD HOSPITAL					
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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
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$14,504,923	\$13,720,865	(\$784,058)	-5%
2	Physician Salaries	\$3,081,841	\$5,764,295	\$2,682,454	87%
3	Non-Nursing, Non-Physician Salaries	\$14,668,666	\$14,224,741	(\$443,925)	-3%
	Total Salaries & Wages	\$32,255,430	\$33,709,901	\$1,454,471	5%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$4,784,452	\$3,719,409	(\$1,065,043)	-22%
2	Physician Fringe Benefits	\$495,240	\$704,333	\$209,093	42%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,842,212	\$3,871,221	(\$970,991)	-20%
	Total Fringe Benefits	\$10,121,904	\$8,294,963	(\$1,826,941)	-18%
C. Contractual Labor Fees:					
1	Nursing Fees	\$25,489	\$23,679	(\$1,810)	-7%
2	Physician Fees	\$1,108,353	\$985,221	(\$123,132)	-11%
3	Non-Nursing, Non-Physician Fees	\$0	\$62,747	\$62,747	0%
	Total Contractual Labor Fees	\$1,133,842	\$1,071,647	(\$62,195)	-5%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$9,646,973	\$9,827,012	\$180,039	2%
2	Pharmaceutical Costs	\$2,333,235	\$2,317,649	(\$15,586)	-1%
	Total Medical Supplies and Pharmaceutical Cost	\$11,980,208	\$12,144,661	\$164,453	1%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$845,041	\$1,029,494	\$184,453	22%
2	Depreciation-Equipment	\$1,617,187	\$1,325,130	(\$292,057)	-18%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$2,462,228	\$2,354,624	(\$107,604)	-4%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$85,184	\$68,338	(\$16,846)	-20%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$711,640	\$572,805	(\$138,835)	-20%
I. Utilities:					
1	Water	\$78,982	\$68,052	(\$10,930)	-14%
2	Natural Gas	\$334,214	\$293,624	(\$40,590)	-12%
3	Oil	\$15,288	\$1,316	(\$13,972)	-91%
4	Electricity	\$937,429	\$935,835	(\$1,594)	0%
5	Telephone	\$80,173	\$70,822	(\$9,351)	-12%
6	Other Utilities	\$54,066	\$56,789	\$2,723	5%
	Total Utilities	\$1,500,152	\$1,426,438	(\$73,714)	-5%
J. Business Expenses:					
1	Accounting Fees	\$153,487	\$130,656	(\$22,831)	-15%
2	Legal Fees	\$159,130	\$197,076	\$37,946	24%
3	Consulting Fees	\$63,085	\$47,945	(\$15,140)	-24%
4	Dues and Membership	\$239,839	\$227,623	(\$12,216)	-5%
5	Equipment Leases	\$153,191	\$115,473	(\$37,718)	-25%
6	Building Leases	\$147,618	\$149,210	\$1,592	1%
7	Repairs and Maintenance	\$95,129	\$125,908	\$30,779	32%
8	Insurance	\$231,026	\$232,417	\$1,391	1%
9	Travel	\$20,709	\$19,440	(\$1,269)	-6%
10	Conferences	\$5,905	\$5,483	(\$422)	-7%
11	Property Tax	\$0	\$2,009	\$2,009	0%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
12	General Supplies	\$182,895	\$139,000	(\$43,895)	-24%
13	Licenses and Subscriptions	\$206,249	\$166,646	(\$39,603)	-19%
14	Postage and Shipping	\$32,871	\$23,939	(\$8,932)	-27%
15	Advertising	\$87,513	\$71,106	(\$16,407)	-19%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$618,945	\$478,141	(\$140,804)	-23%
20	Lab Fees / Red Cross charges	\$739,263	\$709,878	(\$29,385)	-4%
21	Billing & Collection / Bank Fees	\$511,364	\$480,267	(\$31,097)	-6%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$246,463	\$190,151	(\$56,312)	-23%
24	Professional / Physician Fees	\$1,108,353	\$984,080	(\$124,273)	-11%
25	Waste disposal	\$67,499	\$71,149	\$3,650	5%
26	Purchased Services - Medical	\$498,323	\$527,364	\$29,041	6%
27	Purchased Services - Non Medical	\$831,315	\$1,203,106	\$371,791	45%
28	Other Business Expenses	\$209,163	\$158,964	(\$50,199)	-24%
	Total Business Expenses	\$6,609,335	\$6,457,031	(\$152,304)	-2%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$1,806,165	\$1,198,590	(\$607,575)	-34%
	Total Operating Expenses - All Expense Categories*	\$68,666,088	\$67,298,998	(\$1,367,090)	-2%
*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$2,057,605	\$2,540,445	\$482,840	23%
2	General Accounting	\$711,640	\$692,918	(\$18,722)	-3%
3	Patient Billing & Collection	\$1,131,989	\$1,284,808	\$152,819	14%
4	Admitting / Registration Office	\$638,191	\$837,482	\$199,291	31%
5	Data Processing	\$2,318,178	\$2,529,743	\$211,565	9%
6	Communications	\$436,592	\$522,479	\$85,887	20%
7	Personnel	\$367,590	\$426,588	\$58,998	16%
8	Public Relations	\$107,125	\$136,985	\$29,860	28%
9	Purchasing	\$438,190	\$441,348	\$3,158	1%
10	Dietary and Cafeteria	\$1,462,722	\$1,477,747	\$15,025	1%
11	Housekeeping	\$1,152,059	\$1,333,724	\$181,665	16%
12	Laundry & Linen	\$95,663	\$19,596	(\$76,067)	-80%
13	Operation of Plant	\$2,115,570	\$1,976,345	(\$139,225)	-7%
14	Security	\$236,404	\$244,291	\$7,887	3%
15	Repairs and Maintenance	\$742,552	\$952,582	\$210,030	28%
16	Central Sterile Supply	\$364,608	\$469,603	\$104,995	29%
17	Pharmacy Department	\$3,122,945	\$3,185,214	\$62,269	2%
18	Other General Services	\$5,281,875	\$1,841,835	(\$3,440,040)	-65%
	Total General Services	\$22,781,498	\$20,913,733	(\$1,867,765)	-8%
B.	Professional Services:				
1	Medical Care Administration	\$576,006	\$790,636	\$214,630	37%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$982,774	\$1,198,333	\$215,559	22%
4	Medical Records	\$734,165	\$1,141,025	\$406,860	55%
5	Social Service	\$267,756	\$343,700	\$75,944	28%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,560,701	\$3,473,694	\$912,993	36%
C.	Special Services:				
1	Operating Room	\$1,994,380	\$2,389,476	\$395,096	20%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	Recovery Room	\$446,713	\$551,221	\$104,508	23%
3	Anesthesiology	\$105,432	\$103,646	(\$1,786)	-2%
4	Delivery Room	\$117,196	\$0	(\$117,196)	-100%
5	Diagnostic Radiology	\$2,877,345	\$2,125,937	(\$751,408)	-26%
6	Diagnostic Ultrasound	\$436,449	\$531,573	\$95,124	22%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$529,004	\$596,659	\$67,655	13%
10	Laboratory	\$3,942,960	\$4,254,080	\$311,120	8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$82,770	\$89,071	\$6,301	8%
14	Electroencephalography	\$8,512	\$5,688	(\$2,824)	-33%
15	Occupational Therapy	\$64,330	\$140,071	\$75,741	118%
16	Speech Pathology	\$39,853	\$39,185	(\$668)	-2%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$838,569	\$1,032,673	\$194,104	23%
19	Pulmonary Function	\$111,177	\$131,840	\$20,663	19%
20	Intravenous Therapy	\$322,972	\$292,198	(\$30,774)	-10%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$119,767	\$125,760	\$5,993	5%
24	Emergency Room	\$5,342,183	\$8,938,819	\$3,596,636	67%
25	MRI	\$393,790	\$455,317	\$61,527	16%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$60,932	\$70,915	\$9,983	16%
28	Endoscopy	\$586,026	\$501,674	(\$84,352)	-14%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$587,094	\$611,272	\$24,178	4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$12,895,860	\$8,940,435	(\$3,955,425)	-31%
	Total Special Services	\$31,903,314	\$31,927,510	\$24,196	0%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,058,489	\$7,000,144	(\$58,345)	-1%
2	Intensive Care Unit	\$2,184,526	\$2,747,664	\$563,138	26%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$595,115	\$0	(\$595,115)	-100%
7	Newborn Nursery Unit	\$562,540	\$0	(\$562,540)	-100%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,019,905	\$1,236,253	\$216,348	21%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$11,420,575	\$10,984,061	(\$436,514)	-4%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$68,666,088	\$67,298,998	(\$1,367,090)	-2%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$63,500,794	\$60,372,640	\$62,023,918
2	Other Operating Revenue	1,352,459	3,567,807	5,924,574
3	Total Operating Revenue	\$64,853,253	\$63,940,447	\$67,948,492
4	Total Operating Expenses	72,076,598	68,666,088	67,298,998
5	Income/(Loss) From Operations	(\$7,223,345)	(\$4,725,641)	\$649,494
6	Total Non-Operating Revenue	19,611	111,904	102,709
7	Excess/(Deficiency) of Revenue Over Expenses	(\$7,203,734)	(\$4,613,737)	\$752,203
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-11.13%	-7.38%	0.95%
2	Hospital Non Operating Margin	0.03%	0.17%	0.15%
3	Hospital Total Margin	-11.10%	-7.20%	1.11%
4	Income/(Loss) From Operations	(\$7,223,345)	(\$4,725,641)	\$649,494
5	Total Operating Revenue	\$64,853,253	\$63,940,447	\$67,948,492
6	Total Non-Operating Revenue	\$19,611	\$111,904	\$102,709
7	Total Revenue	\$64,872,864	\$64,052,351	\$68,051,201
8	Excess/(Deficiency) of Revenue Over Expenses	(\$7,203,734)	(\$4,613,737)	\$752,203
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$2,536,448)	(\$22,867,574)	(\$29,978,671)
2	Hospital Total Net Assets	(\$1,022,209)	(\$21,367,134)	(\$28,207,745)
3	Hospital Change in Total Net Assets	(\$9,628,306)	(\$20,344,925)	(\$6,840,611)
4	Hospital Change in Total Net Assets %	-11.9%	1990.3%	32.0%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
D. Cost Data Summary				
1	<u>Ratio of Cost to Charges</u>	0.36	0.34	0.31
2	Total Operating Expenses	\$72,076,598	\$68,666,088	\$67,298,998
3	Total Gross Revenue	\$197,304,279	\$201,245,838	\$207,773,120
4	Total Other Operating Revenue	\$1,352,459	\$669,361	\$5,924,574
5	<u>Private Payment to Cost Ratio</u>	1.20	1.25	1.32
6	Total Non-Government Payments	\$29,844,277	\$28,826,063	\$29,557,911
7	Total Uninsured Payments	\$190,937	\$465,795	\$500,000
8	Total Non-Government Charges	\$72,984,179	\$71,214,161	\$74,976,571
9	Total Uninsured Charges	\$4,600,235	\$4,657,943	\$5,184,409
10	<u>Medicare Payment to Cost Ratio</u>	0.80	0.77	0.82
11	Total Medicare Payments	\$28,561,974	\$26,820,528	\$27,421,063
12	Total Medicare Charges	\$98,307,484	\$103,077,223	\$106,055,423
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.71	0.68
14	Total Medicaid Payments	\$6,400,006	\$6,411,135	\$5,635,340
15	Total Medicaid Charges	\$25,456,471	\$26,498,122	\$26,160,838
16	<u>Uncompensated Care Cost</u>	\$2,245,167	\$1,292,979	\$1,348,850
17	Charity Care	\$579,795	\$245,354	\$300,473
18	Bad Debts	\$5,608,309	\$3,556,700	\$3,982,595
19	Total Uncompensated Care	\$6,188,104	\$3,802,054	\$4,283,068
20	<u>Uncompensated Care % of Total Expenses</u>	3.1%	1.9%	2.0%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses	\$72,076,598	\$68,666,088	\$67,298,998
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$18,171,554	\$15,307,734	\$12,572,298
3	Total Current Liabilities	\$18,626,628	\$16,119,853	\$12,869,311
4	<u>Days Cash on Hand</u>	37	26	20
5	Cash and Cash Equivalents	\$6,892,694	\$1,171,348	\$2,256,558
6	Short Term Investments	110,778	3,536,565	1,318,374
7	Total Cash and Short Term Investments	\$7,003,472	\$4,707,913	\$3,574,932
8	Total Operating Expenses	\$72,076,598	\$68,666,088	\$67,298,998
9	Depreciation Expense	\$2,687,549	\$2,462,228	\$2,354,624
10	Operating Expenses less Depreciation Expense	\$69,389,049	\$66,203,860	\$64,944,374
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	46	35
12	Net Patient Accounts Receivable	\$8,850,797	\$8,480,597	\$6,548,786
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,226,150	\$920,996	\$633,085
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$6,624,647	\$7,559,601	\$5,915,701
16	Total Net Patient Revenue	\$63,500,794	\$60,372,640	\$62,023,918
17	<u>Average Payment Period</u>	98	89	72
18	Total Current Liabilities	\$18,626,628	\$16,119,853	\$12,869,311
19	Total Operating Expenses	\$72,076,598	\$68,666,088	\$67,298,998
20	Depreciation Expense	\$2,687,549	\$2,462,228	\$2,354,624

