

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$101,130,000	\$72,250,000	(\$28,880,000)	-29%
2	Short Term Investments	\$980,087,000	\$1,121,276,000	\$141,189,000	14%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$286,728,000	\$254,009,000	(\$32,719,000)	-11%
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	\$39,408,000	\$39,475,000	\$67,000	0%
8	Prepaid Expenses	\$34,914,000	\$36,506,000	\$1,592,000	5%
9	Other Current Assets	\$58,101,000	\$65,174,000	\$7,073,000	12%
	Total Current Assets	\$1,500,368,000	\$1,588,690,000	\$88,322,000	6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$18,051,000	\$18,342,000	\$291,000	2%
2	Board Designated for Capital Acquisition	\$78,837,000	\$84,031,000	\$5,194,000	7%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$96,888,000	\$102,373,000	\$5,485,000	6%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$289,434,000	\$392,424,000	\$102,990,000	36%
7	Other Noncurrent Assets	\$297,453,000	\$275,015,000	(\$22,438,000)	-8%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,664,895,000	\$1,783,055,000	\$118,160,000	7%
2	Less: Accumulated Depreciation	\$808,887,000	\$890,952,000	\$82,065,000	10%
	Property, Plant and Equipment, Net	\$856,008,000	\$892,103,000	\$36,095,000	4%
3	Construction in Progress	\$80,774,000	\$83,869,000	\$3,095,000	4%
	Total Net Fixed Assets	\$936,782,000	\$975,972,000	\$39,190,000	4%
	Total Assets	\$3,120,925,000	\$3,334,474,000	\$213,549,000	7%

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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	\$258,947,000	\$301,772,000	\$42,825,000	17%
2	Salaries, Wages and Payroll Taxes	\$87,225,000	\$98,206,000	\$10,981,000	13%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$29,938,000	\$39,492,000	\$9,554,000	32%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$58,668,000	\$52,701,000	(\$5,967,000)	-10%
	Total Current Liabilities	\$434,778,000	\$492,171,000	\$57,393,000	13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$800,348,000	\$773,528,000	(\$26,820,000)	-3%
2	Notes Payable (Net of Current Portion)	\$46,850,000	\$44,724,000	(\$2,126,000)	-5%
	Total Long Term Debt	\$847,198,000	\$818,252,000	(\$28,946,000)	-3%
3	Accrued Pension Liability	\$228,810,000	\$258,936,000	\$30,126,000	13%
4	Other Long Term Liabilities	\$385,147,000	\$422,171,000	\$37,024,000	10%
	Total Long Term Liabilities	\$1,461,155,000	\$1,499,359,000	\$38,204,000	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$1,107,165,000	\$1,239,508,000	\$132,343,000	12%
2	Temporarily Restricted Net Assets	\$70,941,000	\$56,203,000	(\$14,738,000)	-21%
3	Permanently Restricted Net Assets	\$46,886,000	\$47,233,000	\$347,000	1%
	Total Net Assets	\$1,224,992,000	\$1,342,944,000	\$117,952,000	10%
	Total Liabilities and Net Assets	\$3,120,925,000	\$3,334,474,000	\$213,549,000	7%

YALE-NEW HAVEN 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	\$8,723,514,000	\$8,895,441,000	\$171,927,000	2%
2	Less: Allowances	\$6,009,231,000	\$6,183,276,000	\$174,045,000	3%
3	Less: Charity Care	\$206,990,000	\$131,982,000	(\$75,008,000)	-36%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$2,507,293,000	\$2,580,183,000	\$72,890,000	3%
5	Provision for Bad Debts	\$49,304,000	\$62,869,000	\$13,565,000	28%
	Net Patient Service Revenue less provision for bad debts	\$2,457,989,000	\$2,517,314,000	\$59,325,000	2%
6	Other Operating Revenue	\$57,562,000	\$133,660,000	\$76,098,000	132%
7	Net Assets Released from Restrictions	\$11,325,000	\$15,310,000	\$3,985,000	35%
	Total Operating Revenue	\$2,526,876,000	\$2,666,284,000	\$139,408,000	6%
B. Operating Expenses:					
1	Salaries and Wages	\$817,890,000	\$839,059,000	\$21,169,000	3%
2	Fringe Benefits	\$235,850,000	\$238,014,000	\$2,164,000	1%
3	Physicians Fees	\$89,392,000	\$92,313,000	\$2,921,000	3%
4	Supplies and Drugs	\$457,333,000	\$486,881,000	\$29,548,000	6%
5	Depreciation and Amortization	\$119,157,000	\$125,736,000	\$6,579,000	6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$20,696,000	\$22,464,000	\$1,768,000	9%
8	Malpractice Insurance Cost	\$14,594,000	\$22,728,000	\$8,134,000	56%
9	Other Operating Expenses	\$658,452,000	\$753,149,000	\$94,697,000	14%
	Total Operating Expenses	\$2,413,364,000	\$2,580,344,000	\$166,980,000	7%
	Income/(Loss) From Operations	\$113,512,000	\$85,940,000	(\$27,572,000)	-24%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,958,000	\$15,266,000	\$11,308,000	286%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$28,248,000)	(\$29,091,000)	(\$843,000)	3%
	Total Non-Operating Revenue	(\$24,290,000)	(\$13,825,000)	\$10,465,000	-43%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$89,222,000	\$72,115,000	(\$17,107,000)	-19%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$20,129,000	\$88,240,000	\$68,111,000	338%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$20,129,000	\$88,240,000	\$68,111,000	338%
	Excess/(Deficiency) of Revenue Over Expenses	\$109,351,000	\$160,355,000	\$51,004,000	47%
	Principal Payments	\$7,626,000	\$8,083,000	\$457,000	6%

**YALE-NEW HAVEN 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	\$1,499,907,162	\$1,517,576,773	\$17,669,611	1%
2	MEDICARE MANAGED CARE	\$464,560,392	\$471,298,748	\$6,738,356	1%
3	MEDICAID	\$1,148,213,273	\$1,122,842,218	(\$25,371,055)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$20,042,376	\$39,983,192	\$19,940,816	99%
6	COMMERCIAL INSURANCE	\$72,460,139	\$68,614,315	(\$3,845,824)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$1,320,566,176	\$1,310,721,360	(\$9,844,816)	-1%
8	WORKER'S COMPENSATION	\$21,767,078	\$20,199,244	(\$1,567,834)	-7%
9	SELF- PAY/UNINSURED	\$80,469,795	\$95,188,396	\$14,718,601	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$4,627,986,391	\$4,646,424,246	\$18,437,855	0%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$1,235,204,835	\$1,282,314,513	\$47,109,678	4%
2	MEDICARE MANAGED CARE	\$331,198,450	\$374,506,082	\$43,307,632	13%
3	MEDICAID	\$781,303,401	\$804,648,783	\$23,345,382	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$19,908,475	\$18,820,897	(\$1,087,578)	-5%
6	COMMERCIAL INSURANCE	\$61,400,968	\$77,177,112	\$15,776,144	26%
7	NON-GOVERNMENT MANAGED CARE	\$1,552,606,620	\$1,562,591,676	\$9,985,056	1%
8	WORKER'S COMPENSATION	\$16,950,801	\$14,394,183	(\$2,556,618)	-15%
9	SELF- PAY/UNINSURED	\$96,954,852	\$114,562,089	\$17,607,237	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$4,095,528,402	\$4,249,015,335	\$153,486,933	4%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$2,735,111,997	\$2,799,891,286	\$64,779,289	2%
2	MEDICARE MANAGED CARE	\$795,758,842	\$845,804,830	\$50,045,988	6%
3	MEDICAID	\$1,929,516,674	\$1,927,491,001	(\$2,025,673)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$39,950,851	\$58,804,089	\$18,853,238	47%
6	COMMERCIAL INSURANCE	\$133,861,107	\$145,791,427	\$11,930,320	9%
7	NON-GOVERNMENT MANAGED CARE	\$2,873,172,796	\$2,873,313,036	\$140,240	0%
8	WORKER'S COMPENSATION	\$38,717,879	\$34,593,427	(\$4,124,452)	-11%
9	SELF- PAY/UNINSURED	\$177,424,647	\$209,750,485	\$32,325,838	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$8,723,514,793	\$8,895,439,581	\$171,924,788	2%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$464,495,952	\$385,124,725	(\$79,371,227)	-17%
2	MEDICARE MANAGED CARE	\$162,931,805	\$139,629,151	(\$23,302,654)	-14%

**YALE-NEW HAVEN HOSPITAL
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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	\$130,960,728	\$164,075,205	\$33,114,477	25%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,483,239	\$20,399,400	\$15,916,161	355%
6	COMMERCIAL INSURANCE	\$26,378,220	\$24,645,565	(\$1,732,655)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$617,364,859	\$690,920,393	\$73,555,534	12%
8	WORKER'S COMPENSATION	\$12,766,549	\$9,654,091	(\$3,112,458)	-24%
9	SELF- PAY/UNINSURED	\$27,560,241	\$53,901,535	\$26,341,294	96%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$1,446,941,593	\$1,488,350,065	\$41,408,472	3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$203,459,062	\$219,029,304	\$15,570,242	8%
2	MEDICARE MANAGED CARE	\$45,337,013	\$56,432,028	\$11,095,015	24%
3	MEDICAID	\$119,432,312	\$102,185,971	(\$17,246,341)	-14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,519,605	\$5,383,617	\$3,864,012	254%
6	COMMERCIAL INSURANCE	\$26,587,428	\$38,473,544	\$11,886,116	45%
7	NON-GOVERNMENT MANAGED CARE	\$695,914,393	\$700,845,205	\$4,930,812	1%
8	WORKER'S COMPENSATION	\$3,693,167	\$4,534,484	\$841,317	23%
9	SELF- PAY/UNINSURED	\$12,752,235	\$49,306,839	\$36,554,604	287%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$1,108,695,215	\$1,176,190,992	\$67,495,777	6%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$667,955,014	\$604,154,029	(\$63,800,985)	-10%
2	MEDICARE MANAGED CARE	\$208,268,818	\$196,061,179	(\$12,207,639)	-6%
3	MEDICAID	\$250,393,040	\$266,261,176	\$15,868,136	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$6,002,844	\$25,783,017	\$19,780,173	330%
6	COMMERCIAL INSURANCE	\$52,965,648	\$63,119,109	\$10,153,461	19%
7	NON-GOVERNMENT MANAGED CARE	\$1,313,279,252	\$1,391,765,598	\$78,486,346	6%
8	WORKER'S COMPENSATION	\$16,459,716	\$14,188,575	(\$2,271,141)	-14%
9	SELF- PAY/UNINSURED	\$40,312,476	\$103,208,374	\$62,895,898	156%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$2,555,636,808	\$2,664,541,057	\$108,904,249	4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	21,223	21,305	82	0%
2	MEDICARE MANAGED CARE	6,856	7,343	487	7%
3	MEDICAID	22,248	22,682	434	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	413	608	195	47%
6	COMMERCIAL INSURANCE	1,192	1,297	105	9%
7	NON-GOVERNMENT MANAGED CARE	24,831	24,499	(332)	-1%
8	WORKER'S COMPENSATION	350	299	(51)	-15%

