

MIDSTATE MEDICAL CENTER					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$43,912,798	\$41,146,505	(\$2,766,293)	-6%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$18,867,122	\$19,523,079	\$655,957	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,168,505	\$1,168,505	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,334,511	\$1,420,160	\$85,649	6%
8	Prepaid Expenses	\$844,480	\$1,064,220	\$219,740	26%
9	Other Current Assets	\$722,514	\$1,198,551	\$476,037	66%
	Total Current Assets	\$66,849,930	\$65,521,020	(\$1,328,910)	-2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$4,307,571	\$4,011,143	(\$296,428)	-7%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$29,467,813	\$10,167,560	(\$19,300,253)	-65%
4	Other Noncurrent Assets Whose Use is Limited	\$345,625	\$165,433	(\$180,192)	-52%
	Total Noncurrent Assets Whose Use is Limited:	\$34,121,009	\$14,344,136	(\$19,776,873)	-58%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$8,917,138	\$11,876,168	\$2,959,030	33%
7	Other Noncurrent Assets	\$6,651,916	\$10,632,628	\$3,980,712	60%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$164,114,389	\$176,407,097	\$12,292,708	7%
2	Less: Accumulated Depreciation	\$81,325,824	\$89,995,490	\$8,669,666	11%
	Property, Plant and Equipment, Net	\$82,788,565	\$86,411,607	\$3,623,042	4%
3	Construction in Progress	\$8,576,054	\$30,689,886	\$22,113,832	258%
	Total Net Fixed Assets	\$91,364,619	\$117,101,493	\$25,736,874	28%
	Total Assets	\$207,904,612	\$219,475,445	\$11,570,833	6%

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FISCAL YEAR 2009					
REPORT 100 - 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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$6,372,719	\$8,052,494	\$1,679,775	26%
2	Salaries, Wages and Payroll Taxes	\$8,407,726	\$9,287,548	\$879,822	10%
3	Due To Third Party Payers	\$437,607	\$885,467	\$447,860	102%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,460,000	\$2,390,000	(\$70,000)	-3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$6,956,870	\$6,956,870	0%
	Total Current Liabilities	\$17,678,052	\$27,572,379	\$9,894,327	56%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%
3	Accrued Pension Liability	\$26,949,323	\$49,059,528	\$22,110,205	82%
4	Other Long Term Liabilities	\$6,662,299	\$5,021,141	(\$1,641,158)	-25%
	Total Long Term Liabilities	\$118,916,622	\$136,995,669	\$18,079,047	15%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$63,218,152	\$48,490,546	(\$14,727,606)	-23%
2	Temporarily Restricted Net Assets	\$2,746,781	\$1,630,516	(\$1,116,265)	-41%
3	Permanently Restricted Net Assets	\$5,345,005	\$4,786,335	(\$558,670)	-10%
	Total Net Assets	\$71,309,938	\$54,907,397	(\$16,402,541)	-23%
	Total Liabilities and Net Assets	\$207,904,612	\$219,475,445	\$11,570,833	6%

MIDSTATE MEDICAL CENTER					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$328,452,941	\$347,627,051	\$19,174,110	6%
2	Less: Allowances	\$158,909,174	\$171,786,129	\$12,876,955	8%
3	Less: Charity Care	\$3,077,163	\$3,370,587	\$293,424	10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$166,466,604	\$172,470,335	\$6,003,731	4%
5	Other Operating Revenue	\$5,054,429	\$6,266,748	\$1,212,319	24%
6	Net Assets Released from Restrictions	\$252,892	\$247,839	(\$5,053)	-2%
	Total Operating Revenue	\$171,773,925	\$178,984,922	\$7,210,997	4%
B. Operating Expenses:					
1	Salaries and Wages	\$60,044,160	\$64,452,411	\$4,408,251	7%
2	Fringe Benefits	\$17,118,000	\$17,142,705	\$24,705	0%
3	Physicians Fees	\$1,300,029	\$1,394,538	\$94,509	7%
4	Supplies and Drugs	\$18,086,377	\$18,898,512	\$812,135	4%
5	Depreciation and Amortization	\$9,014,558	\$8,728,633	(\$285,925)	-3%
6	Bad Debts	\$9,879,112	\$9,717,615	(\$161,497)	-2%
7	Interest	\$2,795,157	\$2,456,574	(\$338,583)	-12%
8	Malpractice	\$5,421,558	\$5,321,837	(\$99,721)	-2%
9	Other Operating Expenses	\$43,454,745	\$45,157,016	\$1,702,271	4%
	Total Operating Expenses	\$167,113,696	\$173,269,841	\$6,156,145	4%
	Income/(Loss) From Operations	\$4,660,229	\$5,715,081	\$1,054,852	23%
C. Non-Operating Revenue:					
1	Income from Investments	(\$2,906,566)	\$598,843	\$3,505,409	-121%
2	Gifts, Contributions and Donations	\$25,000	\$25,000	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$1,973,056	\$148,548	(\$1,824,508)	-92%
	Total Non-Operating Revenue	(\$908,510)	\$772,391	\$1,680,901	-185%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,751,719	\$6,487,472	\$2,735,753	73%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$579,781	\$579,781	0%
	All Other Adjustments	\$0	(\$1,697,922)	(\$1,697,922)	0%
	Total Other Adjustments	\$0	(\$1,118,141)	(\$1,118,141)	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,751,719	\$5,369,331	\$1,617,612	43%
	Principal Payments	\$0	\$2,460,000	\$2,460,000	0%

**MIDSTATE MEDICAL CENTER
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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
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$88,470,680	\$90,235,806	\$1,765,126	2%
2	MEDICARE MANAGED CARE	\$10,950,263	\$12,565,983	\$1,615,720	15%
3	MEDICAID	\$9,702,177	\$8,800,629	(\$901,548)	-9%
4	MEDICAID MANAGED CARE	\$6,405,843	\$6,999,331	\$593,488	9%
5	CHAMPUS/TRICARE	\$64,457	\$267,316	\$202,859	315%
6	COMMERCIAL INSURANCE	\$1,153,180	\$3,625,611	\$2,472,431	214%
7	NON-GOVERNMENT MANAGED CARE	\$37,992,983	\$40,024,818	\$2,031,835	5%
8	WORKER'S COMPENSATION	\$703,722	\$696,841	(\$6,881)	-1%
9	SELF- PAY/UNINSURED	\$4,351,081	\$4,002,999	(\$348,082)	-8%
10	SAGA	\$3,160,467	\$4,651,402	\$1,490,935	47%
11	OTHER	\$0	\$0	\$0	0%
TOTAL INPATIENT GROSS REVENUE		\$162,954,853	\$171,870,736	\$8,915,883	5%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$46,878,278	\$48,194,129	\$1,315,851	3%
2	MEDICARE MANAGED CARE	\$7,233,348	\$8,895,648	\$1,662,300	23%
3	MEDICAID	\$7,333,811	\$7,798,176	\$464,365	6%
4	MEDICAID MANAGED CARE	\$11,376,148	\$13,807,404	\$2,431,256	21%
5	CHAMPUS/TRICARE	\$271,513	\$279,643	\$8,130	3%
6	COMMERCIAL INSURANCE	\$2,215,774	\$5,723,438	\$3,507,664	158%
7	NON-GOVERNMENT MANAGED CARE	\$77,111,959	\$75,543,101	(\$1,568,858)	-2%
8	WORKER'S COMPENSATION	\$2,519,889	\$2,792,538	\$272,649	11%
9	SELF- PAY/UNINSURED	\$6,495,074	\$6,982,432	\$487,358	8%
10	SAGA	\$4,062,294	\$5,739,806	\$1,677,512	41%
11	OTHER	\$0	\$0	\$0	0%
TOTAL OUTPATIENT GROSS REVENUE		\$165,498,088	\$175,756,315	\$10,258,227	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$135,348,958	\$138,429,935	\$3,080,977	2%
2	MEDICARE MANAGED CARE	\$18,183,611	\$21,461,631	\$3,278,020	18%
3	MEDICAID	\$17,035,988	\$16,598,805	(\$437,183)	-3%
4	MEDICAID MANAGED CARE	\$17,781,991	\$20,806,735	\$3,024,744	17%
5	CHAMPUS/TRICARE	\$335,970	\$546,959	\$210,989	63%
6	COMMERCIAL INSURANCE	\$3,368,954	\$9,349,049	\$5,980,095	178%
7	NON-GOVERNMENT MANAGED CARE	\$115,104,942	\$115,567,919	\$462,977	0%
8	WORKER'S COMPENSATION	\$3,223,611	\$3,489,379	\$265,768	8%
9	SELF- PAY/UNINSURED	\$10,846,155	\$10,985,431	\$139,276	1%
10	SAGA	\$7,222,761	\$10,391,208	\$3,168,447	44%
11	OTHER	\$0	\$0	\$0	0%
TOTAL GROSS REVENUE		\$328,452,941	\$347,627,051	\$19,174,110	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$39,121,701	\$38,089,274	(\$1,032,427)	-3%
2	MEDICARE MANAGED CARE	\$4,830,308	\$5,757,808	\$927,500	19%
3	MEDICAID	\$3,757,850	\$3,709,833	(\$48,017)	-1%
4	MEDICAID MANAGED CARE	\$2,560,538	\$2,989,391	\$428,853	17%
5	CHAMPUS/TRICARE	\$30,312	\$86,070	\$55,758	184%
6	COMMERCIAL INSURANCE	\$1,106,506	\$2,404,239	\$1,297,733	117%

