

JOHNSON MEMORIAL 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	\$1,675,853	\$85,944	(\$1,589,909)	-95%
2	Short Term Investments	\$0	\$1,067,756	\$1,067,756	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,554,938	\$17,416,699	\$7,861,761	82%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,506,354	\$1,513,473	\$7,119	0%
8	Prepaid Expenses	\$1,497,131	\$676,712	(\$820,419)	-55%
9	Other Current Assets	\$329,908	\$3,525,137	\$3,195,229	969%
	Total Current Assets	\$14,564,184	\$24,285,721	\$9,721,537	67%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,425,921	\$542,472	(\$2,883,449)	-84%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$224,917	\$0	(\$224,917)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$843,587	\$0	(\$843,587)	-100%
	Total Noncurrent Assets Whose Use is Limited:	\$4,494,425	\$542,472	(\$3,951,953)	-88%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,467,074	\$3,202,165	(\$264,909)	-8%
7	Other Noncurrent Assets	\$8,986,456	\$805,530	(\$8,180,926)	-91%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$66,495,422	\$20,747,175	(\$45,748,247)	-69%
2	Less: Accumulated Depreciation	\$45,821,926	\$861,533	(\$44,960,393)	-98%
	Property, Plant and Equipment, Net	\$20,673,496	\$19,885,642	(\$787,854)	-4%
3	Construction in Progress	\$0	\$870,370	\$870,370	0%
	Total Net Fixed Assets	\$20,673,496	\$20,756,012	\$82,516	0%
	Total Assets	\$52,185,635	\$49,591,900	(\$2,593,735)	-5%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

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1	Accounts Payable and Accrued Expenses	\$8,861,782	\$4,482,470	(\$4,379,312)	-49%
2	Salaries, Wages and Payroll Taxes	\$1,895,078	\$2,489,512	\$594,434	31%
3	Due To Third Party Payers	\$2,212,362	\$843,823	(\$1,368,539)	-62%
4	Due To Affiliates	\$0	\$23,268,975	\$23,268,975	0%
5	Current Portion of Long Term Debt	\$11,987,500	\$388,912	(\$11,598,588)	-97%
6	Current Portion of Notes Payable	\$838,274	\$0	(\$838,274)	-100%
7	Other Current Liabilities	\$10,142,734	\$531,683	(\$9,611,051)	-95%
	Total Current Liabilities	\$35,937,730	\$32,005,375	(\$3,932,355)	-11%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$4,572,057	\$4,367,427	(\$204,630)	-4%
	Total Long Term Debt	\$4,572,057	\$4,367,427	(\$204,630)	-4%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$7,433,424	\$18,845,314	\$11,411,890	154%
	Total Long Term Liabilities	\$12,005,481	\$23,212,741	\$11,207,260	93%
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	(\$498,600)	(\$6,168,689)	(\$5,670,089)	1137%
2	Temporarily Restricted Net Assets	\$471,516	\$542,473	\$70,957	15%
3	Permanently Restricted Net Assets	\$4,269,508	\$0	(\$4,269,508)	-100%
	Total Net Assets	\$4,242,424	(\$5,626,216)	(\$9,868,640)	-233%
	Total Liabilities and Net Assets	\$52,185,635	\$49,591,900	(\$2,593,735)	-5%

JOHNSON MEMORIAL HOSPITAL					
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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	\$171,319,321	\$168,025,861	(\$3,293,460)	-2%
2	Less: Allowances	\$102,596,531	\$106,771,249	\$4,174,718	4%
3	Less: Charity Care	\$221,056	\$160,880	(\$60,176)	-27%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$68,501,734	\$61,093,732	(\$7,408,002)	-11%
5	Provision for Bad Debts	\$3,114,000	\$1,977,084	(\$1,136,916)	-37%
	Net Patient Service Revenue less provision for bad debts	\$65,387,734	\$59,116,648	(\$6,271,086)	-10%
6	Other Operating Revenue	\$590,810	\$2,726,640	\$2,135,830	362%
7	Net Assets Released from Restrictions	\$23,905	\$18,000	(\$5,905)	-25%
	Total Operating Revenue	\$66,002,449	\$61,861,288	(\$4,141,161)	-6%
B. Operating Expenses:					
1	Salaries and Wages	\$24,833,219	\$25,747,624	\$914,405	4%
2	Fringe Benefits	\$6,111,895	\$6,228,877	\$116,982	2%
3	Physicians Fees	\$4,050,496	\$5,219,086	\$1,168,590	29%
4	Supplies and Drugs	\$10,665,670	\$10,205,613	(\$460,057)	-4%
5	Depreciation and Amortization	\$1,804,654	\$3,012,066	\$1,207,412	67%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$975,626	\$913,249	(\$62,377)	-6%
8	Malpractice Insurance Cost	\$1,058,521	\$293,627	(\$764,894)	-72%
9	Other Operating Expenses	\$20,739,982	\$15,310,826	(\$5,429,156)	-26%
	Total Operating Expenses	\$70,240,063	\$66,930,968	(\$3,309,095)	-5%
	Income/(Loss) From Operations	(\$4,237,614)	(\$5,069,680)	(\$832,066)	20%
C. Non-Operating Revenue:					
1	Income from Investments	\$228,556	\$33,526	(\$195,030)	-85%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	(\$241,788)	(\$241,788)	0%
	Total Non-Operating Revenue	\$228,556	(\$208,262)	(\$436,818)	-191%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$4,009,058)	(\$5,277,942)	(\$1,268,884)	32%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	(\$605,078)	(\$605,078)	0%
	Total Other Adjustments	\$0	(\$605,078)	(\$605,078)	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$4,009,058)	(\$5,883,020)	(\$1,873,962)	47%
	Principal Payments	\$184,222	\$838,273	\$654,051	355%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$26,176,710	\$23,833,764	(\$2,342,946)	-9%
2	MEDICARE MANAGED CARE	\$9,017,001	\$8,815,862	(\$201,139)	-2%
3	MEDICAID	\$10,212,033	\$12,596,038	\$2,384,005	23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$741,009	\$195,459	(\$545,550)	-74%
6	COMMERCIAL INSURANCE	\$715,246	\$387,265	(\$327,981)	-46%
7	NON-GOVERNMENT MANAGED CARE	\$11,458,464	\$9,997,004	(\$1,461,460)	-13%
8	WORKER'S COMPENSATION	\$136,899	\$50,378	(\$86,521)	-63%
9	SELF- PAY/UNINSURED	\$706,618	\$566,385	(\$140,233)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$59,163,980	\$56,442,155	(\$2,721,825)	-5%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$29,476,708	\$32,760,209	\$3,283,501	11%
2	MEDICARE MANAGED CARE	\$13,991,385	\$14,850,229	\$858,844	6%
3	MEDICAID	\$21,840,217	\$19,887,280	(\$1,952,937)	-9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$743,123	\$358,237	(\$384,886)	-52%
6	COMMERCIAL INSURANCE	\$1,275,247	\$1,652,060	\$376,813	30%
7	NON-GOVERNMENT MANAGED CARE	\$41,336,844	\$38,579,134	(\$2,757,710)	-7%
8	WORKER'S COMPENSATION	\$2,034,037	\$1,820,432	(\$213,605)	-11%
9	SELF- PAY/UNINSURED	\$1,457,778	\$1,676,126	\$218,348	15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$112,155,339	\$111,583,707	(\$571,632)	-1%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$55,653,418	\$56,593,973	\$940,555	2%
2	MEDICARE MANAGED CARE	\$23,008,386	\$23,666,091	\$657,705	3%
3	MEDICAID	\$32,052,250	\$32,483,318	\$431,068	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,484,132	\$553,696	(\$930,436)	-63%
6	COMMERCIAL INSURANCE	\$1,990,493	\$2,039,325	\$48,832	2%
7	NON-GOVERNMENT MANAGED CARE	\$52,795,308	\$48,576,138	(\$4,219,170)	-8%
8	WORKER'S COMPENSATION	\$2,170,936	\$1,870,810	(\$300,126)	-14%
9	SELF- PAY/UNINSURED	\$2,164,396	\$2,242,511	\$78,115	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$171,319,319	\$168,025,862	(\$3,293,457)	-2%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$9,839,566	\$8,581,953	(\$1,257,613)	-13%
2	MEDICARE MANAGED CARE	\$3,039,798	\$2,477,586	(\$562,212)	-18%
3	MEDICAID	\$3,942,846	\$3,771,267	(\$171,579)	-4%