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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
9	SELF- PAY/UNINSURED	1,339	1,457	118	9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	78,452	79,490	1,038	1%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	137,542	143,989	6,447	5%
2	MEDICARE MANAGED CARE	42,267	43,370	1,103	3%
3	MEDICAID	122,293	124,601	2,308	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	1,577	2,595	1,018	65%
6	COMMERCIAL INSURANCE	5,739	5,320	(419)	-7%
7	NON-GOVERNMENT MANAGED CARE	111,318	110,583	(735)	-1%
8	WORKER'S COMPENSATION	1,378	1,198	(180)	-13%
9	SELF- PAY/UNINSURED	6,526	5,918	(608)	-9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	428,640	437,574	8,934	2%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	295,736	317,245	21,509	7%
2	MEDICARE MANAGED CARE	89,458	97,646	8,188	9%
3	MEDICAID	345,834	352,128	6,294	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	5,688	6,133	445	8%
6	COMMERCIAL INSURANCE	18,255	19,630	1,375	8%
7	NON-GOVERNMENT MANAGED CARE	483,563	494,184	10,621	2%
8	WORKER'S COMPENSATION	6,912	6,296	(616)	-9%
9	SELF- PAY/UNINSURED	37,093	42,749	5,656	15%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	1,282,539	1,336,011	53,472	4%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$191,530,673	\$189,344,215	(\$2,186,458)	-1%
2	MEDICARE MANAGED CARE	\$44,369,954	\$44,870,972	\$501,018	1%
3	MEDICAID	\$230,323,184	\$232,310,807	\$1,987,623	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,306,114	\$1,294,925	(\$11,189)	-1%
6	COMMERCIAL INSURANCE	\$9,664,282	\$9,569,139	(\$95,143)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$155,134,852	\$156,009,374	\$874,522	1%
8	WORKER'S COMPENSATION	\$5,104,658	\$5,203,527	\$98,869	2%
9	SELF- PAY/UNINSURED	\$31,040,128	\$30,166,885	(\$873,243)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$668,473,845	\$668,769,844	\$295,999	0%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$23,362,857	\$22,805,316	(\$557,541)	-2%

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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
2	MEDICARE MANAGED CARE	\$4,582,398	\$4,609,023	\$26,625	1%
3	MEDICAID	\$31,982,214	\$32,230,070	\$247,856	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$157,937	\$206,695	\$48,758	31%
6	COMMERCIAL INSURANCE	\$5,035,718	\$4,837,692	(\$198,026)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$63,783,162	\$63,990,047	\$206,885	0%
8	WORKER'S COMPENSATION	\$1,737,741	\$2,373,348	\$635,607	37%
9	SELF- PAY/UNINSURED	\$1,926,426	\$2,387,888	\$461,462	24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$132,568,453	\$133,440,079	\$871,626	1%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	21,157	21,108	(49)	0%
2	MEDICARE MANAGED CARE	6,537	6,567	30	0%
3	MEDICAID	72,873	73,053	180	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	432	430	(2)	0%
6	COMMERCIAL INSURANCE	2,555	2,556	1	0%
7	NON-GOVERNMENT MANAGED CARE	38,581	38,723	142	0%
8	WORKER'S COMPENSATION	1,958	1,977	19	1%
9	SELF- PAY/UNINSURED	8,406	8,313	(93)	-1%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	152,499	152,727	228	0%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(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>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$342,098,000	\$365,062,000	\$22,964,000	7%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$475,792,000	\$473,997,000	(\$1,795,000)	0%
	Total Salaries & Wages	\$817,890,000	\$839,059,000	\$21,169,000	3%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$98,661,000	\$105,284,000	\$6,623,000	7%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$137,189,000	\$132,730,000	(\$4,459,000)	-3%
	Total Fringe Benefits	\$235,850,000	\$238,014,000	\$2,164,000	1%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$6,780,000	\$6,419,000	(\$361,000)	-5%
2	Physician Fees	\$89,392,000	\$92,313,000	\$2,921,000	3%
3	Non-Nursing, Non-Physician Fees	\$203,284,000	\$232,263,000	\$28,979,000	14%
	Total Contractual Labor Fees	\$299,456,000	\$330,995,000	\$31,539,000	11%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$239,291,000	\$231,645,000	(\$7,646,000)	-3%
2	Pharmaceutical Costs	\$218,042,000	\$255,236,000	\$37,194,000	17%
	Total Medical Supplies and Pharmaceutical Cost	\$457,333,000	\$486,881,000	\$29,548,000	6%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$46,169,000	\$48,717,000	\$2,548,000	6%
2	Depreciation-Equipment	\$72,988,000	\$77,019,000	\$4,031,000	6%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$119,157,000	\$125,736,000	\$6,579,000	6%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$20,696,000	\$22,464,000	\$1,768,000	9%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$14,594,000	\$22,728,000	\$8,134,000	56%
I.	<u>Utilities:</u>				
1	Water	\$1,794,000	\$1,847,000	\$53,000	3%
2	Natural Gas	\$1,451,000	\$1,499,000	\$48,000	3%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$21,571,000	\$20,097,000	(\$1,474,000)	-7%
5	Telephone	\$3,314,000	\$3,125,000	(\$189,000)	-6%
6	Other Utilities	\$1,326,000	\$1,141,000	(\$185,000)	-14%
	Total Utilities	\$29,456,000	\$27,709,000	(\$1,747,000)	-6%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$1,065,000	\$702,000	(\$363,000)	-34%
2	Legal Fees	\$3,463,000	\$2,866,000	(\$597,000)	-17%
3	Consulting Fees	\$456,000	\$206,000	(\$250,000)	-55%
4	Dues and Membership	\$1,943,000	\$1,965,000	\$22,000	1%
5	Equipment Leases	\$6,357,000	\$4,735,000	(\$1,622,000)	-26%
6	Building Leases	\$23,520,000	\$26,782,000	\$3,262,000	14%
7	Repairs and Maintenance	\$35,045,000	\$16,328,000	(\$18,717,000)	-53%
8	Insurance	\$2,358,000	\$2,164,000	(\$194,000)	-8%
9	Travel	\$4,000	\$0	(\$4,000)	-100%
10	Conferences	\$2,947,000	\$2,612,000	(\$335,000)	-11%
11	Property Tax	\$4,488,000	\$5,154,000	\$666,000	15%

YALE-NEW HAVEN 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	\$20,729,000	\$22,082,000	\$1,353,000	7%
13	Licenses and Subscriptions	\$1,556,000	\$1,464,000	(\$92,000)	-6%
14	Postage and Shipping	\$1,813,000	\$1,687,000	(\$126,000)	-7%
15	Advertising	\$622,000	\$425,000	(\$197,000)	-32%
16	Corporate parent/system fees	\$29,760,000	\$31,637,000	\$1,877,000	6%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$463,000	\$380,000	(\$83,000)	-18%
19	Dietary / Food Services	\$3,164,000	\$3,191,000	\$27,000	1%
20	Lab Fees / Red Cross charges	\$14,213,000	\$13,544,000	(\$669,000)	-5%
21	Billing & Collection / Bank Fees	\$1,251,000	\$1,397,000	\$146,000	12%
22	Recruiting / Employee Education & Recognition	\$400,000	\$268,000	(\$132,000)	-33%
23	Laundry / Linen	\$6,092,000	\$6,278,000	\$186,000	3%
24	Professional / Physician Fees	\$3,982,000	\$7,927,000	\$3,945,000	99%
25	Waste disposal	\$1,950,000	\$1,838,000	(\$112,000)	-6%
26	Purchased Services - Medical	\$135,425,000	\$168,694,000	\$33,269,000	25%
27	Purchased Services - Non Medical	\$113,015,000	\$159,529,000	\$46,514,000	41%
28	Other Business Expenses	\$2,851,000	\$2,903,000	\$52,000	2%
	Total Business Expenses	\$418,932,000	\$486,758,000	\$67,826,000	16%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$2,413,364,000	\$2,580,344,000	\$166,980,000	7%
*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	\$72,496,443	\$108,854,000	\$36,357,557	50%
2	General Accounting	\$5,896,204	\$6,218,000	\$321,796	5%
3	Patient Billing & Collection	\$65,322,534	\$65,841,000	\$518,466	1%
4	Admitting / Registration Office	\$208,707	\$85,000	(\$123,707)	-59%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$6,622,266	\$7,072,000	\$449,734	7%
7	Personnel	\$4,433,538	\$4,527,000	\$93,462	2%
8	Public Relations	\$1,244,128	\$1,241,000	(\$3,128)	0%
9	Purchasing	\$5,570,171	\$5,857,000	\$286,829	5%
10	Dietary and Cafeteria	\$31,257,833	\$32,277,000	\$1,019,167	3%
11	Housekeeping	\$26,191,764	\$25,501,000	(\$690,764)	-3%
12	Laundry & Linen	\$338,472	\$273,000	(\$65,472)	-19%
13	Operation of Plant	\$37,060,046	\$31,730,000	(\$5,330,046)	-14%
14	Security	\$10,559,123	\$10,146,000	(\$413,123)	-4%
15	Repairs and Maintenance	\$27,381,341	\$23,766,000	(\$3,615,341)	-13%
16	Central Sterile Supply	\$12,888,771	\$15,041,000	\$2,152,229	17%
17	Pharmacy Department	\$121,028,342	\$150,882,000	\$29,853,658	25%
18	Other General Services	\$445,788,092	\$529,350,000	\$83,561,908	19%
	Total General Services	\$874,287,775	\$1,018,661,000	\$144,373,225	17%
B.	Professional Services:				
1	Medical Care Administration	\$51,760,553	\$62,202,000	\$10,441,447	20%
2	Residency Program	\$89,108,689	\$81,839,000	(\$7,269,689)	-8%
3	Nursing Services Administration	\$18,101,555	\$19,283,000	\$1,181,445	7%
4	Medical Records	\$1,703,577	\$1,427,000	(\$276,577)	-16%
5	Social Service	\$8,476,907	\$4,852,000	(\$3,624,907)	-43%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$169,151,281	\$169,603,000	\$451,719	0%
C.	Special Services:				
1	Operating Room	\$155,009,981	\$157,187,000	\$2,177,019	1%

