

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,748,148	\$8,419,689	\$1,671,541	25%
2	Short Term Investments	\$7,914,147	\$7,871,187	(\$42,960)	-1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,268,952	\$13,410,622	\$141,670	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$724,768	\$757,551	\$32,783	5%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$938,379	\$993,431	\$55,052	6%
8	Prepaid Expenses	\$2,754,649	\$1,464,989	(\$1,289,660)	-47%
9	Other Current Assets	\$896,258	\$442,317	(\$453,941)	-51%
	Total Current Assets	\$33,245,301	\$33,359,786	\$114,485	0%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,450,227	\$3,581,854	\$131,627	4%
2	Board Designated for Capital Acquisition	\$23,986	\$32,847	\$8,861	37%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,289,023	\$4,235,986	(\$53,037)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$7,763,236	\$7,850,687	\$87,451	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,233,522	\$1,324,584	\$91,062	7%
7	Other Noncurrent Assets	\$22,068,149	\$22,617,826	\$549,677	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$151,798,653	\$154,361,669	\$2,563,016	2%
2	Less: Accumulated Depreciation	\$101,440,870	\$102,648,546	\$1,207,676	1%
	Property, Plant and Equipment, Net	\$50,357,783	\$51,713,123	\$1,355,340	3%
3	Construction in Progress	\$1,265,026	\$253,250	(\$1,011,776)	-80%
	Total Net Fixed Assets	\$51,622,809	\$51,966,373	\$343,564	1%
	Total Assets	\$115,933,017	\$117,119,256	\$1,186,239	1%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounts Payable and Accrued Expenses	\$22,109,429	\$20,742,189	(\$1,367,240)	-6%
2	Salaries, Wages and Payroll Taxes	\$2,616,945	\$2,226,745	(\$390,200)	-15%
3	Due To Third Party Payers	\$1,153,146	\$357,083	(\$796,063)	-69%
4	Due To Affiliates	\$276,634	\$276,634	\$0	0%
5	Current Portion of Long Term Debt	\$5,013,100	\$5,166,436	\$153,336	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$934,426	\$1,268,884	\$334,458	36%
	Total Current Liabilities	\$32,103,680	\$30,037,971	(\$2,065,709)	-6%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$41,160,778	\$38,138,531	(\$3,022,247)	-7%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$41,160,778	\$38,138,531	(\$3,022,247)	-7%
3	Accrued Pension Liability	\$45,060,464	\$49,234,443	\$4,173,979	9%
4	Other Long Term Liabilities	\$27,184,478	\$29,843,799	\$2,659,321	10%
	Total Long Term Liabilities	\$113,405,720	\$117,216,773	\$3,811,053	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	(\$39,254,442)	(\$38,610,232)	\$644,210	-2%
2	Temporarily Restricted Net Assets	\$4,067,571	\$2,732,629	(\$1,334,942)	-33%
3	Permanently Restricted Net Assets	\$5,610,488	\$5,742,115	\$131,627	2%
	Total Net Assets	(\$29,576,383)	(\$30,135,488)	(\$559,105)	2%
	Total Liabilities and Net Assets	\$115,933,017	\$117,119,256	\$1,186,239	1%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$511,809,633	\$552,238,245	\$40,428,612	8%
2	Less: Allowances	\$363,953,669	\$387,565,935	\$23,612,266	6%
3	Less: Charity Care	\$3,122,499	\$3,734,054	\$611,555	20%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$144,733,465	\$160,938,256	\$16,204,791	11%
5	Provision for Bad Debts	\$1,784,106	\$1,923,631	\$139,525	8%
	Net Patient Service Revenue less provision for bad debts	\$142,949,359	\$159,014,625	\$16,065,266	11%
6	Other Operating Revenue	\$5,691,910	\$8,671,262	\$2,979,352	52%
7	Net Assets Released from Restrictions	\$0	\$423,387	\$423,387	0%
	Total Operating Revenue	\$148,641,269	\$168,109,274	\$19,468,005	13%
B. Operating Expenses:					
1	Salaries and Wages	\$57,989,204	\$62,116,924	\$4,127,720	7%
2	Fringe Benefits	\$19,238,865	\$18,482,431	(\$756,434)	-4%
3	Physicians Fees	\$4,610,328	\$5,113,929	\$503,601	11%
4	Supplies and Drugs	\$20,986,764	\$23,772,738	\$2,785,974	13%
5	Depreciation and Amortization	\$4,440,683	\$4,253,885	(\$186,798)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,123,883	\$2,128,918	\$5,035	0%
8	Malpractice Insurance Cost	\$536,009	\$1,441,982	\$905,973	169%
9	Other Operating Expenses	\$31,227,705	\$32,967,418	\$1,739,713	6%
	Total Operating Expenses	\$141,153,441	\$150,278,225	\$9,124,784	6%
	Income/(Loss) From Operations	\$7,487,828	\$17,831,049	\$10,343,221	138%
C. Non-Operating Revenue:					
1	Income from Investments	\$180,955	\$728,488	\$547,533	303%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$180,955	\$728,488	\$547,533	303%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$7,668,783	\$18,559,537	\$10,890,754	142%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$2,577,644)	(\$2,766,091)	(\$188,447)	7%
	Total Other Adjustments	(\$2,577,644)	(\$2,766,091)	(\$188,447)	7%
	Excess/(Deficiency) of Revenue Over Expenses	\$5,091,139	\$15,793,446	\$10,702,307	210%
	Principal Payments	\$2,269,100	\$2,365,260	\$96,160	4%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$79,876,904	\$88,803,357	\$8,926,453	11%
2	MEDICARE MANAGED CARE	\$42,301,327	\$44,639,752	\$2,338,425	6%
3	MEDICAID	\$36,492,468	\$39,002,367	\$2,509,899	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$147,675	\$166,684	\$19,009	13%
6	COMMERCIAL INSURANCE	\$6,102,419	\$7,542,725	\$1,440,306	24%
7	NON-GOVERNMENT MANAGED CARE	\$44,764,251	\$54,761,350	\$9,997,099	22%
8	WORKER'S COMPENSATION	\$2,434,209	\$2,566,525	\$132,316	5%
9	SELF- PAY/UNINSURED	\$295,352	\$391,041	\$95,689	32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$212,414,605	\$237,873,801	\$25,459,196	12%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$68,754,787	\$69,449,605	\$694,818	1%
2	MEDICARE MANAGED CARE	\$36,119,625	\$37,663,883	\$1,544,258	4%
3	MEDICAID	\$70,096,265	\$76,599,661	\$6,503,396	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$415,176	\$388,433	(\$26,743)	-6%
6	COMMERCIAL INSURANCE	\$8,772,670	\$10,696,639	\$1,923,969	22%
7	NON-GOVERNMENT MANAGED CARE	\$107,443,401	\$112,739,139	\$5,295,738	5%
8	WORKER'S COMPENSATION	\$5,230,411	\$4,130,586	(\$1,099,825)	-21%
9	SELF- PAY/UNINSURED	\$2,562,693	\$2,696,497	\$133,804	5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$299,395,028	\$314,364,443	\$14,969,415	5%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$148,631,691	\$158,252,962	\$9,621,271	6%
2	MEDICARE MANAGED CARE	\$78,420,952	\$82,303,635	\$3,882,683	5%
3	MEDICAID	\$106,588,733	\$115,602,028	\$9,013,295	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$562,851	\$555,117	(\$7,734)	-1%
6	COMMERCIAL INSURANCE	\$14,875,089	\$18,239,364	\$3,364,275	23%
7	NON-GOVERNMENT MANAGED CARE	\$152,207,652	\$167,500,489	\$15,292,837	10%
8	WORKER'S COMPENSATION	\$7,664,620	\$6,697,111	(\$967,509)	-13%
9	SELF- PAY/UNINSURED	\$2,858,045	\$3,087,538	\$229,493	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$511,809,633	\$552,238,244	\$40,428,611	8%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$24,983,287	\$30,494,031	\$5,510,744	22%
2	MEDICARE MANAGED CARE	\$9,846,489	\$10,986,398	\$1,139,909	12%
3	MEDICAID	\$7,773,339	\$8,415,128	\$641,789	8%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$0	\$166,684	\$166,684	0%
6	COMMERCIAL INSURANCE	\$3,022,111	\$3,486,047	\$463,936	15%
7	NON-GOVERNMENT MANAGED CARE	\$17,377,574	\$22,219,914	\$4,842,340	28%
8	WORKER'S COMPENSATION	\$1,646,877	\$1,413,479	(\$233,398)	-14%
9	SELF- PAY/UNINSURED	\$99,041	\$135,790	\$36,749	37%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$64,748,718	\$77,317,471	\$12,568,753	19%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$13,272,385	\$13,482,988	\$210,603	2%
2	MEDICARE MANAGED CARE	\$6,970,910	\$7,139,319	\$168,409	2%
3	MEDICAID	\$12,593,462	\$13,540,753	\$947,291	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$76,825	\$388,433	\$311,608	406%
6	COMMERCIAL INSURANCE	\$4,699,180	\$4,948,142	\$248,962	5%
7	NON-GOVERNMENT MANAGED CARE	\$39,872,215	\$42,605,114	\$2,732,899	7%
8	WORKER'S COMPENSATION	\$1,555,500	\$1,176,055	(\$379,445)	-24%
9	SELF- PAY/UNINSURED	\$241,000	\$171,104	(\$69,896)	-29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$79,281,477	\$83,451,908	\$4,170,431	5%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$38,255,672	\$43,977,019	\$5,721,347	15%
2	MEDICARE MANAGED CARE	\$16,817,399	\$18,125,717	\$1,308,318	8%
3	MEDICAID	\$20,366,801	\$21,955,881	\$1,589,080	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$76,825	\$555,117	\$478,292	623%
6	COMMERCIAL INSURANCE	\$7,721,291	\$8,434,189	\$712,898	9%
7	NON-GOVERNMENT MANAGED CARE	\$57,249,789	\$64,825,028	\$7,575,239	13%
8	WORKER'S COMPENSATION	\$3,202,377	\$2,589,534	(\$612,843)	-19%
9	SELF- PAY/UNINSURED	\$340,041	\$306,894	(\$33,147)	-10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$144,030,195	\$160,769,379	\$16,739,184	12%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,260	2,417	157	7%
2	MEDICARE MANAGED CARE	1,127	1,165	38	3%
3	MEDICAID	1,523	1,638	115	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	10	10	0	0%
6	COMMERCIAL INSURANCE	152	155	3	2%
7	NON-GOVERNMENT MANAGED CARE	1,835	2,160	325	18%
8	WORKER'S COMPENSATION	32	33	1	3%
9	SELF- PAY/UNINSURED	11	19	8	73%
10	SAGA	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	6,950	7,597	647	9%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	11,163	11,816	653	6%
2	MEDICARE MANAGED CARE	5,425	5,240	(185)	-3%
3	MEDICAID	6,648	6,699	51	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	26	24	(2)	-8%
6	COMMERCIAL INSURANCE	570	534	(36)	-6%
7	NON-GOVERNMENT MANAGED CARE	6,634	7,306	672	10%
8	WORKER'S COMPENSATION	103	70	(33)	-32%
9	SELF- PAY/UNINSURED	25	43	18	72%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	30,594	31,732	1,138	4%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	33,481	35,025	1,544	5%
2	MEDICARE MANAGED CARE	15,059	16,089	1,030	7%
3	MEDICAID	37,071	38,031	960	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	157	151	(6)	-4%
6	COMMERCIAL INSURANCE	3,170	4,007	837	26%
7	NON-GOVERNMENT MANAGED CARE	43,924	44,594	670	2%
8	WORKER'S COMPENSATION	3,221	2,613	(608)	-19%
9	SELF- PAY/UNINSURED	2,163	2,410	247	11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	138,246	142,920	4,674	3%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$10,586,267	\$11,529,156	\$942,889	9%
2	MEDICARE MANAGED CARE	\$5,298,678	\$5,897,328	\$598,650	11%
3	MEDICAID	\$28,595,937	\$30,474,775	\$1,878,838	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$129,603	\$147,419	\$17,816	14%
6	COMMERCIAL INSURANCE	\$1,312,524	\$1,388,563	\$76,039	6%
7	NON-GOVERNMENT MANAGED CARE	\$18,350,311	\$19,058,376	\$708,065	4%
8	WORKER'S COMPENSATION	\$967,991	\$892,365	(\$75,626)	-8%
9	SELF- PAY/UNINSURED	\$2,113,517	\$2,149,054	\$35,537	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$67,354,828	\$71,537,036	\$4,182,208	6%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,105,383	\$2,275,254	\$169,871	8%
2	MEDICARE MANAGED CARE	\$1,055,325	\$1,121,052	\$65,727	6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$5,224,826	\$5,439,460	\$214,634	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$30,293	\$33,427	\$3,134	10%
6	COMMERCIAL INSURANCE	\$526,692	\$568,291	\$41,599	8%
7	NON-GOVERNMENT MANAGED CARE	\$6,960,242	\$7,259,557	\$299,315	4%
8	WORKER'S COMPENSATION	\$596,076	\$493,708	(\$102,368)	-17%
9	SELF- PAY/UNINSURED	\$76,071	\$68,077	(\$7,994)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$16,574,908	\$17,258,826	\$683,918	4%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	4,545	4,768	223	5%
2	MEDICARE MANAGED CARE	2,085	2,121	36	2%
3	MEDICAID	13,504	13,633	129	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	87	91	4	5%
6	COMMERCIAL INSURANCE	657	658	1	0%
7	NON-GOVERNMENT MANAGED CARE	9,327	9,117	(210)	-2%
8	WORKER'S COMPENSATION	730	700	(30)	-4%
9	SELF- PAY/UNINSURED	1,246	1,252	6	0%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	32,181	32,340	159	0%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$21,477,461	\$22,179,490	\$702,029	3%
2	Physician Salaries	\$3,595,537	\$3,815,671	\$220,134	6%
3	Non-Nursing, Non-Physician Salaries	\$32,916,206	\$36,121,763	\$3,205,557	10%
	Total Salaries & Wages	\$57,989,204	\$62,116,924	\$4,127,720	7%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$7,125,501	\$6,599,341	(\$526,160)	-7%
2	Physician Fringe Benefits	\$1,192,878	\$1,135,332	(\$57,546)	-5%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,920,486	\$10,747,758	(\$172,728)	-2%
	Total Fringe Benefits	\$19,238,865	\$18,482,431	(\$756,434)	-4%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$839,656	\$591,647	(\$248,009)	-30%
2	Physician Fees	\$4,610,328	\$5,113,929	\$503,601	11%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$5,449,984	\$5,705,576	\$255,592	5%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$12,270,112	\$14,015,612	\$1,745,500	14%
2	Pharmaceutical Costs	\$8,716,652	\$9,757,126	\$1,040,474	12%
	Total Medical Supplies and Pharmaceutical Cost	\$20,986,764	\$23,772,738	\$2,785,974	13%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$1,897,737	\$2,072,343	\$174,606	9%
2	Depreciation-Equipment	\$2,542,946	\$2,181,542	(\$361,404)	-14%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$4,440,683	\$4,253,885	(\$186,798)	-4%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$2,123,883	\$2,128,918	\$5,035	0%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$536,009	\$1,441,982	\$905,973	169%
I.	<u>Utilities:</u>				
1	Water	\$372,336	\$371,123	(\$1,213)	0%
2	Natural Gas	\$972,601	\$841,203	(\$131,398)	-14%
3	Oil	\$21,783	\$24,519	\$2,736	13%
4	Electricity	\$1,967,973	\$1,785,104	(\$182,869)	-9%
5	Telephone	\$412,695	\$406,964	(\$5,731)	-1%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$3,747,388	\$3,428,913	(\$318,475)	-8%
J.	<u>Business Expenses:</u>				

