

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$0	\$0	\$0	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$37,017,707	\$33,443,105	(\$3,574,602)	-10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$7,710,122	\$7,710,122	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$8,234,194	\$7,660,191	(\$574,003)	-7%
8	Prepaid Expenses	\$3,296,041	\$4,191,603	\$895,562	27%
9	Other Current Assets	\$5,986,596	\$14,318,504	\$8,331,908	139%
	Total Current Assets	\$54,534,538	\$67,323,525	\$12,788,987	23%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$17,341,455	\$9,702,425	(\$7,639,030)	-44%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$196,639,038	\$179,114,176	(\$17,524,862)	-9%
2	Less: Accumulated Depreciation	\$153,753,524	\$139,211,725	(\$14,541,799)	-9%
	Property, Plant and Equipment, Net	\$42,885,514	\$39,902,451	(\$2,983,063)	-7%
3	Construction in Progress	\$12,904,730	\$11,801,640	(\$1,103,090)	-9%
	Total Net Fixed Assets	\$55,790,244	\$51,704,091	(\$4,086,153)	-7%
	Total Assets	\$127,666,237	\$128,730,041	\$1,063,804	1%

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LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$9,877,274	\$9,737,077	(\$140,197)	-1%
2	Salaries, Wages and Payroll Taxes	\$4,917,699	\$4,973,857	\$56,158	1%
3	Due To Third Party Payers	\$2,713,960	\$4,491,574	\$1,777,614	65%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$21,762,592	\$29,621,960	\$7,859,368	36%
	Total Current Liabilities	\$39,271,525	\$48,824,468	\$9,552,943	24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$8,720,114	\$8,550,544	(\$169,570)	-2%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$8,720,114	\$8,550,544	(\$169,570)	-2%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$79,674,598	\$71,355,029	(\$8,319,569)	-10%
2	Temporarily Restricted Net Assets	\$0	\$0	\$0	0%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	\$79,674,598	\$71,355,029	(\$8,319,569)	-10%
	Total Liabilities and Net Assets	\$127,666,237	\$128,730,041	\$1,063,804	1%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$581,954,466	\$649,596,982	\$67,642,516	12%
2	Less: Allowances	\$296,389,400	\$356,832,314	\$60,442,914	20%
3	Less: Charity Care	\$801,071	\$629,512	(\$171,559)	-21%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$284,763,995	\$292,135,156	\$7,371,161	3%
5	Provision for Bad Debts	\$3,351,113	\$5,377,566	\$2,026,453	60%
	Net Patient Service Revenue less provision for bad debts	\$281,412,882	\$286,757,590	\$5,344,708	2%
6	Other Operating Revenue	\$23,634,474	\$21,955,590	(\$1,678,884)	-7%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$305,047,356	\$308,713,180	\$3,665,824	1%
B. Operating Expenses:					
1	Salaries and Wages	\$110,136,856	\$104,623,208	(\$5,513,648)	-5%
2	Fringe Benefits	\$50,774,180	\$55,729,014	\$4,954,834	10%
3	Physicians Fees	\$14,241,190	\$20,183,070	\$5,941,880	42%
4	Supplies and Drugs	\$51,007,924	\$54,445,527	\$3,437,603	7%
5	Depreciation and Amortization	\$9,500,967	\$8,906,755	(\$594,212)	-6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$0	\$0	\$0	0%
8	Malpractice Insurance Cost	\$3,672,492	\$3,128,114	(\$544,378)	-15%
9	Other Operating Expenses	\$69,763,152	\$79,556,953	\$9,793,801	14%
	Total Operating Expenses	\$309,096,761	\$326,572,641	\$17,475,880	6%
	Income/(Loss) From Operations	(\$4,049,405)	(\$17,859,461)	(\$13,810,056)	341%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$550,000	\$550,000	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$45,449)	(\$136,094)	(\$90,645)	199%
	Total Non-Operating Revenue	\$504,551	\$413,906	(\$90,645)	-18%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$3,544,854)	(\$17,445,555)	(\$13,900,701)	392%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$15,178,047	\$9,125,986	(\$6,052,061)	-40%
	Total Other Adjustments	\$15,178,047	\$9,125,986	(\$6,052,061)	-40%
	Excess/(Deficiency) of Revenue Over Expenses	\$11,633,193	(\$8,319,569)	(\$19,952,762)	-172%
	Principal Payments	\$887,080	\$1	(\$887,079)	-100%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$102,164,597	\$110,796,900	\$8,632,303	8%
2	MEDICARE MANAGED CARE	\$24,471,116	\$32,892,569	\$8,421,453	34%
3	MEDICAID	\$63,921,560	\$65,206,770	\$1,285,210	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$705,873	\$903,866	\$197,993	28%
6	COMMERCIAL INSURANCE	\$334,925	\$564,115	\$229,190	68%
7	NON-GOVERNMENT MANAGED CARE	\$63,499,007	\$61,871,206	(\$1,627,801)	-3%
8	WORKER'S COMPENSATION	\$1,170,419	\$2,083,108	\$912,689	78%
9	SELF- PAY/UNINSURED	\$746,040	\$976,305	\$230,265	31%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$82,012	\$73,082	(\$8,930)	-11%
	TOTAL INPATIENT GROSS REVENUE	\$257,095,549	\$275,367,921	\$18,272,372	7%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$88,587,616	\$102,618,576	\$14,030,960	16%
2	MEDICARE MANAGED CARE	\$25,677,231	\$28,224,105	\$2,546,874	10%
3	MEDICAID	\$63,296,593	\$79,190,281	\$15,893,688	25%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,835,075	\$2,211,538	\$376,463	21%
6	COMMERCIAL INSURANCE	\$1,120,043	\$865,891	(\$254,152)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$155,381,238	\$171,564,850	\$16,183,612	10%
8	WORKER'S COMPENSATION	\$4,011,452	\$4,142,403	\$130,951	3%
9	SELF- PAY/UNINSURED	\$3,705,669	\$2,995,796	(\$709,873)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$111,181	\$169,320	\$58,139	52%
	TOTAL OUTPATIENT GROSS REVENUE	\$343,726,098	\$391,982,760	\$48,256,662	14%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$190,752,213	\$213,415,476	\$22,663,263	12%
2	MEDICARE MANAGED CARE	\$50,148,347	\$61,116,674	\$10,968,327	22%
3	MEDICAID	\$127,218,153	\$144,397,051	\$17,178,898	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,540,948	\$3,115,404	\$574,456	23%
6	COMMERCIAL INSURANCE	\$1,454,968	\$1,430,006	(\$24,962)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$218,880,245	\$233,436,056	\$14,555,811	7%
8	WORKER'S COMPENSATION	\$5,181,871	\$6,225,511	\$1,043,640	20%
9	SELF- PAY/UNINSURED	\$4,451,709	\$3,972,101	(\$479,608)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$193,193	\$242,402	\$49,209	25%
	TOTAL GROSS REVENUE	\$600,821,647	\$667,350,681	\$66,529,034	11%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$56,698,058	\$57,502,980	\$804,922	1%
2	MEDICARE MANAGED CARE	\$12,279,773	\$15,577,077	\$3,297,304	27%

**JOHN DEMPSEY HOSPITAL
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FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$23,252,661	\$24,580,567	\$1,327,906	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$261,142	\$394,304	\$133,162	51%
6	COMMERCIAL INSURANCE	\$268,901	\$461,079	\$192,178	71%
7	NON-GOVERNMENT MANAGED CARE	\$35,730,129	\$32,786,712	(\$2,943,417)	-8%
8	WORKER'S COMPENSATION	\$1,048,097	\$1,779,787	\$731,690	70%
9	SELF- PAY/UNINSURED	\$52,199	\$124,500	\$72,301	139%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$25,610	\$15,633	(\$9,977)	-39%
	TOTAL INPATIENT NET REVENUE	\$129,616,570	\$133,222,639	\$3,606,069	3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$30,443,037	\$33,732,928	\$3,289,891	11%
2	MEDICARE MANAGED CARE	\$7,752,655	\$7,667,489	(\$85,166)	-1%
3	MEDICAID	\$23,849,438	\$27,286,597	\$3,437,159	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$718,631	\$747,511	\$28,880	4%
6	COMMERCIAL INSURANCE	\$770,847	\$574,469	(\$196,378)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$83,838,159	\$86,338,206	\$2,500,047	3%
8	WORKER'S COMPENSATION	\$3,313,283	\$3,405,144	\$91,861	3%
9	SELF- PAY/UNINSURED	\$1,227,999	\$700,261	(\$527,738)	-43%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$82,152	\$65,438	(\$16,714)	-20%
	TOTAL OUTPATIENT NET REVENUE	\$151,996,201	\$160,518,043	\$8,521,842	6%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$87,141,095	\$91,235,908	\$4,094,813	5%
2	MEDICARE MANAGED CARE	\$20,032,428	\$23,244,566	\$3,212,138	16%
3	MEDICAID	\$47,102,099	\$51,867,164	\$4,765,065	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$979,773	\$1,141,815	\$162,042	17%
6	COMMERCIAL INSURANCE	\$1,039,748	\$1,035,548	(\$4,200)	0%
7	NON-GOVERNMENT MANAGED CARE	\$119,568,288	\$119,124,918	(\$443,370)	0%
8	WORKER'S COMPENSATION	\$4,361,380	\$5,184,931	\$823,551	19%
9	SELF- PAY/UNINSURED	\$1,280,198	\$824,761	(\$455,437)	-36%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$107,762	\$81,071	(\$26,691)	-25%
	TOTAL NET REVENUE	\$281,612,771	\$293,740,682	\$12,127,911	4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,098	3,051	(47)	-2%
2	MEDICARE MANAGED CARE	724	795	71	10%
3	MEDICAID	2,162	2,272	110	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	35	38	3	9%
6	COMMERCIAL INSURANCE	14	16	2	14%
7	NON-GOVERNMENT MANAGED CARE	2,470	2,393	(77)	-3%
8	WORKER'S COMPENSATION	33	54	21	64%