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(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	\$273,260	\$71,872	(\$201,388)	-74%
6	COMMERCIAL INSURANCE	\$539,280	\$338,805	(\$200,475)	-37%
7	NON-GOVERNMENT MANAGED CARE	\$7,625,014	\$6,882,113	(\$742,901)	-10%
8	WORKER'S COMPENSATION	\$109,895	\$5,513	(\$104,382)	-95%
9	SELF- PAY/UNINSURED	\$13,345	\$14,173	\$828	6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$25,383,004	\$22,143,282	(\$3,239,722)	-13%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$6,870,264	\$7,968,558	\$1,098,294	16%
2	MEDICARE MANAGED CARE	\$3,272,062	\$2,871,669	(\$400,393)	-12%
3	MEDICAID	\$4,752,140	\$3,399,841	(\$1,352,299)	-28%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$257,374	\$56,407	(\$200,967)	-78%
6	COMMERCIAL INSURANCE	\$817,554	\$1,059,395	\$241,841	30%
7	NON-GOVERNMENT MANAGED CARE	\$22,881,508	\$20,665,333	(\$2,216,175)	-10%
8	WORKER'S COMPENSATION	\$1,041,324	\$734,031	(\$307,293)	-30%
9	SELF- PAY/UNINSURED	\$112,504	\$218,130	\$105,626	94%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$40,004,730	\$36,973,364	(\$3,031,366)	-8%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$16,709,830	\$16,550,511	(\$159,319)	-1%
2	MEDICARE MANAGED CARE	\$6,311,860	\$5,349,255	(\$962,605)	-15%
3	MEDICAID	\$8,694,986	\$7,171,108	(\$1,523,878)	-18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$530,634	\$128,279	(\$402,355)	-76%
6	COMMERCIAL INSURANCE	\$1,356,834	\$1,398,200	\$41,366	3%
7	NON-GOVERNMENT MANAGED CARE	\$30,506,522	\$27,547,446	(\$2,959,076)	-10%
8	WORKER'S COMPENSATION	\$1,151,219	\$739,544	(\$411,675)	-36%
9	SELF- PAY/UNINSURED	\$125,849	\$232,303	\$106,454	85%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$65,387,734	\$59,116,646	(\$6,271,088)	-10%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	1,104	1,037	(67)	-6%
2	MEDICARE MANAGED CARE	373	396	23	6%
3	MEDICAID	678	892	214	32%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	50	20	(30)	-60%
6	COMMERCIAL INSURANCE	46	40	(6)	-13%
7	NON-GOVERNMENT MANAGED CARE	743	704	(39)	-5%
8	WORKER'S COMPENSATION	3	2	(1)	-33%
9	SELF- PAY/UNINSURED	39	47	8	21%
10	SAGA	0	0	0	0%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	3,036	3,138	102	3%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	6,307	5,600	(707)	-11%
2	MEDICARE MANAGED CARE	1,969	2,075	106	5%
3	MEDICAID	3,070	4,464	1,394	45%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	285	58	(227)	-80%
6	COMMERCIAL INSURANCE	233	198	(35)	-15%
7	NON-GOVERNMENT MANAGED CARE	2,988	2,813	(175)	-6%
8	WORKER'S COMPENSATION	11	8	(3)	-27%
9	SELF- PAY/UNINSURED	228	148	(80)	-35%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	15,091	15,364	273	2%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	23,693	19,681	(4,012)	-17%
2	MEDICARE MANAGED CARE	10,968	9,018	(1,950)	-18%
3	MEDICAID	13,058	11,508	(1,550)	-12%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	458	298	(160)	-35%
6	COMMERCIAL INSURANCE	931	1,006	75	8%
7	NON-GOVERNMENT MANAGED CARE	28,699	24,897	(3,802)	-13%
8	WORKER'S COMPENSATION	1,259	992	(267)	-21%
9	SELF- PAY/UNINSURED	1,758	1,577	(181)	-10%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	80,824	68,977	(11,847)	-15%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$5,940,127	\$7,077,789	\$1,137,662	19%
2	MEDICARE MANAGED CARE	\$2,182,741	\$3,742,816	\$1,560,075	71%
3	MEDICAID	\$11,499,785	\$11,694,679	\$194,894	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$315,271	\$174,023	(\$141,248)	-45%
6	COMMERCIAL INSURANCE	\$724,048	\$872,585	\$148,537	21%
7	NON-GOVERNMENT MANAGED CARE	\$10,354,744	\$11,772,268	\$1,417,524	14%
8	WORKER'S COMPENSATION	\$726,635	\$576,440	(\$150,195)	-21%
9	SELF- PAY/UNINSURED	\$1,091,962	\$1,323,150	\$231,188	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$32,835,313	\$37,233,750	\$4,398,437	13%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,448,125	\$1,601,999	\$153,874	11%
2	MEDICARE MANAGED CARE	\$507,840	\$800,911	\$293,071	58%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$1,906,892	\$1,887,526	(\$19,366)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$65,666	\$42,441	(\$23,225)	-35%
6	COMMERCIAL INSURANCE	\$326,974	\$461,588	\$134,614	41%
7	NON-GOVERNMENT MANAGED CARE	\$5,060,023	\$5,830,516	\$770,493	15%
8	WORKER'S COMPENSATION	\$435,951	\$315,199	(\$120,752)	-28%
9	SELF- PAY/UNINSURED	\$39,347	\$56,305	\$16,958	43%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$9,790,818	\$10,996,485	\$1,205,667	12%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	2,770	2,767	(3)	0%
2	MEDICARE MANAGED CARE	1,011	1,247	236	23%
3	MEDICAID	5,522	5,463	(59)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	184	112	(72)	-39%
6	COMMERCIAL INSURANCE	371	403	32	9%
7	NON-GOVERNMENT MANAGED CARE	5,617	5,523	(94)	-2%
8	WORKER'S COMPENSATION	500	441	(59)	-12%
9	SELF- PAY/UNINSURED	654	794	140	21%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	16,629	16,750	121	1%

JOHNSON MEMORIAL 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. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$8,836,210	\$9,248,301	\$412,091	5%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$15,997,009	\$16,499,323	\$502,314	3%
	Total Salaries & Wages	\$24,833,219	\$25,747,624	\$914,405	4%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$2,174,748	\$2,237,353	\$62,605	3%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$3,937,147	\$3,991,524	\$54,377	1%
	Total Fringe Benefits	\$6,111,895	\$6,228,877	\$116,982	2%
C. Contractual Labor Fees:					
1	Nursing Fees	\$669,863	\$726,832	\$56,969	9%
2	Physician Fees	\$4,050,496	\$5,219,086	\$1,168,590	29%
3	Non-Nursing, Non-Physician Fees	\$937,174	\$525,802	(\$411,372)	-44%
	Total Contractual Labor Fees	\$5,657,533	\$6,471,720	\$814,187	14%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$4,253,115	\$3,535,930	(\$717,185)	-17%
2	Pharmaceutical Costs	\$6,412,555	\$6,669,683	\$257,128	4%
	Total Medical Supplies and Pharmaceutical Cost	\$10,665,670	\$10,205,613	(\$460,057)	-4%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$978,079	\$456,943	(\$521,136)	-53%
2	Depreciation-Equipment	\$774,017	\$2,533,348	\$1,759,331	227%
3	Amortization	\$52,558	\$21,775	(\$30,783)	-59%
	Total Depreciation and Amortization	\$1,804,654	\$3,012,066	\$1,207,412	67%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$975,626	\$913,249	(\$62,377)	-6%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,058,521	\$293,627	(\$764,894)	-72%
I. Utilities:					
1	Water	\$35,952	\$96,109	\$60,157	167%
2	Natural Gas	\$36,036	\$15,878	(\$20,158)	-56%
3	Oil	\$609,556	\$404,694	(\$204,862)	-34%
4	Electricity	\$749,113	\$681,927	(\$67,186)	-9%
5	Telephone	\$170,367	\$200,104	\$29,737	17%
6	Other Utilities	\$77,710	\$145,206	\$67,496	87%
	Total Utilities	\$1,678,734	\$1,543,918	(\$134,816)	-8%
J. Business Expenses:					

JOHNSON MEMORIAL 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	\$97,600	\$52,926	(\$44,674)	-46%
2	Legal Fees	\$1,849,015	\$133,817	(\$1,715,198)	-93%
3	Consulting Fees	\$1,982,669	\$235,015	(\$1,747,654)	-88%
4	Dues and Membership	\$223,876	\$220,251	(\$3,625)	-2%
5	Equipment Leases	\$427,556	\$355,306	(\$72,250)	-17%
6	Building Leases	\$945,902	\$802,745	(\$143,157)	-15%
7	Repairs and Maintenance	\$496,838	\$471,109	(\$25,729)	-5%
8	Insurance	\$175,514	\$192,017	\$16,503	9%
9	Travel	\$26,680	\$18,334	(\$8,346)	-31%
10	Conferences	\$2,261	\$1,766	(\$495)	-22%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$445,464	\$372,708	(\$72,756)	-16%
13	Licenses and Subscriptions	\$34,738	\$36,019	\$1,281	4%
14	Postage and Shipping	\$107,486	\$91,216	(\$16,270)	-15%
15	Advertising	\$109,814	\$57,412	(\$52,402)	-48%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$670,856	\$220,494	(\$450,362)	-67%
18	Computer hardware & small equipment	\$86,730	\$141,943	\$55,213	64%
19	Dietary / Food Services	\$237,249	\$302,017	\$64,768	27%
20	Lab Fees / Red Cross charges	\$478,483	\$706,359	\$227,876	48%
21	Billing & Collection / Bank Fees	\$682,014	\$451,228	(\$230,786)	-34%
22	Recruiting / Employee Education & Recognition	\$0	\$25,000	\$25,000	0%
23	Laundry / Linen	\$174,093	\$186,034	\$11,941	7%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$200,106	\$165,765	(\$34,341)	-17%
26	Purchased Services - Medical	\$727,770	\$1,546,556	\$818,786	113%
27	Purchased Services - Non Medical	\$2,160,261	\$2,220,526	\$60,265	3%
28	Other Business Expenses	\$5,111,236	\$3,507,711	(\$1,603,525)	-31%
	Total Business Expenses	\$17,454,211	\$12,514,274	(\$4,939,937)	-28%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$70,240,063	\$66,930,968	(\$3,309,095)	-5%
*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$10,363,995	\$10,943,732	\$579,737	6%
2	General Accounting	\$628,869	\$514,618	(\$114,251)	-18%
3	Patient Billing & Collection	\$1,024,262	\$814,087	(\$210,175)	-21%
4	Admitting / Registration Office	\$802,905	\$920,270	\$117,365	15%
5	Data Processing	\$1,652,458	\$1,160,679	(\$491,779)	-30%
6	Communications	\$120,058	\$125,168	\$5,110	4%
7	Personnel	\$6,358,239	\$1,251,875	(\$5,106,364)	-80%
8	Public Relations	\$65,396	\$49,734	(\$15,662)	-24%
9	Purchasing	\$304,713	\$600,650	\$295,937	97%
10	Dietary and Cafeteria	\$998,552	\$1,012,451	\$13,899	1%

JOHNSON MEMORIAL 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	\$764,911	\$741,192	(\$23,719)	-3%
12	Laundry & Linen	\$176,177	\$186,034	\$9,857	6%
13	Operation of Plant	\$1,736,946	\$1,591,300	(\$145,646)	-8%
14	Security	\$207,118	\$216,586	\$9,468	5%
15	Repairs and Maintenance	\$1,253,439	\$1,424,205	\$170,766	14%
16	Central Sterile Supply	\$208,842	\$204,132	(\$4,710)	-2%
17	Pharmacy Department	\$7,546,779	\$7,560,889	\$14,110	0%
18	Other General Services	\$3,843,312	\$4,307,968	\$464,656	12%
	Total General Services	\$38,056,971	\$33,625,570	(\$4,431,401)	-12%
B.	Professional Services:				
1	Medical Care Administration	\$1,292,204	\$3,086,332	\$1,794,128	139%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$750,074	\$1,313,981	\$563,907	75%
4	Medical Records	\$928,439	\$610,739	(\$317,700)	-34%
5	Social Service	\$0	\$476,908	\$476,908	0%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$2,970,717	\$5,487,960	\$2,517,243	85%
C.	Special Services:				
1	Operating Room	\$1,980,520	\$1,562,776	(\$417,744)	-21%
2	Recovery Room	\$289,245	\$318,060	\$28,815	10%
3	Anesthesiology	\$544,823	\$79,532	(\$465,291)	-85%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,804,224	\$1,722,720	(\$81,504)	-5%
6	Diagnostic Ultrasound	\$298,225	\$278,545	(\$19,680)	-7%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$395,264	\$251,609	(\$143,655)	-36%
9	CT Scan	\$439,767	\$287,620	(\$152,147)	-35%
10	Laboratory	\$3,723,481	\$3,899,525	\$176,044	5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$361,747	\$365,727	\$3,980	1%
13	Electrocardiology	\$51,013	\$54,307	\$3,294	6%
14	Electroencephalography	\$19,448	\$13,224	(\$6,224)	-32%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$751,524	\$785,965	\$34,441	5%
19	Pulmonary Function	\$297,637	\$274,688	(\$22,949)	-8%
20	Intravenous Therapy	\$176,380	\$80,677	(\$95,703)	-54%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$312,714	\$383,549	\$70,835	23%
23	Renal Dialysis	\$59,307	\$54,838	(\$4,469)	-8%
24	Emergency Room	\$2,820,754	\$2,652,243	(\$168,511)	-6%
25	MRI	\$756,851	\$650,465	(\$106,386)	-14%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$219,761	\$219,761	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$328,469	\$328,469	0%