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounting Fees	\$292,725	\$244,331	(\$48,394)	-17%
2	Legal Fees	\$175,863	\$306,861	\$130,998	74%
3	Consulting Fees	\$269,091	\$1,143,295	\$874,204	325%
4	Dues and Membership	\$363,908	\$862,626	\$498,718	137%
5	Equipment Leases	\$1,501,395	\$1,632,095	\$130,700	9%
6	Building Leases	\$335,974	\$352,844	\$16,870	5%
7	Repairs and Maintenance	\$2,966,066	\$3,009,562	\$43,496	1%
8	Insurance	\$321,179	\$328,505	\$7,326	2%
9	Travel	\$298,457	\$318,155	\$19,698	7%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$43,001	\$57,131	\$14,130	33%
12	General Supplies	\$822,585	\$868,206	\$45,621	6%
13	Licenses and Subscriptions	\$850,037	\$803,433	(\$46,604)	-5%
14	Postage and Shipping	\$115,963	\$115,161	(\$802)	-1%
15	Advertising	\$528,863	\$325,718	(\$203,145)	-38%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,267,473	\$1,114,261	(\$153,212)	-12%
18	Computer hardware & small equipment	\$96,334	\$86,153	(\$10,181)	-11%
19	Dietary / Food Services	\$2,491,659	\$2,667,586	\$175,927	7%
20	Lab Fees / Red Cross charges	\$1,344,224	\$1,049,538	(\$294,686)	-22%
21	Billing & Collection / Bank Fees	\$712,391	\$648,834	(\$63,557)	-9%
22	Recruiting / Employee Education & Recognition	\$198,782	\$129,025	(\$69,757)	-35%
23	Laundry / Linen	\$656,082	\$710,731	\$54,649	8%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$147,074	\$143,168	(\$3,906)	-3%
26	Purchased Services - Medical	\$1,256,647	\$1,177,906	(\$78,741)	-6%
27	Purchased Services - Non Medical	\$1,398,921	\$1,653,668	\$254,747	18%
28	Other Business Expenses	\$1,901,904	\$1,614,297	(\$287,607)	-15%
	Total Business Expenses	\$20,356,598	\$21,363,090	\$1,006,492	5%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$6,284,063	\$7,583,768	\$1,299,705	21%
	Total Operating Expenses - All Expense Categories*	\$141,153,441	\$150,278,225	\$9,124,784	6%
*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$3,270,573	\$3,865,879	\$595,306	18%
2	General Accounting	\$1,216,522	\$1,181,032	(\$35,490)	-3%
3	Patient Billing & Collection	\$1,932,419	\$1,758,740	(\$173,679)	-9%
4	Admitting / Registration Office	\$981,220	\$1,146,291	\$165,071	17%
5	Data Processing	\$2,530,598	\$2,687,120	\$156,522	6%
6	Communications	\$64	\$190	\$126	197%
7	Personnel	\$1,501,774	\$1,605,625	\$103,851	7%
8	Public Relations	\$1,170,733	\$921,432	(\$249,301)	-21%
9	Purchasing	\$552,701	\$1,238,665	\$685,964	124%
10	Dietary and Cafeteria	\$4,077,345	\$4,305,679	\$228,334	6%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Housekeeping	\$2,268,657	\$2,352,179	\$83,522	4%
12	Laundry & Linen	\$489,611	\$495,437	\$5,826	1%
13	Operation of Plant	\$5,759,110	\$5,487,206	(\$271,904)	-5%
14	Security	\$526,065	\$585,489	\$59,424	11%
15	Repairs and Maintenance	\$251,115	\$231,314	(\$19,801)	-8%
16	Central Sterile Supply	\$741,190	\$740,769	(\$421)	0%
17	Pharmacy Department	\$10,365,757	\$11,368,709	\$1,002,952	10%
18	Other General Services	\$29,334,018	\$30,175,042	\$841,024	3%
	Total General Services	\$66,969,472	\$70,146,798	\$3,177,326	5%
	B. Professional Services:				
1	Medical Care Administration	\$924,041	\$950,564	\$26,523	3%
2	Residency Program	\$2,977,508	\$3,039,782	\$62,274	2%
3	Nursing Services Administration	\$888,585	\$951,562	\$62,977	7%
4	Medical Records	\$1,718,973	\$1,620,938	(\$98,035)	-6%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$2,356,617	\$2,563,864	\$207,247	9%
	Total Professional Services	\$8,865,724	\$9,126,710	\$260,986	3%
	C. Special Services:				
1	Operating Room	\$10,756,979	\$12,662,681	\$1,905,702	18%
2	Recovery Room	\$479,846	\$536,033	\$56,187	12%
3	Anesthesiology	\$629,702	\$684,825	\$55,123	9%
4	Delivery Room	\$70,020	\$87,949	\$17,929	26%
5	Diagnostic Radiology	\$3,607,951	\$3,876,271	\$268,320	7%
6	Diagnostic Ultrasound	\$606,195	\$614,216	\$8,021	1%
7	Radiation Therapy	\$1,517,902	\$1,552,181	\$34,279	2%
8	Radioisotopes	\$395,274	\$478,706	\$83,432	21%
9	CT Scan	\$922,211	\$1,039,322	\$117,111	13%
10	Laboratory	\$7,369,342	\$6,883,660	(\$485,682)	-7%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$776,789	\$805,242	\$28,453	4%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$46,223	\$49,578	\$3,355	7%
15	Occupational Therapy	\$1,085,472	\$1,257,704	\$172,232	16%
16	Speech Pathology	\$111,943	\$96,141	(\$15,802)	-14%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$976,813	\$995,759	\$18,946	2%
19	Pulmonary Function	\$248,388	\$257,271	\$8,883	4%
20	Intravenous Therapy	\$96,958	\$90,962	(\$5,996)	-6%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$2,779,179	\$3,246,833	\$467,654	17%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,745,689	\$5,749,866	\$4,177	0%
25	MRI	\$1,101,532	\$1,146,583	\$45,051	4%
26	PET Scan	\$212,566	\$263,450	\$50,884	24%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,195,281	\$1,275,871	\$80,590	7%
29	Sleep Center	\$396,573	\$447,044	\$50,471	13%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
32	Occupational Therapy / Physical Therapy	\$1,115,113	\$1,139,708	\$24,595	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,803,728	\$2,304,484	\$500,756	28%
	Total Special Services	\$44,047,669	\$47,542,340	\$3,494,671	8%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$8,362,009	\$8,743,228	\$381,219	5%
2	Intensive Care Unit	\$2,285,122	\$2,405,156	\$120,034	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,244,887	\$1,232,517	(\$12,370)	-1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,796,623	\$2,126,341	\$329,718	18%
7	Newborn Nursery Unit	\$126,127	\$119,337	(\$6,790)	-5%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$577,567	\$582,265	\$4,698	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$365,166	\$325,727	(\$39,439)	-11%
13	Other Routine Services	\$229,019	\$344,034	\$115,015	50%
	Total Routine Services	\$14,986,520	\$15,878,605	\$892,085	6%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$6,284,056	\$7,583,772	\$1,299,716	21%
	Total Operating Expenses - All Departments*	\$141,153,441	\$150,278,225	\$9,124,784	6%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2014	FY 2015	FY 2016
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$135,897,993	\$142,949,359	\$159,014,625
2	Other Operating Revenue	3,270,624	5,691,910	9,094,649
3	Total Operating Revenue	\$139,168,617	\$148,641,269	\$168,109,274
4	Total Operating Expenses	130,275,487	141,153,441	150,278,225
5	Income/(Loss) From Operations	\$8,893,130	\$7,487,828	\$17,831,049
6	Total Non-Operating Revenue	(1,059,000)	(2,396,689)	(2,037,603)
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,834,130	\$5,091,139	\$15,793,446
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	6.44%	5.12%	10.74%
2	Hospital Non Operating Margin	-0.77%	-1.64%	-1.23%
3	Hospital Total Margin	5.67%	3.48%	9.51%
4	Income/(Loss) From Operations	\$8,893,130	\$7,487,828	\$17,831,049
5	Total Operating Revenue	\$139,168,617	\$148,641,269	\$168,109,274
6	Total Non-Operating Revenue	(\$1,059,000)	(\$2,396,689)	(\$2,037,603)
7	Total Revenue	\$138,109,617	\$146,244,580	\$166,071,671
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,834,130	\$5,091,139	\$15,793,446
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$26,106,535)	(\$39,254,442)	(\$38,610,232)
2	Hospital Total Net Assets	(\$16,666,559)	(\$29,576,383)	(\$30,135,488)
3	Hospital Change in Total Net Assets	(\$2,959,384)	(\$12,909,824)	(\$559,105)
4	Hospital Change in Total Net Assets %	121.6%	77.5%	1.9%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.27	0.27	0.27
2	Total Operating Expenses	\$130,275,487	\$141,153,441	\$150,278,225
3	Total Gross Revenue	\$482,918,974	\$511,809,633	\$552,238,244
4	Total Other Operating Revenue	\$3,270,624	\$5,691,910	\$8,671,262