**JOHN DEMPSEY HOSPITAL
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FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	35	45	10	29%
10	SAGA	0	0	0	0%
11	OTHER	7	5	(2)	-29%
	TOTAL DISCHARGES	8,578	8,669	91	1%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	15,962	15,522	(440)	-3%
2	MEDICARE MANAGED CARE	3,433	3,928	495	14%
3	MEDICAID	10,730	9,677	(1,053)	-10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	105	121	16	15%
6	COMMERCIAL INSURANCE	63	100	37	59%
7	NON-GOVERNMENT MANAGED CARE	10,198	9,045	(1,153)	-11%
8	WORKER'S COMPENSATION	82	152	70	85%
9	SELF- PAY/UNINSURED	118	163	45	38%
10	SAGA	0	0	0	0%
11	OTHER	13	15	2	15%
	TOTAL PATIENT DAYS	40,704	38,723	(1,981)	-5%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	91,566	94,091	2,525	3%
2	MEDICARE MANAGED CARE	22,941	24,474	1,533	7%
3	MEDICAID	69,946	75,764	5,818	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	1,964	1,917	(47)	-2%
6	COMMERCIAL INSURANCE	1,223	855	(368)	-30%
7	NON-GOVERNMENT MANAGED CARE	158,629	158,485	(144)	0%
8	WORKER'S COMPENSATION	2,321	2,076	(245)	-11%
9	SELF- PAY/UNINSURED	6,157	5,161	(996)	-16%
10	SAGA	0	0	0	0%
11	OTHER	637	554	(83)	-13%
	TOTAL OUTPATIENT VISITS	355,384	363,377	7,993	2%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$9,508,251	\$11,104,658	\$1,596,407	17%
2	MEDICARE MANAGED CARE	\$2,311,941	\$2,892,187	\$580,246	25%
3	MEDICAID	\$9,756,897	\$12,128,721	\$2,371,824	24%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$182,463	\$152,989	(\$29,474)	-16%
6	COMMERCIAL INSURANCE	\$231,068	\$254,420	\$23,352	10%
7	NON-GOVERNMENT MANAGED CARE	\$16,577,503	\$19,103,070	\$2,525,567	15%
8	WORKER'S COMPENSATION	\$805,000	\$857,240	\$52,240	6%
9	SELF- PAY/UNINSURED	\$1,794,943	\$1,533,213	(\$261,730)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$93,324	\$155,413	\$62,089	67%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$41,261,390	\$48,181,911	\$6,920,521	17%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,416,020	\$2,742,622	\$326,602	14%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$570,877	\$699,844	\$128,967	23%
3	MEDICAID	\$2,252,055	\$2,382,304	\$130,249	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$44,670	\$34,892	(\$9,778)	-22%
6	COMMERCIAL INSURANCE	\$138,306	\$120,761	(\$17,545)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$8,082,780	\$8,932,587	\$849,807	11%
8	WORKER'S COMPENSATION	\$597,111	\$643,041	\$45,930	8%
9	SELF- PAY/UNINSURED	\$115,623	\$129,713	\$14,090	12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$6,022	\$23,507	\$17,485	290%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$14,223,464	\$15,709,271	\$1,485,807	10%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	4,607	4,821	214	5%
2	MEDICARE MANAGED CARE	1,126	1,282	156	14%
3	MEDICAID	6,301	6,929	628	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	120	91	(29)	-24%
6	COMMERCIAL INSURANCE	140	126	(14)	-10%
7	NON-GOVERNMENT MANAGED CARE	9,441	9,574	133	1%
8	WORKER'S COMPENSATION	621	583	(38)	-6%
9	SELF- PAY/UNINSURED	1,221	901	(320)	-26%
10	SAGA	0	0	0	0%
11	OTHER	63	83	20	32%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	23,640	24,390	750	3%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$35,730,736	\$36,895,430	\$1,164,694	3%
2	Physician Salaries	\$2,771,716	\$2,571,218	(\$200,498)	-7%
3	Non-Nursing, Non-Physician Salaries	\$71,634,404	\$65,156,560	(\$6,477,844)	-9%
	Total Salaries & Wages	\$110,136,856	\$104,623,208	(\$5,513,648)	-5%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$16,166,065	\$19,514,370	\$3,348,305	21%
2	Physician Fringe Benefits	\$613,879	\$618,052	\$4,173	1%
3	Non-Nursing, Non-Physician Fringe Benefits	\$33,994,236	\$35,596,592	\$1,602,356	5%
	Total Fringe Benefits	\$50,774,180	\$55,729,014	\$4,954,834	10%
C. Contractual Labor Fees:					
1	Nursing Fees	\$5,277,613	\$6,560,914	\$1,283,301	24%
2	Physician Fees	\$14,241,190	\$20,183,070	\$5,941,880	42%
3	Non-Nursing, Non-Physician Fees	\$17,328,729	\$31,563,361	\$14,234,632	82%
	Total Contractual Labor Fees	\$36,847,532	\$58,307,345	\$21,459,813	58%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$34,366,657	\$34,236,259	(\$130,398)	0%
2	Pharmaceutical Costs	\$16,641,267	\$20,209,268	\$3,568,001	21%
	Total Medical Supplies and Pharmaceutical Cost	\$51,007,924	\$54,445,527	\$3,437,603	7%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,739,885	\$2,342,805	(\$397,080)	-14%
2	Depreciation-Equipment	\$6,761,082	\$6,563,950	(\$197,132)	-3%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$9,500,967	\$8,906,755	(\$594,212)	-6%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$0	\$0	\$0	0%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,672,492	\$3,128,114	(\$544,378)	-15%
I. Utilities:					
1	Water	\$75,950	\$78,878	\$2,928	4%
2	Natural Gas	\$351,215	\$316,717	(\$34,498)	-10%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,478,406	\$1,587,450	\$109,044	7%
5	Telephone	\$707,167	\$659,841	(\$47,326)	-7%
6	Other Utilities	\$80,179	\$67,619	(\$12,560)	-16%
	Total Utilities	\$2,692,917	\$2,710,505	\$17,588	1%
J. Business Expenses:					
1	Accounting Fees	\$101,642	\$88,311	(\$13,331)	-13%
2	Legal Fees	\$230,760	\$239,757	\$8,997	4%
3	Consulting Fees	\$0	\$0	\$0	0%
4	Dues and Membership	\$728,859	\$575,073	(\$153,786)	-21%
5	Equipment Leases	\$1,836,090	\$1,970,045	\$133,955	7%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$7,671,014	\$7,117,856	(\$553,158)	-7%
8	Insurance	\$349,811	\$316,351	(\$33,460)	-10%
9	Travel	\$153,655	\$134,671	(\$18,984)	-12%
10	Conferences	\$0	\$0	\$0	0%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$0	\$0	\$0	0%
13	Licenses and Subscriptions	\$294,817	\$320,971	\$26,154	9%
14	Postage and Shipping	\$115,696	\$202,019	\$86,323	75%
15	Advertising	\$1,353,610	\$1,203,130	(\$150,480)	-11%
16	Corporate parent/system fees	\$3,378,080	\$219,968	(\$3,158,112)	-93%
17	Computer Software	\$2,763,201	\$3,570,765	\$807,564	29%
18	Computer hardware & small equipment	\$94,976	\$94,573	(\$403)	0%
19	Dietary / Food Services	\$4,455,528	\$4,660,808	\$205,280	5%
20	Lab Fees / Red Cross charges	\$1,864,677	\$1,673,044	(\$191,633)	-10%
21	Billing & Collection / Bank Fees	\$331,134	\$281,706	(\$49,428)	-15%
22	Recruiting / Employee Education & Recognition	\$0	\$12,330	\$12,330	0%
23	Laundry / Linen	\$896,100	\$885,673	(\$10,427)	-1%
24	Professional / Physician Fees	\$687,214	\$1,129,514	\$442,300	64%
25	Waste disposal	\$2,020	\$1,474	(\$546)	-27%
26	Purchased Services - Medical	\$2,883,183	\$3,756,792	\$873,609	30%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$9,757,249	\$6,968,107	(\$2,789,142)	-29%
	Total Business Expenses	\$39,949,316	\$35,422,938	(\$4,526,378)	-11%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$4,514,577	\$3,299,235	(\$1,215,342)	-27%
	Total Operating Expenses - All Expense Categories*	\$309,096,761	\$326,572,641	\$17,475,880	6%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$10,890,199	\$10,957,864	\$67,665	1%
2	General Accounting	\$180,630	\$314,858	\$134,228	74%
3	Patient Billing & Collection	\$4,607,862	\$6,262,156	\$1,654,294	36%
4	Admitting / Registration Office	\$2,399,275	\$1,819,755	(\$579,520)	-24%
5	Data Processing	\$3,704,478	\$4,051,534	\$347,056	9%
6	Communications	\$393,733	\$393,047	(\$686)	0%
7	Personnel	\$161,495	\$157,356	(\$4,139)	-3%
8	Public Relations	\$606,373	\$631,890	\$25,517	4%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$4,659,341	\$4,848,809	\$189,468	4%
11	Housekeeping	\$4,797,961	\$4,828,184	\$30,223	1%
12	Laundry & Linen	\$1,063,753	\$938,771	(\$124,982)	-12%
13	Operation of Plant	\$4,218,074	\$4,159,364	(\$58,710)	-1%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$4,182,427	\$4,216,797	\$34,370	1%
16	Central Sterile Supply	\$2,428,785	\$2,333,642	(\$95,143)	-4%
17	Pharmacy Department	\$21,647,206	\$25,328,387	\$3,681,181	17%
18	Other General Services	\$14,127,204	\$16,238,262	\$2,111,058	15%
	Total General Services	\$80,068,796	\$87,480,676	\$7,411,880	9%
B.	Professional Services:				
1	Medical Care Administration	\$451,305	\$563,456	\$112,151	25%
2	Residency Program	\$14,262,924	\$21,694,747	\$7,431,823	52%
3	Nursing Services Administration	\$6,207,278	\$6,038,077	(\$169,201)	-3%
4	Medical Records	\$7,447,560	\$8,211,572	\$764,012	10%
5	Social Service	\$970,269	\$871,741	(\$98,528)	-10%
6	Other Professional Services	\$3,283,758	\$3,477,598	\$193,840	6%
	Total Professional Services	\$32,623,094	\$40,857,191	\$8,234,097	25%
C.	Special Services:				