JOHNSON MEMORIAL 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	\$792,202	\$804,878	\$12,676	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,637,109	\$1,933,843	(\$703,266)	-27%
	Total Special Services	\$18,512,235	\$17,003,021	(\$1,509,214)	-8%
D.	Routine Services:				
1	Medical & Surgical Units	\$3,526,977	\$3,414,269	(\$112,708)	-3%
2	Intensive Care Unit	\$1,385,381	\$1,474,312	\$88,931	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,079,092	\$2,276,714	\$197,622	10%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,099,133	\$1,075,679	(\$23,454)	-2%
7	Newborn Nursery Unit	\$0	\$19,738	\$19,738	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,609,557	\$2,553,705	(\$55,852)	-2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$10,700,140	\$10,814,417	\$114,277	1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$70,240,063	\$66,930,968	(\$3,309,095)	-5%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

JOHNSON MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$66,648,825	\$65,387,734	\$59,116,648
2	Other Operating Revenue	650,812	614,715	2,744,640
3	Total Operating Revenue	\$67,299,637	\$66,002,449	\$61,861,288
4	Total Operating Expenses	66,456,723	70,240,063	66,930,968
5	Income/(Loss) From Operations	\$842,914	(\$4,237,614)	(\$5,069,680)
6	Total Non-Operating Revenue	361,403	228,556	(813,340)
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,204,317	(\$4,009,058)	(\$5,883,020)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	1.25%	-6.40%	-8.30%
2	Hospital Non Operating Margin	0.53%	0.35%	-1.33%
3	Hospital Total Margin	1.78%	-6.05%	-9.64%
4	Income/(Loss) From Operations	\$842,914	(\$4,237,614)	(\$5,069,680)
5	Total Operating Revenue	\$67,299,637	\$66,002,449	\$61,861,288
6	Total Non-Operating Revenue	\$361,403	\$228,556	(\$813,340)
7	Total Revenue	\$67,661,040	\$66,231,005	\$61,047,948
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,204,317	(\$4,009,058)	(\$5,883,020)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$3,321,184	(\$498,600)	(\$6,168,689)
2	Hospital Total Net Assets	\$8,290,975	\$4,242,424	(\$5,626,216)
3	Hospital Change in Total Net Assets	\$1,379,161	(\$4,048,551)	(\$9,868,640)
4	Hospital Change in Total Net Assets %	120.0%	-48.8%	-232.6%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.39	0.41	0.39
2	Total Operating Expenses	\$66,456,723	\$70,240,063	\$66,930,968

JOHNSON MEMORIAL 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
		<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
3	Total Gross Revenue	\$170,600,762	\$171,319,319	\$168,025,862
4	Total Other Operating Revenue	\$473,373	\$590,810	\$2,744,640
5	<u>Private Payment to Cost Ratio</u>	1.44	1.42	1.44
6	Total Non-Government Payments	\$32,000,079	\$33,140,424	\$29,917,493
7	Total Uninsured Payments	\$290,267	\$125,849	\$232,303
8	Total Non-Government Charges	\$59,307,952	\$59,121,133	\$54,728,784
9	Total Uninsured Charges	\$2,513,433	\$2,164,396	\$2,242,511
10	<u>Medicare Payment to Cost Ratio</u>	0.80	0.72	0.70
11	Total Medicare Payments	\$24,671,781	\$23,021,690	\$21,899,766
12	Total Medicare Charges	\$79,064,824	\$78,661,804	\$80,260,064
13	<u>Medicaid Payment to Cost Ratio</u>	0.79	0.66	0.56
14	Total Medicaid Payments	\$9,637,836	\$8,694,986	\$7,171,108
15	Total Medicaid Charges	\$31,263,660	\$32,052,250	\$32,483,318
16	<u>Uncompensated Care Cost</u>	\$1,750,688	\$1,362,653	\$837,943
17	Charity Care	\$387,404	\$221,047	\$160,881
18	Bad Debts	\$4,119,249	\$3,114,000	\$1,977,083
19	Total Uncompensated Care	\$4,506,653	\$3,335,047	\$2,137,964
20	<u>Uncompensated Care % of Total Expenses</u>	2.6%	1.9%	1.3%
21	Total Operating Expenses	\$66,456,723	\$70,240,063	\$66,930,968
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	0	0	1
2	Total Current Assets	\$12,570,047	\$14,564,184	\$24,285,721
3	Total Current Liabilities	\$28,331,587	\$35,937,730	\$32,005,375

JOHNSON MEMORIAL 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
		<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
4	<u>Days Cash on Hand</u>	3	9	7
5	Cash and Cash Equivalents	\$444,722	\$1,675,853	\$85,944
6	Short Term Investments	0	0	1,067,756
7	Total Cash and Short Term Investments	\$444,722	\$1,675,853	\$1,153,700
8	Total Operating Expenses	\$66,456,723	\$70,240,063	\$66,930,968
9	Depreciation Expense	\$2,314,386	\$1,804,654	\$3,012,066
10	Operating Expenses less Depreciation Expense	\$64,142,337	\$68,435,409	\$63,918,902
11	<u>Days Revenue in Patient Accounts Receivable</u>	32	41	102
12	Net Patient Accounts Receivable	\$8,595,481	\$9,554,938	\$17,416,699
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,675,513	\$2,212,362	\$843,823
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$5,919,968	\$7,342,576	\$16,572,876
16	Total Net Patient Revenue	\$66,648,825	\$65,387,734	\$59,116,648
17	<u>Average Payment Period</u>	161	192	183
18	Total Current Liabilities	\$28,331,587	\$35,937,730	\$32,005,375
19	Total Operating Expenses	\$66,456,723	\$70,240,063	\$66,930,968
20	Depreciation Expense	\$2,314,386	\$1,804,654	\$3,012,066
21	Total Operating Expenses less Depreciation Expense	\$64,142,337	\$68,435,409	\$63,918,902
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	18.2	8.1	(11.3)
2	Total Net Assets	\$8,290,975	\$4,242,424	(\$5,626,216)
3	Total Assets	\$45,503,735	\$52,185,635	\$49,591,900
4	<u>Cash Flow to Total Debt Ratio</u>	12.4	(5.4)	(7.9)

JOHNSON MEMORIAL 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	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,204,317	(\$4,009,058)	(\$5,883,020)
6	Depreciation Expense	\$2,314,386	\$1,804,654	\$3,012,066
7	Excess of Revenues Over Expenses and Depreciation Expense	\$3,518,703	(\$2,204,404)	(\$2,870,954)
8	Total Current Liabilities	\$28,331,587	\$35,937,730	\$32,005,375
9	Total Long Term Debt	\$0	\$4,572,057	\$4,367,427
10	Total Current Liabilities and Total Long Term Debt	\$28,331,587	\$40,509,787	\$36,372,802
11	<u>Long Term Debt to Capitalization Ratio</u>	-	51.9	(347.0)
12	Total Long Term Debt	\$0	\$4,572,057	\$4,367,427
13	Total Net Assets	\$8,290,975	\$4,242,424	(\$5,626,216)
14	Total Long Term Debt and Total Net Assets	\$8,290,975	\$8,814,481	(\$1,258,789)
15	<u>Debt Service Coverage Ratio</u>	3.2	(1.1)	(1.1)
16	Excess Revenues over Expenses	1,204,317	(\$4,009,058)	(\$5,883,020)
17	Interest Expense	1,459,503	\$975,626	\$913,249
18	Depreciation and Amortization Expense	2,314,386	\$1,804,654	\$3,012,066
19	Principal Payments	106,608	\$184,222	\$838,273
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	19.1	25.4	0.3
21	Accumulated Depreciation	44,128,525	45,821,926	861,533
22	Depreciation and Amortization Expense	2,314,386	1,804,654	3,012,066
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	16,270	15,091	15,364
2	Discharges	3,191	3,036	3,138
3	ALOS	5.1	5.0	4.9
4	Staffed Beds	70	70	74
5	Available Beds	-	95	98

JOHNSON MEMORIAL 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	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
6	Licensed Beds	95	101	101
7	Occupancy of Staffed Beds	63.7%	59.1%	56.9%
8	Occupancy of Available Beds	46.9%	43.5%	43.0%
9	Full Time Equivalent Employees	447.2	451.3	456.3
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	33.3%	33.2%	31.2%
2	Medicare Gross Revenue Payer Mix Percentage	46.3%	45.9%	47.8%
3	Medicaid Gross Revenue Payer Mix Percentage	18.3%	18.7%	19.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.5%	1.3%	1.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.9%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$56,794,519	\$56,956,737	\$52,486,273
9	Medicare Gross Revenue (Charges)	\$79,064,824	\$78,661,804	\$80,260,064
10	Medicaid Gross Revenue (Charges)	\$31,263,660	\$32,052,250	\$32,483,318
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$2,513,433	\$2,164,396	\$2,242,511
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$964,326	\$1,484,132	\$553,696
14	Total Gross Revenue (Charges)	\$170,600,762	\$171,319,319	\$168,025,862
J.	<u>Hospital Net Revenue Payer Mix Percentage</u>			
1	Non-Government Net Revenue Payer Mix Percentage	47.6%	50.5%	50.2%
2	Medicare Net Revenue Payer Mix Percentage	37.0%	35.2%	37.0%
3	Medicaid Net Revenue Payer Mix Percentage	14.5%	13.3%	12.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.2%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.8%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$31,709,812	\$33,014,575	\$29,685,190
9	Medicare Net Revenue (Payments)	\$24,671,781	\$23,021,690	\$21,899,766
10	Medicaid Net Revenue (Payments)	\$9,637,836	\$8,694,986	\$7,171,108
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0

JOHNSON MEMORIAL 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
12	Uninsured Net Revenue (Payments)	\$290,267	\$125,849	\$232,303
13	CHAMPUS / TRICARE Net Revenue Payments)	\$339,156	\$530,634	\$128,279
14	Total Net Revenue (Payments)	\$66,648,852	\$65,387,734	\$59,116,646
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	915	831	793
2	Medicare	1,571	1,477	1,433
3	Medical Assistance	681	678	892
4	Medicaid	681	678	892
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	24	50	20
7	Uninsured (Included In Non-Government)	42	39	47
8	Total	3,191	3,036	3,138
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.00930	1.02510	1.00990
2	Medicare	1.26170	1.27580	1.25330
3	Medical Assistance	0.94080	0.93926	0.95630
4	Medicaid	0.94080	0.93926	0.95630
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.91200	0.97100	0.87040
7	Uninsured (Included In Non-Government)	1.01010	0.94590	1.19420
8	Total Case Mix Index	1.11821	1.12700	1.10493
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	2,270	2,297	2,304
2	Emergency Room - Treated and Discharged	16,780	16,629	16,750
3	Total Emergency Room Visits	19,050	18,926	19,054