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
5	<u>Private Payment to Cost Ratio</u>	1.39	1.43	1.47
6	Total Non-Government Payments	\$67,118,452	\$68,513,498	\$76,155,645
7	Total Uninsured Payments	\$817,320	\$340,041	\$306,894
8	Total Non-Government Charges	\$181,677,769	\$177,605,406	\$195,524,502
9	Total Uninsured Charges	\$4,271,657	\$2,858,045	\$3,087,538
10	<u>Medicare Payment to Cost Ratio</u>	0.95	0.89	0.96
11	Total Medicare Payments	\$53,617,301	\$55,073,071	\$62,102,736
12	Total Medicare Charges	\$210,548,113	\$227,052,643	\$240,556,597
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.70	0.71
14	Total Medicaid Payments	\$18,203,346	\$20,366,801	\$21,955,881
15	Total Medicaid Charges	\$90,250,499	\$106,588,733	\$115,602,028
16	<u>Uncompensated Care Cost</u>	\$1,296,763	\$1,338,323	\$1,515,800
17	Charity Care	\$3,784,978	\$3,122,499	\$3,734,054
18	Bad Debts	\$1,054,556	\$1,784,106	\$1,923,631
19	Total Uncompensated Care	\$4,839,534	\$4,906,605	\$5,657,685
20	<u>Uncompensated Care % of Total Expenses</u>	1.0%	0.9%	1.0%
21	Total Operating Expenses	\$130,275,487	\$141,153,441	\$150,278,225
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$33,998,532	\$33,245,301	\$33,359,786
3	Total Current Liabilities	\$31,352,074	\$32,103,680	\$30,037,971
4	<u>Days Cash on Hand</u>	46	39	41
5	Cash and Cash Equivalents	\$7,492,599	\$6,748,148	\$8,419,689
6	Short Term Investments	8,062,643	7,914,147	7,871,187
7	Total Cash and Short Term Investments	\$15,555,242	\$14,662,295	\$16,290,876
8	Total Operating Expenses	\$130,275,487	\$141,153,441	\$150,278,225

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
9	Depreciation Expense	\$5,750,673	\$4,440,683	\$4,253,885
10	Operating Expenses less Depreciation Expense	\$124,524,814	\$136,712,758	\$146,024,340
11	<u>Days Revenue in Patient Accounts Receivable</u>	34	31	30
12	Net Patient Accounts Receivable	\$12,651,193	\$13,268,952	\$13,410,622
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$1,153,146	\$357,083
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$12,651,193	\$12,115,806	\$13,053,539
16	Total Net Patient Revenue	\$135,897,993	\$142,949,359	\$159,014,625
17	<u>Average Payment Period</u>	92	86	75
18	Total Current Liabilities	\$31,352,074	\$32,103,680	\$30,037,971
19	Total Operating Expenses	\$130,275,487	\$141,153,441	\$150,278,225
20	Depreciation Expense	\$5,750,673	\$4,440,683	\$4,253,885
21	Total Operating Expenses less Depreciation Expense	\$124,524,814	\$136,712,758	\$146,024,340
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(14.0)	(25.5)	(25.7)
2	Total Net Assets	(\$16,666,559)	(\$29,576,383)	(\$30,135,488)
3	Total Assets	\$119,095,067	\$115,933,017	\$117,119,256
4	<u>Cash Flow to Total Debt Ratio</u>	18.4	13.0	29.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,834,130	\$5,091,139	\$15,793,446
6	Depreciation Expense	\$5,750,673	\$4,440,683	\$4,253,885
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,584,803	\$9,531,822	\$20,047,331
8	Total Current Liabilities	\$31,352,074	\$32,103,680	\$30,037,971
9	Total Long Term Debt	\$42,390,534	\$41,160,778	\$38,138,531
10	Total Current Liabilities and Total Long Term Debt	\$73,742,608	\$73,264,458	\$68,176,502
11	<u>Long Term Debt to Capitalization Ratio</u>	164.8	355.3	476.6
12	Total Long Term Debt	\$42,390,534	\$41,160,778	\$38,138,531
13	Total Net Assets	(\$16,666,559)	(\$29,576,383)	(\$30,135,488)

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
14	Total Long Term Debt and Total Net Assets	\$25,723,975	\$11,584,395	\$8,003,043
15	<u>Debt Service Coverage Ratio</u>	3.1	2.7	4.9
16	Excess Revenues over Expenses	7,834,130	\$5,091,139	\$15,793,446
17	Interest Expense	3,531,142	\$2,123,883	\$2,128,918
18	Depreciation and Amortization Expense	5,750,673	\$4,440,683	\$4,253,885
19	Principal Payments	2,040,000	\$2,269,100	\$2,365,260
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	17.2	22.8	24.1
21	Accumulated Depreciation	98,968,474	101,440,870	102,648,546
22	Depreciation and Amortization Expense	5,750,673	4,440,683	4,253,885
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	30,806	30,594	31,732
2	Discharges	6,935	6,950	7,597
3	ALOS	4.4	4.4	4.2
4	Staffed Beds	86	86	89
5	Available Beds	-	180	180
6	Licensed Beds	180	180	180
7	Occupancy of Staffed Beds	98.1%	97.5%	97.7%
8	Occupancy of Available Beds	46.9%	46.6%	48.3%
9	Full Time Equivalent Employees	924.2	968.5	983.0
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	36.7%	34.1%	34.8%
2	Medicare Gross Revenue Payer Mix Percentage	43.6%	44.4%	43.6%
3	Medicaid Gross Revenue Payer Mix Percentage	18.7%	20.8%	20.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.9%	0.6%	0.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$177,406,112	\$174,747,361	\$192,436,964

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
9	Medicare Gross Revenue (Charges)	\$210,548,113	\$227,052,643	\$240,556,597
10	Medicaid Gross Revenue (Charges)	\$90,250,499	\$106,588,733	\$115,602,028
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$4,271,657	\$2,858,045	\$3,087,538
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$442,593	\$562,851	\$555,117
14	Total Gross Revenue (Charges)	\$482,918,974	\$511,809,633	\$552,238,244
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	47.7%	47.3%	47.2%
2	Medicare Net Revenue Payer Mix Percentage	38.6%	38.2%	38.6%
3	Medicaid Net Revenue Payer Mix Percentage	13.1%	14.1%	13.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$66,301,132	\$68,173,457	\$75,848,751
9	Medicare Net Revenue (Payments)	\$53,617,301	\$55,073,071	\$62,102,736
10	Medicaid Net Revenue (Payments)	\$18,203,346	\$20,366,801	\$21,955,881
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$817,320	\$340,041	\$306,894
13	CHAMPUS / TRICARE Net Revenue Payments)	\$111,015	\$76,825	\$555,117
14	Total Net Revenue (Payments)	\$139,050,114	\$144,030,195	\$160,769,379
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,232	2,030	2,367
2	Medicare	3,283	3,387	3,582
3	Medical Assistance	1,416	1,523	1,638
4	Medicaid	1,416	1,523	1,638
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	4	10	10
7	Uninsured (Included In Non-Government)	81	11	19
8	Total	6,935	6,950	7,597
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.03015	1.04870	1.13000
2	Medicare	1.32358	1.30745	1.38000
3	Medical Assistance	0.84899	0.87408	0.92000
4	Medicaid	0.84899	0.87408	0.92000
5	Other Medical Assistance	0.00000	0.00000	0.00000

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
6	CHAMPUS / TRICARE	1.24465	0.65645	0.77000
7	Uninsured (Included In Non-Government)	0.85394	0.92817	1.02000
8	Total Case Mix Index	1.13219	1.13597	1.20212
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	4,838	5,022	5,200
2	Emergency Room - Treated and Discharged	33,063	32,181	32,340
3	Total Emergency Room Visits	37,901	37,203	37,540