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses less Depreciation Expense	\$69,389,049	\$66,203,860	\$64,944,374
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	(2.2)	(50.3)	(76.1)
2	Total Net Assets	(\$1,022,209)	(\$21,367,134)	(\$28,207,745)
3	Total Assets	\$46,942,063	\$42,506,143	\$37,063,110
4	<u>Cash Flow to Total Debt Ratio</u>	(18.3)	(8.9)	14.9
5	Excess/(Deficiency) of Revenues Over Expenses	(\$7,203,734)	(\$4,613,737)	\$752,203
6	Depreciation Expense	\$2,687,549	\$2,462,228	\$2,354,624
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$4,516,185)	(\$2,151,509)	\$3,106,827
8	Total Current Liabilities	\$18,626,628	\$16,119,853	\$12,869,311
9	Total Long Term Debt	\$6,000,000	\$8,000,000	\$8,000,000
10	Total Current Liabilities and Total Long Term Debt	\$24,626,628	\$24,119,853	\$20,869,311
11	<u>Long Term Debt to Capitalization Ratio</u>	120.5	(59.8)	(39.6)
12	Total Long Term Debt	\$6,000,000	\$8,000,000	\$8,000,000
13	Total Net Assets	(\$1,022,209)	(\$21,367,134)	(\$28,207,745)
14	Total Long Term Debt and Total Net Assets	\$4,977,791	(\$13,367,134)	(\$20,207,745)
15	<u>Debt Service Coverage Ratio</u>	(166.5)	(24.3)	46.5
16	Excess Revenues over Expenses	(7,203,734)	(\$4,613,737)	\$752,203
17	Interest Expense	26,961	\$85,184	\$68,338
18	Depreciation and Amortization Expense	2,687,549	\$2,462,228	\$2,354,624
19	Principal Payments	1	\$1	\$1
G. <u>Other Financial Ratios</u>				

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
20	<u>Average Age of Plant</u>	11.4	13.3	14.5
21	Accumulated Depreciation	30,714,786	32,778,530	34,239,316
22	Depreciation and Amortization Expense	2,687,549	2,462,228	2,354,624
H. <u>Utilization Measures Summary</u>				
1	Patient Days	12,880	12,110	11,071
2	Discharges	3,121	3,201	2,880
3	ALOS	4.1	3.8	3.8
4	Staffed Beds	43	41	31
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
7	Occupancy of Staffed Beds	82.1%	80.9%	97.8%
8	Occupancy of Available Beds	29.9%	28.1%	25.7%
9	Full Time Equivalent Employees	468.0	444.2	434.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	34.7%	33.1%	33.6%
2	Medicare Gross Revenue Payer Mix Percentage	49.8%	51.2%	51.0%
3	Medicaid Gross Revenue Payer Mix Percentage	12.9%	13.2%	12.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	2.3%	2.3%	2.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$68,383,944	\$66,556,218	\$69,792,162
9	Medicare Gross Revenue (Charges)	\$98,307,484	\$103,077,223	\$106,055,423
10	Medicaid Gross Revenue (Charges)	\$25,456,471	\$26,498,122	\$26,160,838
11	Other Medical Assistance Gross Revenue (Charges)	\$256,361	\$316,789	\$377,121
12	Uninsured Gross Revenue (Charges)	\$4,600,235	\$4,657,943	\$5,184,409
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$299,784	\$139,543	\$203,167
14	Total Gross Revenue (Charges)	\$197,304,279	\$201,245,838	\$207,773,120
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	45.7%	45.6%	46.2%
2	Medicare Net Revenue Payer Mix Percentage	44.0%	43.1%	43.6%
3	Medicaid Net Revenue Payer Mix Percentage	9.9%	10.3%	9.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.3%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.7%	0.8%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
8	Non-Government Net Revenue (Payments)	\$29,653,340	\$28,360,268	\$29,057,911
9	Medicare Net Revenue (Payments)	\$28,561,974	\$26,820,528	\$27,421,063
10	Medicaid Net Revenue (Payments)	\$6,400,006	\$6,411,135	\$5,635,340
11	Other Medical Assistance Net Revenue (Payments)	\$53,284	\$73,019	\$169,081
12	Uninsured Net Revenue (Payments)	\$190,937	\$465,795	\$500,000
13	CHAMPUS / TRICARE Net Revenue Payments)	\$84,198	\$38,199	\$69,547
14	Total Net Revenue (Payments)	\$64,943,739	\$62,168,944	\$62,852,942
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	916	932	828
2	Medicare	1,867	1,941	1,789
3	Medical Assistance	335	328	262
4	Medicaid	333	323	255
5	Other Medical Assistance	2	5	7
6	CHAMPUS / TRICARE	3	-	1
7	Uninsured (Included In Non-Government)	55	33	24
8	Total	3,121	3,201	2,880
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.39700	1.41370	1.56949
2	Medicare	1.47070	1.42530	1.50370
3	Medical Assistance	1.10945	0.99157	1.20956
4	Medicaid	1.11100	0.99048	1.21733
5	Other Medical Assistance	0.85140	1.06230	0.92653
6	CHAMPUS / TRICARE	1.67740	0.00000	1.65840
7	Uninsured (Included In Non-Government)	1.27420	1.10100	1.01800
8	Total Case Mix Index	1.41049	1.37748	1.49591
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	2,897	3,031	2,602
2	Emergency Room - Treated and Discharged	19,735	18,664	18,704
3	Total Emergency Room Visits	22,632	21,695	21,306

