

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$0	\$0	\$0	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$34,011,910	\$33,764,998	(\$246,912)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,081,447	\$6,910,000	\$1,828,553	36%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,398,463	\$2,676,748	\$278,285	12%
7	Inventories of Supplies	\$6,131,843	\$5,904,591	(\$227,252)	-4%
8	Prepaid Expenses	\$4,033,965	\$3,314,862	(\$719,103)	-18%
9	Other Current Assets	\$3,352,153	\$1,303,721	(\$2,048,432)	-61%
	<b>Total Current Assets</b>	<b>\$55,009,781</b>	<b>\$53,874,920</b>	<b>(\$1,134,861)</b>	<b>-2%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$16,638,482	\$18,879,282	\$2,240,800	13%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$16,638,482</b>	<b>\$18,879,282</b>	<b>\$2,240,800</b>	<b>13%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$691,609	\$601,145	(\$90,464)	-13%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$170,486,382	\$177,971,660	\$7,485,278	4%
2	Less: Accumulated Depreciation	\$117,774,398	\$123,975,802	\$6,201,404	5%
	<b>Property, Plant and Equipment, Net</b>	<b>\$52,711,984</b>	<b>\$53,995,858</b>	<b>\$1,283,874</b>	<b>2%</b>
3	Construction in Progress	\$8,458,325	\$5,577,936	(\$2,880,389)	-34%
	<b>Total Net Fixed Assets</b>	<b>\$61,170,309</b>	<b>\$59,573,794</b>	<b>(\$1,596,515)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$133,510,181</b>	<b>\$132,929,141</b>	<b>(\$581,040)</b>	<b>0%</b>

<b>JOHN DEMPSEY HOSPITAL</b>					
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<b>FISCAL YEAR 2009</b>					
<b>REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$9,516,528	\$10,049,629	\$533,101	6%
2	Salaries, Wages and Payroll Taxes	\$6,462,235	\$6,460,153	(\$2,082)	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,185,461	\$9,723,510	\$1,538,049	19%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$26,423,874	\$21,702,376	(\$4,721,498)	-18%
	<b>Total Current Liabilities</b>	<b>\$50,588,098</b>	<b>\$47,935,668</b>	<b>(\$2,652,430)</b>	<b>-5%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$2,906,387	\$2,075,991	(\$830,396)	-29%
	<b>Total Long Term Debt</b>	<b>\$2,906,387</b>	<b>\$2,075,991</b>	<b>(\$830,396)</b>	<b>-29%</b>
3	Accrued Pension Liability	\$6,692,860	\$6,223,758	(\$469,102)	-7%
4	Other Long Term Liabilities	\$20,633,479	\$20,633,364	(\$115)	0%
	<b>Total Long Term Liabilities</b>	<b>\$30,232,726</b>	<b>\$28,933,113</b>	<b>(\$1,299,613)</b>	<b>-4%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$52,543,012	\$55,916,180	\$3,373,168	6%
2	Temporarily Restricted Net Assets	\$146,345	\$144,180	(\$2,165)	-1%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	<b>Total Net Assets</b>	<b>\$52,689,357</b>	<b>\$56,060,360</b>	<b>\$3,371,003</b>	<b>6%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$133,510,181</b>	<b>\$132,929,141</b>	<b>(\$581,040)</b>	<b>0%</b>

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$406,763,316	\$469,647,440	\$62,884,124	15%
2	Less: Allowances	\$169,711,213	\$217,673,653	\$47,962,440	28%
3	Less: Charity Care	\$967,138	\$840,699	(\$126,439)	-13%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$236,084,965</b>	<b>\$251,133,088</b>	<b>\$15,048,123</b>	<b>6%</b>
5	Other Operating Revenue	\$3,037,854	\$3,928,058	\$890,204	29%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$239,122,819</b>	<b>\$255,061,146</b>	<b>\$15,938,327</b>	<b>7%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$96,465,516	\$93,580,336	(\$2,885,180)	-3%
2	Fringe Benefits	\$39,605,637	\$34,952,482	(\$4,653,155)	-12%
3	Physicians Fees	\$10,714,163	\$11,966,675	\$1,252,512	12%
4	Supplies and Drugs	\$44,709,680	\$52,655,058	\$7,945,378	18%
5	Depreciation and Amortization	\$11,150,983	\$10,790,380	(\$360,603)	-3%
6	Bad Debts	\$5,570,353	\$4,252,105	(\$1,318,248)	-24%
7	Interest	\$539,199	\$415,932	(\$123,267)	-23%
8	Malpractice	\$2,383,737	\$7,977,273	\$5,593,536	235%
9	Other Operating Expenses	\$43,894,342	\$50,259,804	\$6,365,462	15%
	<b>Total Operating Expenses</b>	<b>\$255,033,610</b>	<b>\$266,850,045</b>	<b>\$11,816,435</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$15,910,791)</b>	<b>(\$11,788,899)</b>	<b>\$4,121,892</b>	<b>-26%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$1,057,468	\$259,902	(\$797,566)	-75%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$1,057,468</b>	<b>\$259,902</b>	<b>(\$797,566)</b>	<b>-75%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$14,853,323)</b>	<b>(\$11,528,997)</b>	<b>\$3,324,326</b>	<b>-22%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$14,900,000	\$14,900,000	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$14,900,000</b>	<b>\$14,900,000</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$14,853,323)</b>	<b>\$3,371,003</b>	<b>\$18,224,326</b>	<b>-123%</b>
	Principal Payments	\$0	\$3,227,462	\$3,227,462	0%

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$73,791,966	\$92,389,079	\$18,597,113	25%
2	MEDICARE MANAGED CARE	\$8,375,755	\$11,951,662	\$3,575,907	43%
3	MEDICAID	\$15,864,512	\$24,931,485	\$9,066,973	57%
4	MEDICAID MANAGED CARE	\$16,709,001	\$18,426,044	\$1,717,043	10%
5	CHAMPUS/TRICARE	\$755,830	\$1,002,546	\$246,716	33%
6	COMMERCIAL INSURANCE	\$676,706	\$1,424,163	\$747,457	110%
7	NON-GOVERNMENT MANAGED CARE	\$80,272,747	\$84,684,481	\$4,411,734	5%
8	WORKER'S COMPENSATION	\$1,350,452	\$1,385,926	\$35,474	3%
9	SELF- PAY/UNINSURED	\$1,398,299	\$1,174,109	(\$224,190)	-16%
10	SAGA	\$4,049,880	\$6,640,566	\$2,590,686	64%
11	OTHER	\$112,817	\$0	(\$112,817)	-100%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$203,357,965</b>	<b>\$244,010,061</b>	<b>\$40,652,096</b>	<b>20%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$54,944,961	\$61,716,911	\$6,771,950	12%
2	MEDICARE MANAGED CARE	\$7,470,420	\$11,276,256	\$3,805,836	51%
3	MEDICAID	\$10,065,741	\$11,043,080	\$977,339	10%
4	MEDICAID MANAGED CARE	\$8,976,619	\$13,660,695	\$4,684,076	52%
5	CHAMPUS/TRICARE	\$1,094,703	\$1,283,726	\$189,023	17%
6	COMMERCIAL INSURANCE	\$849,915	\$893,852	\$43,937	5%
7	NON-GOVERNMENT MANAGED CARE	\$106,141,816	\$122,993,795	\$16,851,979	16%
8	WORKER'S COMPENSATION	\$2,626,708	\$3,060,583	\$433,875	17%
9	SELF- PAY/UNINSURED	\$3,198,406	\$3,517,089	\$318,683	10%
10	SAGA	\$5,650,691	\$7,051,317	\$1,400,626	25%
11	OTHER	\$655,818	\$261,635	(\$394,183)	-60%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$201,675,798</b>	<b>\$236,758,939</b>	<b>\$35,083,141</b>	<b>17%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$128,736,927	\$154,105,990	\$25,369,063	20%
2	MEDICARE MANAGED CARE	\$15,846,175	\$23,227,918	\$7,381,743	47%
3	MEDICAID	\$25,930,253	\$35,974,565	\$10,044,312	39%
4	MEDICAID MANAGED CARE	\$25,685,620	\$32,086,739	\$6,401,119	25%
5	CHAMPUS/TRICARE	\$1,850,533	\$2,286,272	\$435,739	24%
6	COMMERCIAL INSURANCE	\$1,526,621	\$2,318,015	\$791,394	52%
7	NON-GOVERNMENT MANAGED CARE	\$186,414,563	\$207,678,276	\$21,263,713	11%
8	WORKER'S COMPENSATION	\$3,977,160	\$4,446,509	\$469,349	12%
9	SELF- PAY/UNINSURED	\$4,596,705	\$4,691,198	\$94,493	2%
10	SAGA	\$9,700,571	\$13,691,883	\$3,991,312	41%
11	OTHER	\$768,635	\$261,635	(\$507,000)	-66%
	<b>TOTAL GROSS REVENUE</b>	<b>\$405,033,763</b>	<b>\$480,769,000</b>	<b>\$75,735,237</b>	<b>19%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$59,911,203	\$65,866,741	\$5,955,538	10%
2	MEDICARE MANAGED CARE	\$6,450,949	\$7,248,442	\$797,493	12%
3	MEDICAID	\$8,172,495	\$9,303,363	\$1,130,868	14%
4	MEDICAID MANAGED CARE	\$9,286,335	\$8,267,701	(\$1,018,634)	-11%
5	CHAMPUS/TRICARE	\$303,468	\$372,717	\$69,249	23%
6	COMMERCIAL INSURANCE	\$567,526	\$653,187	\$85,661	15%
7	NON-GOVERNMENT MANAGED CARE	\$47,941,153	\$47,407,994	(\$533,159)	-1%
8	WORKER'S COMPENSATION	\$1,080,463	\$1,026,937	(\$53,526)	-5%
9	SELF- PAY/UNINSURED	\$372,420	\$129,406	(\$243,014)	-65%
10	SAGA	\$1,063,185	\$1,025,871	(\$37,314)	-4%
11	OTHER	\$42,008	\$0	(\$42,008)	-100%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$135,191,205</b>	<b>\$141,302,359</b>	<b>\$6,111,154</b>	<b>5%</b>
<b>B. OUTPATIENT NET REVENUE</b>					

