

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$6,171,314	\$3,619,557	(\$2,551,757)	-41%
2	Short Term Investments	\$3,023,883	\$2,841,383	(\$182,500)	-6%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,518,755	\$10,634,409	(\$1,884,346)	-15%
4	Current Assets Whose Use is Limited for Current Liabilities	\$988,196	\$654,243	(\$333,953)	-34%
5	Due From Affiliates	\$6,254	\$1,869	(\$4,385)	-70%
6	Due From Third Party Payers	\$0	\$1,352,274	\$1,352,274	0%
7	Inventories of Supplies	\$2,274,896	\$2,081,986	(\$192,910)	-8%
8	Prepaid Expenses	\$360,982	\$320,783	(\$40,199)	-11%
9	Other Current Assets	\$1,264,550	\$3,730,830	\$2,466,280	195%
	<b>Total Current Assets</b>	<b>\$26,608,830</b>	<b>\$25,237,334</b>	<b>(\$1,371,496)</b>	<b>-5%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$4,675,704	\$4,209,026	(\$466,678)	-10%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$2,340,811	\$2,061,464	(\$279,347)	-12%
4	Other Noncurrent Assets Whose Use is Limited	\$2,511,054	\$1,472,779	(\$1,038,275)	-41%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$9,527,569</b>	<b>\$7,743,269</b>	<b>(\$1,784,300)</b>	<b>-19%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$10,298,713	\$8,384,272	(\$1,914,441)	-19%
7	Other Noncurrent Assets	\$1,274,535	\$48,270	(\$1,226,265)	-96%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$107,437,415	\$117,636,063	\$10,198,648	9%
2	Less: Accumulated Depreciation	\$72,130,092	\$73,223,692	\$1,093,600	2%
	<b>Property, Plant and Equipment, Net</b>	<b>\$35,307,323</b>	<b>\$44,412,371</b>	<b>\$9,105,048</b>	<b>26%</b>
3	Construction in Progress	\$12,875,489	\$4,666,369	(\$8,209,120)	-64%
	<b>Total Net Fixed Assets</b>	<b>\$48,182,812</b>	<b>\$49,078,740</b>	<b>\$895,928</b>	<b>2%</b>
	<b>Total Assets</b>	<b>\$95,892,459</b>	<b>\$90,491,885</b>	<b>(\$5,400,574)</b>	<b>-6%</b>

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$11,751,819	\$9,450,701	(\$2,301,118)	-20%
2	Salaries, Wages and Payroll Taxes	\$1,541,765	\$1,497,410	(\$44,355)	-3%
3	Due To Third Party Payers	\$734,249	\$4,459,573	\$3,725,324	507%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,866,750	\$1,473,425	(\$393,325)	-21%
6	Current Portion of Notes Payable	\$0	\$750,400	\$750,400	0%
7	Other Current Liabilities	\$11,567,449	\$5,991,333	(\$5,576,116)	-48%
	<b>Total Current Liabilities</b>	<b>\$27,462,032</b>	<b>\$23,622,842</b>	<b>(\$3,839,190)</b>	<b>-14%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$29,561,646	\$27,705,000	(\$1,856,646)	-6%
2	Notes Payable (Net of Current Portion)	\$0	\$102,336	\$102,336	0%
	<b>Total Long Term Debt</b>	<b>\$29,561,646</b>	<b>\$27,807,336</b>	<b>(\$1,754,310)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$34,030,148	\$49,175,366	\$15,145,218	45%
4	Other Long Term Liabilities	\$0	\$512,200	\$512,200	0%
	<b>Total Long Term Liabilities</b>	<b>\$63,591,794</b>	<b>\$77,494,902</b>	<b>\$13,903,108</b>	<b>22%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$2,707,529)	(\$17,585,755)	(\$14,878,226)	550%
2	Temporarily Restricted Net Assets	\$3,198,536	\$2,893,106	(\$305,430)	-10%
3	Permanently Restricted Net Assets	\$4,347,626	\$4,066,790	(\$280,836)	-6%
	<b>Total Net Assets</b>	<b>\$4,838,633</b>	<b>(\$10,625,859)</b>	<b>(\$15,464,492)</b>	<b>-320%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$95,892,459</b>	<b>\$90,491,885</b>	<b>(\$5,400,574)</b>	<b>-6%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$224,868,002	\$243,567,842	\$18,699,840	8%
2	Less: Allowances	\$116,247,340	\$132,647,214	\$16,399,874	14%
3	Less: Charity Care	\$522,721	\$477,319	(\$45,402)	-9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$108,097,941</b>	<b>\$110,443,309</b>	<b>\$2,345,368</b>	<b>2%</b>
5	Provision for Bad Debts	\$3,250,605	\$4,172,085	\$921,480	28%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$104,847,336</b>	<b>\$106,271,224</b>	<b>\$1,423,888</b>	<b>1%</b>
6	Other Operating Revenue	\$6,153,524	\$3,119,128	(\$3,034,396)	-49%
7	Net Assets Released from Restrictions	\$542,228	\$279,620	(\$262,608)	-48%
	<b>Total Operating Revenue</b>	<b>\$111,543,088</b>	<b>\$109,669,972</b>	<b>(\$1,873,116)</b>	<b>-2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$47,646,733	\$46,570,692	(\$1,076,041)	-2%
2	Fringe Benefits	\$17,072,825	\$15,990,518	(\$1,082,307)	-6%
3	Physicians Fees	\$2,525,960	\$2,335,350	(\$190,610)	-8%
4	Supplies and Drugs	\$13,187,429	\$14,426,253	\$1,238,824	9%
5	Depreciation and Amortization	\$5,177,041	\$5,804,468	\$627,427	12%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,343,831	\$1,451,212	\$107,381	8%
8	Malpractice Insurance Cost	\$231,502	\$331,712	\$100,210	43%
9	Other Operating Expenses	\$21,819,561	\$24,617,518	\$2,797,957	13%
	<b>Total Operating Expenses</b>	<b>\$109,004,882</b>	<b>\$111,527,723</b>	<b>\$2,522,841</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$2,538,206</b>	<b>(\$1,857,751)</b>	<b>(\$4,395,957)</b>	<b>-173%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$405,541	\$1,022,028	\$616,487	152%
2	Gifts, Contributions and Donations	\$0	\$258,802	\$258,802	0%
3	Other Non-Operating Gains/(Losses)	\$113,623	\$0	(\$113,623)	-100%
	<b>Total Non-Operating Revenue</b>	<b>\$519,164</b>	<b>\$1,280,830</b>	<b>\$761,666</b>	<b>147%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$3,057,370</b>	<b>(\$576,921)</b>	<b>(\$3,634,291)</b>	<b>-119%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$3,057,370</b>	<b>(\$576,921)</b>	<b>(\$3,634,291)</b>	<b>-119%</b>
	Principal Payments	\$775,833	\$845,833	\$70,000	9%

**DAY KIMBALL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>GROSS REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$26,675,745	\$30,445,092	\$3,769,347	14%
2	MEDICARE MANAGED CARE	\$7,331,489	\$9,696,585	\$2,365,096	32%
3	MEDICAID	\$14,650,407	\$15,745,951	\$1,095,544	7%
4	MEDICAID MANAGED CARE	\$103,828	\$280,455	\$176,627	170%
5	CHAMPUS/TRICARE	\$378,115	\$327,155	(\$50,960)	-13%
6	COMMERCIAL INSURANCE	\$14,610,787	\$14,548,613	(\$62,174)	0%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$382,798	\$382,798	0%
8	WORKER'S COMPENSATION	\$196,471	\$200,366	\$3,895	2%
9	SELF- PAY/UNINSURED	\$470,731	\$359,681	(\$111,050)	-24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$64,417,573</b>	<b>\$71,986,696</b>	<b>\$7,569,123</b>	<b>12%</b>
<b>B.</b>	<b>OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$44,697,434	\$50,211,493	\$5,514,059	12%
2	MEDICARE MANAGED CARE	\$13,225,441	\$15,254,018	\$2,028,577	15%
3	MEDICAID	\$34,396,241	\$37,584,895	\$3,188,654	9%
4	MEDICAID MANAGED CARE	\$292,837	\$509,988	\$217,151	74%
5	CHAMPUS/TRICARE	\$1,102,238	\$1,101,740	(\$498)	0%
6	COMMERCIAL INSURANCE	\$62,114,873	\$60,837,942	(\$1,276,931)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$1,571,127	\$1,571,127	0%
8	WORKER'S COMPENSATION	\$2,095,074	\$2,161,780	\$66,706	3%
9	SELF- PAY/UNINSURED	\$2,526,291	\$2,348,169	(\$178,122)	-7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$160,450,429</b>	<b>\$171,581,152</b>	<b>\$11,130,723</b>	<b>7%</b>
<b>C.</b>	<b>TOTAL GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$71,373,179	\$80,656,585	\$9,283,406	13%
2	MEDICARE MANAGED CARE	\$20,556,930	\$24,950,603	\$4,393,673	21%
3	MEDICAID	\$49,046,648	\$53,330,846	\$4,284,198	9%
4	MEDICAID MANAGED CARE	\$396,665	\$790,443	\$393,778	99%
5	CHAMPUS/TRICARE	\$1,480,353	\$1,428,895	(\$51,458)	-3%
6	COMMERCIAL INSURANCE	\$76,725,660	\$75,386,555	(\$1,339,105)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$1,953,925	\$1,953,925	0%
8	WORKER'S COMPENSATION	\$2,291,545	\$2,362,146	\$70,601	3%
9	SELF- PAY/UNINSURED	\$2,997,022	\$2,707,850	(\$289,172)	-10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$224,868,002</b>	<b>\$243,567,848</b>	<b>\$18,699,846</b>	<b>8%</b>
<b>II.</b>	<b>NET REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$14,187,896	\$14,771,644	\$583,748	4%
2	MEDICARE MANAGED CARE	\$3,558,134	\$4,121,081	\$562,947	16%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$6,239,750	\$5,689,897	(\$549,853)	-9%
4	MEDICAID MANAGED CARE	\$49,610	\$89,117	\$39,507	80%
5	CHAMPUS/TRICARE	\$110,536	\$103,952	(\$6,584)	-6%
6	COMMERCIAL INSURANCE	\$8,771,124	\$8,900,199	\$129,075	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$175,674	\$175,674	0%
8	WORKER'S COMPENSATION	\$93,758	\$173,178	\$79,420	85%
9	SELF- PAY/UNINSURED	\$5,560	\$3,422	(\$2,138)	-38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$33,016,368</b>	<b>\$34,028,164</b>	<b>\$1,011,796</b>	<b>3%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$17,439,188	\$17,732,393	\$293,205	2%
2	MEDICARE MANAGED CARE	\$4,541,100	\$4,754,446	\$213,346	5%
3	MEDICAID	\$10,551,689	\$11,618,531	\$1,066,842	10%
4	MEDICAID MANAGED CARE	\$75,990	\$144,634	\$68,644	90%
5	CHAMPUS/TRICARE	\$329,460	\$342,063	\$12,603	4%
6	COMMERCIAL INSURANCE	\$37,994,481	\$33,757,247	(\$4,237,234)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$455,358	\$455,358	0%
8	WORKER'S COMPENSATION	\$1,385,941	\$1,460,607	\$74,666	5%
9	SELF- PAY/UNINSURED	\$30,774	\$22,564	(\$8,210)	-27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$72,348,623</b>	<b>\$70,287,843</b>	<b>(\$2,060,780)</b>	<b>-3%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$31,627,084	\$32,504,037	\$876,953	3%
2	MEDICARE MANAGED CARE	\$8,099,234	\$8,875,527	\$776,293	10%
3	MEDICAID	\$16,791,439	\$17,308,428	\$516,989	3%
4	MEDICAID MANAGED CARE	\$125,600	\$233,751	\$108,151	86%
5	CHAMPUS/TRICARE	\$439,996	\$446,015	\$6,019	1%
6	COMMERCIAL INSURANCE	\$46,765,605	\$42,657,446	(\$4,108,159)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$631,032	\$631,032	0%
8	WORKER'S COMPENSATION	\$1,479,699	\$1,633,785	\$154,086	10%
9	SELF- PAY/UNINSURED	\$36,334	\$25,986	(\$10,348)	-28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$105,364,991</b>	<b>\$104,316,007</b>	<b>(\$1,048,984)</b>	<b>-1%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,393	1,597	204	15%
2	MEDICARE MANAGED CARE	411	508	97	24%
3	MEDICAID	940	1,237	297	32%
4	MEDICAID MANAGED CARE	8	22	14	175%
5	CHAMPUS/TRICARE	31	54	23	74%
6	COMMERCIAL INSURANCE	1,619	971	(648)	-40%
7	NON-GOVERNMENT MANAGED CARE	0	26	26	0%
8	WORKER'S COMPENSATION	48	13	(35)	-73%