JOHNSON MEMORIAL 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	\$391,815	\$425,824	\$34,009	9%
2	Inpatient Payments	\$154,680	\$121,369	(\$33,311)	-22%
3	Outpatient Charges	\$797,093	\$1,428,806	\$631,713	79%
4	Outpatient Payments	\$145,405	\$267,408	\$122,003	84%
5	Discharges	17	22	5	29%
6	Patient Days	93	97	4	4%
7	Outpatient Visits (Excludes ED Visits)	321	504	183	57%
8	Emergency Department Outpatient Visits	26	133	107	412%
9	Emergency Department Inpatient Admissions	15	20	5	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,188,908	\$1,854,630	\$665,722	56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$300,085	\$388,777	\$88,692	30%
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	\$3,692,626	\$2,844,916	(\$847,710)	-23%
2	Inpatient Payments	\$1,293,159	\$828,824	(\$464,335)	-36%
3	Outpatient Charges	\$5,665,474	\$5,391,911	(\$273,563)	-5%
4	Outpatient Payments	\$1,456,791	\$1,116,598	(\$340,193)	-23%
5	Discharges	153	126	(27)	-18%
6	Patient Days	800	624	(176)	-22%
7	Outpatient Visits (Excludes ED Visits)	3,656	2,717	(939)	-26%
8	Emergency Department Outpatient Visits	403	366	(37)	-9%
9	Emergency Department Inpatient Admissions	139	112	(27)	-19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,358,100	\$8,236,827	(\$1,121,273)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,749,950	\$1,945,422	(\$804,528)	-29%
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%

JOHNSON MEMORIAL 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
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	\$81,156	\$510,140	\$428,984	529%
2	Inpatient Payments	\$20,551	\$186,710	\$166,159	809%
3	Outpatient Charges	\$92,245	\$150,433	\$58,188	63%
4	Outpatient Payments	\$20,937	\$28,083	\$7,146	34%
5	Discharges	5	36	31	620%
6	Patient Days	17	220	203	1194%
7	Outpatient Visits (Excludes ED Visits)	11	22	11	100%
8	Emergency Department Outpatient Visits	54	65	11	20%
9	Emergency Department Inpatient Admissions	5	26	21	420%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$173,401	\$660,573	\$487,172	281%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$41,488	\$214,793	\$173,305	418%
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	\$3,875,096	\$3,506,676	(\$368,420)	-10%
2	Inpatient Payments	\$1,216,815	\$906,973	(\$309,842)	-25%
3	Outpatient Charges	\$4,000,756	\$4,478,672	\$477,916	12%
4	Outpatient Payments	\$880,011	\$847,708	(\$32,303)	-4%
5	Discharges	144	148	4	3%
6	Patient Days	832	782	(50)	-6%
7	Outpatient Visits (Excludes ED Visits)	3,289	3,206	(83)	-3%
8	Emergency Department Outpatient Visits	303	483	180	59%
9	Emergency Department Inpatient Admissions	132	144	12	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,875,852	\$7,985,348	\$109,496	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,096,826	\$1,754,681	(\$342,145)	-16%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$270,502	\$371,791	\$101,289	37%
2	Inpatient Payments	\$113,447	\$96,360	(\$17,087)	-15%
3	Outpatient Charges	\$645,760	\$386,756	(\$259,004)	-40%
4	Outpatient Payments	\$121,953	\$65,374	(\$56,579)	-46%
5	Discharges	17	18	1	6%
6	Patient Days	78	101	23	29%
7	Outpatient Visits (Excludes ED Visits)	404	236	(168)	-42%

JOHNSON MEMORIAL 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
8	Emergency Department Outpatient Visits	84	69	(15)	-18%
9	Emergency Department Inpatient Admissions	15	18	3	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$916,262	\$758,547	(\$157,715)	-17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$235,400	\$161,734	(\$73,666)	-31%
I.	AETNA				
1	Inpatient Charges	\$546,315	\$1,156,515	\$610,200	112%
2	Inpatient Payments	\$173,691	\$337,350	\$163,659	94%
3	Outpatient Charges	\$2,476,603	\$3,013,651	\$537,048	22%
4	Outpatient Payments	\$568,512	\$546,498	(\$22,014)	-4%
5	Discharges	27	46	19	70%
6	Patient Days	108	251	143	132%
7	Outpatient Visits (Excludes ED Visits)	1,213	1,086	(127)	-10%
8	Emergency Department Outpatient Visits	99	131	32	32%
9	Emergency Department Inpatient Admissions	25	42	17	68%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,022,918	\$4,170,166	\$1,147,248	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$742,203	\$883,848	\$141,645	19%
J.	HUMANA				
1	Inpatient Charges	\$44,040	\$0	(\$44,040)	-100%
2	Inpatient Payments	\$18,526	\$0	(\$18,526)	-100%
3	Outpatient Charges	\$30,926	\$0	(\$30,926)	-100%
4	Outpatient Payments	\$9,638	\$0	(\$9,638)	-100%
5	Discharges	3	0	(3)	-100%
6	Patient Days	13	0	(13)	-100%
7	Outpatient Visits (Excludes ED Visits)	16	0	(16)	-100%
8	Emergency Department Outpatient Visits	11	0	(11)	-100%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$74,966	\$0	(\$74,966)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$28,164	\$0	(\$28,164)	-100%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$9,554	\$0	(\$9,554)	-100%
2	Inpatient Payments	\$4,054	\$0	(\$4,054)	-100%
3	Outpatient Charges	\$99,669	\$0	(\$99,669)	-100%
4	Outpatient Payments	\$26,058	\$0	(\$26,058)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	2	0	(2)	-100%
7	Outpatient Visits (Excludes ED Visits)	131	0	(131)	-100%
8	Emergency Department Outpatient Visits	9	0	(9)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$109,223	\$0	(\$109,223)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$30,112	\$0	(\$30,112)	-100%
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%

JOHNSON MEMORIAL 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)	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%
N.	EVERCARE				
1	Inpatient Charges	\$105,897	\$0	(\$105,897)	-100%
2	Inpatient Payments	\$44,875	\$0	(\$44,875)	-100%
3	Outpatient Charges	\$182,859	\$0	(\$182,859)	-100%
4	Outpatient Payments	\$42,757	\$0	(\$42,757)	-100%
5	Discharges	6	0	(6)	-100%
6	Patient Days	26	0	(26)	-100%
7	Outpatient Visits (Excludes ED Visits)	916	0	(916)	-100%
8	Emergency Department Outpatient Visits	22	0	(22)	-100%
9	Emergency Department Inpatient Admissions	5	0	(5)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$288,756	\$0	(\$288,756)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$87,632	\$0	(\$87,632)	-100%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$9,017,001	\$8,815,862	(\$201,139)	-2%
	TOTAL INPATIENT PAYMENTS	\$3,039,798	\$2,477,586	(\$562,212)	-18%
	TOTAL OUTPATIENT CHARGES	\$13,991,385	\$14,850,229	\$858,844	6%
	TOTAL OUTPATIENT PAYMENTS	\$3,272,062	\$2,871,669	(\$400,393)	-12%
	TOTAL DISCHARGES	373	396	23	6%
	TOTAL PATIENT DAYS	1,969	2,075	106	5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,957	7,771	(2,186)	-22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,011	1,247	236	23%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	340	362	22	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,008,386	\$23,666,091	\$657,705	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,311,860	\$5,349,255	(\$962,605)	-15%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% 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%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% 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%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% 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%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$1,805,602	\$72,316,000	\$70,510,398	3905%
2	Short Term Investments	\$0	\$49,401,000	\$49,401,000	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,246,951	\$124,168,000	\$111,921,049	914%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$5,754,000	\$5,754,000	0%
5	Due From Affiliates	\$0	\$3,147,000	\$3,147,000	0%
6	Due From Third Party Payers	\$0	\$5,513,000	\$5,513,000	0%
7	Inventories of Supplies	\$1,523,756	\$14,316,000	\$12,792,244	840%
8	Prepaid Expenses	\$1,880,119	\$8,569,000	\$6,688,881	356%
9	Other Current Assets	\$537,387	\$13,155,000	\$12,617,613	2348%
	Total Current Assets	\$17,993,815	\$296,339,000	\$278,345,185	1547%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$4,452,119	\$0	(\$4,452,119)	-100%
2	Board Designated for Capital Acquisition	\$0	\$139,813,000	\$139,813,000	0%
3	Funds Held in Escrow	\$224,917	\$0	(\$224,917)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$24,717,000	\$24,717,000	0%
	Total Noncurrent Assets Whose Use is Limited:	\$4,677,036	\$164,530,000	\$159,852,964	3418%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,467,074	\$52,748,000	\$49,280,926	1421%
7	Other Noncurrent Assets	\$1,486,054	\$18,518,000	\$17,031,946	1146%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$97,485,005	\$551,097,000	\$453,611,995	465%
2	Less: Accumulated Depreciation	\$70,147,136	\$49,168,000	(\$20,979,136)	(\$0)
	Property, Plant and Equipment, Net	\$27,337,869	\$501,929,000	\$474,591,131	1736%
3	Construction in Progress	\$0	\$23,674,000	\$23,674,000	0%
	Total Net Fixed Assets	\$27,337,869	\$525,603,000	\$498,265,131	1823%
	Total Assets	\$54,961,848	\$1,057,738,000	\$1,002,776,152	1824%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$12,652,911	\$68,313,000	\$55,660,089	440%
2	Salaries, Wages and Payroll Taxes	\$2,677,952	\$75,613,000	\$72,935,048	2724%
3	Due To Third Party Payers	\$2,446,731	\$15,903,000	\$13,456,269	550%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$29,141,197	\$7,821,000	(\$21,320,197)	-73%
6	Current Portion of Notes Payable	\$838,274	\$0	(\$838,274)	-100%
7	Other Current Liabilities	\$11,243,011	\$11,999,000	\$755,989	7%
	Total Current Liabilities	\$59,000,076	\$179,649,000	\$120,648,924	204%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$256,156,000	\$256,156,000	0%
2	Notes Payable (Net of Current Portion)	\$4,572,057	\$0	(\$4,572,057)	-100%
	Total Long Term Debt	\$4,572,057	\$256,156,000	\$251,583,943	5503%
3	Accrued Pension Liability	\$0	\$314,044,000	\$314,044,000	0%
4	Other Long Term Liabilities	\$4,932,692	\$79,162,000	\$74,229,308	1505%
	Total Long Term Liabilities	\$9,504,749	\$649,362,000	\$639,857,251	6732%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$18,535,995)	\$123,226,000	\$141,761,995	-765%
2	Temporarily Restricted Net Assets	\$553,275	\$33,642,000	\$33,088,725	5981%
3	Permanently Restricted Net Assets	\$4,439,743	\$71,859,000	\$67,419,257	1519%
	Total Net Assets	(\$13,542,977)	\$228,727,000	\$242,269,977	-1789%
	Total Liabilities and Net Assets	\$54,961,848	\$1,057,738,000	\$1,002,776,152	1824%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$206,688,056	\$50,706,187	(\$155,981,869)	-75%
2	Less: Allowances	\$113,763,631	\$28,938,986	(\$84,824,645)	-75%
3	Less: Charity Care	\$221,056	\$54,036	(\$167,020)	-76%
4	Less: Other Deductions	\$0	\$84,136	\$84,136	0%
	Total Net Patient Revenue	\$92,703,369	\$21,629,029	(\$71,074,340)	-77%
5	Provision for Bad Debts	\$3,470,135	\$751,523	(\$2,718,612)	-78%
	Net Patient Service Revenue less provision for bad debts	\$89,233,234	\$20,877,506	(\$68,355,728)	-77%
6	Other Operating Revenue	\$1,190,422	\$574,379	(\$616,043)	-52%
7	Net Assets Released from Restrictions	\$36,593	\$0	(\$36,593)	-100%
	Total Operating Revenue	\$90,460,249	\$21,451,885	(\$69,008,364)	-76%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$40,500,652	\$10,153,025	(\$30,347,627)	-75%
2	Fringe Benefits	\$10,064,877	\$2,548,465	(\$7,516,412)	-75%
3	Physicians Fees	\$4,050,496	\$1,272,665	(\$2,777,831)	-69%
4	Supplies and Drugs	\$12,485,965	\$3,428,342	(\$9,057,623)	-73%
5	Depreciation and Amortization	\$2,419,144	\$612,111	(\$1,807,033)	-75%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,503,067	\$341,823	(\$1,161,244)	-77%
8	Malpractice Insurance Cost	\$1,056,331	\$230,010	(\$826,321)	-78%
9	Other Operating Expenses	\$25,211,129	\$5,602,179	(\$19,608,950)	-78%
	Total Operating Expenses	\$97,291,661	\$24,188,620	(\$73,103,041)	-75%
	Income/(Loss) From Operations	(\$6,831,412)	(\$2,736,735)	\$4,094,677	-60%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$159,517	\$33,549	(\$125,968)	-79%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$69,138	(\$771,519)	(\$840,657)	-1216%
	Total Non-Operating Revenue	\$228,655	(\$737,970)	(\$966,625)	-423%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$6,602,757)	(\$3,474,705)	\$3,128,052	-47%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 350 - PARENT CORPORATION CONSOLIDATED 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>
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$6,602,757)	(\$3,474,705)	\$3,128,052	-47%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$92,077,182	\$89,233,234	\$20,877,506
2	Other Operating Revenue	1,321,902	1,227,015	574,379
3	Total Operating Revenue	\$93,399,084	\$90,460,249	\$21,451,885
4	Total Operating Expenses	94,695,856	97,291,661	24,188,620
5	Income/(Loss) From Operations	(\$1,296,772)	(\$6,831,412)	(\$2,736,735)
6	Total Non-Operating Revenue	(2,067,392)	228,655	(737,970)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$3,364,164)	(\$6,602,757)	(\$3,474,705)
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	-1.42%	-7.53%	-13.21%
2	Parent Corporation Non-Operating Margin	-2.26%	0.25%	-3.56%
3	Parent Corporation Total Margin	-3.68%	-7.28%	-16.77%
4	Income/(Loss) From Operations	(\$1,296,772)	(\$6,831,412)	(\$2,736,735)
5	Total Operating Revenue	\$93,399,084	\$90,460,249	\$21,451,885
6	Total Non-Operating Revenue	(\$2,067,392)	\$228,655	(\$737,970)
7	Total Revenue	\$91,331,692	\$90,688,904	\$20,713,915
8	Excess/(Deficiency) of Revenue Over Expenses	(\$3,364,164)	(\$6,602,757)	(\$3,474,705)
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	(\$12,121,840)	(\$18,535,995)	\$123,226,000
2	Parent Corporation Total Net Assets	(\$6,904,100)	(\$13,542,977)	\$228,727,000
3	Parent Corporation Change in Total Net Assets	(\$3,217,352)	(\$6,638,877)	\$242,269,977
4	Parent Corporation Change in Total Net Assets %	187.3%	96.2%	-1788.9%
D. <u>Liquidity Measures Summary</u>				
1	Current Ratio	0.36	0.30	1.65