**JOHN DEMPSEY HOSPITAL  
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FISCAL YEAR 2009  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	\$23,075,509	\$21,606,147	(\$1,469,362)	-6%
2	MEDICARE MANAGED CARE	\$3,075,500	\$3,537,778	\$462,278	15%
3	MEDICAID	\$3,740,916	\$3,905,156	\$164,240	4%
4	MEDICAID MANAGED CARE	\$3,657,266	\$5,346,092	\$1,688,826	46%
5	CHAMPUS/TRICARE	\$480,899	\$506,793	\$25,894	5%
6	COMMERCIAL INSURANCE	\$659,902	\$512,868	(\$147,034)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$55,652,681	\$61,324,812	\$5,672,131	10%
8	WORKER'S COMPENSATION	\$2,037,137	\$1,946,789	(\$90,348)	-4%
9	SELF- PAY/UNINSURED	\$832,191	\$591,911	(\$240,280)	-29%
10	SAGA	\$1,456,164	\$1,351,145	(\$105,019)	-7%
11	OTHER	\$590,675	\$127,006	(\$463,669)	-78%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$95,258,840</b>	<b>\$100,756,497</b>	<b>\$5,497,657</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$82,986,712	\$87,472,888	\$4,486,176	5%
2	MEDICARE MANAGED CARE	\$9,526,449	\$10,786,220	\$1,259,771	13%
3	MEDICAID	\$11,913,411	\$13,208,519	\$1,295,108	11%
4	MEDICAID MANAGED CARE	\$12,943,601	\$13,613,793	\$670,192	5%
5	CHAMPUS/TRICARE	\$784,367	\$879,510	\$95,143	12%
6	COMMERCIAL INSURANCE	\$1,227,428	\$1,166,055	(\$61,373)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$103,593,834	\$108,732,806	\$5,138,972	5%
8	WORKER'S COMPENSATION	\$3,117,600	\$2,973,726	(\$143,874)	-5%
9	SELF- PAY/UNINSURED	\$1,204,611	\$721,317	(\$483,294)	-40%
10	SAGA	\$2,519,349	\$2,377,016	(\$142,333)	-6%
11	OTHER	\$632,683	\$127,006	(\$505,677)	-80%
	<b>TOTAL NET REVENUE</b>	<b>\$230,450,045</b>	<b>\$242,058,856</b>	<b>\$11,608,811</b>	<b>5%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	3,538	3,396	(142)	-4%
2	MEDICARE MANAGED CARE	421	464	43	10%
3	MEDICAID	662	712	50	8%
4	MEDICAID MANAGED CARE	755	857	102	14%
5	CHAMPUS/TRICARE	66	63	(3)	-5%
6	COMMERCIAL INSURANCE	44	37	(7)	-16%
7	NON-GOVERNMENT MANAGED CARE	3,864	3,574	(290)	-8%
8	WORKER'S COMPENSATION	77	65	(12)	-16%
9	SELF- PAY/UNINSURED	115	84	(31)	-27%
10	SAGA	302	335	33	11%
11	OTHER	12	0	(12)	-100%
	<b>TOTAL DISCHARGES</b>	<b>9,856</b>	<b>9,587</b>	<b>(269)</b>	<b>-3%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	20,027	18,836	(1,191)	-6%
2	MEDICARE MANAGED CARE	1,839	2,041	202	11%
3	MEDICAID	5,652	6,736	1,084	19%
4	MEDICAID MANAGED CARE	6,809	5,867	(942)	-14%
5	CHAMPUS/TRICARE	207	262	55	27%
6	COMMERCIAL INSURANCE	208	321	113	54%
7	NON-GOVERNMENT MANAGED CARE	23,128	19,899	(3,229)	-14%
8	WORKER'S COMPENSATION	191	180	(11)	-6%
9	SELF- PAY/UNINSURED	542	362	(180)	-33%
10	SAGA	1,354	1,615	261	19%
11	OTHER	55	0	(55)	-100%
	<b>TOTAL PATIENT DAYS</b>	<b>60,012</b>	<b>56,119</b>	<b>(3,893)</b>	<b>-6%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	72,327	74,339	2,012	3%
2	MEDICARE MANAGED CARE	9,196	12,069	2,873	31%
3	MEDICAID	14,769	14,566	(203)	-1%
4	MEDICAID MANAGED CARE	17,355	20,471	3,116	18%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
5	CHAMPUS/TRICARE	1,681	1,955	274	16%
6	COMMERCIAL INSURANCE	1,743	1,565	(178)	-10%
7	NON-GOVERNMENT MANAGED CARE	154,364	152,529	(1,835)	-1%
8	WORKER'S COMPENSATION	2,658	2,465	(193)	-7%
9	SELF- PAY/UNINSURED	4,918	4,732	(186)	-4%
10	SAGA	7,648	8,513	865	11%
11	OTHER	3,916	1,137	(2,779)	-71%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>290,575</b>	<b>294,341</b>	<b>3,766</b>	<b>1%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$5,115,506	\$6,452,021	\$1,336,515	26%
2	MEDICARE MANAGED CARE	\$622,071	\$935,816	\$313,745	50%
3	MEDICAID	\$1,107,783	\$1,520,885	\$413,102	37%
4	MEDICAID MANAGED CARE	\$1,373,494	\$2,295,377	\$921,883	67%
5	CHAMPUS/TRICARE	\$98,041	\$133,000	\$34,959	36%
6	COMMERCIAL INSURANCE	\$232,368	\$312,326	\$79,958	34%
7	NON-GOVERNMENT MANAGED CARE	\$9,663,399	\$12,714,975	\$3,051,576	32%
8	WORKER'S COMPENSATION	\$564,571	\$672,711	\$108,140	19%
9	SELF- PAY/UNINSURED	\$1,200,262	\$1,489,722	\$289,460	24%
10	SAGA	\$858,678	\$1,297,527	\$438,849	51%
11	OTHER	\$736,905	\$63,354	(\$673,551)	-91%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$21,573,078</b>	<b>\$27,887,714</b>	<b>\$6,314,636</b>	<b>29%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,981,624	\$2,061,335	\$79,711	4%
2	MEDICARE MANAGED CARE	\$230,565	\$279,731	\$49,166	21%
3	MEDICAID	\$219,818	\$438,785	\$218,967	100%
4	MEDICAID MANAGED CARE	\$391,103	\$730,335	\$339,232	87%
5	CHAMPUS/TRICARE	\$37,283	\$60,236	\$22,953	62%
6	COMMERCIAL INSURANCE	\$133,541	\$170,336	\$36,795	28%
7	NON-GOVERNMENT MANAGED CARE	\$4,301,767	\$5,686,774	\$1,385,007	32%
8	WORKER'S COMPENSATION	\$409,041	\$466,303	\$57,262	14%
9	SELF- PAY/UNINSURED	\$119,979	\$100,981	(\$18,998)	-16%
10	SAGA	\$99,392	\$177,036	\$77,644	78%
11	OTHER	\$187,940	\$81	(\$187,859)	-100%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$8,112,053</b>	<b>\$10,171,933</b>	<b>\$2,059,880</b>	<b>25%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	4,662	4,425	(237)	-5%
2	MEDICARE MANAGED CARE	584	656	72	12%
3	MEDICAID	1,234	1,353	119	10%
4	MEDICAID MANAGED CARE	2,172	2,452	280	13%
5	CHAMPUS/TRICARE	123	141	18	15%
6	COMMERCIAL INSURANCE	307	265	(42)	-14%
7	NON-GOVERNMENT MANAGED CARE	11,840	11,136	(704)	-6%
8	WORKER'S COMPENSATION	918	802	(116)	-13%
9	SELF- PAY/UNINSURED	1,759	1,535	(224)	-13%
10	SAGA	1,138	1,340	202	18%
11	OTHER	618	51	(567)	-92%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>25,355</b>	<b>24,156</b>	<b>(1,199)</b>	<b>-5%</b>

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FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$39,922,482	\$26,333,098	(\$13,589,384)	-34%
2	Physician Salaries	\$1,926,462	\$2,069,189	\$142,727	7%
3	Non-Nursing, Non-Physician Salaries	\$54,616,572	\$65,178,049	\$10,561,477	19%
	<b>Total Salaries &amp; Wages</b>	<b>\$96,465,516</b>	<b>\$93,580,336</b>	<b>(\$2,885,180)</b>	<b>-3%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$16,390,886	\$9,743,246	(\$6,647,640)	-41%
2	Physician Fringe Benefits	\$790,943	\$765,600	(\$25,343)	-3%
3	Non-Nursing, Non-Physician Fringe Benefits	\$22,423,808	\$24,443,636	\$2,019,828	9%
	<b>Total Fringe Benefits</b>	<b>\$39,605,637</b>	<b>\$34,952,482</b>	<b>(\$4,653,155)</b>	<b>-12%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$5,686,042	\$5,995,322	\$309,280	5%
2	Physician Fees	\$10,714,163	\$11,966,675	\$1,252,512	12%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$16,400,205</b>	<b>\$17,961,997</b>	<b>\$1,561,792</b>	<b>10%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$28,927,697	\$34,635,616	\$5,707,919	20%
2	Pharmaceutical Costs	\$15,781,983	\$18,019,442	\$2,237,459	14%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$44,709,680</b>	<b>\$52,655,058</b>	<b>\$7,945,378</b>	<b>18%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$2,719,187	\$2,781,139	\$61,952	2%
2	Depreciation-Equipment	\$8,431,796	\$8,009,241	(\$422,555)	-5%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$11,150,983</b>	<b>\$10,790,380</b>	<b>(\$360,603)</b>	<b>-3%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$5,570,353	\$4,252,105	(\$1,318,248)	-24%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$539,199	\$415,932	(\$123,267)	-23%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$2,383,737	\$7,977,273	\$5,593,536	235%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$70,966	\$81,863	\$10,897	15%
2	Natural Gas	\$914,065	\$890,736	(\$23,329)	-3%
3	Oil	\$18,815	\$28,698	\$9,883	53%
4	Electricity	\$2,344,188	\$2,084,359	(\$259,829)	-11%
5	Telephone	\$599,357	\$695,290	\$95,933	16%
6	Other Utilities	\$61,920	\$77,223	\$15,303	25%
	<b>Total Utilities</b>	<b>\$4,009,311</b>	<b>\$3,858,169</b>	<b>(\$151,142)</b>	<b>-4%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$1,016,631	\$188,620	(\$828,011)	-81%
2	Legal Fees	\$658,094	\$1,675,464	\$1,017,370	155%
3	Consulting Fees	\$0	\$2,202,255	\$2,202,255	0%
4	Dues and Membership	\$257,026	\$341,190	\$84,164	33%
5	Equipment Leases	\$962,024	\$1,186,495	\$224,471	23%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$4,367,241	\$4,894,048	\$526,807	12%
8	Insurance	\$0	\$280,623	\$280,623	0%
9	Travel	\$76,414	\$63,656	(\$12,758)	-17%
10	Conferences	\$8,350	\$3,166	(\$5,184)	-62%
11	Property Tax	\$0	\$1,280	\$1,280	0%

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(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
12	General Supplies	\$2,417,637	\$2,389,220	(\$28,417)	-1%
13	Licenses and Subscriptions	\$105,484	\$196,568	\$91,084	86%
14	Postage and Shipping	\$356,717	\$199,932	(\$156,785)	-44%
15	Advertising	\$885,197	\$941,589	\$56,392	6%
16	Other Business Expenses	\$20,054,237	\$22,956,084	\$2,901,847	14%
	<b>Total Business Expenses</b>	<b>\$31,165,052</b>	<b>\$37,520,190</b>	<b>\$6,355,138</b>	<b>20%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$3,033,937	\$2,886,123	(\$147,814)	-5%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$255,033,610</b>	<b>\$266,850,045</b>	<b>\$11,816,435</b>	<b>5%</b>
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$10,220,016	\$17,232,142	\$7,012,126	69%
2	General Accounting	\$736,764	\$612,202	(\$124,562)	-17%
3	Patient Billing & Collection	\$9,854,771	\$8,806,887	(\$1,047,884)	-11%
4	Admitting / Registration Office	\$1,447,906	\$1,877,590	\$429,684	30%
5	Data Processing	\$1,542,540	\$1,542,540	\$0	0%
6	Communications	\$343,628	\$363,510	\$19,882	6%
7	Personnel	\$120,171	\$98,576	(\$21,595)	-18%
8	Public Relations	\$274,419	\$303,973	\$29,554	11%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$2,957,487	\$3,077,307	\$119,820	4%
11	Housekeeping	\$5,202,112	\$3,168,255	(\$2,033,857)	-39%
12	Laundry & Linen	\$936,726	\$887,037	(\$49,689)	-5%
13	Operation of Plant	\$4,994,201	\$4,771,087	(\$223,114)	-4%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$2,847,982	\$3,433,749	\$585,767	21%
16	Central Sterile Supply	\$1,694,560	\$1,566,591	(\$127,969)	-8%
17	Pharmacy Department	\$18,616,721	\$22,796,142	\$4,179,421	22%
18	Other General Services	\$11,794,211	\$10,518,108	(\$1,276,103)	-11%
	<b>Total General Services</b>	<b>\$73,584,215</b>	<b>\$81,055,696</b>	<b>\$7,471,481</b>	<b>10%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$582,624	\$553,416	(\$29,208)	-5%
2	Residency Program	\$10,735,875	\$11,988,488	\$1,252,613	12%
3	Nursing Services Administration	\$2,324,947	\$2,715,257	\$390,310	17%
4	Medical Records	\$5,377,300	\$5,385,925	\$8,625	0%
5	Social Service	\$995,576	\$910,582	(\$84,994)	-9%
6	Other Professional Services	\$2,111,325	\$2,321,891	\$210,566	10%
	<b>Total Professional Services</b>	<b>\$22,127,647</b>	<b>\$23,875,559</b>	<b>\$1,747,912</b>	<b>8%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$19,803,977	\$23,569,883	\$3,765,906	19%
2	Recovery Room	\$2,872,411	\$2,905,066	\$32,655	1%
3	Anesthesiology	\$0	\$0	\$0	0%
4	Delivery Room	\$3,052,640	\$3,077,077	\$24,437	1%
5	Diagnostic Radiology	\$8,389,497	\$7,496,730	(\$892,767)	-11%
6	Diagnostic Ultrasound	\$0	\$683,032	\$683,032	0%
7	Radiation Therapy	\$1,697,917	\$1,696,420	(\$1,497)	0%
8	Radioisotopes	\$1,496,647	\$1,537,279	\$40,632	3%
9	CT Scan	\$1,036,547	\$834,980	(\$201,567)	-19%
10	Laboratory	\$13,848,135	\$14,967,159	\$1,119,024	8%
11	Blood Storing/Processing	\$2,525,123	\$2,546,408	\$21,285	1%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$2,604,380	\$2,495,295	(\$109,085)	-4%
14	Electroencephalography	\$337,225	\$353,341	\$16,116	5%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
15	Occupational Therapy	\$174,287	\$167,571	(\$6,716)	-4%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,582,101	\$3,110,923	\$528,822	20%
19	Pulmonary Function	\$391,136	\$460,072	\$68,936	18%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$478,906	\$529,959	\$51,053	11%
24	Emergency Room	\$8,872,225	\$8,922,079	\$49,854	1%
25	MRI	\$1,404,512	\$826,859	(\$577,653)	-41%
26	PET Scan	\$460,160	\$489,005	\$28,845	6%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$917,134	\$0	(\$917,134)	-100%
29	Sleep Center	\$741,818	\$580,009	(\$161,809)	-22%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,716,164	\$6,503,478	\$787,314	14%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$8,442,991	\$8,634,752	\$191,761	2%
34	Other Special Services	\$1,997,451	\$1,665,172	(\$332,279)	-17%
	<b>Total Special Services</b>	<b>\$89,843,384</b>	<b>\$94,052,549</b>	<b>\$4,209,165</b>	<b>5%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$22,745,875	\$23,177,380	\$431,505	2%
2	Intensive Care Unit	\$6,575,813	\$6,262,017	(\$313,796)	-5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$7,253,417	\$7,709,411	\$455,994	6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,558,922	\$1,472,001	(\$86,921)	-6%
8	Neonatal ICU	\$14,630,449	\$12,074,628	(\$2,555,821)	-17%
9	Rehabilitation Unit	\$3,150,044	\$3,381,912	\$231,868	7%
10	Ambulatory Surgery	\$7,893,676	\$7,771,876	(\$121,800)	-2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$5,670,168	\$6,017,016	\$346,848	6%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$69,478,364</b>	<b>\$67,866,241</b>	<b>(\$1,612,123)</b>	<b>-2%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$255,033,610</b>	<b>\$266,850,045</b>	<b>\$11,816,435</b>	<b>5%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>JOHN DEMPSEY HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$227,337,829	\$ 236,084,965	\$251,133,088
2	Other Operating Revenue	1,590,150	3,037,854	3,928,058
3	Total Operating Revenue	\$228,927,979	\$239,122,819	\$255,061,146
4	Total Operating Expenses	233,836,419	255,033,610	266,850,045
5	Income/(Loss) From Operations	(\$4,908,440)	(\$15,910,791)	(\$11,788,899)
6	Total Non-Operating Revenue	951,575	1,057,468	15,159,902
7	Excess/(Deficiency) of Revenue Over Expenses	(\$3,956,865)	(\$14,853,323)	\$3,371,003
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-2.14%	-6.62%	-4.36%
2	Hospital Non Operating Margin	0.41%	0.44%	5.61%
3	Hospital Total Margin	-1.72%	-6.18%	1.25%
4	Income/(Loss) From Operations	(\$4,908,440)	(\$15,910,791)	(\$11,788,899)
5	Total Operating Revenue	\$228,927,979	\$239,122,819	\$255,061,146
6	Total Non-Operating Revenue	\$951,575	\$1,057,468	\$15,159,902
7	Total Revenue	\$229,879,554	\$240,180,287	\$270,221,048
8	Excess/(Deficiency) of Revenue Over Expenses	(\$3,956,865)	(\$14,853,323)	\$3,371,003
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$67,414,232	\$52,543,012	\$55,916,180
2	Hospital Total Net Assets	\$67,542,680	\$52,689,357	\$56,060,360
3	Hospital Change in Total Net Assets	\$67,542,680	(\$14,853,323)	\$3,371,003
4	Hospital Change in Total Net Assets %	0.0%	-22.0%	6.4%
<b>D. <u>Cost Data Summary</u></b>				
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.59</b>	<b>0.61</b>	<b>0.53</b>
2	Total Operating Expenses	\$225,859,288	\$248,416,870	\$256,225,183
3	Total Gross Revenue	\$378,600,573	\$405,033,763	\$480,769,000
4	Total Other Operating Revenue	\$2,537,530	\$4,567,582	\$3,088,960
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.00</b>	<b>0.93</b>	<b>0.99</b>
6	Total Non-Government Payments	\$97,782,976	\$109,143,473	\$113,593,904