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$312,287	\$1,276,266	\$963,979	309%
2	Inpatient Payments	\$94,784	\$344,496	\$249,712	263%
3	Outpatient Charges	\$319,784	\$949,674	\$629,890	197%
4	Outpatient Payments	\$71,743	\$190,935	\$119,192	166%
5	Discharges	8	35	27	338%
6	Patient Days	39	126	87	223%
7	Outpatient Visits (Excludes ED Visits)	66	244	178	270%
8	Emergency Department Outpatient Visits	45	136	91	202%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$632,071	\$2,225,940	\$1,593,869	252%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$166,527	\$535,431	\$368,904	222%
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	\$8,608,774	\$8,987,540	\$378,766	4%
2	Inpatient Payments	\$2,387,477	\$2,469,579	\$82,102	3%
3	Outpatient Charges	\$4,450,046	\$4,313,383	(\$136,663)	-3%
4	Outpatient Payments	\$987,088	\$830,924	(\$156,164)	-16%
5	Discharges	245	231	(14)	-6%
6	Patient Days	1,038	970	(68)	-7%
7	Outpatient Visits (Excludes ED Visits)	1,012	881	(131)	-13%
8	Emergency Department Outpatient Visits	462	479	17	4%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,058,820	\$13,300,923	\$242,103	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,374,565	\$3,300,503	(\$74,062)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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	\$60,358	\$35,682	(\$24,676)	-41%
2	Inpatient Payments	\$22,200	\$9,631	(\$12,569)	-57%
3	Outpatient Charges	\$46,218	\$44,696	(\$1,522)	-3%
4	Outpatient Payments	\$26,856	\$10,663	(\$16,193)	-60%
5	Discharges	2	1	(1)	-50%
6	Patient Days	6	9	3	50%
7	Outpatient Visits (Excludes ED Visits)	3	8	5	167%
8	Emergency Department Outpatient Visits	9	16	7	78%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$106,576	\$80,378	(\$26,198)	-25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$49,056	\$20,294	(\$28,762)	-59%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$7,957,714	\$6,860,015	(\$1,097,699)	-14%
2	Inpatient Payments	\$2,205,317	\$2,000,624	(\$204,693)	-9%
3	Outpatient Charges	\$3,813,177	\$3,379,064	(\$434,113)	-11%
4	Outpatient Payments	\$809,993	\$705,634	(\$104,359)	-13%
5	Discharges	222	180	(42)	-19%
6	Patient Days	965	800	(165)	-17%
7	Outpatient Visits (Excludes ED Visits)	923	752	(171)	-19%
8	Emergency Department Outpatient Visits	448	482	34	8%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,770,891	\$10,239,079	(\$1,531,812)	-13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,015,310	\$2,706,258	(\$309,052)	-10%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$873,306	\$953,203	\$79,897	9%
2	Inpatient Payments	\$229,632	\$274,492	\$44,860	20%
3	Outpatient Charges	\$629,798	\$387,895	(\$241,903)	-38%
4	Outpatient Payments	\$127,541	\$78,579	(\$48,962)	-38%
5	Discharges	28	22	(6)	-21%
6	Patient Days	111	92	(19)	-17%
7	Outpatient Visits (Excludes ED Visits)	353	210	(143)	-41%
8	Emergency Department Outpatient Visits	83	56	(27)	-33%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,503,104	\$1,341,098	(\$162,006)	-11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$357,173	\$353,071	(\$4,102)	-1%
I. AETNA					
1	Inpatient Charges	\$3,501,685	\$3,463,606	(\$38,079)	-1%
2	Inpatient Payments	\$997,523	\$982,716	(\$14,807)	-1%
3	Outpatient Charges	\$2,028,927	\$2,472,646	\$443,719	22%
4	Outpatient Payments	\$418,690	\$499,499	\$80,809	19%
5	Discharges	105	90	(15)	-14%
6	Patient Days	414	355	(59)	-14%
7	Outpatient Visits (Excludes ED Visits)	1,031	1,044	13	1%
8	Emergency Department Outpatient Visits	211	255	44	21%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,530,612	\$5,936,252	\$405,640	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,416,213	\$1,482,215	\$66,002	5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$76,037	\$124,867	\$48,830	64%
2	Inpatient Payments	\$21,859	\$42,256	\$20,397	93%
3	Outpatient Charges	\$116,855	\$107,278	(\$9,577)	-8%
4	Outpatient Payments	\$17,365	\$21,478	\$4,113	24%
5	Discharges	3	3	0	0%
6	Patient Days	7	20	13	186%
7	Outpatient Visits (Excludes ED Visits)	18	15	(3)	-17%
8	Emergency Department Outpatient Visits	16	14	(2)	-13%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$192,892	\$232,145	\$39,253	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$39,224	\$63,734	\$24,510	62%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$21,390,161	\$21,701,179	\$311,018	1%
	TOTAL INPATIENT PAYMENTS	\$5,958,792	\$6,123,794	\$165,002	3%
	TOTAL OUTPATIENT CHARGES	\$11,404,805	\$11,654,636	\$249,831	2%
	TOTAL OUTPATIENT PAYMENTS	\$2,459,276	\$2,337,712	(\$121,564)	-5%
	TOTAL DISCHARGES	613	562	(51)	-8%
	TOTAL PATIENT DAYS	2,580	2,372	(208)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,406	3,154	(252)	-7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,274	1,438	164	13%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,794,966	\$33,355,815	\$560,849	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,418,068	\$8,461,506	\$43,438	1%

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

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

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

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

**MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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%

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$1,974,260	\$3,160,226	\$1,185,966	60%
2	Short Term Investments	\$3,538,211	\$1,320,027	(\$2,218,184)	-63%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,571,176	\$7,709,070	(\$1,862,106)	-19%
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	\$775,631	\$1,100,067	\$324,436	42%
8	Prepaid Expenses	\$442,279	\$513,244	\$70,965	16%
9	Other Current Assets	\$635,284	\$717,206	\$81,922	13%
	Total Current Assets	\$16,936,841	\$14,519,840	(\$2,417,001)	-14%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$6,090,992	\$4,229,489	(\$1,861,503)	-31%
	Total Noncurrent Assets Whose Use is Limited:	\$6,090,992	\$4,229,489	(\$1,861,503)	-31%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,092,074	\$4,129,071	\$1,036,997	34%
7	Other Noncurrent Assets	\$2,599,964	\$1,859,204	(\$740,760)	-28%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$66,992,427	\$66,532,027	(\$460,400)	-1%
2	Less: Accumulated Depreciation	\$34,212,577	\$35,957,638	\$1,745,061	\$0
	Property, Plant and Equipment, Net	\$32,779,850	\$30,574,389	(\$2,205,461)	-7%
3	Construction in Progress	\$183,601	\$183,601	\$0	0%
	Total Net Fixed Assets	\$32,963,451	\$30,757,990	(\$2,205,461)	-7%
	Total Assets	\$61,683,322	\$55,495,594	(\$6,187,728)	-10%

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$6,840,233	\$4,520,347	(\$2,319,886)	-34%
2	Salaries, Wages and Payroll Taxes	\$5,996,188	\$5,340,934	(\$655,254)	-11%
3	Due To Third Party Payers	\$1,101,627	\$803,513	(\$298,114)	-27%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$150,501	\$161,473	\$10,972	7%
7	Other Current Liabilities	\$2,029,560	\$2,209,855	\$180,295	9%
	Total Current Liabilities	\$16,118,109	\$13,036,122	(\$3,081,987)	-19%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$14,342,431	\$14,181,328	(\$161,103)	-1%
	Total Long Term Debt	\$14,342,431	\$14,181,328	(\$161,103)	-1%
3	Accrued Pension Liability	\$32,759,034	\$38,712,756	\$5,953,722	18%
4	Other Long Term Liabilities	\$11,706,423	\$9,510,836	(\$2,195,587)	-19%
	Total Long Term Liabilities	\$58,807,888	\$62,404,920	\$3,597,032	6%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$14,756,915)	(\$21,716,374)	(\$6,959,459)	47%
2	Temporarily Restricted Net Assets	\$840,477	\$1,097,163	\$256,686	31%
3	Permanently Restricted Net Assets	\$673,763	\$673,763	\$0	0%
	Total Net Assets	(\$13,242,675)	(\$19,945,448)	(\$6,702,773)	51%
	Total Liabilities and Net Assets	\$61,683,322	\$55,495,594	(\$6,187,728)	-10%

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$208,174,705	\$215,019,271	\$6,844,566	3%
2	Less: Allowances	\$137,335,045	\$142,360,423	\$5,025,378	4%
3	Less: Charity Care	\$245,354	\$300,473	\$55,119	22%
4	Less: Other Deductions	\$1,796,306	\$829,025	(\$967,281)	-54%
	Total Net Patient Revenue	\$68,798,000	\$71,529,350	\$2,731,350	4%
5	Provision for Bad Debts	\$3,898,291	\$4,423,668	\$525,377	13%
	Net Patient Service Revenue less provision for bad debts	\$64,899,709	\$67,105,682	\$2,205,973	3%
6	Other Operating Revenue	\$4,647,727	\$6,894,033	\$2,246,306	48%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$69,547,436	\$73,999,715	\$4,452,279	6%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$35,312,951	\$37,903,511	\$2,590,560	7%
2	Fringe Benefits	\$10,890,607	\$9,273,563	(\$1,617,044)	-15%
3	Physicians Fees	\$1,108,353	\$985,221	(\$123,132)	-11%
4	Supplies and Drugs	\$11,980,208	\$12,144,661	\$164,453	1%
5	Depreciation and Amortization	\$2,766,285	\$2,647,890	(\$118,395)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$502,550	\$478,076	(\$24,474)	-5%
8	Malpractice Insurance Cost	\$711,640	\$572,805	(\$138,835)	-20%
9	Other Operating Expenses	\$14,143,222	\$12,172,684	(\$1,970,538)	-14%
	Total Operating Expenses	\$77,415,816	\$76,178,411	(\$1,237,405)	-2%
	Income/(Loss) From Operations	(\$7,868,380)	(\$2,178,696)	\$5,689,684	-72%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$1,632,871	\$715,392	(\$917,479)	-56%
2	Gifts, Contributions and Donations	\$150,308	\$213,527	\$63,219	42%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$1,783,179	\$928,919	(\$854,260)	-48%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$6,085,201)	(\$1,249,777)	\$4,835,424	-79%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$571,356)	\$201,357	\$772,713	-135%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$571,356)	\$201,357	\$772,713	-135%
	Excess/(Deficiency) of Revenue Over Expenses	(\$6,656,557)	(\$1,048,420)	\$5,608,137	-84%