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$394,268	\$4,239,260	\$3,844,992	975%
2	Inpatient Payments	\$102,208	\$990,257	\$888,049	869%
3	Outpatient Charges	\$697,828	\$2,861,810	\$2,163,982	310%
4	Outpatient Payments	\$177,857	\$531,527	\$353,670	199%
5	Discharges	12	87	75	625%
6	Patient Days	46	494	448	974%
7	Outpatient Visits (Excludes ED Visits)	203	1,031	828	408%
8	Emergency Department Outpatient Visits	48	204	156	325%
9	Emergency Department Inpatient Admissions	9	70	61	678%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,092,096	\$7,101,070	\$6,008,974	550%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$280,065	\$1,521,784	\$1,241,719	443%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$15,573,269	\$17,479,661	\$1,906,392	12%
2	Inpatient Payments	\$3,608,424	\$4,771,744	\$1,163,320	32%
3	Outpatient Charges	\$14,001,956	\$14,501,128	\$499,172	4%
4	Outpatient Payments	\$2,658,196	\$2,658,611	\$415	0%
5	Discharges	393	469	76	19%
6	Patient Days	1,946	1,967	21	1%
7	Outpatient Visits (Excludes ED Visits)	5,349	5,670	321	6%
8	Emergency Department Outpatient Visits	762	751	(11)	-1%
9	Emergency Department Inpatient Admissions	347	380	33	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$29,575,225	\$31,980,789	\$2,405,564	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,266,620	\$7,430,355	\$1,163,735	19%
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$15,670,124	\$13,253,486	(\$2,416,638)	-15%
2	Inpatient Payments	\$3,711,607	\$3,026,846	(\$684,761)	-18%
3	Outpatient Charges	\$11,162,425	\$10,550,937	(\$611,488)	-5%
4	Outpatient Payments	\$1,933,826	\$2,283,086	\$349,260	18%
5	Discharges	416	356	(60)	-14%
6	Patient Days	2,028	1,623	(405)	-20%
7	Outpatient Visits (Excludes ED Visits)	3,567	3,862	295	8%
8	Emergency Department Outpatient Visits	670	662	(8)	-1%
9	Emergency Department Inpatient Admissions	380	315	(65)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$26,832,549	\$23,804,423	(\$3,028,126)	-11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,645,433	\$5,309,932	(\$335,501)	-6%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$2,032,356	\$539,377	(\$1,492,979)	-73%
2	Inpatient Payments	\$389,515	\$75,323	(\$314,192)	-81%
3	Outpatient Charges	\$2,131,878	\$1,235,132	(\$896,746)	-42%
4	Outpatient Payments	\$580,400	\$127,520	(\$452,880)	-78%
5	Discharges	66	27	(39)	-59%
6	Patient Days	327	77	(250)	-76%
7	Outpatient Visits (Excludes ED Visits)	777	387	(390)	-50%
8	Emergency Department Outpatient Visits	183	77	(106)	-58%
9	Emergency Department Inpatient Admissions	65	24	(41)	-63%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,164,234	\$1,774,509	(\$2,389,725)	-57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$969,915	\$202,843	(\$767,072)	-79%
I.	AETNA				
1	Inpatient Charges	\$8,589,210	\$8,950,218	\$361,008	4%
2	Inpatient Payments	\$2,021,928	\$2,073,010	\$51,082	3%
3	Outpatient Charges	\$8,044,448	\$8,350,654	\$306,206	4%
4	Outpatient Payments	\$1,607,087	\$1,518,199	(\$88,888)	-6%
5	Discharges	238	219	(19)	-8%
6	Patient Days	1,068	1,049	(19)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	Outpatient Visits (Excludes ED Visits)	3,061	2,989	(72)	-2%
8	Emergency Department Outpatient Visits	405	408	3	1%
9	Emergency Department Inpatient Admissions	209	189	(20)	-10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,633,658	\$17,300,872	\$667,214	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,629,015	\$3,591,209	(\$37,806)	-1%
J.	HUMANA				
1	Inpatient Charges	\$42,100	\$177,750	\$135,650	322%
2	Inpatient Payments	\$12,807	\$49,218	\$36,411	284%
3	Outpatient Charges	\$81,090	\$164,222	\$83,132	103%
4	Outpatient Payments	\$13,544	\$20,376	\$6,832	50%
5	Discharges	2	7	5	250%
6	Patient Days	10	30	20	200%
7	Outpatient Visits (Excludes ED Visits)	17	29	12	71%
8	Emergency Department Outpatient Visits	17	19	2	12%
9	Emergency Department Inpatient Admissions	2	7	5	250%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$123,190	\$341,972	\$218,782	178%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$26,351	\$69,594	\$43,243	164%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$42,301,327	\$44,639,752	\$2,338,425	6%
	TOTAL INPATIENT PAYMENTS	\$9,846,489	\$10,986,398	\$1,139,909	12%
	TOTAL OUTPATIENT CHARGES	\$36,119,625	\$37,663,883	\$1,544,258	4%
	TOTAL OUTPATIENT PAYMENTS	\$6,970,910	\$7,139,319	\$168,409	2%
	TOTAL DISCHARGES	1,127	1,165	38	3%
	TOTAL PATIENT DAYS	5,425	5,240	(185)	-3%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,974	13,968	994	8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,085	2,121	36	2%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,012	985	(27)	-3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$78,420,952	\$82,303,635	\$3,882,683	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,817,399	\$18,125,717	\$1,308,318	8%

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

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

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

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

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

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

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$11,774,575	\$13,473,553	\$1,698,978	14%
2	Short Term Investments	\$34,851,842	\$33,290,380	(\$1,561,462)	-4%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,863,865	\$13,857,567	(\$6,298)	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$724,768	\$757,551	\$32,783	5%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,524,437	\$1,588,624	\$64,187	4%
8	Prepaid Expenses	\$3,191,718	\$1,881,763	(\$1,309,955)	-41%
9	Other Current Assets	\$4,330,731	\$3,040,772	(\$1,289,959)	-30%
	Total Current Assets	\$70,261,936	\$67,890,210	(\$2,371,726)	-3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,450,227	\$3,581,854	\$131,627	4%
2	Board Designated for Capital Acquisition	\$1,212,451	\$1,306,420	\$93,969	8%
3	Funds Held in Escrow	\$50,430	\$50,533	\$103	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,289,023	\$4,235,986	(\$53,037)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$9,002,131	\$9,174,793	\$172,662	2%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$4,067,953	\$4,892,586	\$824,633	20%
7	Other Noncurrent Assets	\$10,845,617	\$11,049,219	\$203,602	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$162,617,356	\$165,996,999	\$3,379,643	2%
2	Less: Accumulated Depreciation	\$106,114,939	\$107,803,172	\$1,688,233	\$0
	Property, Plant and Equipment, Net	\$56,502,417	\$58,193,827	\$1,691,410	3%
3	Construction in Progress	\$1,292,037	\$268,140	(\$1,023,897)	-79%
	Total Net Fixed Assets	\$57,794,454	\$58,461,967	\$667,513	1%
	Total Assets	\$151,972,091	\$151,468,775	(\$503,316)	0%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$24,263,458	\$22,654,397	(\$1,609,061)	-7%
2	Salaries, Wages and Payroll Taxes	\$3,139,108	\$2,542,621	(\$596,487)	-19%
3	Due To Third Party Payers	\$1,153,146	\$357,083	(\$796,063)	-69%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,093,806	\$5,112,504	\$18,698	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,942,695	\$3,290,785	\$348,090	12%
	Total Current Liabilities	\$36,592,213	\$33,957,390	(\$2,634,823)	-7%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$43,903,244	\$40,934,929	(\$2,968,315)	-7%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$43,903,244	\$40,934,929	(\$2,968,315)	-7%
3	Accrued Pension Liability	\$45,060,464	\$49,234,443	\$4,173,979	9%
4	Other Long Term Liabilities	\$51,553,126	\$52,555,164	\$1,002,038	2%
	Total Long Term Liabilities	\$140,516,834	\$142,724,536	\$2,207,702	2%
5	Interest in Net Assets of Affiliates or Joint Ventures	(\$1,057,961)	(\$108,506)	\$949,455	-90%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$33,789,551)	(\$33,611,886)	\$177,665	-1%
2	Temporarily Restricted Net Assets	\$4,100,068	\$2,765,126	(\$1,334,942)	-33%
3	Permanently Restricted Net Assets	\$5,610,488	\$5,742,115	\$131,627	2%
	Total Net Assets	(\$24,078,995)	(\$25,104,645)	(\$1,025,650)	4%
	Total Liabilities and Net Assets	\$151,972,091	\$151,468,775	(\$503,316)	0%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$535,683,242	\$581,826,227	\$46,142,985	9%
2	Less: Allowances	\$378,943,996	\$405,514,816	\$26,570,820	7%
3	Less: Charity Care	\$3,122,499	\$3,734,054	\$611,555	20%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$153,616,747	\$172,577,357	\$18,960,610	12%
5	Provision for Bad Debts	\$1,951,079	\$2,179,430	\$228,351	12%
	Net Patient Service Revenue less provision for bad debts	\$151,665,668	\$170,397,927	\$18,732,259	12%
6	Other Operating Revenue	\$15,016,680	\$12,737,082	(\$2,279,598)	-15%
7	Net Assets Released from Restrictions	\$0	\$823,654	\$823,654	0%
	Total Operating Revenue	\$166,682,348	\$183,958,663	\$17,276,315	10%
B. Operating Expenses:					
1	Salaries and Wages	\$72,195,023	\$78,614,408	\$6,419,385	9%
2	Fringe Benefits	\$20,016,207	\$19,233,837	(\$782,370)	-4%
3	Physicians Fees	\$5,729,084	\$6,478,945	\$749,861	13%
4	Supplies and Drugs	\$28,109,350	\$29,897,841	\$1,788,491	6%
5	Depreciation and Amortization	\$4,894,145	\$4,749,263	(\$144,882)	-3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,252,819	\$2,254,376	\$1,557	0%
8	Malpractice Insurance Cost	\$536,009	\$1,441,982	\$905,973	169%
9	Other Operating Expenses	\$32,154,796	\$31,327,450	(\$827,346)	-3%
	Total Operating Expenses	\$165,887,433	\$173,998,102	\$8,110,669	5%
	Income/(Loss) From Operations	\$794,915	\$9,960,561	\$9,165,646	1153%
C. Non-Operating Revenue:					
1	Income from Investments	\$660,172	\$3,077,802	\$2,417,630	366%
2	Gifts, Contributions and Donations	\$323,106	\$277,938	(\$45,168)	-14%
3	Other Non-Operating Gains/(Losses)	(\$1,882,268)	(\$2,144,683)	(\$262,415)	14%
	Total Non-Operating Revenue	(\$898,990)	\$1,211,057	\$2,110,047	-235%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$104,075)	\$11,171,618	\$11,275,693	-10834%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>AMOUNT</u>	<u>%</u>
		<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$272,087	\$98,691	(\$173,396)	-64%
	Total Other Adjustments	\$272,087	\$98,691	(\$173,396)	-64%
	Excess/(Deficiency) of Revenue Over Expenses	\$168,012	\$11,270,309	\$11,102,297	6608%