<b>JOHN DEMPSEY HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
7	Total Uninsured Payments	\$971,184	\$1,204,611	\$721,317
8	Total Non-Government Charges	\$167,089,051	\$196,515,049	\$219,133,998
9	Total Uninsured Charges	\$3,539,947	\$4,596,705	\$4,691,198
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>1.02</b>	<b>1.06</b>	<b>1.05</b>
11	Total Medicare Payments	\$83,690,320	\$92,513,161	\$98,259,108
12	Total Medicare Charges	\$138,363,604	\$144,583,102	\$177,333,908
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.98</b>	<b>0.79</b>	<b>0.74</b>
14	Total Medicaid Payments	\$24,209,914	\$24,857,012	\$26,822,312
15	Total Medicaid Charges	\$41,799,162	\$51,615,873	\$68,061,304
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$3,309,932</b>	<b>\$2,890,877</b>	<b>\$3,317,622</b>
17	Charity Care	\$741,685	\$996,974	\$727,509
18	Bad Debts	\$4,843,833	\$3,769,639	\$5,537,519
19	Total Uncompensated Care	\$5,585,518	\$4,766,613	\$6,265,028
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.5%</b>	<b>1.2%</b>	<b>1.3%</b>
21	Total Operating Expenses	\$225,859,288	\$248,416,870	\$256,225,183
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.29</b>	<b>1.09</b>	<b>1.12</b>
2	Total Current Assets	\$57,956,819	\$55,009,781	\$53,874,920
3	Total Current Liabilities	\$45,011,816	\$50,588,098	\$47,935,668
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>0</b>	<b>0</b>	<b>0</b>
5	Cash and Cash Equivalents	\$0	\$0	\$0
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$0
8	Total Operating Expenses	\$233,836,419	\$255,033,610	\$266,850,045
9	Depreciation Expense	\$10,432,879	\$11,150,983	\$10,790,380
10	Operating Expenses less Depreciation Expense	\$223,403,540	\$243,882,627	\$256,059,665
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>69.02</b>	<b>56.29</b>	<b>52.96</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
12	Net Patient Accounts Receivable	\$39,560,627	\$34,011,910	\$33,764,998
13	Due From Third Party Payers	\$3,426,454	\$2,398,463	\$2,676,748
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$42,987,081	\$36,410,373	\$36,441,746
16	Total Net Patient Revenue	\$227,337,829	\$236,084,965	\$251,133,088
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>73.54</b>	<b>75.71</b>	<b>68.33</b>
18	Total Current Liabilities	\$45,011,816	\$50,588,098	\$47,935,668
19	Total Operating Expenses	\$233,836,419	\$255,033,610	\$266,850,045
20	Depreciation Expense	\$10,432,879	\$11,150,983	\$10,790,380
21	Total Operating Expenses less Depreciation Expense	\$223,403,540	\$243,882,627	\$256,059,665
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>47.2</b>	<b>39.5</b>	<b>42.2</b>
2	Total Net Assets	\$67,542,680	\$52,689,357	\$56,060,360
3	Total Assets	\$143,063,252	\$133,510,181	\$132,929,141
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>13.3</b>	<b>(6.9)</b>	<b>28.3</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$3,956,865)	(\$14,853,323)	\$3,371,003
6	Depreciation Expense	\$10,432,879	\$11,150,983	\$10,790,380
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,476,014	(\$3,702,340)	\$14,161,383
8	Total Current Liabilities	\$45,011,816	\$50,588,098	\$47,935,668
9	Total Long Term Debt	\$3,757,591	\$2,906,387	\$2,075,991
10	Total Current Liabilities and Total Long Term Debt	\$48,769,407	\$53,494,485	\$50,011,659
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>5.3</b>	<b>5.2</b>	<b>3.6</b>
12	Total Long Term Debt	\$3,757,591	\$2,906,387	\$2,075,991
13	Total Net Assets	\$67,542,680	\$52,689,357	\$56,060,360
14	Total Long Term Debt and Total Net Assets	\$71,300,271	\$55,595,744	\$58,136,351
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>13.3</b>	<b>(5.9)</b>	<b>4.0</b>
16	Excess Revenues over Expenses	(\$3,956,865)	(\$14,853,323)	\$3,371,003
17	Interest Expense	\$526,248	\$539,199	\$415,932
18	Depreciation and Amortization Expense	\$10,432,879	\$11,150,983	\$10,790,380

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
19	Principal Payments	\$0	\$0	\$3,227,462
<b>G. <u>Other Financial Ratios</u></b>				
20	<b><u>Average Age of Plant</u></b>	<b>10.3</b>	<b>10.6</b>	<b>11.5</b>
21	Accumulated Depreciation	\$106,948,880	\$117,774,398	\$123,975,802
22	Depreciation and Amortization Expense	\$10,432,879	\$11,150,983	\$10,790,380
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	60,392	60,012	56,119
2	Discharges	10,009	9,856	9,587
3	ALOS	6.0	6.1	5.9
4	Staffed Beds	224	224	224
5	Available Beds	-	-	224
6	Licensed Beds	224	224	224
6	Occupancy of Staffed Beds	73.9%	73.4%	68.6%
7	Occupancy of Available Beds	73.9%	73.4%	68.6%
8	Full Time Equivalent Employees	1,237.4	1,338.4	1,302.8
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	43.2%	47.4%	44.6%
2	Medicare Gross Revenue Payer Mix Percentage	36.5%	35.7%	36.9%
3	Medicaid Gross Revenue Payer Mix Percentage	11.0%	12.7%	14.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	7.8%	2.6%	2.9%
5	Uninsured Gross Revenue Payer Mix Percentage	0.9%	1.1%	1.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.5%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$163,549,104	\$191,918,344	\$214,442,800
9	Medicare Gross Revenue (Charges)	\$138,363,604	\$144,583,102	\$177,333,908
10	Medicaid Gross Revenue (Charges)	\$41,799,162	\$51,615,873	\$68,061,304
11	Other Medical Assistance Gross Revenue (Charges)	\$29,645,382	\$10,469,206	\$13,953,518
12	Uninsured Gross Revenue (Charges)	\$3,539,947	\$4,596,705	\$4,691,198
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,703,374	\$1,850,533	\$2,286,272
14	Total Gross Revenue (Charges)	\$378,600,573	\$405,033,763	\$480,769,000
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	44.5%	46.8%	46.6%

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
2	Medicare Net Revenue Payer Mix Percentage	38.5%	40.1%	40.6%
3	Medicaid Net Revenue Payer Mix Percentage	11.1%	10.8%	11.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	5.0%	1.4%	1.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.5%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.3%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$96,811,792	\$107,938,862	\$112,872,587
9	Medicare Net Revenue (Payments)	\$83,690,320	\$92,513,161	\$98,259,108
10	Medicaid Net Revenue (Payments)	\$24,209,914	\$24,857,012	\$26,822,312
11	Other Medical Assistance Net Revenue (Payments)	\$10,790,277	\$3,152,031	\$2,504,022
12	Uninsured Net Revenue (Payments)	\$971,184	\$1,204,611	\$721,317
13	CHAMPUS / TRICARE Net Revenue Payments)	\$971,179	\$784,367	\$879,510
14	Total Net Revenue (Payments)	\$217,444,666	\$230,450,044	\$242,058,856
<b>K.</b>	<b><u>Discharges</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	4,010	4,100	3,760
2	Medicare	3,888	3,959	3,860
3	Medical Assistance	2,037	1,731	1,904
4	Medicaid	1,295	1,417	1,569
5	Other Medical Assistance	742	314	335
6	CHAMPUS / TRICARE	74	66	63
7	Uninsured (Included In Non-Government)	85	115	84
8	Total	10,009	9,856	9,587
<b>L.</b>	<b><u>Case Mix Index</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	1.382100	1.433200	1.431500
2	Medicare	1.521900	1.557700	1.639200
3	Medical Assistance	1.311170	1.350818	1.393747
4	Medicaid	1.270300	1.374600	1.405800
5	Other Medical Assistance	1.382500	1.243500	1.337300
6	CHAMPUS / TRICARE	1.119000	1.111000	1.087100
7	Uninsured (Included In Non-Government)	1.170400	0.909580	1.169900
8	Total Case Mix Index	1.420024	1.466583	1.505365
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	4,706	4,730	4,436
2	Emergency Room - Treated and Discharged	25,548	25,355	24,156
3	Total Emergency Room Visits	30,254	30,085	28,592