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	61	23	(38)	-62%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>4,511</b>	<b>4,451</b>	<b>(60)</b>	<b>-1%</b>
	<b>B. PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	5,202	6,780	1,578	30%
2	MEDICARE MANAGED CARE	1,536	2,160	624	41%
3	MEDICAID	3,509	4,476	967	28%
4	MEDICAID MANAGED CARE	29	80	51	176%
5	CHAMPUS/TRICARE	114	205	91	80%
6	COMMERCIAL INSURANCE	6,050	2,858	(3,192)	-53%
7	NON-GOVERNMENT MANAGED CARE	0	75	75	0%
8	WORKER'S COMPENSATION	178	39	(139)	-78%
9	SELF- PAY/UNINSURED	226	87	(139)	-62%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>16,844</b>	<b>16,760</b>	<b>(84)</b>	<b>0%</b>
	<b>C. OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	57,365	87,944	30,579	53%
2	MEDICARE MANAGED CARE	19,092	23,889	4,797	25%
3	MEDICAID	38,702	56,337	17,635	46%
4	MEDICAID MANAGED CARE	361	313	(48)	-13%
5	CHAMPUS/TRICARE	1,256	1,392	136	11%
6	COMMERCIAL INSURANCE	65,183	64,662	(521)	-1%
7	NON-GOVERNMENT MANAGED CARE	0	1,565	1,565	0%
8	WORKER'S COMPENSATION	1,962	1,315	(647)	-33%
9	SELF- PAY/UNINSURED	2,494	3,861	1,367	55%
10	SAGA	0	0	0	0%
11	OTHER	1,533	0	(1,533)	-100%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>187,948</b>	<b>241,278</b>	<b>53,330</b>	<b>28%</b>
	<b>IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
	<b>A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$6,430,551	\$7,701,709	\$1,271,158	20%
2	MEDICARE MANAGED CARE	\$1,702,640	\$2,476,007	\$773,367	45%
3	MEDICAID	\$10,526,593	\$12,773,719	\$2,247,126	21%
4	MEDICAID MANAGED CARE	\$188,258	\$369,853	\$181,595	96%
5	CHAMPUS/TRICARE	\$264,403	\$271,813	\$7,410	3%
6	COMMERCIAL INSURANCE	\$9,367,860	\$11,100,111	\$1,732,251	18%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$213,452	\$213,452	0%
8	WORKER'S COMPENSATION	\$637,680	\$687,769	\$50,089	8%
9	SELF- PAY/UNINSURED	\$1,527,728	\$1,559,565	\$31,837	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$760,450	\$0	(\$760,450)	-100%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$31,406,163</b>	<b>\$37,153,998</b>	<b>\$5,747,835</b>	<b>18%</b>
	<b>B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,789,902	\$1,760,917	(\$28,985)	-2%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$462,539	\$609,838	\$147,299	32%
3	MEDICAID	\$2,519,246	\$2,610,108	\$90,862	4%
4	MEDICAID MANAGED CARE	\$51,729	\$87,702	\$35,973	70%
5	CHAMPUS/TRICARE	\$65,191	\$65,078	(\$113)	0%
6	COMMERCIAL INSURANCE	\$6,099,862	\$6,215,179	\$115,317	2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$47,516	\$47,516	0%
8	WORKER'S COMPENSATION	\$447,140	\$502,639	\$55,499	12%
9	SELF- PAY/UNINSURED	\$54,251	\$59,111	\$4,860	9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$11,489,860</b>	<b>\$11,958,088</b>	<b>\$468,228</b>	<b>4%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	7,290	3,653	(3,637)	-50%
2	MEDICARE MANAGED CARE	2,153	1,099	(1,054)	-49%
3	MEDICAID	4,919	7,497	2,578	52%
4	MEDICAID MANAGED CARE	41	215	174	424%
5	CHAMPUS/TRICARE	160	151	(9)	-6%
6	COMMERCIAL INSURANCE	8,285	4,999	(3,286)	-40%
7	NON-GOVERNMENT MANAGED CARE	0	122	122	0%
8	WORKER'S COMPENSATION	249	533	284	114%
9	SELF- PAY/UNINSURED	317	882	565	178%
10	SAGA	0	0	0	0%
11	OTHER	195	0	(195)	-100%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>23,609</b>	<b>19,151</b>	<b>(4,458)</b>	<b>-19%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$16,787,759	\$16,595,516	(\$192,243)	-1%
2	Physician Salaries	\$1,080,913	\$954,964	(\$125,949)	-12%
3	Non-Nursing, Non-Physician Salaries	\$29,778,061	\$29,020,212	(\$757,849)	-3%
	<b>Total Salaries &amp; Wages</b>	<b>\$47,646,733</b>	<b>\$46,570,692</b>	<b>(\$1,076,041)</b>	<b>-2%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$6,015,407	\$5,698,238	(\$317,169)	-5%
2	Physician Fringe Benefits	\$387,314	\$327,897	(\$59,417)	-15%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,670,104	\$9,964,383	(\$705,721)	-7%
	<b>Total Fringe Benefits</b>	<b>\$17,072,825</b>	<b>\$15,990,518</b>	<b>(\$1,082,307)</b>	<b>-6%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$2,525,960	\$2,335,350	(\$190,610)	-8%
3	Non-Nursing, Non-Physician Fees	\$1,953,420	\$1,714,429	(\$238,991)	-12%
	<b>Total Contractual Labor Fees</b>	<b>\$4,479,380</b>	<b>\$4,049,779</b>	<b>(\$429,601)</b>	<b>-10%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$7,678,478	\$8,568,681	\$890,203	12%
2	Pharmaceutical Costs	\$5,508,951	\$5,857,572	\$348,621	6%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$13,187,429</b>	<b>\$14,426,253</b>	<b>\$1,238,824</b>	<b>9%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$2,337,155	\$2,521,600	\$184,445	8%
2	Depreciation-Equipment	\$2,795,554	\$3,153,136	\$357,582	13%
3	Amortization	\$44,332	\$129,732	\$85,400	193%
	<b>Total Depreciation and Amortization</b>	<b>\$5,177,041</b>	<b>\$5,804,468</b>	<b>\$627,427</b>	<b>12%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$1,343,831	\$1,451,212	\$107,381	8%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$231,502	\$331,712	\$100,210	43%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$142,277	\$82,238	(\$60,039)	-42%
2	Natural Gas	\$449,556	\$415,412	(\$34,144)	-8%
3	Oil	\$10,509	\$6,673	(\$3,836)	-37%
4	Electricity	\$1,224,914	\$1,046,658	(\$178,256)	-15%
5	Telephone	\$522,258	\$511,072	(\$11,186)	-2%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$2,349,514</b>	<b>\$2,062,053</b>	<b>(\$287,461)</b>	<b>-12%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$75,225	\$244,675	\$169,450	225%
2	Legal Fees	\$599,770	\$638,280	\$38,510	6%
3	Consulting Fees	\$1,255,606	\$1,844,713	\$589,107	47%
4	Dues and Membership	\$343,871	\$312,874	(\$30,997)	-9%
5	Equipment Leases	\$668,525	\$693,957	\$25,432	4%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,659,168	\$1,353,283	(\$305,885)	-18%
8	Insurance	\$1,082,578	\$780,115	(\$302,463)	-28%
9	Travel	\$347,522	\$310,845	(\$36,677)	-11%
10	Conferences	\$24,763	\$26,871	\$2,108	9%



<b>DAY KIMBALL HOSPITAL</b>					
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<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
11	Property Tax	\$92,589	\$142,389	\$49,800	54%
12	General Supplies	\$682,280	\$214,082	(\$468,198)	-69%
13	Licenses and Subscriptions	\$20,650	\$64,172	\$43,522	211%
14	Postage and Shipping	\$101,028	\$182,118	\$81,090	80%
15	Advertising	\$501,000	\$210,957	(\$290,043)	-58%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$2,350,140	\$2,671,019	\$320,879	14%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$637,030	\$646,445	\$9,415	1%
20	Lab Fees / Red Cross charges	\$1,800,698	\$1,502,961	(\$297,737)	-17%
21	Billing & Collection / Bank Fees	\$184,449	\$159,527	(\$24,922)	-14%
22	Recruiting / Employee Education & Recognition	\$72,247	\$67,515	(\$4,732)	-7%
23	Laundry / Linen	\$15,797	\$327,069	\$311,272	1970%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$132,324	\$122,036	(\$10,288)	-8%
26	Purchased Services - Medical	\$0	\$1,246,632	\$1,246,632	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$4,597,935	\$4,597,935	0%
	<b>Total Business Expenses</b>	<b>\$12,647,260</b>	<b>\$18,360,470</b>	<b>\$5,713,210</b>	<b>45%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$4,869,367	\$2,480,566	(\$2,388,801)	-49%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$109,004,882</b>	<b>\$111,527,723</b>	<b>\$2,522,841</b>	<b>2%</b>
	<b>*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$6,660,043	\$6,180,389	(\$479,654)	-7%
2	General Accounting	\$1,230,423	\$1,262,449	\$32,026	3%
3	Patient Billing & Collection	\$2,919,835	\$2,951,851	\$32,016	1%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$413,503	\$413,503	0%
6	Communications	\$580,250	\$731,883	\$151,633	26%
7	Personnel	\$0	\$15,860,078	\$15,860,078	0%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$0	\$554,626	\$554,626	0%
10	Dietary and Cafeteria	\$1,906,102	\$1,932,784	\$26,682	1%
11	Housekeeping	\$1,006,502	\$1,053,013	\$46,511	5%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$4,172,558	\$3,637,811	(\$534,747)	-13%
14	Security	\$571,994	\$616,856	\$44,862	8%
15	Repairs and Maintenance	\$1,224,238	\$871,721	(\$352,517)	-29%
16	Central Sterile Supply	\$270,450	\$243,286	(\$27,164)	-10%
17	Pharmacy Department	\$6,410,960	\$6,684,917	\$273,957	4%
18	Other General Services	\$2,114,598	\$2,051,348	(\$63,250)	-3%
	<b>Total General Services</b>	<b>\$29,067,953</b>	<b>\$45,046,515</b>	<b>\$15,978,562</b>	<b>55%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$131,835	\$130,423	(\$1,412)	-1%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,535,810	\$1,458,627	(\$77,183)	-5%
4	Medical Records	\$1,039,389	\$1,024,630	(\$14,759)	-1%
5	Social Service	\$0	\$750,568	\$750,568	0%
6	Other Professional Services	\$116,847	\$90,716	(\$26,131)	-22%
	<b>Total Professional Services</b>	<b>\$2,823,881</b>	<b>\$3,454,964</b>	<b>\$631,083</b>	<b>22%</b>
<b>C.</b>	<b>Special Services:</b>				