YALE-NEW HAVEN 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	\$11,197,070	\$12,685,000	\$1,487,930	13%
3	Anesthesiology	\$26,796,421	\$28,233,000	\$1,436,579	5%
4	Delivery Room	\$10,725,667	\$11,129,000	\$403,333	4%
5	Diagnostic Radiology	\$38,835,409	\$35,168,000	(\$3,667,409)	-9%
6	Diagnostic Ultrasound	\$3,976,760	\$3,807,000	(\$169,760)	-4%
7	Radiation Therapy	\$17,383,781	\$14,446,000	(\$2,937,781)	-17%
8	Radioisotopes	\$41,861,431	\$40,978,000	(\$883,431)	-2%
9	CT Scan	\$6,128,374	\$5,760,000	(\$368,374)	-6%
10	Laboratory	\$75,446,385	\$79,079,000	\$3,632,615	5%
11	Blood Storing/Processing	\$20,130,911	\$19,364,000	(\$766,911)	-4%
12	Cardiology	\$9,747,785	\$9,652,000	(\$95,785)	-1%
13	Electrocardiology	\$19,727,665	\$21,341,000	\$1,613,335	8%
14	Electroencephalography	\$4,753,665	\$5,000,000	\$246,335	5%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$16,336,969	\$16,145,000	(\$191,969)	-1%
19	Pulmonary Function	\$3,386,502	\$2,742,000	(\$644,502)	-19%
20	Intravenous Therapy	\$1,191,011	\$1,237,000	\$45,989	4%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$7,268,845	\$7,824,000	\$555,155	8%
23	Renal Dialysis	\$3,888,213	\$3,957,000	\$68,787	2%
24	Emergency Room	\$65,786,401	\$65,344,000	(\$442,401)	-1%
25	MRI	\$7,590,165	\$6,429,000	(\$1,161,165)	-15%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,171,464	\$2,758,000	(\$2,413,464)	-47%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$6,341,982	\$6,373,000	\$31,018	0%
32	Occupational Therapy / Physical Therapy	\$10,619,854	\$12,243,000	\$1,623,146	15%
33	Dental Clinic	\$5,643,416	\$5,345,000	(\$298,416)	-5%
34	Other Special Services	\$4,255,466	\$5,353,000	\$1,097,534	26%
	Total Special Services	\$579,201,593	\$579,579,000	\$377,407	0%
D.	Routine Services:				
1	Medical & Surgical Units	\$232,259,288	\$228,729,000	(\$3,530,288)	-2%
2	Intensive Care Unit	\$49,785,215	\$51,154,000	\$1,368,785	3%
3	Coronary Care Unit	\$5,406,131	\$5,389,000	(\$17,131)	0%
4	Psychiatric Unit	\$26,604,983	\$27,868,000	\$1,263,017	5%
5	Pediatric Unit	\$15,875,262	\$13,875,000	(\$2,000,262)	-13%
6	Maternity Unit	\$7,618,851	\$7,570,000	(\$48,851)	-1%
7	Newborn Nursery Unit	\$4,669,618	\$4,811,000	\$141,382	3%
8	Neonatal ICU	\$20,007,304	\$21,414,000	\$1,406,696	7%
9	Rehabilitation Unit	\$4,978,763	\$11,989,000	\$7,010,237	141%
10	Ambulatory Surgery	\$12,172,991	\$9,503,000	(\$2,669,991)	-22%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$240,399,774	\$256,238,000	\$15,838,226	7%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$619,778,180	\$638,540,000	\$18,761,820	3%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$170,945,171	\$173,961,000	\$3,015,829	2%
	Total Operating Expenses - All Departments*	\$2,413,364,000	\$2,580,344,000	\$166,980,000	7%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$2,338,353,000	\$2,457,989,000	\$2,517,314,000
2	Other Operating Revenue	63,551,000	68,887,000	148,970,000
3	Total Operating Revenue	\$2,401,904,000	\$2,526,876,000	\$2,666,284,000
4	Total Operating Expenses	2,267,358,000	2,413,364,000	2,580,344,000
5	Income/(Loss) From Operations	\$134,546,000	\$113,512,000	\$85,940,000
6	Total Non-Operating Revenue	30,156,000	(4,161,000)	74,415,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$164,702,000	\$109,351,000	\$160,355,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.53%	4.50%	3.14%
2	Hospital Non Operating Margin	1.24%	-0.16%	2.72%
3	Hospital Total Margin	6.77%	4.33%	5.85%
4	Income/(Loss) From Operations	\$134,546,000	\$113,512,000	\$85,940,000
5	Total Operating Revenue	\$2,401,904,000	\$2,526,876,000	\$2,666,284,000
6	Total Non-Operating Revenue	\$30,156,000	(\$4,161,000)	\$74,415,000
7	Total Revenue	\$2,432,060,000	\$2,522,715,000	\$2,740,699,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$164,702,000	\$109,351,000	\$160,355,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$1,020,378,000	\$1,107,165,000	\$1,239,508,000
2	Hospital Total Net Assets	\$1,120,602,000	\$1,224,992,000	\$1,342,944,000
3	Hospital Change in Total Net Assets	\$102,477,000	\$104,390,000	\$117,952,000
4	Hospital Change in Total Net Assets %	110.1%	9.3%	9.6%

YALE-NEW HAVEN 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.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.27	0.28	0.29
2	Total Operating Expenses	\$2,267,358,000	\$2,413,364,000	\$2,580,344,000
3	Total Gross Revenue	\$8,384,978,567	\$8,723,514,793	\$8,895,439,581
4	Total Other Operating Revenue	\$3,296,108	\$3,237,338	\$4,142,430
5	<u>Private Payment to Cost Ratio</u>	1.60	1.64	1.66
6	Total Non-Government Payments	\$1,311,882,701	\$1,423,017,092	\$1,572,281,656
7	Total Uninsured Payments	\$22,681,195	\$40,312,476	\$103,208,374
8	Total Non-Government Charges	\$3,136,982,541	\$3,223,176,429	\$3,263,448,375
9	Total Uninsured Charges	\$160,623,269	\$177,424,647	\$209,750,485
10	<u>Medicare Payment to Cost Ratio</u>	0.84	0.90	0.76
11	Total Medicare Payments	\$777,221,051	\$876,223,832	\$800,215,208
12	Total Medicare Charges	\$3,406,297,883	\$3,530,870,839	\$3,645,696,116
13	<u>Medicaid Payment to Cost Ratio</u>	0.44	0.47	0.48
14	Total Medicaid Payments	\$213,273,241	\$250,393,040	\$266,261,176
15	Total Medicaid Charges	\$1,794,329,953	\$1,929,516,674	\$1,927,491,001
16	<u>Uncompensated Care Cost</u>	\$54,368,589	\$48,579,767	\$56,321,117
17	Charity Care	\$43,211,397	\$41,146,000	\$45,213,000
18	Bad Debts	\$157,929,603	\$134,519,000	\$149,038,000
19	Total Uncompensated Care	\$201,141,000	\$175,665,000	\$194,251,000
20	<u>Uncompensated Care % of Total Expenses</u>	2.4%	2.0%	2.2%

YALE-NEW HAVEN 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	\$2,267,358,000	\$2,413,364,000	\$2,580,344,000
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	3	3	3
2	Total Current Assets	\$1,332,579,000	\$1,500,368,000	\$1,588,690,000
3	Total Current Liabilities	\$391,792,000	\$434,778,000	\$492,171,000
4	<u>Days Cash on Hand</u>	161	172	177
5	Cash and Cash Equivalents	\$20,955,000	\$101,130,000	\$72,250,000
6	Short Term Investments	926,009,000	980,087,000	1,121,276,000
7	Total Cash and Short Term Investments	\$946,964,000	\$1,081,217,000	\$1,193,526,000
8	Total Operating Expenses	\$2,267,358,000	\$2,413,364,000	\$2,580,344,000
9	Depreciation Expense	\$122,543,000	\$119,157,000	\$125,736,000
10	Operating Expenses less Depreciation Expense	\$2,144,815,000	\$2,294,207,000	\$2,454,608,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	41	43	37
12	Net Patient Accounts Receivable	\$259,581,000	\$286,728,000	\$254,009,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$259,581,000	\$286,728,000	\$254,009,000
16	Total Net Patient Revenue	\$2,338,353,000	\$2,457,989,000	\$2,517,314,000
17	<u>Average Payment Period</u>	67	69	73
18	Total Current Liabilities	\$391,792,000	\$434,778,000	\$492,171,000
19	Total Operating Expenses	\$2,267,358,000	\$2,413,364,000	\$2,580,344,000
20	Depreciation Expense	\$122,543,000	\$119,157,000	\$125,736,000

YALE-NEW HAVEN 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	\$2,144,815,000	\$2,294,207,000	\$2,454,608,000
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	38.1	39.3	40.3
2	Total Net Assets	\$1,120,602,000	\$1,224,992,000	\$1,342,944,000
3	Total Assets	\$2,940,825,000	\$3,120,925,000	\$3,334,474,000
4	<u>Cash Flow to Total Debt Ratio</u>	23.1	17.8	21.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$164,702,000	\$109,351,000	\$160,355,000
6	Depreciation Expense	\$122,543,000	\$119,157,000	\$125,736,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$287,245,000	\$228,508,000	\$286,091,000
8	Total Current Liabilities	\$391,792,000	\$434,778,000	\$492,171,000
9	Total Long Term Debt	\$850,977,000	\$847,198,000	\$818,252,000
10	Total Current Liabilities and Total Long Term Debt	\$1,242,769,000	\$1,281,976,000	\$1,310,423,000
11	<u>Long Term Debt to Capitalization Ratio</u>	43.2	40.9	37.9
12	Total Long Term Debt	\$850,977,000	\$847,198,000	\$818,252,000
13	Total Net Assets	\$1,120,602,000	\$1,224,992,000	\$1,342,944,000
14	Total Long Term Debt and Total Net Assets	\$1,971,579,000	\$2,072,190,000	\$2,161,196,000
15	<u>Debt Service Coverage Ratio</u>	0.6	8.8	10.1
16	Excess Revenues over Expenses	164,702,000	\$109,351,000	\$160,355,000
17	Interest Expense	23,742,000	\$20,696,000	\$22,464,000
18	Depreciation and Amortization Expense	122,543,000	\$119,157,000	\$125,736,000
19	Principal Payments	484,157,000	\$7,626,000	\$8,083,000
G. Other Financial Ratios				

YALE-NEW HAVEN 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	Average Age of Plant	6.0	6.8	7.1
21	Accumulated Depreciation	735,391,000	808,887,000	890,952,000
22	Depreciation and Amortization Expense	122,543,000	119,157,000	125,736,000
H.	Utilization Measures Summary			
1	Patient Days	426,515	428,640	437,574
2	Discharges	78,529	78,452	79,490
3	ALOS	5.4	5.5	5.5
4	Staffed Beds	1,426	1,425	1,533
5	Available Beds	-	1,522	1,594
6	Licensed Beds	1,521	1,541	1,541
7	Occupancy of Staffed Beds	81.9%	82.4%	78.2%
8	Occupancy of Available Beds	76.8%	77.2%	75.2%
9	Full Time Equivalent Employees	10,878.6	10,693.5	10,824.7
I.	Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	35.5%	34.9%	34.3%
2	Medicare Gross Revenue Payer Mix Percentage	40.6%	40.5%	41.0%
3	Medicaid Gross Revenue Payer Mix Percentage	21.4%	22.1%	21.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.9%	2.0%	2.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.5%	0.7%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$2,976,359,272	\$3,045,751,782	\$3,053,697,890
9	Medicare Gross Revenue (Charges)	\$3,406,297,883	\$3,530,870,839	\$3,645,696,116
10	Medicaid Gross Revenue (Charges)	\$1,794,329,953	\$1,929,516,674	\$1,927,491,001
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$160,623,269	\$177,424,647	\$209,750,485
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$47,368,190	\$39,950,851	\$58,804,089
14	Total Gross Revenue (Charges)	\$8,384,978,567	\$8,723,514,793	\$8,895,439,581
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	55.9%	54.1%	55.1%
2	Medicare Net Revenue Payer Mix Percentage	33.7%	34.3%	30.0%
3	Medicaid Net Revenue Payer Mix Percentage	9.2%	9.8%	10.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.0%	1.6%	3.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	1.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

YALE-NEW HAVEN 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)	\$1,289,201,506	\$1,382,704,616	\$1,469,073,282
9	Medicare Net Revenue (Payments)	\$777,221,051	\$876,223,832	\$800,215,208
10	Medicaid Net Revenue (Payments)	\$213,273,241	\$250,393,040	\$266,261,176
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$22,681,195	\$40,312,476	\$103,208,374
13	CHAMPUS / TRICARE Net Revenue Payments)	\$4,386,706	\$6,002,844	\$25,783,017
14	Total Net Revenue (Payments)	\$2,306,763,699	\$2,555,636,808	\$2,664,541,057
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	27,468	27,712	27,552
2	Medicare	28,246	28,079	28,648
3	Medical Assistance	22,415	22,248	22,682
4	Medicaid	22,415	22,248	22,682
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	400	413	608
7	Uninsured (Included In Non-Government)	952	1,339	1,457
8	Total	78,529	78,452	79,490
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.43745	1.47000	1.50760
2	Medicare	1.79150	1.81000	1.85040
3	Medical Assistance	1.23093	1.27000	1.31860
4	Medicaid	1.23093	1.27000	1.31860
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.41741	1.32000	1.23350
7	Uninsured (Included In Non-Government)	1.55003	1.60000	1.47650
8	Total Case Mix Index	1.50575	1.53418	1.57512
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	54,292	54,844	59,825
2	Emergency Room - Treated and Discharged	142,520	152,499	152,727
3	Total Emergency Room Visits	196,812	207,343	212,552