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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
7	NON-GOVERNMENT MANAGED CARE	\$25,965,746	\$27,408,463	\$1,442,717	6%
8	WORKER'S COMPENSATION	\$633,442	\$594,872	(\$38,570)	-6%
9	SELF- PAY/UNINSURED	\$210,806	\$125,703	(\$85,103)	-40%
10	SAGA	\$788,928	\$888,557	\$99,629	13%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$79,006,137	\$82,054,210	\$3,048,073	4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$15,598,444	\$15,714,828	\$116,384	1%
2	MEDICARE MANAGED CARE	\$2,457,231	\$2,831,705	\$374,474	15%
3	MEDICAID	\$2,251,605	\$2,393,728	\$142,123	6%
4	MEDICAID MANAGED CARE	\$3,377,674	\$4,609,407	\$1,231,733	36%
5	CHAMPUS/TRICARE	\$127,684	\$90,039	(\$37,645)	-29%
6	COMMERCIAL INSURANCE	\$2,098,402	\$3,796,759	\$1,698,357	81%
7	NON-GOVERNMENT MANAGED CARE	\$51,253,449	\$50,897,830	(\$355,619)	-1%
8	WORKER'S COMPENSATION	\$2,236,737	\$2,371,115	\$134,378	6%
9	SELF- PAY/UNINSURED	\$267,402	\$369,633	\$102,231	38%
10	SAGA	\$617,430	\$691,793	\$74,363	12%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$80,286,058	\$83,766,837	\$3,480,779	4%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$54,720,145	\$53,804,102	(\$916,043)	-2%
2	MEDICARE MANAGED CARE	\$7,287,539	\$8,589,513	\$1,301,974	18%
3	MEDICAID	\$6,009,455	\$6,103,561	\$94,106	2%
4	MEDICAID MANAGED CARE	\$5,938,212	\$7,598,798	\$1,660,586	28%
5	CHAMPUS/TRICARE	\$157,996	\$176,109	\$18,113	11%
6	COMMERCIAL INSURANCE	\$3,204,908	\$6,200,998	\$2,996,090	93%
7	NON-GOVERNMENT MANAGED CARE	\$77,219,195	\$78,306,293	\$1,087,098	1%
8	WORKER'S COMPENSATION	\$2,870,179	\$2,965,987	\$95,808	3%
9	SELF- PAY/UNINSURED	\$478,208	\$495,336	\$17,128	4%
10	SAGA	\$1,406,358	\$1,580,350	\$173,992	12%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$159,292,195	\$165,821,047	\$6,528,852	4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,119	4,105	(14)	0%
2	MEDICARE MANAGED CARE	511	603	92	18%
3	MEDICAID	592	605	13	2%
4	MEDICAID MANAGED CARE	924	937	13	1%
5	CHAMPUS/TRICARE	5	10	5	100%
6	COMMERCIAL INSURANCE	88	244	156	177%
7	NON-GOVERNMENT MANAGED CARE	2,952	2,816	(136)	-5%
8	WORKER'S COMPENSATION	32	28	(4)	-13%
9	SELF- PAY/UNINSURED	297	302	5	2%
10	SAGA	202	305	103	51%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,722	9,955	233	2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	23,346	21,601	(1,745)	-7%
2	MEDICARE MANAGED CARE	2,744	2,856	112	4%
3	MEDICAID	3,180	2,661	(519)	-16%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	2,482	2,499	17	1%
5	CHAMPUS/TRICARE	22	57	35	159%
6	COMMERCIAL INSURANCE	283	824	541	191%
7	NON-GOVERNMENT MANAGED CARE	10,653	9,804	(849)	-8%
8	WORKER'S COMPENSATION	82	62	(20)	-24%
9	SELF- PAY/UNINSURED	1,367	1,077	(290)	-21%
10	SAGA	1,204	1,432	228	19%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	45,363	42,873	(2,490)	-5%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	29,684	29,930	246	1%
2	MEDICARE MANAGED CARE	4,282	5,675	1,393	33%
3	MEDICAID	7,311	7,341	30	0%
4	MEDICAID MANAGED CARE	18,253	21,239	2,986	16%
5	CHAMPUS/TRICARE	328	356	28	9%
6	COMMERCIAL INSURANCE	2,312	5,181	2,869	124%
7	NON-GOVERNMENT MANAGED CARE	65,682	62,235	(3,447)	-5%
8	WORKER'S COMPENSATION	2,196	2,377	181	8%
9	SELF- PAY/UNINSURED	9,691	9,564	(127)	-1%
10	SAGA	4,444	5,765	1,321	30%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	144,183	149,663	5,480	4%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$11,860,000	\$12,500,000	\$640,000	5%
2	MEDICARE MANAGED CARE	\$1,520,000	\$1,900,000	\$380,000	25%
3	MEDICAID	\$3,840,000	\$4,150,000	\$310,000	8%
4	MEDICAID MANAGED CARE	\$6,710,000	\$8,300,000	\$1,590,000	24%
5	CHAMPUS/TRICARE	\$150,000	\$165,000	\$15,000	10%
6	COMMERCIAL INSURANCE	\$890,000	\$1,700,000	\$810,000	91%
7	NON-GOVERNMENT MANAGED CARE	\$20,390,000	\$20,785,000	\$395,000	2%
8	WORKER'S COMPENSATION	\$760,000	\$700,000	(\$60,000)	-8%
9	SELF- PAY/UNINSURED	\$5,600,000	\$5,700,000	\$100,000	2%
10	SAGA	\$2,180,000	\$3,600,000	\$1,420,000	65%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$53,900,000	\$59,500,000	\$5,600,000	10%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,100,000	\$3,050,000	(\$50,000)	-2%
2	MEDICARE MANAGED CARE	\$400,000	\$560,000	\$160,000	40%
3	MEDICAID	\$1,100,000	\$1,050,000	(\$50,000)	-5%
4	MEDICAID MANAGED CARE	\$2,010,000	\$2,700,000	\$690,000	34%
5	CHAMPUS/TRICARE	\$60,000	\$65,000	\$5,000	8%
6	COMMERCIAL INSURANCE	\$700,000	\$1,071,000	\$371,000	53%
7	NON-GOVERNMENT MANAGED CARE	\$12,970,000	\$12,665,000	(\$305,000)	-2%
8	WORKER'S COMPENSATION	\$720,000	\$673,000	(\$47,000)	-7%
9	SELF- PAY/UNINSURED	\$220,000	\$260,000	\$40,000	18%
10	SAGA	\$375,000	\$406,000	\$31,000	8%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$21,655,000	\$22,500,000	\$845,000	4%

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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
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,028	7,736	(292)	-4%
2	MEDICARE MANAGED CARE	727	998	271	37%
3	MEDICAID	4,356	3,981	(375)	-9%
4	MEDICAID MANAGED CARE	12,988	13,979	991	8%
5	CHAMPUS/TRICARE	207	216	9	4%
6	COMMERCIAL INSURANCE	1,095	1,973	878	80%
7	NON-GOVERNMENT MANAGED CARE	22,492	19,922	(2,570)	-11%
8	WORKER'S COMPENSATION	1,168	969	(199)	-17%
9	SELF- PAY/UNINSURED	7,735	7,025	(710)	-9%
10	SAGA	3,106	3,681	575	19%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	61,902	60,480	(1,422)	-2%

**MIDSTATE MEDICAL CENTER
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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>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$23,131,224	\$24,579,480	\$1,448,256	6%
2	Physician Salaries	\$7,910,672	\$8,816,052	\$905,380	11%
3	Non-Nursing, Non-Physician Salaries	\$29,002,264	\$31,056,879	\$2,054,615	7%
	Total Salaries & Wages	\$60,044,160	\$64,452,411	\$4,408,251	7%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$6,593,854	\$6,537,518	(\$56,336)	-1%
2	Physician Fringe Benefits	\$2,256,152	\$2,399,979	\$143,827	6%
3	Non-Nursing, Non-Physician Fringe Benefits	\$8,267,994	\$8,205,208	(\$62,786)	-1%
	Total Fringe Benefits	\$17,118,000	\$17,142,705	\$24,705	0%
C. Contractual Labor Fees:					
1	Nursing Fees	\$1,616,842	\$942,232	(\$674,610)	-42%
2	Physician Fees	\$1,300,029	\$1,394,538	\$94,509	7%
3	Non-Nursing, Non-Physician Fees	\$15,998,757	\$16,741,709	\$742,952	5%
	Total Contractual Labor Fees	\$18,915,628	\$19,078,479	\$162,851	1%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$12,511,216	\$13,806,330	\$1,295,114	10%
2	Pharmaceutical Costs	\$5,575,161	\$5,092,182	(\$482,979)	-9%
	Total Medical Supplies and Pharmaceutical Cost	\$18,086,377	\$18,898,512	\$812,135	4%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,912,544	\$3,668,711	\$756,167	26%
2	Depreciation-Equipment	\$6,045,147	\$4,997,455	(\$1,047,692)	-17%
3	Amortization	\$56,867	\$62,467	\$5,600	10%
	Total Depreciation and Amortization	\$9,014,558	\$8,728,633	(\$285,925)	-3%
F. Bad Debts:					
1	Bad Debts	\$9,879,112	\$9,717,615	(\$161,497)	-2%
G. Interest Expense:					
1	Interest Expense	\$2,795,157	\$2,456,574	(\$338,583)	-12%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$5,421,558	\$5,321,837	(\$99,721)	-2%
I. Utilities:					
1	Water	\$145,000	\$180,000	\$35,000	24%
2	Natural Gas	\$842,914	\$883,695	\$40,781	5%
3	Oil	\$110,776	\$64,538	(\$46,238)	-42%
4	Electricity	\$1,339,047	\$1,479,807	\$140,760	11%
5	Telephone	\$277,971	\$347,670	\$69,699	25%
6	Other Utilities	\$18,178	\$12,240	(\$5,938)	-33%
	Total Utilities	\$2,733,886	\$2,967,950	\$234,064	9%
J. Business Expenses:					
1	Accounting Fees	\$87,710	\$206,107	\$118,397	135%
2	Legal Fees	\$202,353	\$246,226	\$43,873	22%
3	Consulting Fees	\$743,207	\$668,084	(\$75,123)	-10%
4	Dues and Membership	\$1,274,332	\$2,127,533	\$853,201	67%
5	Equipment Leases	\$462,069	\$810,470	\$348,401	75%
6	Building Leases	\$300,263	\$710,410	\$410,147	137%
7	Repairs and Maintenance	\$2,543,676	\$2,824,644	\$280,968	11%
8	Insurance	\$402,957	\$444,396	\$41,439	10%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
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>
9	Travel	\$144,765	\$83,005	(\$61,760)	-43%
10	Conferences	\$35,522	\$38,293	\$2,771	8%
11	Property Tax	\$230,985	\$18,449	(\$212,536)	-92%
12	General Supplies	\$1,318,555	\$1,245,711	(\$72,844)	-6%
13	Licenses and Subscriptions	\$209,266	\$188,740	(\$20,526)	-10%
14	Postage and Shipping	\$179,267	\$175,218	(\$4,049)	-2%
15	Advertising	\$658,042	\$791,616	\$133,574	20%
16	Other Business Expenses	\$9,734,185	\$9,896,340	\$162,155	2%
	Total Business Expenses	\$18,527,154	\$20,475,242	\$1,948,088	11%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$4,578,106	\$4,029,883	(\$548,223)	-12%
	Total Operating Expenses - All Expense Categories*	\$167,113,696	\$173,269,841	\$6,156,145	4%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$42,409,623	\$42,798,181	\$388,558	1%
2	General Accounting	\$1,876,907	\$1,985,843	\$108,936	6%
3	Patient Billing & Collection	\$1,960,419	\$1,961,815	\$1,396	0%
4	Admitting / Registration Office	\$1,627,761	\$1,541,895	(\$85,866)	-5%
5	Data Processing	\$3,644,729	\$4,397,271	\$752,542	21%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,089,344	\$915,042	(\$174,302)	-16%
8	Public Relations	\$1,312,641	\$1,491,151	\$178,510	14%
9	Purchasing	\$834,320	\$881,368	\$47,048	6%
10	Dietary and Cafeteria	\$2,977,543	\$3,023,048	\$45,505	2%
11	Housekeeping	\$2,634,808	\$2,696,469	\$61,661	2%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$5,436,845	\$5,535,338	\$98,493	2%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$0	\$0	\$0	0%
17	Pharmacy Department	\$6,533,682	\$6,207,339	(\$326,343)	-5%
18	Other General Services	\$12,674,269	\$12,174,189	(\$500,080)	-4%
	Total General Services	\$85,012,891	\$85,608,949	\$596,058	1%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$341,238	\$533,472	\$192,234	56%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,242,249	\$1,733,731	\$491,482	40%
4	Medical Records	\$1,579,426	\$1,832,198	\$252,772	16%
5	Social Service	\$1,066,646	\$1,109,951	\$43,305	4%
6	Other Professional Services	\$2,841,955	\$2,888,514	\$46,559	2%
	Total Professional Services	\$7,071,514	\$8,097,866	\$1,026,352	15%
C.	<u>Special Services:</u>				
1	Operating Room	\$11,753,416	\$13,544,648	\$1,791,232	15%
2	Recovery Room	\$1,958,410	\$2,210,605	\$252,195	13%
3	Anesthesiology	\$422,734	\$505,528	\$82,794	20%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$5,905,248	\$6,006,240	\$100,992	2%
6	Diagnostic Ultrasound	\$874,102	\$907,305	\$33,203	4%
7	Radiation Therapy	\$2,014,322	\$2,141,746	\$127,424	6%