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$25,371,176	\$26,466,014	\$1,094,838	4%
2	Recovery Room	\$3,668,670	\$3,867,483	\$198,813	5%
3	Anesthesiology	\$4,005,777	\$4,264,812	\$259,035	6%
4	Delivery Room	\$2,969,860	\$3,160,214	\$190,354	6%
5	Diagnostic Radiology	\$8,769,176	\$9,366,425	\$597,249	7%
6	Diagnostic Ultrasound	\$688,945	\$655,499	(\$33,446)	-5%
7	Radiation Therapy	\$1,940,436	\$2,082,508	\$142,072	7%
8	Radioisotopes	\$1,325,104	\$1,259,083	(\$66,021)	-5%
9	CT Scan	\$723,979	\$692,459	(\$31,520)	-4%
10	Laboratory	\$14,660,224	\$17,599,747	\$2,939,523	20%
11	Blood Storing/Processing	\$2,905,095	\$2,797,463	(\$107,632)	-4%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$3,987,012	\$4,220,458	\$233,446	6%
14	Electroencephalography	\$303,080	\$391,899	\$88,819	29%
15	Occupational Therapy	\$0	\$1,757	\$1,757	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,608,250	\$3,867,588	\$259,338	7%
19	Pulmonary Function	\$525,948	\$562,014	\$36,066	7%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$207,528	\$246,914	\$39,386	19%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$376,982	\$586,389	\$209,407	56%
24	Emergency Room	\$10,868,436	\$11,535,755	\$667,319	6%
25	MRI	\$738,975	\$1,049,573	\$310,598	42%
26	PET Scan	\$346,158	\$414,169	\$68,011	20%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$632,493	\$919,623	\$287,130	45%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$6,697,665	\$6,426,816	(\$270,849)	-4%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$10,476,216	\$0	(\$10,476,216)	-100%
34	Other Special Services	\$2,136,912	\$3,247,774	\$1,110,862	52%
	Total Special Services	\$107,934,097	\$105,682,436	(\$2,251,661)	-2%
D.	Routine Services:				
1	Medical & Surgical Units	\$31,901,073	\$33,903,261	\$2,002,188	6%
2	Intensive Care Unit	\$7,881,104	\$8,232,461	\$351,357	4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$6,264,859	\$6,728,014	\$463,155	7%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,065,601	\$1,042,827	(\$22,774)	-2%
8	Neonatal ICU	\$14,501,865	\$13,869,127	(\$632,738)	-4%
9	Rehabilitation Unit	\$3,857,533	\$4,155,529	\$297,996	8%
10	Ambulatory Surgery	\$9,160,684	\$9,001,460	(\$159,224)	-2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$13,838,055	\$15,619,659	\$1,781,604	13%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$88,470,774	\$92,552,338	\$4,081,564	5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$309,096,761	\$326,572,641	\$17,475,880	6%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$278,985,670	\$281,412,882	\$286,757,590
2	Other Operating Revenue	15,889,186	23,634,474	21,955,590
3	Total Operating Revenue	\$294,874,856	\$305,047,356	\$308,713,180
4	Total Operating Expenses	303,434,488	309,096,761	326,572,641
5	Income/(Loss) From Operations	(\$8,559,632)	(\$4,049,405)	(\$17,859,461)
6	Total Non-Operating Revenue	8,564,466	15,682,598	9,539,892
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,834	\$11,633,193	(\$8,319,569)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-2.82%	-1.26%	-5.61%
2	Hospital Non Operating Margin	2.82%	4.89%	3.00%
3	Hospital Total Margin	0.00%	3.63%	-2.61%
4	Income/(Loss) From Operations	(\$8,559,632)	(\$4,049,405)	(\$17,859,461)
5	Total Operating Revenue	\$294,874,856	\$305,047,356	\$308,713,180
6	Total Non-Operating Revenue	\$8,564,466	\$15,682,598	\$9,539,892
7	Total Revenue	\$303,439,322	\$320,729,954	\$318,253,072
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,834	\$11,633,193	(\$8,319,569)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$68,041,405	\$79,674,598	\$71,355,029
2	Hospital Total Net Assets	\$68,041,405	\$79,674,598	\$71,355,029
3	Hospital Change in Total Net Assets	\$4,835	\$11,633,193	(\$8,319,569)
4	Hospital Change in Total Net Assets %	100.0%	17.1%	-10.4%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.55	0.50	0.47
2	Total Operating Expenses	\$303,434,488	\$309,096,761	\$326,572,641
3	Total Gross Revenue	\$535,141,391	\$600,821,647	\$667,350,681
4	Total Other Operating Revenue	\$18,659,132	\$23,409,670	\$21,955,590
5	<u>Private Payment to Cost Ratio</u>	1.13	1.12	1.10
6	Total Non-Government Payments	\$125,837,607	\$126,249,614	\$126,170,158
7	Total Uninsured Payments	\$603,170	\$1,280,198	\$824,761
8	Total Non-Government Charges	\$205,394,065	\$229,968,793	\$245,063,674
9	Total Uninsured Charges	\$3,404,440	\$4,451,709	\$3,972,101
10	<u>Medicare Payment to Cost Ratio</u>	0.82	0.90	0.88
11	Total Medicare Payments	\$100,992,281	\$107,173,523	\$114,480,474
12	Total Medicare Charges	\$224,910,155	\$240,900,560	\$274,532,150
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.75	0.76
14	Total Medicaid Payments	\$37,451,183	\$47,102,099	\$51,867,164
15	Total Medicaid Charges	\$102,063,771	\$127,218,153	\$144,397,051
16	<u>Uncompensated Care Cost</u>	\$3,357,670	\$1,161,135	\$3,071,553
17	Charity Care	\$477,593	\$823,539	\$583,681
18	Bad Debts	\$5,650,516	\$1,521,412	\$5,899,534
19	Total Uncompensated Care	\$6,128,109	\$2,344,951	\$6,483,215
20	<u>Uncompensated Care % of Total Expenses</u>	1.1%	0.4%	0.9%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$303,434,488	\$309,096,761	\$326,572,641
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$48,211,880	\$54,534,538	\$67,323,525
3	Total Current Liabilities	\$39,466,724	\$39,271,525	\$48,824,468
4	<u>Days Cash on Hand</u>	0	0	0
5	Cash and Cash Equivalents	\$0	\$0	\$0
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$0
8	Total Operating Expenses	\$303,434,488	\$309,096,761	\$326,572,641
9	Depreciation Expense	\$8,971,611	\$9,500,967	\$8,906,755
10	Operating Expenses less Depreciation Expense	\$294,462,877	\$299,595,794	\$317,665,886
11	<u>Days Revenue in Patient Accounts Receivable</u>	32	44	37
12	Net Patient Accounts Receivable	\$31,531,470	\$37,017,707	\$33,443,105
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$6,740,571	\$2,713,960	\$4,491,574
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$24,790,899	\$34,303,747	\$28,951,531
16	Total Net Patient Revenue	\$278,985,670	\$281,412,882	\$286,757,590
17	<u>Average Payment Period</u>	49	48	56
18	Total Current Liabilities	\$39,466,724	\$39,271,525	\$48,824,468
19	Total Operating Expenses	\$303,434,488	\$309,096,761	\$326,572,641
20	Depreciation Expense	\$8,971,611	\$9,500,967	\$8,906,755

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
21	Total Operating Expenses less Depreciation Expense	\$294,462,877	\$299,595,794	\$317,665,886
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	58.8	62.4	55.4
2	Total Net Assets	\$68,041,405	\$79,674,598	\$71,355,029
3	Total Assets	\$115,749,521	\$127,666,237	\$128,730,041
4	<u>Cash Flow to Total Debt Ratio</u>	22.7	53.8	1.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,834	\$11,633,193	(\$8,319,569)
6	Depreciation Expense	\$8,971,611	\$9,500,967	\$8,906,755
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,976,445	\$21,134,160	\$587,186
8	Total Current Liabilities	\$39,466,724	\$39,271,525	\$48,824,468
9	Total Long Term Debt	\$0	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$39,466,724	\$39,271,525	\$48,824,468
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	-
12	Total Long Term Debt	\$0	\$0	\$0
13	Total Net Assets	\$68,041,405	\$79,674,598	\$71,355,029
14	Total Long Term Debt and Total Net Assets	\$68,041,405	\$79,674,598	\$71,355,029
15	<u>Debt Service Coverage Ratio</u>	6.0	23.8	587,186.0
16	Excess Revenues over Expenses	4,834	\$11,633,193	(\$8,319,569)
17	Interest Expense	64,233	\$0	\$0
18	Depreciation and Amortization Expense	8,971,611	\$9,500,967	\$8,906,755
19	Principal Payments	1,445,127	\$887,080	\$1
G. <u>Other Financial Ratios</u>				

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
20	<u>Average Age of Plant</u>	16.4	16.2	15.6
21	Accumulated Depreciation	147,249,097	153,753,524	139,211,725
22	Depreciation and Amortization Expense	8,971,611	9,500,967	8,906,755
H. <u>Utilization Measures Summary</u>				
1	Patient Days	40,295	40,704	38,723
2	Discharges	8,374	8,578	8,669
3	ALOS	4.8	4.7	4.5
4	Staffed Beds	184	184	184
5	Available Beds	-	234	234
6	Licensed Beds	234	234	234
7	Occupancy of Staffed Beds	60.0%	60.6%	57.7%
8	Occupancy of Available Beds	47.2%	47.7%	45.3%
9	Full Time Equivalent Employees	1,544.9	1,592.7	1,303.8
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	37.7%	37.5%	36.1%
2	Medicare Gross Revenue Payer Mix Percentage	42.0%	40.1%	41.1%
3	Medicaid Gross Revenue Payer Mix Percentage	19.1%	21.2%	21.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.6%	0.7%	0.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.4%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$201,989,625	\$225,517,084	\$241,091,573
9	Medicare Gross Revenue (Charges)	\$224,910,155	\$240,900,560	\$274,532,150
10	Medicaid Gross Revenue (Charges)	\$102,063,771	\$127,218,153	\$144,397,051
11	Other Medical Assistance Gross Revenue (Charges)	\$218,875	\$193,193	\$242,402
12	Uninsured Gross Revenue (Charges)	\$3,404,440	\$4,451,709	\$3,972,101
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,554,525	\$2,540,948	\$3,115,404
14	Total Gross Revenue (Charges)	\$535,141,391	\$600,821,647	\$667,350,681
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	47.2%	44.4%	42.7%
2	Medicare Net Revenue Payer Mix Percentage	38.1%	38.1%	39.0%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	14.1%	16.7%	17.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.5%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.3%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$125,234,437	\$124,969,416	\$125,345,397
9	Medicare Net Revenue (Payments)	\$100,992,281	\$107,173,523	\$114,480,474
10	Medicaid Net Revenue (Payments)	\$37,451,183	\$47,102,099	\$51,867,164
11	Other Medical Assistance Net Revenue (Payments)	\$125,518	\$107,762	\$81,071
12	Uninsured Net Revenue (Payments)	\$603,170	\$1,280,198	\$824,761
13	CHAMPUS / TRICARE Net Revenue Payments)	\$961,458	\$979,773	\$1,141,815
14	Total Net Revenue (Payments)	\$265,368,047	\$281,612,771	\$293,740,682
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,580	2,552	2,508
2	Medicare	3,700	3,822	3,846
3	Medical Assistance	2,053	2,169	2,277
4	Medicaid	2,050	2,162	2,272
5	Other Medical Assistance	3	7	5
6	CHAMPUS / TRICARE	41	35	38
7	Uninsured (Included In Non-Government)	39	35	45
8	Total	8,374	8,578	8,669
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.30210	1.35120	1.31510
2	Medicare	1.57530	1.58300	1.61340
3	Medical Assistance	1.29226	1.37805	1.37588
4	Medicaid	1.29150	1.37890	1.37650
5	Other Medical Assistance	1.81490	1.11480	1.09430
6	CHAMPUS / TRICARE	1.22600	1.07420	1.51030
7	Uninsured (Included In Non-Government)	0.99030	0.93860	1.06040
8	Total Case Mix Index	1.42003	1.46014	1.46426
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	4,877	5,131	5,251
2	Emergency Room - Treated and Discharged	24,430	23,640	24,390
3	Total Emergency Room Visits	29,307	28,771	29,641