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$68,025,386	\$64,899,709	\$67,105,682
2	Other Operating Revenue	2,438,403	4,647,727	6,894,033
3	Total Operating Revenue	\$70,463,789	\$69,547,436	\$73,999,715
4	Total Operating Expenses	81,583,595	77,415,816	76,178,411
5	Income/(Loss) From Operations	(\$11,119,806)	(\$7,868,380)	(\$2,178,696)
6	Total Non-Operating Revenue	1,447,081	1,211,823	1,130,276
7	Excess/(Deficiency) of Revenue Over Expenses	(\$9,672,725)	(\$6,656,557)	(\$1,048,420)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-15.46%	-11.12%	-2.90%
2	Parent Corporation Non-Operating Margin	2.01%	1.71%	1.50%
3	Parent Corporation Total Margin	-13.45%	-9.41%	-1.40%
4	Income/(Loss) From Operations	(\$11,119,806)	(\$7,868,380)	(\$2,178,696)
5	Total Operating Revenue	\$70,463,789	\$69,547,436	\$73,999,715
6	Total Non-Operating Revenue	\$1,447,081	\$1,211,823	\$1,130,276
7	Total Revenue	\$71,910,870	\$70,759,259	\$75,129,991
8	Excess/(Deficiency) of Revenue Over Expenses	(\$9,672,725)	(\$6,656,557)	(\$1,048,420)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$5,129,446	(\$14,756,915)	(\$21,716,374)
2	Parent Corporation Total Net Assets	\$6,643,686	(\$13,242,675)	(\$19,945,448)
3	Parent Corporation Change in Total Net Assets	(\$11,700,555)	(\$19,886,361)	(\$6,702,773)
4	Parent Corporation Change in Total Net Assets %	36.2%	-299.3%	50.6%

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.05	1.05	1.11
2	Total Current Assets	\$19,631,456	\$16,936,841	\$14,519,840
3	Total Current Liabilities	\$18,766,677	\$16,118,109	\$13,036,122
4	<u>Days Cash on Hand</u>	36	27	22
5	Cash and Cash Equivalents	\$7,667,186	\$1,974,260	\$3,160,226
6	Short Term Investments	\$112,417	\$3,538,211	\$1,320,027
7	Total Cash and Short Term Investments	\$7,779,603	\$5,512,471	\$4,480,253
8	Total Operating Expenses	\$81,583,595	\$77,415,816	\$76,178,411
9	Depreciation Expense	\$2,989,243	\$2,766,285	\$2,647,890
10	Operating Expenses less Depreciation Expense	\$78,594,352	\$74,649,531	\$73,530,521
11	<u>Days Revenue in Patient Accounts Receivable</u>	40	48	38
12	Net Patient Accounts Receivable	\$ 9,919,854	\$ 9,571,176	\$ 7,709,070
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,415,370	\$1,101,627	\$803,513
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,504,484	\$ 8,469,549	\$ 6,905,557
16	Total Net Patient Revenue	\$68,025,386	\$64,899,709	\$67,105,682
17	<u>Average Payment Period</u>	87	79	65
18	Total Current Liabilities	\$18,766,677	\$16,118,109	\$13,036,122
19	Total Operating Expenses	\$81,583,595	\$77,415,816	\$76,178,411
20	Depreciation Expense	\$2,989,243	\$2,766,285	\$2,647,890
20	Total Operating Expenses less Depreciation Expense	\$78,594,352	\$74,649,531	\$73,530,521

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	10.0	(21.5)	(35.9)
2	Total Net Assets	\$6,643,686	(\$13,242,675)	(\$19,945,448)
3	Total Assets	\$66,176,694	\$61,683,322	\$55,495,594
4	<u>Cash Flow to Total Debt Ratio</u>	(21.4)	(12.8)	5.9
5	Excess/(Deficiency) of Revenues Over Expenses	(\$9,672,725)	(\$6,656,557)	(\$1,048,420)
6	Depreciation Expense	\$2,989,243	\$2,766,285	\$2,647,890
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$6,683,482)	(\$3,890,272)	\$1,599,470
8	Total Current Liabilities	\$18,766,677	\$16,118,109	\$13,036,122
9	Total Long Term Debt	\$12,492,523	\$14,342,431	\$14,181,328
10	Total Current Liabilities and Total Long Term Debt	\$31,259,200	\$30,460,540	\$27,217,450
11	<u>Long Term Debt to Capitalization Ratio</u>	65.3	1,304.1	(246.0)
12	Total Long Term Debt	\$12,492,523	\$14,342,431	\$14,181,328
13	Total Net Assets	\$6,643,686	(\$13,242,675)	(\$19,945,448)
14	Total Long Term Debt and Total Net Assets	\$19,136,209	\$1,099,756	(\$5,764,120)

MILFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	9,040	2,880	2,880	25	78	99.1%	31.8%
2	ICU/CCU (Excludes Neonatal ICU)	2,031	501	0	6	10	92.7%	55.6%
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	0	0	0	0	12	0.0%	0.0%
7	Newborn	0	0	0	0	12	0.0%	0.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	6	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	11,071	2,880	2,880	31	106	97.8%	28.6%
	TOTAL INPATIENT BED UTILIZATION	11,071	2,880	2,880	31	118	97.8%	25.7%
	TOTAL INPATIENT REPORTED YEAR	11,071	2,880	2,880	31	118	97.8%	25.7%
	TOTAL INPATIENT PRIOR YEAR	12,110	3,201	3,288	41	118	80.9%	28.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,039	-321	-408	-10	0	16.9%	-2.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-9%	-10%	-12%	-24%	0%	21%	-9%
	Total Licensed Beds and Bassinets	118						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	483	574	91	19%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,371	1,083	-288	-21%
3	Emergency Department Scans	6,124	5,945	-179	-3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	7,978	7,602	-376	-5%
B. MRI Scans (A)					
1	Inpatient Scans	165	169	4	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,110	861	-249	-22%
3	Emergency Department Scans	229	163	-66	-29%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,504	1,193	-311	-21%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	53	60	7	13%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	53	60	7	13%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,001	1,053	52	5%
2	Outpatient Surgical Procedures	1,471	1,518	47	3%
	Total Surgical Procedures	2,472	2,571	99	4%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	214	249	35	16%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
2	Outpatient Endoscopy Procedures	1,787	2,025	238	13%
	Total Endoscopy Procedures	2,001	2,274	273	14%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	3,031	2,602	-429	-14%
2	Emergency Room Visits: Treated and Discharged	18,664	18,704	40	0%
	Total Emergency Room Visits	21,695	21,306	-389	-2%
	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	10,532	10,065	-467	-4%
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 Specialty Clinics	0	0	0	0%
	Total Hospital Clinic Visits	10,532	10,065	-467	-4%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	20,400	17,923	-2,477	-12%
	Total Other Hospital Outpatient Visits	20,400	17,923	-2,477	-12%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	159.6	172.9	13.3	8%
2	Total Physician FTEs	11.0	16.1	5.1	46%
3	Total Non-Nursing and Non-Physician FTEs	273.6	245.9	-27.7	-10%
	Total Hospital Full Time Equivalent Employees	444.2	434.9	-9.3	-2%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Milford Hospital	1,471	1,518	47	3%
	Total Outpatient Surgical Procedures(A)	1,471	1,518	47	3%
B. Outpatient Endoscopy Procedures					
1	Milford Hospital	1,787	2,025	238	13%
	Total Outpatient Endoscopy Procedures(B)	1,787	2,025	238	13%
C. Outpatient Hospital Emergency Room Visits					
1	MilfHospBostonPostRd WalkIn Ctr	0	0	0	0%
2	Milford Hospital	18,664	18,704	40	0%
	Total Outpatient Hospital Emergency Room Visits(C)	18,664	18,704	40	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.					