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$312,885	\$352,668	\$39,783	13%
2	Inpatient Payments	\$248,841	\$349,944	\$101,103	41%
3	Outpatient Charges	\$217,117	\$385,515	\$168,398	78%
4	Outpatient Payments	\$111,101	\$151,247	\$40,146	36%
5	Discharges	16	19	3	19%
6	Patient Days	70	66	(4)	-6%
7	Outpatient Visits (Excludes ED Visits)	361	521	160	44%
8	Emergency Department Outpatient Visits	26	35	9	35%
9	Emergency Department Inpatient Admissions	11	13	2	18%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$530,002</b>	<b>\$738,183</b>	<b>\$208,181</b>	<b>39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$359,942</b>	<b>\$501,191</b>	<b>\$141,249</b>	<b>39%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$82,638	\$82,638	0%
4	Outpatient Payments	\$0	\$26,800	\$26,800	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	106	106	0%
8	Emergency Department Outpatient Visits	0	4	4	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$82,638</b>	<b>\$82,638</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$26,800</b>	<b>\$26,800</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$107,682	\$1,808,333	\$1,700,651	1579%
2	Inpatient Payments	\$105,240	\$1,121,430	\$1,016,190	966%
3	Outpatient Charges	\$206,439	\$1,301,710	\$1,095,271	531%
4	Outpatient Payments	\$121,987	\$442,618	\$320,631	263%
5	Discharges	8	65	57	713%
6	Patient Days	23	268	245	1065%
7	Outpatient Visits (Excludes ED Visits)	353	1,838	1,485	421%
8	Emergency Department Outpatient Visits	19	106	87	458%
9	Emergency Department Inpatient Admissions	4	20	16	400%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$314,121</b>	<b>\$3,110,043</b>	<b>\$2,795,922</b>	<b>890%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$227,227</b>	<b>\$1,564,048</b>	<b>\$1,336,821</b>	<b>588%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,223,296	\$5,380,212	\$156,916	3%
2	Inpatient Payments	\$4,084,506	\$3,173,120	(\$911,386)	-22%
3	Outpatient Charges	\$4,488,258	\$5,144,032	\$655,774	15%
4	Outpatient Payments	\$1,729,704	\$1,616,024	(\$113,680)	-7%
5	Discharges	234	204	(30)	-13%
6	Patient Days	853	852	(1)	0%
7	Outpatient Visits (Excludes ED Visits)	5,005	4,973	(32)	-1%
8	Emergency Department Outpatient Visits	300	259	(41)	-14%
9	Emergency Department Inpatient Admissions	125	73	(52)	-42%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,711,554</b>	<b>\$10,524,244</b>	<b>\$812,690</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,814,210</b>	<b>\$4,789,144</b>	<b>(\$1,025,066)</b>	<b>-18%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$451,225	\$524,854	\$73,629	16%
2	Inpatient Payments	\$298,853	\$231,705	(\$67,148)	-22%
3	Outpatient Charges	\$217,180	\$355,873	\$138,693	64%
4	Outpatient Payments	\$118,628	\$88,526	(\$30,102)	-25%
5	Discharges	20	16	(4)	-20%
6	Patient Days	171	116	(55)	-32%
7	Outpatient Visits (Excludes ED Visits)	265	311	46	17%
8	Emergency Department Outpatient Visits	56	53	(3)	-5%
9	Emergency Department Inpatient Admissions	17	10	(7)	-41%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$668,405</b>	<b>\$880,727</b>	<b>\$212,322</b>	<b>32%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$417,481</b>	<b>\$320,231</b>	<b>(\$97,250)</b>	<b>-23%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$14,716	\$14,716	0%
2	Inpatient Payments	\$0	\$11,014	\$11,014	0%
3	Outpatient Charges	\$2,392	\$3,490	\$1,098	46%
4	Outpatient Payments	\$1,821	\$0	(\$1,821)	-100%
5	Discharges	0	1	1	0%
6	Patient Days	0	3	3	0%
7	Outpatient Visits (Excludes ED Visits)	2	3	1	50%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,392</b>	<b>\$18,206</b>	<b>\$15,814</b>	<b>661%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,821</b>	<b>\$11,014</b>	<b>\$9,193</b>	<b>505%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$12,862	\$12,862	0%
2	Inpatient Payments	\$0	\$12,355	\$12,355	0%
3	Outpatient Charges	\$0	\$2,994	\$2,994	0%
4	Outpatient Payments	\$0	\$269	\$269	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	3	3	0%
7	Outpatient Visits (Excludes ED Visits)	0	11	11	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$15,856</b>	<b>\$15,856</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$12,624</b>	<b>\$12,624</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$1,306,833	\$1,427,961	\$121,128	9%
2	Inpatient Payments	\$1,125,773	\$1,004,623	(\$121,150)	-11%
3	Outpatient Charges	\$1,492,727	\$2,421,339	\$928,612	62%
4	Outpatient Payments	\$651,348	\$779,975	\$128,627	20%
5	Discharges	74	66	(8)	-11%
6	Patient Days	373	261	(112)	-30%
7	Outpatient Visits (Excludes ED Visits)	1,438	1,861	423	29%
8	Emergency Department Outpatient Visits	96	75	(21)	-22%
9	Emergency Department Inpatient Admissions	53	25	(28)	-53%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,799,560</b>	<b>\$3,849,300</b>	<b>\$1,049,740</b>	<b>37%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,777,121</b>	<b>\$1,784,598</b>	<b>\$7,477</b>	<b>0%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$93,796	\$27,695	(\$66,101)	-70%
2	Inpatient Payments	\$59,410	\$16,996	(\$42,414)	-71%
3	Outpatient Charges	\$37,588	\$26,384	(\$11,204)	-30%
4	Outpatient Payments	\$23,142	\$5,902	(\$17,240)	-74%
5	Discharges	4	2	(2)	-50%
6	Patient Days	30	6	(24)	-80%
7	Outpatient Visits (Excludes ED Visits)	42	38	(4)	-10%
8	Emergency Department Outpatient Visits	9	5	(4)	-44%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$131,384</b>	<b>\$54,079</b>	<b>(\$77,305)</b>	<b>-59%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$82,552</b>	<b>\$22,898</b>	<b>(\$59,654)</b>	<b>-72%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$880,038	\$2,402,361	\$1,522,323	173%
2	Inpatient Payments	\$528,326	\$1,327,255	\$798,929	151%
3	Outpatient Charges	\$808,719	\$1,552,281	\$743,562	92%
4	Outpatient Payments	\$317,769	\$426,417	\$108,648	34%
5	Discharges	65	90	25	38%
6	Patient Days	319	466	147	46%
7	Outpatient Visits (Excludes ED Visits)	1,146	1,751	605	53%
8	Emergency Department Outpatient Visits	78	117	39	50%
9	Emergency Department Inpatient Admissions	57	29	(28)	-49%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,688,757</b>	<b>\$3,954,642</b>	<b>\$2,265,885</b>	<b>134%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$846,095</b>	<b>\$1,753,672</b>	<b>\$907,577</b>	<b>107%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$8,375,755</b>	<b>\$11,951,662</b>	<b>\$3,575,907</b>	<b>43%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$6,450,949</b>	<b>\$7,248,442</b>	<b>\$797,493</b>	<b>12%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$7,470,420</b>	<b>\$11,276,256</b>	<b>\$3,805,836</b>	<b>51%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,075,500</b>	<b>\$3,537,778</b>	<b>\$462,278</b>	<b>15%</b>
	<b>TOTAL DISCHARGES</b>	<b>421</b>	<b>464</b>	<b>43</b>	<b>10%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,839</b>	<b>2,041</b>	<b>202</b>	<b>11%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>8,612</b>	<b>11,413</b>	<b>2,801</b>	<b>33%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>584</b>	<b>656</b>	<b>72</b>	<b>12%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>267</b>	<b>173</b>	<b>(94)</b>	<b>-35%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,846,175</b>	<b>\$23,227,918</b>	<b>\$7,381,743</b>	<b>47%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,526,449</b>	<b>\$10,786,220</b>	<b>\$1,259,771</b>	<b>13%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$8,756,279	\$2,902,734	(\$5,853,545)	-67%
2	Inpatient Payments	\$5,159,785	\$1,372,649	(\$3,787,136)	-73%
3	Outpatient Charges	\$6,158,040	\$2,344,937	(\$3,813,103)	-62%
4	Outpatient Payments	\$2,523,964	\$926,953	(\$1,597,011)	-63%
5	Discharges	481	136	(345)	-72%
6	Patient Days	3,803	997	(2,806)	-74%
7	Outpatient Visits (Excludes ED Visits)	10,841	3,205	(7,636)	-70%
8	Emergency Department Outpatient Visits	1,591	407	(1,184)	-74%
9	Emergency Department Inpatient Admissions	49	16	(33)	-67%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,914,319</b>	<b>\$5,247,671</b>	<b>(\$9,666,648)</b>	<b>-65%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,683,749</b>	<b>\$2,299,602</b>	<b>(\$5,384,147)</b>	<b>-70%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$5,444,024	\$10,923,933	\$5,479,909	101%
2	Inpatient Payments	\$2,762,032	\$4,987,162	\$2,225,130	81%
3	Outpatient Charges	\$1,963,950	\$7,516,283	\$5,552,333	283%
4	Outpatient Payments	\$808,555	\$2,952,840	\$2,144,285	265%
5	Discharges	180	471	291	162%
6	Patient Days	2,006	3,476	1,470	73%
7	Outpatient Visits (Excludes ED Visits)	2,640	9,696	7,056	267%
8	Emergency Department Outpatient Visits	362	1,255	893	247%
9	Emergency Department Inpatient Admissions	8	31	23	288%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,407,974</b>	<b>\$18,440,216</b>	<b>\$11,032,242</b>	<b>149%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,570,587</b>	<b>\$7,940,002</b>	<b>\$4,369,415</b>	<b>122%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$2,134,411	\$0	(\$2,134,411)	-100%
2	Inpatient Payments	\$1,142,102	\$0	(\$1,142,102)	-100%
3	Outpatient Charges	\$760,214	\$1,928	(\$758,286)	-100%
4	Outpatient Payments	\$294,345	\$755	(\$293,590)	-100%
5	Discharges	81	0	(81)	-100%
6	Patient Days	837	0	(837)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,514	13	(1,501)	-99%
8	Emergency Department Outpatient Visits	175	0	(175)	-100%
9	Emergency Department Inpatient Admissions	6	0	(6)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,894,625</b>	<b>\$1,928</b>	<b>(\$2,892,697)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,436,447</b>	<b>\$755</b>	<b>(\$1,435,692)</b>	<b>-100%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$155	\$0	(\$155)	-100%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$155</b>	<b>\$0</b>	<b>(\$155)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$374,287	\$3,058	(\$371,229)	-99%
2	Inpatient Payments	\$222,416	\$1,512	(\$220,904)	-99%
3	Outpatient Charges	\$93,579	\$985	(\$92,594)	-99%
4	Outpatient Payments	\$29,723	\$320	(\$29,403)	-99%
5	Discharges	13	1	(12)	-92%
6	Patient Days	163	2	(161)	-99%
7	Outpatient Visits (Excludes ED Visits)	188	6	(182)	-97%
8	Emergency Department Outpatient Visits	42	0	(42)	-100%

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	5	0	(5)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$467,866</b>	<b>\$4,043</b>	<b>(\$463,823)</b>	<b>-99%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$252,139</b>	<b>\$1,832</b>	<b>(\$250,307)</b>	<b>-99%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$1,247,888	\$1,247,888	0%
2	Inpatient Payments	\$0	\$473,014	\$473,014	0%
3	Outpatient Charges	\$0	\$927,725	\$927,725	0%
4	Outpatient Payments	\$0	\$378,450	\$378,450	0%
5	Discharges	0	68	68	0%
6	Patient Days	0	340	340	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,247	1,247	0%
8	Emergency Department Outpatient Visits	0	194	194	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$2,175,613</b>	<b>\$2,175,613</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$851,464</b>	<b>\$851,464</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$3,348,431	\$3,348,431	0%
2	Inpatient Payments	\$0	\$1,433,364	\$1,433,364	0%
3	Outpatient Charges	\$681	\$2,868,837	\$2,868,156	421168%
4	Outpatient Payments	\$679	\$1,086,774	\$1,086,095	159955%
5	Discharges	0	181	181	0%
6	Patient Days	0	1,052	1,052	0%
7	Outpatient Visits (Excludes ED Visits)	0	3,852	3,852	0%
8	Emergency Department Outpatient Visits	2	596	594	29700%
9	Emergency Department Inpatient Admissions	0	12	12	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$681</b>	<b>\$6,217,268</b>	<b>\$6,216,587</b>	<b>912862%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$679</b>	<b>\$2,520,138</b>	<b>\$2,519,459</b>	<b>371054%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$16,709,001</b>	<b>\$18,426,044</b>	<b>\$1,717,043</b>	<b>10%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$9,286,335</b>	<b>\$8,267,701</b>	<b>(\$1,018,634)</b>	<b>-11%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$8,976,619</b>	<b>\$13,660,695</b>	<b>\$4,684,076</b>	<b>52%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,657,266</b>	<b>\$5,346,092</b>	<b>\$1,688,826</b>	<b>46%</b>
	<b>TOTAL DISCHARGES</b>	<b>755</b>	<b>857</b>	<b>102</b>	<b>14%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>6,809</b>	<b>5,867</b>	<b>(942)</b>	<b>-14%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>15,183</b>	<b>18,019</b>	<b>2,836</b>	<b>19%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,172</b>	<b>2,452</b>	<b>280</b>	<b>13%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>68</b>	<b>61</b>	<b>(7)</b>	<b>-10%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$25,685,620</b>	<b>\$32,086,739</b>	<b>\$6,401,119</b>	<b>25%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$12,943,601</b>	<b>\$13,613,793</b>	<b>\$670,192</b>	<b>5%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$50,163,361	\$57,935,895	\$7,772,534	15%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$47,834,207	\$48,523,927	\$689,720	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$123,447	\$0	(\$123,447)	-100%
5	Due From Affiliates	\$13,871,321	\$35,488,325	\$21,617,004	156%
6	Due From Third Party Payers	\$2,398,463	\$2,676,748	\$278,285	12%
7	Inventories of Supplies	\$7,638,663	\$7,447,932	(\$190,731)	-2%
8	Prepaid Expenses	\$5,608,982	\$6,646,457	\$1,037,475	18%
9	Other Current Assets	\$49,790,357	\$46,152,171	(\$3,638,186)	-7%
	<b>Total Current Assets</b>	<b>\$177,428,801</b>	<b>\$204,871,455</b>	<b>\$27,442,654</b>	<b>15%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$8,300,000	\$6,746,019	(\$1,553,981)	-19%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$8,300,000</b>	<b>\$6,746,019</b>	<b>(\$1,553,981)</b>	<b>-19%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$19,325,204	\$20,675,374	\$1,350,170	7%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$556,771,938	\$579,637,469	\$22,865,531	4%
2	Less: Accumulated Depreciation	\$357,131,574	\$377,487,948	\$20,356,374	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$199,640,364</b>	<b>\$202,149,521</b>	<b>\$2,509,157</b>	<b>1%</b>
3	Construction in Progress	\$40,262,025	\$50,636,930	\$10,374,905	26%
	<b>Total Net Fixed Assets</b>	<b>\$239,902,389</b>	<b>\$252,786,451</b>	<b>\$12,884,062</b>	<b>5%</b>
	<b>Total Assets</b>	<b>\$444,956,394</b>	<b>\$485,079,299</b>	<b>\$40,122,905</b>	<b>9%</b>