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
2	Total Current Assets	\$17,849,528	\$17,993,815	\$296,339,000
3	Total Current Liabilities	\$50,123,323	\$59,000,076	\$179,649,000
4	<u>Days Cash on Hand</u>	6	7	1884
5	Cash and Cash Equivalents	\$1,528,751	\$1,805,602	\$72,316,000
6	Short Term Investments	\$0	\$0	\$49,401,000
7	Total Cash and Short Term Investments	\$1,528,751	\$1,805,602	\$121,717,000
8	Total Operating Expenses	\$94,695,856	\$97,291,661	\$24,188,620
9	Depreciation Expense	\$3,226,575	\$2,419,144	\$612,111
10	Operating Expenses less Depreciation Expense	\$91,469,281	\$94,872,517	\$23,576,509
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	40	1989
12	Net Patient Accounts Receivable	\$ 11,658,028	\$ 12,246,951	\$ 124,168,000
13	Due From Third Party Payers	\$0	\$0	\$5,513,000
14	Due To Third Party Payers	\$2,911,614	\$2,446,731	\$15,903,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,746,414	\$ 9,800,220	\$ 113,778,000
16	Total Net Patient Revenue	\$92,077,182	\$89,233,234	\$20,877,506
17	<u>Average Payment Period</u>	200	227	2781
18	Total Current Liabilities	\$50,123,323	\$59,000,076	\$179,649,000
19	Total Operating Expenses	\$94,695,856	\$97,291,661	\$24,188,620
20	Depreciation Expense	\$3,226,575	\$2,419,144	\$612,111
20	Total Operating Expenses less Depreciation Expense	\$91,469,281	\$94,872,517	\$23,576,509
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(13.4)	(24.6)	21.6
2	Total Net Assets	(\$6,904,100)	(\$13,542,977)	\$228,727,000

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
3	Total Assets	\$51,464,509	\$54,961,848	\$1,057,738,000
4	<u>Cash Flow to Total Debt Ratio</u>	(0.3)	(6.6)	(0.7)
5	Excess/(Deficiency) of Revenues Over Expenses	(\$3,364,164)	(\$6,602,757)	(\$3,474,705)
6	Depreciation Expense	\$3,226,575	\$2,419,144	\$612,111
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$137,589)	(\$4,183,613)	(\$2,862,594)
8	Total Current Liabilities	\$50,123,323	\$59,000,076	\$179,649,000
9	Total Long Term Debt	\$0	\$4,572,057	\$256,156,000
10	Total Current Liabilities and Total Long Term Debt	\$50,123,323	\$63,572,133	\$435,805,000
11	<u>Long Term Debt to Capitalization Ratio</u>	-	(51.0)	52.8
12	Total Long Term Debt	\$0	\$4,572,057	\$256,156,000
13	Total Net Assets	(\$6,904,100)	(\$13,542,977)	\$228,727,000
14	Total Long Term Debt and Total Net Assets	(\$6,904,100)	(\$8,970,920)	\$484,883,000

JOHNSON MEMORIAL 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	7,775	1,932	1,921	36	59	59.2%	36.1%
2	ICU/CCU (Excludes Neonatal ICU)	1,180	103	0	6	7	53.9%	46.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,355	815	812	20	20	73.4%	73.4%
	TOTAL PSYCHIATRIC	5,355	815	812	20	20	73.4%	73.4%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	559	196	198	6	6	25.5%	25.5%
7	Newborn	495	195	198	6	6	22.6%	22.6%
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	14,869	2,943	2,931	68	92	59.9%	44.3%
	TOTAL INPATIENT BED UTILIZATION	15,364	3,138	3,129	74	98	56.9%	43.0%
	TOTAL INPATIENT REPORTED YEAR	15,364	3,138	3,129	74	98	56.9%	43.0%
	TOTAL INPATIENT PRIOR YEAR	15,091	3,036	2,747	70	95	59.1%	43.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	273	102	382	4	3	-2.2%	-0.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	3%	14%	6%	3%	-4%	-1%
	Total Licensed Beds and Bassinets	101						
(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.								

JOHNSON MEMORIAL 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	1,638	1,533	-105	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,850	1,703	-147	-8%
3	Emergency Department Scans	3,556	3,601	45	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	7,044	6,837	-207	-3%
B. MRI Scans (A)					
1	Inpatient Scans	164	148	-16	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,070	921	-149	-14%
3	Emergency Department Scans	53	43	-10	-19%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,287	1,112	-175	-14%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	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	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					

JOHNSON MEMORIAL 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	453	369	-84	-19%
2	Outpatient Surgical Procedures	2,059	2,022	-37	-2%
	Total Surgical Procedures	2,512	2,391	-121	-5%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	86	47	-39	-45%
2	Outpatient Endoscopy Procedures	2,021	1,557	-464	-23%
	Total Endoscopy Procedures	2,107	1,604	-503	-24%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	2,297	2,304	7	0%
2	Emergency Room Visits: Treated and Discharged	16,629	16,750	121	1%
	Total Emergency Room Visits	18,926	19,054	128	1%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	2,201	2,236	35	2%
2	Cardiac Rehabilitation	2,843	3,247	404	14%
3	Chemotherapy	1,665	1,149	-516	-31%
4	Gastroenterology	959	196	-763	-80%
5	Other Outpatient Visits	73,156	45,399	-27,757	-38%
	Total Other Hospital Outpatient Visits	80,824	52,227	-28,597	-35%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	113.6	111.6	-2.0	-2%
2	Total Physician FTEs	0.0	0.0	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	337.7	344.7	7.0	2%
	Total Hospital Full Time Equivalent Employees	451.3	456.3	5.0	1%

JOHNSON MEMORIAL 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	Johnson Memorial Hospital	871	645	-226	-26%
2	Offsite Surgery Department - Enfield, CT	1,188	1,377	189	16%
	Total Outpatient Surgical Procedures(A)	2,059	2,022	-37	-2%
B.	Outpatient Endoscopy Procedures				
1	Johnson Memorial Hospital	1,208	966	-242	-20%
2	Offsite Surgical Department - Enfield, CT	813	591	-222	-27%
	Total Outpatient Endoscopy Procedures(B)	2,021	1,557	-464	-23%
C.	Outpatient Hospital Emergency Room Visits				
1	Johnson Memorial Hospital	16,629	16,750	121	1%
	Total Outpatient Hospital Emergency Room Visits(C)	16,629	16,750	121	1%
(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.					