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,895,051	\$1,735,784	(\$159,267)	-8%
2	Inpatient Payments	\$1,019,414	\$739,313	(\$280,101)	-27%
3	Outpatient Charges	\$2,304,765	\$1,242,525	(\$1,062,240)	-46%
4	Outpatient Payments	\$928,004	\$425,037	(\$502,967)	-54%
5	Discharges	57	42	(15)	-26%
6	Patient Days	252	202	(50)	-20%
7	Outpatient Visits (Excludes ED Visits)	2,059	1,302	(757)	-37%
8	Emergency Department Outpatient Visits	94	70	(24)	-26%
9	Emergency Department Inpatient Admissions	41	33	(8)	-20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,199,816	\$2,978,309	(\$1,221,507)	-29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,947,418	\$1,164,350	(\$783,068)	-40%
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	\$6,950,075	\$11,499,698	\$4,549,623	65%
2	Inpatient Payments	\$3,520,936	\$5,694,453	\$2,173,517	62%
3	Outpatient Charges	\$8,633,767	\$8,743,564	\$109,797	1%
4	Outpatient Payments	\$2,645,471	\$2,474,614	(\$170,857)	-6%
5	Discharges	189	254	65	34%
6	Patient Days	808	1,283	475	59%
7	Outpatient Visits (Excludes ED Visits)	6,964	7,548	584	8%
8	Emergency Department Outpatient Visits	266	301	35	13%
9	Emergency Department Inpatient Admissions	120	160	40	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,583,842	\$20,243,262	\$4,659,420	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,166,407	\$8,169,067	\$2,002,660	32%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$2,296,194	\$1,386,823	(\$909,371)	-40%
2	Inpatient Payments	\$1,045,618	\$714,034	(\$331,584)	-32%
3	Outpatient Charges	\$1,238,650	\$1,311,046	\$72,396	6%
4	Outpatient Payments	\$355,388	\$351,863	(\$3,525)	-1%
5	Discharges	56	38	(18)	-32%
6	Patient Days	410	169	(241)	-59%
7	Outpatient Visits (Excludes ED Visits)	942	929	(13)	-1%
8	Emergency Department Outpatient Visits	91	98	7	8%
9	Emergency Department Inpatient Admissions	41	27	(14)	-34%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,534,844	\$2,697,869	(\$836,975)	-24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,401,006	\$1,065,897	(\$335,109)	-24%
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)	1	0	(1)	-100%
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%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$7,742,178	\$11,497,225	\$3,755,047	49%
2	Inpatient Payments	\$3,886,232	\$5,178,235	\$1,292,003	33%
3	Outpatient Charges	\$8,561,066	\$10,866,424	\$2,305,358	27%
4	Outpatient Payments	\$2,379,135	\$2,722,071	\$342,936	14%
5	Discharges	251	300	49	20%
6	Patient Days	1,157	1,421	264	23%
7	Outpatient Visits (Excludes ED Visits)	7,512	8,322	810	11%
8	Emergency Department Outpatient Visits	431	454	23	5%
9	Emergency Department Inpatient Admissions	167	212	45	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,303,244	\$22,363,649	\$6,060,405	37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,265,367	\$7,900,306	\$1,634,939	26%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$450,954	\$600,609	\$149,655	33%
2	Inpatient Payments	\$267,795	\$253,690	(\$14,105)	-5%
3	Outpatient Charges	\$151,284	\$203,511	\$52,227	35%
4	Outpatient Payments	\$48,128	\$54,774	\$6,646	14%
5	Discharges	16	18	2	13%
6	Patient Days	83	109	26	31%
7	Outpatient Visits (Excludes ED Visits)	99	90	(9)	-9%
8	Emergency Department Outpatient Visits	43	66	23	53%
9	Emergency Department Inpatient Admissions	14	17	3	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$602,238	\$804,120	\$201,882	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$315,923	\$308,464	(\$7,459)	-2%
I. AETNA					
1	Inpatient Charges	\$4,647,448	\$5,777,345	\$1,129,897	24%
2	Inpatient Payments	\$2,291,986	\$2,729,816	\$437,830	19%
3	Outpatient Charges	\$4,533,626	\$5,631,661	\$1,098,035	24%
4	Outpatient Payments	\$1,324,185	\$1,577,848	\$253,663	19%
5	Discharges	139	125	(14)	-10%
6	Patient Days	654	686	32	5%
7	Outpatient Visits (Excludes ED Visits)	4,010	4,841	831	21%
8	Emergency Department Outpatient Visits	172	273	101	59%
9	Emergency Department Inpatient Admissions	106	91	(15)	-14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,181,074	\$11,409,006	\$2,227,932	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,616,171	\$4,307,664	\$691,493	19%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$29,047	\$97,018	\$67,971	234%
2	Inpatient Payments	\$10,836	\$65,588	\$54,752	505%
3	Outpatient Charges	\$31,193	\$42,251	\$11,058	35%
4	Outpatient Payments	\$8,848	\$14,673	\$5,825	66%
5	Discharges	1	5	4	400%
6	Patient Days	5	17	12	240%
7	Outpatient Visits (Excludes ED Visits)	44	39	(5)	-11%
8	Emergency Department Outpatient Visits	6	3	(3)	-50%
9	Emergency Department Inpatient Admissions	1	5	4	400%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$60,240	\$139,269	\$79,029	131%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$19,684	\$80,261	\$60,577	308%
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%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 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	\$460,169	\$298,067	(\$162,102)	-35%
2	Inpatient Payments	\$236,956	\$201,948	(\$35,008)	-15%
3	Outpatient Charges	\$222,880	\$183,123	(\$39,757)	-18%
4	Outpatient Payments	\$63,496	\$46,609	(\$16,887)	-27%
5	Discharges	15	13	(2)	-13%
6	Patient Days	64	41	(23)	-36%
7	Outpatient Visits (Excludes ED Visits)	184	121	(63)	-34%
8	Emergency Department Outpatient Visits	23	17	(6)	-26%
9	Emergency Department Inpatient Admissions	13	12	(1)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$683,049	\$481,190	(\$201,859)	-30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$300,452	\$248,557	(\$51,895)	-17%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$24,471,116	\$32,892,569	\$8,421,453	34%
	TOTAL INPATIENT PAYMENTS	\$12,279,773	\$15,577,077	\$3,297,304	27%
	TOTAL OUTPATIENT CHARGES	\$25,677,231	\$28,224,105	\$2,546,874	10%
	TOTAL OUTPATIENT PAYMENTS	\$7,752,655	\$7,667,489	(\$85,166)	-1%
	TOTAL DISCHARGES	724	795	71	10%
	TOTAL PATIENT DAYS	3,433	3,928	495	14%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	21,815	23,192	1,377	6%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,126	1,282	156	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	503	557	54	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$50,148,347	\$61,116,674	\$10,968,327	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$20,032,428	\$23,244,566	\$3,212,138	16%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 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%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 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%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 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%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$46,236,000	\$45,897,000	(\$339,000)	-1%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$47,513,000	\$43,781,000	(\$3,732,000)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$3,938,000	\$91,429,000	\$87,491,000	2222%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$10,478,000	\$9,964,000	(\$514,000)	-5%
8	Prepaid Expenses	\$7,192,000	\$6,303,000	(\$889,000)	-12%
9	Other Current Assets	\$77,805,000	\$116,217,000	\$38,412,000	49%
	Total Current Assets	\$193,162,000	\$313,591,000	\$120,429,000	62%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$6,729,000	\$7,700,000	\$971,000	14%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$698,642,000	\$712,535,000	\$13,893,000	2%
2	Less: Accumulated Depreciation	\$464,385,000	\$456,394,000	(\$7,991,000)	(\$0)
	Property, Plant and Equipment, Net	\$234,257,000	\$256,141,000	\$21,884,000	9%
3	Construction in Progress	\$163,646,000	\$317,555,000	\$153,909,000	94%
	Total Net Fixed Assets	\$397,903,000	\$573,696,000	\$175,793,000	44%
	Total Assets	\$597,794,000	\$894,987,000	\$297,193,000	50%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$39,417,000	\$47,895,000	\$8,478,000	22%
2	Salaries, Wages and Payroll Taxes	\$19,285,000	\$21,497,000	\$2,212,000	11%
3	Due To Third Party Payers	\$2,714,000	\$4,492,000	\$1,778,000	66%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,007,000	\$2,130,000	\$1,123,000	112%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$31,597,000	\$30,395,000	(\$1,202,000)	-4%
	Total Current Liabilities	\$94,020,000	\$106,409,000	\$12,389,000	13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$61,881,000	\$165,895,000	\$104,014,000	168%
	Total Long Term Debt	\$61,881,000	\$165,895,000	\$104,014,000	168%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$44,163,000	\$45,889,000	\$1,726,000	4%
	Total Long Term Liabilities	\$106,044,000	\$211,784,000	\$105,740,000	100%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$29,049,000	\$17,703,000	(\$11,346,000)	-39%
2	Temporarily Restricted Net Assets	\$368,620,000	\$559,030,000	\$190,410,000	52%
3	Permanently Restricted Net Assets	\$61,000	\$61,000	\$0	0%
	Total Net Assets	\$397,730,000	\$576,794,000	\$179,064,000	45%
	Total Liabilities and Net Assets	\$597,794,000	\$894,987,000	\$297,193,000	50%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$864,470,078	\$951,738,899	\$87,268,821	10%
2	Less: Allowances	\$421,405,481	\$487,335,379	\$65,929,898	16%
3	Less: Charity Care	\$801,071	\$629,512	(\$171,559)	-21%
4	Less: Other Deductions	\$5,488,085	\$6,806,979	\$1,318,894	24%
	Total Net Patient Revenue	\$436,775,441	\$456,967,029	\$20,191,588	5%
5	Provision for Bad Debts	\$4,743,620	\$6,651,810	\$1,908,190	40%
	Net Patient Service Revenue less provision for bad debts	\$432,031,821	\$450,315,219	\$18,283,398	4%
6	Other Operating Revenue	\$204,630,000	\$208,895,000	\$4,265,000	2%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$636,661,821	\$659,210,219	\$22,548,398	4%
B. Operating Expenses:					
1	Salaries and Wages	\$352,867,930	\$377,598,000	\$24,730,070	7%
2	Fringe Benefits	\$168,641,028	\$213,185,146	\$44,544,118	26%
3	Physicians Fees	\$61,973,190	\$51,372,063	(\$10,601,127)	-17%
4	Supplies and Drugs	\$74,723,435	\$83,463,562	\$8,740,127	12%
5	Depreciation and Amortization	\$31,611,700	\$32,780,000	\$1,168,300	4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$0	\$0	\$0	0%
8	Malpractice Insurance Cost	\$3,672,492	\$3,128,114	(\$544,378)	-15%
9	Other Operating Expenses	\$170,667,046	\$183,785,819	\$13,118,773	8%
	Total Operating Expenses	\$864,156,821	\$945,312,704	\$81,155,883	9%
	Income/(Loss) From Operations	(\$227,495,000)	(\$286,102,485)	(\$58,607,485)	26%
C. Non-Operating Revenue:					
1	Income from Investments	\$124,000	\$93,000	(\$31,000)	-25%
2	Gifts, Contributions and Donations	\$7,658,000	\$7,300,000	(\$358,000)	-5%
3	Other Non-Operating Gains/(Losses)	\$214,321,000	\$457,773,000	\$243,452,000	114%
	Total Non-Operating Revenue	\$222,103,000	\$465,166,000	\$243,063,000	109%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$5,392,000)	\$179,063,515	\$184,455,515	-3421%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$5,392,000)	\$179,063,515	\$184,455,515	-3421%

UNIVERSITY OF CONNECTICUT HEALTH CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$436,437,254	\$432,031,821	\$450,315,219
2	Other Operating Revenue	192,070,000	204,630,000	208,895,000
3	Total Operating Revenue	\$628,507,254	\$636,661,821	\$659,210,219
4	Total Operating Expenses	838,245,254	864,156,821	945,312,704
5	Income/(Loss) From Operations	(\$209,738,000)	(\$227,495,000)	(\$286,102,485)
6	Total Non-Operating Revenue	273,250,000	222,103,000	465,166,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$63,512,000	(\$5,392,000)	\$179,063,515
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-23.26%	-26.49%	-25.45%
2	Parent Corporation Non-Operating Margin	30.30%	25.86%	41.37%
3	Parent Corporation Total Margin	7.04%	-0.63%	15.93%
4	Income/(Loss) From Operations	(\$209,738,000)	(\$227,495,000)	(\$286,102,485)
5	Total Operating Revenue	\$628,507,254	\$636,661,821	\$659,210,219
6	Total Non-Operating Revenue	\$273,250,000	\$222,103,000	\$465,166,000
7	Total Revenue	\$901,757,254	\$858,764,821	\$1,124,376,219
8	Excess/(Deficiency) of Revenue Over Expenses	\$63,512,000	(\$5,392,000)	\$179,063,515
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$45,288,000	\$29,049,000	\$17,703,000
2	Parent Corporation Total Net Assets	\$403,122,181	\$397,730,000	\$576,794,000
3	Parent Corporation Change in Total Net Assets	\$63,512,181	(\$5,392,181)	\$179,064,000
4	Parent Corporation Change in Total Net Assets %	118.7%	-1.3%	45.0%