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$140,783,254	\$151,665,668	\$170,397,927
2	Other Operating Revenue	12,793,304	15,016,680	13,560,736
3	Total Operating Revenue	\$153,576,558	\$166,682,348	\$183,958,663
4	Total Operating Expenses	151,471,877	165,887,433	173,998,102
5	Income/(Loss) From Operations	\$2,104,681	\$794,915	\$9,960,561
6	Total Non-Operating Revenue	2,503,583	(626,903)	1,309,748
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,608,264	\$168,012	\$11,270,309
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	1.35%	0.48%	5.38%
2	Parent Corporation Non-Operating Margin	1.60%	-0.38%	0.71%
3	Parent Corporation Total Margin	2.95%	0.10%	6.08%
4	Income/(Loss) From Operations	\$2,104,681	\$794,915	\$9,960,561
5	Total Operating Revenue	\$153,576,558	\$166,682,348	\$183,958,663
6	Total Non-Operating Revenue	\$2,503,583	(\$626,903)	\$1,309,748
7	Total Revenue	\$156,080,141	\$166,055,445	\$185,268,411
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,608,264	\$168,012	\$11,270,309
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	(\$20,969,896)	(\$33,789,551)	(\$33,611,886)
2	Parent Corporation Total Net Assets	(\$11,497,423)	(\$24,078,995)	(\$25,104,645)
3	Parent Corporation Change in Total Net Assets	\$371,512	(\$12,581,572)	(\$1,025,650)
4	Parent Corporation Change in Total Net Assets %	96.9%	109.4%	4.3%
D. <u>Liquidity Measures Summary</u>				
1	Current Ratio	1.89	1.92	2.00

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
2	Total Current Assets	\$67,467,385	\$70,261,936	\$67,890,210
3	Total Current Liabilities	\$35,760,822	\$36,592,213	\$33,957,390
4	<u>Days Cash on Hand</u>	114	106	101
5	Cash and Cash Equivalents	\$13,616,313	\$11,774,575	\$13,473,553
6	Short Term Investments	\$31,664,235	\$34,851,842	\$33,290,380
7	Total Cash and Short Term Investments	\$45,280,548	\$46,626,417	\$46,763,933
8	Total Operating Expenses	\$151,471,877	\$165,887,433	\$173,998,102
9	Depreciation Expense	\$6,094,741	\$4,894,145	\$4,749,263
10	Operating Expenses less Depreciation Expense	\$145,377,136	\$160,993,288	\$169,248,839
11	<u>Days Revenue in Patient Accounts Receivable</u>	34	31	29
12	Net Patient Accounts Receivable	\$ 13,166,233	\$ 13,863,865	\$ 13,857,567
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$1,153,146	\$357,083
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 13,166,233	\$ 12,710,719	\$ 13,500,484
16	Total Net Patient Revenue	\$140,783,254	\$151,665,668	\$170,397,927
17	<u>Average Payment Period</u>	90	83	73
18	Total Current Liabilities	\$35,760,822	\$36,592,213	\$33,957,390
19	Total Operating Expenses	\$151,471,877	\$165,887,433	\$173,998,102
20	Depreciation Expense	\$6,094,741	\$4,894,145	\$4,749,263
20	Total Operating Expenses less Depreciation Expense	\$145,377,136	\$160,993,288	\$169,248,839
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(7.4)	(15.8)	(16.6)
2	Total Net Assets	(\$11,497,423)	(\$24,078,995)	(\$25,104,645)

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
3	Total Assets	\$156,270,947	\$151,972,091	\$151,468,775
4	Cash Flow to Total Debt Ratio	13.2	6.3	21.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,608,264	\$168,012	\$11,270,309
6	Depreciation Expense	\$6,094,741	\$4,894,145	\$4,749,263
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,703,005	\$5,062,157	\$16,019,572
8	Total Current Liabilities	\$35,760,822	\$36,592,213	\$33,957,390
9	Total Long Term Debt	\$45,213,706	\$43,903,244	\$40,934,929
10	Total Current Liabilities and Total Long Term Debt	\$80,974,528	\$80,495,457	\$74,892,319
11	Long Term Debt to Capitalization Ratio	134.1	221.5	258.6
12	Total Long Term Debt	\$45,213,706	\$43,903,244	\$40,934,929
13	Total Net Assets	(\$11,497,423)	(\$24,078,995)	(\$25,104,645)
14	Total Long Term Debt and Total Net Assets	\$33,716,283	\$19,824,249	\$15,830,284

