

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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>
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$1,243,133	\$1,078,653	(\$164,480)	-13%
2	Short Term Investments	\$218,753	\$221,990	\$3,237	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,366,597	\$13,535,241	\$168,644	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$856,351	\$778,225	(\$78,126)	-9%
8	Prepaid Expenses	\$728,938	\$581,707	(\$147,231)	-20%
9	Other Current Assets	\$697,397	\$747,089	\$49,692	7%
	Total Current Assets	\$17,111,169	\$16,942,905	(\$168,264)	-1%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$680,398	\$682,345	\$1,947	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,046,097	\$1,060,894	\$14,797	1%
	Total Noncurrent Assets Whose Use is Limited:	\$1,726,495	\$1,743,239	\$16,744	1%
5	Interest in Net Assets of Foundation	\$656,633	\$749,093	\$92,460	14%
6	Long Term Investments	\$32,474,587	\$29,687,316	(\$2,787,271)	-9%
7	Other Noncurrent Assets	\$1,300,837	\$1,220,276	(\$80,561)	-6%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$70,706,014	\$71,103,559	\$397,545	1%
2	Less: Accumulated Depreciation	\$40,332,380	\$42,570,348	\$2,237,968	6%
	Property, Plant and Equipment, Net	\$30,373,634	\$28,533,211	(\$1,840,423)	-6%
3	Construction in Progress	\$319,881	\$644,126	\$324,245	101%
	Total Net Fixed Assets	\$30,693,515	\$29,177,337	(\$1,516,178)	-5%
	Total Assets	\$83,963,236	\$79,520,166	(\$4,443,070)	-5%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$5,116,659	\$4,324,984	(\$791,675)	-15%
2	Salaries, Wages and Payroll Taxes	\$5,794,344	\$6,257,395	\$463,051	8%
3	Due To Third Party Payers	\$2,213,360	\$2,372,068	\$158,708	7%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$778,379	\$833,487	\$55,108	7%
7	Other Current Liabilities	\$2,130,817	\$2,990,484	\$859,667	40%
	Total Current Liabilities	\$16,033,559	\$16,778,418	\$744,859	5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$3,617,035	\$2,783,548	(\$833,487)	-23%
	Total Long Term Debt	\$3,617,035	\$2,783,548	(\$833,487)	-23%
3	Accrued Pension Liability	\$14,424,664	\$20,708,832	\$6,284,168	44%
4	Other Long Term Liabilities	\$1,107,740	\$1,150,469	\$42,729	4%
	Total Long Term Liabilities	\$19,149,439	\$24,642,849	\$5,493,410	29%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$47,584,605	\$36,805,806	(\$10,778,799)	-23%
2	Temporarily Restricted Net Assets	\$602,391	\$689,851	\$87,460	15%
3	Permanently Restricted Net Assets	\$593,242	\$603,242	\$10,000	2%
	Total Net Assets	\$48,780,238	\$38,098,899	(\$10,681,339)	-22%
	Total Liabilities and Net Assets	\$83,963,236	\$79,520,166	(\$4,443,070)	-5%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$222,377,753	\$219,139,563	(\$3,238,190)	-1%
2	Less: Allowances	\$138,959,512	\$136,548,788	(\$2,410,724)	-2%
3	Less: Charity Care	\$165,221	\$122,057	(\$43,164)	-26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$83,253,020	\$82,468,718	(\$784,302)	-1%
5	Other Operating Revenue	\$974,502	\$1,109,354	\$134,852	14%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$84,227,522	\$83,578,072	(\$649,450)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$36,129,757	\$37,172,912	\$1,043,155	3%
2	Fringe Benefits	\$12,341,253	\$14,009,463	\$1,668,210	14%
3	Physicians Fees	\$647,422	\$621,077	(\$26,345)	-4%
4	Supplies and Drugs	\$13,323,717	\$12,162,216	(\$1,161,501)	-9%
5	Depreciation and Amortization	\$3,977,866	\$3,973,806	(\$4,060)	0%
6	Bad Debts	\$4,873,574	\$6,998,451	\$2,124,877	44%
7	Interest	\$337,777	\$280,961	(\$56,816)	-17%
8	Malpractice	\$1,188,607	\$1,524,271	\$335,664	28%