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$35,193,711	\$32,649,626	(\$2,544,085)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,879,364	\$11,059,539	(\$1,819,825)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.60%	33.87%	-2.72%	-7%
4	DISCHARGES	1,477	1,433	(44)	-3%
5	CASE MIX INDEX (CMI)	1.27580	1.25330	(0.02250)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,884.35660	1,795.97890	(88.37770)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,834.89	\$6,157.94	(\$676.94)	-10%
8	PATIENT DAYS	8,276	7,675	(601)	-7%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,556.23	\$1,440.98	(\$115.25)	-7%
10	AVERAGE LENGTH OF STAY	5.6	5.4	(0.2)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,468,093	\$47,610,438	\$4,142,345	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,142,326	\$10,840,227	\$697,901	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.33%	22.77%	-0.56%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	123.51%	145.82%	22.31%	18%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,824.25699	2,089.63367	265.37667	15%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,559.70	\$5,187.62	(\$372.08)	-7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$78,661,804	\$80,260,064	\$1,598,260	2%
18	TOTAL ACCRUED PAYMENTS	\$23,021,690	\$21,899,766	(\$1,121,924)	-5%
19	TOTAL ALLOWANCES	\$55,640,114	\$58,360,298	\$2,720,184	5%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$13,017,227	\$11,001,032	(\$2,016,195)	-15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,287,534	\$7,240,604	(\$1,046,930)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	63.67%	65.82%	2.15%	3%
4	DISCHARGES	831	793	(38)	-5%
5	CASE MIX INDEX (CMI)	1.02510	1.00990	(0.01520)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	851.85810	800.85070	(51.00740)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,728.77	\$9,041.14	(\$687.63)	-7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,893.89)	(\$2,883.20)	\$10.69	0%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,465,180)	(\$2,309,010)	\$156,171	-6%
10	PATIENT DAYS	3,460	3,167	(293)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,395.24	\$2,286.27	(\$108.98)	-5%
12	AVERAGE LENGTH OF STAY	4.2	4.0	(0.2)	-4%
NON-GOVERNMENT OUTPATIENT					

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$46,103,906	\$43,727,752	(\$2,376,154)	-5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,852,890	\$22,676,889	(\$2,176,001)	-9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	53.91%	51.86%	-2.05%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	354.18%	397.49%	43.31%	12%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,943.20333	3,152.07767	208.87434	7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,444.16	\$7,194.27	(\$1,249.90)	-15%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,884.46)	(\$2,006.65)	\$877.81	-30%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,489,555)	(\$6,325,105)	\$2,164,450	-25%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$59,121,133	\$54,728,784	(\$4,392,349)	-7%
22	TOTAL ACCRUED PAYMENTS	\$33,140,424	\$29,917,493	(\$3,222,931)	-10%
23	TOTAL ALLOWANCES	\$25,980,709	\$24,811,291	(\$1,169,418)	-5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,954,736)	(\$8,634,115)	\$2,320,621	-21%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$54,974,285	\$48,576,137	(\$6,398,148)	-12%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$35,230,262	\$28,275,272	(\$6,954,990)	-20%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,744,023	\$20,300,865	\$556,842	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.92%	41.79%	5.88%	
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$706,618	\$566,385	(\$140,233)	-20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,345	\$14,173	\$828	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.89%	2.50%	0.61%	33%
4	DISCHARGES	39	47	8	21%
5	CASE MIX INDEX (CMI)	0.94590	1.19420	0.24830	26%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	36.89010	56.12740	19.23730	52%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$361.75	\$252.51	(\$109.24)	-30%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,367.02	\$8,788.63	(\$578.40)	-6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,473.14	\$5,905.43	(\$567.71)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$238,795	\$331,456	\$92,662	39%
11	PATIENT DAYS	228	148	(80)	-35%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$58.53	\$95.76	\$37.23	64%
13	AVERAGE LENGTH OF STAY	5.8	3.1	(2.7)	-46%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,457,778	\$1,676,126	\$218,348	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$112,504	\$218,130	\$105,626	94%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.72%	13.01%	5.30%	69%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	206.30%	295.93%	89.63%	43%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	80.45838	139.08900	58.63061	73%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,398.29	\$1,568.28	\$169.99	12%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,045.88	\$5,625.99	(\$1,419.88)	-20%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,161.41	\$3,619.34	(\$542.07)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$334,821	\$503,411	\$168,590	50%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,164,396	\$2,242,511	\$78,115	4%
24	TOTAL ACCRUED PAYMENTS	\$125,849	\$232,303	\$106,454	85%
25	TOTAL ALLOWANCES	\$2,038,547	\$2,010,208	(\$28,339)	-1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$573,615	\$834,867	\$261,252	46%
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$10,212,033	\$12,596,038	\$2,384,005	23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,942,846	\$3,771,267	(\$171,579)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.61%	29.94%	-8.67%	-22%
4	DISCHARGES	678	892	214	32%
5	CASE MIX INDEX (CMI)	0.93926	0.95630	0.01704	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	636.81828	853.01960	216.20132	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,191.48	\$4,421.08	(\$1,770.40)	-29%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,537.30	\$4,620.06	\$1,082.77	31%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$643.41	\$1,736.87	\$1,093.46	170%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$409,735	\$1,481,581	\$1,071,846	262%
11	PATIENT DAYS	3,070	4,464	1,394	45%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,284.31	\$844.82	(\$439.50)	-34%
13	AVERAGE LENGTH OF STAY	4.5	5.0	0.5	11%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$21,840,217	\$19,887,280	(\$1,952,937)	-9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,752,140	\$3,399,841	(\$1,352,299)	-28%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.76%	17.10%	-4.66%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	213.87%	157.89%	-55.98%	-26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,450.02147	1,408.33600	(41.68547)	-3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,277.29	\$2,414.08	(\$863.21)	-26%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,166.87	\$4,780.18	(\$386.69)	-7%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,282.41	\$2,773.54	\$491.12	22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,309,548	\$3,906,072	\$596,524	18%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$32,052,250	\$32,483,318	\$431,068	1%
24	TOTAL ACCRUED PAYMENTS	\$8,694,986	\$7,171,108	(\$1,523,878)	-18%
25	TOTAL ALLOWANCES	\$23,357,264	\$25,312,210	\$1,954,946	8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,719,283	\$5,387,653	\$1,668,370	45%

JOHNSON MEMORIAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$9,728.77	\$9,041.14	(\$687.63)	-7%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,834.89	\$6,157.94	(\$676.94)	-10%
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	\$8,444.16	\$7,194.27	(\$1,249.90)	-15%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,559.70	\$5,187.62	(\$372.08)	-7%
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	\$10,212,033	\$12,596,038	\$2,384,005	23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,942,846	\$3,771,267	(\$171,579)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.61%	29.94%	-8.67%	-22%
4	DISCHARGES	678	892	214	32%
5	CASE MIX INDEX (CMI)	0.93926	0.95630	0.01704	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	636.81828	853.01960	216.20132	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,191.48	\$4,421.08	(\$1,770.40)	-29%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,537.30	\$4,620.06	\$1,082.77	31%

JOHNSON MEMORIAL HOSPITAL					
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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	\$643.41	\$1,736.87	\$1,093.46	170%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$409,735	\$1,481,581	\$1,071,846	262%
11	PATIENT DAYS	3,070	4,464	1,394	45%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,284.31	\$844.82	(\$439.50)	-34%
13	AVERAGE LENGTH OF STAY	4.5	5.0	0.5	11%
<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$21,840,217	\$19,887,280	(\$1,952,937)	-9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,752,140	\$3,399,841	(\$1,352,299)	-28%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.76%	17.10%	-4.66%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	213.87%	157.89%	-55.98%	-26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,450.02147	1,408.33600	(41.68547)	-3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,277.29	\$2,414.08	(\$863.21)	-26%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,166.87	\$4,780.18	(\$386.69)	-7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,282.41	\$2,773.54	\$491.12	22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,309,548	\$3,906,072	\$596,524	18%
<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$32,052,250	\$32,483,318	\$431,068	1%
24	TOTAL ACCRUED PAYMENTS	\$8,694,986	\$7,171,108	(\$1,523,878)	-18%
25	TOTAL ALLOWANCES	\$23,357,264	\$25,312,210	\$1,954,946	8%
<u>G. CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$741,009	\$195,459	(\$545,550)	-74%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$273,260	\$71,872	(\$201,388)	-74%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.88%	36.77%	-0.11%	0%
4	DISCHARGES	50	20	(30)	-60%
5	CASE MIX INDEX (CMI)	0.97100	0.87040	(0.10060)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	48.55000	17.40800	(31.14200)	-64%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,628.42	\$4,128.68	(\$1,499.75)	-27%
8	PATIENT DAYS	285	58	(227)	-80%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$958.81	\$1,239.17	\$280.37	29%
10	AVERAGE LENGTH OF STAY	5.7	2.9	(2.8)	-49%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$743,123	\$358,237	(\$384,886)	-52%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$257,374	\$56,407	(\$200,967)	-78%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$1,484,132	\$553,696	(\$930,436)	-63%
14	TOTAL ACCRUED PAYMENTS	\$530,634	\$128,279	(\$402,355)	-76%
15	TOTAL ALLOWANCES	\$953,498	\$425,417	(\$528,081)	-55%
<u>H. OTHER DATA</u>					

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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
1	OTHER OPERATING REVENUE	\$590,810	\$2,744,640	\$2,153,830	365%
2	TOTAL OPERATING EXPENSES	\$70,240,063	\$66,930,968	(\$3,309,095)	-5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$221,047	\$160,881	(\$60,166)	-27%
5	BAD DEBTS (CHARGES)	\$3,114,000	\$1,977,083	(\$1,136,917)	-37%
6	UNCOMPENSATED CARE (CHARGES)	\$3,335,047	\$2,137,964	(\$1,197,083)	-36%
7	COST OF UNCOMPENSATED CARE	\$1,329,379	\$782,388	(\$546,990)	-41%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$32,052,250	\$32,483,318	\$431,068	1%
9	TOTAL ACCRUED PAYMENTS	\$8,694,986	\$7,171,108	(\$1,523,878)	-18%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$12,776,306	\$11,887,279	(\$889,027)	-7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,081,320	\$4,716,171	\$634,851	16%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$59,163,980	\$56,442,155	(\$2,721,825)	-5%
2	TOTAL INPATIENT PAYMENTS	\$25,383,004	\$22,143,282	(\$3,239,722)	-13%
3	TOTAL INPATIENT PAYMENTS / CHARGES	42.90%	39.23%	-3.67%	-9%
4	TOTAL DISCHARGES	3,036	3,138	102	3%
5	TOTAL CASE MIX INDEX	1.12700	1.10493	(0.02208)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,421.58298	3,467.25720	45.67422	1%
7	TOTAL OUTPATIENT CHARGES	\$112,155,339	\$111,583,707	(\$571,632)	-1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	189.57%	197.70%	8.13%	4%
9	TOTAL OUTPATIENT PAYMENTS	\$40,004,730	\$36,973,364	(\$3,031,366)	-8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.67%	33.14%	-2.53%	-7%
11	TOTAL CHARGES	\$171,319,319	\$168,025,862	(\$3,293,457)	-2%
12	TOTAL PAYMENTS	\$65,387,734	\$59,116,646	(\$6,271,088)	-10%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.17%	35.18%	-2.98%	-8%
14	PATIENT DAYS	15,091	15,364	273	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$46,146,753	\$45,441,123	(\$705,630)	-2%
2	INPATIENT PAYMENTS	\$17,095,470	\$14,902,678	(\$2,192,792)	-13%
3	GOVT. INPATIENT PAYMENTS / CHARGES	37.05%	32.80%	-4.25%	-11%
4	DISCHARGES	2,205	2,345	140	6%
5	CASE MIX INDEX	1.16541	1.13706	(0.02835)	-2%
6	CASE MIX ADJUSTED DISCHARGES	2,569.72488	2,666.40650	96.68162	4%
7	OUTPATIENT CHARGES	\$66,051,433	\$67,855,955	\$1,804,522	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	143.13%	149.33%	6.19%	4%
9	OUTPATIENT PAYMENTS	\$15,151,840	\$14,296,475	(\$855,365)	-6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.94%	21.07%	-1.87%	-8%
11	TOTAL CHARGES	\$112,198,186	\$113,297,078	\$1,098,892	1%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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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
12	TOTAL PAYMENTS	\$32,247,310	\$29,199,153	(\$3,048,157)	-9%
13	TOTAL PAYMENTS / CHARGES	28.74%	25.77%	-2.97%	-10%
14	PATIENT DAYS	11,631	12,197	566	5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$79,950,876	\$84,097,925	\$4,147,049	5%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.6	5.4	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.0	(0.2)	-4%
3	UNINSURED	5.8	3.1	(2.7)	-46%
4	MEDICAID	4.5	5.0	0.5	11%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	5.7	2.9	(2.8)	-49%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	4.9	(0.1)	-2%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$171,319,319	\$168,025,862	(\$3,293,457)	-2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$79,950,876	\$84,097,925	\$4,147,049	5%
3	UNCOMPENSATED CARE	\$3,335,047	\$2,137,964	(\$1,197,083)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,744,023	\$20,300,865	\$556,842	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$103,029,946	\$106,536,754	\$3,506,808	3%
7	TOTAL ACCRUED PAYMENTS	\$68,289,373	\$61,489,108	(\$6,800,265)	-10%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$68,289,373	\$61,489,108	(\$6,800,265)	-10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3986087115	0.3659502607	(0.0326584508)	-8%
11	COST OF UNCOMPENSATED CARE	\$1,329,379	\$782,388	(\$546,990)	-41%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,081,320	\$4,716,171	\$634,851	16%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,410,699	\$5,498,559	\$87,860	2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,309,548	\$3,906,072	\$596,524	18%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$573,615	\$834,867	\$261,252	46%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,883,163	\$4,740,939	\$857,776	22%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$1	\$1	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$65,387,734	\$59,116,647	(\$6,271,087)	-9.59%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	(\$529)	(\$529)	0.00%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$171,319,321	\$168,025,333	(\$3,293,988)	-1.92%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$521	\$521	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,335,047	\$2,138,485	(\$1,196,562)	-35.88%