UNIVERSITY OF CONNECTICUT HEALTH CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.39	2.05	2.95
2	Total Current Assets	\$237,069,000	\$193,162,000	\$313,591,000
3	Total Current Liabilities	\$99,143,000	\$94,020,000	\$106,409,000
4	<u>Days Cash on Hand</u>	38	20	18
5	Cash and Cash Equivalents	\$84,404,000	\$46,236,000	\$45,897,000
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$84,404,000	\$46,236,000	\$45,897,000
8	Total Operating Expenses	\$838,245,254	\$864,156,821	\$945,312,704
9	Depreciation Expense	\$30,128,445	\$31,611,700	\$32,780,000
10	Operating Expenses less Depreciation Expense	\$808,116,809	\$832,545,121	\$912,532,704
11	<u>Days Revenue in Patient Accounts Receivable</u>	29	38	32
12	Net Patient Accounts Receivable	\$ 41,110,000	\$ 47,513,000	\$ 43,781,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$6,741,000	\$2,714,000	\$4,492,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 34,369,000	\$ 44,799,000	\$ 39,289,000
16	Total Net Patient Revenue	\$436,437,254	\$432,031,821	\$450,315,219
17	<u>Average Payment Period</u>	45	41	43
18	Total Current Liabilities	\$99,143,000	\$94,020,000	\$106,409,000
19	Total Operating Expenses	\$838,245,254	\$864,156,821	\$945,312,704
20	Depreciation Expense	\$30,128,445	\$31,611,700	\$32,780,000
20	Total Operating Expenses less Depreciation Expense	\$808,116,809	\$832,545,121	\$912,532,704

UNIVERSITY OF CONNECTICUT HEALTH CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	71.7	66.5	64.4
2	Total Net Assets	\$403,122,181	\$397,730,000	\$576,794,000
3	Total Assets	\$562,006,181	\$597,794,000	\$894,987,000
4	<u>Cash Flow to Total Debt Ratio</u>	81.1	16.8	77.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$63,512,000	(\$5,392,000)	\$179,063,515
6	Depreciation Expense	\$30,128,445	\$31,611,700	\$32,780,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$93,640,445	\$26,219,700	\$211,843,515
8	Total Current Liabilities	\$99,143,000	\$94,020,000	\$106,409,000
9	Total Long Term Debt	\$16,335,000	\$61,881,000	\$165,895,000
10	Total Current Liabilities and Total Long Term Debt	\$115,478,000	\$155,901,000	\$272,304,000
11	<u>Long Term Debt to Capitalization Ratio</u>	3.9	13.5	22.3
12	Total Long Term Debt	\$16,335,000	\$61,881,000	\$165,895,000
13	Total Net Assets	\$403,122,181	\$397,730,000	\$576,794,000
14	Total Long Term Debt and Total Net Assets	\$419,457,181	\$459,611,000	\$742,689,000

JOHN DEMPSEY HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
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	25,700	5,916	5,955	100	150	70.4%	46.9%
2	ICU/CCU (Excludes Neonatal ICU)	1,187	173	0	15	15	21.7%	21.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,365	856	904	25	25	58.8%	58.8%
	TOTAL PSYCHIATRIC	5,365	856	904	25	25	58.8%	58.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,362	684	705	20	20	32.4%	32.4%
7	Newborn	1,139	457	455	10	10	31.2%	31.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	2,970	756	775	14	14	58.1%	58.1%
	TOTAL EXCLUDING NEWBORN	37,584	8,212	8,339	174	224	59.2%	46.0%
	TOTAL INPATIENT BED UTILIZATION	38,723	8,669	8,794	184	234	57.7%	45.3%
	TOTAL INPATIENT REPORTED YEAR	38,723	8,669	8,794	184	234	57.7%	45.3%
	TOTAL INPATIENT PRIOR YEAR	40,704	8,578	8,578	184	234	60.6%	47.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,981	91	216	0	0	-2.9%	-2.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	1%	3%	0%	0%	-5%	-5%
	Total Licensed Beds and Bassinets	234						
(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.								