<b>DAY KIMBALL HOSPITAL</b>					
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<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
1	Operating Room	\$4,937,103	\$6,225,228	\$1,288,125	26%
2	Recovery Room	\$545,571	\$515,903	(\$29,668)	-5%
3	Anesthesiology	\$472,995	\$230,943	(\$242,052)	-51%
4	Delivery Room	\$1,178,547	\$1,311,257	\$132,710	11%
5	Diagnostic Radiology	\$2,302,907	\$2,273,776	(\$29,131)	-1%
6	Diagnostic Ultrasound	\$911,358	\$890,975	(\$20,383)	-2%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$479,844	\$477,869	(\$1,975)	0%
9	CT Scan	\$623,751	\$633,229	\$9,478	2%
10	Laboratory	\$6,876,052	\$6,505,027	(\$371,025)	-5%
11	Blood Storing/Processing	\$244,777	\$312,915	\$68,138	28%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$508,686	\$414,061	(\$94,625)	-19%
14	Electroencephalography	\$138,658	\$126,300	(\$12,358)	-9%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$726,742	\$642,307	(\$84,435)	-12%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$337,801	\$344,363	\$6,562	2%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,432,688	\$3,541,472	\$108,784	3%
25	MRI	\$1,528,431	\$1,297,166	(\$231,265)	-15%
26	PET Scan	\$228,778	\$181,930	(\$46,848)	-20%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$803,050	\$933,042	\$129,992	16%
29	Sleep Center	\$481,564	\$466,766	(\$14,798)	-3%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$300,720	\$309,738	\$9,018	3%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,234,721	\$2,220,754	(\$13,967)	-1%
	<b>Total Special Services</b>	<b>\$29,294,744</b>	<b>\$29,855,021</b>	<b>\$560,277</b>	<b>2%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$3,093,790	\$3,097,561	\$3,771	0%
2	Intensive Care Unit	\$2,629,491	\$2,629,471	(\$20)	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,563,497	\$2,527,982	(\$35,515)	-1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$476,708	\$404,101	(\$72,607)	-15%
7	Newborn Nursery Unit	\$637,972	\$632,286	(\$5,686)	-1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,365,875	\$2,163,345	(\$202,530)	-9%
10	Ambulatory Surgery	\$1,332,231	\$1,399,311	\$67,080	5%
11	Home Care	\$5,847,799	\$5,444,024	(\$403,775)	-7%
12	Outpatient Clinics	\$1,178,427	\$1,241,536	\$63,109	5%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$20,125,790</b>	<b>\$19,539,617</b>	<b>(\$586,173)</b>	<b>-3%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$27,692,514	\$13,631,606	(\$14,060,908)	-51%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$109,004,882</b>	<b>\$111,527,723</b>	<b>\$2,522,841</b>	<b>2%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$104,649,330	\$104,847,336	\$106,271,224
2	Other Operating Revenue	6,431,641	6,695,752	3,398,748
3	Total Operating Revenue	\$111,080,971	\$111,543,088	\$109,669,972
4	Total Operating Expenses	110,624,592	109,004,882	111,527,723
5	Income/(Loss) From Operations	\$456,379	\$2,538,206	(\$1,857,751)
6	Total Non-Operating Revenue	430,535	519,164	1,280,830
7	Excess/(Deficiency) of Revenue Over Expenses	\$886,914	\$3,057,370	(\$576,921)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	0.41%	2.26%	-1.67%
2	Hospital Non Operating Margin	0.39%	0.46%	1.15%
3	Hospital Total Margin	0.80%	2.73%	-0.52%
4	Income/(Loss) From Operations	\$456,379	\$2,538,206	(\$1,857,751)
5	Total Operating Revenue	\$111,080,971	\$111,543,088	\$109,669,972
6	Total Non-Operating Revenue	\$430,535	\$519,164	\$1,280,830
7	Total Revenue	\$111,511,506	\$112,062,252	\$110,950,802
8	Excess/(Deficiency) of Revenue Over Expenses	\$886,914	\$3,057,370	(\$576,921)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$7,050,300	(\$2,707,529)	(\$17,585,755)
2	Hospital Total Net Assets	\$16,084,923	\$4,838,633	(\$10,625,859)
3	Hospital Change in Total Net Assets	(\$11,331,027)	(\$11,246,290)	(\$15,464,492)
4	Hospital Change in Total Net Assets %	58.7%	-69.9%	-319.6%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.50</b>	<b>0.47</b>	<b>0.45</b>
2	Total Operating Expenses	\$110,624,592	\$109,004,882	\$111,527,723
3	Total Gross Revenue	\$216,749,399	\$224,868,002	\$243,567,848
4	Total Other Operating Revenue	\$4,807,000	\$6,153,524	\$3,119,124
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.20</b>	<b>1.29</b>	<b>1.25</b>
6	Total Non-Government Payments	\$47,019,920	\$48,281,638	\$44,948,249
7	Total Uninsured Payments	\$251,298	\$36,334	\$25,986
8	Total Non-Government Charges	\$81,728,750	\$82,014,227	\$82,410,476
9	Total Uninsured Charges	\$3,976,255	\$2,997,022	\$2,707,850
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.89</b>	<b>0.92</b>	<b>0.87</b>
11	Total Medicare Payments	\$40,088,820	\$39,726,318	\$41,379,564
12	Total Medicare Charges	\$89,912,718	\$91,930,109	\$105,607,188
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.75</b>	<b>0.73</b>	<b>0.72</b>
14	Total Medicaid Payments	\$16,352,315	\$16,917,039	\$17,542,179
15	Total Medicaid Charges	\$43,908,073	\$49,443,313	\$54,121,289
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$1,859,896</b>	<b>\$1,733,173</b>	<b>\$2,066,549</b>
17	Charity Care	\$703,850	\$522,721	\$477,319
18	Bad Debts	\$3,021,107	\$3,150,512	\$4,093,658
19	Total Uncompensated Care	\$3,724,957	\$3,673,233	\$4,570,977
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.7%</b>	<b>1.6%</b>	<b>1.9%</b>

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
21	Total Operating Expenses	\$110,624,592	\$109,004,882	\$111,527,723
<b>E. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1</b>	<b>1</b>	<b>1</b>
2	Total Current Assets	\$32,034,489	\$26,608,830	\$25,237,334
3	Total Current Liabilities	\$23,572,485	\$27,462,032	\$23,622,842
<b>4</b>	<b>Days Cash on Hand</b>	<b>28</b>	<b>32</b>	<b>22</b>
5	Cash and Cash Equivalents	\$5,285,678	\$6,171,314	\$3,619,557
6	Short Term Investments	2,705,332	3,023,883	2,841,383
7	Total Cash and Short Term Investments	\$7,991,010	\$9,195,197	\$6,460,940
8	Total Operating Expenses	\$110,624,592	\$109,004,882	\$111,527,723
9	Depreciation Expense	\$4,726,233	\$5,177,041	\$5,804,468
10	Operating Expenses less Depreciation Expense	\$105,898,359	\$103,827,841	\$105,723,255
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>41</b>	<b>41</b>	<b>26</b>
12	Net Patient Accounts Receivable	\$12,792,119	\$12,518,755	\$10,634,409
13	Due From Third Party Payers	\$0	\$0	\$1,352,274
14	Due To Third Party Payers	\$1,067,507	\$734,249	\$4,459,573
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$11,724,612	\$11,784,506	\$7,527,110
16	Total Net Patient Revenue	\$104,649,330	\$104,847,336	\$106,271,224
<b>17</b>	<b>Average Payment Period</b>	<b>81</b>	<b>97</b>	<b>82</b>
18	Total Current Liabilities	\$23,572,485	\$27,462,032	\$23,622,842
19	Total Operating Expenses	\$110,624,592	\$109,004,882	\$111,527,723
20	Depreciation Expense	\$4,726,233	\$5,177,041	\$5,804,468

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
21	Total Operating Expenses less Depreciation Expense	\$105,898,359	\$103,827,841	\$105,723,255
<b>F. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>16.6</b>	<b>5.0</b>	<b>(11.7)</b>
2	Total Net Assets	\$16,084,923	\$4,838,633	(\$10,625,859)
3	Total Assets	\$96,999,419	\$95,892,459	\$90,491,885
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>10.5</b>	<b>14.4</b>	<b>10.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$886,914	\$3,057,370	(\$576,921)
6	Depreciation Expense	\$4,726,233	\$5,177,041	\$5,804,468
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,613,147	\$8,234,411	\$5,227,547
8	Total Current Liabilities	\$23,572,485	\$27,462,032	\$23,622,842
9	Total Long Term Debt	\$29,718,688	\$29,561,646	\$27,807,336
10	Total Current Liabilities and Total Long Term Debt	\$53,291,173	\$57,023,678	\$51,430,178
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>64.9</b>	<b>85.9</b>	<b>161.8</b>
12	Total Long Term Debt	\$29,718,688	\$29,561,646	\$27,807,336
13	Total Net Assets	\$16,084,923	\$4,838,633	(\$10,625,859)
14	Total Long Term Debt and Total Net Assets	\$45,803,611	\$34,400,279	\$17,181,477
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>4.2</b>	<b>4.5</b>	<b>2.9</b>
16	Excess Revenues over Expenses	886,914	\$3,057,370	(\$576,921)
17	Interest Expense	952,190	\$1,343,831	\$1,451,212
18	Depreciation and Amortization Expense	4,726,233	\$5,177,041	\$5,804,468
19	Principal Payments	593,333	\$775,833	\$845,833
<b>G. Other Financial Ratios</b>				

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
20	<b>Average Age of Plant</b>	15.0	13.9	12.6
21	Accumulated Depreciation	70,767,132	72,130,092	73,223,692
22	Depreciation and Amortization Expense	4,726,233	5,177,041	5,804,468
<b>H. Utilization Measures Summary</b>				
1	Patient Days	16,124	16,844	16,760
2	Discharges	4,331	4,511	4,451
3	ALOS	3.7	3.7	3.8
4	Staffed Beds	65	65	65
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
7	Occupancy of Staffed Beds	68.0%	71.0%	70.6%
8	Occupancy of Available Beds	36.2%	37.8%	37.6%
9	Full Time Equivalent Employees	806.7	783.9	758.1
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	35.9%	35.1%	32.7%
2	Medicare Gross Revenue Payer Mix Percentage	41.5%	40.9%	43.4%
3	Medicaid Gross Revenue Payer Mix Percentage	20.3%	22.0%	22.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.8%	1.3%	1.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.7%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$77,752,495	\$79,017,205	\$79,702,626
9	Medicare Gross Revenue (Charges)	\$89,912,718	\$91,930,109	\$105,607,188
10	Medicaid Gross Revenue (Charges)	\$43,908,073	\$49,443,313	\$54,121,289
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$3,976,255	\$2,997,022	\$2,707,850
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,199,858	\$1,480,353	\$1,428,895
14	Total Gross Revenue (Charges)	\$216,749,399	\$224,868,002	\$243,567,848
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	45.0%	45.8%	43.1%
2	Medicare Net Revenue Payer Mix Percentage	38.6%	37.7%	39.7%
3	Medicaid Net Revenue Payer Mix Percentage	15.7%	16.1%	16.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.0%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$46,768,622	\$48,245,304	\$44,922,263
9	Medicare Net Revenue (Payments)	\$40,088,820	\$39,726,318	\$41,379,564
10	Medicaid Net Revenue (Payments)	\$16,352,315	\$16,917,039	\$17,542,179

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$251,298	\$36,334	\$25,986
13	CHAMPUS / TRICARE Net Revenue Payments)	\$445,300	\$439,996	\$446,015
14	Total Net Revenue (Payments)	\$103,906,355	\$105,364,991	\$104,316,007
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	1,099	1,728	1,033
2	Medicare	1,947	1,804	2,105
3	Medical Assistance	1,265	948	1,259
4	Medicaid	1,265	948	1,259
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	20	31	54
7	Uninsured (Included In Non-Government)	59	61	23
8	Total	4,331	4,511	4,451
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	0.95760	0.96590	1.05250
2	Medicare	1.24490	1.17780	1.24490
3	Medical Assistance	0.89240	0.89770	1.13130
4	Medicaid	0.89240	0.89770	1.13130
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.10190	0.73330	0.72760
7	Uninsured (Included In Non-Government)	0.89780	0.88460	1.07110
8	Total Case Mix Index	1.06838	1.03471	1.16184
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	2,777	2,856	2,870
2	Emergency Room - Treated and Discharged	21,491	23,609	19,151
3	Total Emergency Room Visits	24,268	26,465	22,021