**MIDSTATE MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
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>
8	Radioisotopes	\$856,560	\$884,454	\$27,894	3%
9	CT Scan	\$1,010,564	\$1,022,271	\$11,707	1%
10	Laboratory	\$7,113,259	\$7,320,195	\$206,936	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,012,332	\$1,017,664	\$5,332	1%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,107,455	\$1,187,367	\$79,912	7%
19	Pulmonary Function	\$93,441	\$85,534	(\$7,907)	-8%
20	Intravenous Therapy	\$507,083	\$471,889	(\$35,194)	-7%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$10,699,397	\$11,725,038	\$1,025,641	10%
25	MRI	\$1,561,002	\$1,420,526	(\$140,476)	-9%
26	PET Scan	\$459,595	\$474,645	\$15,050	3%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,504,398	\$2,521,860	\$17,462	1%
29	Sleep Center	\$354,666	\$502,762	\$148,096	42%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$102,224	\$122,625	\$20,401	20%
32	Occupational Therapy / Physical Therapy	\$630,749	\$625,080	(\$5,669)	-1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,282,648	\$1,605,082	\$322,434	25%
	Total Special Services	\$52,223,605	\$56,303,064	\$4,079,459	8%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$16,314,037	\$16,929,652	\$615,615	4%
2	Intensive Care Unit	\$0	\$0	\$0	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,330,105	\$2,142,940	(\$187,165)	-8%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,161,544	\$4,187,370	\$25,826	1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$22,805,686	\$23,259,962	\$454,276	2%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$167,113,696	\$173,269,841	\$6,156,145	4%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$154,243,792	\$ 166,466,604	\$172,470,335
2	Other Operating Revenue	5,745,078	5,307,321	6,514,587
3	Total Operating Revenue	\$159,988,870	\$171,773,925	\$178,984,922
4	Total Operating Expenses	153,965,816	167,113,696	173,269,841
5	Income/(Loss) From Operations	\$6,023,054	\$4,660,229	\$5,715,081
6	Total Non-Operating Revenue	2,837,373	(908,510)	(345,750)
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,860,427	\$3,751,719	\$5,369,331
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.70%	2.73%	3.20%
2	Hospital Non Operating Margin	1.74%	-0.53%	-0.19%
3	Hospital Total Margin	5.44%	2.20%	3.01%
4	Income/(Loss) From Operations	\$6,023,054	\$4,660,229	\$5,715,081
5	Total Operating Revenue	\$159,988,870	\$171,773,925	\$178,984,922
6	Total Non-Operating Revenue	\$2,837,373	(\$908,510)	(\$345,750)
7	Total Revenue	\$162,826,243	\$170,865,415	\$178,639,172
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,860,427	\$3,751,719	\$5,369,331
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$68,816,228	\$63,218,152	\$48,490,546
2	Hospital Total Net Assets	\$77,200,784	\$71,309,938	\$54,907,397
3	Hospital Change in Total Net Assets	\$77,200,784	(\$5,890,846)	(\$16,402,541)
4	Hospital Change in Total Net Assets %	0.0%	-7.6%	-23.0%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.47	0.48	0.49
2	Total Operating Expenses	\$146,150,404	\$159,022,197	\$173,269,841
3	Total Gross Revenue	\$304,867,118	\$328,452,941	\$347,627,051
4	Total Other Operating Revenue	\$4,558,512	\$5,307,321	\$6,541,587
5	<u>Private Payment to Cost Ratio</u>	1.49	1.44	1.39
6	Total Non-Government Payments	\$82,151,566	\$83,772,490	\$87,968,614

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
7	Total Uninsured Payments	\$462,214	\$478,208	\$495,336
8	Total Non-Government Charges	\$125,733,439	\$132,543,662	\$139,391,778
9	Total Uninsured Charges	\$9,326,794	\$10,846,155	\$10,985,431
10	<u>Medicare Payment to Cost Ratio</u>	0.85	0.85	0.80
11	Total Medicare Payments	\$57,444,132	\$62,007,684	\$62,393,615
12	Total Medicare Charges	\$143,459,528	\$153,532,569	\$159,891,566
13	<u>Medicaid Payment to Cost Ratio</u>	0.59	0.72	0.75
14	Total Medicaid Payments	\$7,616,441	\$11,947,667	\$13,702,359
15	Total Medicaid Charges	\$27,508,246	\$34,817,979	\$37,405,540
16	<u>Uncompensated Care Cost</u>	\$4,575,133	\$6,173,100	\$6,403,138
17	Charity Care	\$850,136	\$3,077,163	\$3,370,587
18	Bad Debts	\$8,836,211	\$9,879,112	\$9,717,615
19	Total Uncompensated Care	\$9,686,347	\$12,956,275	\$13,088,202
20	<u>Uncompensated Care % of Total Expenses</u>	3.1%	3.9%	3.7%
21	Total Operating Expenses	\$146,150,404	\$159,022,197	\$173,269,841
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	4.42	3.78	2.38
2	Total Current Assets	\$64,609,526	\$66,849,930	\$65,521,020
3	Total Current Liabilities	\$14,609,684	\$17,678,052	\$27,572,379
4	<u>Days Cash on Hand</u>	100	101	91
5	Cash and Cash Equivalents	\$39,816,847	\$43,912,798	\$41,146,505
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$39,816,847	\$43,912,798	\$41,146,505
8	Total Operating Expenses	\$153,965,816	\$167,113,696	\$173,269,841
9	Depreciation Expense	\$8,623,627	\$9,014,558	\$8,728,633
10	Operating Expenses less Depreciation Expense	\$145,342,189	\$158,099,138	\$164,541,208
11	<u>Days Revenue in Patient Accounts Receivable</u>	47.04	40.41	39.44

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
12	Net Patient Accounts Receivable	\$ 20,044,817	\$ 18,867,122	\$ 19,523,079
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$164,932	\$437,607	\$885,467
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 19,879,885	\$ 18,429,515	\$ 18,637,612
16	Total Net Patient Revenue	\$154,243,792	\$ 166,466,604	\$ 172,470,335
17	<u>Average Payment Period</u>	36.69	40.81	61.16
18	Total Current Liabilities	\$14,609,684	\$17,678,052	\$27,572,379
19	Total Operating Expenses	\$153,965,816	\$167,113,696	\$173,269,841
20	Depreciation Expense	\$8,623,627	\$9,014,558	\$8,728,633
21	Total Operating Expenses less Depreciation Expense	\$145,342,189	\$158,099,138	\$164,541,208
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	44.2	34.3	25.0
2	Total Net Assets	\$77,200,784	\$71,309,938	\$54,907,397
3	Total Assets	\$174,604,770	\$207,904,612	\$219,475,445
4	<u>Cash Flow to Total Debt Ratio</u>	24.2	12.4	12.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,860,427	\$3,751,719	\$5,369,331
6	Depreciation Expense	\$8,623,627	\$9,014,558	\$8,728,633
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,484,054	\$12,766,277	\$14,097,964
8	Total Current Liabilities	\$14,609,684	\$17,678,052	\$27,572,379
9	Total Long Term Debt	\$57,765,000	\$85,305,000	\$82,915,000
10	Total Current Liabilities and Total Long Term Debt	\$72,374,684	\$102,983,052	\$110,487,379
11	<u>Long Term Debt to Capitalization Ratio</u>	42.8	54.5	60.2
12	Total Long Term Debt	\$57,765,000	\$85,305,000	\$82,915,000
13	Total Net Assets	\$77,200,784	\$71,309,938	\$54,907,397
14	Total Long Term Debt and Total Net Assets	\$134,965,784	\$156,614,938	\$137,822,397
15	<u>Debt Service Coverage Ratio</u>	6.7	5.6	3.4
16	Excess Revenues over Expenses	\$8,860,427	\$3,751,719	\$5,369,331
17	Interest Expense	\$3,064,058	\$2,795,157	\$2,456,574
18	Depreciation and Amortization Expense	\$8,623,627	\$9,014,558	\$8,728,633

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
19	Principal Payments	\$0	\$0	\$2,460,000
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	9.0	9.0	10.3
21	Accumulated Depreciation	\$77,610,340	\$81,325,824	\$89,995,490
22	Depreciation and Amortization Expense	\$8,623,627	\$9,014,558	\$8,728,633
H. <u>Utilization Measures Summary</u>				
1	Patient Days	44,321	45,363	42,873
2	Discharges	9,664	9,722	9,955
3	ALOS	4.6	4.7	4.3
4	Staffed Beds	136	136	140
5	Available Beds	-	-	142
6	Licensed Beds	142	142	156
6	Occupancy of Staffed Beds	89.3%	91.4%	83.9%
7	Occupancy of Available Beds	85.5%	87.5%	82.7%
8	Full Time Equivalent Employees	866.4	909.0	950.5
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	38.2%	37.1%	36.9%
2	Medicare Gross Revenue Payer Mix Percentage	47.1%	46.7%	46.0%
3	Medicaid Gross Revenue Payer Mix Percentage	9.0%	10.6%	10.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.6%	2.2%	3.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	3.3%	3.2%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$116,406,645	\$121,697,507	\$128,406,347
9	Medicare Gross Revenue (Charges)	\$143,459,528	\$153,532,569	\$159,891,566
10	Medicaid Gross Revenue (Charges)	\$27,508,246	\$34,817,979	\$37,405,540
11	Other Medical Assistance Gross Revenue (Charges)	\$7,780,651	\$7,222,761	\$10,391,208
12	Uninsured Gross Revenue (Charges)	\$9,326,794	\$10,846,155	\$10,985,431
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$385,254	\$335,970	\$546,959
14	Total Gross Revenue (Charges)	\$304,867,118	\$328,452,941	\$347,627,051
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	54.9%	52.3%	52.8%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
2	Medicare Net Revenue Payer Mix Percentage	38.6%	38.9%	37.6%
3	Medicaid Net Revenue Payer Mix Percentage	5.1%	7.5%	8.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.9%	1.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$81,689,352	\$83,294,282	\$87,473,278
9	Medicare Net Revenue (Payments)	\$57,444,132	\$62,007,684	\$62,393,615
10	Medicaid Net Revenue (Payments)	\$7,616,441	\$11,947,667	\$13,702,359
11	Other Medical Assistance Net Revenue (Payments)	\$1,494,845	\$1,406,358	\$1,580,350
12	Uninsured Net Revenue (Payments)	\$462,214	\$478,208	\$495,336
13	CHAMPUS / TRICARE Net Revenue Payments)	\$210,145	\$157,996	\$176,109
14	Total Net Revenue (Payments)	\$148,917,129	\$159,292,195	\$165,821,047
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	3,450	3,369	3,390
2	Medicare	4,671	4,630	4,708
3	Medical Assistance	1,531	1,718	1,847
4	Medicaid	1,308	1,516	1,542
5	Other Medical Assistance	223	202	305
6	CHAMPUS / TRICARE	12	5	10
7	Uninsured (Included In Non-Government)	284	297	302
8	Total	9,664	9,722	9,955
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.934310	0.977650	1.008350
2	Medicare	1.353670	1.433840	1.445170
3	Medical Assistance	0.800027	0.814383	0.805267
4	Medicaid	0.740490	0.774470	0.756420
5	Other Medical Assistance	1.149240	1.113930	1.052230
6	CHAMPUS / TRICARE	0.866980	1.062520	1.914120
7	Uninsured (Included In Non-Government)	0.869040	0.860820	0.885530
8	Total Case Mix Index	1.115646	1.166098	1.178165
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	6,022	6,098	6,415
2	Emergency Room - Treated and Discharged	63,826	61,902	60,480
3	Total Emergency Room Visits	69,848	68,000	66,895

**MIDSTATE MEDICAL CENTER
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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,410,716	\$1,551,614	\$140,898	10%
2	Inpatient Payments	\$711,590	\$762,705	\$51,115	7%
3	Outpatient Charges	\$873,155	\$918,928	\$45,773	5%
4	Outpatient Payments	\$297,309	\$306,377	\$9,068	3%
5	Discharges	76	86	10	13%
6	Patient Days	380	350	(30)	-8%
7	Outpatient Visits (Excludes ED Visits)	321	465	144	45%
8	Emergency Department Outpatient Visits	72	123	51	71%
9	Emergency Department Inpatient Admissions	68	67	(1)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,283,871	\$2,470,542	\$186,671	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,008,899	\$1,069,082	\$60,183	6%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$0	\$1,592,740	\$1,592,740	0%
2	Inpatient Payments	\$0	\$792,459	\$792,459	0%
3	Outpatient Charges	\$0	\$1,646,291	\$1,646,291	0%
4	Outpatient Payments	\$0	\$518,582	\$518,582	0%
5	Discharges	0	87	87	0%
6	Patient Days	0	357	357	0%
7	Outpatient Visits (Excludes ED Visits)	0	838	838	0%
8	Emergency Department Outpatient Visits	0	177	177	0%
9	Emergency Department Inpatient Admissions	0	69	69	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$3,239,031	\$3,239,031	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,311,041	\$1,311,041	0%