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$68,152,688	\$70,193,326	\$2,040,638	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,042,627	\$19,869,243	\$826,616	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.94%	28.31%	0.37%	1%
4	DISCHARGES	1,941	1,789	(152)	-8%
5	CASE MIX INDEX (CMI)	1.42530	1.50370	0.07840	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,766.50730	2,690.11930	(76.38800)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,883.27	\$7,386.01	\$502.73	7%
8	PATIENT DAYS	8,091	7,568	(523)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,353.56	\$2,625.43	\$271.87	12%
10	AVERAGE LENGTH OF STAY	4.2	4.2	0.1	1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,924,535	\$35,862,097	\$937,562	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,777,901	\$7,551,820	(\$226,081)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.27%	21.06%	-1.21%	-5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	51.24%	51.09%	-0.15%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	994.65662	914.00843	(80.64819)	-8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,819.68	\$8,262.31	\$442.62	6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$103,077,223	\$106,055,423	\$2,978,200	3%
18	TOTAL ACCRUED PAYMENTS	\$26,820,528	\$27,421,063	\$600,535	2%
19	TOTAL ALLOWANCES	\$76,256,695	\$78,634,360	\$2,377,665	3%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$29,546,764	\$30,427,605	\$880,841	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,546,348	\$11,082,924	(\$463,424)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.08%	36.42%	-2.65%	-7%
4	DISCHARGES	932	828	(104)	-11%
5	CASE MIX INDEX (CMI)	1.41370	1.56949	0.15579	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,317.56840	1,299.53772	(18.03068)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,763.38	\$8,528.36	(\$235.02)	-3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,880.10)	(\$1,142.35)	\$737.75	-39%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,477,164)	(\$1,484,528)	\$992,636	-40%
10	PATIENT DAYS	2,745	2,500	(245)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,206.32	\$4,433.17	\$226.85	5%
12	AVERAGE LENGTH OF STAY	2.9	3.0	0.1	3%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$41,667,397	\$44,548,966	\$2,881,569	7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,279,715	\$18,474,987	\$1,195,272	7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.47%	41.47%	0.00%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	141.02%	146.41%	5.39%	4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,314.32376	1,212.27234	(102.05142)	-8%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,147.23	\$15,239.96	\$2,092.74	16%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$5,327.54)	(\$6,977.66)	(\$1,650.11)	31%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$7,002,118)	(\$8,458,818)	(\$1,456,701)	21%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$71,214,161	\$74,976,571	\$3,762,410	5%
22	TOTAL ACCRUED PAYMENTS	\$28,826,063	\$29,557,911	\$731,848	3%
23	TOTAL ALLOWANCES	\$42,388,098	\$45,418,660	\$3,030,562	7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,479,282)	(\$9,943,346)	(\$464,064)	5%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$64,692,160	\$73,019,420	\$8,327,260	13%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,162,323	\$33,840,979	\$1,678,656	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,529,837	\$39,178,441	\$6,648,604	20%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.28%	53.65%	3.37%	

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$758,177	\$605,694	(\$152,483)	-20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$75,818	\$55,814	(\$20,004)	-26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.00%	9.21%	-0.79%	-8%
4	DISCHARGES	33	24	(9)	-27%
5	CASE MIX INDEX (CMI)	1.10100	1.01800	(0.08300)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	36.33300	24.43200	(11.90100)	-33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,086.75	\$2,284.46	\$197.71	9%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,676.62	\$6,243.90	(\$432.73)	-6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,796.52	\$5,101.55	\$305.02	6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$174,272	\$124,641	(\$49,631)	-28%
11	PATIENT DAYS	101	79	(22)	-22%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$750.67	\$706.51	(\$44.17)	-6%
13	AVERAGE LENGTH OF STAY	3.1	3.3	0.2	8%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,899,766	\$4,578,715	\$678,949	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$389,977	\$444,186	\$54,209	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.00%	9.70%	-0.30%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	514.36%	755.95%	241.58%	47%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	169.73910	181.42686	11.68776	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,297.51	\$2,448.29	\$150.78	7%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,849.72	\$12,791.67	\$1,941.95	18%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,522.18	\$5,814.02	\$291.84	5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$937,329	\$1,054,819	\$117,490	13%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,657,943	\$5,184,409	\$526,466	11%
24	TOTAL ACCRUED PAYMENTS	\$465,795	\$500,000	\$34,205	7%
25	TOTAL ALLOWANCES	\$4,192,148	\$4,684,409	\$492,261	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,111,601	\$1,179,460	\$67,859	6%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
<u>MEDICAID INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$7,962,245	\$7,791,203	(\$171,042)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,391,159	\$1,350,019	(\$41,140)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.47%	17.33%	-0.14%	-1%
4	DISCHARGES	323	255	(68)	-21%
5	CASE MIX INDEX (CMI)	0.99048	1.21733	0.22685	23%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	319.92504	310.41915	(9.50589)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,348.39	\$4,349.02	\$0.63	0%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,414.99	\$4,179.34	(\$235.65)	-5%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,534.88	\$3,036.99	\$502.11	20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$810,973	\$942,739	\$131,767	16%
11	PATIENT DAYS	1,252	979	(273)	-22%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,111.15	\$1,378.98	\$267.83	24%
13	AVERAGE LENGTH OF STAY	3.9	3.8	(0.0)	-1%
<u>MEDICAID OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,535,877	\$18,369,635	(\$166,242)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,019,976	\$4,285,321	(\$734,655)	-15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.08%	23.33%	-3.75%	-14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	232.80%	235.77%	2.98%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	751.93470	601.22383	(150.71086)	-20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,676.08	\$7,127.66	\$451.58	7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,471.15	\$8,112.30	\$1,641.15	25%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,143.60	\$1,134.65	(\$8.96)	-1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$859,916	\$682,176	(\$177,740)	-21%
<u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$26,498,122	\$26,160,838	(\$337,284)	-1%
24	TOTAL ACCRUED PAYMENTS	\$6,411,135	\$5,635,340	(\$775,795)	-12%
25	TOTAL ALLOWANCES	\$20,086,987	\$20,525,498	\$438,511	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,670,889	\$1,624,915	(\$45,973)	-3%