**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$94,676	\$145,721	\$51,045	54%
2	Inpatient Payments	\$33,916	\$35,717	\$1,801	5%
3	Outpatient Charges	\$125,020	\$92,194	(\$32,826)	-26%
4	Outpatient Payments	\$78,844	\$27,074	(\$51,770)	-66%
5	Discharges	5	8	3	60%
6	Patient Days	75	32	(43)	-57%
7	Outpatient Visits (Excludes ED Visits)	112	342	230	205%
8	Emergency Department Outpatient Visits	51	17	(34)	-67%
9	Emergency Department Inpatient Admissions	2	7	5	250%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$219,696</b>	<b>\$237,915</b>	<b>\$18,219</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$112,760</b>	<b>\$62,791</b>	<b>(\$49,969)</b>	<b>-44%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$225	\$0	(\$225)	-100%
4	Outpatient Payments	\$225	\$0	(\$225)	-100%
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$225</b>	<b>\$0</b>	<b>(\$225)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$225</b>	<b>\$0</b>	<b>(\$225)</b>	<b>-100%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$2,496,261	\$3,697,850	\$1,201,589	48%
2	Inpatient Payments	\$1,234,454	\$1,619,164	\$384,710	31%
3	Outpatient Charges	\$5,243,879	\$6,690,301	\$1,446,422	28%
4	Outpatient Payments	\$1,854,117	\$2,077,980	\$223,863	12%
5	Discharges	134	194	60	45%
6	Patient Days	500	824	324	65%
7	Outpatient Visits (Excludes ED Visits)	6,478	8,691	2,213	34%
8	Emergency Department Outpatient Visits	656	419	(237)	-36%
9	Emergency Department Inpatient Admissions	105	146	41	39%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,740,140</b>	<b>\$10,388,151</b>	<b>\$2,648,011</b>	<b>34%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,088,571</b>	<b>\$3,697,144</b>	<b>\$608,573</b>	<b>20%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$71,523	\$132,040	\$60,517	85%
2	Inpatient Payments	\$71,370	\$48,818	(\$22,552)	-32%
3	Outpatient Charges	\$116,611	\$49,018	(\$67,593)	-58%
4	Outpatient Payments	\$9,200	\$17,674	\$8,474	92%
5	Discharges	6	6	0	0%
6	Patient Days	29	30	1	3%
7	Outpatient Visits (Excludes ED Visits)	55	310	255	464%
8	Emergency Department Outpatient Visits	50	14	(36)	-72%
9	Emergency Department Inpatient Admissions	6	32	26	433%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$188,134</b>	<b>\$181,058</b>	<b>(\$7,076)</b>	<b>-4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$80,570</b>	<b>\$66,492</b>	<b>(\$14,078)</b>	<b>-17%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$4,566,877	\$5,495,497	\$928,620	20%
2	Inpatient Payments	\$2,180,397	\$2,335,684	\$155,287	7%
3	Outpatient Charges	\$7,515,095	\$8,185,338	\$670,243	9%
4	Outpatient Payments	\$2,525,812	\$2,550,778	\$24,966	1%
5	Discharges	260	288	28	11%
6	Patient Days	904	1,224	320	35%
7	Outpatient Visits (Excludes ED Visits)	10,037	12,916	2,879	29%
8	Emergency Department Outpatient Visits	1,358	623	(735)	-54%
9	Emergency Department Inpatient Admissions	201	208	7	3%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$12,081,972</b>	<b>\$13,680,835</b>	<b>\$1,598,863</b>	<b>13%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$4,706,209</b>	<b>\$4,886,462</b>	<b>\$180,253</b>	<b>4%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$71,612	\$217,272	\$145,660	203%
2	Inpatient Payments	\$31,120	\$73,493	\$42,373	136%
3	Outpatient Charges	\$181,080	\$220,904	\$39,824	22%
4	Outpatient Payments	\$60,902	\$73,228	\$12,326	20%
5	Discharges	4	11	7	175%
6	Patient Days	21	48	27	129%
7	Outpatient Visits (Excludes ED Visits)	247	511	264	107%
8	Emergency Department Outpatient Visits	26	25	(1)	-4%
9	Emergency Department Inpatient Admissions	5	7	2	40%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$252,692</b>	<b>\$438,176</b>	<b>\$185,484</b>	<b>73%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$92,022</b>	<b>\$146,721</b>	<b>\$54,699</b>	<b>59%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$30,540	\$8,205	(\$22,335)	-73%
2	Inpatient Payments	\$6,877	\$8,205	\$1,328	19%
3	Outpatient Charges	\$40,117	\$16,263	(\$23,854)	-59%
4	Outpatient Payments	\$10,866	\$7,712	(\$3,154)	-29%
5	Discharges	2	1	(1)	-50%
6	Patient Days	7	2	(5)	-71%
7	Outpatient Visits (Excludes ED Visits)	1	20	19	1900%
8	Emergency Department Outpatient Visits	12	1	(11)	-92%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$70,657</b>	<b>\$24,468</b>	<b>(\$46,189)</b>	<b>-65%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$17,743</b>	<b>\$15,917</b>	<b>(\$1,826)</b>	<b>-10%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,414	\$0	(\$3,414)	-100%
4	Outpatient Payments	\$1,134	\$0	(\$1,134)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	8	0	(8)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,414</b>	<b>\$0</b>	<b>(\$3,414)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,134</b>	<b>\$0</b>	<b>(\$1,134)</b>	<b>-100%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$7,331,489</b>	<b>\$9,696,585</b>	<b>\$2,365,096</b>	<b>32%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,558,134</b>	<b>\$4,121,081</b>	<b>\$562,947</b>	<b>16%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$13,225,441</b>	<b>\$15,254,018</b>	<b>\$2,028,577</b>	<b>15%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$4,541,100</b>	<b>\$4,754,446</b>	<b>\$213,346</b>	<b>5%</b>
	<b>TOTAL DISCHARGES</b>	<b>411</b>	<b>508</b>	<b>97</b>	<b>24%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,536</b>	<b>2,160</b>	<b>624</b>	<b>41%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>16,939</b>	<b>22,790</b>	<b>5,851</b>	<b>35%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,153</b>	<b>1,099</b>	<b>(1,054)</b>	<b>-49%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>321</b>	<b>400</b>	<b>79</b>	<b>25%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$20,556,930</b>	<b>\$24,950,603</b>	<b>\$4,393,673</b>	<b>21%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$8,099,234</b>	<b>\$8,875,527</b>	<b>\$776,293</b>	<b>10%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$103,828	\$280,455	\$176,627	170%
2	Inpatient Payments	\$49,610	\$89,117	\$39,507	80%
3	Outpatient Charges	\$292,837	\$509,988	\$217,151	74%
4	Outpatient Payments	\$75,990	\$144,634	\$68,644	90%
5	Discharges	8	22	14	175%
6	Patient Days	29	80	51	176%
7	Outpatient Visits (Excludes ED Visits)	320	98	(222)	-69%
8	Emergency Department Outpatient Visits	41	215	174	424%
9	Emergency Department Inpatient Admissions	3	3	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$396,665</b>	<b>\$790,443</b>	<b>\$393,778</b>	<b>99%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$125,600</b>	<b>\$233,751</b>	<b>\$108,151</b>	<b>86%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
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%

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$103,828</b>	<b>\$280,455</b>	<b>\$176,627</b>	<b>170%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$49,610</b>	<b>\$89,117</b>	<b>\$39,507</b>	<b>80%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$292,837</b>	<b>\$509,988</b>	<b>\$217,151</b>	<b>74%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$75,990</b>	<b>\$144,634</b>	<b>\$68,644</b>	<b>90%</b>
	<b>TOTAL DISCHARGES</b>	<b>8</b>	<b>22</b>	<b>14</b>	<b>175%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>29</b>	<b>80</b>	<b>51</b>	<b>176%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>320</b>	<b>98</b>	<b>(222)</b>	<b>-69%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>41</b>	<b>215</b>	<b>174</b>	<b>424%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$396,665</b>	<b>\$790,443</b>	<b>\$393,778</b>	<b>99%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$125,600</b>	<b>\$233,751</b>	<b>\$108,151</b>	<b>86%</b>



DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$7,060,282	\$4,911,198	(\$2,149,084)	-30%
2	Short Term Investments	\$3,023,883	\$2,841,383	(\$182,500)	-6%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,709,950	\$15,185,290	\$475,340	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$988,196	\$654,243	(\$333,953)	-34%
5	Due From Affiliates	\$0	\$1,869	\$1,869	0%
6	Due From Third Party Payers	\$0	\$1,352,274	\$1,352,274	0%
7	Inventories of Supplies	\$2,390,372	\$2,153,470	(\$236,902)	-10%
8	Prepaid Expenses	\$360,982	\$344,869	(\$16,113)	-4%
9	Other Current Assets	\$1,264,550	\$1,449,487	\$184,937	15%
	<b>Total Current Assets</b>	<b>\$29,798,215</b>	<b>\$28,894,083</b>	<b>(\$904,132)</b>	<b>-3%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$4,675,704	\$4,209,026	(\$466,678)	-10%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$2,340,811	\$2,061,464	(\$279,347)	-12%
4	Other Noncurrent Assets Whose Use is Limited	\$2,511,054	\$1,472,779	(\$1,038,275)	-41%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$9,527,569</b>	<b>\$7,743,269</b>	<b>(\$1,784,300)</b>	<b>-19%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$10,778,340	\$8,384,272	(\$2,394,068)	-22%
7	Other Noncurrent Assets	\$1,274,535	\$48,270	(\$1,226,265)	-96%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$108,041,659	\$118,239,708	\$10,198,049	9%
2	Less: Accumulated Depreciation	\$72,354,162	\$73,541,843	\$1,187,681	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$35,687,497</b>	<b>\$44,697,865</b>	<b>\$9,010,368</b>	<b>25%</b>
3	Construction in Progress	\$12,879,531	\$4,666,369	(\$8,213,162)	-64%
	<b>Total Net Fixed Assets</b>	<b>\$48,567,028</b>	<b>\$49,364,234</b>	<b>\$797,206</b>	<b>2%</b>
	<b>Total Assets</b>	<b>\$99,945,687</b>	<b>\$94,434,128</b>	<b>(\$5,511,559)</b>	<b>-6%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$12,344,179	\$10,078,631	(\$2,265,548)	-18%
2	Salaries, Wages and Payroll Taxes	\$2,553,878	\$2,090,408	(\$463,470)	-18%
3	Due To Third Party Payers	\$734,249	\$4,459,573	\$3,725,324	507%
4	Due To Affiliates	\$0	\$4,261	\$4,261	0%
5	Current Portion of Long Term Debt	\$1,866,750	\$1,473,425	(\$393,325)	-21%
6	Current Portion of Notes Payable	\$0	\$750,400	\$750,400	0%
7	Other Current Liabilities	\$12,926,086	\$7,374,387	(\$5,551,699)	-43%
	<b>Total Current Liabilities</b>	<b>\$30,425,142</b>	<b>\$26,231,085</b>	<b>(\$4,194,057)</b>	<b>-14%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$29,561,646	\$27,705,000	(\$1,856,646)	-6%
2	Notes Payable (Net of Current Portion)	\$0	\$102,336	\$102,336	0%
	<b>Total Long Term Debt</b>	<b>\$29,561,646</b>	<b>\$27,807,336</b>	<b>(\$1,754,310)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$34,030,148	\$49,175,366	\$15,145,218	45%
4	Other Long Term Liabilities	\$0	\$512,200	\$512,200	0%
	<b>Total Long Term Liabilities</b>	<b>\$63,591,794</b>	<b>\$77,494,902</b>	<b>\$13,903,108</b>	<b>22%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$1,617,411)	(\$16,231,755)	(\$14,614,344)	904%
2	Temporarily Restricted Net Assets	\$3,198,536	\$2,873,106	(\$325,430)	-10%
3	Permanently Restricted Net Assets	\$4,347,626	\$4,066,790	(\$280,836)	-6%
	<b>Total Net Assets</b>	<b>\$5,928,751</b>	<b>(\$9,291,859)</b>	<b>(\$15,220,610)</b>	<b>-257%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$99,945,687</b>	<b>\$94,434,128</b>	<b>(\$5,511,559)</b>	<b>-6%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$262,614,076	\$280,131,974	\$17,517,898	7%
2	Less: Allowances	\$130,531,408	\$147,917,002	\$17,385,594	13%
3	Less: Charity Care	\$536,291	\$477,319	(\$58,972)	-11%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$131,546,377</b>	<b>\$131,737,653</b>	<b>\$191,276</b>	<b>0%</b>
5	Provision for Bad Debts	\$3,589,475	\$4,514,145	\$924,670	26%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$127,956,902</b>	<b>\$127,223,508</b>	<b>(\$733,394)</b>	<b>-1%</b>
6	Other Operating Revenue	\$7,159,042	\$4,490,229	(\$2,668,813)	-37%
7	Net Assets Released from Restrictions	\$542,491	\$279,620	(\$262,871)	-48%
	<b>Total Operating Revenue</b>	<b>\$135,658,435</b>	<b>\$131,993,357</b>	<b>(\$3,665,078)</b>	<b>-3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$69,912,447	\$65,526,421	(\$4,386,026)	-6%
2	Fringe Benefits	\$20,769,667	\$19,190,492	(\$1,579,175)	-8%
3	Physicians Fees	\$2,769,654	\$2,450,782	(\$318,872)	-12%
4	Supplies and Drugs	\$15,796,203	\$15,266,354	(\$529,849)	-3%
5	Depreciation and Amortization	\$5,278,929	\$5,898,547	\$619,618	12%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,343,831	\$1,451,212	\$107,381	8%
8	Malpractice Insurance Cost	\$762,085	\$756,357	(\$5,728)	-1%
9	Other Operating Expenses	\$24,944,403	\$29,055,243	\$4,110,840	16%
	<b>Total Operating Expenses</b>	<b>\$141,577,219</b>	<b>\$139,595,408</b>	<b>(\$1,981,811)</b>	<b>-1%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$5,918,784)</b>	<b>(\$7,602,051)</b>	<b>(\$1,683,267)</b>	<b>28%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$405,541	\$1,022,028	\$616,487	152%
2	Gifts, Contributions and Donations	\$0	\$258,802	\$258,802	0%
3	Other Non-Operating Gains/(Losses)	\$113,623	\$0	(\$113,623)	-100%
	<b>Total Non-Operating Revenue</b>	<b>\$519,164</b>	<b>\$1,280,830</b>	<b>\$761,666</b>	<b>147%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$5,399,620)</b>	<b>(\$6,321,221)</b>	<b>(\$921,601)</b>	<b>17%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$5,399,620)</b>	<b>(\$6,321,221)</b>	<b>(\$921,601)</b>	<b>17%</b>