**YALE-NEW HAVEN 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	\$25,342,679	\$70,272,118	\$44,929,439	177%
2	Inpatient Payments	\$8,748,422	\$21,631,143	\$12,882,721	147%
3	Outpatient Charges	\$17,338,259	\$55,538,918	\$38,200,659	220%
4	Outpatient Payments	\$2,285,690	\$7,644,191	\$5,358,501	234%
5	Discharges	401	1,261	860	214%
6	Patient Days	2,310	7,230	4,920	213%
7	Outpatient Visits (Excludes ED Visits)	4,543	16,330	11,787	259%
8	Emergency Department Outpatient Visits	349	352	3	1%
9	Emergency Department Inpatient Admissions	358	962	604	169%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$42,680,938	\$125,811,036	\$83,130,098	195%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,034,112	\$29,275,334	\$18,241,222	165%
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	\$184,462,796	\$175,610,502	(\$8,852,294)	-5%
2	Inpatient Payments	\$64,208,072	\$53,504,007	(\$10,704,065)	-17%
3	Outpatient Charges	\$147,543,236	\$158,110,975	\$10,567,739	7%
4	Outpatient Payments	\$20,656,682	\$24,091,375	\$3,434,693	17%
5	Discharges	2,745	2,723	(22)	-1%
6	Patient Days	16,207	14,903	(1,304)	-8%
7	Outpatient Visits (Excludes ED Visits)	37,777	39,144	1,367	4%
8	Emergency Department Outpatient Visits	1,957	1,968	11	1%
9	Emergency Department Inpatient Admissions	2,170	1,713	(457)	-21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$332,006,032	\$333,721,477	\$1,715,445	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$84,864,754	\$77,595,382	(\$7,269,372)	-9%

**YALE-NEW HAVEN 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	\$84,300,554	\$86,899,630	\$2,599,076	3%
2	Inpatient Payments	\$27,974,116	\$24,168,557	(\$3,805,559)	-14%
3	Outpatient Charges	\$31,127,320	\$31,561,036	\$433,716	1%
4	Outpatient Payments	\$3,976,665	\$4,637,375	\$660,710	17%
5	Discharges	1,205	1,241	36	3%
6	Patient Days	7,732	8,243	511	7%
7	Outpatient Visits (Excludes ED Visits)	6,100	5,775	(325)	-5%
8	Emergency Department Outpatient Visits	959	965	6	1%
9	Emergency Department Inpatient Admissions	38	369	331	871%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$115,427,874	\$118,460,666	\$3,032,792	3%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$31,950,781	\$28,805,932	(\$3,144,849)	-10%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$18,341	\$18,341	0%
4	Outpatient Payments	\$0	\$13,592	\$13,592	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	\$18,341	\$18,341	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$13,592	\$13,592	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$2,636,980	\$2,503,900	(\$133,080)	-5%
2	Inpatient Payments	\$1,094,766	\$893,537	(\$201,229)	-18%
3	Outpatient Charges	\$292,870	\$722,784	\$429,914	147%
4	Outpatient Payments	\$51,478	\$112,201	\$60,723	118%
5	Discharges	26	31	5	19%
6	Patient Days	522	425	(97)	-19%
7	Outpatient Visits (Excludes ED Visits)	40	126	86	215%
8	Emergency Department Outpatient Visits	7	7	0	0%
9	Emergency Department Inpatient Admissions	25	45	20	80%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,929,850	\$3,226,684	\$296,834	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,146,244	\$1,005,738	(\$140,506)	-12%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$63,870,307	\$35,673,729	(\$28,196,578)	-44%
2	Inpatient Payments	\$26,124,523	\$10,029,850	(\$16,094,673)	-62%
3	Outpatient Charges	\$40,869,618	\$22,084,649	(\$18,784,969)	-46%
4	Outpatient Payments	\$5,215,135	\$3,085,632	(\$2,129,503)	-41%
5	Discharges	1,029	530	(499)	-48%
6	Patient Days	5,971	3,435	(2,536)	-42%
7	Outpatient Visits (Excludes ED Visits)	12,153	4,306	(7,847)	-65%
8	Emergency Department Outpatient Visits	1,725	1,728	3	0%
9	Emergency Department Inpatient Admissions	1,007	832	(175)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$104,739,925	\$57,758,378	(\$46,981,547)	-45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$31,339,658	\$13,115,482	(\$18,224,176)	-58%
I. AETNA					
1	Inpatient Charges	\$101,552,289	\$96,753,767	(\$4,798,522)	-5%
2	Inpatient Payments	\$34,047,925	\$28,380,868	(\$5,667,057)	-17%
3	Outpatient Charges	\$92,551,917	\$104,077,164	\$11,525,247	12%
4	Outpatient Payments	\$12,954,983	\$16,524,777	\$3,569,794	28%
5	Discharges	1,412	1,492	80	6%
6	Patient Days	9,278	8,784	(494)	-5%
7	Outpatient Visits (Excludes ED Visits)	21,971	25,034	3,063	14%
8	Emergency Department Outpatient Visits	1,494	1,503	9	1%
9	Emergency Department Inpatient Admissions	1,300	1,004	(296)	-23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$194,104,206	\$200,830,931	\$6,726,725	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$47,002,908	\$44,905,645	(\$2,097,263)	-4%

**YALE-NEW HAVEN 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	\$2,394,787	\$3,585,102	\$1,190,315	50%
2	Inpatient Payments	\$733,981	\$1,021,189	\$287,208	39%
3	Outpatient Charges	\$1,475,230	\$2,392,215	\$916,985	62%
4	Outpatient Payments	\$196,380	\$322,885	\$126,505	64%
5	Discharges	38	65	27	71%
6	Patient Days	247	350	103	42%
7	Outpatient Visits (Excludes ED Visits)	337	364	27	8%
8	Emergency Department Outpatient Visits	46	44	(2)	-4%
9	Emergency Department Inpatient Admissions	36	58	22	61%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,870,017	\$5,977,317	\$2,107,300	54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$930,361	\$1,344,074	\$413,713	44%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**YALE-NEW HAVEN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$464,560,392	\$471,298,748	\$6,738,356	1%
	TOTAL INPATIENT PAYMENTS	\$162,931,805	\$139,629,151	(\$23,302,654)	-14%
	TOTAL OUTPATIENT CHARGES	\$331,198,450	\$374,506,082	\$43,307,632	13%
	TOTAL OUTPATIENT PAYMENTS	\$45,337,013	\$56,432,028	\$11,095,015	24%
	TOTAL DISCHARGES	6,856	7,343	487	7%
	TOTAL PATIENT DAYS	42,267	43,370	1,103	3%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	82,921	91,079	8,158	10%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,537	6,567	30	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	4,934	4,983	49	1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$795,758,842	\$845,804,830	\$50,045,988	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$208,268,818	\$196,061,179	(\$12,207,639)	-6%

**YALE-NEW HAVEN 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%

**YALE-NEW HAVEN 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%

**YALE-NEW HAVEN 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%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
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	\$194,946,000	\$169,479,000	(\$25,467,000)	-13%
2	Short Term Investments	\$1,160,670,000	\$1,371,905,000	\$211,235,000	18%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$405,694,000	\$370,868,000	(\$34,826,000)	-9%
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	\$45,816,000	\$47,064,000	\$1,248,000	3%
8	Prepaid Expenses	\$25,580,000	\$34,938,000	\$9,358,000	37%
9	Other Current Assets	\$57,779,000	\$52,599,000	(\$5,180,000)	-9%
	Total Current Assets	\$1,890,485,000	\$2,046,853,000	\$156,368,000	8%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$30,531,000	\$18,342,000	(\$12,189,000)	-40%
2	Board Designated for Capital Acquisition	\$96,951,000	\$83,216,000	(\$13,735,000)	-14%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$78,837,000	\$85,175,000	\$6,338,000	8%
	Total Noncurrent Assets Whose Use is Limited:	\$206,319,000	\$186,733,000	(\$19,586,000)	-9%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$420,800,000	\$538,193,000	\$117,393,000	28%
7	Other Noncurrent Assets	\$421,351,000	\$695,367,000	\$274,016,000	65%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$2,940,033,000	\$3,227,815,000	\$287,782,000	10%
2	Less: Accumulated Depreciation	\$1,551,286,000	\$1,720,124,000	\$168,838,000	\$0
	Property, Plant and Equipment, Net	\$1,388,747,000	\$1,507,691,000	\$118,944,000	9%
3	Construction in Progress	\$157,101,000	\$112,959,000	(\$44,142,000)	-28%
	Total Net Fixed Assets	\$1,545,848,000	\$1,620,650,000	\$74,802,000	5%
	Total Assets	\$4,484,803,000	\$5,087,796,000	\$602,993,000	13%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
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	\$377,319,000	\$391,690,000	\$14,371,000	4%
2	Salaries, Wages and Payroll Taxes	\$122,564,000	\$178,547,000	\$55,983,000	46%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$51,101,000	\$63,467,000	\$12,366,000	24%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$92,866,000	\$85,004,000	(\$7,862,000)	-8%
	Total Current Liabilities	\$643,850,000	\$718,708,000	\$74,858,000	12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$906,150,000	\$867,555,000	(\$38,595,000)	-4%
2	Notes Payable (Net of Current Portion)	\$107,159,000	\$141,110,000	\$33,951,000	32%
	Total Long Term Debt	\$1,013,309,000	\$1,008,665,000	(\$4,644,000)	0%
3	Accrued Pension Liability	\$339,901,000	\$401,409,000	\$61,508,000	18%
4	Other Long Term Liabilities	\$495,824,000	\$537,958,000	\$42,134,000	8%
	Total Long Term Liabilities	\$1,849,034,000	\$1,948,032,000	\$98,998,000	5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$1,750,995,000	\$2,147,552,000	\$396,557,000	23%
2	Temporarily Restricted Net Assets	\$147,568,000	\$163,535,000	\$15,967,000	11%
3	Permanently Restricted Net Assets	\$93,356,000	\$109,969,000	\$16,613,000	18%
	Total Net Assets	\$1,991,919,000	\$2,421,056,000	\$429,137,000	22%
	Total Liabilities and Net Assets	\$4,484,803,000	\$5,087,796,000	\$602,993,000	13%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$12,297,458,000	\$12,486,307,000	\$188,849,000	2%
2	Less: Allowances	\$8,479,889,000	\$8,535,501,000	\$55,612,000	1%
3	Less: Charity Care	\$184,456,000	\$197,173,000	\$12,717,000	7%
4	Less: Other Deductions	\$58,900,000	\$70,278,000	\$11,378,000	19%
	Total Net Patient Revenue	\$3,574,213,000	\$3,683,355,000	\$109,142,000	3%
5	Provision for Bad Debts	\$81,528,000	\$104,084,000	\$22,556,000	28%
	Net Patient Service Revenue less provision for bad debts	\$3,492,685,000	\$3,579,271,000	\$86,586,000	2%
6	Other Operating Revenue	\$104,061,000	\$181,390,000	\$77,329,000	74%
7	Net Assets Released from Restrictions	\$5,534,000	\$26,243,000	\$20,709,000	374%
	Total Operating Revenue	\$3,602,280,000	\$3,786,904,000	\$184,624,000	5%
B. Operating Expenses:					
1	Salaries and Wages	\$1,390,520,000	\$1,436,675,000	\$46,155,000	3%
2	Fringe Benefits	\$467,952,000	\$467,576,000	(\$376,000)	0%
3	Physicians Fees	\$127,505,000	\$141,028,000	\$13,523,000	11%
4	Supplies and Drugs	\$572,515,000	\$626,422,000	\$53,907,000	9%
5	Depreciation and Amortization	\$185,944,000	\$191,544,000	\$5,600,000	3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$24,188,000	\$28,912,000	\$4,724,000	20%
8	Malpractice Insurance Cost	\$64,096,000	\$81,093,000	\$16,997,000	27%
9	Other Operating Expenses	\$609,904,000	\$674,316,000	\$64,412,000	11%
	Total Operating Expenses	\$3,442,624,000	\$3,647,566,000	\$204,942,000	6%
	Income/(Loss) From Operations	\$159,656,000	\$139,338,000	(\$20,318,000)	-13%
C. Non-Operating Revenue:					
1	Income from Investments	\$5,099,000	\$14,692,000	\$9,593,000	188%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$35,200,000)	\$208,476,000	\$243,676,000	-692%
	Total Non-Operating Revenue	(\$30,101,000)	\$223,168,000	\$253,269,000	-841%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$129,555,000	\$362,506,000	\$232,951,000	180%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$14,536,000	\$97,402,000	\$82,866,000	570%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$14,536,000	\$97,402,000	\$82,866,000	570%
	Excess/(Deficiency) of Revenue Over Expenses	\$144,091,000	\$459,908,000	\$315,817,000	219%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)