**MIDSTATE MEDICAL CENTER
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
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$9,539,547	\$9,421,629	(\$117,918)	-1%
2	Inpatient Payments	\$4,118,718	\$4,202,644	\$83,926	2%
3	Outpatient Charges	\$6,360,193	\$6,330,429	(\$29,764)	0%
4	Outpatient Payments	\$2,159,922	\$2,006,746	(\$153,176)	-7%
5	Discharges	435	430	(5)	-1%
6	Patient Days	2,364	2,149	(215)	-9%
7	Outpatient Visits (Excludes ED Visits)	3,234	3,374	140	4%
8	Emergency Department Outpatient Visits	655	698	43	7%
9	Emergency Department Inpatient Admissions	345	358	13	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,899,740	\$15,752,058	(\$147,682)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,278,640	\$6,209,390	(\$69,250)	-1%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
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
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
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
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDSTATE MEDICAL CENTER
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
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$10,950,263	\$12,565,983	\$1,615,720	15%
	TOTAL INPATIENT PAYMENTS	\$4,830,308	\$5,757,808	\$927,500	19%
	TOTAL OUTPATIENT CHARGES	\$7,233,348	\$8,895,648	\$1,662,300	23%
	TOTAL OUTPATIENT PAYMENTS	\$2,457,231	\$2,831,705	\$374,474	15%
	TOTAL DISCHARGES	511	603	92	18%
	TOTAL PATIENT DAYS	2,744	2,856	112	4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,555	4,677	1,122	32%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	727	998	271	37%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	413	494	81	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,183,611	\$21,461,631	\$3,278,020	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,287,539	\$8,589,513	\$1,301,974	18%

**MIDSTATE MEDICAL CENTER
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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$553,810	\$0	(\$553,810)	-100%
2	Inpatient Payments	\$195,183	\$0	(\$195,183)	-100%
3	Outpatient Charges	\$1,763,814	\$0	(\$1,763,814)	-100%
4	Outpatient Payments	\$546,782	\$0	(\$546,782)	-100%
5	Discharges	64	0	(64)	-100%
6	Patient Days	180	0	(180)	-100%
7	Outpatient Visits (Excludes ED Visits)	552	0	(552)	-100%
8	Emergency Department Outpatient Visits	2,356	0	(2,356)	-100%
9	Emergency Department Inpatient Admissions	25	0	(25)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,317,624	\$0	(\$2,317,624)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$741,965	\$0	(\$741,965)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$4,876,848	\$5,745,567	\$868,719	18%
2	Inpatient Payments	\$1,990,943	\$2,498,395	\$507,452	25%
3	Outpatient Charges	\$8,267,594	\$11,679,656	\$3,412,062	41%
4	Outpatient Payments	\$2,397,602	\$3,971,083	\$1,573,481	66%
5	Discharges	697	781	84	12%
6	Patient Days	1,902	2,077	175	9%
7	Outpatient Visits (Excludes ED Visits)	4,087	6,567	2,480	61%
8	Emergency Department Outpatient Visits	8,965	11,540	2,575	29%
9	Emergency Department Inpatient Admissions	88	118	30	34%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,144,442	\$17,425,223	\$4,280,781	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,388,545	\$6,469,478	\$2,080,933	47%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$642,601	\$0	(\$642,601)	-100%
2	Inpatient Payments	\$263,024	\$0	(\$263,024)	-100%
3	Outpatient Charges	\$821,043	\$0	(\$821,043)	-100%
4	Outpatient Payments	\$270,944	\$0	(\$270,944)	-100%
5	Discharges	110	0	(110)	-100%
6	Patient Days	281	0	(281)	-100%
7	Outpatient Visits (Excludes ED Visits)	423	0	(423)	-100%
8	Emergency Department Outpatient Visits	921	0	(921)	-100%
9	Emergency Department Inpatient Admissions	9	0	(9)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,463,644	\$0	(\$1,463,644)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$533,968	\$0	(\$533,968)	-100%

**MIDSTATE MEDICAL CENTER
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
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$703,472	\$703,472	0%
2	Inpatient Payments	\$0	\$273,422	\$273,422	0%
3	Outpatient Charges	\$0	\$1,045,248	\$1,045,248	0%
4	Outpatient Payments	\$0	\$313,736	\$313,736	0%
5	Discharges	0	88	88	0%
6	Patient Days	0	235	235	0%
7	Outpatient Visits (Excludes ED Visits)	0	260	260	0%
8	Emergency Department Outpatient Visits	0	1,002	1,002	0%
9	Emergency Department Inpatient Admissions	0	19	19	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,748,720	\$1,748,720	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$587,158	\$587,158	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$332,584	\$0	(\$332,584)	-100%
2	Inpatient Payments	\$111,388	\$0	(\$111,388)	-100%
3	Outpatient Charges	\$523,697	\$0	(\$523,697)	-100%
4	Outpatient Payments	\$162,346	\$0	(\$162,346)	-100%
5	Discharges	53	0	(53)	-100%
6	Patient Days	119	0	(119)	-100%
7	Outpatient Visits (Excludes ED Visits)	203	0	(203)	-100%
8	Emergency Department Outpatient Visits	746	0	(746)	-100%

**MIDSTATE MEDICAL CENTER
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	8	0	(8)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$856,281	\$0	(\$856,281)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$273,734	\$0	(\$273,734)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$286,120	\$286,120	0%
2	Inpatient Payments	\$0	\$115,186	\$115,186	0%
3	Outpatient Charges	\$0	\$383,821	\$383,821	0%
4	Outpatient Payments	\$0	\$114,984	\$114,984	0%
5	Discharges	0	35	35	0%
6	Patient Days	0	99	99	0%
7	Outpatient Visits (Excludes ED Visits)	0	160	160	0%
8	Emergency Department Outpatient Visits	0	468	468	0%
9	Emergency Department Inpatient Admissions	0	8	8	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$669,941	\$669,941	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$230,170	\$230,170	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$264,172	\$264,172	0%
2	Inpatient Payments	\$0	\$102,388	\$102,388	0%
3	Outpatient Charges	\$0	\$698,679	\$698,679	0%
4	Outpatient Payments	\$0	\$209,604	\$209,604	0%
5	Discharges	0	33	33	0%
6	Patient Days	0	88	88	0%
7	Outpatient Visits (Excludes ED Visits)	0	273	273	0%
8	Emergency Department Outpatient Visits	0	969	969	0%
9	Emergency Department Inpatient Admissions	0	10	10	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$962,851	\$962,851	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$311,992	\$311,992	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$6,405,843	\$6,999,331	\$593,488	9%
	TOTAL INPATIENT PAYMENTS	\$2,560,538	\$2,989,391	\$428,853	17%
	TOTAL OUTPATIENT CHARGES	\$11,376,148	\$13,807,404	\$2,431,256	21%
	TOTAL OUTPATIENT PAYMENTS	\$3,377,674	\$4,609,407	\$1,231,733	36%
	TOTAL DISCHARGES	924	937	13	1%
	TOTAL PATIENT DAYS	2,482	2,499	17	1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,265	7,260	1,995	38%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	12,988	13,979	991	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	130	155	25	19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,781,991	\$20,806,735	\$3,024,744	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,938,212	\$7,598,798	\$1,660,586	28%

**MIDSTATE MEDICAL CENTER
 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

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - 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.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$45,476,555	\$42,246,786	(\$3,229,769)	-7%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$21,803,628	\$22,801,140	\$997,512	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,168,505	\$1,168,505	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,334,511	\$1,420,160	\$85,649	6%
8	Prepaid Expenses	\$889,429	\$1,094,329	\$204,900	23%
9	Other Current Assets	\$722,514	\$1,198,551	\$476,037	66%
	Total Current Assets	\$71,395,142	\$69,929,471	(\$1,465,671)	-2%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$4,823,527	\$4,011,143	(\$812,384)	-17%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$29,467,813	\$10,167,560	(\$19,300,253)	-65%
4	Other Noncurrent Assets Whose Use is Limited	\$345,625	\$165,433	(\$180,192)	-52%
	Total Noncurrent Assets Whose Use is Limited:	\$34,636,965	\$14,344,136	(\$20,292,829)	-59%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$11,791,694	\$11,876,168	\$84,474	1%
7	Other Noncurrent Assets	\$4,614,287	\$8,550,946	\$3,936,659	85%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$168,201,175	\$179,654,023	\$11,452,848	7%
2	Less: Accumulated Depreciation	\$83,829,702	\$91,993,843	\$8,164,141	\$0
	Property, Plant and Equipment, Net	\$84,371,473	\$87,660,180	\$3,288,707	4%
3	Construction in Progress	\$8,576,054	\$30,689,886	\$22,113,832	258%
	Total Net Fixed Assets	\$92,947,527	\$118,350,066	\$25,402,539	27%
	Total Assets	\$215,385,615	\$223,050,787	\$7,665,172	4%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - 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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,146,986	\$8,677,307	\$1,530,321	21%
2	Salaries, Wages and Payroll Taxes	\$8,538,903	\$9,288,643	\$749,740	9%
3	Due To Third Party Payers	\$492,330	\$885,467	\$393,137	80%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,460,000	\$2,390,000	(\$70,000)	-3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$163,149	\$6,956,870	\$6,793,721	4164%
	Total Current Liabilities	\$18,801,368	\$28,198,287	\$9,396,919	50%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$85,305,000	\$82,915,000	(\$2,390,000)	-3%
3	Accrued Pension Liability	\$26,949,323	\$49,059,528	\$22,110,205	82%
4	Other Long Term Liabilities	\$7,166,789	\$5,510,174	(\$1,656,615)	-23%
	Total Long Term Liabilities	\$119,421,112	\$137,484,702	\$18,063,590	15%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$68,408,363	\$50,950,947	(\$17,457,416)	-26%
2	Temporarily Restricted Net Assets	\$2,746,781	\$1,630,516	(\$1,116,265)	-41%
3	Permanently Restricted Net Assets	\$6,007,991	\$4,786,335	(\$1,221,656)	-20%
	Total Net Assets	\$77,163,135	\$57,367,798	(\$19,795,337)	-26%
	Total Liabilities and Net Assets	\$215,385,615	\$223,050,787	\$7,665,172	4%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$335,017,567	\$347,627,051	\$12,609,484	4%
2	Less: Allowances	\$159,693,034	\$171,786,129	\$12,093,095	8%
3	Less: Charity Care	\$3,095,013	\$3,370,587	\$275,574	9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$172,229,520	\$172,470,335	\$240,815	0%
5	Other Operating Revenue	\$15,357,232	\$18,473,460	\$3,116,228	20%
6	Net Assets Released from Restrictions	\$252,892	\$247,839	(\$5,053)	-2%
	Total Operating Revenue	\$187,839,644	\$191,191,634	\$3,351,990	2%
B. Operating Expenses:					
1	Salaries and Wages	\$63,689,538	\$65,452,831	\$1,763,293	3%
2	Fringe Benefits	\$17,985,378	\$17,450,768	(\$534,610)	-3%
3	Physicians Fees	\$4,511,727	\$4,866,690	\$354,963	8%
4	Supplies and Drugs	\$18,394,599	\$19,189,397	\$794,798	4%
5	Depreciation and Amortization	\$9,516,570	\$9,179,180	(\$337,390)	-4%
6	Bad Debts	\$9,915,116	\$9,717,615	(\$197,501)	-2%
7	Interest	\$2,795,157	\$2,456,574	(\$338,583)	-12%
8	Malpractice	\$5,437,362	\$5,437,362	\$0	0%
9	Other Operating Expenses	\$50,901,179	\$51,502,068	\$600,889	1%
	Total Operating Expenses	\$183,146,626	\$185,252,485	\$2,105,859	1%
	Income/(Loss) From Operations	\$4,693,018	\$5,939,149	\$1,246,131	27%
C. Non-Operating Revenue:					
1	Income from Investments	(\$2,728,124)	\$529,585	\$3,257,709	-119%
2	Gifts, Contributions and Donations	\$25,000	\$25,000	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$2,007,525	\$330,892	(\$1,676,633)	-84%
	Total Non-Operating Revenue	(\$695,599)	\$885,477	\$1,581,076	-227%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,997,419	\$6,824,626	\$2,827,207	71%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$579,781	\$579,781	0%
	All Other Adjustments	\$0	(\$2,709,325)	(\$2,709,325)	0%
	Total Other Adjustments	\$0	(\$2,129,544)	(\$2,129,544)	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,997,419	\$4,695,082	\$697,663	17%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$159,523,384	\$172,229,520	\$172,470,335
2	Other Operating Revenue	14,783,706	15,610,124	18,721,299
3	Total Operating Revenue	\$174,307,090	\$187,839,644	\$191,191,634
4	Total Operating Expenses	168,826,496	183,146,626	185,252,485
5	Income/(Loss) From Operations	\$5,480,594	\$4,693,018	\$5,939,149
6	Total Non-Operating Revenue	3,102,031	(695,599)	(1,244,067)
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,582,625	\$3,997,419	\$4,695,082
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.09%	2.51%	3.13%
2	Parent Corporation Non-Operating Margin	1.75%	-0.37%	-0.65%
3	Parent Corporation Total Margin	4.84%	2.14%	2.47%
4	Income/(Loss) From Operations	\$5,480,594	\$4,693,018	\$5,939,149
5	Total Operating Revenue	\$174,307,090	\$187,839,644	\$191,191,634
6	Total Non-Operating Revenue	\$3,102,031	(\$695,599)	(\$1,244,067)
7	Total Revenue	\$177,409,121	\$187,144,045	\$189,947,567
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,582,625	\$3,997,419	\$4,695,082
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$72,965,092	\$68,408,363	\$50,950,947
2	Parent Corporation Total Net Assets	\$82,078,870	\$77,163,135	\$57,367,798
3	Parent Corporation Change in Total Net Assets	\$82,078,870	(\$4,915,735)	(\$19,795,337)
4	Parent Corporation Change in Total Net Assets %	0.0%	-6.0%	-25.7%