9	Other Operating Expenses	\$12,542,218	\$11,744,316	(\$797,902)	-6%
	Total Operating Expenses	\$85,362,191	\$88,487,473	\$3,125,282	4%
	Income/(Loss) From Operations	(\$1,134,669)	(\$4,909,401)	(\$3,774,732)	333%
C. Non-Operating Revenue:					
1	Income from Investments	(\$4,019,414)	(\$2,308,155)	\$1,711,259	-43%
2	Gifts, Contributions and Donations	\$99,598	\$38,801	(\$60,797)	-61%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	(\$3,919,816)	(\$2,269,354)	\$1,650,462	-42%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$5,054,485)	(\$7,178,755)	(\$2,124,270)	42%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$3,551,963	\$3,551,963	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$3,551,963	\$3,551,963	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$5,054,485)	(\$3,626,792)	\$1,427,693	-28%
	Principal Payments	\$0	\$778,379	\$778,379	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$66,096,270	\$62,752,095	(\$3,344,175)	-5%
2	MEDICARE MANAGED CARE	\$19,074,297	\$17,675,681	(\$1,398,616)	-7%
3	MEDICAID	\$5,688,516	\$3,243,329	(\$2,445,187)	-43%
4	MEDICAID MANAGED CARE	\$2,725,035	\$3,491,071	\$766,036	28%
5	CHAMPUS/TRICARE	\$109,879	\$46,587	(\$63,292)	-58%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$34,935,295	\$37,233,772	\$2,298,477	7%
8	WORKER'S COMPENSATION	\$1,077,270	\$546,400	(\$530,870)	-49%
9	SELF- PAY/UNINSURED	\$2,529,704	\$2,605,659	\$75,955	3%
10	SAGA	\$0	\$724,567	\$724,567	0%
11	OTHER	\$69,364	\$31,163	(\$38,201)	-55%
	TOTAL INPATIENT GROSS REVENUE	\$132,305,630	\$128,350,324	(\$3,955,306)	-3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$19,383,131	\$17,505,903	(\$1,877,228)	-10%
2	MEDICARE MANAGED CARE	\$7,292,960	\$7,502,495	\$209,535	3%
3	MEDICAID	\$3,728,332	\$2,657,244	(\$1,071,088)	-29%
4	MEDICAID MANAGED CARE	\$4,975,883	\$6,092,897	\$1,117,014	22%
5	CHAMPUS/TRICARE	\$162,128	\$233,699	\$71,571	44%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$48,650,325	\$48,064,359	(\$585,966)	-1%
8	WORKER'S COMPENSATION	\$1,556,794	\$1,412,226	(\$144,568)	-9%
9	SELF- PAY/UNINSURED	\$4,252,320	\$5,204,794	\$952,474	22%
10	SAGA	\$0	\$1,980,416	\$1,980,416	0%
11	OTHER	\$70,251	\$135,206	\$64,955	92%
	TOTAL OUTPATIENT GROSS REVENUE	\$90,072,124	\$90,789,239	\$717,115	1%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$85,479,401	\$80,257,998	(\$5,221,403)	-6%
2	MEDICARE MANAGED CARE	\$26,367,257	\$25,178,176	(\$1,189,081)	-5%
3	MEDICAID	\$9,416,848	\$5,900,573	(\$3,516,275)	-37%
4	MEDICAID MANAGED CARE	\$7,700,918	\$9,583,968	\$1,883,050	24%
5	CHAMPUS/TRICARE	\$272,007	\$280,286	\$8,279	3%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$83,585,620	\$85,298,131	\$1,712,511	2%
8	WORKER'S COMPENSATION	\$2,634,064	\$1,958,626	(\$675,438)	-26%
9	SELF- PAY/UNINSURED	\$6,782,024	\$7,810,453	\$1,028,429	15%
10	SAGA	\$0	\$2,704,983	\$2,704,983	0%
11	OTHER	\$139,615	\$166,369	\$26,754	19%
	TOTAL GROSS REVENUE	\$222,377,754	\$219,139,563	(\$3,238,191)	-1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$21,206,244	\$19,977,784	(\$1,228,460)	-6%
2	MEDICARE MANAGED CARE	\$5,706,085	\$5,624,547	(\$81,538)	-1%
3	MEDICAID	\$1,021,518	\$567,699	(\$453,819)	-44%
4	MEDICAID MANAGED CARE	\$816,230	\$913,673	\$97,443	12%
5	CHAMPUS/TRICARE	\$37,229	\$9,600	(\$27,629)	-74%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$14,074,940	\$15,338,329	\$1,263,389	9%
8	WORKER'S COMPENSATION	\$803,758	\$293,226	(\$510,532)	-64%
9	SELF- PAY/UNINSURED	\$570,962	\$188,048	(\$382,914)	-67%
10	SAGA	\$0	\$53,111	\$53,111	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$26,801	\$6,089	(\$20,712)	-77%