GRIFFIN HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	21,449	5,780	5,503	59	118	99.6%	49.8%
2	ICU/CCU (Excludes Neonatal ICU)	2,766	277	0	8	14	94.7%	54.1%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,603	596	596	13	16	97.0%	78.8%
	TOTAL PSYCHIATRIC	4,603	596	596	13	16	97.0%	78.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,555	623	623	5	12	85.2%	35.5%
7	Newborn	1,359	598	598	4	20	93.1%	18.6%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	30,373	6,999	6,722	85	160	97.9%	52.0%
	TOTAL INPATIENT BED UTILIZATION	31,732	7,597	7,320	89	180	97.7%	48.3%
	TOTAL INPATIENT REPORTED YEAR	31,732	7,597	7,320	89	180	97.7%	48.3%
	TOTAL INPATIENT PRIOR YEAR	30,594	6,950	6,684	86	180	97.5%	46.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	1,138	647	636	3	0	0.2%	1.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	4%	9%	10%	3%	0%	0%	4%
	Total Licensed Beds and Bassinets	180						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	4,679	4,733	54	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,121	8,846	-275	-3%
3	Emergency Department Scans	6,305	6,568	263	4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	20,105	20,147	42	0%
B. MRI Scans (A)					
1	Inpatient Scans	442	518	76	17%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,756	3,473	-283	-8%
3	Emergency Department Scans	43	55	12	28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,241	4,046	-195	-5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	189	228	39	21%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	189	228	39	21%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	78	77	-1	-1%
2	Outpatient Procedures	4,423	5,815	1,392	31%
	Total Linear Accelerator Procedures	4,501	5,892	1,391	31%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I.	<u>Surgical Procedures</u>				
1	Inpatient Surgical Procedures	1,409	1,692	283	20%
2	Outpatient Surgical Procedures	3,422	3,230	-192	-6%
	Total Surgical Procedures	4,831	4,922	91	2%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	363	311	-52	-14%
2	Outpatient Endoscopy Procedures	3,353	3,816	463	14%
	Total Endoscopy Procedures	3,716	4,127	411	11%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	5,022	5,200	178	4%
2	Emergency Room Visits: Treated and Discharged	32,181	32,340	159	0%
	Total Emergency Room Visits	37,203	37,540	337	1%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	4,807	4,121	-686	-14%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	6,663	8,098	1,435	22%
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	415	465	50	12%
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	3,403	4,226	823	24%
	Total Hospital Clinic Visits	15,288	16,910	1,622	11%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	17,450	16,906	-544	-3%
2	Cardiac Rehabilitation	3,965	4,680	715	18%
3	Chemotherapy	1,480	1,451	-29	-2%
4	Gastroenterology	3,353	3,816	463	14%
5	Other Outpatient Visits	56,735	66,273	9,538	17%
	Total Other Hospital Outpatient Visits	82,983	93,126	10,143	12%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	319.8	332.4	12.6	4%
2	Total Physician FTEs	46.6	46.6	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	602.1	604.0	1.9	0%
	Total Hospital Full Time Equivalent Employees	968.5	983.0	14.5	1%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A.	Outpatient Surgical Procedures				
1	GRIFFIN HOSPITAL	3,422	3,230	-192	-6%
	Total Outpatient Surgical Procedures(A)	3,422	3,230	-192	-6%
B.	Outpatient Endoscopy Procedures				
1	GRIFFIN HOSPITAL	3,353	3,816	463	14%
	Total Outpatient Endoscopy Procedures(B)	3,353	3,816	463	14%
C.	Outpatient Hospital Emergency Room Visits				
1	GRIFFIN HOSPITAL	32,181	32,340	159	0%
	Total Outpatient Hospital Emergency Room Visits(C)	32,181	32,340	159	0%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$122,178,231	\$133,443,109	\$11,264,878	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,829,776	\$41,480,429	\$6,650,653	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.51%	31.08%	2.58%	9%
4	DISCHARGES	3,387	3,582	195	6%
5	CASE MIX INDEX (CMI)	1.30745	1.38000	0.07255	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,428.33315	4,943.16000	514.82685	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,865.21	\$8,391.48	\$526.27	7%
8	PATIENT DAYS	16,588	17,056	468	3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,099.70	\$2,432.01	\$332.32	16%
10	AVERAGE LENGTH OF STAY	4.9	4.8	(0.1)	-3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,874,412	\$107,113,488	\$2,239,076	2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,243,295	\$20,622,307	\$379,012	2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.30%	19.25%	-0.05%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	85.84%	80.27%	-5.57%	-6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,907.30706	2,875.23662	(32.07044)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,962.90	\$7,172.39	\$209.48	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$227,052,643	\$240,556,597	\$13,503,954	6%
18	TOTAL ACCRUED PAYMENTS	\$55,073,071	\$62,102,736	\$7,029,665	13%
19	TOTAL ALLOWANCES	\$171,979,572	\$178,453,861	\$6,474,289	4%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$53,596,231	\$65,261,641	\$11,665,410	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$22,145,603	\$27,255,230	\$5,109,627	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.32%	41.76%	0.44%	1%
4	DISCHARGES	2,030	2,367	337	17%
5	CASE MIX INDEX (CMI)	1.04870	1.13000	0.08130	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,128.86100	2,674.71000	545.84900	26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,402.56	\$10,189.98	(\$212.58)	-2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,537.35)	(\$1,798.50)	\$738.85	-29%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,401,661)	(\$4,810,454)	\$591,207	-11%
10	PATIENT DAYS	7,332	7,953	621	8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,020.40	\$3,427.04	\$406.63	13%
12	AVERAGE LENGTH OF STAY	3.6	3.4	(0.3)	-7%
NON-GOVERNMENT OUTPATIENT					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$124,009,175	\$130,262,861	\$6,253,686	5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$46,367,895	\$48,900,415	\$2,532,520	5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.39%	37.54%	0.15%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	231.38%	199.60%	-31.78%	-14%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,696.94642	4,724.55469	27.60827	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,871.92	\$10,350.27	\$478.35	5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,909.02)	(\$3,177.88)	(\$268.86)	9%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,663,516)	(\$15,014,085)	(\$1,350,569)	10%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$177,605,406	\$195,524,502	\$17,919,096	10%
22	TOTAL ACCRUED PAYMENTS	\$68,513,498	\$76,155,645	\$7,642,147	11%
23	TOTAL ALLOWANCES	\$109,091,908	\$119,368,857	\$10,276,949	9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$19,065,177)	(\$19,824,539)	(\$759,362)	4%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$174,747,361	\$192,436,964	\$17,689,603	10%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$70,562,058	\$78,725,792	\$8,163,734	12%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,185,303	\$113,711,172	\$9,525,869	9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.62%	59.09%	-0.53%	
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$295,352	\$391,041	\$95,689	32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$99,041	\$135,790	\$36,749	37%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.53%	34.73%	1.19%	4%
4	DISCHARGES	11	19	8	73%
5	CASE MIX INDEX (CMI)	0.92817	1.02000	0.09183	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	10.20987	19.38000	9.17013	90%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,700.52	\$7,006.71	(\$2,693.81)	-28%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$702.04	\$3,183.27	\$2,481.22	353%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$1,835.30)	\$1,384.77	\$3,220.08	-175%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,738)	\$26,837	\$45,575	-243%
11	PATIENT DAYS	25	43	18	72%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,961.64	\$3,157.91	(\$803.73)	-20%
13	AVERAGE LENGTH OF STAY	2.3	2.3	(0.0)	0%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,562,693	\$2,696,497	\$133,804	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$241,000	\$171,104	(\$69,896)	-29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.40%	6.35%	-3.06%	-33%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	867.67%	689.57%	-178.11%	-21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	95.44416	131.01809	35.57393	37%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,525.04	\$1,305.96	(\$1,219.08)	-48%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,346.89	\$9,044.31	\$1,697.43	23%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,437.87	\$5,866.43	\$1,428.56	32%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$423,568	\$768,608	\$345,040	81%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,858,045	\$3,087,538	\$229,493	8%
24	TOTAL ACCRUED PAYMENTS	\$340,041	\$306,894	(\$33,147)	-10%
25	TOTAL ALLOWANCES	\$2,518,004	\$2,780,644	\$262,640	10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$404,830	\$795,445	\$390,615	96%
D. STATE OF CONNECTICUT MEDICAID					
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$36,492,468	\$39,002,367	\$2,509,899	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,773,339	\$8,415,128	\$641,789	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.30%	21.58%	0.27%	1%
4	DISCHARGES	1,523	1,638	115	8%
5	CASE MIX INDEX (CMI)	0.87408	0.92000	0.04592	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,331.22384	1,506.96000	175.73616	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,839.24	\$5,584.17	(\$255.07)	-4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,563.32	\$4,605.80	\$42.48	1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,025.97	\$2,807.31	\$781.34	39%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,697,018	\$4,230,497	\$1,533,479	57%
11	PATIENT DAYS	6,648	6,699	51	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,169.27	\$1,256.18	\$86.90	7%
13	AVERAGE LENGTH OF STAY	4.4	4.1	(0.3)	-6%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,096,265	\$76,599,661	\$6,503,396	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,593,462	\$13,540,753	\$947,291	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.97%	17.68%	-0.29%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.08%	196.40%	4.31%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,925.44236	3,216.99052	291.54816	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,304.81	\$4,209.14	(\$95.67)	-2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,567.12	\$6,141.13	\$574.02	10%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,658.10	\$2,963.25	\$305.15	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,776,107	\$9,532,745	\$1,756,638	23%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$106,588,733	\$115,602,028	\$9,013,295	8%
24	TOTAL ACCRUED PAYMENTS	\$20,366,801	\$21,955,881	\$1,589,080	8%
25	TOTAL ALLOWANCES	\$86,221,932	\$93,646,147	\$7,424,215	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,473,125	\$13,763,242	\$3,290,117	31%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$10,402.56	\$10,189.98	(\$212.58)	-2%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,865.21	\$8,391.48	\$526.27	7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,871.92	\$10,350.27	\$478.35	5%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,962.90	\$7,172.39	\$209.48	3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$36,492,468	\$39,002,367	\$2,509,899	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,773,339	\$8,415,128	\$641,789	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.30%	21.58%	0.27%	1%
4	DISCHARGES	1,523	1,638	115	8%
5	CASE MIX INDEX (CMI)	0.87408	0.92000	0.04592	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,331.22384	1,506.96000	175.73616	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,839.24	\$5,584.17	(\$255.07)	-4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,563.32	\$4,605.80	\$42.48	1%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,025.97	\$2,807.31	\$781.34	39%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,697,018	\$4,230,497	\$1,533,479	57%
11	PATIENT DAYS	6,648	6,699	51	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,169.27	\$1,256.18	\$86.90	7%
13	AVERAGE LENGTH OF STAY	4.4	4.1	(0.3)	-6%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,096,265	\$76,599,661	\$6,503,396	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,593,462	\$13,540,753	\$947,291	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.97%	17.68%	-0.29%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.08%	196.40%	4.31%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,925.44236	3,216.99052	291.54816	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,304.81	\$4,209.14	(\$95.67)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,567.12	\$6,141.13	\$574.02	10%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,658.10	\$2,963.25	\$305.15	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,776,107	\$9,532,745	\$1,756,638	23%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$106,588,733	\$115,602,028	\$9,013,295	8%
24	TOTAL ACCRUED PAYMENTS	\$20,366,801	\$21,955,881	\$1,589,080	8%
25	TOTAL ALLOWANCES	\$86,221,932	\$93,646,147	\$7,424,215	9%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$147,675	\$166,684	\$19,009	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$166,684	\$166,684	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	100.00%	100.00%	0%
4	DISCHARGES	10	10	0	0%
5	CASE MIX INDEX (CMI)	0.65645	0.77000	0.11355	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6.56450	7.70000	1.13550	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$21,647.27	\$21,647.27	0%
8	PATIENT DAYS	26	24	(2)	-8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$6,945.17	\$6,945.17	0%
10	AVERAGE LENGTH OF STAY	2.6	2.4	(0.2)	-8%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$415,176	\$388,433	(\$26,743)	-6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$76,825	\$388,433	\$311,608	406%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$562,851	\$555,117	(\$7,734)	-1%
14	TOTAL ACCRUED PAYMENTS	\$76,825	\$555,117	\$478,292	623%
15	TOTAL ALLOWANCES	\$486,026	\$0	(\$486,026)	-100%
H. OTHER DATA					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
1	OTHER OPERATING REVENUE	\$5,691,910	\$8,671,262	\$2,979,352	52%
2	TOTAL OPERATING EXPENSES	\$141,153,441	\$150,278,225	\$9,124,784	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$3,122,499	\$3,734,054	\$611,555	20%
5	BAD DEBTS (CHARGES)	\$1,784,106	\$1,923,631	\$139,525	8%
6	UNCOMPENSATED CARE (CHARGES)	\$4,906,605	\$5,657,685	\$751,080	15%
7	COST OF UNCOMPENSATED CARE	\$1,380,785	\$1,647,084	\$266,298	19%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$106,588,733	\$115,602,028	\$9,013,295	8%
9	TOTAL ACCRUED PAYMENTS	\$20,366,801	\$21,955,881	\$1,589,080	8%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$29,995,520	\$33,654,435	\$3,658,915	12%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,628,719	\$11,698,554	\$2,069,835	21%
II. <u>AGGREGATE DATA</u>					
A. <u>TOTALS - ALL PAYERS</u>					
1	TOTAL INPATIENT CHARGES	\$212,414,605	\$237,873,801	\$25,459,196	12%
2	TOTAL INPATIENT PAYMENTS	\$64,748,718	\$77,317,471	\$12,568,753	19%
3	TOTAL INPATIENT PAYMENTS / CHARGES	30.48%	32.50%	2.02%	7%
4	TOTAL DISCHARGES	6,950	7,597	647	9%
5	TOTAL CASE MIX INDEX	1.13597	1.20212	0.06615	6%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,894.98249	9,132.53000	1,237.54751	16%
7	TOTAL OUTPATIENT CHARGES	\$299,395,028	\$314,364,443	\$14,969,415	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	140.95%	132.16%	-8.79%	-6%
9	TOTAL OUTPATIENT PAYMENTS	\$79,281,477	\$83,451,908	\$4,170,431	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.48%	26.55%	0.07%	0%
11	TOTAL CHARGES	\$511,809,633	\$552,238,244	\$40,428,611	8%
12	TOTAL PAYMENTS	\$144,030,195	\$160,769,379	\$16,739,184	12%
13	TOTAL PAYMENTS / TOTAL CHARGES	28.14%	29.11%	0.97%	3%
14	PATIENT DAYS	30,594	31,732	1,138	4%
B. <u>TOTALS - ALL GOVERNMENT PAYERS</u>					
1	INPATIENT CHARGES	\$158,818,374	\$172,612,160	\$13,793,786	9%
2	INPATIENT PAYMENTS	\$42,603,115	\$50,062,241	\$7,459,126	18%
3	GOVT. INPATIENT PAYMENTS / CHARGES	26.83%	29.00%	2.18%	8%
4	DISCHARGES	4,920	5,230	310	6%
5	CASE MIX INDEX	1.17198	1.23476	0.06279	5%
6	CASE MIX ADJUSTED DISCHARGES	5,766.12149	6,457.82000	691.69851	12%
7	OUTPATIENT CHARGES	\$175,385,853	\$184,101,582	\$8,715,729	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	110.43%	106.66%	-3.78%	-3%
9	OUTPATIENT PAYMENTS	\$32,913,582	\$34,551,493	\$1,637,911	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.77%	18.77%	0.00%	0%
11	TOTAL CHARGES	\$334,204,227	\$356,713,742	\$22,509,515	7%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
12	TOTAL PAYMENTS	\$75,516,697	\$84,613,734	\$9,097,037	12%
13	TOTAL PAYMENTS / CHARGES	22.60%	23.72%	1.12%	5%
14	PATIENT DAYS	23,262	23,779	517	2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$258,687,530	\$272,100,008	\$13,412,478	5%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.9	4.8	(0.1)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.4	(0.3)	-7%
3	UNINSURED	2.3	2.3	(0.0)	0%
4	MEDICAID	4.4	4.1	(0.3)	-6%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.6	2.4	(0.2)	-8%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.2	(0.2)	-5%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$511,809,633	\$552,238,244	\$40,428,611	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$258,687,530	\$272,100,008	\$13,412,478	5%
3	UNCOMPENSATED CARE	\$4,906,605	\$5,657,685	\$751,080	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,185,303	\$113,711,172	\$9,525,869	9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$367,779,438	\$391,468,865	\$23,689,427	6%
7	TOTAL ACCRUED PAYMENTS	\$144,030,195	\$160,769,379	\$16,739,184	12%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$144,030,195	\$160,769,379	\$16,739,184	12%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2814136072	0.2911232258	0.0097096186	3%
11	COST OF UNCOMPENSATED CARE	\$1,380,785	\$1,647,084	\$266,298	19%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,628,719	\$11,698,554	\$2,069,835	21%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$11,009,504	\$13,345,638	\$2,336,134	21%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$7,776,107	\$9,532,745	\$1,756,638	23%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$404,830	\$795,445	\$390,615	96%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,180,937	\$10,328,190	\$2,147,253	26%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,080,839)	(\$1,754,760)	(\$673,921)	62.35%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$142,949,359	\$159,014,625	\$16,065,266	11.24%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$511,809,632	\$552,238,245	\$40,428,613	7.90%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,906,605	\$5,657,685	\$751,080	15.31%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$53,596,231	\$65,261,641	\$11,665,410
2	MEDICARE	\$122,178,231	133,443,109	\$11,264,878
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,492,468	39,002,367	\$2,509,899
4	MEDICAID	\$36,492,468	39,002,367	\$2,509,899
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$147,675	166,684	\$19,009
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$295,352	391,041	\$95,689
	TOTAL INPATIENT GOVERNMENT CHARGES	\$158,818,374	\$172,612,160	\$13,793,786
	TOTAL INPATIENT CHARGES	\$212,414,605	\$237,873,801	\$25,459,196
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$124,009,175	\$130,262,861	\$6,253,686
2	MEDICARE	\$104,874,412	107,113,488	\$2,239,076
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$70,096,265	76,599,661	\$6,503,396
4	MEDICAID	\$70,096,265	76,599,661	\$6,503,396
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$415,176	388,433	(\$26,743)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,562,693	2,696,497	\$133,804
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$175,385,853	\$184,101,582	\$8,715,729
	TOTAL OUTPATIENT CHARGES	\$299,395,028	\$314,364,443	\$14,969,415
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$177,605,406	\$195,524,502	\$17,919,096
2	TOTAL MEDICARE	\$227,052,643	\$240,556,597	\$13,503,954
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$106,588,733	\$115,602,028	\$9,013,295
4	TOTAL MEDICAID	\$106,588,733	\$115,602,028	\$9,013,295
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$562,851	\$555,117	(\$7,734)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,858,045	\$3,087,538	\$229,493
	TOTAL GOVERNMENT CHARGES	\$334,204,227	\$356,713,742	\$22,509,515
	TOTAL CHARGES	\$511,809,633	\$552,238,244	\$40,428,611
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,145,603	\$27,255,230	\$5,109,627
2	MEDICARE	\$34,829,776	41,480,429	\$6,650,653
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,773,339	8,415,128	\$641,789
4	MEDICAID	\$7,773,339	8,415,128	\$641,789
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$0	166,684	\$166,684
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$99,041	135,790	\$36,749
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$42,603,115	\$50,062,241	\$7,459,126
	TOTAL INPATIENT PAYMENTS	\$64,748,718	\$77,317,471	\$12,568,753
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,367,895	\$48,900,415	\$2,532,520
2	MEDICARE	\$20,243,295	20,622,307	\$379,012
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,593,462	13,540,753	\$947,291
4	MEDICAID	\$12,593,462	13,540,753	\$947,291
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$76,825	388,433	\$311,608
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$241,000	171,104	(\$69,896)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$32,913,582	\$34,551,493	\$1,637,911
	TOTAL OUTPATIENT PAYMENTS	\$79,281,477	\$83,451,908	\$4,170,431
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$68,513,498	\$76,155,645	\$7,642,147
2	TOTAL MEDICARE	\$55,073,071	\$62,102,736	\$7,029,665
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,366,801	\$21,955,881	\$1,589,080
4	TOTAL MEDICAID	\$20,366,801	\$21,955,881	\$1,589,080