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	4.29	3.80	2.48
2	Total Current Assets	\$68,534,175	\$71,395,142	\$69,929,471
3	Total Current Liabilities	\$15,979,198	\$18,801,368	\$28,198,287
4	<u>Days Cash on Hand</u>	95	96	88
5	Cash and Cash Equivalents	\$41,516,783	\$45,476,555	\$42,246,786
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$41,516,783	\$45,476,555	\$42,246,786
8	Total Operating Expenses	\$168,826,496	\$183,146,626	\$185,252,485
9	Depreciation Expense	\$9,195,956	\$9,516,570	\$9,179,180
10	Operating Expenses less Depreciation Expense	\$159,630,540	\$173,630,056	\$176,073,305
11	<u>Days Revenue in Patient Accounts Receivable</u>	50	45	46
12	Net Patient Accounts Receivable	\$ 22,235,089	\$ 21,803,628	\$ 22,801,140
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$224,932	\$492,330	\$885,467
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 22,010,157	\$ 21,311,298	\$ 21,915,673
16	Total Net Patient Revenue	\$159,523,384	\$172,229,520	\$172,470,335
17	<u>Average Payment Period</u>	37	40	58
18	Total Current Liabilities	\$15,979,198	\$18,801,368	\$28,198,287
19	Total Operating Expenses	\$168,826,496	\$183,146,626	\$185,252,485
20	Depreciation Expense	\$9,195,956	\$9,516,570	\$9,179,180
21	Total Operating Expenses less Depreciation Expense	\$159,630,540	\$173,630,056	\$176,073,305

MIDSTATE MEDICAL CENTER AND SUBSIDIARIES				
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
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	45.3	35.8	25.7
2	Total Net Assets	\$82,078,870	\$77,163,135	\$57,367,798
3	Total Assets	\$181,387,055	\$215,385,615	\$223,050,787
4	<u>Cash Flow to Total Debt Ratio</u>	24.1	13.0	12.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,582,625	\$3,997,419	\$4,695,082
6	Depreciation Expense	\$9,195,956	\$9,516,570	\$9,179,180
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,778,581	\$13,513,989	\$13,874,262
8	Total Current Liabilities	\$15,979,198	\$18,801,368	\$28,198,287
9	Total Long Term Debt	\$57,765,000	\$85,305,000	\$82,915,000
10	Total Current Liabilities and Total Long Term Debt	\$73,744,198	\$104,106,368	\$111,113,287
11	<u>Long Term Debt to Capitalization Ratio</u>	41.3	52.5	59.1
12	Total Long Term Debt	\$57,765,000	\$85,305,000	\$82,915,000
13	Total Net Assets	\$82,078,870	\$77,163,135	\$57,367,798
14	Total Long Term Debt and Total Net Assets	\$139,843,870	\$162,468,135	\$140,282,798

MIDSTATE MEDICAL CENTER						
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	33,728	102	102	90.6%	90.6%
2	ICU/CCU (Excludes Neonatal ICU)	1,970	7	9	77.1%	60.0%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	1,929	6	6	88.1%	88.1%
	TOTAL PSYCHIATRIC	1,929	6	6	88.1%	88.1%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	2,664	13	13	56.1%	56.1%
7	Newborn	2,582	12	12	58.9%	58.9%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	40,291	128	130	86.2%	84.9%
	TOTAL INPATIENT BED UTILIZATION	42,873	140	142	83.9%	82.7%
	TOTAL INPATIENT REPORTED YEAR	42,873	140	142	83.9%	82.7%
	TOTAL INPATIENT PRIOR YEAR	45,363	136	142	91.4%	87.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,490	4	0	-7.5%	-4.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	3%	0%	-8%	-5%
	Total Licensed Beds and Bassinets	156				
(A) This number may not exceed the number of available beds for each department or in total.						

MIDSTATE MEDICAL CENTER					
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
A. CT Scans (A)					
1	Inpatient Scans	6,571	6,824	253	4%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,955	6,705	-250	-4%
3	Emergency Department Scans	8,349	8,625	276	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	21,875	22,154	279	1%
B. MRI Scans (A)					
1	Inpatient Scans	1,072	1,220	148	14%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,005	7,194	1,189	20%
3	Emergency Department Scans	293	256	-37	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	7,370	8,670	1,300	18%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	17	3	-14	-82%
2	Outpatient Scans (Excluding Emergency Department Scans)	483	420	-63	-13%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	500	423	-77	-15%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	336	134	-202	-60%
2	Outpatient Procedures	6,190	5,403	-787	-13%
	Total Linear Accelerator Procedures	6,526	5,537	-989	-15%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,446	2,448	2	0%
2	Outpatient Surgical Procedures	5,877	5,780	-97	-2%
	Total Surgical Procedures	8,323	8,228	-95	-1%

MIDSTATE MEDICAL CENTER					
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
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	1,206	1,160	-46	-4%
2	Outpatient Endoscopy Procedures	7,001	6,379	-622	-9%
	Total Endoscopy Procedures	8,207	7,539	-668	-8%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	6,098	6,415	317	5%
2	Emergency Room Visits: Treated and Discharged	61,902	60,480	-1,422	-2%
	Total Emergency Room Visits	68,000	66,895	-1,105	-2%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	2,600	2,192	-408	-16%
	Total Hospital Clinic Visits	2,600	2,192	-408	-16%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	186	186	0	0%
2	Cardiology	2,281	2,283	2	0%
3	Chemotherapy	532	308	-224	-42%
4	Gastroenterology	7,001	6,379	-622	-9%
5	Other Outpatient Visits	72,234	79,910	7,676	11%
	Total Other Hospital Outpatient Visits	82,234	89,066	6,832	8%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	284.0	304.2	20.2	7%
2	Total Physician FTEs	45.3	47.6	2.3	5%
3	Total Non-Nursing and Non-Physician FTEs	579.7	598.7	19.0	3%
	Total Hospital Full Time Equivalent Employees	909.0	950.5	41.5	5%

MIDSTATE MEDICAL CENTER					
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
A. Outpatient Surgical Procedures					
1	Main hospital campus	5,877	5,780	-97	-2%
	Total Outpatient Surgical Procedures(A)	5,877	5,780	-97	-2%
B. Outpatient Endoscopy Procedures					
1	Main hospital campus	7,001	6,379	-622	-9%
	Total Outpatient Endoscopy Procedures(B)	7,001	6,379	-622	-9%
C. Outpatient Hospital Emergency Room Visits					
1	883 Paddock Ave	18,435	11,712	-6,723	-36%
2	Main hospital campus	43,467	42,387	-1,080	-2%
3	61 Pomeroy Ave	0	6,381	6,381	0%
	Total Outpatient Hospital Emergency Room Visits(C)	61,902	60,480	-1,422	-2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MIDSTATE MEDICAL CENTER					
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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$99,420,943	\$102,801,789	\$3,380,846	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$43,952,009	\$43,847,082	(\$104,927)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.21%	42.65%	-1.56%	-4%
4	DISCHARGES	4,630	4,708	78	2%
5	CASE MIX INDEX (CMI)	1.43384	1.44517	0.01133	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,638.67920	6,803.86036	165.18116	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,620.60	\$6,444.44	(\$176.15)	-3%
8	PATIENT DAYS	26,090	24,457	(1,633)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,684.63	\$1,792.82	\$108.19	6%
10	AVERAGE LENGTH OF STAY	5.6	5.2	(0.4)	-8%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,111,626	\$57,089,777	\$2,978,151	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,055,675	\$18,546,533	\$490,858	3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.37%	32.49%	-0.88%	-3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	54.43%	55.53%	1.11%	2%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,519.96029	2,614.53300	94.57271	4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,165.06	\$7,093.63	(\$71.43)	-1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$153,532,569	\$159,891,566	\$6,358,997	4%
18	TOTAL ACCRUED PAYMENTS	\$62,007,684	\$62,393,615	\$385,931	1%
19	TOTAL ALLOWANCES	\$91,524,885	\$97,497,951	\$5,973,066	7%

MIDSTATE MEDICAL CENTER					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$44,200,966	\$48,350,269	\$4,149,303	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$27,916,500	\$30,533,277	\$2,616,777	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	63.16%	63.15%	-0.01%	0%
4	DISCHARGES	3,369	3,390	21	1%
5	CASE MIX INDEX (CMI)	0.97765	1.00835	0.03070	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,293.70285	3,418.30650	124.60365	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,475.72	\$8,932.28	\$456.56	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,855.12)	(\$2,487.84)	(\$632.72)	34%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,110,226)	(\$8,504,200)	(\$2,393,974)	39%
10	PATIENT DAYS	12,385	11,767	(618)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,254.06	\$2,594.82	\$340.77	15%
12	AVERAGE LENGTH OF STAY	3.7	3.5	(0.2)	-6%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$88,342,696	\$91,041,509	\$2,698,813	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$55,855,990	\$57,435,337	\$1,579,347	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	63.23%	63.09%	-0.14%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	199.87%	188.30%	-11.57%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,733.48503	6,383.22644	(350.25859)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,295.26	\$8,997.85	\$702.60	8%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,130.19)	(\$1,904.22)	(\$774.03)	68%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$7,610,144)	(\$12,155,082)	(\$4,544,939)	60%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$132,543,662	\$139,391,778	\$6,848,116	5%
22	TOTAL ACCRUED PAYMENTS	\$83,772,490	\$87,968,614	\$4,196,124	5%
23	TOTAL ALLOWANCES	\$48,771,172	\$51,423,164	\$2,651,992	5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,720,370)	(\$20,659,282)	(\$6,938,913)	51%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$117,832,946	\$123,130,052	\$5,297,106	4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$84,094,997	\$87,350,337	\$3,255,340	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,737,949	\$35,779,715	\$2,041,766	6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	28.63%	29.06%	0.43%	