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$126,341,664	\$127,956,902	\$127,223,508
2	Other Operating Revenue	8,639,267	7,701,533	4,769,849
3	Total Operating Revenue	\$134,980,931	\$135,658,435	\$131,993,357
4	Total Operating Expenses	143,922,296	141,577,219	139,595,408
5	Income/(Loss) From Operations	(\$8,941,365)	(\$5,918,784)	(\$7,602,051)
6	Total Non-Operating Revenue	430,535	519,164	1,280,830
7	Excess/(Deficiency) of Revenue Over Expenses	(\$8,510,830)	(\$5,399,620)	(\$6,321,221)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-6.60%	-4.35%	-5.70%
2	Parent Corporation Non-Operating Margin	0.32%	0.38%	0.96%
3	Parent Corporation Total Margin	-6.29%	-3.97%	-4.74%
4	Income/(Loss) From Operations	(\$8,941,365)	(\$5,918,784)	(\$7,602,051)
5	Total Operating Revenue	\$134,980,931	\$135,658,435	\$131,993,357
6	Total Non-Operating Revenue	\$430,535	\$519,164	\$1,280,830
7	Total Revenue	\$135,411,466	\$136,177,599	\$133,274,187
8	Excess/(Deficiency) of Revenue Over Expenses	(\$8,510,830)	(\$5,399,620)	(\$6,321,221)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$8,092,517	(\$1,617,411)	(\$16,231,755)
2	Parent Corporation Total Net Assets	\$17,127,403	\$5,928,751	(\$9,291,859)
3	Parent Corporation Change in Total Net Assets	\$462,366	(\$11,198,652)	(\$15,220,610)
4	Parent Corporation Change in Total Net Assets %	102.8%	-65.4%	-256.7%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.38</b>	<b>0.98</b>	<b>1.10</b>
2	Total Current Assets	\$35,532,410	\$29,798,215	\$28,894,083
3	Total Current Liabilities	\$25,675,893	\$30,425,142	\$26,231,085
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>24</b>	<b>27</b>	<b>21</b>
5	Cash and Cash Equivalents	\$6,386,290	\$7,060,282	\$4,911,198
6	Short Term Investments	\$2,705,332	\$3,023,883	\$2,841,383
7	Total Cash and Short Term Investments	\$9,091,622	\$10,084,165	\$7,752,581
8	Total Operating Expenses	\$143,922,296	\$141,577,219	\$139,595,408
9	Depreciation Expense	\$4,803,745	\$5,278,929	\$5,898,547
10	Operating Expenses less Depreciation Expense	\$139,118,551	\$136,298,290	\$133,696,861
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>40</b>	<b>40</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$ 14,973,355	\$ 14,709,950	\$ 15,185,290
13	Due From Third Party Payers	\$0	\$0	\$1,352,274
14	Due To Third Party Payers	\$1,067,507	\$734,249	\$4,459,573
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 13,905,848	\$ 13,975,701	\$ 12,077,991
16	Total Net Patient Revenue	\$126,341,664	\$127,956,902	\$127,223,508
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>67</b>	<b>81</b>	<b>72</b>
18	Total Current Liabilities	\$25,675,893	\$30,425,142	\$26,231,085
19	Total Operating Expenses	\$143,922,296	\$141,577,219	\$139,595,408
20	Depreciation Expense	\$4,803,745	\$5,278,929	\$5,898,547
20	Total Operating Expenses less Depreciation Expense	\$139,118,551	\$136,298,290	\$133,696,861

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>17.1</b>	<b>5.9</b>	<b>(9.8)</b>
2	Total Net Assets	\$17,127,403	\$5,928,751	(\$9,291,859)
3	Total Assets	\$100,145,307	\$99,945,687	\$94,434,128
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(6.7)</b>	<b>(0.2)</b>	<b>(0.8)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$8,510,830)	(\$5,399,620)	(\$6,321,221)
6	Depreciation Expense	\$4,803,745	\$5,278,929	\$5,898,547
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$3,707,085)	(\$120,691)	(\$422,674)
8	Total Current Liabilities	\$25,675,893	\$30,425,142	\$26,231,085
9	Total Long Term Debt	\$29,718,688	\$29,561,646	\$27,807,336
10	Total Current Liabilities and Total Long Term Debt	\$55,394,581	\$59,986,788	\$54,038,421
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>63.4</b>	<b>83.3</b>	<b>150.2</b>
12	Total Long Term Debt	\$29,718,688	\$29,561,646	\$27,807,336
13	Total Net Assets	\$17,127,403	\$5,928,751	(\$9,291,859)
14	Total Long Term Debt and Total Net Assets	\$46,846,091	\$35,490,397	\$18,515,477

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	9,438	2,773	2,565	37	72	69.9%	35.9%
2	ICU/CCU (Excludes Neonatal ICU)	786	216	0	6	9	35.9%	23.9%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,748	565	572	12	15	85.6%	68.5%
	<b>TOTAL PSYCHIATRIC</b>	<b>3,748</b>	<b>565</b>	<b>572</b>	<b>12</b>	<b>15</b>	<b>85.6%</b>	<b>68.5%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,437	551	501	5	8	78.7%	49.2%
7	Newborn	1,342	560	525	5	18	73.5%	20.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	9	2	2	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>15,418</b>	<b>3,891</b>	<b>3,640</b>	<b>60</b>	<b>104</b>	<b>70.4%</b>	<b>40.6%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>16,760</b>	<b>4,451</b>	<b>4,165</b>	<b>65</b>	<b>122</b>	<b>70.6%</b>	<b>37.6%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>16,760</b>	<b>4,451</b>	<b>4,165</b>	<b>65</b>	<b>122</b>	<b>70.6%</b>	<b>37.6%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>16,844</b>	<b>4,511</b>	<b>4,323</b>	<b>65</b>	<b>122</b>	<b>71.0%</b>	<b>37.8%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-84</b>	<b>-60</b>	<b>-158</b>	<b>0</b>	<b>0</b>	<b>-0.4%</b>	<b>-0.2%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>0%</b>	<b>-1%</b>	<b>-4%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
	Total Licensed Beds and Bassinets	122						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,404	1,297	-107	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,328	3,195	-133	-4%
3	Emergency Department Scans	3,595	3,277	-318	-9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>8,327</b>	<b>7,769</b>	<b>-558</b>	<b>-7%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	478	435	-43	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,400	4,389	-11	0%
3	Emergency Department Scans	163	176	13	8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>5,041</b>	<b>5,000</b>	<b>-41</b>	<b>-1%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	2	1	-1	-50%
2	Outpatient Scans (Excluding Emergency Department Scans)	183	156	-27	-15%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>185</b>	<b>157</b>	<b>-28</b>	<b>-15%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(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.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	596	553	-43	-7%
2	Outpatient Surgical Procedures	3,008	2,961	-47	-2%
	<b>Total Surgical Procedures</b>	<b>3,604</b>	<b>3,514</b>	<b>-90</b>	<b>-2%</b>
<b>J. Endoscopy Procedures</b>					



DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	186	142	-44	-24%
2	Outpatient Endoscopy Procedures	923	806	-117	-13%
	<b>Total Endoscopy Procedures</b>	<b>1,109</b>	<b>948</b>	<b>-161</b>	<b>-15%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	2,856	2,870	14	0%
2	Emergency Room Visits: Treated and Discharged	23,609	19,151	-4,458	-19%
	<b>Total Emergency Room Visits</b>	<b>26,465</b>	<b>22,021</b>	<b>-4,444</b>	<b>-17%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	11,158	11,071	-87	-1%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	11,671	10,883	-788	-7%
	<b>Total Hospital Clinic Visits</b>	<b>22,829</b>	<b>21,954</b>	<b>-875</b>	<b>-4%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	66,980	63,762	-3,218	-5%
2	Cardiac Rehabilitation	3,809	3,331	-478	-13%
3	Chemotherapy	1,173	980	-193	-16%
4	Gastroenterology	3,272	3,093	-179	-5%
5	Other Outpatient Visits	76,145	50,007	-26,138	-34%
	<b>Total Other Hospital Outpatient Visits</b>	<b>151,379</b>	<b>121,173</b>	<b>-30,206</b>	<b>-20%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	276.4	271.1	-5.3	-2%
2	Total Physician FTEs	5.0	4.2	-0.8	-16%
3	Total Non-Nursing and Non-Physician FTEs	502.5	482.8	-19.7	-4%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>783.9</b>	<b>758.1</b>	<b>-25.8</b>	<b>-3%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Day Kimball Hospital	3,008	2,961	-47	-2%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>3,008</b>	<b>2,961</b>	<b>-47</b>	<b>-2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Day Kimball Hospital	923	806	-117	-13%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>923</b>	<b>806</b>	<b>-117</b>	<b>-13%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Day Kimball Hospital	23,609	19,151	-4,458	-19%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>23,609</b>	<b>19,151</b>	<b>-4,458</b>	<b>-19%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$34,007,234	\$40,141,677	\$6,134,443	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,746,030	\$18,892,725	\$1,146,695	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.18%	47.07%	-5.12%	-10%
4	DISCHARGES	1,804	2,105	301	17%
5	CASE MIX INDEX (CMI)	1.17780	1.24490	0.06710	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,124.75120	2,620.51450	495.76330	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,352.05	\$7,209.55	(\$1,142.50)	-14%
8	PATIENT DAYS	6,738	8,940	2,202	33%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,633.72	\$2,113.28	(\$520.44)	-20%
10	AVERAGE LENGTH OF STAY	3.7	4.2	0.5	14%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$57,922,875	\$65,465,511	\$7,542,636	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,980,288	\$22,486,839	\$506,551	2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.95%	34.35%	-3.60%	-9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	170.33%	163.09%	-7.24%	-4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,072.66585	3,432.96322	360.29737	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,153.49	\$6,550.27	(\$603.22)	-8%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$91,930,109	\$105,607,188	\$13,677,079	15%
18	TOTAL ACCRUED PAYMENTS	\$39,726,318	\$41,379,564	\$1,653,246	4%
19	TOTAL ALLOWANCES	\$52,203,791	\$64,227,624	\$12,023,833	23%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$15,277,989	\$15,491,458	\$213,469	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,870,442	\$9,252,473	\$382,031	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.06%	59.73%	1.67%	3%
4	DISCHARGES	1,728	1,033	(695)	-40%
5	CASE MIX INDEX (CMI)	0.96590	1.05250	0.08660	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,669.07520	1,087.23250	(581.84270)	-35%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,314.58	\$8,510.11	\$3,195.53	60%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$3,037.47	(\$1,300.57)	(\$4,338.03)	-143%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,069,759	(\$1,414,018)	(\$6,483,777)	-128%
10	PATIENT DAYS	6,454	3,059	(3,395)	-53%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,374.41	\$3,024.67	\$1,650.26	120%
12	AVERAGE LENGTH OF STAY	3.7	3.0	(0.8)	-21%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$66,736,238	\$66,919,018	\$182,780	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$39,411,196	\$35,695,776	(\$3,715,420)	-9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	59.06%	53.34%	-5.71%	-10%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	436.81%	431.97%	-4.84%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,548.12818	4,462.28790	(3,085.84028)	-41%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,221.32	\$7,999.43	\$2,778.11	53%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$1,932.17	(\$1,449.16)	(\$3,381.33)	-175%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,584,272	(\$6,466,582)	(\$21,050,854)	-144%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$82,014,227	\$82,410,476	\$396,249	0%
22	TOTAL ACCRUED PAYMENTS	\$48,281,638	\$44,948,249	(\$3,333,389)	-7%
23	TOTAL ALLOWANCES	\$33,732,589	\$37,462,227	\$3,729,638	11%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,654,031	(\$7,880,600)	(\$27,534,631)	-140%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$82,014,227	\$84,758,645	\$2,744,418	3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$48,281,638	\$44,970,813	(\$3,310,825)	-7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,732,589	\$39,787,832	\$6,055,243	18%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.13%	46.94%	5.81%	

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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 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$470,731	\$359,681	(\$111,050)	-24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,560	\$3,422	(\$2,138)	-38%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.18%	0.95%	-0.23%	-19%
4	DISCHARGES	61	23	(38)	-62%
5	CASE MIX INDEX (CMI)	0.88460	1.07110	0.18650	21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	53.96060	24.63530	(29.32530)	-54%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$103.04	\$138.91	\$35.87	35%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,211.55	\$8,371.21	\$3,159.66	61%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,249.01	\$7,070.64	(\$1,178.37)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$445,122	\$174,187	(\$270,934)	-61%
11	PATIENT DAYS	226	87	(139)	-62%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$24.60	\$39.33	\$14.73	60%
13	AVERAGE LENGTH OF STAY	3.7	3.8	0.1	2%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,526,291	\$2,348,169	(\$178,122)	-7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,774	\$22,564	(\$8,210)	-27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	1.22%	0.96%	-0.26%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	536.67%	652.85%	116.17%	22%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	327.37115	150.15496	(177.21619)	-54%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$94.00	\$150.27	\$56.27	60%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,127.32	\$7,849.16	\$2,721.85	53%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,059.49	\$6,400.00	(\$659.49)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,311,073	\$960,992	(\$1,350,081)	-58%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$2,997,022	\$2,707,850	(\$289,172)	-10%
24	TOTAL ACCRUED PAYMENTS	\$36,334	\$25,986	(\$10,348)	-28%
25	TOTAL ALLOWANCES	\$2,960,688	\$2,681,864	(\$278,824)	-9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,756,194	\$1,135,179	(\$1,621,015)	-59%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$14,754,235	\$16,026,406	\$1,272,171	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,289,360	\$5,779,014	(\$510,346)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.63%	36.06%	-6.57%	-15%
4	DISCHARGES	948	1,259	311	33%
5	CASE MIX INDEX (CMI)	0.89770	1.13130	0.23360	26%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	851.01960	1,424.30670	573.28710	67%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,390.38	\$4,057.42	(\$3,332.96)	-45%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	(\$2,075.80)	\$4,452.69	\$6,528.49	-315%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$961.67	\$3,152.13	\$2,190.46	228%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$818,399	\$4,489,593	\$3,671,195	449%
11	PATIENT DAYS	3,538	4,556	1,018	29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,777.66	\$1,268.44	(\$509.22)	-29%
13	AVERAGE LENGTH OF STAY	3.7	3.6	(0.1)	-3%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,689,078	\$38,094,883	\$3,405,805	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,627,679	\$11,763,165	\$1,135,486	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.64%	30.88%	0.24%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	235.11%	237.70%	2.59%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,228.86825	2,992.65211	763.78386	34%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,768.20	\$3,930.68	(\$837.51)	-18%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$453.13	\$4,068.75	\$3,615.63	798%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,385.30	\$2,619.59	\$234.29	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,316,510	\$7,839,517	\$2,523,007	47%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$49,443,313	\$54,121,289	\$4,677,976	9%
24	TOTAL ACCRUED PAYMENTS	\$16,917,039	\$17,542,179	\$625,140	4%
25	TOTAL ALLOWANCES	\$32,526,274	\$36,579,110	\$4,052,836	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,134,909	\$12,329,110	\$6,194,201	101%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,314.58	\$8,510.11	\$3,195.53	60%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,352.05	\$7,209.55	(\$1,142.50)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,221.32	\$7,999.43	\$2,778.11	53%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,153.49	\$6,550.27	(\$603.22)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$14,754,235	\$16,026,406	\$1,272,171	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,289,360	\$5,779,014	(\$510,346)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.63%	36.06%	-6.57%	-15%
4	DISCHARGES	948	1,259	311	33%
5	CASE MIX INDEX (CMI)	0.89770	1.13130	0.23360	26%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	851.01960	1,424.30670	573.28710	67%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,390.38	\$4,057.42	(\$3,332.96)	-45%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$2,075.80)	\$4,452.69	\$6,528.49	-315%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$961.67	\$3,152.13	\$2,190.46	228%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$818,399	\$4,489,593	\$3,671,195	449%
11	PATIENT DAYS	3,538	4,556	1,018	29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,777.66	\$1,268.44	(\$509.22)	-29%
13	AVERAGE LENGTH OF STAY	3.7	3.6	(0.1)	-3%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,689,078	\$38,094,883	\$3,405,805	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,627,679	\$11,763,165	\$1,135,486	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.64%	30.88%	0.24%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	235.11%	237.70%	2.59%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,228.86825	2,992.65211	763.78386	34%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,768.20	\$3,930.68	(\$837.51)	-18%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$453.13	\$4,068.75	\$3,615.63	798%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,385.30	\$2,619.59	\$234.29	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,316,510	\$7,839,517	\$2,523,007	47%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$49,443,313	\$54,121,289	\$4,677,976	9%
24	TOTAL ACCRUED PAYMENTS	\$16,917,039	\$17,542,179	\$625,140	4%
25	TOTAL ALLOWANCES	\$32,526,274	\$36,579,110	\$4,052,836	12%



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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$378,115	\$327,155	(\$50,960)	-13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$110,536	\$103,952	(\$6,584)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.23%	31.77%	2.54%	9%
4	DISCHARGES	31	54	23	74%
5	CASE MIX INDEX (CMI)	0.73330	0.72760	(0.00570)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	22.73230	39.29040	16.55810	73%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,862.51	\$2,645.74	(\$2,216.77)	-46%
8	PATIENT DAYS	114	205	91	80%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$969.61	\$507.08	(\$462.53)	-48%
10	AVERAGE LENGTH OF STAY	3.7	3.8	0.1	3%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,102,238	\$1,101,740	(\$498)	0%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$329,460	\$342,063	\$12,603	4%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,480,353	\$1,428,895	(\$51,458)	-3%
14	TOTAL ACCRUED PAYMENTS	\$439,996	\$446,015	\$6,019	1%
15	TOTAL ALLOWANCES	\$1,040,357	\$982,880	(\$57,477)	-6%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$6,153,524	\$3,119,124	(\$3,034,400)	-49%
2	TOTAL OPERATING EXPENSES	\$109,004,882	\$111,527,723	\$2,522,841	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$522,721	\$477,319	(\$45,402)	-9%
5	BAD DEBTS (CHARGES)	\$3,150,512	\$4,093,658	\$943,146	30%
6	UNCOMPENSATED CARE (CHARGES)	\$3,673,233	\$4,570,977	\$897,744	24%
7	COST OF UNCOMPENSATED CARE	\$1,633,851	\$1,808,233	\$174,382	11%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$49,443,313	\$54,121,289	\$4,677,976	9%
9	TOTAL ACCRUED PAYMENTS	\$16,917,039	\$17,542,179	\$625,140	4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$21,992,347	\$21,409,842	(\$582,505)	-3%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,075,308	\$3,867,663	(\$1,207,645)	-24%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$64,417,573	\$71,986,696	\$7,569,123	12%
2	TOTAL INPATIENT PAYMENTS	\$33,016,368	\$34,028,164	\$1,011,796	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	51.25%	47.27%	-3.98%	-8%
4	TOTAL DISCHARGES	4,511	4,451	(60)	-1%
5	TOTAL CASE MIX INDEX	1.03471	1.16184	0.12713	12%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,667.57830	5,171.34410	503.76580	11%
7	TOTAL OUTPATIENT CHARGES	\$160,450,429	\$171,581,152	\$11,130,723	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	249.08%	238.35%	-10.73%	-4%
9	TOTAL OUTPATIENT PAYMENTS	\$72,348,623	\$70,287,843	(\$2,060,780)	-3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.09%	40.96%	-4.13%	-9%
11	TOTAL CHARGES	\$224,868,002	\$243,567,848	\$18,699,846	8%
12	TOTAL PAYMENTS	\$105,364,991	\$104,316,007	(\$1,048,984)	-1%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.86%	42.83%	-4.03%	-9%
14	PATIENT DAYS	16,844	16,760	(84)	0%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$49,139,584	\$56,495,238	\$7,355,654	15%
2	INPATIENT PAYMENTS	\$24,145,926	\$24,775,691	\$629,765	3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	49.14%	43.85%	-5.28%	-11%
4	DISCHARGES	2,783	3,418	635	23%
5	CASE MIX INDEX	1.07744	1.19488	0.11745	11%
6	CASE MIX ADJUSTED DISCHARGES	2,998.50310	4,084.11160	1,085.60850	36%
7	OUTPATIENT CHARGES	\$93,714,191	\$104,662,134	\$10,947,943	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	190.71%	185.26%	-5.45%	-3%
9	OUTPATIENT PAYMENTS	\$32,937,427	\$34,592,067	\$1,654,640	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.15%	33.05%	-2.10%	-6%
11	TOTAL CHARGES	\$142,853,775	\$161,157,372	\$18,303,597	13%
12	TOTAL PAYMENTS	\$57,083,353	\$59,367,758	\$2,284,405	4%
13	TOTAL PAYMENTS / CHARGES	39.96%	36.84%	-3.12%	-8%
14	PATIENT DAYS	10,390	13,701	3,311	32%
15	TOTAL GOVERNMENT DEDUCTIONS	\$85,770,422	\$101,789,614	\$16,019,192	19%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	3.7	4.2	0.5	14%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.0	(0.8)	-21%
3	UNINSURED	3.7	3.8	0.1	2%
4	MEDICAID	3.7	3.6	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.7	3.8	0.1	3%
7	TOTAL AVERAGE LENGTH OF STAY	3.7	3.8	0.0	1%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$224,868,002	\$243,567,848	\$18,699,846	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$85,770,422	\$101,789,614	\$16,019,192	19%
3	UNCOMPENSATED CARE	\$3,673,233	\$4,570,977	\$897,744	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,732,589	\$39,787,832	\$6,055,243	18%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,670,648	\$1,066,416	(\$604,232)	-36%
6	TOTAL ADJUSTMENTS	\$124,846,892	\$147,214,839	\$22,367,947	18%
7	TOTAL ACCRUED PAYMENTS	\$100,021,110	\$96,353,009	(\$3,668,101)	-4%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$100,021,110	\$96,353,009	(\$3,668,101)	-4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4447992116	0.3955900165	(0.0492091951)	-11%
11	COST OF UNCOMPENSATED CARE	\$1,633,851	\$1,808,233	\$174,382	11%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,075,308	\$3,867,663	(\$1,207,645)	-24%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,709,159	\$5,675,895	(\$1,033,263)	-15%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$5,316,510	\$7,839,517	\$2,523,007	47%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,756,194	\$1,135,179	(\$1,621,015)	-59%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,072,705	\$8,974,696	\$901,991	11%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,210,149	\$2,788,324	(\$421,825)	-13.14%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$517,655)	\$1,955,218	\$2,472,873	-477.71%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$104,847,336	\$106,271,224	\$1,423,888	1.36%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$224,868,002	\$243,567,848	\$18,699,846	8.32%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$100,093	\$78,428	(\$21,665)	-21.64%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,773,326	\$4,649,405	\$876,079	23.22%