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$33,831,908	\$31,833,081	(\$1,998,827)	-6%
2	Salaries, Wages and Payroll Taxes	\$25,302,618	\$26,744,974	\$1,442,356	6%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$4,287,753	\$3,896,045	(\$391,708)	-9%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$36,865,065	\$39,252,187	\$2,387,122	6%
	<b>Total Current Liabilities</b>	<b>\$100,287,344</b>	<b>\$101,726,287</b>	<b>\$1,438,943</b>	<b>1%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$37,920,292	\$34,024,247	(\$3,896,045)	-10%
	<b>Total Long Term Debt</b>	<b>\$37,920,292</b>	<b>\$34,024,247</b>	<b>(\$3,896,045)</b>	<b>-10%</b>
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$35,717,322	\$38,324,022	\$2,606,700	7%
	<b>Total Long Term Liabilities</b>	<b>\$73,637,614</b>	<b>\$72,348,269</b>	<b>(\$1,289,345)</b>	<b>-2%</b>
5	Interest in Net Assets of Affiliates or Joint	\$197,694,344	\$216,043,925	\$18,349,581	9%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$52,370,752	\$55,446,097	\$3,075,345	6%
2	Temporarily Restricted Net Assets	\$20,904,889	\$39,453,270	\$18,548,381	89%
3	Permanently Restricted Net Assets	\$61,451	\$61,451	\$0	0%
	<b>Total Net Assets</b>	<b>\$73,337,092</b>	<b>\$94,960,818</b>	<b>\$21,623,726</b>	<b>29%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$444,956,394</b>	<b>\$485,079,299</b>	<b>\$40,122,905</b>	<b>9%</b>

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$692,711,685	\$766,894,227	\$74,182,542	11%
2	Less: Allowances	\$271,918,243	\$331,807,473	\$59,889,230	22%
3	Less: Charity Care	\$967,138	\$840,699	(\$126,439)	-13%
4	Less: Other Deductions	\$14,446,240	\$15,521,215	\$1,074,975	7%
	<b>Total Net Patient Revenue</b>	<b>\$405,380,064</b>	<b>\$418,724,840</b>	<b>\$13,344,776</b>	<b>3%</b>
5	Other Operating Revenue	\$148,277,074	\$151,860,489	\$3,583,415	2%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$553,657,138</b>	<b>\$570,585,329</b>	<b>\$16,928,191</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$320,216,899	\$327,332,020	\$7,115,121	2%
2	Fringe Benefits	\$133,761,282	\$134,548,745	\$787,463	1%
3	Physicians Fees	\$45,645,503	\$56,127,109	\$10,481,606	23%
4	Supplies and Drugs	\$76,561,673	\$81,654,768	\$5,093,095	7%
5	Depreciation and Amortization	\$28,453,720	\$29,448,891	\$995,171	3%
6	Bad Debts	\$5,822,027	\$5,498,577	(\$323,450)	-6%
7	Interest	\$0	\$0	\$0	0%
8	Malpractice	\$3,187,757	\$8,675,741	\$5,487,984	172%
9	Other Operating Expenses	\$138,623,978	\$140,425,253	\$1,801,275	1%
	<b>Total Operating Expenses</b>	<b>\$752,272,839</b>	<b>\$783,711,104</b>	<b>\$31,438,265</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$198,615,701)</b>	<b>(\$213,125,775)</b>	<b>(\$14,510,074)</b>	<b>7%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$6,624,737	\$5,884,533	(\$740,204)	-11%
2	Gifts, Contributions and Donations	\$2,698,560	\$981,803	(\$1,716,757)	-64%
3	Other Non-Operating Gains/(Losses)	\$187,809,487	\$246,232,746	\$58,423,259	31%
	<b>Total Non-Operating Revenue</b>	<b>\$197,132,784</b>	<b>\$253,099,082</b>	<b>\$55,966,298</b>	<b>28%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$1,482,917)</b>	<b>\$39,973,307</b>	<b>\$41,456,224</b>	<b>-2796%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$1,482,917)</b>	<b>\$39,973,307</b>	<b>\$41,456,224</b>	<b>-2796%</b>

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$383,276,780	\$405,380,064	\$418,724,840
2	Other Operating Revenue	150,543,785	148,277,074	151,860,489
3	Total Operating Revenue	\$533,820,565	\$553,657,138	\$570,585,329
4	Total Operating Expenses	700,216,972	752,272,839	783,711,104
5	Income/(Loss) From Operations	(\$166,396,407)	(\$198,615,701)	(\$213,125,775)
6	Total Non-Operating Revenue	184,282,162	197,132,784	253,099,082
7	Excess/(Deficiency) of Revenue Over Expenses	\$17,885,755	(\$1,482,917)	\$39,973,307
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-23.17%	-26.45%	-25.87%
2	Parent Corporation Non-Operating Margin	25.66%	26.26%	30.73%
3	Parent Corporation Total Margin	2.49%	-0.20%	4.85%
4	Income/(Loss) From Operations	(\$166,396,407)	(\$198,615,701)	(\$213,125,775)
5	Total Operating Revenue	\$533,820,565	\$553,657,138	\$570,585,329
6	Total Non-Operating Revenue	\$184,282,162	\$197,132,784	\$253,099,082
7	Total Revenue	\$718,102,727	\$750,789,922	\$823,684,411
8	Excess/(Deficiency) of Revenue Over Expenses	\$17,885,755	(\$1,482,917)	\$39,973,307
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$45,960,711	\$52,370,752	\$55,446,097
2	Parent Corporation Total Net Assets	\$80,827,468	\$73,337,092	\$94,960,818
3	Parent Corporation Change in Total Net Assets	\$80,827,468	(\$7,490,376)	\$21,623,726
4	Parent Corporation Change in Total Net Assets %	0.0%	-9.3%	29.5%

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>2.00</b>	<b>1.77</b>	<b>2.01</b>
2	Total Current Assets	\$180,027,648	\$177,428,801	\$204,871,455
3	Total Current Liabilities	\$90,109,611	\$100,287,344	\$101,726,287
<b>4</b>	<b>Days Cash on Hand</b>	<b>14</b>	<b>25</b>	<b>28</b>
5	Cash and Cash Equivalents	\$25,652,441	\$50,163,361	\$57,935,895
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$25,652,441	\$50,163,361	\$57,935,895
8	Total Operating Expenses	\$700,216,972	\$752,272,839	\$783,711,104
9	Depreciation Expense	\$26,341,536	\$28,453,720	\$29,448,891
10	Operating Expenses less Depreciation Expense	\$673,875,436	\$723,819,119	\$754,262,213
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>53</b>	<b>45</b>	<b>45</b>
12	Net Patient Accounts Receivable	\$ 51,711,050	\$ 47,834,207	\$ 48,523,927
13	Due From Third Party Payers	\$3,426,454	\$2,398,463	\$2,676,748
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$55,137,504	\$50,232,670	\$51,200,675
16	Total Net Patient Revenue	\$383,276,780	\$405,380,064	\$418,724,840
<b>17</b>	<b>Average Payment Period</b>	<b>49</b>	<b>51</b>	<b>49</b>
18	Total Current Liabilities	\$90,109,611	\$100,287,344	\$101,726,287
19	Total Operating Expenses	\$700,216,972	\$752,272,839	\$783,711,104
20	Depreciation Expense	\$26,341,536	\$28,453,720	\$29,448,891
21	Total Operating Expenses less Depreciation Expense	\$673,875,436	\$723,819,119	\$754,262,213

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>18.5</b>	<b>16.5</b>	<b>19.6</b>
2	Total Net Assets	\$80,827,468	\$73,337,092	\$94,960,818
3	Total Assets	\$437,655,265	\$444,956,394	\$485,079,299
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>34.2</b>	<b>19.5</b>	<b>51.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$17,885,755	(\$1,482,917)	\$39,973,307
6	Depreciation Expense	\$26,341,536	\$28,453,720	\$29,448,891
7	Excess of Revenues Over Expenses and Depreciation Expense	\$44,227,291	\$26,970,803	\$69,422,198
8	Total Current Liabilities	\$90,109,611	\$100,287,344	\$101,726,287
9	Total Long Term Debt	\$39,371,428	\$37,920,292	\$34,024,247
10	Total Current Liabilities and Total Long Term Debt	\$129,481,039	\$138,207,636	\$135,750,534
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>32.8</b>	<b>34.1</b>	<b>26.4</b>
12	Total Long Term Debt	\$39,371,428	\$37,920,292	\$34,024,247
13	Total Net Assets	\$80,827,468	\$73,337,092	\$94,960,818
14	Total Long Term Debt and Total Net Assets	\$120,198,896	\$111,257,384	\$128,985,065

JOHN DEMPSEY HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	24,866	91	91	74.9%	74.9%
2	ICU/CCU (Excludes Neonatal ICU)	4,089	15	15	74.7%	74.7%
3	Psychiatric: Ages 0 to 17	0	1	1	0.0%	0.0%
4	Psychiatric: Ages 18+	7,057	33	33	58.6%	58.6%
	<b>TOTAL PSYCHIATRIC</b>	<b>7,057</b>	<b>34</b>	<b>34</b>	<b>56.9%</b>	<b>56.9%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,997	20	20	54.8%	54.8%
7	Newborn	1,206	20	20	16.5%	16.5%
8	Neonatal ICU	10,656	30	30	97.3%	97.3%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	4,248	14	14	83.1%	83.1%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>54,913</b>	<b>204</b>	<b>204</b>	<b>73.7%</b>	<b>73.7%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>56,119</b>	<b>224</b>	<b>224</b>	<b>68.6%</b>	<b>68.6%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>56,119</b>	<b>224</b>	<b>224</b>	<b>68.6%</b>	<b>68.6%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>60,012</b>	<b>224</b>	<b>224</b>	<b>73.4%</b>	<b>73.4%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-3,893</b>	<b>0</b>	<b>0</b>	<b>-4.8%</b>	<b>-4.8%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-6%</b>	<b>0%</b>	<b>0%</b>	<b>-6%</b>	<b>-6%</b>
	Total Licensed Beds and Bassinets	224				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	5,018	4,950	-68	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,867	7,863	-4	0%
3	Emergency Department Scans	4,101	4,634	533	13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>16,986</b>	<b>17,447</b>	<b>461</b>	<b>3%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	737	722	-15	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,774	6,209	435	8%
3	Emergency Department Scans	105	104	-1	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>6,616</b>	<b>7,035</b>	<b>419</b>	<b>6%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	6	11	5	83%
2	Outpatient Scans (Excluding Emergency Department Scans)	557	578	21	4%
3	Emergency Department Scans	2	0	-2	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>565</b>	<b>589</b>	<b>24</b>	<b>4%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	457	424	-33	-7%
2	Outpatient Procedures	327	320	-7	-2%
	<b>Total Cardiac Catheterization Procedures</b>	<b>784</b>	<b>744</b>	<b>-40</b>	<b>-5%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	464	447	-17	-4%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>464</b>	<b>447</b>	<b>-17</b>	<b>-4%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	250	493	243	97%
2	Outpatient Studies	425	965	540	127%
	<b>Total Electrophysiology Studies</b>	<b>675</b>	<b>1,458</b>	<b>783</b>	<b>116%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,722	2,901	179	7%
2	Outpatient Surgical Procedures	6,949	6,374	-575	-8%
	<b>Total Surgical Procedures</b>	<b>9,671</b>	<b>9,275</b>	<b>-396</b>	<b>-4%</b>

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	288	291	3	1%
2	Outpatient Endoscopy Procedures	2,458	2,636	178	7%
	<b>Total Endoscopy Procedures</b>	<b>2,746</b>	<b>2,927</b>	<b>181</b>	<b>7%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	4,730	4,436	-294	-6%
2	Emergency Room Visits: Treated and Discharged	25,355	24,156	-1,199	-5%
	<b>Total Emergency Room Visits</b>	<b>30,085</b>	<b>28,592</b>	<b>-1,493</b>	<b>-5%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	93,766	93,003	-763	-1%
3	Psychiatric Clinic Visits	21,552	20,077	-1,475	-7%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	3,845	3,537	-308	-8%
	<b>Total Hospital Clinic Visits</b>	<b>119,163</b>	<b>116,617</b>	<b>-2,546</b>	<b>-2%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	46,400	35,965	-10,435	-22%
2	Cardiology	0	0	0	0%
3	Chemotherapy	2,993	3,559	566	19%
4	Gastroenterology	2,458	2,918	460	19%
5	Other Outpatient Visits	89,476	116,277	26,801	30%
	<b>Total Other Hospital Outpatient Visits</b>	<b>141,327</b>	<b>158,719</b>	<b>17,392</b>	<b>12%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	553.9	542.4	-11.5	-2%
2	Total Physician FTEs	15.5	18.4	2.9	19%
3	Total Non-Nursing and Non-Physician FTEs	769.0	742.0	-27.0	-4%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,338.4</b>	<b>1,302.8</b>	<b>-35.6</b>	<b>-3%</b>