JOHNSON MEMORIAL 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)	\$13,017,227	\$11,001,032	(\$2,016,195)
2	MEDICARE	\$35,193,711	32,649,626	(\$2,544,085)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,212,033	12,596,038	\$2,384,005
4	MEDICAID	\$10,212,033	12,596,038	\$2,384,005
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$741,009	195,459	(\$545,550)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$706,618	566,385	(\$140,233)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$46,146,753	\$45,441,123	(\$705,630)
	TOTAL INPATIENT CHARGES	\$59,163,980	\$56,442,155	(\$2,721,825)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,103,906	\$43,727,752	(\$2,376,154)
2	MEDICARE	\$43,468,093	47,610,438	\$4,142,345
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,840,217	19,887,280	(\$1,952,937)
4	MEDICAID	\$21,840,217	19,887,280	(\$1,952,937)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$743,123	358,237	(\$384,886)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,457,778	1,676,126	\$218,348
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$66,051,433	\$67,855,955	\$1,804,522
	TOTAL OUTPATIENT CHARGES	\$112,155,339	\$111,583,707	(\$571,632)
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,121,133	\$54,728,784	(\$4,392,349)
2	TOTAL MEDICARE	\$78,661,804	\$80,260,064	\$1,598,260
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$32,052,250	\$32,483,318	\$431,068
4	TOTAL MEDICAID	\$32,052,250	\$32,483,318	\$431,068
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,484,132	\$553,696	(\$930,436)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,164,396	\$2,242,511	\$78,115
	TOTAL GOVERNMENT CHARGES	\$112,198,186	\$113,297,078	\$1,098,892
	TOTAL CHARGES	\$171,319,319	\$168,025,862	(\$3,293,457)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,287,534	\$7,240,604	(\$1,046,930)
2	MEDICARE	\$12,879,364	11,059,539	(\$1,819,825)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,942,846	3,771,267	(\$171,579)
4	MEDICAID	\$3,942,846	3,771,267	(\$171,579)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$273,260	71,872	(\$201,388)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$13,345	14,173	\$828
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,095,470	\$14,902,678	(\$2,192,792)
	TOTAL INPATIENT PAYMENTS	\$25,383,004	\$22,143,282	(\$3,239,722)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,852,890	\$22,676,889	(\$2,176,001)
2	MEDICARE	\$10,142,326	10,840,227	\$697,901
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,752,140	3,399,841	(\$1,352,299)
4	MEDICAID	\$4,752,140	3,399,841	(\$1,352,299)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$257,374	56,407	(\$200,967)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$112,504	218,130	\$105,626
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,151,840	\$14,296,475	(\$855,365)
	TOTAL OUTPATIENT PAYMENTS	\$40,004,730	\$36,973,364	(\$3,031,366)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,140,424	\$29,917,493	(\$3,222,931)
2	TOTAL MEDICARE	\$23,021,690	\$21,899,766	(\$1,121,924)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,694,986	\$7,171,108	(\$1,523,878)
4	TOTAL MEDICAID	\$8,694,986	\$7,171,108	(\$1,523,878)

JOHNSON MEMORIAL HOSPITAL				
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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	\$530,634	\$128,279	(\$402,355)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$125,849	\$232,303	\$106,454
	TOTAL GOVERNMENT PAYMENTS	\$32,247,310	\$29,199,153	(\$3,048,157)
	TOTAL PAYMENTS	\$65,387,734	\$59,116,646	(\$6,271,088)
II.	<u>PAYER MIX</u>			
A.	<u>INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.60%	6.55%	-1.05%
2	MEDICARE	20.54%	19.43%	-1.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.96%	7.50%	1.54%
4	MEDICAID	5.96%	7.50%	1.54%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.43%	0.12%	-0.32%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.41%	0.34%	-0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	26.94%	27.04%	0.11%
	TOTAL INPATIENT PAYER MIX	34.53%	33.59%	-0.94%
B.	<u>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.91%	26.02%	-0.89%
2	MEDICARE	25.37%	28.34%	2.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.75%	11.84%	-0.91%
4	MEDICAID	12.75%	11.84%	-0.91%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.43%	0.21%	-0.22%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.85%	1.00%	0.15%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	38.55%	40.38%	1.83%
	TOTAL OUTPATIENT PAYER MIX	65.47%	66.41%	0.94%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	<u>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.67%	12.25%	-0.43%
2	MEDICARE	19.70%	18.71%	-0.99%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.03%	6.38%	0.35%
4	MEDICAID	6.03%	6.38%	0.35%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.42%	0.12%	-0.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.02%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	26.14%	25.21%	-0.94%
	TOTAL INPATIENT PAYER MIX	38.82%	37.46%	-1.36%
D.	<u>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.01%	38.36%	0.35%
2	MEDICARE	15.51%	18.34%	2.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.27%	5.75%	-1.52%
4	MEDICAID	7.27%	5.75%	-1.52%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.39%	0.10%	-0.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.37%	0.20%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.17%	24.18%	1.01%
	TOTAL OUTPATIENT PAYER MIX	61.18%	62.54%	1.36%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III.	<u>DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</u>			

JOHNSON MEMORIAL HOSPITAL				
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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)	831	793	(38)
2	MEDICARE	1,477	1,433	(44)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	678	892	214
4	MEDICAID	678	892	214
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	50	20	(30)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	39	47	8
	TOTAL GOVERNMENT DISCHARGES	2,205	2,345	140
	TOTAL DISCHARGES	3,036	3,138	102
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,460	3,167	(293)
2	MEDICARE	8,276	7,675	(601)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,070	4,464	1,394
4	MEDICAID	3,070	4,464	1,394
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	285	58	(227)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	228	148	(80)
	TOTAL GOVERNMENT PATIENT DAYS	11,631	12,197	566
	TOTAL PATIENT DAYS	15,091	15,364	273
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.0	(0.2)
2	MEDICARE	5.6	5.4	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	5.0	0.5
4	MEDICAID	4.5	5.0	0.5
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	5.7	2.9	(2.8)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.8	3.1	(2.7)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	5.0	4.9	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02510	1.00990	(0.01520)
2	MEDICARE	1.27580	1.25330	(0.02250)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93926	0.95630	0.01704
4	MEDICAID	0.93926	0.95630	0.01704
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.97100	0.87040	(0.10060)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94590	1.19420	0.24830
	TOTAL GOVERNMENT CASE MIX INDEX	1.16541	1.13706	(0.02835)
	TOTAL CASE MIX INDEX	1.12700	1.10493	(0.02208)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$54,974,285	\$48,576,137	(\$6,398,148)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,230,262	\$28,275,272	(\$6,954,990)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,744,023	\$20,300,865	\$556,842
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.92%	41.79%	5.88%
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

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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	\$221,047	\$160,881	(\$60,166)
9	BAD DEBTS	\$3,114,000	\$1,977,083	(\$1,136,917)
10	TOTAL UNCOMPENSATED CARE	\$3,335,047	\$2,137,964	(\$1,197,083)
11	TOTAL OTHER OPERATING REVENUE	\$590,810	\$2,744,640	\$2,153,830
12	TOTAL OPERATING EXPENSES	\$70,240,063	\$66,930,968	(\$3,309,095)
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	851.85810	800.85070	(51.00740)
2	MEDICARE	1,884.35660	1,795.97890	(88.37770)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	636.81828	853.01960	216.20132
4	MEDICAID	636.81828	853.01960	216.20132
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	48.55000	17.40800	(31.14200)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	36.89010	56.12740	19.23730
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,569.72488	2,666.40650	96.68162
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,421.58298	3,467.25720	45.67422
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,943.20333	3,152.07767	208.87434
2	MEDICARE	1,824.25699	2,089.63367	265.37667
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,450.02147	1,408.33600	-41.68547
4	MEDICAID	1,450.02147	1,408.33600	-41.68547
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	50.14264	36.65597	-13.48667
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	80.45838	139.08900	58.63061
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,324.42111	3,534.62564	210.20453
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	6,267.62444	6,686.70331	419.07887
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,728.77	\$9,041.14	(\$687.63)
2	MEDICARE	\$6,834.89	\$6,157.94	(\$676.94)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,191.48	\$4,421.08	(\$1,770.40)
4	MEDICAID	\$6,191.48	\$4,421.08	(\$1,770.40)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,628.42	\$4,128.68	(\$1,499.75)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$361.75	\$252.51	(\$109.24)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,652.65	\$5,589.05	(\$1,063.60)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,418.50	\$6,386.40	(\$1,032.10)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,444.16	\$7,194.27	(\$1,249.90)
2	MEDICARE	\$5,559.70	\$5,187.62	(\$372.08)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,277.29	\$2,414.08	(\$863.21)
4	MEDICAID	\$3,277.29	\$2,414.08	(\$863.21)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,132.84	\$1,538.82	(\$3,594.02)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,398.29	\$1,568.28	\$169.99
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,557.74	\$4,044.69	(\$513.05)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,382.76	\$5,529.39	(\$853.37)
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,309,548	\$3,906,072	\$596,524
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0