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>			
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,277,989	\$15,491,458	\$213,469
2	MEDICARE	\$34,007,234	40,141,677	\$6,134,443
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,754,235	16,026,406	\$1,272,171
4	MEDICAID	\$14,754,235	16,026,406	\$1,272,171
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$378,115	327,155	(\$50,960)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$470,731	359,681	(\$111,050)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$49,139,584</b>	<b>\$56,495,238</b>	<b>\$7,355,654</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$64,417,573</b>	<b>\$71,986,696</b>	<b>\$7,569,123</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,736,238	\$66,919,018	\$182,780
2	MEDICARE	\$57,922,875	65,465,511	\$7,542,636
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,689,078	38,094,883	\$3,405,805
4	MEDICAID	\$34,689,078	38,094,883	\$3,405,805
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,102,238	1,101,740	(\$498)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,526,291	2,348,169	(\$178,122)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$93,714,191</b>	<b>\$104,662,134</b>	<b>\$10,947,943</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$160,450,429</b>	<b>\$171,581,152</b>	<b>\$11,130,723</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$82,014,227	\$82,410,476	\$396,249
2	TOTAL MEDICARE	\$91,930,109	\$105,607,188	\$13,677,079
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$49,443,313	\$54,121,289	\$4,677,976
4	TOTAL MEDICAID	\$49,443,313	\$54,121,289	\$4,677,976
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,480,353	\$1,428,895	(\$51,458)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,997,022	\$2,707,850	(\$289,172)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$142,853,775</b>	<b>\$161,157,372</b>	<b>\$18,303,597</b>
	<b>TOTAL CHARGES</b>	<b>\$224,868,002</b>	<b>\$243,567,848</b>	<b>\$18,699,846</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,870,442	\$9,252,473	\$382,031
2	MEDICARE	\$17,746,030	18,892,725	\$1,146,695
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,289,360	5,779,014	(\$510,346)
4	MEDICAID	\$6,289,360	5,779,014	(\$510,346)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$110,536	103,952	(\$6,584)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,560	3,422	(\$2,138)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$24,145,926</b>	<b>\$24,775,691</b>	<b>\$629,765</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$33,016,368</b>	<b>\$34,028,164</b>	<b>\$1,011,796</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$39,411,196	\$35,695,776	(\$3,715,420)
2	MEDICARE	\$21,980,288	22,486,839	\$506,551
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,627,679	11,763,165	\$1,135,486
4	MEDICAID	\$10,627,679	11,763,165	\$1,135,486
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$329,460	342,063	\$12,603
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$30,774	22,564	(\$8,210)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$32,937,427</b>	<b>\$34,592,067</b>	<b>\$1,654,640</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$72,348,623</b>	<b>\$70,287,843</b>	<b>(\$2,060,780)</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,281,638	\$44,948,249	(\$3,333,389)
2	TOTAL MEDICARE	\$39,726,318	\$41,379,564	\$1,653,246
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,917,039	\$17,542,179	\$625,140
4	TOTAL MEDICAID	\$16,917,039	\$17,542,179	\$625,140
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$439,996	\$446,015	\$6,019
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$36,334	\$25,986	(\$10,348)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$57,083,353</b>	<b>\$59,367,758</b>	<b>\$2,284,405</b>
	<b>TOTAL PAYMENTS</b>	<b>\$105,364,991</b>	<b>\$104,316,007</b>	<b>(\$1,048,984)</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6.79%	6.36%	-0.43%
2	MEDICARE	15.12%	16.48%	1.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.56%	6.58%	0.02%
4	MEDICAID	6.56%	6.58%	0.02%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.17%	0.13%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.15%	-0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>21.85%</b>	<b>23.19%</b>	<b>1.34%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>28.65%</b>	<b>29.56%</b>	<b>0.91%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.68%	27.47%	-2.20%
2	MEDICARE	25.76%	26.88%	1.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.43%	15.64%	0.21%
4	MEDICAID	15.43%	15.64%	0.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.49%	0.45%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12%	0.96%	-0.16%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>41.68%</b>	<b>42.97%</b>	<b>1.30%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>71.35%</b>	<b>70.44%</b>	<b>-0.91%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.42%	8.87%	0.45%
2	MEDICARE	16.84%	18.11%	1.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.97%	5.54%	-0.43%
4	MEDICAID	5.97%	5.54%	-0.43%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.10%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.00%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>22.92%</b>	<b>23.75%</b>	<b>0.83%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>31.34%</b>	<b>32.62%</b>	<b>1.29%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.40%	34.22%	-3.19%
2	MEDICARE	20.86%	21.56%	0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.09%	11.28%	1.19%
4	MEDICAID	10.09%	11.28%	1.19%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.31%	0.33%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.03%	0.02%	-0.01%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>31.26%</b>	<b>33.16%</b>	<b>1.90%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>68.66%</b>	<b>67.38%</b>	<b>-1.29%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,728	1,033	(695)
2	MEDICARE	1,804	2,105	301
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	948	1,259	311
4	MEDICAID	948	1,259	311
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	31	54	23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	61	23	(38)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,783</b>	<b>3,418</b>	<b>635</b>
	<b>TOTAL DISCHARGES</b>	<b>4,511</b>	<b>4,451</b>	<b>(60)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,454	3,059	(3,395)
2	MEDICARE	6,738	8,940	2,202
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,538	4,556	1,018
4	MEDICAID	3,538	4,556	1,018
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	114	205	91
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	226	87	(139)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>10,390</b>	<b>13,701</b>	<b>3,311</b>
	<b>TOTAL PATIENT DAYS</b>	<b>16,844</b>	<b>16,760</b>	<b>(84)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.0	(0.8)
2	MEDICARE	3.7	4.2	0.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.7	3.6	(0.1)
4	MEDICAID	3.7	3.6	(0.1)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.7	3.8	0.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.8	0.1
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>3.7</b>	<b>4.0</b>	<b>0.3</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.7</b>	<b>3.8</b>	<b>0.0</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.96590	1.05250	0.08660
2	MEDICARE	1.17780	1.24490	0.06710
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.89770	1.13130	0.23360
4	MEDICAID	0.89770	1.13130	0.23360
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.73330	0.72760	(0.00570)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.88460	1.07110	0.18650
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.07744</b>	<b>1.19488</b>	<b>0.11745</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.03471</b>	<b>1.16184</b>	<b>0.12713</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$82,014,227	\$84,758,645	\$2,744,418
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$48,281,638	\$44,970,813	(\$3,310,825)
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,732,589	\$39,787,832	\$6,055,243
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.13%	46.94%	5.81%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,210,149	\$2,788,324	(\$421,825)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,670,648	\$1,066,416	(\$604,232)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$522,721	\$477,319	(\$45,402)
9	BAD DEBTS	\$3,150,512	\$4,093,658	\$943,146
10	TOTAL UNCOMPENSATED CARE	\$3,673,233	\$4,570,977	\$897,744
11	TOTAL OTHER OPERATING REVENUE	\$6,153,524	\$3,119,124	(\$3,034,400)
12	TOTAL OPERATING EXPENSES	\$109,004,882	\$111,527,723	\$2,522,841

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(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,669.07520	1,087.23250	(581.84270)
2	MEDICARE	2,124.75120	2,620.51450	495.76330
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	851.01960	1,424.30670	573.28710
4	MEDICAID	851.01960	1,424.30670	573.28710
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	22.73230	39.29040	16.55810
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	53.96060	24.63530	(29.32530)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>2,998.50310</b>	<b>4,084.11160</b>	<b>1,085.60850</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>4,667.57830</b>	<b>5,171.34410</b>	<b>503.76580</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,548.12818	4,462.28790	-3,085.84028
2	MEDICARE	3,072.66585	3,432.96322	360.29737
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,228.86825	2,992.65211	763.78386
4	MEDICAID	2,228.86825	2,992.65211	763.78386
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	90.36769	181.85252	91.48483
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	327.37115	150.15496	-177.21619
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>5,391.90179</b>	<b>6,607.46784</b>	<b>1,215.56606</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>12,940.02996</b>	<b>11,069.75574</b>	<b>-1,870.27422</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,314.58	\$8,510.11	\$3,195.53
2	MEDICARE	\$8,352.05	\$7,209.55	(\$1,142.50)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,390.38	\$4,057.42	(\$3,332.96)
4	MEDICAID	\$7,390.38	\$4,057.42	(\$3,332.96)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,862.51	\$2,645.74	(\$2,216.77)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$103.04	\$138.91	\$35.87
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,052.66</b>	<b>\$6,066.36</b>	<b>(\$1,986.30)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,073.55</b>	<b>\$6,580.14</b>	<b>(\$493.41)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,221.32	\$7,999.43	\$2,778.11
2	MEDICARE	\$7,153.49	\$6,550.27	(\$603.22)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,768.20	\$3,930.68	(\$837.51)
4	MEDICAID	\$4,768.20	\$3,930.68	(\$837.51)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,645.77	\$1,880.99	(\$1,764.78)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$94.00	\$150.27	\$56.27
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,108.68</b>	<b>\$5,235.30</b>	<b>(\$873.39)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,591.07</b>	<b>\$6,349.54</b>	<b>\$758.47</b>

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<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$5,316,510	\$7,839,517	\$2,523,007
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,756,194	\$1,135,179	(\$1,621,015)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$8,072,705</b>	<b>\$8,974,696</b>	<b>\$901,991</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$224,868,002	\$243,567,848	\$18,699,846
2	TOTAL GOVERNMENT DEDUCTIONS	\$85,770,422	\$101,789,614	\$16,019,192
3	UNCOMPENSATED CARE	\$3,673,233	\$4,570,977	\$897,744
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,732,589	\$39,787,832	\$6,055,243
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,670,648	\$1,066,416	(\$604,232)
6	TOTAL ADJUSTMENTS	\$124,846,892	\$147,214,839	\$22,367,947
7	TOTAL ACCRUED PAYMENTS	\$100,021,110	\$96,353,009	(\$3,668,101)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$100,021,110	\$96,353,009	(\$3,668,101)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4447992116	0.3955900165	(0.0492091951)
11	COST OF UNCOMPENSATED CARE	\$1,633,851	\$1,808,233	\$174,382
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$5,075,308	\$3,867,663	(\$1,207,645)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,709,159	\$5,675,895	(\$1,033,263)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.06%	59.73%	1.67%
2	MEDICARE	52.18%	47.07%	-5.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	42.63%	36.06%	-6.57%
4	MEDICAID	42.63%	36.06%	-6.57%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	29.23%	31.77%	2.54%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.18%	0.95%	-0.23%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>49.14%</b>	<b>43.85%</b>	<b>-5.28%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>51.25%</b>	<b>47.27%</b>	<b>-3.98%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	59.06%	53.34%	-5.71%
2	MEDICARE	37.95%	34.35%	-3.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.64%	30.88%	0.24%
4	MEDICAID	30.64%	30.88%	0.24%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	29.89%	31.05%	1.16%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22%	0.96%	-0.26%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>35.15%</b>	<b>33.05%</b>	<b>-2.10%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>45.09%</b>	<b>40.96%</b>	<b>-4.13%</b>



DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$105,364,991	\$104,316,007	(\$1,048,984)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$105,364,991</b>	<b>\$104,316,007</b>	<b>(\$1,048,984)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$517,655)	\$1,955,218	\$2,472,873
4	<b>CALCULATED NET REVENUE</b>	<b>\$109,537,349</b>	<b>\$106,271,225</b>	<b>(\$3,266,124)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$104,847,336	\$106,271,224	\$1,423,888
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$4,690,013</b>	<b>\$1</b>	<b>(\$4,690,012)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$224,868,002	\$243,567,848	\$18,699,846
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$224,868,002</b>	<b>\$243,567,848</b>	<b>\$18,699,846</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$224,868,002	\$243,567,848	\$18,699,846
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,673,233	\$4,570,977	\$897,744
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$100,093	\$78,428	(\$21,665)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$3,773,326</b>	<b>\$4,649,405</b>	<b>\$876,079</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,773,326	\$4,649,405	\$876,079
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>DAY KIMBALL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,491,458
2	MEDICARE	40,141,677
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,026,406
4	MEDICAID	16,026,406
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	327,155
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	359,681
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$56,495,238</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$71,986,696</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,919,018
2	MEDICARE	65,465,511
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,094,883
4	MEDICAID	38,094,883
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,101,740
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,348,169
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$104,662,134</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$171,581,152</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$82,410,476
2	TOTAL GOVERNMENT ACCRUED CHARGES	161,157,372
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$243,567,848</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,252,473
2	MEDICARE	18,892,725
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,779,014
4	MEDICAID	5,779,014
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	103,952
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,422
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$24,775,691</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$34,028,164</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,695,776
2	MEDICARE	22,486,839
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,763,165
4	MEDICAID	11,763,165
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	342,063
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22,564
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$34,592,067</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$70,287,843</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$44,948,249
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	59,367,758
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$104,316,007</b>

<b>DAY KIMBALL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,033
2	MEDICARE	2,105
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,259
4	MEDICAID	1,259
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	54
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,418</b>
	<b>TOTAL DISCHARGES</b>	<b>4,451</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,05250
2	MEDICARE	1,24490
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,13130
4	MEDICAID	1,13130
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.72760
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.07110
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.19488</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.16184</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$84,758,645
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$44,970,813
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,787,832
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.94%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,788,324
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,066,416
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$477,319
9	BAD DEBTS	\$4,093,658
10	TOTAL UNCOMPENSATED CARE	\$4,570,977
11	TOTAL OTHER OPERATING REVENUE	\$3,119,124
12	TOTAL OPERATING EXPENSES	\$111,527,723

<b>DAY KIMBALL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$104,316,007
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$104,316,007</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$1,955,218
	<b>CALCULATED NET REVENUE</b>	<b>\$106,271,225</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$106,271,224
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$243,567,848
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$243,567,848</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$243,567,848
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,570,977
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$78,428
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,649,405</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,649,405
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>DAY KIMBALL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	366	228	(138)	-38%
2	Number of Approved Applicants	357	217	(140)	-39%
3	<b>Total Charges (A)</b>	<b>\$522,721</b>	<b>\$477,319</b>	<b>(\$45,402)</b>	<b>-9%</b>
4	<b>Average Charges</b>	<b>\$1,464</b>	<b>\$2,200</b>	<b>\$735</b>	<b>50%</b>
5	Ratio of Cost to Charges (RCC)	0.499307	0.471839	(0.027468)	-6%
6	<b>Total Cost</b>	<b>\$260,998</b>	<b>\$225,218</b>	<b>(\$35,781)</b>	<b>-14%</b>
7	<b>Average Cost</b>	<b>\$731</b>	<b>\$1,038</b>	<b>\$307</b>	<b>42%</b>
8	Charity Care - Inpatient Charges	\$195,670	\$142,016	(\$53,654)	-27%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	113,687	80,265	(33,422)	-29%
10	Charity Care - Emergency Department Charges	213,364	255,038	41,674	20%
11	<b>Total Charges (A)</b>	<b>\$522,721</b>	<b>\$477,319</b>	<b>(\$45,402)</b>	<b>-9%</b>
12	Charity Care - Number of Patient Days	450	280	(170)	-38%
13	Charity Care - Number of Discharges	98	62	(36)	-37%
14	Charity Care - Number of Outpatient ED Visits	220	81	(139)	-63%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	779	377	(402)	-52%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$934,365	\$593,580	(\$340,785)	-36%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	945,992	2,063,409	1,117,417	118%
3	Bad Debts - Emergency Department	1,270,155	1,436,669	166,514	13%
4	<b>Total Bad Debts (A)</b>	<b>\$3,150,512</b>	<b>\$4,093,658</b>	<b>\$943,146</b>	<b>30%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$522,721	\$477,319	(\$45,402)	-9%
2	Bad Debts (A)	3,150,512	4,093,658	943,146	30%
3	<b>Total Uncompensated Care (A)</b>	<b>\$3,673,233</b>	<b>\$4,570,977</b>	<b>\$897,744</b>	<b>24%</b>
4	Uncompensated Care - Inpatient Services	\$1,130,035	\$735,596	(\$394,439)	-35%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,059,679	2,143,674	1,083,995	102%
6	Uncompensated Care - Emergency Department	1,483,519	1,691,707	208,188	14%
7	<b>Total Uncompensated Care (A)</b>	<b>\$3,673,233</b>	<b>\$4,570,977</b>	<b>\$897,744</b>	<b>24%</b>

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

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<b><u>COMMERCIAL - ALL PAYERS</u></b>					
1	Total Gross Revenue	\$82,014,227	\$84,758,645	\$2,744,418	3%
2	Total Contractual Allowances	\$33,732,589	\$39,787,832	\$6,055,243	18%
	<b>Total Accrued Payments (A)</b>	<b>\$48,281,638</b>	<b>\$44,970,813</b>	<b>(\$3,310,825)</b>	<b>-7%</b>
	<b>Total Discount Percentage</b>	<b>41.13%</b>	<b>46.94%</b>	<b>5.81%</b>	<b>14%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$63,684,617	\$64,417,573	\$71,986,696
2	Outpatient Gross Revenue	\$153,064,782	\$160,450,429	\$171,581,152
3	Total Gross Patient Revenue	\$216,749,399	\$224,868,002	\$243,567,848
4	Net Patient Revenue	\$104,649,330	\$104,847,336	\$106,271,224
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$110,624,592	\$109,004,882	\$111,527,723
<b>C. Utilization Statistics</b>				
1	Patient Days	16,124	16,844	16,760
2	Discharges	4,331	4,511	4,451
3	Average Length of Stay	3.7	3.7	3.8
4	Equivalent (Adjusted) Patient Days (EPD)	54,878	58,799	56,708
0	Equivalent (Adjusted) Discharges (ED)	14,740	15,747	15,060
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.06838	1.03471	1.16184
2	Case Mix Adjusted Patient Days (CMAPD)	17,227	17,429	19,472
3	Case Mix Adjusted Discharges (CMAD)	4,627	4,668	5,171
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	58,630	60,840	65,885
5	Case Mix Adjusted Equivalent Discharges (CMAED)	15,748	16,294	17,497
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$13,443	\$13,350	\$14,533
2	Total Gross Revenue per Discharge	\$50,046	\$49,849	\$54,722
3	Total Gross Revenue per EPD	\$3,950	\$3,824	\$4,295
4	Total Gross Revenue per ED	\$14,704	\$14,280	\$16,173
5	Total Gross Revenue per CMAEPD	\$3,697	\$3,696	\$3,697
6	Total Gross Revenue per CMAED	\$13,763	\$13,801	\$13,920
7	Inpatient Gross Revenue per EPD	\$1,160	\$1,096	\$1,269
8	Inpatient Gross Revenue per ED	\$4,320	\$4,091	\$4,780

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$6,490	\$6,225	\$6,341
2	Net Patient Revenue per Discharge	\$24,163	\$23,243	\$23,876
3	Net Patient Revenue per EPD	\$1,907	\$1,783	\$1,874
4	Net Patient Revenue per ED	\$7,099	\$6,658	\$7,057
5	Net Patient Revenue per CMAEPD	\$1,785	\$1,723	\$1,613
6	Net Patient Revenue per CMAED	\$6,645	\$6,435	\$6,074
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$6,861	\$6,471	\$6,654
2	Total Operating Expense per Discharge	\$25,543	\$24,164	\$25,057
3	Total Operating Expense per EPD	\$2,016	\$1,854	\$1,967
4	Total Operating Expense per ED	\$7,505	\$6,922	\$7,406
5	Total Operating Expense per CMAEPD	\$1,887	\$1,792	\$1,693
6	Total Operating Expense per CMAED	\$7,024	\$6,690	\$6,374
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$17,402,531	\$16,787,759	\$16,595,516
2	Nursing Fringe Benefits Expense	\$6,244,691	\$6,015,407	\$5,698,238
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$23,647,222</b>	<b>\$22,803,166</b>	<b>\$22,293,754</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$1,443,401	\$1,080,913	\$954,964
2	Physician Fringe Benefits Expense	\$517,947	\$387,314	\$327,897
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$1,961,348</b>	<b>\$1,468,227</b>	<b>\$1,282,861</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$28,859,814	\$29,778,061	\$29,020,212
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$10,356,001	\$10,670,104	\$9,964,383
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$39,215,815</b>	<b>\$40,448,165</b>	<b>\$38,984,595</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$47,705,746	\$47,646,733	\$46,570,692
2	Total Fringe Benefits Expense	\$17,118,639	\$17,072,825	\$15,990,518
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$64,824,385</b>	<b>\$64,719,558</b>	<b>\$62,561,210</b>



DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	284.1	276.4	271.1
2	Total Physician FTEs	5.6	5.0	4.2
3	Total Non-Nursing, Non-Physician FTEs	517.0	502.5	482.8
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>806.7</b>	<b>783.9</b>	<b>758.1</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$61,255	\$60,737	\$61,215
2	Nursing Fringe Benefits Expense per FTE	\$21,981	\$21,763	\$21,019
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$83,236</b>	<b>\$82,501</b>	<b>\$82,234</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$257,750	\$216,183	\$227,372
2	Physician Fringe Benefits Expense per FTE	\$92,491	\$77,463	\$78,071
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$350,241</b>	<b>\$293,645</b>	<b>\$305,443</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,822	\$59,260	\$60,108
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,031	\$21,234	\$20,639
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$75,853</b>	<b>\$80,494</b>	<b>\$80,747</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$59,137	\$60,782	\$61,431
2	Total Fringe Benefits Expense per FTE	\$21,221	\$21,779	\$21,093
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$80,357</b>	<b>\$82,561</b>	<b>\$82,524</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$4,020	\$3,842	\$3,733
2	Total Salary and Fringe Benefits Expense per Discharge	\$14,968	\$14,347	\$14,056
3	Total Salary and Fringe Benefits Expense per EPD	\$1,181	\$1,101	\$1,103
4	Total Salary and Fringe Benefits Expense per ED	\$4,398	\$4,110	\$4,154
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,106	\$1,064	\$950
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,116	\$3,972	\$3,575