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital	6,949	6,374	-575	-8%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>6,949</b>	<b>6,374</b>	<b>-575</b>	<b>-8%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital	2,458	2,636	178	7%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,458</b>	<b>2,636</b>	<b>178</b>	<b>7%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital	25,355	24,156	-1,199	-5%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>25,355</b>	<b>24,156</b>	<b>-1,199</b>	<b>-5%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$82,167,721	\$104,340,741	\$22,173,020	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$66,362,152	\$73,115,183	\$6,753,031	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	80.76%	70.07%	-10.69%	-13%
4	DISCHARGES	3,959	3,860	(99)	-3%
5	CASE MIX INDEX (CMI)	1.55770	1.63920	0.08150	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,166.93430	6,327.31200	160.37770	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,760.96	\$11,555.49	\$794.53	7%
8	PATIENT DAYS	21,866	20,877	(989)	-5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,034.95	\$3,502.19	\$467.24	15%
10	AVERAGE LENGTH OF STAY	5.5	5.4	(0.1)	-2%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$62,415,381	\$72,993,167	\$10,577,786	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,151,009	\$25,143,925	(\$1,007,084)	-4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.90%	34.45%	-7.45%	-18%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	75.96%	69.96%	-6.00%	-8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,007.29399	2,700.32225	(306.97174)	-10%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,695.86	\$9,311.45	\$615.59	7%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$144,583,102	\$177,333,908	\$32,750,806	23%
18	TOTAL ACCRUED PAYMENTS	\$92,513,161	\$98,259,108	\$5,745,947	6%
19	TOTAL ALLOWANCES	\$52,069,941	\$79,074,800	\$27,004,859	52%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$83,698,204	\$88,668,679	\$4,970,475	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$49,961,562	\$49,217,524	(\$744,038)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	59.69%	55.51%	-4.19%	-7%
4	DISCHARGES	4,100	3,760	(340)	-8%
5	CASE MIX INDEX (CMI)	1.43320	1.43150	(0.00170)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,876.12000	5,382.44000	(493.68000)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,502.47	\$9,144.09	\$641.62	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$2,258.49	\$2,411.40	\$152.91	7%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,271,148	\$12,979,201	(\$291,947)	-2%
10	PATIENT DAYS	24,069	20,762	(3,307)	-14%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,075.76	\$2,370.56	\$294.79	14%
12	AVERAGE LENGTH OF STAY	5.9	5.5	(0.3)	-6%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$112,816,845	\$130,465,319	\$17,648,474	16%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$59,181,911	\$64,376,380	\$5,194,469	9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	52.46%	49.34%	-3.11%	-6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	134.79%	147.14%	12.35%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,526.39176	5,532.38872	5.99696	0%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,708.96	\$11,636.27	\$927.31	9%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,013.10)	(\$2,324.82)	(\$311.72)	15%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$11,125,179)	(\$12,861,800)	(\$1,736,621)	16%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$196,515,049	\$219,133,998	\$22,618,949	12%
22	TOTAL ACCRUED PAYMENTS	\$109,143,473	\$113,593,904	\$4,450,431	4%
23	TOTAL ALLOWANCES	\$87,371,576	\$105,540,094	\$18,168,518	21%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,145,969	\$117,401	(\$2,028,568)	-95%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$191,918,344	\$214,442,801	\$22,524,457	12%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$110,591,854	\$116,198,755	\$5,606,901	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$81,326,490	\$98,244,046	\$16,917,556	21%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.38%	45.81%	3.44%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$1,398,299	\$1,174,109	(\$224,190)	-16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$372,420	\$129,406	(\$243,014)	-65%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.63%	11.02%	-15.61%	-59%
4	DISCHARGES	115	84	(31)	-27%
5	CASE MIX INDEX (CMI)	0.90958	1.16990	0.26032	29%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	104.60170	98.27160	(6.33010)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,560.36	\$1,316.82	(\$2,243.54)	-63%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,942.11	\$7,827.27	\$2,885.16	58%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,200.60	\$10,238.67	\$3,038.07	42%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$753,195	\$1,006,170	\$252,975	34%
11	PATIENT DAYS	542	362	(180)	-33%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$687.12	\$357.48	(\$329.65)	-48%
13	AVERAGE LENGTH OF STAY	4.7	4.3	(0.4)	-9%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,198,406	\$3,517,089	\$318,683	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$832,191	\$591,911	(\$240,280)	-29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.02%	16.83%	-9.19%	-35%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	228.74%	299.55%	70.82%	31%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	263.04581	251.62525	(11.42055)	-4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,163.67	\$2,352.35	(\$811.32)	-26%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,545.29	\$9,283.92	\$1,738.63	23%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,532.19	\$6,959.10	\$1,426.91	26%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,455,219	\$1,751,086	\$295,867	20%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$4,596,705	\$4,691,198	\$94,493	2%
24	TOTAL ACCRUED PAYMENTS	\$1,204,611	\$721,317	(\$483,294)	-40%
25	TOTAL ALLOWANCES	\$3,392,094	\$3,969,881	\$577,787	17%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,208,414	\$2,757,256	\$548,843	25%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$32,573,513	\$43,357,529	\$10,784,016	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,458,830	\$17,571,064	\$112,234	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	53.60%	40.53%	-13.07%	-24%
4	DISCHARGES	1,417	1,569	152	11%
5	CASE MIX INDEX (CMI)	1.37460	1.40580	0.03120	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,947.80820	2,205.70020	257.89200	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,963.32	\$7,966.21	(\$997.11)	-11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	(\$460.85)	\$1,177.88	\$1,638.73	-356%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,797.64	\$3,589.28	\$1,791.64	100%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,501,462	\$7,916,880	\$4,415,418	126%
11	PATIENT DAYS	12,461	12,603	142	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,401.08	\$1,394.20	(\$6.88)	0%
13	AVERAGE LENGTH OF STAY	8.8	8.0	(0.8)	-9%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$19,042,360	\$24,703,775	\$5,661,415	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,398,182	\$9,251,248	\$1,853,066	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.85%	37.45%	-1.40%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.46%	56.98%	-1.48%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	828.37317	893.96753	65.59436	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,930.98	\$10,348.53	\$1,417.55	16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$1,777.98	\$1,287.74	(\$490.24)	-28%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$235.12)	(\$1,037.07)	(\$801.96)	341%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$194,764)	(\$927,111)	(\$732,346)	376%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$51,615,873	\$68,061,304	\$16,445,431	32%
24	TOTAL ACCRUED PAYMENTS	\$24,857,012	\$26,822,312	\$1,965,300	8%
25	TOTAL ALLOWANCES	\$26,758,861	\$41,238,992	\$14,480,131	54%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,306,698	\$6,989,769	\$3,683,071	111%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>				
	<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$4,162,697	\$6,640,566	\$2,477,869	60%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,105,193	\$1,025,871	(\$79,322)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.55%	15.45%	-11.10%	-42%
4	DISCHARGES	314	335	21	7%
5	CASE MIX INDEX (CMI)	1.24350	1.33730	0.09380	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	390.45900	447.99550	\$7,53650	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,830.50	\$2,289.91	(\$540.58)	-19%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,671.98	\$6,854.18	\$1,182.20	21%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,930.47	\$9,265.58	\$1,335.11	17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,096,522	\$4,150,936	\$1,054,414	34%
11	PATIENT DAYS	1,409	1,615	206	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$784.38	\$635.21	(\$149.17)	-19%
13	AVERAGE LENGTH OF STAY	4.5	4.8	0.3	7%
	<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,306,509	\$7,312,952	\$1,006,443	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,046,838	\$1,478,151	(\$568,687)	-28%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.46%	20.21%	-12.24%	-38%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	151.50%	110.13%	-41.38%	-27%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	475.71174	368.92020	(106.79154)	-22%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,302.69	\$4,006.70	(\$295.99)	-7%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,406.27	\$7,629.58	\$1,223.30	19%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,393.17	\$5,304.76	\$911.58	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,089,885	\$1,957,032	(\$132,853)	-6%
	<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$10,469,206	\$13,953,518	\$3,484,312	33%
24	TOTAL ACCRUED PAYMENTS	\$3,152,031	\$2,504,022	(\$648,009)	-21%
25	TOTAL ALLOWANCES	\$7,317,175	\$11,449,496	\$4,132,321	56%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$5,186,407	\$6,107,968	\$921,561	18%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>				
	<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$36,736,210	\$49,998,095	\$13,261,885	36%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,564,023	\$18,596,935	\$32,912	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.53%	37.20%	-13.34%	-26%
4	DISCHARGES	1,731	1,904	173	10%
5	CASE MIX INDEX (CMI)	1.35082	1.39375	0.04293	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,338,26720	2,653,69570	315,42850	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,939.22	\$7,007.94	(\$931.28)	-12%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$563.25	\$2,136.15	\$1,572.90	279%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,821.74	\$4,547.55	\$1,725.81	61%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,597,984	\$12,067,816	\$5,469,832	83%
11	PATIENT DAYS	13,870	14,218	348	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,338.43	\$1,307.99	(\$30.44)	-2%
13	AVERAGE LENGTH OF STAY	8.0	7.5	(0.5)	-7%
	<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,348,869	\$32,016,727	\$6,667,858	26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,445,020	\$10,729,399	\$1,284,379	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.26%	33.51%	-3.75%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	69.00%	64.04%	-4.97%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,304,08491	1,262,88772	(41,19718)	-3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,242.64	\$8,495.92	\$1,253.28	17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,466.32	\$3,140.35	(\$325.97)	-9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,453.22	\$815.53	(\$637.69)	-44%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,895,120	\$1,029,921	(\$865,199)	-46%
	<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$62,085,079	\$82,014,822	\$19,929,743	32%
24	TOTAL ACCRUED PAYMENTS	\$28,009,043	\$29,326,334	\$1,317,291	5%
25	TOTAL ALLOWANCES	\$34,076,036	\$52,688,488	\$18,612,452	55%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$755,830	\$1,002,546	\$246,716	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$303,468	\$372,717	\$69,249	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.15%	37.18%	-2.97%	-7%
4	DISCHARGES	66	63	(3)	-5%
5	CASE MIX INDEX (CMI)	1.11100	1.08710	(0.02390)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	73.32600	68.48730	(4.83870)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,138.61	\$5,442.13	\$1,303.52	31%
8	PATIENT DAYS	207	262	55	27%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,466.03	\$1,422.58	(\$43.45)	-3%
10	AVERAGE LENGTH OF STAY	3.1	4.2	1.0	33%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,094,703	\$1,283,726	\$189,023	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$480,899	\$506,793	\$25,894	5%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,850,533	\$2,286,272	\$435,739	24%
14	TOTAL ACCRUED PAYMENTS	\$784,367	\$879,510	\$95,143	12%
15	TOTAL ALLOWANCES	\$1,066,166	\$1,406,762	\$340,596	32%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$4,567,582	\$3,088,960	(\$1,478,622)	-32%
2	TOTAL OPERATING EXPENSES	\$248,416,870	\$256,225,183	\$7,808,313	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$996,974	\$727,509	(\$269,465)	-27%
5	BAD DEBTS (CHARGES)	\$3,769,639	\$5,537,519	\$1,767,880	47%
6	UNCOMPENSATED CARE (CHARGES)	\$4,766,613	\$6,265,028	\$1,498,415	31%
7	COST OF UNCOMPENSATED CARE	\$2,727,082	\$3,167,768	\$440,687	16%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$62,085,079	\$82,014,822	\$19,929,743	32%
9	TOTAL ACCRUED PAYMENTS	\$28,009,043	\$29,326,334	\$1,317,291	5%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$35,520,207	\$41,468,924	\$5,948,716	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,511,164	\$12,142,590	\$4,631,425	62%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$203,357,965	\$244,010,061	\$40,652,096	20%
2	TOTAL INPATIENT PAYMENTS	\$135,191,205	\$141,302,359	\$6,111,154	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	66.48%	57.91%	-8.57%	-13%
4	TOTAL DISCHARGES	9,856	9,587	(269)	-3%
5	TOTAL CASE MIX INDEX	1.46658	1.50537	0.03878	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	14,454,64750	14,431,93500	(22,71250)	0%
7	TOTAL OUTPATIENT CHARGES	\$201,675,798	\$236,758,939	\$35,083,141	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	99.17%	97.03%	-2.14%	-2%
9	TOTAL OUTPATIENT PAYMENTS	\$95,258,839	\$100,756,497	\$5,497,658	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47.23%	42.56%	-4.68%	-10%
11	TOTAL CHARGES	\$405,033,763	\$480,769,000	\$75,735,237	19%
12	TOTAL PAYMENTS	\$230,450,044	\$242,058,856	\$11,608,812	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	56.90%	50.35%	-6.55%	-12%
14	PATIENT DAYS	60,012	56,119	(3,893)	-6%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$119,659,761	\$155,341,382	\$35,681,621	30%
2	INPATIENT PAYMENTS	\$85,229,643	\$92,084,835	\$6,855,192	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	71.23%	59.28%	-11.95%	-17%
4	DISCHARGES	5,756	5,827	71	1%
5	CASE MIX INDEX	1.49036	1.55303	0.06267	4%
6	CASE MIX ADJUSTED DISCHARGES	8,578,52750	9,049,49500	470,96750	5%
7	OUTPATIENT CHARGES	\$88,858,953	\$106,293,620	\$17,434,667	20%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	74.26%	68.43%	-5.83%	-8%
9	OUTPATIENT PAYMENTS	\$36,076,928	\$36,380,117	\$303,189	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.60%	34.23%	-6.37%	-16%
11	TOTAL CHARGES	\$208,518,714	\$261,635,002	\$53,116,288	25%
12	TOTAL PAYMENTS	\$121,306,571	\$128,464,952	\$7,158,381	6%
13	TOTAL PAYMENTS / CHARGES	58.18%	49.10%	-9.07%	-16%
14	PATIENT DAYS	35,943	35,357	(586)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$87,212,143	\$133,170,050	\$45,957,907	53%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.5	5.4	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.9	5.5	(0.3)	-6%
3	UNINSURED	4.7	4.3	(0.4)	-9%
4	MEDICAID	8.8	8.0	(0.8)	-9%
5	OTHER MEDICAL ASSISTANCE	4.5	4.8	0.3	7%
6	CHAMPUS / TRICARE	3.1	4.2	1.0	33%
7	TOTAL AVERAGE LENGTH OF STAY	6.1	5.9	(0.2)	-4%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$405,033,763	\$480,769,000	\$75,735,237	19%
2	TOTAL GOVERNMENT DEDUCTIONS	\$87,212,143	\$133,170,050	\$45,957,907	53%
3	UNCOMPENSATED CARE	\$4,766,613	\$6,265,028	\$1,498,415	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$81,326,490	\$98,244,046	\$16,917,556	21%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$173,305,246	\$237,679,124	\$64,373,878	37%
7	TOTAL ACCRUED PAYMENTS	\$231,728,517	\$243,089,876	\$11,361,359	5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$231,728,517	\$243,089,876	\$11,361,359	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5721214826	0.5056271848	(0.0664942978)	-12%
11	COST OF UNCOMPENSATED CARE	\$2,727,082	\$3,167,768	\$440,687	16%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,511,164	\$12,142,590	\$4,631,425	62%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,238,246	\$15,310,358	\$5,072,112	50%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	(\$194,764)	(\$927,111)	(\$732,346)	376%
2	OTHER MEDICAL ASSISTANCE	\$5,186,407	\$6,107,968	\$921,561	18%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,208,414	\$2,757,256	\$548,843	25%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,200,056	\$7,938,113	\$738,058	10%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$230,450,044	\$242,058,846	\$11,608,802	5.04%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$405,033,765	\$480,769,002	\$75,735,237	18.70%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,766,613	\$6,265,028	\$1,498,415	31.44%