	TOTAL INPATIENT NET REVENUE	\$44,263,767	\$42,972,106	(\$1,291,661)	-3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,202,833	\$4,392,393	(\$810,440)	-16%
2	MEDICARE MANAGED CARE	\$1,898,805	\$1,849,714	(\$49,091)	-3%
3	MEDICAID	\$264,952	\$201,303	(\$63,649)	-24%
4	MEDICAID MANAGED CARE	\$1,272,774	\$1,607,062	\$334,288	26%
5	CHAMPUS/TRICARE	\$74,359	\$103,943	\$29,584	40%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$21,538,000	\$20,796,349	(\$741,651)	-3%
8	WORKER'S COMPENSATION	\$1,073,911	\$1,021,862	(\$52,049)	-5%
9	SELF- PAY/UNINSURED	\$1,183,976	\$462,477	(\$721,499)	-61%
10	SAGA	\$0	\$214,677	\$214,677	0%
11	OTHER	\$34,365	\$29,396	(\$4,969)	-14%
	TOTAL OUTPATIENT NET REVENUE	\$32,543,975	\$30,679,176	(\$1,864,799)	-6%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$26,409,077	\$24,370,177	(\$2,038,900)	-8%
2	MEDICARE MANAGED CARE	\$7,604,890	\$7,474,261	(\$130,629)	-2%
3	MEDICAID	\$1,286,470	\$769,002	(\$517,468)	-40%
4	MEDICAID MANAGED CARE	\$2,089,004	\$2,520,735	\$431,731	21%
5	CHAMPUS/TRICARE	\$111,588	\$113,543	\$1,955	2%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$35,612,940	\$36,134,678	\$521,738	1%
8	WORKER'S COMPENSATION	\$1,877,669	\$1,315,088	(\$562,581)	-30%
9	SELF- PAY/UNINSURED	\$1,754,938	\$650,525	(\$1,104,413)	-63%
10	SAGA	\$0	\$267,788	\$267,788	0%
11	OTHER	\$61,166	\$35,485	(\$25,681)	-42%
	TOTAL NET REVENUE	\$76,807,742	\$73,651,282	(\$3,156,460)	-4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,068	1,861	(207)	-10%
2	MEDICARE MANAGED CARE	564	562	(2)	0%
3	MEDICAID	145	107	(38)	-26%
4	MEDICAID MANAGED CARE	269	310	41	15%
5	CHAMPUS/TRICARE	8	3	(5)	-63%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	1,739	1,814	75	4%
8	WORKER'S COMPENSATION	24	17	(7)	-29%
9	SELF- PAY/UNINSURED	116	99	(17)	-15%
10	SAGA	0	26	26	0%
11	OTHER	2	1	(1)	-50%
	TOTAL DISCHARGES	4,935	4,800	(135)	-3%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	10,661	9,239	(1,422)	-13%
2	MEDICARE MANAGED CARE	2,995	2,615	(380)	-13%
3	MEDICAID	996	520	(476)	-48%
4	MEDICAID MANAGED CARE	791	965	174	22%
5	CHAMPUS/TRICARE	25	11	(14)	-56%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	5,688	6,429	741	13%
8	WORKER'S COMPENSATION	80	46	(34)	-43%
9	SELF- PAY/UNINSURED	386	440	54	14%
10	SAGA	0	100	100	0%
11	OTHER	7	5	(2)	-29%

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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
	TOTAL PATIENT DAYS	21,629	20,370	(1,259)	-6%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	9,382	4,583	(4,799)	-51%
2	MEDICARE MANAGED CARE	6,164	6,123	(41)	-1%
3	MEDICAID	2,834	312	(2,522)	-89%
4	MEDICAID MANAGED CARE	5,293	5,840	547	10%
5	CHAMPUS/TRICARE	146	39	(107)	-73%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	42,367	21,317	(21,050)	-50%
8	WORKER'S COMPENSATION	1,360	151	(1,209)	-89%
9	SELF- PAY/UNINSURED	3,754	306	(3,448)	-92%
10	SAGA	0	88	88	0%
11	OTHER	80	3	(77)	-96%
	TOTAL OUTPATIENT VISITS	71,380	38,762	(32,618)	-46%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$7,691,428	\$7,598,238	(\$93,190)	-1%
2	MEDICARE MANAGED CARE	\$2,237,805	\$2,516,930	\$279,125	12%
3	MEDICAID	\$3,147,187	\$2,363,809	(\$783,378)	-25%
4	MEDICAID MANAGED CARE	\$3,453,712	\$4,766,526	\$1,312,814	38%
5	CHAMPUS/TRICARE	\$99,031	\$165,755	\$66,724	67%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$21,289,835	\$22,292,621	\$1,002,786	5%
8	WORKER'S COMPENSATION	\$935,739	\$874,650	(\$61,089)	-7%
9	SELF- PAY/UNINSURED	\$3,950,696	\$4,078,564	\$127,868	3%
10	SAGA	\$0	\$1,771,338	\$1,771,338	0%
11	OTHER	\$70,251	\$132,073	\$61,822	88%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$42,875,684	\$46,560,504	\$3,684,820	9%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,641,209	\$1,906,468	\$265,259	16%