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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
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$138,845	\$148,311	\$9,466	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,215	\$71,959	\$35,744	99%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.08%	48.52%	22.44%	86%
4	DISCHARGES	5	7	2	40%
5	CASE MIX INDEX (CMI)	1.06230	0.92653	(0.13577)	-13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5.31150	6.48571	1.17421	22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,818.22	\$11,095.01	\$4,276.78	63%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$1,945.15	(\$2,566.65)	(\$4,511.80)	-232%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$65.05	(\$3,709.00)	(\$3,774.05)	-5802%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$346	(\$24,055)	(\$24,401)	-7062%
11	PATIENT DAYS	22	22	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,646.14	\$3,270.86	\$1,624.73	99%
13	AVERAGE LENGTH OF STAY	4.4	3.1	(1.3)	-29%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$177,944	\$228,810	\$50,866	29%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,804	\$97,122	\$60,318	164%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.68%	42.45%	21.76%	105%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	128.16%	154.28%	26.12%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6.40801	10.79940	4.39139	69%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,743.44	\$8,993.28	\$3,249.84	57%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,403.79	\$6,246.69	(\$1,157.10)	-16%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,076.25	(\$730.97)	(\$2,807.21)	-135%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,305	(\$7,894)	(\$21,199)	-159%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$316,789	\$377,121	\$60,332	19%
24	TOTAL ACCRUED PAYMENTS	\$73,019	\$169,081	\$96,062	132%
25	TOTAL ALLOWANCES	\$243,770	\$208,040	(\$35,730)	-15%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$13,650	(\$31,950)	(\$45,600)	-334%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$8,101,090	\$7,939,514	(\$161,576)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,427,374	\$1,421,978	(\$5,396)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.62%	17.91%	0.29%	2%
4	DISCHARGES	328	262	(66)	-20%
5	CASE MIX INDEX (CMI)	0.99157	1.20956	0.21799	22%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	325.23654	316.90486	(8.33168)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,388.73	\$4,487.08	\$98.36	2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,374.65	\$4,041.28	(\$333.37)	-8%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,494.55	\$2,898.93	\$404.38	16%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$811,318	\$918,684	\$107,366	13%
11	PATIENT DAYS	1,274	1,001	(273)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,120.39	\$1,420.56	\$300.17	27%
13	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,713,821	\$18,598,445	(\$115,376)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,056,780	\$4,382,443	(\$674,337)	-13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.02%	23.56%	-3.46%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	231.00%	234.25%	3.25%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	758.34270	612.02323	(146.31947)	-19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,668.20	\$7,160.58	\$492.38	7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,479.03	\$8,079.38	\$1,600.35	25%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,151.49	\$1,101.73	(\$49.76)	-4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$873,221	\$674,282	(\$198,939)	-23%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$26,814,911	\$26,537,959	(\$276,952)	-1%
24	TOTAL ACCRUED PAYMENTS	\$6,484,154	\$5,804,421	(\$679,733)	-10%
25	TOTAL ALLOWANCES	\$20,330,757	\$20,733,538	\$402,781	2%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
G. <u>CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$0	\$19,106	\$19,106	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$12,304	\$12,304	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	64.40%	64.40%	0%
4	DISCHARGES	0	1	1	0%
5	CASE MIX INDEX (CMI)	0.00000	1.65840	1.65840	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	1.65840	1.65840	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$7,419.20	\$7,419.20	0%
8	PATIENT DAYS	0	2	2	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$6,152.00	\$6,152.00	0%
10	AVERAGE LENGTH OF STAY	-	2.0	2.0	0%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,543	\$184,061	\$44,518	32%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$38,199	\$57,243	\$19,044	50%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$139,543	\$203,167	\$63,624	46%
14	TOTAL ACCRUED PAYMENTS	\$38,199	\$69,547	\$31,348	82%
15	TOTAL ALLOWANCES	\$101,344	\$133,620	\$32,276	32%
H. <u>OTHER DATA</u>					
1	OTHER OPERATING REVENUE	\$669,361	\$5,924,574	\$5,255,213	785%
2	TOTAL OPERATING EXPENSES	\$68,666,088	\$67,298,998	(\$1,367,090)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$245,354	\$300,473	\$55,119	22%
5	BAD DEBTS (CHARGES)	\$3,556,700	\$3,982,595	\$425,895	12%
6	UNCOMPENSATED CARE (CHARGES)	\$3,802,054	\$4,283,068	\$481,014	13%
7	COST OF UNCOMPENSATED CARE	\$1,253,733	\$1,295,661	\$41,928	3%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$26,814,911	\$26,537,959	(\$276,952)	-1%
9	TOTAL ACCRUED PAYMENTS	\$6,484,154	\$5,804,421	(\$679,733)	-10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$8,842,254	\$8,027,934	(\$814,320)	-9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,358,100	\$2,223,513	(\$134,587)	-6%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$105,800,542	\$108,579,551	\$2,779,009	3%
2	TOTAL INPATIENT PAYMENTS	\$32,016,349	\$32,386,449	\$370,100	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	30.26%	29.83%	-0.43%	-1%
4	TOTAL DISCHARGES	3,201	2,880	(321)	-10%
5	TOTAL CASE MIX INDEX	1.37748	1.49591	0.11843	9%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,409.31224	4,308.22028	(101.09196)	-2%
7	TOTAL OUTPATIENT CHARGES	\$95,445,296	\$99,193,569	\$3,748,273	4%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	90.21%	91.36%	1.14%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$30,152,595	\$30,466,493	\$313,898	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.59%	30.71%	-0.88%	-3%
11	TOTAL CHARGES	\$201,245,838	\$207,773,120	\$6,527,282	3%
12	TOTAL PAYMENTS	\$62,168,944	\$62,852,942	\$683,998	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.89%	30.25%	-0.64%	-2%
14	PATIENT DAYS	12,110	11,071	(1,039)	-9%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$76,253,778	\$78,151,946	\$1,898,168	2%
2	INPATIENT PAYMENTS	\$20,470,001	\$21,303,525	\$833,524	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	26.84%	27.26%	0.41%	2%
4	DISCHARGES	2,269	2,052	(217)	-10%
5	CASE MIX INDEX	1.36260	1.46622	0.10362	8%
6	CASE MIX ADJUSTED DISCHARGES	3,091.74384	3,008.68256	(83.06128)	-3%
7	OUTPATIENT CHARGES	\$53,777,899	\$54,644,603	\$866,704	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	70.52%	69.92%	-0.60%	-1%
9	OUTPATIENT PAYMENTS	\$12,872,880	\$11,991,506	(\$881,374)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.94%	21.94%	-1.99%	-8%
11	TOTAL CHARGES	\$130,031,677	\$132,796,549	\$2,764,872	2%
12	TOTAL PAYMENTS	\$33,342,881	\$33,295,031	(\$47,850)	0%
13	TOTAL PAYMENTS / CHARGES	25.64%	25.07%	-0.57%	-2%
14	PATIENT DAYS	9,365	8,571	(794)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$96,688,796	\$99,501,518	\$2,812,722	3%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.2	4.2	0.1	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.9	3.0	0.1	3%
3	UNINSURED	3.1	3.3	0.2	8%
4	MEDICAID	3.9	3.8	(0.0)	-1%
5	OTHER MEDICAL ASSISTANCE	4.4	3.1	(1.3)	-29%
6	CHAMPUS / TRICARE	-	2.0	2.0	0%
7	TOTAL AVERAGE LENGTH OF STAY	3.8	3.8	0.1	2%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$201,245,838	\$207,773,120	\$6,527,282	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$96,688,796	\$99,501,518	\$2,812,722	3%
3	UNCOMPENSATED CARE	\$3,802,054	\$4,283,068	\$481,014	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,529,837	\$39,178,441	\$6,648,604	20%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,864,058	\$1,957,151	\$93,093	5%
6	TOTAL ADJUSTMENTS	\$134,884,745	\$144,920,178	\$10,035,433	7%
7	TOTAL ACCRUED PAYMENTS	\$66,361,093	\$62,852,942	(\$3,508,151)	-5%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$66,361,093	\$62,852,942	(\$3,508,151)	-5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3297513810	0.3025075717	(0.0272438093)	-8%
11	COST OF UNCOMPENSATED CARE	\$1,253,733	\$1,295,661	\$41,928	3%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,358,100	\$2,223,513	(\$134,587)	-6%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,611,832	\$3,519,173	(\$92,659)	-3%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$859,916	\$682,176	(\$177,740)	-21%
2	OTHER MEDICAL ASSISTANCE	\$13,650	(\$31,950)	(\$45,600)	-334%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,111,601	\$1,179,460	\$67,859	6%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,985,167	\$1,829,686	(\$155,481)	-8%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,864,058	\$1,957,151	\$93,093	4.99%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,796,306)	(\$829,025)	\$967,281	-53.85%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$60,372,640	\$62,023,918	\$1,651,278	2.74%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$201,245,838	\$207,773,119	\$6,527,281	3.24%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,802,054	\$4,283,068	\$481,014	12.65%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$29,546,764	\$30,427,605	\$880,841
2	MEDICARE	\$68,152,688	70,193,326	\$2,040,638
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,101,090	7,939,514	(\$161,576)
4	MEDICAID	\$7,962,245	7,791,203	(\$171,042)
5	OTHER MEDICAL ASSISTANCE	\$138,845	148,311	\$9,466
6	CHAMPUS / TRICARE	\$0	19,106	\$19,106
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$758,177	605,694	(\$152,483)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$76,253,778	\$78,151,946	\$1,898,168
	TOTAL INPATIENT CHARGES	\$105,800,542	\$108,579,551	\$2,779,009
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,667,397	\$44,548,966	\$2,881,569
2	MEDICARE	\$34,924,535	35,862,097	\$937,562
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,713,821	18,598,445	(\$115,376)
4	MEDICAID	\$18,535,877	18,369,635	(\$166,242)
5	OTHER MEDICAL ASSISTANCE	\$177,944	228,810	\$50,866
6	CHAMPUS / TRICARE	\$139,543	184,061	\$44,518
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,899,766	4,578,715	\$678,949
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$53,777,899	\$54,644,603	\$866,704
	TOTAL OUTPATIENT CHARGES	\$95,445,296	\$99,193,569	\$3,748,273
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$71,214,161	\$74,976,571	\$3,762,410
2	TOTAL MEDICARE	\$103,077,223	\$106,055,423	\$2,978,200
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,814,911	\$26,537,959	(\$276,952)
4	TOTAL MEDICAID	\$26,498,122	\$26,160,838	(\$337,284)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$316,789	\$377,121	\$60,332
6	TOTAL CHAMPUS / TRICARE	\$139,543	\$203,167	\$63,624
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,657,943	\$5,184,409	\$526,466
	TOTAL GOVERNMENT CHARGES	\$130,031,677	\$132,796,549	\$2,764,872
	TOTAL CHARGES	\$201,245,838	\$207,773,120	\$6,527,282
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,546,348	\$11,082,924	(\$463,424)
2	MEDICARE	\$19,042,627	19,869,243	\$826,616
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,427,374	1,421,978	(\$5,396)
4	MEDICAID	\$1,391,159	1,350,019	(\$41,140)
5	OTHER MEDICAL ASSISTANCE	\$36,215	71,959	\$35,744
6	CHAMPUS / TRICARE	\$0	12,304	\$12,304
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$75,818	55,814	(\$20,004)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$20,470,001	\$21,303,525	\$833,524
	TOTAL INPATIENT PAYMENTS	\$32,016,349	\$32,386,449	\$370,100
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,279,715	\$18,474,987	\$1,195,272
2	MEDICARE	\$7,777,901	7,551,820	(\$226,081)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,056,780	4,382,443	(\$674,337)
4	MEDICAID	\$5,019,976	4,285,321	(\$734,655)
5	OTHER MEDICAL ASSISTANCE	\$36,804	97,122	\$60,318
6	CHAMPUS / TRICARE	\$38,199	57,243	\$19,044
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$389,977	444,186	\$54,209
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$12,872,880	\$11,991,506	(\$881,374)
	TOTAL OUTPATIENT PAYMENTS	\$30,152,595	\$30,466,493	\$313,898
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,826,063	\$29,557,911	\$731,848
2	TOTAL MEDICARE	\$26,820,528	\$27,421,063	\$600,535
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,484,154	\$5,804,421	(\$679,733)
4	TOTAL MEDICAID	\$6,411,135	\$5,635,340	(\$775,795)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$73,019	\$169,081	\$96,062
6	TOTAL CHAMPUS / TRICARE	\$38,199	\$69,547	\$31,348
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$465,795	\$500,000	\$34,205
	TOTAL GOVERNMENT PAYMENTS	\$33,342,881	\$33,295,031	(\$47,850)
	TOTAL PAYMENTS	\$62,168,944	\$62,852,942	\$683,998