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	\$3,287,692,000	\$3,492,685,000	\$3,579,271,000
2	Other Operating Revenue	106,994,000	109,595,000	207,633,000
3	Total Operating Revenue	\$3,394,686,000	\$3,602,280,000	\$3,786,904,000
4	Total Operating Expenses	3,224,574,000	3,442,624,000	3,647,566,000
5	Income/(Loss) From Operations	\$170,112,000	\$159,656,000	\$139,338,000
6	Total Non-Operating Revenue	34,189,000	(15,565,000)	320,570,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$204,301,000	\$144,091,000	\$459,908,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	4.96%	4.45%	3.39%
2	Parent Corporation Non-Operating Margin	1.00%	-0.43%	7.80%
3	Parent Corporation Total Margin	5.96%	4.02%	11.20%
4	Income/(Loss) From Operations	\$170,112,000	\$159,656,000	\$139,338,000
5	Total Operating Revenue	\$3,394,686,000	\$3,602,280,000	\$3,786,904,000
6	Total Non-Operating Revenue	\$34,189,000	(\$15,565,000)	\$320,570,000
7	Total Revenue	\$3,428,875,000	\$3,586,715,000	\$4,107,474,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$204,301,000	\$144,091,000	\$459,908,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$1,644,056,000	\$1,750,995,000	\$2,147,552,000
2	Parent Corporation Total Net Assets	\$1,866,624,000	\$1,991,919,000	\$2,421,056,000
3	Parent Corporation Change in Total Net Assets	\$840,644,000	\$125,295,000	\$429,137,000
4	Parent Corporation Change in Total Net Assets %	181.9%	6.7%	21.5%

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
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>	2.97	2.94	2.85
2	Total Current Assets	\$1,683,007,000	\$1,890,485,000	\$2,046,853,000
3	Total Current Liabilities	\$567,557,000	\$643,850,000	\$718,708,000
4	<u>Days Cash on Hand</u>	145	152	163
5	Cash and Cash Equivalents	\$161,059,000	\$194,946,000	\$169,479,000
6	Short Term Investments	\$1,040,882,000	\$1,160,670,000	\$1,371,905,000
7	Total Cash and Short Term Investments	\$1,201,941,000	\$1,355,616,000	\$1,541,384,000
8	Total Operating Expenses	\$3,224,574,000	\$3,442,624,000	\$3,647,566,000
9	Depreciation Expense	\$192,072,000	\$185,944,000	\$191,544,000
10	Operating Expenses less Depreciation Expense	\$3,032,502,000	\$3,256,680,000	\$3,456,022,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	41	42	38
12	Net Patient Accounts Receivable	\$ 368,342,000	\$ 405,694,000	\$ 370,868,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 368,342,000	\$ 405,694,000	\$ 370,868,000
16	Total Net Patient Revenue	\$3,287,692,000	\$3,492,685,000	\$3,579,271,000
17	<u>Average Payment Period</u>	68	72	76
18	Total Current Liabilities	\$567,557,000	\$643,850,000	\$718,708,000
19	Total Operating Expenses	\$3,224,574,000	\$3,442,624,000	\$3,647,566,000
20	Depreciation Expense	\$192,072,000	\$185,944,000	\$191,544,000
20	Total Operating Expenses less Depreciation Expense	\$3,032,502,000	\$3,256,680,000	\$3,456,022,000

YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	44.1	44.4	47.6
2	Total Net Assets	\$1,866,624,000	\$1,991,919,000	\$2,421,056,000
3	Total Assets	\$4,233,177,000	\$4,484,803,000	\$5,087,796,000
4	<u>Cash Flow to Total Debt Ratio</u>	25.5	19.9	37.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$204,301,000	\$144,091,000	\$459,908,000
6	Depreciation Expense	\$192,072,000	\$185,944,000	\$191,544,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$396,373,000	\$330,035,000	\$651,452,000
8	Total Current Liabilities	\$567,557,000	\$643,850,000	\$718,708,000
9	Total Long Term Debt	\$988,109,000	\$1,013,309,000	\$1,008,665,000
10	Total Current Liabilities and Total Long Term Debt	\$1,555,666,000	\$1,657,159,000	\$1,727,373,000
11	<u>Long Term Debt to Capitalization Ratio</u>	34.6	33.7	29.4
12	Total Long Term Debt	\$988,109,000	\$1,013,309,000	\$1,008,665,000
13	Total Net Assets	\$1,866,624,000	\$1,991,919,000	\$2,421,056,000
14	Total Long Term Debt and Total Net Assets	\$2,854,733,000	\$3,005,228,000	\$3,429,721,000

YALE-NEW HAVEN 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	273,951	55,371	52,891	915	968	82.0%	77.5%
2	ICU/CCU (Excludes Neonatal ICU)	39,404	5,952	0	169	174	63.9%	62.0%
3	Psychiatric: Ages 0 to 17	10,646	1,103	1,084	39	39	74.8%	74.8%
4	Psychiatric: Ages 18+	36,402	3,195	3,208	100	100	99.7%	99.7%
	TOTAL PSYCHIATRIC	47,048	4,298	4,292	139	139	92.7%	92.7%
5	Rehabilitation	5,666	410	415	24	24	64.7%	64.7%
6	Maternity	19,240	6,057	5,202	66	67	79.9%	78.7%
7	Newborn	12,230	5,934	5,289	50	50	67.0%	67.0%
8	Neonatal ICU	19,947	1,121	0	81	81	67.5%	67.5%
9	Pediatric	20,088	6,299	6,993	89	91	61.8%	60.5%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	425,344	73,556	69,793	1,483	1,544	78.6%	75.5%
	TOTAL INPATIENT BED UTILIZATION	437,574	79,490	75,082	1,533	1,594	78.2%	75.2%
	TOTAL INPATIENT REPORTED YEAR	437,574	79,490	75,082	1,533	1,594	78.2%	75.2%
	TOTAL INPATIENT PRIOR YEAR	428,640	78,452	74,156	1425	1522	82.4%	77.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	8,934	1,038	926	108	72	-4.2%	-1.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	1%	1%	8%	5%	-5%	-3%
	Total Licensed Beds and Bassinets	1541						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	43,743	44,891	1,148	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	48,811	49,141	330	1%
3	Emergency Department Scans	23,183	25,149	1,966	8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	115,737	119,181	3,444	3%
B. MRI Scans (A)					
1	Inpatient Scans	12,562	12,959	397	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	38,954	40,072	1,118	3%
3	Emergency Department Scans	1,126	1,183	57	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	52,642	54,214	1,572	3%
C. PET Scans (A)					
1	Inpatient Scans	134	103	-31	-23%
2	Outpatient Scans (Excluding Emergency Department Scans)	697	722	25	4%
3	Emergency Department Scans	1	0	-1	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	832	825	-7	-1%
D. PET/CT Scans (A)					
1	Inpatient Scans	109	110	1	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,371	3,634	263	8%
3	Emergency Department Scans	4	4	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	3,484	3,748	264	8%
(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	2,501	2,466	-35	-1%
2	Outpatient Procedures	43,711	41,599	-2,112	-5%
	Total Linear Accelerator Procedures	46,212	44,065	-2,147	-5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	3,396	3,351	-45	-1%
2	Outpatient Procedures	2,594	2,288	-306	-12%
	Total Cardiac Catheterization Procedures	5,990	5,639	-351	-6%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	88	72	-16	-18%
2	Elective Procedures	154	137	-17	-11%
	Total Cardiac Angioplasty Procedures	242	209	-33	-14%
H. Electrophysiology Studies					
1	Inpatient Studies	1,440	1,295	-145	-10%
2	Outpatient Studies	1,284	1,306	22	2%
	Total Electrophysiology Studies	2,724	2,601	-123	-5%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	19,638	17,851	-1,787	-9%
2	Outpatient Surgical Procedures	28,722	29,380	658	2%
	Total Surgical Procedures	48,360	47,231	-1,129	-2%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	807	838	31	4%

YALE-NEW HAVEN 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	7,236	7,374	138	2%
	Total Endoscopy Procedures	8,043	8,212	169	2%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	54,844	59,825	4,981	9%
2	Emergency Room Visits: Treated and Discharged	152,499	152,727	228	0%
	Total Emergency Room Visits	207,343	212,552	5,209	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	36,026	35,259	-767	-2%
3	Psychiatric Clinic Visits	806	894	88	11%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	30,869	30,032	-837	-3%
6	Medical Clinic Visits - Urgent Care Clinic	12,243	3,885	-8,358	-68%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	47,633	47,765	132	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	57,624	63,983	6,359	11%
11	Specialty Clinic Visits - Chronic Pain Clinic	2,344	3,448	1,104	47%
12	Specialty Clinic Visits - OB-GYN Clinic	3,998	3,577	-421	-11%
13	Specialty Clinic Visits - Other Speciality Clinics	295,584	356,490	60,906	21%
	Total Hospital Clinic Visits	487,127	545,333	58,206	12%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	98,699	99,774	1,075	1%
2	Cardiac Rehabilitation	9,844	11,776	1,932	20%
3	Chemotherapy	106,160	110,194	4,034	4%
4	Gastroenterology	16,576	16,837	261	2%
5	Other Outpatient Visits	411,634	397,676	-13,958	-3%
	Total Other Hospital Outpatient Visits	642,913	636,257	-6,656	-1%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	4,892.0	4,435.9	-456.1	-9%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	5,801.5	6,388.8	587.3	10%
	Total Hospital Full Time Equivalent Employees	10,693.5	10,824.7	131.2	1%

YALE-NEW HAVEN 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	SRC Operating	6,730	6,943	213	3%
2	Temple Medical Center	4,900	4,396	-504	-10%
3	Yale New Haven Hospital	17,092	18,041	949	6%
	Total Outpatient Surgical Procedures(A)	28,722	29,380	658	2%
B. Outpatient Endoscopy Procedures					
1	SRC Operating	2,386	2,710	324	14%
2	Temple Medical Center	3,619	3,344	-275	-8%
3	Yale New Haven Hospital	1,231	1,320	89	7%
	Total Outpatient Endoscopy Procedures(B)	7,236	7,374	138	2%
C. Outpatient Hospital Emergency Room Visits					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	20,253	20,744	491	2%
3	SRC Operating	39,266	38,798	-468	-1%
4	Yale New Haven Hospital	92,980	93,185	205	0%
	Total Outpatient Hospital Emergency Room Visits(C)	152,499	152,727	228	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.					