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$83,698,204	\$88,668,679	\$4,970,475
2	MEDICARE	\$82,167,721	104,340,741	\$22,173,020
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,736,210	49,998,095	\$13,261,885
4	MEDICAID	\$32,573,513	43,357,529	\$10,784,016
5	OTHER MEDICAL ASSISTANCE	\$4,162,697	6,640,566	\$2,477,869
6	CHAMPUS / TRICARE	\$755,830	1,002,546	\$246,716
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,398,299	1,174,109	(\$224,190)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$119,659,761</b>	<b>\$155,341,382</b>	<b>\$35,681,621</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$203,357,965</b>	<b>\$244,010,061</b>	<b>\$40,652,096</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$112,816,845	\$130,465,319	\$17,648,474
2	MEDICARE	\$62,415,381	72,993,167	\$10,577,786
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,348,869	32,016,727	\$6,667,858
4	MEDICAID	\$19,042,360	24,703,775	\$5,661,415
5	OTHER MEDICAL ASSISTANCE	\$6,306,509	7,312,952	\$1,006,443
6	CHAMPUS / TRICARE	\$1,094,703	1,283,726	\$189,023
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,198,406	3,517,089	\$318,683
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$88,858,953</b>	<b>\$106,293,620</b>	<b>\$17,434,667</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$201,675,798</b>	<b>\$236,758,939</b>	<b>\$35,083,141</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$196,515,049	\$219,133,998	\$22,618,949
2	TOTAL MEDICARE	\$144,583,102	\$177,333,908	\$32,750,806
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,085,079	\$82,014,822	\$19,929,743
4	TOTAL MEDICAID	\$51,615,873	\$68,061,304	\$16,445,431
5	TOTAL OTHER MEDICAL ASSISTANCE	\$10,469,206	\$13,953,518	\$3,484,312
6	TOTAL CHAMPUS / TRICARE	\$1,850,533	\$2,286,272	\$435,739
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,596,705	\$4,691,198	\$94,493
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$208,518,714</b>	<b>\$261,635,002</b>	<b>\$53,116,288</b>
	<b>TOTAL CHARGES</b>	<b>\$405,033,763</b>	<b>\$480,769,000</b>	<b>\$75,735,237</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,961,562	\$49,217,524	(\$744,038)
2	MEDICARE	\$66,362,152	73,115,183	\$6,753,031
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,564,023	18,596,935	\$32,912
4	MEDICAID	\$17,458,830	17,571,064	\$112,234
5	OTHER MEDICAL ASSISTANCE	\$1,105,193	1,025,871	(\$79,322)
6	CHAMPUS / TRICARE	\$303,468	372,717	\$69,249
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$372,420	129,406	(\$243,014)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$85,229,643</b>	<b>\$92,084,835</b>	<b>\$6,855,192</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$135,191,205</b>	<b>\$141,302,359</b>	<b>\$6,111,154</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,181,911	\$64,376,380	\$5,194,469
2	MEDICARE	\$26,151,009	25,143,925	(\$1,007,084)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,445,020	10,729,399	\$1,284,379
4	MEDICAID	\$7,398,182	9,251,248	\$1,853,066
5	OTHER MEDICAL ASSISTANCE	\$2,046,838	1,478,151	(\$568,687)
6	CHAMPUS / TRICARE	\$480,899	506,793	\$25,894
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$832,191	591,911	(\$240,280)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$36,076,928</b>	<b>\$36,380,117</b>	<b>\$303,189</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$95,258,839</b>	<b>\$100,756,497</b>	<b>\$5,497,658</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$109,143,473	\$113,593,904	\$4,450,431
2	TOTAL MEDICARE	\$92,513,161	\$98,259,108	\$5,745,947
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$28,009,043	\$29,326,334	\$1,317,291
4	TOTAL MEDICAID	\$24,857,012	\$26,822,312	\$1,965,300
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,152,031	\$2,504,022	(\$648,009)
6	TOTAL CHAMPUS / TRICARE	\$784,367	\$879,510	\$95,143
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,204,611	\$721,317	(\$483,294)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$121,306,571</b>	<b>\$128,464,952</b>	<b>\$7,158,381</b>
	<b>TOTAL PAYMENTS</b>	<b>\$230,450,044</b>	<b>\$242,058,856</b>	<b>\$11,608,812</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.66%	18.44%	-2.22%
2	MEDICARE	20.29%	21.70%	1.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.07%	10.40%	1.33%
4	MEDICAID	8.04%	9.02%	0.98%
5	OTHER MEDICAL ASSISTANCE	1.03%	1.38%	0.35%
6	CHAMPUS / TRICARE	0.19%	0.21%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.35%	0.24%	-0.10%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.54%</b>	<b>32.31%</b>	<b>2.77%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>50.21%</b>	<b>50.75%</b>	<b>0.55%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.85%	27.14%	-0.72%
2	MEDICARE	15.41%	15.18%	-0.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.26%	6.66%	0.40%
4	MEDICAID	4.70%	5.14%	0.44%
5	OTHER MEDICAL ASSISTANCE	1.56%	1.52%	-0.04%
6	CHAMPUS / TRICARE	0.27%	0.27%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.79%	0.73%	-0.06%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.94%</b>	<b>22.11%</b>	<b>0.17%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>49.79%</b>	<b>49.25%</b>	<b>-0.55%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.68%	20.33%	-1.35%
2	MEDICARE	28.80%	30.21%	1.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.06%	7.68%	-0.37%
4	MEDICAID	7.58%	7.26%	-0.32%
5	OTHER MEDICAL ASSISTANCE	0.48%	0.42%	-0.06%
6	CHAMPUS / TRICARE	0.13%	0.15%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.16%	0.05%	-0.11%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>36.98%</b>	<b>38.04%</b>	<b>1.06%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>58.66%</b>	<b>58.38%</b>	<b>-0.29%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.68%	26.60%	0.91%
2	MEDICARE	11.35%	10.39%	-0.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.10%	4.43%	0.33%
4	MEDICAID	3.21%	3.82%	0.61%
5	OTHER MEDICAL ASSISTANCE	0.89%	0.61%	-0.28%
6	CHAMPUS / TRICARE	0.21%	0.21%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.36%	0.24%	-0.12%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>15.65%</b>	<b>15.03%</b>	<b>-0.63%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>41.34%</b>	<b>41.62%</b>	<b>0.29%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

JOHN DEMPSEY HOSPITAL				
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FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,100	3,760	(340)
2	MEDICARE	3,959	3,860	(99)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,731	1,904	173
4	MEDICAID	1,417	1,569	152
5	OTHER MEDICAL ASSISTANCE	314	335	21
6	CHAMPUS / TRICARE	66	63	(3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	115	84	(31)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,756</b>	<b>5,827</b>	<b>71</b>
	<b>TOTAL DISCHARGES</b>	<b>9,856</b>	<b>9,587</b>	<b>(269)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,069	20,762	(3,307)
2	MEDICARE	21,866	20,877	(989)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,870	14,218	348
4	MEDICAID	12,461	12,603	142
5	OTHER MEDICAL ASSISTANCE	1,409	1,615	206
6	CHAMPUS / TRICARE	207	262	55
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	542	362	(180)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>35,943</b>	<b>35,357</b>	<b>(586)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>60,012</b>	<b>56,119</b>	<b>(3,893)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.9	5.5	(0.3)
2	MEDICARE	5.5	5.4	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.0	7.5	(0.5)
4	MEDICAID	8.8	8.0	(0.8)
5	OTHER MEDICAL ASSISTANCE	4.5	4.8	0.3
6	CHAMPUS / TRICARE	3.1	4.2	1.0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.7	4.3	(0.4)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>6.2</b>	<b>6.1</b>	<b>(0.2)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>6.1</b>	<b>5.9</b>	<b>(0.2)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.43320	1.43150	(0.00170)
2	MEDICARE	1.55770	1.63920	0.08150
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.35082	1.39375	0.04293
4	MEDICAID	1.37460	1.40580	0.03120
5	OTHER MEDICAL ASSISTANCE	1.24350	1.33730	0.09380
6	CHAMPUS / TRICARE	1.11100	1.08710	(0.02390)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.90958	1.16990	0.26032
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.49036</b>	<b>1.55303</b>	<b>0.06267</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.46658</b>	<b>1.50537</b>	<b>0.03878</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$191,918,344	\$214,442,801	\$22,524,457
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,591,854	\$116,198,755	\$5,606,901
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$81,326,490	\$98,244,046	\$16,917,556
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.38%	45.81%	3.44%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$996,974	\$727,509	(\$269,465)
9	BAD DEBTS	\$3,769,639	\$5,537,519	\$1,767,880
10	TOTAL UNCOMPENSATED CARE	\$4,766,613	\$6,265,028	\$1,498,415
11	TOTAL OTHER OPERATING REVENUE	\$191,918,344	\$214,442,801	\$22,524,457
12	TOTAL OPERATING EXPENSES	\$248,416,870	\$256,225,183	\$7,808,313

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2008</u>	<u>ACTUAL</u> <u>FY 2009</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>