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.68%	14.64%	-0.04%
2	MEDICARE	33.87%	33.78%	-0.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.03%	3.82%	-0.20%
4	MEDICAID	3.96%	3.75%	-0.21%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.07%	0.00%
6	CHAMPUS / TRICARE	0.00%	0.01%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38%	0.29%	-0.09%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.89%	37.61%	-0.28%
	TOTAL INPATIENT PAYER MIX	52.57%	52.26%	-0.31%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.70%	21.44%	0.74%
2	MEDICARE	17.35%	17.26%	-0.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.30%	8.95%	-0.35%
4	MEDICAID	9.21%	8.84%	-0.37%
5	OTHER MEDICAL ASSISTANCE	0.09%	0.11%	0.02%
6	CHAMPUS / TRICARE	0.07%	0.09%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.94%	2.20%	0.27%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.72%	26.30%	-0.42%
	TOTAL OUTPATIENT PAYER MIX	47.43%	47.74%	0.31%
	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)	18.57%	17.63%	-0.94%
2	MEDICARE	30.63%	31.61%	0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.30%	2.26%	-0.03%
4	MEDICAID	2.24%	2.15%	-0.09%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.11%	0.06%
6	CHAMPUS / TRICARE	0.00%	0.02%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.09%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	32.93%	33.89%	0.97%
	TOTAL INPATIENT PAYER MIX	51.50%	51.53%	0.03%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.79%	29.39%	1.60%
2	MEDICARE	12.51%	12.02%	-0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.13%	6.97%	-1.16%
4	MEDICAID	8.07%	6.82%	-1.26%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.15%	0.10%
6	CHAMPUS / TRICARE	0.06%	0.09%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.63%	0.71%	0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.71%	19.08%	-1.63%
	TOTAL OUTPATIENT PAYER MIX	48.50%	48.47%	-0.03%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	932	828	(104)
2	MEDICARE	1,941	1,789	(152)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	328	262	(66)
4	MEDICAID	323	255	(68)
5	OTHER MEDICAL ASSISTANCE	5	7	2
6	CHAMPUS / TRICARE	0	1	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33	24	(9)
	TOTAL GOVERNMENT DISCHARGES	2,269	2,052	(217)
	TOTAL DISCHARGES	3,201	2,880	(321)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,745	2,500	(245)
2	MEDICARE	8,091	7,568	(523)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,274	1,001	(273)
4	MEDICAID	1,252	979	(273)
5	OTHER MEDICAL ASSISTANCE	22	22	-
6	CHAMPUS / TRICARE	0	2	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	101	79	(22)
	TOTAL GOVERNMENT PATIENT DAYS	9,365	8,571	(794)
	TOTAL PATIENT DAYS	12,110	11,071	(1,039)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.9	3.0	0.1
2	MEDICARE	4.2	4.2	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	3.8	(0.1)
4	MEDICAID	3.9	3.8	(0.0)
5	OTHER MEDICAL ASSISTANCE	4.4	3.1	(1.3)
6	CHAMPUS / TRICARE	0.0	2.0	2.0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	3.3	0.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.1	4.2	0.0
	TOTAL AVERAGE LENGTH OF STAY	3.8	3.8	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41370	1.56949	0.15579
2	MEDICARE	1.42530	1.50370	0.07840
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99157	1.20956	0.21799
4	MEDICAID	0.99048	1.21733	0.22685
5	OTHER MEDICAL ASSISTANCE	1.06230	0.92653	(0.13577)
6	CHAMPUS / TRICARE	0.00000	1.65840	1.65840
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10100	1.01800	(0.08300)
	TOTAL GOVERNMENT CASE MIX INDEX	1.36260	1.46622	0.10362
	TOTAL CASE MIX INDEX	1.37748	1.49591	0.11843
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$64,692,160	\$73,019,420	\$8,327,260
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,162,323	\$33,840,979	\$1,678,656
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,529,837	\$39,178,441	\$6,648,604
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.28%	53.65%	3.37%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,864,058	\$1,957,151	\$93,093
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,864,058	\$1,957,151	\$93,093
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$245,354	\$300,473	\$55,119
9	BAD DEBTS	\$3,556,700	\$3,982,595	\$425,895
10	TOTAL UNCOMPENSATED CARE	\$3,802,054	\$4,283,068	\$481,014
11	TOTAL OTHER OPERATING REVENUE	\$669,361	\$5,924,574	\$5,255,213
12	TOTAL OPERATING EXPENSES	\$68,666,088	\$67,298,998	(\$1,367,090)

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,317.56840	1,299.53772	(18.03068)
2	MEDICARE	2,766.50730	2,690.11930	(76.38800)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	325.23654	316.90486	(8.33168)
4	MEDICAID	319.92504	310.41915	(9.50589)
5	OTHER MEDICAL ASSISTANCE	5.31150	6.48571	1.17421
6	CHAMPUS / TRICARE	0.00000	1.65840	1.65840
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	36.33300	24.43200	(11.90100)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,091.74384	3,008.68256	(83.06128)
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,409.31224	4,308.22028	(101.09196)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,314.32376	1,212.27234	-102.05142
2	MEDICARE	994.65662	914.00843	-80.64819
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	758.34270	612.02323	-146.31947
4	MEDICAID	751.93470	601.22383	-150.71086
5	OTHER MEDICAL ASSISTANCE	6.40801	10.79940	4.39139
6	CHAMPUS / TRICARE	0.00000	9.63368	9.63368
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	169.73910	181.42686	11.68776
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,752.99933	1,535.66534	-217.33399
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	3,067.32309	2,747.93767	-319.38541
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,763.38	\$8,528.36	(\$235.02)
2	MEDICARE	\$6,883.27	\$7,386.01	\$502.73
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,388.73	\$4,487.08	\$98.36
4	MEDICAID	\$4,348.39	\$4,349.02	\$0.63
5	OTHER MEDICAL ASSISTANCE	\$6,818.22	\$11,095.01	\$4,276.78
6	CHAMPUS / TRICARE	\$0.00	\$7,419.20	\$7,419.20
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,086.75	\$2,284.46	\$197.71
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,620.86	\$7,080.68	\$459.82
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,261.08	\$7,517.36	\$256.29
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,147.23	\$15,239.96	\$2,092.74
2	MEDICARE	\$7,819.68	\$8,262.31	\$442.62
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,668.20	\$7,160.58	\$492.38
4	MEDICAID	\$6,676.08	\$7,127.66	\$451.58
5	OTHER MEDICAL ASSISTANCE	\$5,743.44	\$8,993.28	\$3,249.84
6	CHAMPUS / TRICARE	\$0.00	\$5,941.97	\$5,941.97
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,297.51	\$2,448.29	\$150.78
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,343.35	\$7,808.67	\$465.33
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,830.26	\$11,087.04	\$1,256.78

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$859,916	\$682,176	(\$177,740)
2	OTHER MEDICAL ASSISTANCE	\$13,650	(\$31,950)	(\$45,600)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,111,601	\$1,179,460	\$67,859
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,985,167	\$1,829,686	(\$155,481)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$201,245,838	\$207,773,120	\$6,527,282
2	TOTAL GOVERNMENT DEDUCTIONS	\$96,688,796	\$99,501,518	\$2,812,722
3	UNCOMPENSATED CARE	\$3,802,054	\$4,283,068	\$481,014
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,529,837	\$39,178,441	\$6,648,604
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,864,058	\$1,957,151	\$93,093
6	TOTAL ADJUSTMENTS	\$134,884,745	\$144,920,178	\$10,035,433
7	TOTAL ACCRUED PAYMENTS	\$66,361,093	\$62,852,942	(\$3,508,151)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$66,361,093	\$62,852,942	(\$3,508,151)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3297513810	0.3025075717	(0.0272438093)
11	COST OF UNCOMPENSATED CARE	\$1,253,733	\$1,295,661	\$41,928
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,358,100	\$2,223,513	(\$134,587)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,611,832	\$3,519,173	(\$92,659)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.08%	36.42%	-2.65%
2	MEDICARE	27.94%	28.31%	0.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.62%	17.91%	0.29%
4	MEDICAID	17.47%	17.33%	-0.14%
5	OTHER MEDICAL ASSISTANCE	26.08%	48.52%	22.44%
6	CHAMPUS / TRICARE	0.00%	64.40%	64.40%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.00%	9.21%	-0.79%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	26.84%	27.26%	0.41%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	30.26%	29.83%	-0.43%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.47%	41.47%	0.00%
2	MEDICARE	22.27%	21.06%	-1.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.02%	23.56%	-3.46%
4	MEDICAID	27.08%	23.33%	-3.75%
5	OTHER MEDICAL ASSISTANCE	20.68%	42.45%	21.76%
6	CHAMPUS / TRICARE	27.37%	31.10%	3.73%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.00%	9.70%	-0.30%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.94%	21.94%	-1.99%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	31.59%	30.71%	-0.88%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
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	\$62,168,944	\$62,852,942	\$683,998
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$62,168,944	\$62,852,942	\$683,998
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,796,306)	(\$829,025)	\$967,281
4	CALCULATED NET REVENUE	\$63,929,338	\$62,023,917	(\$1,905,421)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$60,372,640	\$62,023,918	\$1,651,278
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,556,698	(\$1)	(\$3,556,699)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$201,245,838	\$207,773,120	\$6,527,282
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$201,245,838	\$207,773,120	\$6,527,282
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$201,245,838	\$207,773,119	\$6,527,281
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,802,054	\$4,283,068	\$481,014
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,802,054	\$4,283,068	\$481,014
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,802,054	\$4,283,068	\$481,014
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MILFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,427,605
2	MEDICARE	70,193,326
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,939,514
4	MEDICAID	7,791,203
5	OTHER MEDICAL ASSISTANCE	148,311
6	CHAMPUS / TRICARE	19,106
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	605,694
	TOTAL INPATIENT GOVERNMENT CHARGES	\$78,151,946
	TOTAL INPATIENT CHARGES	\$108,579,551
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,548,966
2	MEDICARE	35,862,097
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,598,445
4	MEDICAID	18,369,635
5	OTHER MEDICAL ASSISTANCE	228,810
6	CHAMPUS / TRICARE	184,061
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,578,715
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$54,644,603
	TOTAL OUTPATIENT CHARGES	\$99,193,569
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$74,976,571
2	TOTAL GOVERNMENT ACCRUED CHARGES	132,796,549
	TOTAL ACCRUED CHARGES	\$207,773,120
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,082,924
2	MEDICARE	19,869,243
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,421,978
4	MEDICAID	1,350,019
5	OTHER MEDICAL ASSISTANCE	71,959
6	CHAMPUS / TRICARE	12,304
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	55,814
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$21,303,525
	TOTAL INPATIENT PAYMENTS	\$32,386,449
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,474,987
2	MEDICARE	7,551,820
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,382,443
4	MEDICAID	4,285,321
5	OTHER MEDICAL ASSISTANCE	97,122
6	CHAMPUS / TRICARE	57,243
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	444,186
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$11,991,506
	TOTAL OUTPATIENT PAYMENTS	\$30,466,493
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$29,557,911
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	33,295,031
	TOTAL ACCRUED PAYMENTS	\$62,852,942

MILFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	828
2	MEDICARE	1,789
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	262
4	MEDICAID	255
5	OTHER MEDICAL ASSISTANCE	7
6	CHAMPUS / TRICARE	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	24
	TOTAL GOVERNMENT DISCHARGES	2,052
	TOTAL DISCHARGES	2,880
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.56949
2	MEDICARE	1.50370
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.20956
4	MEDICAID	1.21733
5	OTHER MEDICAL ASSISTANCE	0.92653
6	CHAMPUS / TRICARE	1.65840
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01800
	TOTAL GOVERNMENT CASE MIX INDEX	1.46622
	TOTAL CASE MIX INDEX	1.49591
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$73,019,420
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,840,979
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,178,441
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	53.65%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,957,151
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,957,151
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$300,473
9	BAD DEBTS	\$3,982,595
10	TOTAL UNCOMPENSATED CARE	\$4,283,068
11	TOTAL OTHER OPERATING REVENUE	\$5,924,574
12	TOTAL OPERATING EXPENSES	\$67,298,998

MILFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$62,852,942
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$62,852,942
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$829,025)
	CALCULATED NET REVENUE	\$62,023,917
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$62,023,918
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$207,773,120
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$207,773,120
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$207,773,119
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,283,068
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,283,068
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,283,068
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	364	183	(181)	-50%
2	Number of Approved Applicants	78	48	(30)	-38%
3	Total Charges (A)	\$245,354	\$300,473	\$55,119	22%
4	Average Charges	\$3,146	\$6,260	\$3,114	99%
5	Ratio of Cost to Charges (RCC)	0.362820	0.340074	(0.022746)	-6%
6	Total Cost	\$89,019	\$102,183	\$13,164	15%
7	Average Cost	\$1,141	\$2,129	\$988	87%
8	Charity Care - Inpatient Charges	\$144,239	\$153,743	\$9,504	7%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	26,927	49,693	22,766	85%
10	Charity Care - Emergency Department Charges	74,188	97,037	22,849	31%
11	Total Charges (A)	\$245,354	\$300,473	\$55,119	22%
12	Charity Care - Number of Patient Days	68	77	9	13%
13	Charity Care - Number of Discharges	17	19	2	12%
14	Charity Care - Number of Outpatient ED Visits	70	84	14	20%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	23	51	28	122%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,112,950	\$1,608,395	\$495,445	45%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	513,188	1,339,619	826,431	161%
3	Bad Debts - Emergency Department	1,930,562	1,034,581	(895,981)	-46%
4	Total Bad Debts (A)	\$3,556,700	\$3,982,595	\$425,895	12%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$245,354	\$300,473	\$55,119	22%
2	Bad Debts (A)	3,556,700	3,982,595	425,895	12%
3	Total Uncompensated Care (A)	\$3,802,054	\$4,283,068	\$481,014	13%
4	Uncompensated Care - Inpatient Services	\$1,257,189	\$1,762,138	\$504,949	40%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	540,115	1,389,312	849,197	157%
6	Uncompensated Care - Emergency Department	2,004,750	1,131,618	(873,132)	-44%
7	Total Uncompensated Care (A)	\$3,802,054	\$4,283,068	\$481,014	13%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MILFORD HOSPITAL 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)
		FY 2015	FY 2016		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$64,692,160	\$73,019,420	\$8,327,260	13%
2	Total Contractual Allowances	\$32,529,837	\$39,178,441	\$6,648,604	20%
	Total Accrued Payments (A)	\$32,162,323	\$33,840,979	\$1,678,656	5%
	Total Discount Percentage	50.28%	53.65%	3.37%	7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$99,249,502	\$105,800,542	\$108,579,551
2	Outpatient Gross Revenue	\$98,054,777	\$95,445,296	\$99,193,569
3	Total Gross Patient Revenue	\$197,304,279	\$201,245,838	\$207,773,120
4	Net Patient Revenue	\$63,500,794	\$60,372,640	\$62,023,918
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$72,076,598	\$68,666,088	\$67,298,998
C. <u>Utilization Statistics</u>				
1	Patient Days	12,880	12,110	11,071
2	Discharges	3,121	3,201	2,880
3	Average Length of Stay	4.1	3.8	3.8
4	Equivalent (Adjusted) Patient Days (EPD)	25,605	23,035	21,185
0	Equivalent (Adjusted) Discharges (ED)	6,204	6,089	5,511
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.41049	1.37748	1.49591
2	Case Mix Adjusted Patient Days (CMAPD)	18,167	16,681	16,561
3	Case Mix Adjusted Discharges (CMAD)	4,402	4,409	4,308
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	36,116	31,730	31,691
5	Case Mix Adjusted Equivalent Discharges (CMAED)	8,751	8,387	8,244
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$15,319	\$16,618	\$18,767
2	Total Gross Revenue per Discharge	\$63,218	\$62,870	\$72,143
3	Total Gross Revenue per EPD	\$7,706	\$8,737	\$9,808
4	Total Gross Revenue per ED	\$31,801	\$33,052	\$37,701
5	Total Gross Revenue per CMAEPD	\$5,463	\$6,342	\$6,556
6	Total Gross Revenue per CMAED	\$22,546	\$23,995	\$25,203
7	Inpatient Gross Revenue per EPD	\$3,876	\$4,593	\$5,125
8	Inpatient Gross Revenue per ED	\$15,997	\$17,377	\$19,702

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,930	\$4,985	\$5,602
2	Net Patient Revenue per Discharge	\$20,346	\$18,861	\$21,536
3	Net Patient Revenue per EPD	\$2,480	\$2,621	\$2,928
4	Net Patient Revenue per ED	\$10,235	\$9,916	\$11,254
5	Net Patient Revenue per CMAEPD	\$1,758	\$1,903	\$1,957
6	Net Patient Revenue per CMAED	\$7,256	\$7,198	\$7,524
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,596	\$5,670	\$6,079
2	Total Operating Expense per Discharge	\$23,094	\$21,451	\$23,368
3	Total Operating Expense per EPD	\$2,815	\$2,981	\$3,177
4	Total Operating Expense per ED	\$11,617	\$11,278	\$12,212
5	Total Operating Expense per CMAEPD	\$1,996	\$2,164	\$2,124
6	Total Operating Expense per CMAED	\$8,236	\$8,187	\$8,163
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$14,893,505	\$14,504,923	\$13,720,865
2	Nursing Fringe Benefits Expense	\$4,202,695	\$4,784,452	\$3,719,409
3	Total Nursing Salary and Fringe Benefits Expense	\$19,096,200	\$19,289,375	\$17,440,274
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$4,236,141	\$3,081,841	\$5,764,295
2	Physician Fringe Benefits Expense	\$560,359	\$495,240	\$704,333
3	Total Physician Salary and Fringe Benefits Expense	\$4,796,500	\$3,577,081	\$6,468,628
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$16,557,712	\$14,668,666	\$14,224,741
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,576,268	\$4,842,212	\$3,871,221
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$21,133,980	\$19,510,878	\$18,095,962
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$35,687,358	\$32,255,430	\$33,709,901
2	Total Fringe Benefits Expense	\$9,339,322	\$10,121,904	\$8,294,963
3	Total Salary and Fringe Benefits Expense	\$45,026,680	\$42,377,334	\$42,004,864

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	195.0	159.6	172.9
2	Total Physician FTEs	13.0	11.0	16.1
3	Total Non-Nursing, Non-Physician FTEs	260.0	273.6	245.9
4	Total Full Time Equivalent Employees (FTEs)	468.0	444.2	434.9
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$76,377	\$90,883	\$79,357
2	Nursing Fringe Benefits Expense per FTE	\$21,552	\$29,978	\$21,512
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$97,929	\$120,861	\$100,869
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$325,857	\$280,167	\$358,031
2	Physician Fringe Benefits Expense per FTE	\$43,105	\$45,022	\$43,747
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$368,962	\$325,189	\$401,778
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$63,684	\$53,614	\$57,848
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,601	\$17,698	\$15,743
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$81,285	\$71,312	\$73,591
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$76,255	\$72,615	\$77,512
2	Total Fringe Benefits Expense per FTE	\$19,956	\$22,787	\$19,073
3	Total Salary and Fringe Benefits Expense per FTE	\$96,211	\$95,401	\$96,585
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,496	\$3,499	\$3,794
2	Total Salary and Fringe Benefits Expense per Discharge	\$14,427	\$13,239	\$14,585
3	Total Salary and Fringe Benefits Expense per EPD	\$1,759	\$1,840	\$1,983
4	Total Salary and Fringe Benefits Expense per ED	\$7,257	\$6,960	\$7,622
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,247	\$1,336	\$1,325
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,145	\$5,053	\$5,095