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	3,942	4,054	112	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,091	7,999	-92	-1%
3	Emergency Department Scans	3,448	3,855	407	12%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	15,481	15,908	427	3%
B. MRI Scans (A)					
1	Inpatient Scans	820	818	-2	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,627	4,420	-2,207	-33%
3	Emergency Department Scans	210	184	-26	-12%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	7,657	5,422	-2,235	-29%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	2	5	3	150%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	2	5	3	150%
D. PET/CT Scans (A)					
1	Inpatient Scans	7	0	-7	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	368	365	-3	-1%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	375	365	-10	-3%
(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	134	229	95	71%
2	Outpatient Procedures	5,901	5,794	-107	-2%
	Total Linear Accelerator Procedures	6,035	6,023	-12	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	307	258	-49	-16%
2	Outpatient Procedures	471	438	-33	-7%
	Total Cardiac Catheterization Procedures	778	696	-82	-11%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	110	149	39	35%
2	Elective Procedures	190	187	-3	-2%
	Total Cardiac Angioplasty Procedures	300	336	36	12%
H. Electrophysiology Studies					
1	Inpatient Studies	149	149	0	0%
2	Outpatient Studies	185	155	-30	-16%
	Total Electrophysiology Studies	334	304	-30	-9%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,263	2,239	-24	-1%
2	Outpatient Surgical Procedures	7,900	7,999	99	1%
	Total Surgical Procedures	10,163	10,238	75	1%
J. Endoscopy Procedures					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	293	269	-24	-8%
2	Outpatient Endoscopy Procedures	2,905	3,175	270	9%
	Total Endoscopy Procedures	3,198	3,444	246	8%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,131	5,251	120	2%
2	Emergency Room Visits: Treated and Discharged	23,640	24,390	750	3%
	Total Emergency Room Visits	28,771	29,641	870	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	85,867	0	-85,867	-100%
3	Psychiatric Clinic Visits	16,943	15,542	-1,401	-8%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	1,925	1,925	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	6,094	8,790	2,696	44%
	Total Hospital Clinic Visits	108,904	26,257	-82,647	-76%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	25,078	24,342	-736	-3%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	4,100	4,567	467	11%
4	Gastroenterology	2,905	3,175	270	9%
5	Other Outpatient Visits	280,072	287,771	7,699	3%
	Total Other Hospital Outpatient Visits	312,155	319,855	7,700	2%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	640.0	603.8	-36.2	-6%
2	Total Physician FTEs	42.7	36.1	-6.6	-15%
3	Total Non-Nursing and Non-Physician FTEs	910.0	663.9	-246.1	-27%
	Total Hospital Full Time Equivalent Employees	1,592.7	1,303.8	-288.9	-18%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital	7,900	7,999	99	1%
	Total Outpatient Surgical Procedures(A)	7,900	7,999	99	1%
B. Outpatient Endoscopy Procedures					
1	Hospital	2,905	3,175	270	9%
	Total Outpatient Endoscopy Procedures(B)	2,905	3,175	270	9%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	23,640	24,390	750	3%
	Total Outpatient Hospital Emergency Room Visits(C)	23,640	24,390	750	3%
(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.					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$126,635,713	\$143,689,469	\$17,053,756	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$68,977,831	\$73,080,057	\$4,102,226	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.47%	50.86%	-3.61%	-7%
4	DISCHARGES	3,822	3,846	24	1%
5	CASE MIX INDEX (CMI)	1.58300	1.61340	0.03040	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,050.22600	6,205.13640	154.91040	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,400.87	\$11,777.35	\$376.48	3%
8	PATIENT DAYS	19,395	19,450	55	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,556.47	\$3,757.33	\$200.85	6%
10	AVERAGE LENGTH OF STAY	5.1	5.1	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$114,264,847	\$130,842,681	\$16,577,834	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$38,195,692	\$41,400,417	\$3,204,725	8%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.43%	31.64%	-1.79%	-5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	90.23%	91.06%	0.83%	1%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,448.63416	3,502.14219	53.50803	2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,075.60	\$11,821.46	\$745.86	7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$240,900,560	\$274,532,150	\$33,631,590	14%
18	TOTAL ACCRUED PAYMENTS	\$107,173,523	\$114,480,474	\$7,306,951	7%
19	TOTAL ALLOWANCES	\$133,727,037	\$160,051,676	\$26,324,639	20%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$65,750,391	\$65,494,734	(\$255,657)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,099,326	\$35,152,078	(\$1,947,248)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.42%	53.67%	-2.75%	-5%
4	DISCHARGES	2,552	2,508	(44)	-2%
5	CASE MIX INDEX (CMI)	1.35120	1.31510	(0.03610)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,448.26240	3,298.27080	(149.99160)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,758.85	\$10,657.73	(\$101.12)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$642.02	\$1,119.62	\$477.60	74%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,213,860	\$3,692,808	\$1,478,948	67%
10	PATIENT DAYS	10,461	9,460	(1,001)	-10%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,546.44	\$3,715.86	\$169.42	5%
12	AVERAGE LENGTH OF STAY	4.1	3.8	(0.3)	-8%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$164,218,402	\$179,568,940	\$15,350,538	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$89,150,288	\$91,018,080	\$1,867,792	2%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.29%	50.69%	-3.60%	-7%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	249.76%	274.17%	24.41%	10%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,373.88395	6,876.26125	502.37730	8%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,986.81	\$13,236.57	(\$750.24)	-5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,911.21)	(\$1,415.11)	\$1,496.10	-51%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,555,700)	(\$9,730,666)	\$8,825,034	-48%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$229,968,793	\$245,063,674	\$15,094,881	7%
22	TOTAL ACCRUED PAYMENTS	\$126,249,614	\$126,170,158	(\$79,456)	0%
23	TOTAL ALLOWANCES	\$103,719,179	\$118,893,516	\$15,174,337	15%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,341,840)	(\$6,037,857)	\$10,303,982	-63%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$225,517,085	\$241,091,573	\$15,574,488	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$124,969,417	\$125,345,397	\$375,980	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,547,668	\$115,746,176	\$15,198,508	15%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.59%	48.01%	3.42%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$746,040	\$976,305	\$230,265	31%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,199	\$124,500	\$72,301	139%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.00%	12.75%	5.76%	82%
4	DISCHARGES	35	45	10	29%
5	CASE MIX INDEX (CMI)	0.93860	1.06040	0.12180	13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32.85100	47.71800	14.86700	45%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,588.96	\$2,609.08	\$1,020.12	64%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,169.88	\$8,048.65	(\$1,121.23)	-12%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$9,811.91	\$9,168.27	(\$643.64)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$322,331	\$437,492	\$115,161	36%
11	PATIENT DAYS	118	163	45	38%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$442.36	\$763.80	\$321.44	73%
13	AVERAGE LENGTH OF STAY	3.4	3.6	0.3	7%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,705,669	\$2,995,796	(\$709,873)	-19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,227,999	\$700,261	(\$527,738)	-43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.14%	23.37%	-9.76%	-29%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	496.71%	306.85%	-189.86%	-38%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	173.84914	138.08269	(35.76645)	-21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,063.59	\$5,071.32	(\$1,992.27)	-28%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,923.22	\$8,165.25	\$1,242.03	18%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,012.01	\$6,750.14	\$2,738.13	68%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$697,485	\$932,077	\$234,593	34%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$4,451,709	\$3,972,101	(\$479,608)	-11%
24	TOTAL ACCRUED PAYMENTS	\$1,280,198	\$824,761	(\$455,437)	-36%
25	TOTAL ALLOWANCES	\$3,171,511	\$3,147,340	(\$24,171)	-1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,019,815	\$1,369,569	\$349,753	34%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$63,921,560	\$65,206,770	\$1,285,210	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,252,661	\$24,580,567	\$1,327,906	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.38%	37.70%	1.32%	4%
4	DISCHARGES	2,162	2,272	110	5%
5	CASE MIX INDEX (CMI)	1.37890	1.37650	(0.00240)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,981.18180	3,127.40800	146.22620	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,799.81	\$7,859.73	\$59.91	1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,959.03	\$2,798.00	(\$161.03)	-5%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,601.06	\$3,917.62	\$316.57	9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,735,401	\$12,252,008	\$1,516,608	14%
11	PATIENT DAYS	10,730	9,677	(1,053)	-10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,167.07	\$2,540.10	\$373.03	17%
13	AVERAGE LENGTH OF STAY	5.0	4.3	(0.7)	-14%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,296,593	\$79,190,281	\$15,893,688	25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,849,438	\$27,286,597	\$3,437,159	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.68%	34.46%	-3.22%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	99.02%	121.44%	22.42%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,140.86193	2,759.22758	618.36566	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,140.11	\$9,889.22	(\$1,250.89)	-11%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,846.70	\$3,347.35	\$500.65	18%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$64.51)	\$1,932.24	\$1,996.75	-3095%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$138,108)	\$5,331,488	\$5,469,596	-3960%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$127,218,153	\$144,397,051	\$17,178,898	14%
24	TOTAL ACCRUED PAYMENTS	\$47,102,099	\$51,867,164	\$4,765,065	10%
25	TOTAL ALLOWANCES	\$80,116,054	\$92,529,887	\$12,413,833	15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,597,293	\$17,583,497	\$6,986,204	66%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$82,012	\$73,082	(\$8,930)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,610	\$15,633	(\$9,977)	-39%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.23%	21.39%	-9.84%	-31%
4	DISCHARGES	7	5	(2)	-29%
5	CASE MIX INDEX (CMI)	1.11480	1.09430	(0.02050)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7.80360	5.47150	(2.33210)	-30%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,281.82	\$2,857.17	(\$424.65)	-13%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,477.03	\$7,800.56	\$323.53	4%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,119.05	\$8,920.18	\$801.13	10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$63,358	\$48,807	(\$14,551)	-23%
11	PATIENT DAYS	13	15	2	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,970.00	\$1,042.20	(\$927.80)	-47%
13	AVERAGE LENGTH OF STAY	1.9	3.0	1.1	62%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$111,181	\$169,320	\$58,139	52%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$82,152	\$65,438	(\$16,714)	-20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	73.89%	38.65%	-35.24%	-48%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	135.57%	231.68%	96.12%	71%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9.48967	11.58425	2.09458	22%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,656.99	\$5,648.88	(\$3,008.11)	-35%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,329.82	\$7,587.69	\$2,257.87	42%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,418.61	\$6,172.58	\$3,753.97	155%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$22,952	\$71,505	\$48,553	212%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$193,193	\$242,402	\$49,209	25%
24	TOTAL ACCRUED PAYMENTS	\$107,762	\$81,071	(\$26,691)	-25%
25	TOTAL ALLOWANCES	\$85,431	\$161,331	\$75,900	89%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$86,310	\$120,311	\$34,002	39%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$64,003,572	\$65,279,852	\$1,276,280	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,278,271	\$24,596,200	\$1,317,929	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.37%	37.68%	1.31%	4%
4	DISCHARGES	2,169	2,277	108	5%
5	CASE MIX INDEX (CMI)	1.37805	1.37588	(0.00217)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,988.98540	3,132.87950	143.89410	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,788.02	\$7,850.99	\$62.97	1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,970.83	\$2,806.74	(\$164.09)	-6%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,612.85	\$3,926.36	\$313.51	9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,798,758	\$12,300,815	\$1,502,057	14%
11	PATIENT DAYS	10,743	9,692	(1,051)	-10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,166.83	\$2,537.78	\$370.95	17%
13	AVERAGE LENGTH OF STAY	5.0	4.3	(0.7)	-14%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,407,774	\$79,359,601	\$15,951,827	25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,931,590	\$27,352,035	\$3,420,445	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.74%	34.47%	-3.28%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	99.07%	121.57%	22.50%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,150.35160	2,770.81183	620.46023	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,129.15	\$9,871.49	(\$1,257.66)	-11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,857.66	\$3,365.08	\$507.42	18%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	(\$53.55)	\$1,949.97	\$2,003.52	-3741%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$115,156)	\$5,402,993	\$5,518,149	-4792%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$127,411,346	\$144,639,453	\$17,228,107	14%
24	TOTAL ACCRUED PAYMENTS	\$47,209,861	\$51,948,235	\$4,738,374	10%
25	TOTAL ALLOWANCES	\$80,201,485	\$92,691,218	\$12,489,733	16%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$705,873	\$903,866	\$197,993	28%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$261,142	\$394,304	\$133,162	51%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.00%	43.62%	6.63%	18%
4	DISCHARGES	35	38	3	9%
5	CASE MIX INDEX (CMI)	1.07420	1.51030	0.43610	41%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	37.59700	57.39140	19.79440	53%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,945.82	\$6,870.44	(\$75.38)	-1%
8	PATIENT DAYS	105	121	16	15%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,487.07	\$3,258.71	\$771.64	31%
10	AVERAGE LENGTH OF STAY	3.0	3.2	0.2	6%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,835,075	\$2,211,538	\$376,463	21%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$718,631	\$747,511	\$28,880	4%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,540,948	\$3,115,404	\$574,456	23%
14	TOTAL ACCRUED PAYMENTS	\$979,773	\$1,141,815	\$162,042	17%
15	TOTAL ALLOWANCES	\$1,561,175	\$1,973,589	\$412,414	26%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$23,409,670	\$21,955,590	(\$1,454,080)	-6%
2	TOTAL OPERATING EXPENSES	\$309,096,761	\$326,572,641	\$17,475,880	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$823,539	\$583,681	(\$239,858)	-29%
5	BAD DEBTS (CHARGES)	\$1,521,412	\$5,899,534	\$4,378,122	288%
6	UNCOMPENSATED CARE (CHARGES)	\$2,344,951	\$6,483,215	\$4,138,264	176%
7	COST OF UNCOMPENSATED CARE	\$1,102,334	\$2,821,241	\$1,718,906	156%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$127,411,346	\$144,639,453	\$17,228,107	14%
9	TOTAL ACCRUED PAYMENTS	\$47,209,861	\$51,948,235	\$4,738,374	10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$59,894,605	\$62,941,409	\$3,046,804	5%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,684,744	\$10,993,174	(\$1,691,570)	-13%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$257,095,549	\$275,367,921	\$18,272,372	7%
2	TOTAL INPATIENT PAYMENTS	\$129,616,570	\$133,222,639	\$3,606,069	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	50.42%	48.38%	-2.04%	-4%
4	TOTAL DISCHARGES	8,578	8,669	91	1%
5	TOTAL CASE MIX INDEX	1.46014	1.46426	0.00412	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	12,525.07080	12,693.67810	168.60730	1%
7	TOTAL OUTPATIENT CHARGES	\$343,726,098	\$391,982,760	\$48,256,662	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	133.70%	142.35%	8.65%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$151,996,201	\$160,518,043	\$8,521,842	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.22%	40.95%	-3.27%	-7%
11	TOTAL CHARGES	\$600,821,647	\$667,350,681	\$66,529,034	11%
12	TOTAL PAYMENTS	\$281,612,771	\$293,740,682	\$12,127,911	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.87%	44.02%	-2.86%	-6%
14	PATIENT DAYS	40,704	38,723	(1,981)	-5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$191,345,158	\$209,873,187	\$18,528,029	10%
2	INPATIENT PAYMENTS	\$92,517,244	\$98,070,561	\$5,553,317	6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	48.35%	46.73%	-1.62%	-3%
4	DISCHARGES	6,026	6,161	135	2%
5	CASE MIX INDEX	1.50627	1.52498	0.01871	1%
6	CASE MIX ADJUSTED DISCHARGES	9,076.80840	9,395.40730	318.59890	4%
7	OUTPATIENT CHARGES	\$179,507,696	\$212,413,820	\$32,906,124	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	93.81%	101.21%	7.40%	8%
9	OUTPATIENT PAYMENTS	\$62,845,913	\$69,499,963	\$6,654,050	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.01%	32.72%	-2.29%	-7%
11	TOTAL CHARGES	\$370,852,854	\$422,287,007	\$51,434,153	14%
12	TOTAL PAYMENTS	\$155,363,157	\$167,570,524	\$12,207,367	8%
13	TOTAL PAYMENTS / CHARGES	41.89%	39.68%	-2.21%	-5%
14	PATIENT DAYS	30,243	29,263	(980)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$215,489,697	\$254,716,483	\$39,226,786	18%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	5.1	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	3.8	(0.3)	-8%
3	UNINSURED	3.4	3.6	0.3	7%
4	MEDICAID	5.0	4.3	(0.7)	-14%
5	OTHER MEDICAL ASSISTANCE	1.9	3.0	1.1	62%
6	CHAMPUS / TRICARE	3.0	3.2	0.2	6%
7	TOTAL AVERAGE LENGTH OF STAY	4.7	4.5	(0.3)	-6%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$600,821,647	\$667,350,681	\$66,529,034	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$215,489,697	\$254,716,483	\$39,226,786	18%
3	UNCOMPENSATED CARE	\$2,344,951	\$6,483,215	\$4,138,264	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,547,668	\$115,746,176	\$15,198,508	15%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$318,382,316	\$376,945,874	\$58,563,558	18%
7	TOTAL ACCRUED PAYMENTS	\$282,439,331	\$290,404,807	\$7,965,476	3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$282,439,331	\$290,404,807	\$7,965,476	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4700884737	0.4351607262	(0.0349277475)	-7%
11	COST OF UNCOMPENSATED CARE	\$1,102,334	\$2,821,241	\$1,718,906	156%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,684,744	\$10,993,174	(\$1,691,570)	-13%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,787,079	\$13,814,415	\$27,336	0%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	(\$138,108)	\$5,331,488	\$5,469,596	-3960%
2	OTHER MEDICAL ASSISTANCE	\$86,310	\$120,311	\$34,002	39%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,019,815	\$1,369,569	\$349,753	34%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$968,017	\$6,821,369	\$5,853,351	605%
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	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$281,612,773	\$293,740,681	\$12,127,908	4.31%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$600,821,647	\$667,350,681	\$66,529,034	11.07%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,344,951	\$6,483,215	\$4,138,264	176.48%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,750,391	\$65,494,734	(\$255,657)
2	MEDICARE	\$126,635,713	143,689,469	\$17,053,756
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$64,003,572	65,279,852	\$1,276,280
4	MEDICAID	\$63,921,560	65,206,770	\$1,285,210
5	OTHER MEDICAL ASSISTANCE	\$82,012	73,082	(\$8,930)
6	CHAMPUS / TRICARE	\$705,873	903,866	\$197,993
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$746,040	976,305	\$230,265
	TOTAL INPATIENT GOVERNMENT CHARGES	\$191,345,158	\$209,873,187	\$18,528,029
	TOTAL INPATIENT CHARGES	\$257,095,549	\$275,367,921	\$18,272,372
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$164,218,402	\$179,568,940	\$15,350,538
2	MEDICARE	\$114,264,847	130,842,681	\$16,577,834
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$63,407,774	79,359,601	\$15,951,827
4	MEDICAID	\$63,296,593	79,190,281	\$15,893,688
5	OTHER MEDICAL ASSISTANCE	\$111,181	169,320	\$58,139
6	CHAMPUS / TRICARE	\$1,835,075	2,211,538	\$376,463
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,705,669	2,995,796	(\$709,873)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$179,507,696	\$212,413,820	\$32,906,124
	TOTAL OUTPATIENT CHARGES	\$343,726,098	\$391,982,760	\$48,256,662
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$229,968,793	\$245,063,674	\$15,094,881
2	TOTAL MEDICARE	\$240,900,560	\$274,532,150	\$33,631,590
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$127,411,346	\$144,639,453	\$17,228,107
4	TOTAL MEDICAID	\$127,218,153	\$144,397,051	\$17,178,898
5	TOTAL OTHER MEDICAL ASSISTANCE	\$193,193	\$242,402	\$49,209
6	TOTAL CHAMPUS / TRICARE	\$2,540,948	\$3,115,404	\$574,456
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,451,709	\$3,972,101	(\$479,608)
	TOTAL GOVERNMENT CHARGES	\$370,852,854	\$422,287,007	\$51,434,153
	TOTAL CHARGES	\$600,821,647	\$667,350,681	\$66,529,034
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,099,326	\$35,152,078	(\$1,947,248)
2	MEDICARE	\$68,977,831	73,080,057	\$4,102,226
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,278,271	24,596,200	\$1,317,929
4	MEDICAID	\$23,252,661	24,580,567	\$1,327,906
5	OTHER MEDICAL ASSISTANCE	\$25,610	15,633	(\$9,977)
6	CHAMPUS / TRICARE	\$261,142	394,304	\$133,162
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$52,199	124,500	\$72,301
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$92,517,244	\$98,070,561	\$5,553,317
	TOTAL INPATIENT PAYMENTS	\$129,616,570	\$133,222,639	\$3,606,069
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,150,288	\$91,018,080	\$1,867,792
2	MEDICARE	\$38,195,692	41,400,417	\$3,204,725
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,931,590	27,352,035	\$3,420,445
4	MEDICAID	\$23,849,438	27,286,597	\$3,437,159
5	OTHER MEDICAL ASSISTANCE	\$82,152	65,438	(\$16,714)
6	CHAMPUS / TRICARE	\$718,631	747,511	\$28,880
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,227,999	700,261	(\$527,738)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$62,845,913	\$69,499,963	\$6,654,050
	TOTAL OUTPATIENT PAYMENTS	\$151,996,201	\$160,518,043	\$8,521,842
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$126,249,614	\$126,170,158	(\$79,456)
2	TOTAL MEDICARE	\$107,173,523	\$114,480,474	\$7,306,951
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,209,861	\$51,948,235	\$4,738,374
4	TOTAL MEDICAID	\$47,102,099	\$51,867,164	\$4,765,065
5	TOTAL OTHER MEDICAL ASSISTANCE	\$107,762	\$81,071	(\$26,691)
6	TOTAL CHAMPUS / TRICARE	\$979,773	\$1,141,815	\$162,042
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,280,198	\$824,761	(\$455,437)
	TOTAL GOVERNMENT PAYMENTS	\$155,363,157	\$167,570,524	\$12,207,367
	TOTAL PAYMENTS	\$281,612,771	\$293,740,682	\$12,127,911