MIDSTATE MEDICAL CENTER					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$4,351,081	\$4,002,999	(\$348,082)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$210,806	\$125,703	(\$85,103)	-40%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.84%	3.14%	-1.70%	-35%
4	DISCHARGES	297	302	5	2%
5	CASE MIX INDEX (CMI)	0.86082	0.88553	0.02471	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	255.66354	267.43006	11.76652	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$824.54	\$470.04	(\$354.50)	-43%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,651.17	\$8,462.24	\$811.07	11%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,796.05	\$5,974.40	\$178.35	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,481,839	\$1,597,734	\$115,896	8%
11	PATIENT DAYS	1,367	1,077	(290)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$154.21	\$116.72	(\$37.49)	-24%
13	AVERAGE LENGTH OF STAY	4.6	3.6	(1.0)	-23%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,495,074	\$6,982,432	\$487,358	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$267,402	\$369,633	\$102,231	38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.12%	5.29%	1.18%	29%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	149.27%	174.43%	25.16%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	443.34660	526.77866	83.43206	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$603.14	\$701.69	\$98.54	16%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,692.11	\$8,296.17	\$604.06	8%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,561.92	\$6,391.95	(\$169.97)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,909,204	\$3,367,141	\$457,936	16%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$10,846,155	\$10,985,431	\$139,276	1%
24	TOTAL ACCRUED PAYMENTS	\$478,208	\$495,336	\$17,128	4%
25	TOTAL ALLOWANCES	\$10,367,947	\$10,490,095	\$122,148	1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,391,043	\$4,964,875	\$573,832	13%

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TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$16,108,020	\$15,799,960	(\$308,060)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,318,388	\$6,699,224	\$380,836	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.23%	42.40%	3.18%	8%
4	DISCHARGES	1,516	1,542	26	2%
5	CASE MIX INDEX (CMI)	0.77447	0.75642	(0.01805)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,174.09652	1,166.39964	(7.69688)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,381.49	\$5,743.51	\$362.02	7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,094.23	\$3,188.78	\$94.55	3%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,239.11	\$700.94	(\$538.17)	-43%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,454,830	\$817,571	(\$637,259)	-44%
11	PATIENT DAYS	5,662	5,160	(502)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,115.93	\$1,298.30	\$182.37	16%
13	AVERAGE LENGTH OF STAY	3.7	3.3	(0.4)	-10%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,709,959	\$21,605,580	\$2,895,621	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,629,279	\$7,003,135	\$1,373,856	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.09%	32.41%	2.33%	8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	116.15%	136.74%	20.59%	18%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,760.88047	2,108.60055	347.72008	20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,196.85	\$3,321.22	\$124.37	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,098.40	\$5,676.63	\$578.23	11%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,968.21	\$3,772.41	(\$195.80)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,987,541	\$7,954,500	\$966,959	14%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$34,817,979	\$37,405,540	\$2,587,561	7%
24	TOTAL ACCRUED PAYMENTS	\$11,947,667	\$13,702,359	\$1,754,692	15%
25	TOTAL ALLOWANCES	\$22,870,312	\$23,703,181	\$832,869	4%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,442,371	\$8,772,070	\$329,699	4%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$3,160,467	\$4,651,402	\$1,490,935	47%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$788,928	\$888,557	\$99,629	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.96%	19.10%	-5.86%	-23%
4	DISCHARGES	202	305	103	51%
5	CASE MIX INDEX (CMI)	1.11393	1.05223	(0.06170)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	225.01386	320.93015	95.91629	43%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,506.13	\$2,768.69	(\$737.44)	-21%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,969.59	\$6,163.59	\$1,194.00	24%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,114.46	\$3,675.75	\$561.28	18%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$700,798	\$1,179,659	\$478,861	68%
11	PATIENT DAYS	1,204	1,432	228	19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$655.26	\$620.50	(\$34.76)	-5%
13	AVERAGE LENGTH OF STAY	6.0	4.7	(1.3)	-21%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,062,294	\$5,739,806	\$1,677,512	41%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$617,430	\$691,793	\$74,363	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.20%	12.05%	-3.15%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	128.53%	123.40%	-5.14%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	259.63992	376.36842	116.72851	45%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,378.02	\$1,838.07	(\$539.95)	-23%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,917.23	\$7,159.78	\$1,242.55	21%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,787.04	\$5,255.56	\$468.52	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,242,906	\$1,978,026	\$735,119	59%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$7,222,761	\$10,391,208	\$3,168,447	44%
24	TOTAL ACCRUED PAYMENTS	\$1,406,358	\$1,580,350	\$173,992	12%
25	TOTAL ALLOWANCES	\$5,816,403	\$8,810,858	\$2,994,455	51%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,943,704	\$3,157,684	\$1,213,980	62%

MIDSTATE MEDICAL CENTER					
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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$19,268,487	\$20,451,362	\$1,182,875	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,107,316	\$7,587,781	\$480,465	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.89%	37.10%	0.22%	1%
4	DISCHARGES	1,718	1,847	129	8%
5	CASE MIX INDEX (CMI)	0.81438	0.80527	(0.00912)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,399.11038	1,487.32979	88.21941	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,079.88	\$5,101.61	\$21.73	0%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,395.84	\$3,830.67	\$434.83	13%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,540.71	\$1,342.83	(\$197.88)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,155,628	\$1,997,229	(\$158,399)	-7%
11	PATIENT DAYS	6,866	6,592	(274)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,035.15	\$1,151.06	\$115.91	11%
13	AVERAGE LENGTH OF STAY	4.0	3.6	(0.4)	-11%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,772,253	\$27,345,386	\$4,573,133	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,246,709	\$7,694,928	\$1,448,219	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.43%	28.14%	0.71%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	118.18%	133.71%	15.53%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,020.52039	2,484.96897	464.44859	23%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,091.63	\$3,096.59	\$4.96	0%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,203.62	\$5,901.26	\$697.64	13%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,073.43	\$3,997.04	(\$76.39)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,230,447	\$9,932,526	\$1,702,078	21%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$42,040,740	\$47,796,748	\$5,756,008	14%
24	TOTAL ACCRUED PAYMENTS	\$13,354,025	\$15,282,709	\$1,928,684	14%
25	TOTAL ALLOWANCES	\$28,686,715	\$32,514,039	\$3,827,324	13%

MIDSTATE MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$64,457	\$267,316	\$202,859	315%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$30,312	\$86,070	\$55,758	184%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.03%	32.20%	-14.83%	-32%
4	DISCHARGES	5	10	5	100%
5	CASE MIX INDEX (CMI)	1.06252	1.91412	0.85160	80%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5.31260	19.14120	13.82860	260%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,705.68	\$4,496.58	(\$1,209.10)	-21%
8	PATIENT DAYS	22	57	35	159%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,377.82	\$1,510.00	\$132.18	10%
10	AVERAGE LENGTH OF STAY	4.4	5.7	1.3	30%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$271,513	\$279,643	\$8,130	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$127,684	\$90,039	(\$37,645)	-29%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$335,970	\$546,959	\$210,989	63%
14	TOTAL ACCRUED PAYMENTS	\$157,996	\$176,109	\$18,113	11%
15	TOTAL ALLOWANCES	\$177,974	\$370,850	\$192,876	108%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,307,321	\$6,541,587	\$1,234,266	23%
2	TOTAL OPERATING EXPENSES	\$159,022,197	\$173,269,841	\$14,247,644	9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,132,791	\$1,261,662	\$128,871	11%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$3,077,163	\$3,370,587	\$293,424	10%
5	BAD DEBTS (CHARGES)	\$9,879,112	\$9,717,615	(\$161,497)	-2%
6	UNCOMPENSATED CARE (CHARGES)	\$12,956,275	\$13,088,202	\$131,927	1%
7	COST OF UNCOMPENSATED CARE	\$6,328,179	\$6,290,685	(\$37,494)	-1%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$42,040,740	\$47,796,748	\$5,756,008	14%
9	TOTAL ACCRUED PAYMENTS	\$13,354,025	\$15,282,709	\$1,928,684	14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$20,533,782	\$22,972,925	\$2,439,143	12%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,179,757	\$7,690,216	\$510,459	7%

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**REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS**

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$162,954,853	\$171,870,736	\$8,915,883	5%
2	TOTAL INPATIENT PAYMENTS	\$79,006,137	\$82,054,210	\$3,048,073	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	48.48%	47.74%	-0.74%	-2%
4	TOTAL DISCHARGES	9,722	9,955	233	2%
5	TOTAL CASE MIX INDEX	1.16610	1.17817	0.01207	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	11,336.80503	11,728.63785	391.83282	3%
7	TOTAL OUTPATIENT CHARGES	\$165,498,088	\$175,756,315	\$10,258,227	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	101.56%	102.26%	0.70%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$80,286,058	\$83,766,837	\$3,480,779	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	48.51%	47.66%	-0.85%	-2%
11	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,110	6%
12	TOTAL PAYMENTS	\$159,292,195	\$165,821,047	\$6,528,852	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	48.50%	47.70%	-0.80%	-2%
14	PATIENT DAYS	45,363	42,873	(2,490)	-5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$118,753,887	\$123,520,467	\$4,766,580	4%
2	INPATIENT PAYMENTS	\$51,089,637	\$51,520,933	\$431,296	1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	43.02%	41.71%	-1.31%	-3%
4	DISCHARGES	6,353	6,565	212	3%
5	CASE MIX INDEX	1.26603	1.26585	(0.00018)	0%
6	CASE MIX ADJUSTED DISCHARGES	8,043.10218	8,310.33135	267.22917	3%
7	OUTPATIENT CHARGES	\$77,155,392	\$84,714,806	\$7,559,414	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	64.97%	68.58%	3.61%	6%
9	OUTPATIENT PAYMENTS	\$24,430,068	\$26,331,500	\$1,901,432	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.66%	31.08%	-0.58%	-2%
11	TOTAL CHARGES	\$195,909,279	\$208,235,273	\$12,325,994	6%
12	TOTAL PAYMENTS	\$75,519,705	\$77,852,433	\$2,332,728	3%
13	TOTAL PAYMENTS / CHARGES	38.55%	37.39%	-1.16%	-3%
14	PATIENT DAYS	32,978	31,106	(1,872)	-6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$120,389,574	\$130,382,840	\$9,993,266	8%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.6	5.2	(0.4)	-8%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.5	(0.2)	-6%
3	UNINSURED	4.6	3.6	(1.0)	-23%
4	MEDICAID	3.7	3.3	(0.4)	-10%
5	OTHER MEDICAL ASSISTANCE	6.0	4.7	(1.3)	-21%
6	CHAMPUS / TRICARE	4.4	5.7	1.3	30%
7	TOTAL AVERAGE LENGTH OF STAY	4.7	4.3	(0.4)	-8%