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$76,825	\$555,117	\$478,292
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$340,041	\$306,894	(\$33,147)
	TOTAL GOVERNMENT PAYMENTS	\$75,516,697	\$84,613,734	\$9,097,037
	TOTAL PAYMENTS	\$144,030,195	\$160,769,379	\$16,739,184
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.47%	11.82%	1.35%
2	MEDICARE	23.87%	24.16%	0.29%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.13%	7.06%	-0.07%
4	MEDICAID	7.13%	7.06%	-0.07%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.06%	0.07%	0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.03%	31.26%	0.23%
	TOTAL INPATIENT PAYER MIX	41.50%	43.07%	1.57%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.23%	23.59%	-0.64%
2	MEDICARE	20.49%	19.40%	-1.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.70%	13.87%	0.17%
4	MEDICAID	13.70%	13.87%	0.17%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.50%	0.49%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	34.27%	33.34%	-0.93%
	TOTAL OUTPATIENT PAYER MIX	58.50%	56.93%	-1.57%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.38%	16.95%	1.58%
2	MEDICARE	24.18%	25.80%	1.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.40%	5.23%	-0.16%
4	MEDICAID	5.40%	5.23%	-0.16%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.00%	0.10%	0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07%	0.08%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.58%	31.14%	1.56%
	TOTAL INPATIENT PAYER MIX	44.95%	48.09%	3.14%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.19%	30.42%	-1.78%
2	MEDICARE	14.05%	12.83%	-1.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.74%	8.42%	-0.32%
4	MEDICAID	8.74%	8.42%	-0.32%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.05%	0.24%	0.19%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.11%	-0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.85%	21.49%	-1.36%
	TOTAL OUTPATIENT PAYER MIX	55.05%	51.91%	-3.14%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,030	2,367	337
2	MEDICARE	3,387	3,582	195
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,523	1,638	115
4	MEDICAID	1,523	1,638	115
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	10	10	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11	19	8
	TOTAL GOVERNMENT DISCHARGES	4,920	5,230	310
	TOTAL DISCHARGES	6,950	7,597	647
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,332	7,953	621
2	MEDICARE	16,588	17,056	468
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,648	6,699	51
4	MEDICAID	6,648	6,699	51
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	26	24	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25	43	18
	TOTAL GOVERNMENT PATIENT DAYS	23,262	23,779	517
	TOTAL PATIENT DAYS	30,594	31,732	1,138
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.4	(0.3)
2	MEDICARE	4.9	4.8	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.4	4.1	(0.3)
4	MEDICAID	4.4	4.1	(0.3)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.6	2.4	(0.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.3	2.3	(0.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.5	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.4	4.2	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.04870	1.13000	0.08130
2	MEDICARE	1.30745	1.38000	0.07255
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87408	0.92000	0.04592
4	MEDICAID	0.87408	0.92000	0.04592
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.65645	0.77000	0.11355
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92817	1.02000	0.09183
	TOTAL GOVERNMENT CASE MIX INDEX	1.17198	1.23476	0.06279
	TOTAL CASE MIX INDEX	1.13597	1.20212	0.06615
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$174,747,361	\$192,436,964	\$17,689,603
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$70,562,058	\$78,725,792	\$8,163,734
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,185,303	\$113,711,172	\$9,525,869
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.62%	59.09%	-0.53%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
8	CHARITY CARE	\$3,122,499	\$3,734,054	\$611,555
9	BAD DEBTS	\$1,784,106	\$1,923,631	\$139,525
10	TOTAL UNCOMPENSATED CARE	\$4,906,605	\$5,657,685	\$751,080
11	TOTAL OTHER OPERATING REVENUE	\$5,691,910	\$8,671,262	\$2,979,352
12	TOTAL OPERATING EXPENSES	\$141,153,441	\$150,278,225	\$9,124,784
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,128.86100	2,674.71000	545.84900
2	MEDICARE	4,428.33315	4,943.16000	514.82685
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,331.22384	1,506.96000	175.73616
4	MEDICAID	1,331.22384	1,506.96000	175.73616
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	6.56450	7.70000	1.13550
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.20987	19.38000	9.17013
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,766.12149	6,457.82000	691.69851
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,894.98249	9,132.53000	1,237.54751
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,696.94642	4,724.55469	27.60827
2	MEDICARE	2,907.30706	2,875.23662	-32.07044
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,925.44236	3,216.99052	291.54816
4	MEDICAID	2,925.44236	3,216.99052	291.54816
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	28.11417	23.30356	-4.81061
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	95.44416	131.01809	35.57393
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,860.86359	6,115.53069	254.66711
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	10,557.81000	10,840.08538	282.27538
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,402.56	\$10,189.98	(\$212.58)
2	MEDICARE	\$7,865.21	\$8,391.48	\$526.27
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,839.24	\$5,584.17	(\$255.07)
4	MEDICAID	\$5,839.24	\$5,584.17	(\$255.07)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$0.00	\$21,647.27	\$21,647.27
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,700.52	\$7,006.71	(\$2,693.81)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,388.52	\$7,752.19	\$363.67
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,201.25	\$8,466.16	\$264.91
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,871.92	\$10,350.27	\$478.35
2	MEDICARE	\$6,962.90	\$7,172.39	\$209.48
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,304.81	\$4,209.14	(\$95.67)
4	MEDICAID	\$4,304.81	\$4,209.14	(\$95.67)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$2,732.61	\$16,668.40	\$13,935.79
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,525.04	\$1,305.96	(\$1,219.08)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,615.82	\$5,649.79	\$33.97
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,509.27	\$7,698.45	\$189.18
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$7,776,107	\$9,532,745	\$1,756,638
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$404,830	\$795,445	\$390,615
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,180,937	\$10,328,190	\$2,147,253
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$511,809,633	\$552,238,244	\$40,428,611
2	TOTAL GOVERNMENT DEDUCTIONS	\$258,687,530	\$272,100,008	\$13,412,478
3	UNCOMPENSATED CARE	\$4,906,605	\$5,657,685	\$751,080
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,185,303	\$113,711,172	\$9,525,869
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$367,779,438	\$391,468,865	\$23,689,427
7	TOTAL ACCRUED PAYMENTS	\$144,030,195	\$160,769,379	\$16,739,184
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$144,030,195	\$160,769,379	\$16,739,184
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2814136072	0.2911232258	0.0097096186
11	COST OF UNCOMPENSATED CARE	\$1,380,785	\$1,647,084	\$266,298
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,628,719	\$11,698,554	\$2,069,835
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$11,009,504	\$13,345,638	\$2,336,134
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.32%	41.76%	0.44%
2	MEDICARE	28.51%	31.08%	2.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.30%	21.58%	0.27%
4	MEDICAID	21.30%	21.58%	0.27%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.00%	100.00%	100.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33.53%	34.73%	1.19%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	26.83%	29.00%	2.18%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	30.48%	32.50%	2.02%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.39%	37.54%	0.15%
2	MEDICARE	19.30%	19.25%	-0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.97%	17.68%	-0.29%
4	MEDICAID	17.97%	17.68%	-0.29%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	18.50%	100.00%	81.50%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.40%	6.35%	-3.06%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	18.77%	18.77%	0.00%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.48%	26.55%	0.07%
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$144,030,195	\$160,769,379	\$16,739,184
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$144,030,195	\$160,769,379	\$16,739,184
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,080,839)	(\$1,754,760)	(\$673,921)
4	CALCULATED NET REVENUE	\$144,733,462	\$159,014,619	\$14,281,157
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$142,949,359	\$159,014,625	\$16,065,266