YALE-NEW HAVEN 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	\$1,964,467,554	\$1,988,875,521	\$24,407,967	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$627,427,757	\$524,753,876	(\$102,673,881)	-16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.94%	26.38%	-5.55%	-17%
4	DISCHARGES	28,079	28,648	569	2%
5	CASE MIX INDEX (CMI)	1.81000	1.85040	0.04040	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	50,822.99000	53,010.25920	2,187.26920	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,345.35	\$9,899.10	(\$2,446.25)	-20%
8	PATIENT DAYS	179,809	187,359	7,550	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,489.41	\$2,800.79	(\$688.62)	-20%
10	AVERAGE LENGTH OF STAY	6.4	6.5	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,566,403,285	\$1,656,820,595	\$90,417,310	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$248,796,075	\$275,461,332	\$26,665,257	11%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.88%	16.63%	0.74%	5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	79.74%	83.30%	3.57%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	22,389.29208	23,865.04128	1,475.74920	7%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,112.28	\$11,542.46	\$430.18	4%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$3,530,870,839	\$3,645,696,116	\$114,825,277	3%
18	TOTAL ACCRUED PAYMENTS	\$876,223,832	\$800,215,208	(\$76,008,624)	-9%
19	TOTAL ALLOWANCES	\$2,654,647,007	\$2,845,480,908	\$190,833,901	7%

YALE-NEW HAVEN 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
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,495,263,188	\$1,494,723,315	(\$539,873)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$684,069,869	\$779,121,584	\$95,051,715	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.75%	52.12%	6.38%	14%
4	DISCHARGES	27,712	27,552	(160)	-1%
5	CASE MIX INDEX (CMI)	1.47000	1.50760	0.03760	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	40,736.64000	41,537.39520	800.75520	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$16,792.50	\$18,757.11	\$1,964.62	12%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,447.14)	(\$8,858.01)	(\$4,410.87)	99%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$181,161,664)	(\$367,938,740)	(\$186,777,076)	103%
10	PATIENT DAYS	124,961	123,019	(1,942)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$5,474.27	\$6,333.34	\$859.08	16%
12	AVERAGE LENGTH OF STAY	4.5	4.5	(0.0)	-1%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,727,913,241	\$1,768,725,060	\$40,811,819	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$738,947,223	\$793,160,072	\$54,212,849	7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.77%	44.84%	2.08%	5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	115.56%	118.33%	2.77%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	32,023.74814	32,602.63111	578.88297	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$23,074.98	\$24,328.10	\$1,253.12	5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$11,962.70)	(\$12,785.64)	(\$822.94)	7%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$383,090,378)	(\$416,845,441)	(\$33,755,064)	9%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$3,223,176,429	\$3,263,448,375	\$40,271,946	1%
22	TOTAL ACCRUED PAYMENTS	\$1,423,017,092	\$1,572,281,656	\$149,264,564	10%
23	TOTAL ALLOWANCES	\$1,800,159,337	\$1,691,166,719	(\$108,992,618)	-6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$564,252,042)	(\$784,784,182)	(\$220,532,140)	39%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$3,045,751,782	\$3,053,697,890	\$7,946,108	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,342,232,256	\$1,406,447,225	\$64,214,969	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,703,519,526	\$1,647,250,665	(\$56,268,861)	-3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.93%	53.94%	-1.99%	

YALE-NEW HAVEN 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
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$80,469,795	\$95,188,396	\$14,718,601	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$27,560,241	\$53,901,535	\$26,341,294	96%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.25%	56.63%	22.38%	65%
4	DISCHARGES	1,339	1,457	118	9%
5	CASE MIX INDEX (CMI)	1.60000	1.47650	(0.12350)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,142.40000	2,151.26050	8.86050	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,864.19	\$25,055.79	\$12,191.60	95%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,928.31	(\$6,298.68)	(\$10,226.99)	-260%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$518.84)	(\$15,156.69)	(\$14,637.85)	2821%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,111,557)	(\$32,605,991)	(\$31,494,435)	2833%
11	PATIENT DAYS	6,526	5,918	(608)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,223.14	\$9,108.07	\$4,884.92	116%
13	AVERAGE LENGTH OF STAY	4.9	4.1	(0.8)	-17%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$96,954,852	\$114,562,089	\$17,607,237	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,752,235	\$49,306,839	\$36,554,604	287%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.15%	43.04%	29.89%	227%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	120.49%	120.35%	-0.13%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,613.30779	1,753.54319	140.23540	9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,904.40	\$28,118.41	\$20,214.00	256%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$15,170.57	(\$3,790.31)	(\$18,960.88)	-125%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,207.88	(\$16,575.94)	(\$19,783.82)	-617%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,175,292	(\$29,066,633)	(\$34,241,926)	-662%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$177,424,647	\$209,750,485	\$32,325,838	18%
24	TOTAL ACCRUED PAYMENTS	\$40,312,476	\$103,208,374	\$62,895,898	156%
25	TOTAL ALLOWANCES	\$137,112,171	\$106,542,111	(\$30,570,060)	-22%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,063,736	(\$61,672,625)	(\$65,736,361)	-1618%

YALE-NEW HAVEN 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
D. STATE OF CONNECTICUT MEDICAID					
<u>MEDICAID INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,148,213,273	\$1,122,842,218	(\$25,371,055)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$130,960,728	\$164,075,205	\$33,114,477	25%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.41%	14.61%	3.21%	28%
4	DISCHARGES	22,248	22,682	434	2%
5	CASE MIX INDEX (CMI)	1.27000	1.31860	0.04860	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	28,254.96000	29,908.48520	1,653.52520	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,634.96	\$5,485.91	\$850.94	18%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$12,157.53	\$13,271.20	\$1,113.67	9%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$7,710.39	\$4,413.19	(\$3,297.20)	-43%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$217,856,730	\$131,991,892	(\$85,864,838)	-39%
11	PATIENT DAYS	122,293	124,601	2,308	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,070.88	\$1,316.80	\$245.93	23%
13	AVERAGE LENGTH OF STAY	5.5	5.5	(0.0)	0%
<u>MEDICAID OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$781,303,401	\$804,648,783	\$23,345,382	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$119,432,312	\$102,185,971	(\$17,246,341)	-14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.29%	12.70%	-2.59%	-17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	68.05%	71.66%	3.62%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	15,138.68414	16,254.32621	1,115.64207	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,889.21	\$6,286.69	(\$1,602.52)	-20%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$15,185.76	\$18,041.41	\$2,855.64	19%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,223.07	\$5,255.77	\$2,032.70	63%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$48,792,980	\$85,428,972	\$36,635,992	75%
<u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$1,929,516,674	\$1,927,491,001	(\$2,025,673)	0%
24	TOTAL ACCRUED PAYMENTS	\$250,393,040	\$266,261,176	\$15,868,136	6%
25	TOTAL ALLOWANCES	\$1,679,123,634	\$1,661,229,825	(\$17,893,809)	-1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$266,649,710	\$217,420,863	(\$49,228,847)	-18%

YALE-NEW HAVEN 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
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$16,792.50	\$18,757.11	\$1,964.62	12%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$12,345.35	\$9,899.10	(\$2,446.25)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$23,074.98	\$24,328.10	\$1,253.12	5%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$11,112.28	\$11,542.46	\$430.18	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,148,213,273	\$1,122,842,218	(\$25,371,055)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$130,960,728	\$164,075,205	\$33,114,477	25%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.41%	14.61%	3.21%	28%
4	DISCHARGES	22,248	22,682	434	2%
5	CASE MIX INDEX (CMI)	1.27000	1.31860	0.04860	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	28,254.96000	29,908.48520	1,653.52520	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,634.96	\$5,485.91	\$850.94	18%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$12,157.53	\$13,271.20	\$1,113.67	9%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$7,710.39	\$4,413.19	(\$3,297.20)	-43%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$217,856,730	\$131,991,892	(\$85,864,838)	-39%
11	PATIENT DAYS	122,293	124,601	2,308	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,070.88	\$1,316.80	\$245.93	23%
13	AVERAGE LENGTH OF STAY	5.5	5.5	(0.0)	0%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$781,303,401	\$804,648,783	\$23,345,382	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$119,432,312	\$102,185,971	(\$17,246,341)	-14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.29%	12.70%	-2.59%	-17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	68.05%	71.66%	3.62%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	15,138.68414	16,254.32621	1,115.64207	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,889.21	\$6,286.69	(\$1,602.52)	-20%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$15,185.76	\$18,041.41	\$2,855.64	19%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,223.07	\$5,255.77	\$2,032.70	63%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$48,792,980	\$85,428,972	\$36,635,992	75%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,929,516,674	\$1,927,491,001	(\$2,025,673)	0%
24	TOTAL ACCRUED PAYMENTS	\$250,393,040	\$266,261,176	\$15,868,136	6%
25	TOTAL ALLOWANCES	\$1,679,123,634	\$1,661,229,825	(\$17,893,809)	-1%

YALE-NEW HAVEN 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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,042,376	\$39,983,192	\$19,940,816	99%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,483,239	\$20,399,400	\$15,916,161	355%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.37%	51.02%	28.65%	128%
4	DISCHARGES	413	608	195	47%
5	CASE MIX INDEX (CMI)	1.32000	1.23350	(0.08650)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	545.16000	749.96800	204.80800	38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,223.71	\$27,200.36	\$18,976.65	231%
8	PATIENT DAYS	1,577	2,595	1,018	65%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,842.89	\$7,861.04	\$5,018.15	177%
10	AVERAGE LENGTH OF STAY	3.8	4.3	0.4	12%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$19,908,475	\$18,820,897	(\$1,087,578)	-5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,519,605	\$5,383,617	\$3,864,012	254%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$39,950,851	\$58,804,089	\$18,853,238	47%
14	TOTAL ACCRUED PAYMENTS	\$6,002,844	\$25,783,017	\$19,780,173	330%
15	TOTAL ALLOWANCES	\$33,948,007	\$33,021,072	(\$926,935)	-3%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,237,338	\$4,142,430	\$905,092	28%
2	TOTAL OPERATING EXPENSES	\$2,413,364,000	\$2,580,344,000	\$166,980,000	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$41,146,000	\$45,213,000	\$4,067,000	10%
5	BAD DEBTS (CHARGES)	\$134,519,000	\$149,038,000	\$14,519,000	11%
6	UNCOMPENSATED CARE (CHARGES)	\$175,665,000	\$194,251,000	\$18,586,000	11%
7	COST OF UNCOMPENSATED CARE	\$49,871,410	\$54,903,082	\$5,031,673	10%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$1,929,516,674	\$1,927,491,001	(\$2,025,673)	0%
9	TOTAL ACCRUED PAYMENTS	\$250,393,040	\$266,261,176	\$15,868,136	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$547,791,060	\$544,785,855	(\$3,005,205)	-1%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$297,398,020	\$278,524,679	(\$18,873,341)	-6%

YALE-NEW HAVEN 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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$4,627,986,391	\$4,646,424,246	\$18,437,855	0%
2	TOTAL INPATIENT PAYMENTS	\$1,446,941,593	\$1,488,350,065	\$41,408,472	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	31.27%	32.03%	0.77%	2%
4	TOTAL DISCHARGES	78,452	79,490	1,038	1%
5	TOTAL CASE MIX INDEX	1.53418	1.57512	0.04093	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	120,359.75000	125,206.10760	4,846.35760	4%
7	TOTAL OUTPATIENT CHARGES	\$4,095,528,402	\$4,249,015,335	\$153,486,933	4%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	88.49%	91.45%	2.95%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$1,108,695,215	\$1,176,190,992	\$67,495,777	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.07%	27.68%	0.61%	2%
11	TOTAL CHARGES	\$8,723,514,793	\$8,895,439,581	\$171,924,788	2%
12	TOTAL PAYMENTS	\$2,555,636,808	\$2,664,541,057	\$108,904,249	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	29.30%	29.95%	0.66%	2%
14	PATIENT DAYS	428,640	437,574	8,934	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$3,132,723,203	\$3,151,700,931	\$18,977,728	1%
2	INPATIENT PAYMENTS	\$762,871,724	\$709,228,481	(\$53,643,243)	-7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	24.35%	22.50%	-1.85%	-8%
4	DISCHARGES	50,740	51,938	1,198	2%
5	CASE MIX INDEX	1.56924	1.61093	0.04170	3%
6	CASE MIX ADJUSTED DISCHARGES	79,623.11000	83,668.71240	4,045.60240	5%
7	OUTPATIENT CHARGES	\$2,367,615,161	\$2,480,290,275	\$112,675,114	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	75.58%	78.70%	3.12%	4%
9	OUTPATIENT PAYMENTS	\$369,747,992	\$383,030,920	\$13,282,928	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.62%	15.44%	-0.17%	-1%
11	TOTAL CHARGES	\$5,500,338,364	\$5,631,991,206	\$131,652,842	2%
12	TOTAL PAYMENTS	\$1,132,619,716	\$1,092,259,401	(\$40,360,315)	-4%
13	TOTAL PAYMENTS / CHARGES	20.59%	19.39%	-1.20%	-6%
14	PATIENT DAYS	303,679	314,555	10,876	4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$4,367,718,648	\$4,539,731,805	\$172,013,157	4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.4	6.5	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.5	(0.0)	-1%
3	UNINSURED	4.9	4.1	(0.8)	-17%
4	MEDICAID	5.5	5.5	(0.0)	0%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.8	4.3	0.4	12%
7	TOTAL AVERAGE LENGTH OF STAY	5.5	5.5	0.0	1%