MIDSTATE MEDICAL CENTER					
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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,110	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$120,389,574	\$130,382,840	\$9,993,266	8%
3	UNCOMPENSATED CARE	\$12,956,275	\$13,088,202	\$131,927	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,737,949	\$35,779,715	\$2,041,766	6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,077,046	\$2,555,247	\$478,201	23%
6	TOTAL ADJUSTMENTS	\$169,160,844	\$181,806,004	\$12,645,160	7%
7	TOTAL ACCRUED PAYMENTS	\$159,292,097	\$165,821,047	\$6,528,950	4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$1,132,791	\$1,261,662	\$128,871	11%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$160,424,888	\$167,082,709	\$6,657,821	4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4884257925	0.4806378230	(0.0077879695)	-2%
11	COST OF UNCOMPENSATED CARE	\$6,328,179	\$6,290,685	(\$37,494)	-1%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,179,757	\$7,690,216	\$510,459	7%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,507,936	\$13,980,901	\$472,965	4%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$6,987,541	\$7,954,500	\$966,959	14%
2	OTHER MEDICAL ASSISTANCE	\$1,943,704	\$3,157,684	\$1,213,980	62%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,391,043	\$4,964,875	\$573,832	13%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$13,322,289	\$16,077,059	\$2,754,771	21%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,864,659	\$4,660,665	\$796,006	20.60%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,041,618	\$5,387,626	(\$653,992)	-10.82%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$166,466,604	\$172,470,335	\$6,003,731	3.61%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$328,452,941	\$347,627,051	\$19,174,110	5.84%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,956,275	\$13,088,202	\$131,927	1.02%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
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
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,200,966	\$48,350,269	\$4,149,303
2	MEDICARE	\$99,420,943	102,801,789	\$3,380,846
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,268,487	20,451,362	\$1,182,875
4	MEDICAID	\$16,108,020	15,799,960	(\$308,060)
5	OTHER MEDICAL ASSISTANCE	\$3,160,467	4,651,402	\$1,490,935
6	CHAMPUS / TRICARE	\$64,457	267,316	\$202,859
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,351,081	4,002,999	(\$348,082)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$118,753,887	\$123,520,467	\$4,766,580
	TOTAL INPATIENT CHARGES	\$162,954,853	\$171,870,736	\$8,915,883
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,342,696	\$91,041,509	\$2,698,813
2	MEDICARE	\$54,111,626	57,089,777	\$2,978,151
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,772,253	27,345,386	\$4,573,133
4	MEDICAID	\$18,709,959	21,605,580	\$2,895,621
5	OTHER MEDICAL ASSISTANCE	\$4,062,294	5,739,806	\$1,677,512
6	CHAMPUS / TRICARE	\$271,513	279,643	\$8,130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,495,074	6,982,432	\$487,358
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$77,155,392	\$84,714,806	\$7,559,414
	TOTAL OUTPATIENT CHARGES	\$165,498,088	\$175,756,315	\$10,258,227
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,543,662	\$139,391,778	\$6,848,116
2	TOTAL MEDICARE	\$153,532,569	\$159,891,566	\$6,358,997
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,040,740	\$47,796,748	\$5,756,008
4	TOTAL MEDICAID	\$34,817,979	\$37,405,540	\$2,587,561
5	TOTAL OTHER MEDICAL ASSISTANCE	\$7,222,761	\$10,391,208	\$3,168,447
6	TOTAL CHAMPUS / TRICARE	\$335,970	\$546,959	\$210,989
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,846,155	\$10,985,431	\$139,276
	TOTAL GOVERNMENT CHARGES	\$195,909,279	\$208,235,273	\$12,325,994
	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,110
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,916,500	\$30,533,277	\$2,616,777
2	MEDICARE	\$43,952,009	43,847,082	(\$104,927)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,107,316	7,587,781	\$480,465
4	MEDICAID	\$6,318,388	6,699,224	\$380,836
5	OTHER MEDICAL ASSISTANCE	\$788,928	888,557	\$99,629
6	CHAMPUS / TRICARE	\$30,312	86,070	\$55,758
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$210,806	125,703	(\$85,103)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$51,089,637	\$51,520,933	\$431,296
	TOTAL INPATIENT PAYMENTS	\$79,006,137	\$82,054,210	\$3,048,073
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,855,990	\$57,435,337	\$1,579,347
2	MEDICARE	\$18,055,675	18,546,533	\$490,858
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,246,709	7,694,928	\$1,448,219
4	MEDICAID	\$5,629,279	7,003,135	\$1,373,856
5	OTHER MEDICAL ASSISTANCE	\$617,430	691,793	\$74,363
6	CHAMPUS / TRICARE	\$127,684	90,039	(\$37,645)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$267,402	369,633	\$102,231
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$24,430,068	\$26,331,500	\$1,901,432
	TOTAL OUTPATIENT PAYMENTS	\$80,286,058	\$83,766,837	\$3,480,779
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$83,772,490	\$87,968,614	\$4,196,124
2	TOTAL MEDICARE	\$62,007,684	\$62,393,615	\$385,931
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,354,025	\$15,282,709	\$1,928,684
4	TOTAL MEDICAID	\$11,947,667	\$13,702,359	\$1,754,692
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,406,358	\$1,580,350	\$173,992
6	TOTAL CHAMPUS / TRICARE	\$157,996	\$176,109	\$18,113
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$478,208	\$495,336	\$17,128
	TOTAL GOVERNMENT PAYMENTS	\$75,519,705	\$77,852,433	\$2,332,728
	TOTAL PAYMENTS	\$159,292,195	\$165,821,047	\$6,528,852

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
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
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.46%	13.91%	0.45%
2	MEDICARE	30.27%	29.57%	-0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.87%	5.88%	0.02%
4	MEDICAID	4.90%	4.55%	-0.36%
5	OTHER MEDICAL ASSISTANCE	0.96%	1.34%	0.38%
6	CHAMPUS / TRICARE	0.02%	0.08%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.32%	1.15%	-0.17%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.16%	35.53%	-0.62%
	TOTAL INPATIENT PAYER MIX	49.61%	49.44%	-0.17%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.90%	26.19%	-0.71%
2	MEDICARE	16.47%	16.42%	-0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.93%	7.87%	0.93%
4	MEDICAID	5.70%	6.22%	0.52%
5	OTHER MEDICAL ASSISTANCE	1.24%	1.65%	0.41%
6	CHAMPUS / TRICARE	0.08%	0.08%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.98%	2.01%	0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.49%	24.37%	0.88%
	TOTAL OUTPATIENT PAYER MIX	50.39%	50.56%	0.17%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.53%	18.41%	0.89%
2	MEDICARE	27.59%	26.44%	-1.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.46%	4.58%	0.11%
4	MEDICAID	3.97%	4.04%	0.07%
5	OTHER MEDICAL ASSISTANCE	0.50%	0.54%	0.04%
6	CHAMPUS / TRICARE	0.02%	0.05%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.08%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	32.07%	31.07%	-1.00%
	TOTAL INPATIENT PAYER MIX	49.60%	49.48%	-0.11%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.07%	34.64%	-0.43%
2	MEDICARE	11.33%	11.18%	-0.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.92%	4.64%	0.72%
4	MEDICAID	3.53%	4.22%	0.69%
5	OTHER MEDICAL ASSISTANCE	0.39%	0.42%	0.03%
6	CHAMPUS / TRICARE	0.08%	0.05%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.22%	0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.34%	15.88%	0.54%
	TOTAL OUTPATIENT PAYER MIX	50.40%	50.52%	0.11%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,369	3,390	21
2	MEDICARE	4,630	4,708	78
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,718	1,847	129
4	MEDICAID	1,516	1,542	26
5	OTHER MEDICAL ASSISTANCE	202	305	103
6	CHAMPUS / TRICARE	5	10	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	297	302	5
	TOTAL GOVERNMENT DISCHARGES	6,353	6,565	212
	TOTAL DISCHARGES	9,722	9,955	233
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,385	11,767	(618)
2	MEDICARE	26,090	24,457	(1,633)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,866	6,592	(274)
4	MEDICAID	5,662	5,160	(502)
5	OTHER MEDICAL ASSISTANCE	1,204	1,432	228
6	CHAMPUS / TRICARE	22	57	35
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,367	1,077	(290)
	TOTAL GOVERNMENT PATIENT DAYS	32,978	31,106	(1,872)
	TOTAL PATIENT DAYS	45,363	42,873	(2,490)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.5	(0.2)
2	MEDICARE	5.6	5.2	(0.4)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	3.6	(0.4)
4	MEDICAID	3.7	3.3	(0.4)
5	OTHER MEDICAL ASSISTANCE	6.0	4.7	(1.3)
6	CHAMPUS / TRICARE	4.4	5.7	1.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.6	3.6	(1.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.2	4.7	(0.5)
	TOTAL AVERAGE LENGTH OF STAY	4.7	4.3	(0.4)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.97765	1.00835	0.03070
2	MEDICARE	1.43384	1.44517	0.01133
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.81438	0.80527	(0.00912)
4	MEDICAID	0.77447	0.75642	(0.01805)
5	OTHER MEDICAL ASSISTANCE	1.11393	1.05223	(0.06170)
6	CHAMPUS / TRICARE	1.06252	1.91412	0.85160
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.86082	0.88553	0.02471
	TOTAL GOVERNMENT CASE MIX INDEX	1.26603	1.26585	(0.00018)
	TOTAL CASE MIX INDEX	1.16610	1.17817	0.01207
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$117,832,946	\$123,130,052	\$5,297,106
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$84,094,997	\$87,350,337	\$3,255,340
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,737,949	\$35,779,715	\$2,041,766
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	28.63%	29.06%	0.43%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,864,659	\$4,660,665	\$796,006
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,077,046	\$2,555,247	\$478,201
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$1,132,791	\$1,261,662	\$128,871
8	CHARITY CARE	\$3,077,163	\$3,370,587	\$293,424
9	BAD DEBTS	\$9,879,112	\$9,717,615	(\$161,497)
10	TOTAL UNCOMPENSATED CARE	\$12,956,275	\$13,088,202	\$131,927
11	TOTAL OTHER OPERATING REVENUE	\$117,832,946	\$123,130,052	\$5,297,106
12	TOTAL OPERATING EXPENSES	\$159,022,197	\$173,269,841	\$14,247,644

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 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 FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>AMOUNT DIFFERENCE</u>

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
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
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,293.70285	3,418.30650	124.60365
2	MEDICARE	6,638.67920	6,803.86036	165.18116
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,399.11038	1,487.32979	88.21941
4	MEDICAID	1,174.09652	1,166.39964	(7.69688)
5	OTHER MEDICAL ASSISTANCE	225.01386	320.93015	95.91629
6	CHAMPUS / TRICARE	5.31260	19.14120	13.82860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	255.66354	267.43006	11.76652
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	8,043.10218	8,310.33135	267.22917
	TOTAL CASE MIX ADJUSTED DISCHARGES	11,336.80503	11,728.63785	391.83282
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,733.48503	6,383.22644	-350.25859
2	MEDICARE	2,519.96029	2,614.53300	94.57271
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,020.52039	2,484.96897	464.44859
4	MEDICAID	1,760.88047	2,108.60055	347.72008
5	OTHER MEDICAL ASSISTANCE	259.63992	376.36842	116.72851
6	CHAMPUS / TRICARE	21.06156	10.46114	-10.60042
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	443.34660	526.77866	83.43206
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,561.54224	5,109.96312	548.42088
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,295.02727	11,493.18956	198.16229
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,475.72	\$8,932.28	\$456.56
2	MEDICARE	\$6,620.60	\$6,444.44	(\$176.15)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,079.88	\$5,101.61	\$21.73
4	MEDICAID	\$5,381.49	\$5,743.51	\$362.02
5	OTHER MEDICAL ASSISTANCE	\$3,506.13	\$2,768.69	(\$737.44)
6	CHAMPUS / TRICARE	\$5,705.68	\$4,496.58	(\$1,209.10)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$824.54	\$470.04	(\$354.50)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,351.98	\$6,199.62	(\$152.36)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,968.99	\$6,996.06	\$27.06
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,295.26	\$8,997.85	\$702.60
2	MEDICARE	\$7,165.06	\$7,093.63	(\$71.43)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,091.63	\$3,096.59	\$4.96
4	MEDICAID	\$3,196.85	\$3,321.22	\$124.37
5	OTHER MEDICAL ASSISTANCE	\$2,378.02	\$1,838.07	(\$539.95)
6	CHAMPUS / TRICARE	\$6,062.42	\$8,607.00	\$2,544.58
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$603.14	\$701.69	\$98.54
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,355.66	\$5,152.97	(\$202.69)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,108.09	\$7,288.39	\$180.30