<b>JOHN DEMPSEY HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,876.12000	5,382.44000	(493.68000)
2	MEDICARE	6,166.93430	6,327.31200	160.37770
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,338.26720	2,653.69570	315.42850
4	MEDICAID	1,947.80820	2,205.70020	257.89200
5	OTHER MEDICAL ASSISTANCE	390.45900	447.99550	57.53650
6	CHAMPUS / TRICARE	73.32600	68.48730	(4.83870)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	104.60170	98.27160	(6.33010)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>8,578.52750</b>	<b>9,049.49500</b>	<b>470.96750</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>14,454.64750</b>	<b>14,431.93500</b>	<b>(22.71250)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,526.39176	5,532.38872	5.99696
2	MEDICARE	3,007.29399	2,700.32225	-306.97174
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,304.08491	1,262.88772	-41.19718
4	MEDICAID	828.37317	893.96753	65.59436
5	OTHER MEDICAL ASSISTANCE	475.71174	368.92020	-106.79154
6	CHAMPUS / TRICARE	95.59080	80.66935	-14.92145
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	263.04581	251.62525	-11.42055
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,406.96970</b>	<b>4,043.87933</b>	<b>-363.09037</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>9,933.36145</b>	<b>9,576.26805</b>	<b>-357.09340</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,502.47	\$9,144.09	\$641.62
2	MEDICARE	\$10,760.96	\$11,555.49	\$794.53
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,939.22	\$7,007.94	(\$931.28)
4	MEDICAID	\$8,963.32	\$7,966.21	(\$997.11)
5	OTHER MEDICAL ASSISTANCE	\$2,830.50	\$2,289.91	(\$540.58)
6	CHAMPUS / TRICARE	\$4,138.61	\$5,442.13	\$1,303.52
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,560.36	\$1,316.82	(\$2,243.54)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$9,935.23</b>	<b>\$10,175.69</b>	<b>\$240.46</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$9,352.78</b>	<b>\$9,790.95</b>	<b>\$438.17</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,708.96	\$11,636.27	\$927.31
2	MEDICARE	\$8,695.86	\$9,311.45	\$615.59
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,242.64	\$8,495.92	\$1,253.28
4	MEDICAID	\$8,930.98	\$10,348.53	\$1,417.55
5	OTHER MEDICAL ASSISTANCE	\$4,302.69	\$4,006.70	(\$295.99)
6	CHAMPUS / TRICARE	\$5,030.81	\$6,282.35	\$1,251.54
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,163.67	\$2,352.35	(\$811.32)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$8,186.33</b>	<b>\$8,996.34</b>	<b>\$810.01</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$9,589.79</b>	<b>\$10,521.48</b>	<b>\$931.69</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	(\$194,764)	(\$927,111)	(\$732,346)
2	OTHER MEDICAL ASSISTANCE	\$5,186,407	\$6,107,968	\$921,561
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,208,414	\$2,757,256	\$548,843
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$7,200,056</b>	<b>\$7,938,113</b>	<b>\$738,058</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$405,033,763	\$480,769,000	\$75,735,237
2	TOTAL GOVERNMENT DEDUCTIONS	\$87,212,143	\$133,170,050	\$45,957,907
3	UNCOMPENSATED CARE	\$4,766,613	\$6,265,028	\$1,498,415
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$81,326,490	\$98,244,046	\$16,917,556
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$173,305,246	\$237,679,124	\$64,373,878
7	TOTAL ACCRUED PAYMENTS	\$231,728,517	\$243,089,876	\$11,361,359
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$231,728,517	\$243,089,876	\$11,361,359
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5721214826	0.5056271848	(0.0664942978)
11	COST OF UNCOMPENSATED CARE	\$2,727,082	\$3,167,768	\$440,687
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$7,511,164	\$12,142,590	\$4,631,425
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,238,246	\$15,310,358	\$5,072,112
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	59.69%	55.51%	-4.19%
2	MEDICARE	80.76%	70.07%	-10.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	50.53%	37.20%	-13.34%
4	MEDICAID	53.60%	40.53%	-13.07%
5	OTHER MEDICAL ASSISTANCE	26.55%	15.45%	-11.10%
6	CHAMPUS / TRICARE	40.15%	37.18%	-2.97%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26.63%	11.02%	-15.61%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>71.23%</b>	<b>59.28%</b>	<b>-11.95%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>66.48%</b>	<b>57.91%</b>	<b>-8.57%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.46%	49.34%	-3.11%
2	MEDICARE	41.90%	34.45%	-7.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.26%	33.51%	-3.75%
4	MEDICAID	38.85%	37.45%	-1.40%
5	OTHER MEDICAL ASSISTANCE	32.46%	20.21%	-12.24%
6	CHAMPUS / TRICARE	43.93%	39.48%	-4.45%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26.02%	16.83%	-9.19%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>40.60%</b>	<b>34.23%</b>	<b>-6.37%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>47.23%</b>	<b>42.56%</b>	<b>-4.68%</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$230,450,044	\$242,058,856	\$11,608,812
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$230,450,044</b>	<b>\$242,058,856</b>	<b>\$11,608,812</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	<b>CALCULATED NET REVENUE</b>	<b>\$234,219,683</b>	<b>\$242,058,856</b>	<b>\$7,839,173</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$230,450,044	\$242,058,846	\$11,608,802
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$3,769,639</b>	<b>\$10</b>	<b>(\$3,769,629)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$405,033,763	\$480,769,000	\$75,735,237
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$405,033,763</b>	<b>\$480,769,000</b>	<b>\$75,735,237</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$405,033,765	\$480,769,002	\$75,735,237
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>(\$2)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,766,613	\$6,265,028	\$1,498,415
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,766,613</b>	<b>\$6,265,028</b>	<b>\$1,498,415</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,766,613	\$6,265,028	\$1,498,415
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>JOHN DEMPSEY HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2009</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,668,679
2	MEDICARE	104,340,741
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	49,998,095
4	MEDICAID	43,357,529
5	OTHER MEDICAL ASSISTANCE	6,640,566
6	CHAMPUS / TRICARE	1,002,546
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,174,109
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$155,341,382</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$244,010,061</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$130,465,319
2	MEDICARE	72,993,167
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32,016,727
4	MEDICAID	24,703,775
5	OTHER MEDICAL ASSISTANCE	7,312,952
6	CHAMPUS / TRICARE	1,283,726
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,517,089
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$106,293,620</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$236,758,939</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$219,133,998
2	TOTAL GOVERNMENT ACCRUED CHARGES	261,635,002
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$480,769,000</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,217,524
2	MEDICARE	73,115,183
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,596,935
4	MEDICAID	17,571,064
5	OTHER MEDICAL ASSISTANCE	1,025,871
6	CHAMPUS / TRICARE	372,717
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	129,406
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$92,084,835</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$141,302,359</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,376,380
2	MEDICARE	25,143,925
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,729,399
4	MEDICAID	9,251,248
5	OTHER MEDICAL ASSISTANCE	1,478,151
6	CHAMPUS / TRICARE	506,793
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	591,911
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$36,380,117</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$100,756,497</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$113,593,904
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	128,464,952
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$242,058,856</b>

<b>JOHN DEMPSEY HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2009</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,760
2	MEDICARE	3,860
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,904
4	MEDICAID	1,569
5	OTHER MEDICAL ASSISTANCE	335
6	CHAMPUS / TRICARE	63
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	84
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,827</b>
	<b>TOTAL DISCHARGES</b>	<b>9,587</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,43150
2	MEDICARE	1,63920
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,39375
4	MEDICAID	1,40580
5	OTHER MEDICAL ASSISTANCE	1,33730
6	CHAMPUS / TRICARE	1,08710
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,16990
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,55303</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,50537</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$214,442,801
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$116,198,755
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$98,244,046
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.81%
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	\$727,509
9	BAD DEBTS	\$5,537,519
10	TOTAL UNCOMPENSATED CARE	\$6,265,028
11	TOTAL OTHER OPERATING REVENUE	\$3,088,960
12	TOTAL OPERATING EXPENSES	\$256,225,183

<b>JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$242,058,856
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$242,058,856</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	<b>CALCULATED NET REVENUE</b>	<b>\$242,058,856</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$242,058,846
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$10</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$480,769,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$480,769,000</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$480,769,002
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,265,028
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$6,265,028</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,265,028
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	239	464	225	94%
2	Number of Approved Applicants	117	135	18	15%
3	<b>Total Charges (A)</b>	\$996,974	\$727,509	(\$269,465)	-27%
4	<b>Average Charges</b>	<b>\$8,521</b>	<b>\$5,389</b>	<b>(\$3,132)</b>	<b>-37%</b>
5	Ratio of Cost to Charges (RCC)	0.592592	0.606485	0.013893	2%
6	<b>Total Cost</b>	<b>\$590,799</b>	<b>\$441,223</b>	<b>(\$149,576)</b>	<b>-25%</b>
7	<b>Average Cost</b>	<b>\$5,050</b>	<b>\$3,268</b>	<b>(\$1,781)</b>	<b>-35%</b>
8	Charity Care - Inpatient Charges	\$501,943	\$208,733	(\$293,210)	-58%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	434,221	454,222	20,001	5%
10	Charity Care - Emergency Department Charges	60,810	64,554	3,744	6%
11	<b>Total Charges (A)</b>	<b>\$996,974</b>	<b>\$727,509</b>	<b>(\$269,465)</b>	<b>-27%</b>
12	Charity Care - Number of Patient Days	124	146	22	18%
13	Charity Care - Number of Discharges	21	23	2	10%
14	Charity Care - Number of Outpatient ED Visits	41	71	30	73%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	168	358	190	113%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$1,470,159	\$2,159,632	\$689,473	47%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	867,017	1,605,881	738,864	85%
3	Bad Debts - Emergency Department	1,432,463	1,772,006	339,543	24%
4	<b>Total Bad Debts (A)</b>	<b>\$3,769,639</b>	<b>\$5,537,519</b>	<b>\$1,767,880</b>	<b>47%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$996,974	\$727,509	(\$269,465)	-27%
2	Bad Debts (A)	3,769,639	5,537,519	1,767,880	47%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,766,613</b>	<b>\$6,265,028</b>	<b>\$1,498,415</b>	<b>31%</b>
4	Uncompensated Care - Inpatient Services	\$1,972,102	\$2,368,365	\$396,263	20%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,301,238	2,060,103	758,865	58%
6	Uncompensated Care - Emergency Department	1,493,273	1,836,560	343,287	23%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,766,613</b>	<b>\$6,265,028</b>	<b>\$1,498,415</b>	<b>31%</b>

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



JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$192,254,207	\$203,357,965	\$244,010,061
2	Outpatient Gross Revenue	\$186,346,366	\$201,675,798	\$236,758,939
3	Total Gross Patient Revenue	\$378,600,573	\$405,033,763	\$480,769,000
4	Net Patient Revenue	\$227,337,829	\$236,084,965	\$251,133,088
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$233,836,419	\$255,033,610	\$266,850,045
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	60,392	60,012	56,119
2	Discharges	10,009	9,856	9,587
3	Average Length of Stay	6.0	6.1	5.9
4	Equivalent (Adjusted) Patient Days (EPD)	118,928	119,528	110,570
0	Equivalent (Adjusted) Discharges (ED)	19,710	19,630	18,889
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.42002	1.46658	1.50537
2	Case Mix Adjusted Patient Days (CMAPD)	85,758	88,013	84,480
3	Case Mix Adjusted Discharges (CMAD)	14,213	14,455	14,432
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	168,881	175,297	166,449
5	Case Mix Adjusted Equivalent Discharges (CMAED)	27,989	28,790	28,435
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$6,269	\$6,749	\$8,567
2	Total Gross Revenue per Discharge	\$37,826	\$41,095	\$50,148
3	Total Gross Revenue per EPD	\$3,183	\$3,389	\$4,348
4	Total Gross Revenue per ED	\$19,208	\$20,633	\$25,452
5	Total Gross Revenue per CMAEPD	\$2,242	\$2,311	\$2,888
6	Total Gross Revenue per CMAED	\$13,527	\$14,069	\$16,908
7	Inpatient Gross Revenue per EPD	\$1,617	\$1,701	\$2,207
8	Inpatient Gross Revenue per ED	\$9,754	\$10,359	\$12,918

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$3,764	\$3,934	\$4,475
2	Net Patient Revenue per Discharge	\$22,713	\$23,953	\$26,195
3	Net Patient Revenue per EPD	\$1,912	\$1,975	\$2,271
4	Net Patient Revenue per ED	\$11,534	\$12,026	\$13,295
5	Net Patient Revenue per CMAEPD	\$1,346	\$1,347	\$1,509
6	Net Patient Revenue per CMAED	\$8,122	\$8,200	\$8,832
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$3,872	\$4,250	\$4,755
2	Total Operating Expense per Discharge	\$23,363	\$25,876	\$27,835
3	Total Operating Expense per EPD	\$1,966	\$2,134	\$2,413
4	Total Operating Expense per ED	\$11,864	\$12,992	\$14,127
5	Total Operating Expense per CMAEPD	\$1,385	\$1,455	\$1,603
6	Total Operating Expense per CMAED	\$8,354	\$8,858	\$9,385
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$23,791,899	\$39,922,482	\$26,333,098
2	Nursing Fringe Benefits Expense	\$9,474,240	\$16,390,886	\$9,743,246
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$33,266,139</b>	<b>\$56,313,368</b>	<b>\$36,076,344</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$1,917,149	\$1,926,462	\$2,069,189
2	Physician Fringe Benefits Expense	\$763,433	\$790,943	\$765,600
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$2,680,582</b>	<b>\$2,717,405</b>	<b>\$2,834,789</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$60,670,223	\$54,616,572	\$65,178,049
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$24,159,663	\$22,423,808	\$24,443,636
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$84,829,886</b>	<b>\$77,040,380</b>	<b>\$89,621,685</b>
<b>K.</b>	<b><u>Total Salary and Fringe Benefits Expense</u></b>			
1	Total Salary Expense	\$86,379,271	\$96,465,516	\$93,580,336
2	Total Fringe Benefits Expense	\$34,397,336	\$39,605,637	\$34,952,482
<b>3</b>	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$120,776,607</b>	<b>\$136,071,153</b>	<b>\$128,532,818</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>L. Total Full Time Equivalent Employees (FTEs)</b>				
1	Total Nursing FTEs	340.7	553.9	542.4
2	Total Physician FTEs	10.4	15.5	18.4
3	Total Non-Nursing, Non-Physician FTEs	886.3	769.0	742.0
4	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,237.4</b>	<b>1,338.4</b>	<b>1,302.8</b>
<b>M. Nursing Salaries and Fringe Benefits Expense per FTE</b>				
1	Nursing Salary Expense per FTE	\$69,832	\$72,075	\$48,549
2	Nursing Fringe Benefits Expense per FTE	\$27,808	\$29,592	\$17,963
3	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$97,641</b>	<b>\$101,667</b>	<b>\$66,512</b>
<b>N. Physician Salary and Fringe Expense per FTE</b>				
1	Physician Salary Expense per FTE	\$184,341	\$124,288	\$112,456
2	Physician Fringe Benefits Expense per FTE	\$73,407	\$51,029	\$41,609
3	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$257,748</b>	<b>\$175,316</b>	<b>\$154,065</b>
<b>O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$68,453	\$71,023	\$87,841
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$27,259	\$29,160	\$32,943
3	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$95,712</b>	<b>\$100,183</b>	<b>\$120,784</b>
<b>P. Total Salary and Fringe Benefits Expense per FTE</b>				
1	Total Salary Expense per FTE	\$69,807	\$72,075	\$71,830
2	Total Fringe Benefits Expense per FTE	\$27,798	\$29,592	\$26,829
3	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$97,605</b>	<b>\$101,667</b>	<b>\$98,659</b>
<b>Q. Total Salary and Fringe Ben. Expense per Statistic</b>				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,000	\$2,267	\$2,290
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,067	\$13,806	\$13,407
3	Total Salary and Fringe Benefits Expense per EPD	\$1,016	\$1,138	\$1,162
4	Total Salary and Fringe Benefits Expense per ED	\$6,128	\$6,932	\$6,805
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$715	\$776	\$772
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,315	\$4,726	\$4,520