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.94%	9.81%	-1.13%
2	MEDICARE	21.08%	21.53%	0.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.65%	9.78%	-0.87%
4	MEDICAID	10.64%	9.77%	-0.87%
5	OTHER MEDICAL ASSISTANCE	0.01%	0.01%	0.00%
6	CHAMPUS / TRICARE	0.12%	0.14%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.15%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.85%	31.45%	-0.40%
	TOTAL INPATIENT PAYER MIX	42.79%	41.26%	-1.53%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.33%	26.91%	-0.42%
2	MEDICARE	19.02%	19.61%	0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.55%	11.89%	1.34%
4	MEDICAID	10.54%	11.87%	1.33%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.03%	0.01%
6	CHAMPUS / TRICARE	0.31%	0.33%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.62%	0.45%	-0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	29.88%	31.83%	1.95%
	TOTAL OUTPATIENT PAYER MIX	57.21%	58.74%	1.53%
	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)	13.17%	11.97%	-1.21%
2	MEDICARE	24.49%	24.88%	0.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.27%	8.37%	0.11%
4	MEDICAID	8.26%	8.37%	0.11%
5	OTHER MEDICAL ASSISTANCE	0.01%	0.01%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.13%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.04%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	32.85%	33.39%	0.53%
	TOTAL INPATIENT PAYER MIX	46.03%	45.35%	-0.67%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.66%	30.99%	-0.67%
2	MEDICARE	13.56%	14.09%	0.53%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.50%	9.31%	0.81%
4	MEDICAID	8.47%	9.29%	0.82%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.02%	-0.01%
6	CHAMPUS / TRICARE	0.26%	0.25%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%	0.24%	-0.20%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.32%	23.66%	1.34%
	TOTAL OUTPATIENT PAYER MIX	53.97%	54.65%	0.67%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

JOHN DEMPSEY HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL	FY	ACTUAL	FY	AMOUNT
		2013		2014		DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA						
A. DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		2,552		2,508	(44)
2	MEDICARE		3,822		3,846	24
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		2,169		2,277	108
4	MEDICAID		2,162		2,272	110
5	OTHER MEDICAL ASSISTANCE		7		5	(2)
6	CHAMPUS / TRICARE		35		38	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		35		45	10
	TOTAL GOVERNMENT DISCHARGES		6,026		6,161	135
	TOTAL DISCHARGES		8,578		8,669	91
B. PATIENT DAYS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		10,461		9,460	(1,001)
2	MEDICARE		19,395		19,450	55
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		10,743		9,692	(1,051)
4	MEDICAID		10,730		9,677	(1,053)
5	OTHER MEDICAL ASSISTANCE		13		15	2
6	CHAMPUS / TRICARE		105		121	16
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		118		163	45
	TOTAL GOVERNMENT PATIENT DAYS		30,243		29,263	(980)
	TOTAL PATIENT DAYS		40,704		38,723	(1,981)
C. AVERAGE LENGTH OF STAY (ALOS)						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		4.1		3.8	(0.3)
2	MEDICARE		5.1		5.1	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		5.0		4.3	(0.7)
4	MEDICAID		5.0		4.3	(0.7)
5	OTHER MEDICAL ASSISTANCE		1.9		3.0	1.1
6	CHAMPUS / TRICARE		3.0		3.2	0.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		3.4		3.6	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY		5.0		4.7	(0.3)
	TOTAL AVERAGE LENGTH OF STAY		4.7		4.5	(0.3)
D. CASE MIX INDEX						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		1.35120		1.31510	(0.03610)
2	MEDICARE		1.58300		1.61340	0.03040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1.37805		1.37588	(0.00217)
4	MEDICAID		1.37890		1.37650	(0.00240)
5	OTHER MEDICAL ASSISTANCE		1.11480		1.09430	(0.02050)
6	CHAMPUS / TRICARE		1.07420		1.51030	0.43610
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.93860		1.06040	0.12180
	TOTAL GOVERNMENT CASE MIX INDEX		1.50627		1.52498	0.01871
	TOTAL CASE MIX INDEX		1.46014		1.46426	0.00412
E. OTHER REQUIRED DATA						
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$225,517,085		\$241,091,573	\$15,574,488
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$124,969,417		\$125,345,397	\$375,980
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$100,547,668		\$115,746,176	\$15,198,508
4	TOTAL ACTUAL DISCOUNT PERCENTAGE		44.59%		48.01%	3.42%
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		\$823,539		\$583,681	(\$239,858)
9	BAD DEBTS		\$1,521,412		\$5,899,534	\$4,378,122
10	TOTAL UNCOMPENSATED CARE		\$2,344,951		\$6,483,215	\$4,138,264
11	TOTAL OTHER OPERATING REVENUE		\$23,409,670		\$21,955,590	(\$1,454,080)
12	TOTAL OPERATING EXPENSES		\$309,096,761		\$326,572,641	\$17,475,880

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,448,26240	3,298,27080	(149,99160)
2	MEDICARE	6,050,22600	6,205,13640	154,91040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,988,98540	3,132,87950	143,89410
4	MEDICAID	2,981,18180	3,127,40800	146,22620
5	OTHER MEDICAL ASSISTANCE	7,80360	5,47150	(2,33210)
6	CHAMPUS / TRICARE	37,59700	57,39140	19,79440
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32,85100	47,71800	14,86700
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	9,076,80840	9,395,40730	318,59890
	TOTAL CASE MIX ADJUSTED DISCHARGES	12,525,07080	12,693,67810	168,60730
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,373,88395	6,876,26125	502,37730
2	MEDICARE	3,448,63416	3,502,14219	53,50803
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,150,35160	2,770,81183	620,46023
4	MEDICAID	2,140,86193	2,759,22758	618,36566
5	OTHER MEDICAL ASSISTANCE	9,48967	11,58425	2,09458
6	CHAMPUS / TRICARE	90,99034	92,97666	1,98632
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	173,84914	138,08269	-35,76645
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,689,97610	6,365,93068	675,95458
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	12,063,86005	13,242,19193	1,178,33189
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,758.85	\$10,657.73	(\$101.12)
2	MEDICARE	\$11,400.87	\$11,777.35	\$376.48
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,788.02	\$7,850.99	\$62.97
4	MEDICAID	\$7,799.81	\$7,859.73	\$59.91
5	OTHER MEDICAL ASSISTANCE	\$3,281.82	\$2,857.17	(\$424.65)
6	CHAMPUS / TRICARE	\$6,945.82	\$6,870.44	(\$75.38)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,588.96	\$2,609.08	\$1,020.12
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,192.71	\$10,438.14	\$245.43
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,348.57	\$10,495.20	\$146.63
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,986.81	\$13,236.57	(\$750.24)
2	MEDICARE	\$11,075.60	\$11,821.46	\$745.86
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,129.15	\$9,871.49	(\$1,257.66)
4	MEDICAID	\$11,140.11	\$9,889.22	(\$1,250.89)
5	OTHER MEDICAL ASSISTANCE	\$8,656.99	\$5,648.88	(\$3,008.11)
6	CHAMPUS / TRICARE	\$7,897.88	\$8,039.77	\$141.89
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,063.59	\$5,071.32	(\$1,992.27)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,045.02	\$10,917.49	(\$127.54)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,599.30	\$12,121.71	(\$477.59)

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	(\$138,108)	\$5,331,488	\$5,469,596
2	OTHER MEDICAL ASSISTANCE	\$86,310	\$120,311	\$34,002
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,019,815	\$1,369,569	\$349,753
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$968,017	\$6,821,369	\$5,853,351
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$600,821,647	\$667,350,681	\$66,529,034
2	TOTAL GOVERNMENT DEDUCTIONS	\$215,489,697	\$254,716,483	\$39,226,786
3	UNCOMPENSATED CARE	\$2,344,951	\$6,483,215	\$4,138,264
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,547,668	\$115,746,176	\$15,198,508
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$318,382,316	\$376,945,874	\$58,563,558
7	TOTAL ACCRUED PAYMENTS	\$282,439,331	\$290,404,807	\$7,965,476
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$282,439,331	\$290,404,807	\$7,965,476
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4700884737	0.4351607262	(0.0349277475)
11	COST OF UNCOMPENSATED CARE	\$1,102,334	\$2,821,241	\$1,718,906
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$12,684,744	\$10,993,174	(\$1,691,570)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,787,079	\$13,814,415	\$27,336
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	56.42%	53.67%	-2.75%
2	MEDICARE	54.47%	50.86%	-3.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.37%	37.68%	1.31%
4	MEDICAID	36.38%	37.70%	1.32%
5	OTHER MEDICAL ASSISTANCE	31.23%	21.39%	-9.84%
6	CHAMPUS / TRICARE	37.00%	43.62%	6.63%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.00%	12.75%	5.76%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	48.35%	46.73%	-1.62%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	50.42%	48.38%	-2.04%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.29%	50.69%	-3.60%
2	MEDICARE	33.43%	31.64%	-1.79%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.74%	34.47%	-3.28%
4	MEDICAID	37.68%	34.46%	-3.22%
5	OTHER MEDICAL ASSISTANCE	73.89%	38.65%	-35.24%
6	CHAMPUS / TRICARE	39.16%	33.80%	-5.36%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33.14%	23.37%	-9.76%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.01%	32.72%	-2.29%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	44.22%	40.95%	-3.27%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	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	\$281,612,771	\$293,740,682	\$12,127,911
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$281,612,771	\$293,740,682	\$12,127,911
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	CALCULATED NET REVENUE	\$283,134,183	\$293,740,682	\$10,606,499
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$281,612,773	\$293,740,681	\$12,127,908
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1,521,410	\$1	(\$1,521,409)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$600,821,647	\$667,350,681	\$66,529,034
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$600,821,647	\$667,350,681	\$66,529,034
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$600,821,647	\$667,350,681	\$66,529,034
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)	\$2,344,951	\$6,483,215	\$4,138,264
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,344,951	\$6,483,215	\$4,138,264
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,344,951	\$6,483,215	\$4,138,264
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