YALE-NEW HAVEN 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	\$8,723,514,793	\$8,895,439,581	\$171,924,788	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$4,367,718,648	\$4,539,731,805	\$172,013,157	4%
3	UNCOMPENSATED CARE	\$175,665,000	\$194,251,000	\$18,586,000	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,703,519,526	\$1,647,250,665	(\$56,268,861)	-3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$6,246,903,174	\$6,381,233,470	\$134,330,296	2%
7	TOTAL ACCRUED PAYMENTS	\$2,476,611,619	\$2,514,206,111	\$37,594,492	2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$2,476,611,619	\$2,514,206,111	\$37,594,492	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2839006613	0.2826398952	(0.0012607661)	0%
11	COST OF UNCOMPENSATED CARE	\$49,871,410	\$54,903,082	\$5,031,673	10%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$297,398,020	\$278,524,679	(\$18,873,341)	-6%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$347,269,430	\$333,427,761	(\$13,841,669)	-4%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$48,792,980	\$85,428,972	\$36,635,992	75%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,063,736	(\$61,672,625)	(\$65,736,361)	-1618%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$52,856,716	\$23,756,347	(\$29,100,369)	-55%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$97,646,807)	(\$147,227,475)	(\$49,580,668)	50.78%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,457,990,000	\$2,517,314,000	\$59,324,000	2.41%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$8,723,514,793	\$8,895,439,581	\$171,924,788	1.97%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$596,000	\$600,000	\$4,000	0.67%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$176,261,000	\$194,851,000	\$18,590,000	10.55%

YALE-NEW HAVEN 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)	\$1,495,263,188	\$1,494,723,315	(\$539,873)
2	MEDICARE	\$1,964,467,554	1,988,875,521	\$24,407,967
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,148,213,273	1,122,842,218	(\$25,371,055)
4	MEDICAID	\$1,148,213,273	1,122,842,218	(\$25,371,055)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$20,042,376	39,983,192	\$19,940,816
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$80,469,795	95,188,396	\$14,718,601
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,132,723,203	\$3,151,700,931	\$18,977,728
	TOTAL INPATIENT CHARGES	\$4,627,986,391	\$4,646,424,246	\$18,437,855
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,727,913,241	\$1,768,725,060	\$40,811,819
2	MEDICARE	\$1,566,403,285	1,656,820,595	\$90,417,310
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$781,303,401	804,648,783	\$23,345,382
4	MEDICAID	\$781,303,401	804,648,783	\$23,345,382
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$19,908,475	18,820,897	(\$1,087,578)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$96,954,852	114,562,089	\$17,607,237
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$2,367,615,161	\$2,480,290,275	\$112,675,114
	TOTAL OUTPATIENT CHARGES	\$4,095,528,402	\$4,249,015,335	\$153,486,933
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$3,223,176,429	\$3,263,448,375	\$40,271,946
2	TOTAL MEDICARE	\$3,530,870,839	\$3,645,696,116	\$114,825,277
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,929,516,674	\$1,927,491,001	(\$2,025,673)
4	TOTAL MEDICAID	\$1,929,516,674	\$1,927,491,001	(\$2,025,673)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$39,950,851	\$58,804,089	\$18,853,238
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$177,424,647	\$209,750,485	\$32,325,838
	TOTAL GOVERNMENT CHARGES	\$5,500,338,364	\$5,631,991,206	\$131,652,842
	TOTAL CHARGES	\$8,723,514,793	\$8,895,439,581	\$171,924,788
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$684,069,869	\$779,121,584	\$95,051,715
2	MEDICARE	\$627,427,757	524,753,876	(\$102,673,881)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$130,960,728	164,075,205	\$33,114,477
4	MEDICAID	\$130,960,728	164,075,205	\$33,114,477
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$4,483,239	20,399,400	\$15,916,161
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,560,241	53,901,535	\$26,341,294
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$762,871,724	\$709,228,481	(\$53,643,243)
	TOTAL INPATIENT PAYMENTS	\$1,446,941,593	\$1,488,350,065	\$41,408,472
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$738,947,223	\$793,160,072	\$54,212,849
2	MEDICARE	\$248,796,075	275,461,332	\$26,665,257
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$119,432,312	102,185,971	(\$17,246,341)
4	MEDICAID	\$119,432,312	102,185,971	(\$17,246,341)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,519,605	5,383,617	\$3,864,012
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,752,235	49,306,839	\$36,554,604
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$369,747,992	\$383,030,920	\$13,282,928
	TOTAL OUTPATIENT PAYMENTS	\$1,108,695,215	\$1,176,190,992	\$67,495,777
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,423,017,092	\$1,572,281,656	\$149,264,564
2	TOTAL MEDICARE	\$876,223,832	\$800,215,208	(\$76,008,624)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$250,393,040	\$266,261,176	\$15,868,136
4	TOTAL MEDICAID	\$250,393,040	\$266,261,176	\$15,868,136
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$6,002,844	\$25,783,017	\$19,780,173
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$40,312,476	\$103,208,374	\$62,895,898
	TOTAL GOVERNMENT PAYMENTS	\$1,132,619,716	\$1,092,259,401	(\$40,360,315)
	TOTAL PAYMENTS	\$2,555,636,808	\$2,664,541,057	\$108,904,249

YALE-NEW HAVEN 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)	17.14%	16.80%	-0.34%
2	MEDICARE	22.52%	22.36%	-0.16%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.16%	12.62%	-0.54%
4	MEDICAID	13.16%	12.62%	-0.54%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.23%	0.45%	0.22%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92%	1.07%	0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.91%	35.43%	-0.48%
	TOTAL INPATIENT PAYER MIX	53.05%	52.23%	-0.82%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.81%	19.88%	0.08%
2	MEDICARE	17.96%	18.63%	0.67%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.96%	9.05%	0.09%
4	MEDICAID	8.96%	9.05%	0.09%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.23%	0.21%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.11%	1.29%	0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	27.14%	27.88%	0.74%
	TOTAL OUTPATIENT PAYER MIX	46.95%	47.77%	0.82%
	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)	26.77%	29.24%	2.47%
2	MEDICARE	24.55%	19.69%	-4.86%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.12%	6.16%	1.03%
4	MEDICAID	5.12%	6.16%	1.03%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.18%	0.77%	0.59%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08%	2.02%	0.94%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.85%	26.62%	-3.23%
	TOTAL INPATIENT PAYER MIX	56.62%	55.86%	-0.76%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.91%	29.77%	0.85%
2	MEDICARE	9.74%	10.34%	0.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.67%	3.84%	-0.84%
4	MEDICAID	4.67%	3.84%	-0.84%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.20%	0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.50%	1.85%	1.35%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.47%	14.38%	-0.09%
	TOTAL OUTPATIENT PAYER MIX	43.38%	44.14%	0.76%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

YALE-NEW HAVEN 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)	27,712	27,552	(160)
2	MEDICARE	28,079	28,648	569
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,248	22,682	434
4	MEDICAID	22,248	22,682	434
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	413	608	195
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,339	1,457	118
	TOTAL GOVERNMENT DISCHARGES	50,740	51,938	1,198
	TOTAL DISCHARGES	78,452	79,490	1,038
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	124,961	123,019	(1,942)
2	MEDICARE	179,809	187,359	7,550
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	122,293	124,601	2,308
4	MEDICAID	122,293	124,601	2,308
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	1,577	2,595	1,018
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,526	5,918	(608)
	TOTAL GOVERNMENT PATIENT DAYS	303,679	314,555	10,876
	TOTAL PATIENT DAYS	428,640	437,574	8,934
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.5	(0.0)
2	MEDICARE	6.4	6.5	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.5	5.5	(0.0)
4	MEDICAID	5.5	5.5	(0.0)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.8	4.3	0.4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.9	4.1	(0.8)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.0	6.1	0.1
	TOTAL AVERAGE LENGTH OF STAY	5.5	5.5	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.47000	1.50760	0.03760
2	MEDICARE	1.81000	1.85040	0.04040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.27000	1.31860	0.04860
4	MEDICAID	1.27000	1.31860	0.04860
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.32000	1.23350	(0.08650)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.60000	1.47650	(0.12350)
	TOTAL GOVERNMENT CASE MIX INDEX	1.56924	1.61093	0.04170
	TOTAL CASE MIX INDEX	1.53418	1.57512	0.04093
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$3,045,751,782	\$3,053,697,890	\$7,946,108
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,342,232,256	\$1,406,447,225	\$64,214,969
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,703,519,526	\$1,647,250,665	(\$56,268,861)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.93%	53.94%	-1.99%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$41,146,000	\$45,213,000	\$4,067,000
9	BAD DEBTS	\$134,519,000	\$149,038,000	\$14,519,000
10	TOTAL UNCOMPENSATED CARE	\$175,665,000	\$194,251,000	\$18,586,000
11	TOTAL OTHER OPERATING REVENUE	\$3,237,338	\$4,142,430	\$905,092
12	TOTAL OPERATING EXPENSES	\$2,413,364,000	\$2,580,344,000	\$166,980,000

YALE-NEW HAVEN 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)	40,736.64000	41,537.39520	800.75520
2	MEDICARE	50,822.99000	53,010.25920	2,187.26920
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,254.96000	29,908.48520	1,653.52520
4	MEDICAID	28,254.96000	29,908.48520	1,653.52520
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	545.16000	749.96800	204.80800
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,142.40000	2,151.26050	8.86050
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	79,623.11000	83,668.71240	4,045.60240
	TOTAL CASE MIX ADJUSTED DISCHARGES	120,359.75000	125,206.10760	4,846.35760
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32,023.74814	32,602.63111	578.88297
2	MEDICARE	22,389.29208	23,865.04128	1,475.74920
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,138.68414	16,254.32621	1,115.64207
4	MEDICAID	15,138.68414	16,254.32621	1,115.64207
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	410.24079	286.19789	-124.04290
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,613.30779	1,753.54319	140.23540
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	37,938.21701	40,405.56538	2,467.34838
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	69,961.96515	73,008.19650	3,046.23135
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,792.50	\$18,757.11	\$1,964.62
2	MEDICARE	\$12,345.35	\$9,899.10	(\$2,446.25)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,634.96	\$5,485.91	\$850.94
4	MEDICAID	\$4,634.96	\$5,485.91	\$850.94
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,223.71	\$27,200.36	\$18,976.65
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,864.19	\$25,055.79	\$12,191.60
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,581.03	\$8,476.63	(\$1,104.41)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$12,021.81	\$11,887.20	(\$134.61)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,074.98	\$24,328.10	\$1,253.12
2	MEDICARE	\$11,112.28	\$11,542.46	\$430.18
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,889.21	\$6,286.69	(\$1,602.52)
4	MEDICAID	\$7,889.21	\$6,286.69	(\$1,602.52)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,704.18	\$18,810.82	\$15,106.64
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,904.40	\$28,118.41	\$20,214.00
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,746.06	\$9,479.66	(\$266.40)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$15,847.11	\$16,110.40	\$263.28