MIDSTATE MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
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
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$6,987,541	\$7,954,500	\$966,959
2	OTHER MEDICAL ASSISTANCE	\$1,943,704	\$3,157,684	\$1,213,980
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,391,043	\$4,964,875	\$573,832
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$13,322,289	\$16,077,059	\$2,754,771
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$328,452,941	\$347,627,051	\$19,174,110
2	TOTAL GOVERNMENT DEDUCTIONS	\$120,389,574	\$130,382,840	\$9,993,266
3	UNCOMPENSATED CARE	\$12,956,275	\$13,088,202	\$131,927
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,737,949	\$35,779,715	\$2,041,766
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,077,046	\$2,555,247	\$478,201
6	TOTAL ADJUSTMENTS	\$169,160,844	\$181,806,004	\$12,645,160
7	TOTAL ACCRUED PAYMENTS	\$159,292,097	\$165,821,047	\$6,528,950
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,132,791	\$1,261,662	\$128,871
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$160,424,888	\$167,082,709	\$6,657,821
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4884257925	0.4806378230	(0.0077879695)
11	COST OF UNCOMPENSATED CARE	\$6,328,179	\$6,290,685	(\$37,494)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$7,179,757	\$7,690,216	\$510,459
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,507,936	\$13,980,901	\$472,965
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.16%	63.15%	-0.01%
2	MEDICARE	44.21%	42.65%	-1.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.89%	37.10%	0.22%
4	MEDICAID	39.23%	42.40%	3.18%
5	OTHER MEDICAL ASSISTANCE	24.96%	19.10%	-5.86%
6	CHAMPUS / TRICARE	47.03%	32.20%	-14.83%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.84%	3.14%	-1.70%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.02%	41.71%	-1.31%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	48.48%	47.74%	-0.74%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.23%	63.09%	-0.14%
2	MEDICARE	33.37%	32.49%	-0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.43%	28.14%	0.71%
4	MEDICAID	30.09%	32.41%	2.33%
5	OTHER MEDICAL ASSISTANCE	15.20%	12.05%	-3.15%
6	CHAMPUS / TRICARE	47.03%	32.20%	-14.83%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.12%	5.29%	1.18%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	31.66%	31.08%	-0.58%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	48.51%	47.66%	-0.85%

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING 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
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$159,292,195	\$165,821,047	\$6,528,852
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,132,791	\$1,261,662	\$128,871
	OHCA DEFINED NET REVENUE	\$160,424,986	\$167,082,709	\$6,657,723
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,041,618	\$5,387,626	(\$653,992)
4	CALCULATED NET REVENUE	\$178,133,329	\$172,470,335	(\$5,662,994)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$166,466,604	\$172,470,335	\$6,003,731
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$11,666,725	\$0	(\$11,666,725)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$328,452,941	\$347,627,051	\$19,174,110
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$328,452,941	\$347,627,051	\$19,174,110
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$328,452,941	\$347,627,051	\$19,174,110
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,956,275	\$13,088,202	\$131,927
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,956,275	\$13,088,202	\$131,927
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,956,275	\$13,088,202	\$131,927
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,350,269
2	MEDICARE	102,801,789
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,451,362
4	MEDICAID	15,799,960
5	OTHER MEDICAL ASSISTANCE	4,651,402
6	CHAMPUS / TRICARE	267,316
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,002,999
	TOTAL INPATIENT GOVERNMENT CHARGES	\$123,520,467
	TOTAL INPATIENT CHARGES	\$171,870,736
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,041,509
2	MEDICARE	57,089,777
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,345,386
4	MEDICAID	21,605,580
5	OTHER MEDICAL ASSISTANCE	5,739,806
6	CHAMPUS / TRICARE	279,643
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,982,432
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$84,714,806
	TOTAL OUTPATIENT CHARGES	\$175,756,315
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$139,391,778
2	TOTAL GOVERNMENT ACCRUED CHARGES	208,235,273
	TOTAL ACCRUED CHARGES	\$347,627,051
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,533,277
2	MEDICARE	43,847,082
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,587,781
4	MEDICAID	6,699,224
5	OTHER MEDICAL ASSISTANCE	888,557
6	CHAMPUS / TRICARE	86,070
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	125,703
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$51,520,933
	TOTAL INPATIENT PAYMENTS	\$82,054,210
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,435,337
2	MEDICARE	18,546,533
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,694,928
4	MEDICAID	7,003,135
5	OTHER MEDICAL ASSISTANCE	691,793
6	CHAMPUS / TRICARE	90,039
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	369,633
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$26,331,500
	TOTAL OUTPATIENT PAYMENTS	\$83,766,837
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$87,968,614
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	77,852,433
	TOTAL ACCRUED PAYMENTS	\$165,821,047

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,390
2	MEDICARE	4,708
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,847
4	MEDICAID	1,542
5	OTHER MEDICAL ASSISTANCE	305
6	CHAMPUS / TRICARE	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	302
	TOTAL GOVERNMENT DISCHARGES	6,565
	TOTAL DISCHARGES	9,955
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00835
2	MEDICARE	1.44517
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.80527
4	MEDICAID	0.75642
5	OTHER MEDICAL ASSISTANCE	1.05223
6	CHAMPUS / TRICARE	1.91412
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.88553
	TOTAL GOVERNMENT CASE MIX INDEX	1.26585
	TOTAL CASE MIX INDEX	1.17817
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$123,130,052
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$87,350,337
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,779,715
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.06%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,660,665
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,555,247
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,261,662
8	CHARITY CARE	\$3,370,587
9	BAD DEBTS	\$9,717,615
10	TOTAL UNCOMPENSATED CARE	\$13,088,202
11	TOTAL OTHER OPERATING REVENUE	\$6,541,587
12	TOTAL OPERATING EXPENSES	\$173,269,841

MIDSTATE MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$165,821,047
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,261,662
	OHCA DEFINED NET REVENUE	\$167,082,709
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,387,626
	CALCULATED NET REVENUE	\$172,470,335
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$172,470,335
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$347,627,051
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$347,627,051
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$347,627,051
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$13,088,202
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$13,088,202
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$13,088,202
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDSTATE MEDICAL CENTER 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
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	5,932	5,649	(283)	-5%
2	Number of Approved Applicants	5,635	5,367	(268)	-5%
3	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10%
4	Average Charges	\$546	\$628	\$82	15%
5	Ratio of Cost to Charges (RCC)	0.472328	0.476456	0.004128	1%
6	Total Cost	\$1,453,430	\$1,605,936	\$152,506	10%
7	Average Cost	\$258	\$299	\$41	16%
8	Charity Care - Inpatient Charges	\$1,412,615	\$1,633,562	\$220,947	16%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	439,177	486,975	47,798	11%
10	Charity Care - Emergency Department Charges	1,225,371	1,250,050	24,679	2%
11	Total Charges (A)	\$3,077,163	\$3,370,587	\$293,424	10%
12	Charity Care - Number of Patient Days	759	610	(149)	-20%
13	Charity Care - Number of Discharges	425	363	(62)	-15%
14	Charity Care - Number of Outpatient ED Visits	7,733	7,166	(567)	-7%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	943	998	55	6%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,259,432	\$3,009,219	(\$250,213)	-8%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,721,117	1,744,183	23,066	1%
3	Bad Debts - Emergency Department	4,898,563	4,964,213	65,650	1%
4	Total Bad Debts (A)	\$9,879,112	\$9,717,615	(\$161,497)	-2%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$3,077,163	\$3,370,587	\$293,424	10%
2	Bad Debts (A)	9,879,112	9,717,615	(161,497)	-2%
3	Total Uncompensated Care (A)	\$12,956,275	\$13,088,202	\$131,927	1%
4	Uncompensated Care - Inpatient Services	\$4,672,047	\$4,642,781	(\$29,266)	-1%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,160,294	2,231,158	70,864	3%
6	Uncompensated Care - Emergency Department	6,123,934	6,214,263	90,329	1%
7	Total Uncompensated Care (A)	\$12,956,275	\$13,088,202	\$131,927	1%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDSTATE MEDICAL CENTER				
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
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$149,050,841	\$162,954,853	\$171,870,736
2	Outpatient Gross Revenue	\$155,816,277	\$165,498,088	\$175,756,315
3	Total Gross Patient Revenue	\$304,867,118	\$328,452,941	\$347,627,051
4	Net Patient Revenue	\$154,243,792	\$166,466,604	\$172,470,335
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$153,965,816	\$167,113,696	\$173,269,841
C. <u>Utilization Statistics</u>				
1	Patient Days	44,321	45,363	42,873
2	Discharges	9,664	9,722	9,955
3	Average Length of Stay	4.6	4.7	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	90,654	91,434	86,715
0	Equivalent (Adjusted) Discharges (ED)	19,767	19,596	20,135
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.11565	1.16610	1.17817
2	Case Mix Adjusted Patient Days (CMAPD)	49,447	52,898	50,511
3	Case Mix Adjusted Discharges (CMAD)	10,782	11,337	11,729
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	101,138	106,621	102,165
5	Case Mix Adjusted Equivalent Discharges (CMAED)	22,053	22,851	23,722
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$6,879	\$7,241	\$8,108
2	Total Gross Revenue per Discharge	\$31,547	\$33,785	\$34,920
3	Total Gross Revenue per EPD	\$3,363	\$3,592	\$4,009
4	Total Gross Revenue per ED	\$15,423	\$16,761	\$17,265
5	Total Gross Revenue per CMAEPD	\$3,014	\$3,081	\$3,403
6	Total Gross Revenue per CMAED	\$13,825	\$14,374	\$14,654
7	Inpatient Gross Revenue per EPD	\$1,644	\$1,782	\$1,982
8	Inpatient Gross Revenue per ED	\$7,541	\$8,316	\$8,536

MIDSTATE MEDICAL CENTER				
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
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,480	\$3,670	\$4,023
2	Net Patient Revenue per Discharge	\$15,961	\$17,123	\$17,325
3	Net Patient Revenue per EPD	\$1,701	\$1,821	\$1,989
4	Net Patient Revenue per ED	\$7,803	\$8,495	\$8,566
5	Net Patient Revenue per CMAEPD	\$1,525	\$1,561	\$1,688
6	Net Patient Revenue per CMAED	\$6,994	\$7,285	\$7,270
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$3,474	\$3,684	\$4,041
2	Total Operating Expense per Discharge	\$15,932	\$17,189	\$17,405
3	Total Operating Expense per EPD	\$1,698	\$1,828	\$1,998
4	Total Operating Expense per ED	\$7,789	\$8,528	\$8,605
5	Total Operating Expense per CMAEPD	\$1,522	\$1,567	\$1,696
6	Total Operating Expense per CMAED	\$6,982	\$7,313	\$7,304
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$20,538,115	\$23,131,224	\$24,579,480
2	Nursing Fringe Benefits Expense	\$7,126,230	\$6,593,854	\$6,537,518
3	Total Nursing Salary and Fringe Benefits Expense	\$27,664,345	\$29,725,078	\$31,116,998
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$6,363,410	\$7,910,672	\$8,816,052
2	Physician Fringe Benefits Expense	\$2,207,950	\$2,256,152	\$2,399,979
3	Total Physician Salary and Fringe Benefits Expense	\$8,571,360	\$10,166,824	\$11,216,031
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$27,702,677	\$29,002,264	\$31,056,879
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$9,612,167	\$8,267,994	\$8,205,208
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$37,314,844	\$37,270,258	\$39,262,087
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$54,604,202	\$60,044,160	\$64,452,411
2	Total Fringe Benefits Expense	\$18,946,347	\$17,118,000	\$17,142,705
3	Total Salary and Fringe Benefits Expense	\$73,550,549	\$77,162,160	\$81,595,116