JOHNSON MEMORIAL 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)	\$573,615	\$834,867	\$261,252
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,883,163	\$4,740,939	\$857,776
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$171,319,319	\$168,025,862	(\$3,293,457)
2	TOTAL GOVERNMENT DEDUCTIONS	\$79,950,876	\$84,097,925	\$4,147,049
3	UNCOMPENSATED CARE	\$3,335,047	\$2,137,964	(\$1,197,083)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,744,023	\$20,300,865	\$556,842
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$103,029,946	\$106,536,754	\$3,506,808
7	TOTAL ACCRUED PAYMENTS	\$68,289,373	\$61,489,108	(\$6,800,265)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$68,289,373	\$61,489,108	(\$6,800,265)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3986087115	0.3659502607	(0.0326584508)
11	COST OF UNCOMPENSATED CARE	\$1,329,379	\$782,388	(\$546,990)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,081,320	\$4,716,171	\$634,851
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,410,699	\$5,498,559	\$87,860
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.67%	65.82%	2.15%
2	MEDICARE	36.60%	33.87%	-2.72%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.61%	29.94%	-8.67%
4	MEDICAID	38.61%	29.94%	-8.67%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	36.88%	36.77%	-0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.89%	2.50%	0.61%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.05%	32.80%	-4.25%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.90%	39.23%	-3.67%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.91%	51.86%	-2.05%
2	MEDICARE	23.33%	22.77%	-0.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.76%	17.10%	-4.66%
4	MEDICAID	21.76%	17.10%	-4.66%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	34.63%	15.75%	-18.89%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.72%	13.01%	5.30%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	22.94%	21.07%	-1.87%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.67%	33.14%	-2.53%
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	\$65,387,734	\$59,116,646	(\$6,271,088)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$65,387,734	\$59,116,646	(\$6,271,088)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$1	\$1
4	CALCULATED NET REVENUE	\$68,501,734	\$59,116,647	(\$9,385,087)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$65,387,734	\$59,116,647	(\$6,271,087)

JOHNSON MEMORIAL 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)	\$3,114,000	\$0	(\$3,114,000)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$171,319,319	\$168,025,862	(\$3,293,457)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	(\$529)	(\$529)
	CALCULATED GROSS REVENUE	\$171,319,319	\$168,025,333	(\$3,293,986)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$171,319,321	\$168,025,333	(\$3,293,988)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)	\$0	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,335,047	\$2,137,964	(\$1,197,083)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$521	\$521
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,335,047	\$2,138,485	(\$1,196,562)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,335,047	\$2,138,485	(\$1,196,562)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

JOHNSON MEMORIAL 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)	\$11,001,032
2	MEDICARE	32,649,626
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,596,038
4	MEDICAID	12,596,038
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	195,459
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	566,385
	TOTAL INPATIENT GOVERNMENT CHARGES	\$45,441,123
	TOTAL INPATIENT CHARGES	\$56,442,155
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,727,752
2	MEDICARE	47,610,438
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,887,280
4	MEDICAID	19,887,280
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	358,237
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,676,126
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$67,855,955
	TOTAL OUTPATIENT CHARGES	\$111,583,707
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$54,728,784
2	TOTAL GOVERNMENT ACCRUED CHARGES	113,297,078
	TOTAL ACCRUED CHARGES	\$168,025,862
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,240,604
2	MEDICARE	11,059,539
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,771,267
4	MEDICAID	3,771,267
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	71,872
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14,173
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$14,902,678
	TOTAL INPATIENT PAYMENTS	\$22,143,282
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,676,889
2	MEDICARE	10,840,227
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,399,841
4	MEDICAID	3,399,841
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	56,407
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	218,130
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$14,296,475
	TOTAL OUTPATIENT PAYMENTS	\$36,973,364
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$29,917,493
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	29,199,153
	TOTAL ACCRUED PAYMENTS	\$59,116,646

JOHNSON MEMORIAL 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)	793
2	MEDICARE	1,433
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	892
4	MEDICAID	892
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	20
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	47
	TOTAL GOVERNMENT DISCHARGES	2,345
	TOTAL DISCHARGES	3,138
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00990
2	MEDICARE	1.25330
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95630
4	MEDICAID	0.95630
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.87040
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.19420
	TOTAL GOVERNMENT CASE MIX INDEX	1.13706
	TOTAL CASE MIX INDEX	1.10493
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$48,576,137
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$28,275,272
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$20,300,865
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.79%
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	\$160,881
9	BAD DEBTS	\$1,977,083
10	TOTAL UNCOMPENSATED CARE	\$2,137,964
11	TOTAL OTHER OPERATING REVENUE	\$2,744,640
12	TOTAL OPERATING EXPENSES	\$66,930,968
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	\$59,116,646
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$59,116,646
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$1
	CALCULATED NET REVENUE	\$59,116,647
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$59,116,647

JOHNSON MEMORIAL 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)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$168,025,862
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$529)
	CALCULATED GROSS REVENUE	\$168,025,333
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$168,025,333
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,137,964
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$521
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,138,485
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$2,138,485
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

JOHNSON MEMORIAL 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	95	79	(16)	-17%
2	Number of Approved Applicants	69	52	(17)	-25%
3	Total Charges (A)	\$221,047	\$160,881	(\$60,166)	-27%
4	Average Charges	\$3,204	\$3,094	(\$110)	-3%
5	Ratio of Cost to Charges (RCC)	0.388467	0.408586	0.020119	5%
6	Total Cost	\$85,869	\$65,734	(\$20,136)	-23%
7	Average Cost	\$1,244	\$1,264	\$20	2%
8	Charity Care - Inpatient Charges	\$124,236	\$86,954	(\$37,282)	-30%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	49,957	55,536	5,579	11%
10	Charity Care - Emergency Department Charges	46,854	18,391	(28,463)	-61%
11	Total Charges (A)	\$221,047	\$160,881	(\$60,166)	-27%
12	Charity Care - Number of Patient Days	27	42	15	56%
13	Charity Care - Number of Discharges	5	10	5	100%
14	Charity Care - Number of Outpatient ED Visits	76	18	(58)	-76%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	195	53	(142)	-73%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$759,505	\$478,426	(\$281,079)	-37%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	594,463	432,728	(161,735)	-27%
3	Bad Debts - Emergency Department	1,760,032	1,065,929	(694,103)	-39%
4	Total Bad Debts (A)	\$3,114,000	\$1,977,083	(\$1,136,917)	-37%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$221,047	\$160,881	(\$60,166)	-27%
2	Bad Debts (A)	3,114,000	1,977,083	(1,136,917)	-37%
3	Total Uncompensated Care (A)	\$3,335,047	\$2,137,964	(\$1,197,083)	-36%
4	Uncompensated Care - Inpatient Services	\$883,741	\$565,380	(\$318,361)	-36%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	644,420	488,264	(156,156)	-24%
6	Uncompensated Care - Emergency Department	1,806,886	1,084,320	(722,566)	-40%
7	Total Uncompensated Care (A)	\$3,335,047	\$2,137,964	(\$1,197,083)	-36%

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

JOHNSON MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	FY 2016 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
COMMERCIAL - ALL PAYERS					
1	Total Gross Revenue	\$54,974,285	\$48,576,137	(\$6,398,148)	-12%
2	Total Contractual Allowances	\$19,744,023	\$20,300,865	\$556,842	3%
	Total Accrued Payments (A)	\$35,230,262	\$28,275,272	(\$6,954,990)	-20%
	Total Discount Percentage	35.92%	41.79%	5.88%	16%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHNSON MEMORIAL 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	\$61,453,127	\$59,163,980	\$56,442,155
2	Outpatient Gross Revenue	\$109,147,635	\$112,155,339	\$111,583,707
3	Total Gross Patient Revenue	\$170,600,762	\$171,319,319	\$168,025,862
4	Net Patient Revenue	\$66,648,825	\$65,387,734	\$59,116,648
B. Total Operating Expenses				
1	Total Operating Expense	\$66,456,723	\$70,240,063	\$66,930,968
C. Utilization Statistics				
1	Patient Days	16,270	15,091	15,364
2	Discharges	3,191	3,036	3,138
3	Average Length of Stay	5.1	5.0	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	45,167	43,699	45,738
0	Equivalent (Adjusted) Discharges (ED)	8,859	8,791	9,342
D. Case Mix Statistics				
1	Case Mix Index	1.11821	1.12700	1.10493
2	Case Mix Adjusted Patient Days (CMAPD)	18,193	17,008	16,976
3	Case Mix Adjusted Discharges (CMAD)	3,568	3,422	3,467
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	50,507	49,248	50,537
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,906	9,908	10,322
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$10,486	\$11,352	\$10,936
2	Total Gross Revenue per Discharge	\$53,463	\$56,429	\$53,546
3	Total Gross Revenue per EPD	\$3,777	\$3,920	\$3,674
4	Total Gross Revenue per ED	\$19,258	\$19,487	\$17,987
5	Total Gross Revenue per CMAEPD	\$3,378	\$3,479	\$3,325
6	Total Gross Revenue per CMAED	\$17,222	\$17,291	\$16,279

JOHNSON MEMORIAL 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	\$1,361	\$1,354	\$1,234
8	Inpatient Gross Revenue per ED	\$6,937	\$6,730	\$6,042
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$4,096	\$4,333	\$3,848
2	Net Patient Revenue per Discharge	\$20,887	\$21,537	\$18,839
3	Net Patient Revenue per EPD	\$1,476	\$1,496	\$1,293
4	Net Patient Revenue per ED	\$7,524	\$7,438	\$6,328
5	Net Patient Revenue per CMAEPD	\$1,320	\$1,328	\$1,170
6	Net Patient Revenue per CMAED	\$6,728	\$6,600	\$5,727
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,085	\$4,654	\$4,356
2	Total Operating Expense per Discharge	\$20,826	\$23,136	\$21,329
3	Total Operating Expense per EPD	\$1,471	\$1,607	\$1,463
4	Total Operating Expense per ED	\$7,502	\$7,990	\$7,165
5	Total Operating Expense per CMAEPD	\$1,316	\$1,426	\$1,324
6	Total Operating Expense per CMAED	\$6,709	\$7,089	\$6,484
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$9,346,702	\$8,836,210	\$9,248,301
2	Nursing Fringe Benefits Expense	\$2,547,260	\$2,174,748	\$2,237,353
3	Total Nursing Salary and Fringe Benefits Expense	\$11,893,962	\$11,010,958	\$11,485,654
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$15,764,903	\$15,997,009	\$16,499,323

JOHNSON MEMORIAL 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	\$3,900,830	\$3,937,147	\$3,991,524
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$19,665,733	\$19,934,156	\$20,490,847
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$25,111,605	\$24,833,219	\$25,747,624
2	Total Fringe Benefits Expense	\$6,448,090	\$6,111,895	\$6,228,877
3	Total Salary and Fringe Benefits Expense	\$31,559,695	\$30,945,114	\$31,976,501
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	115.5	113.6	111.6
2	Total Physician FTEs	0.0	0.0	0.0
3	Total Non-Nursing, Non-Physician FTEs	331.7	337.7	344.7
4	Total Full Time Equivalent Employees (FTEs)	447.2	451.3	456.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$80,924	\$77,784	\$82,870
2	Nursing Fringe Benefits Expense per FTE	\$22,054	\$19,144	\$20,048
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,978	\$96,927	\$102,918
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$47,528	\$47,370	\$47,866
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,760	\$11,659	\$11,580
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$59,288	\$59,029	\$59,445
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$56,153	\$55,026	\$56,427

JOHNSON MEMORIAL 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	\$14,419	\$13,543	\$13,651
3	Total Salary and Fringe Benefits Expense per FTE	\$70,572	\$68,569	\$70,078
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,940	\$2,051	\$2,081
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,890	\$10,193	\$10,190
3	Total Salary and Fringe Benefits Expense per EPD	\$699	\$708	\$699
4	Total Salary and Fringe Benefits Expense per ED	\$3,563	\$3,520	\$3,423
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$625	\$628	\$633
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,186	\$3,123	\$3,098