JOHN DEMPSEY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,494,734
2	MEDICARE	143,689,469
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	65,279,852
4	MEDICAID	65,206,770
5	OTHER MEDICAL ASSISTANCE	73,082
6	CHAMPUS / TRICARE	903,866
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	976,305
	TOTAL INPATIENT GOVERNMENT CHARGES	\$209,873,187
	TOTAL INPATIENT CHARGES	\$275,367,921
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$179,568,940
2	MEDICARE	130,842,681
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	79,359,601
4	MEDICAID	79,190,281
5	OTHER MEDICAL ASSISTANCE	169,320
6	CHAMPUS / TRICARE	2,211,538
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,995,796
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$212,413,820
	TOTAL OUTPATIENT CHARGES	\$391,982,760
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$245,063,674
2	TOTAL GOVERNMENT ACCRUED CHARGES	422,287,007
	TOTAL ACCRUED CHARGES	\$667,350,681
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,152,078
2	MEDICARE	73,080,057
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,596,200
4	MEDICAID	24,580,567
5	OTHER MEDICAL ASSISTANCE	15,633
6	CHAMPUS / TRICARE	394,304
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	124,500
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$98,070,561
	TOTAL INPATIENT PAYMENTS	\$133,222,639
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,018,080
2	MEDICARE	41,400,417
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,352,035
4	MEDICAID	27,286,597
5	OTHER MEDICAL ASSISTANCE	65,438
6	CHAMPUS / TRICARE	747,511
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	700,261
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$69,499,963
	TOTAL OUTPATIENT PAYMENTS	\$160,518,043
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$126,170,158
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	167,570,524
	TOTAL ACCRUED PAYMENTS	\$293,740,682

JOHN DEMPSEY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,508
2	MEDICARE	3,846
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,277
4	MEDICAID	2,272
5	OTHER MEDICAL ASSISTANCE	5
6	CHAMPUS / TRICARE	38
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	45
	TOTAL GOVERNMENT DISCHARGES	6,161
	TOTAL DISCHARGES	8,669
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.31510
2	MEDICARE	1.61340
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.37588
4	MEDICAID	1.37650
5	OTHER MEDICAL ASSISTANCE	1.09430
6	CHAMPUS / TRICARE	1.51030
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.06040
	TOTAL GOVERNMENT CASE MIX INDEX	1.52498
	TOTAL CASE MIX INDEX	1.46426
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$241,091,573
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$125,345,397
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$115,746,176
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.01%
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	\$583,681
9	BAD DEBTS	\$5,899,534
10	TOTAL UNCOMPENSATED CARE	\$6,483,215
11	TOTAL OTHER OPERATING REVENUE	\$21,955,590
12	TOTAL OPERATING EXPENSES	\$326,572,641

JOHN DEMPSEY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
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	\$293,740,682
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$293,740,682
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	CALCULATED NET REVENUE	\$293,740,682
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$293,740,681
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$667,350,681
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$667,350,681
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$667,350,681
	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)	\$6,483,215
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,483,215
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,483,215
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	403	227	(176)	-44%
2	Number of Approved Applicants	213	148	(65)	-31%
3	Total Charges (A)	\$823,539	\$583,681	(\$239,858)	-29%
4	Average Charges	\$3,866	\$3,944	\$77	2%
5	Ratio of Cost to Charges (RCC)	0.535433	0.495164	(0.040269)	-8%
6	Total Cost	\$440,950	\$289,018	(\$151,932)	-34%
7	Average Cost	\$2,070	\$1,953	(\$117)	-6%
8	Charity Care - Inpatient Charges	\$153,668	\$194,619	\$40,951	27%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	449,919	219,922	(229,997)	-51%
10	Charity Care - Emergency Department Charges	219,952	169,140	(50,812)	-23%
11	Total Charges (A)	\$823,539	\$583,681	(\$239,858)	-29%
12	Charity Care - Number of Patient Days	74	120	46	62%
13	Charity Care - Number of Discharges	12	15	3	25%
14	Charity Care - Number of Outpatient ED Visits	184	119	(65)	-35%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	757	554	(203)	-27%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$463,916	\$1,670,965	\$1,207,049	260%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	500,646	2,010,407	1,509,761	302%
3	Bad Debts - Emergency Department	556,850	2,218,162	1,661,312	298%
4	Total Bad Debts (A)	\$1,521,412	\$5,899,534	\$4,378,122	288%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$823,539	\$583,681	(\$239,858)	-29%
2	Bad Debts (A)	1,521,412	5,899,534	4,378,122	288%
3	Total Uncompensated Care (A)	\$2,344,951	\$6,483,215	\$4,138,264	176%
4	Uncompensated Care - Inpatient Services	\$617,584	\$1,865,584	\$1,248,000	202%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	950,565	2,230,329	1,279,764	135%
6	Uncompensated Care - Emergency Department	776,802	2,387,302	1,610,500	207%
7	Total Uncompensated Care (A)	\$2,344,951	\$6,483,215	\$4,138,264	176%

(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL TOTAL NON-GOVERNMENT	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$225,517,085	\$241,091,573	\$15,574,488	7%
2	Total Contractual Allowances	\$100,547,668	\$115,746,176	\$15,198,508	15%
	Total Accrued Payments (A)	\$124,969,417	\$125,345,397	\$375,980	0%
	Total Discount Percentage	44.59%	48.01%	3.42%	8%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$232,681,945	\$257,095,549	\$275,367,921
2	Outpatient Gross Revenue	\$302,459,446	\$343,726,098	\$391,982,760
3	Total Gross Patient Revenue	\$535,141,391	\$600,821,647	\$667,350,681
4	Net Patient Revenue	\$278,985,670	\$281,412,882	\$286,757,590
B. Total Operating Expenses				
1	Total Operating Expense	\$303,434,488	\$309,096,761	\$326,572,641
C. Utilization Statistics				
1	Patient Days	40,295	40,704	38,723
2	Discharges	8,374	8,578	8,669
3	Average Length of Stay	4.8	4.7	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	92,674	95,124	93,845
0	Equivalent (Adjusted) Discharges (ED)	19,259	20,046	21,009
D. Case Mix Statistics				
1	Case Mix Index	1.42003	1.46014	1.46426
2	Case Mix Adjusted Patient Days (CMAPD)	57,220	59,433	56,701
3	Case Mix Adjusted Discharges (CMAD)	11,891	12,525	12,694
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	131,599	138,894	137,413
5	Case Mix Adjusted Equivalent Discharges (CMAED)	27,349	29,271	30,763
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$13,281	\$14,761	\$17,234
2	Total Gross Revenue per Discharge	\$63,905	\$70,042	\$76,981
3	Total Gross Revenue per EPD	\$5,774	\$6,316	\$7,111
4	Total Gross Revenue per ED	\$27,786	\$29,972	\$31,765
5	Total Gross Revenue per CMAEPD	\$4,066	\$4,326	\$4,857
6	Total Gross Revenue per CMAED	\$19,567	\$20,526	\$21,693
7	Inpatient Gross Revenue per EPD	\$2,511	\$2,703	\$2,934
8	Inpatient Gross Revenue per ED	\$12,082	\$12,825	\$13,107

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$6,924	\$6,914	\$7,405
2	Net Patient Revenue per Discharge	\$33,316	\$32,806	\$33,079
3	Net Patient Revenue per EPD	\$3,010	\$2,958	\$3,056
4	Net Patient Revenue per ED	\$14,486	\$14,038	\$13,649
5	Net Patient Revenue per CMAEPD	\$2,120	\$2,026	\$2,087
6	Net Patient Revenue per CMAED	\$10,201	\$9,614	\$9,322
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$7,530	\$7,594	\$8,434
2	Total Operating Expense per Discharge	\$36,235	\$36,034	\$37,671
3	Total Operating Expense per EPD	\$3,274	\$3,249	\$3,480
4	Total Operating Expense per ED	\$15,755	\$15,419	\$15,544
5	Total Operating Expense per CMAEPD	\$2,306	\$2,225	\$2,377
6	Total Operating Expense per CMAED	\$11,095	\$10,560	\$10,616
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$35,440,601	\$35,730,736	\$36,895,430
2	Nursing Fringe Benefits Expense	\$14,550,177	\$16,166,065	\$19,514,370
3	Total Nursing Salary and Fringe Benefits Expense	\$49,990,778	\$51,896,801	\$56,409,800
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,152,218	\$2,771,716	\$2,571,218
2	Physician Fringe Benefits Expense	\$523,653	\$613,879	\$618,052
3	Total Physician Salary and Fringe Benefits Expense	\$2,675,871	\$3,385,595	\$3,189,270
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$68,454,474	\$71,634,404	\$65,156,560
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$30,957,333	\$33,994,236	\$35,596,592
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$99,411,807	\$105,628,640	\$100,753,152
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$106,047,293	\$110,136,856	\$104,623,208
2	Total Fringe Benefits Expense	\$46,031,163	\$50,774,180	\$55,729,014
3	Total Salary and Fringe Benefits Expense	\$152,078,456	\$160,911,036	\$160,352,222

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	632.3	640.0	603.8
2	Total Physician FTEs	41.2	42.7	36.1
3	Total Non-Nursing, Non-Physician FTEs	871.4	910.0	663.9
4	Total Full Time Equivalent Employees (FTEs)	1,544.9	1,592.7	1,303.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$56,050	\$55,829	\$61,105
2	Nursing Fringe Benefits Expense per FTE	\$23,012	\$25,259	\$32,319
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$79,062	\$81,089	\$93,425
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$52,238	\$64,911	\$71,225
2	Physician Fringe Benefits Expense per FTE	\$12,710	\$14,377	\$17,121
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$64,948	\$79,288	\$88,345
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$78,557	\$78,719	\$98,142
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$35,526	\$37,356	\$53,617
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$114,083	\$116,075	\$151,760
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$68,643	\$69,151	\$80,245
2	Total Fringe Benefits Expense per FTE	\$29,796	\$31,879	\$42,744
3	Total Salary and Fringe Benefits Expense per FTE	\$98,439	\$101,030	\$122,988
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,774	\$3,953	\$4,141
2	Total Salary and Fringe Benefits Expense per Discharge	\$18,161	\$18,759	\$18,497
3	Total Salary and Fringe Benefits Expense per EPD	\$1,641	\$1,692	\$1,709
4	Total Salary and Fringe Benefits Expense per ED	\$7,896	\$8,027	\$7,632
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,156	\$1,159	\$1,167
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,561	\$5,497	\$5,213