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1,784,103	(\$6)	(\$1,784,109)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$511,809,633	\$552,238,244	\$40,428,611
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$511,809,633	\$552,238,244	\$40,428,611
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$511,809,632	\$552,238,245	\$40,428,613
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	(\$1)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,906,605	\$5,657,685	\$751,080
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,906,605	\$5,657,685	\$751,080
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,906,605	\$5,657,685	\$751,080
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GRIFFIN HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,261,641
2	MEDICARE	133,443,109
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39,002,367
4	MEDICAID	39,002,367
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	166,684
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	391,041
	TOTAL INPATIENT GOVERNMENT CHARGES	\$172,612,160
	TOTAL INPATIENT CHARGES	\$237,873,801
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$130,262,861
2	MEDICARE	107,113,488
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	76,599,661
4	MEDICAID	76,599,661
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	388,433
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,696,497
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$184,101,582
	TOTAL OUTPATIENT CHARGES	\$314,364,443
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$195,524,502
2	TOTAL GOVERNMENT ACCRUED CHARGES	356,713,742
	TOTAL ACCRUED CHARGES	\$552,238,244
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,255,230
2	MEDICARE	41,480,429
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,415,128
4	MEDICAID	8,415,128
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	166,684
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	135,790
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$50,062,241
	TOTAL INPATIENT PAYMENTS	\$77,317,471
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,900,415
2	MEDICARE	20,622,307
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,540,753
4	MEDICAID	13,540,753
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	388,433
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	171,104
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,551,493
	TOTAL OUTPATIENT PAYMENTS	\$83,451,908
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$76,155,645
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	84,613,734
	TOTAL ACCRUED PAYMENTS	\$160,769,379

GRIFFIN HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,367
2	MEDICARE	3,582
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,638
4	MEDICAID	1,638
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19
	TOTAL GOVERNMENT DISCHARGES	5,230
	TOTAL DISCHARGES	7,597
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13000
2	MEDICARE	1.38000
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92000
4	MEDICAID	0.92000
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.77000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02000
	TOTAL GOVERNMENT CASE MIX INDEX	1.23476
	TOTAL CASE MIX INDEX	1.20212
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$192,436,964
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$78,725,792
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$113,711,172
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.09%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$3,734,054
9	BAD DEBTS	\$1,923,631
10	TOTAL UNCOMPENSATED CARE	\$5,657,685
11	TOTAL OTHER OPERATING REVENUE	\$8,671,262
12	TOTAL OPERATING EXPENSES	\$150,278,225
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$160,769,379
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$160,769,379
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,754,760)
	CALCULATED NET REVENUE	\$159,014,619
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$159,014,625

GRIFFIN HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$6)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$552,238,244
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$552,238,244
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$552,238,245
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,657,685
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,657,685
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,657,685
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	195	170	(25)	-13%
2	Number of Approved Applicants	150	139	(11)	-7%
3	Total Charges (A)	\$3,122,499	\$3,734,054	\$611,555	20%
4	Average Charges	\$20,817	\$26,864	\$6,047	29%
5	Ratio of Cost to Charges (RCC)	0.267952	0.272759	0.004807	2%
6	Total Cost	\$836,680	\$1,018,497	\$181,817	22%
7	Average Cost	\$5,578	\$7,327	\$1,749	31%
8	Charity Care - Inpatient Charges	\$1,405,124	\$1,306,919	(\$98,205)	-7%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	999,200	1,045,535	46,335	5%
10	Charity Care - Emergency Department Charges	718,175	1,381,600	663,425	92%
11	Total Charges (A)	\$3,122,499	\$3,734,054	\$611,555	20%
12	Charity Care - Number of Patient Days	10,048	6,847	(3,201)	-32%
13	Charity Care - Number of Discharges	439	558	119	27%
14	Charity Care - Number of Outpatient ED Visits	6,893	3,212	(3,681)	-53%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,716	3,077	361	13%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$535,232	\$596,326	\$61,094	11%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	481,709	577,089	95,380	20%
3	Bad Debts - Emergency Department	767,165	750,216	(16,949)	-2%
4	Total Bad Debts (A)	\$1,784,106	\$1,923,631	\$139,525	8%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$3,122,499	\$3,734,054	\$611,555	20%
2	Bad Debts (A)	1,784,106	1,923,631	139,525	8%
3	Total Uncompensated Care (A)	\$4,906,605	\$5,657,685	\$751,080	15%
4	Uncompensated Care - Inpatient Services	\$1,940,356	\$1,903,245	(\$37,111)	-2%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,480,909	1,622,624	141,715	10%
6	Uncompensated Care - Emergency Department	1,485,340	2,131,816	646,476	44%
7	Total Uncompensated Care (A)	\$4,906,605	\$5,657,685	\$751,080	15%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCURED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2015	(4) FY 2016	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$174,747,361	\$192,436,964	\$17,689,603	10%
2	Total Contractual Allowances	\$104,185,303	\$113,711,172	\$9,525,869	9%
	Total Accrued Payments (A)	\$70,562,058	\$78,725,792	\$8,163,734	12%
	Total Discount Percentage	59.62%	59.09%	-0.53%	-1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$205,456,234	\$212,414,605	\$237,873,801
2	Outpatient Gross Revenue	\$277,462,740	\$299,395,028	\$314,364,443
3	Total Gross Patient Revenue	\$482,918,974	\$511,809,633	\$552,238,244
4	Net Patient Revenue	\$135,897,993	\$142,949,359	\$159,014,625
B. Total Operating Expenses				
1	Total Operating Expense	\$130,275,487	\$141,153,441	\$150,278,225
C. Utilization Statistics				
1	Patient Days	30,806	30,594	31,732
2	Discharges	6,935	6,950	7,597
3	Average Length of Stay	4.4	4.4	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	72,409	73,716	73,668
0	Equivalent (Adjusted) Discharges (ED)	16,301	16,746	17,637
D. Case Mix Statistics				
1	Case Mix Index	1.13219	1.13597	1.20212
2	Case Mix Adjusted Patient Days (CMAPD)	34,878	34,754	38,146
3	Case Mix Adjusted Discharges (CMAD)	7,852	7,895	9,133
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	81,981	83,739	88,558
5	Case Mix Adjusted Equivalent Discharges (CMAED)	18,455	19,023	21,202
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$15,676	\$16,729	\$17,403
2	Total Gross Revenue per Discharge	\$69,635	\$73,642	\$72,692
3	Total Gross Revenue per EPD	\$6,669	\$6,943	\$7,496
4	Total Gross Revenue per ED	\$29,626	\$30,563	\$31,312
5	Total Gross Revenue per CMAEPD	\$5,891	\$6,112	\$6,236
6	Total Gross Revenue per CMAED	\$26,167	\$26,905	\$26,047

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
7	Inpatient Gross Revenue per EPD	\$2,837	\$2,882	\$3,229
8	Inpatient Gross Revenue per ED	\$12,604	\$12,685	\$13,487
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$4,411	\$4,672	\$5,011
2	Net Patient Revenue per Discharge	\$19,596	\$20,568	\$20,931
3	Net Patient Revenue per EPD	\$1,877	\$1,939	\$2,159
4	Net Patient Revenue per ED	\$8,337	\$8,536	\$9,016
5	Net Patient Revenue per CMAEPD	\$1,658	\$1,707	\$1,796
6	Net Patient Revenue per CMAED	\$7,364	\$7,515	\$7,500
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,229	\$4,614	\$4,736
2	Total Operating Expense per Discharge	\$18,785	\$20,310	\$19,781
3	Total Operating Expense per EPD	\$1,799	\$1,915	\$2,040
4	Total Operating Expense per ED	\$7,992	\$8,429	\$8,521
5	Total Operating Expense per CMAEPD	\$1,589	\$1,686	\$1,697
6	Total Operating Expense per CMAED	\$7,059	\$7,420	\$7,088
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$20,849,734	\$21,477,461	\$22,179,490
2	Nursing Fringe Benefits Expense	\$6,274,634	\$7,125,501	\$6,599,341
3	Total Nursing Salary and Fringe Benefits Expense	\$27,124,368	\$28,602,962	\$28,778,831
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$3,821,225	\$3,595,537	\$3,815,671
2	Physician Fringe Benefits Expense	\$1,149,980	\$1,192,878	\$1,135,332
3	Total Physician Salary and Fringe Benefits Expense	\$4,971,205	\$4,788,415	\$4,951,003
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$31,025,618	\$32,916,206	\$36,121,763

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$9,337,021	\$10,920,486	\$10,747,758
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$40,362,639	\$43,836,692	\$46,869,521
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$55,696,577	\$57,989,204	\$62,116,924
2	Total Fringe Benefits Expense	\$16,761,635	\$19,238,865	\$18,482,431
3	Total Salary and Fringe Benefits Expense	\$72,458,212	\$77,228,069	\$80,599,355
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	315.7	319.8	332.4
2	Total Physician FTEs	49.7	46.6	46.6
3	Total Non-Nursing, Non-Physician FTEs	558.8	602.1	604.0
4	Total Full Time Equivalent Employees (FTEs)	924.2	968.5	983.0
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$66,043	\$67,159	\$66,725
2	Nursing Fringe Benefits Expense per FTE	\$19,875	\$22,281	\$19,854
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$85,918	\$89,440	\$86,579
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$76,886	\$77,157	\$81,881
2	Physician Fringe Benefits Expense per FTE	\$23,138	\$25,598	\$24,363
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$100,024	\$102,756	\$106,245
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,522	\$54,669	\$59,804
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,709	\$18,137	\$17,794
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$72,231	\$72,806	\$77,599
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$60,265	\$59,875	\$63,191

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Total Fringe Benefits Expense per FTE	\$18,136	\$19,865	\$18,802
3	Total Salary and Fringe Benefits Expense per FTE	\$78,401	\$79,740	\$81,993
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,352	\$2,524	\$2,540
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,448	\$11,112	\$10,609
3	Total Salary and Fringe Benefits Expense per EPD	\$1,001	\$1,048	\$1,094
4	Total Salary and Fringe Benefits Expense per ED	\$4,445	\$4,612	\$4,570
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$884	\$922	\$910
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,926	\$4,060	\$3,802