YALE-NEW HAVEN 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	\$48,792,980	\$85,428,972	\$36,635,992
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,063,736	(\$61,672,625)	(\$65,736,361)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$52,856,716	\$23,756,347	(\$29,100,369)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$8,723,514,793	\$8,895,439,581	\$171,924,788
2	TOTAL GOVERNMENT DEDUCTIONS	\$4,367,718,648	\$4,539,731,805	\$172,013,157
3	UNCOMPENSATED CARE	\$175,665,000	\$194,251,000	\$18,586,000
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,703,519,526	\$1,647,250,665	(\$56,268,861)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$6,246,903,174	\$6,381,233,470	\$134,330,296
7	TOTAL ACCRUED PAYMENTS	\$2,476,611,619	\$2,514,206,111	\$37,594,492
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$2,476,611,619	\$2,514,206,111	\$37,594,492
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2839006613	0.2826398952	(0.0012607661)
11	COST OF UNCOMPENSATED CARE	\$49,871,410	\$54,903,082	\$5,031,673
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$297,398,020	\$278,524,679	(\$18,873,341)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$347,269,430	\$333,427,761	(\$13,841,669)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.75%	52.12%	6.38%
2	MEDICARE	31.94%	26.38%	-5.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.41%	14.61%	3.21%
4	MEDICAID	11.41%	14.61%	3.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	22.37%	51.02%	28.65%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	34.25%	56.63%	22.38%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	24.35%	22.50%	-1.85%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.27%	32.03%	0.77%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.77%	44.84%	2.08%
2	MEDICARE	15.88%	16.63%	0.74%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.29%	12.70%	-2.59%
4	MEDICAID	15.29%	12.70%	-2.59%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	7.63%	28.60%	20.97%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.15%	43.04%	29.89%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	15.62%	15.44%	-0.17%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.07%	27.68%	0.61%

YALE-NEW HAVEN 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	\$2,555,636,808	\$2,664,541,057	\$108,904,249
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$2,555,636,808	\$2,664,541,057	\$108,904,249
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$97,646,807)	(\$147,227,475)	(\$49,580,668)
4	CALCULATED NET REVENUE	\$2,592,509,001	\$2,517,313,582	(\$75,195,419)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,457,990,000	\$2,517,314,000	\$59,324,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$134,519,001	(\$418)	(\$134,519,419)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$8,723,514,793	\$8,895,439,581	\$171,924,788
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$8,723,514,793	\$8,895,439,581	\$171,924,788
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,723,514,793	\$8,895,439,581	\$171,924,788
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$175,665,000	\$194,251,000	\$18,586,000
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$596,000	\$600,000	\$4,000
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$176,261,000	\$194,851,000	\$18,590,000
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$176,261,000	\$194,851,000	\$18,590,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

YALE-NEW HAVEN 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)	\$1,494,723,315
2	MEDICARE	1,988,875,521
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,122,842,218
4	MEDICAID	1,122,842,218
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	39,983,192
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	95,188,396
	TOTAL INPATIENT GOVERNMENT CHARGES	\$3,151,700,931
	TOTAL INPATIENT CHARGES	\$4,646,424,246
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,768,725,060
2	MEDICARE	1,656,820,595
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	804,648,783
4	MEDICAID	804,648,783
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	18,820,897
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	114,562,089
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$2,480,290,275
	TOTAL OUTPATIENT CHARGES	\$4,249,015,335
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$3,263,448,375
2	TOTAL GOVERNMENT ACCRUED CHARGES	5,631,991,206
	TOTAL ACCRUED CHARGES	\$8,895,439,581
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$779,121,584
2	MEDICARE	524,753,876
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	164,075,205
4	MEDICAID	164,075,205
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	20,399,400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	53,901,535
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$709,228,481
	TOTAL INPATIENT PAYMENTS	\$1,488,350,065
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$793,160,072
2	MEDICARE	275,461,332
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	102,185,971
4	MEDICAID	102,185,971
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	5,383,617
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	49,306,839
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$383,030,920
	TOTAL OUTPATIENT PAYMENTS	\$1,176,190,992
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$1,572,281,656
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	1,092,259,401
	TOTAL ACCRUED PAYMENTS	\$2,664,541,057

YALE-NEW HAVEN 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)	27,552
2	MEDICARE	28,648
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,682
4	MEDICAID	22,682
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	608
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1457
	TOTAL GOVERNMENT DISCHARGES	51,938
	TOTAL DISCHARGES	79,490
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.50760
2	MEDICARE	1.85040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.31860
4	MEDICAID	1.31860
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.23350
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.47650
	TOTAL GOVERNMENT CASE MIX INDEX	1.61093
	TOTAL CASE MIX INDEX	1.57512
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$3,053,697,890
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$1,406,447,225
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,647,250,665
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	53.94%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$45,213,000
9	BAD DEBTS	\$149,038,000
10	TOTAL UNCOMPENSATED CARE	\$194,251,000
11	TOTAL OTHER OPERATING REVENUE	\$4,142,430
12	TOTAL OPERATING EXPENSES	\$2,580,344,000

YALE-NEW HAVEN 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	\$2,664,541,057
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$2,664,541,057
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$147,227,475)
	CALCULATED NET REVENUE	\$2,517,313,582
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,517,314,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$418)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$8,895,439,581
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$8,895,439,581
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$8,895,439,581
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$194,251,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$600,000
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$194,851,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$194,851,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

YALE-NEW HAVEN 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	11,105	10,009	(1,096)	-10%
2	Number of Approved Applicants	8,613	9,309	696	8%
3	Total Charges (A)	\$41,146,000	\$45,213,000	\$4,067,000	10%
4	Average Charges	\$4,777	\$4,857	\$80	2%
5	Ratio of Cost to Charges (RCC)	0.270301	0.276548	0.006247	2%
6	Total Cost	\$11,121,805	\$12,503,565	\$1,381,760	12%
7	Average Cost	\$1,291	\$1,343	\$52	4%
8	Charity Care - Inpatient Charges	\$15,365,288	\$18,972,541	\$3,607,253	23%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	21,146,797	21,578,439	431,642	2%
10	Charity Care - Emergency Department Charges	4,633,915	4,662,020	28,105	1%
11	Total Charges (A)	\$41,146,000	\$45,213,000	\$4,067,000	10%
12	Charity Care - Number of Patient Days	6,144	5,376	(768)	-13%
13	Charity Care - Number of Discharges	905	782	(123)	-14%
14	Charity Care - Number of Outpatient ED Visits	2,749	2,390	(359)	-13%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	13,992	13,042	(950)	-7%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$62,234,432	\$80,983,553	\$18,749,121	30%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	34,740,999	32,707,942	(2,033,057)	-6%
3	Bad Debts - Emergency Department	37,543,569	35,346,505	(2,197,064)	-6%
4	Total Bad Debts (A)	\$134,519,000	\$149,038,000	\$14,519,000	11%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$41,146,000	\$45,213,000	\$4,067,000	10%
2	Bad Debts (A)	134,519,000	149,038,000	14,519,000	11%
3	Total Uncompensated Care (A)	\$175,665,000	\$194,251,000	\$18,586,000	11%
4	Uncompensated Care - Inpatient Services	\$77,599,720	\$99,956,094	\$22,356,374	29%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	55,887,796	54,286,381	(1,601,415)	-3%
6	Uncompensated Care - Emergency Department	42,177,484	40,008,525	(2,168,959)	-5%
7	Total Uncompensated Care (A)	\$175,665,000	\$194,251,000	\$18,586,000	11%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	FY 2016 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$3,045,751,782	\$3,053,697,890	\$7,946,108	0%
2	Total Contractual Allowances	\$1,703,519,526	\$1,647,250,665	(\$56,268,861)	-3%
	Total Accrued Payments (A)	\$1,342,232,256	\$1,406,447,225	\$64,214,969	5%
	Total Discount Percentage	55.93%	53.94%	-1.99%	-4%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$4,554,559,396	\$4,627,986,391	\$4,646,424,246
2	Outpatient Gross Revenue	\$3,830,419,171	\$4,095,528,402	\$4,249,015,335
3	Total Gross Patient Revenue	\$8,384,978,567	\$8,723,514,793	\$8,895,439,581
4	Net Patient Revenue	\$2,338,353,000	\$2,457,989,000	\$2,517,314,000
B. Total Operating Expenses				
1	Total Operating Expense	\$2,267,358,000	\$2,413,364,000	\$2,580,344,000
C. Utilization Statistics				
1	Patient Days	426,515	428,640	437,574
2	Discharges	78,529	78,452	79,490
3	Average Length of Stay	5.4	5.5	5.5
4	Equivalent (Adjusted) Patient Days (EPD)	785,217	807,964	837,722
0	Equivalent (Adjusted) Discharges (ED)	144,572	147,878	152,181
D. Case Mix Statistics				
1	Case Mix Index	1.50575	1.53418	1.57512
2	Case Mix Adjusted Patient Days (CMAPD)	642,224	657,612	689,231
3	Case Mix Adjusted Discharges (CMAD)	118,245	120,360	125,206
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	1,182,339	1,239,565	1,319,511
5	Case Mix Adjusted Equivalent Discharges (CMAED)	217,690	226,872	239,703
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$19,659	\$20,352	\$20,329
2	Total Gross Revenue per Discharge	\$106,776	\$111,196	\$111,906
3	Total Gross Revenue per EPD	\$10,679	\$10,797	\$10,619
4	Total Gross Revenue per ED	\$57,998	\$58,991	\$58,453
5	Total Gross Revenue per CMAEPD	\$7,092	\$7,038	\$6,741
6	Total Gross Revenue per CMAED	\$38,518	\$38,451	\$37,110
7	Inpatient Gross Revenue per EPD	\$5,800	\$5,728	\$5,546
8	Inpatient Gross Revenue per ED	\$31,504	\$31,296	\$30,532

YALE-NEW HAVEN 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	\$5,482	\$5,734	\$5,753
2	Net Patient Revenue per Discharge	\$29,777	\$31,331	\$31,668
3	Net Patient Revenue per EPD	\$2,978	\$3,042	\$3,005
4	Net Patient Revenue per ED	\$16,174	\$16,622	\$16,542
5	Net Patient Revenue per CMAEPD	\$1,978	\$1,983	\$1,908
6	Net Patient Revenue per CMAED	\$10,742	\$10,834	\$10,502
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,316	\$5,630	\$5,897
2	Total Operating Expense per Discharge	\$28,873	\$30,762	\$32,461
3	Total Operating Expense per EPD	\$2,888	\$2,987	\$3,080
4	Total Operating Expense per ED	\$15,683	\$16,320	\$16,956
5	Total Operating Expense per CMAEPD	\$1,918	\$1,947	\$1,956
6	Total Operating Expense per CMAED	\$10,416	\$10,638	\$10,765
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$328,622,000	\$342,098,000	\$365,062,000
2	Nursing Fringe Benefits Expense	\$91,823,000	\$98,661,000	\$105,284,000
3	Total Nursing Salary and Fringe Benefits Expense	\$420,445,000	\$440,759,000	\$470,346,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$480,062,000	\$475,792,000	\$473,997,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$134,138,000	\$137,189,000	\$132,730,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$614,200,000	\$612,981,000	\$606,727,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$808,684,000	\$817,890,000	\$839,059,000
2	Total Fringe Benefits Expense	\$225,961,000	\$235,850,000	\$238,014,000
3	Total Salary and Fringe Benefits Expense	\$1,034,645,000	\$1,053,740,000	\$1,077,073,000

YALE-NEW HAVEN 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	4684.2	4892.0	4435.9
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	6194.4	5801.5	6388.8
4	Total Full Time Equivalent Employees (FTEs)	10,878.6	10,693.5	10,824.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$70,155	\$69,930	\$82,297
2	Nursing Fringe Benefits Expense per FTE	\$19,603	\$20,168	\$23,735
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$89,758	\$90,098	\$106,032
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$77,499	\$82,012	\$74,192
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$21,655	\$23,647	\$20,775
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$99,154	\$105,659	\$94,967
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$74,337	\$76,485	\$77,513
2	Total Fringe Benefits Expense per FTE	\$20,771	\$22,055	\$21,988
3	Total Salary and Fringe Benefits Expense per FTE	\$95,108	\$98,540	\$99,501
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,426	\$2,458	\$2,461
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,175	\$13,432	\$13,550
3	Total Salary and Fringe Benefits Expense per EPD	\$1,318	\$1,304	\$1,286
4	Total Salary and Fringe Benefits Expense per ED	\$7,157	\$7,126	\$7,078
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$875	\$850	\$816
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,753	\$4,645	\$4,493