2	MEDICARE MANAGED CARE	\$659,741	\$620,540	(\$39,201)	-6%
3	MEDICAID	\$614,219	\$178,894	(\$435,325)	-71%
4	MEDICAID MANAGED CARE	\$816,776	\$1,257,219	\$440,443	54%
5	CHAMPUS/TRICARE	\$43,786	\$73,724	\$29,938	68%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$10,219,863	\$9,842,810	(\$377,053)	-4%
8	WORKER'S COMPENSATION	\$676,987	\$384,846	(\$292,141)	-43%
9	SELF- PAY/UNINSURED	\$3,950,696	\$362,404	(\$3,588,292)	-91%
10	SAGA	\$0	\$192,013	\$192,013	0%
11	OTHER	\$58,745	\$28,715	(\$30,030)	-51%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$18,682,022	\$14,847,633	(\$3,834,389)	-21%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,291	4,258	(33)	-1%
2	MEDICARE MANAGED CARE	2,220	1,296	(924)	-42%
3	MEDICAID	2,489	1,894	(595)	-24%
4	MEDICAID MANAGED CARE	3,635	4,481	846	23%
5	CHAMPUS/TRICARE	105	142	37	35%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	18,425	19,522	1,097	6%
8	WORKER'S COMPENSATION	1,090	951	(139)	-13%
9	SELF- PAY/UNINSURED	3,511	3,202	(309)	-9%
10	SAGA	0	1,065	1,065	0%
11	OTHER	78	102	24	31%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	35,844	36,913	1,069	3%

**MILFORD HOSPITAL
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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.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$15,347,305	\$17,018,295	\$1,670,990	11%
2	Physician Salaries	\$4,451,036	\$4,932,122	\$481,086	11%
3	Non-Nursing, Non-Physician Salaries	\$16,331,416	\$15,222,495	(\$1,108,921)	-7%
	Total Salaries & Wages	\$36,129,757	\$37,172,912	\$1,043,155	3%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$5,503,138	\$6,911,685	\$1,408,547	26%
2	Physician Fringe Benefits	\$821,247	\$968,548	\$147,301	18%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,016,868	\$6,129,230	\$112,362	2%
	Total Fringe Benefits	\$12,341,253	\$14,009,463	\$1,668,210	14%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$781,878	\$306,239	(\$475,639)	-61%
2	Physician Fees	\$647,422	\$621,077	(\$26,345)	-4%
3	Non-Nursing, Non-Physician Fees	\$647,422	\$167,456	(\$479,966)	-74%
	Total Contractual Labor Fees	\$2,076,722	\$1,094,772	(\$981,950)	-47%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$11,060,608	\$10,183,098	(\$877,510)	-8%
2	Pharmaceutical Costs	\$2,263,109	\$1,979,118	(\$283,991)	-13%
	Total Medical Supplies and Pharmaceutical Cost	\$13,323,717	\$12,162,216	(\$1,161,501)	-9%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$1,445,161	\$1,437,426	(\$7,735)	-1%
2	Depreciation-Equipment	\$2,523,179	\$2,526,854	\$3,675	0%
3	Amortization	\$9,526	\$9,526	\$0	0%
	Total Depreciation and Amortization	\$3,977,866	\$3,973,806	(\$4,060)	0%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$4,873,574	\$6,998,451	\$2,124,877	44%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$337,777	\$280,961	(\$56,816)	-17%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$1,188,607	\$1,524,271	\$335,664	28%
I.	<u>Utilities:</u>				
1	Water	\$61,749	\$60,420	(\$1,329)	-2%
2	Natural Gas	\$984,621	\$454,680	(\$529,941)	-54%
3	Oil	\$21,530	\$33,206	\$11,676	54%
4	Electricity	\$1,105,082	\$1,057,250	(\$47,832)	-4%
5	Telephone	\$68,362	\$69,045	\$683	1%
6	Other Utilities	\$34,215	\$38,794	\$4,579	13%
	Total Utilities	\$2,275,559	\$1,713,395	(\$562,164)	-25%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$178,385	\$118,524	(\$59,861)	-34%
2	Legal Fees	\$70,664	\$126,276	\$55,612	79%
3	Consulting Fees	\$401,448	\$315,428	(\$86,020)	-21%
4	Dues and Membership	\$188,639	\$193,914	\$5,275	3%
5	Equipment Leases	\$213,026	\$222,618	\$9,592	5%
6	Building Leases	\$138,604	\$128,331	(\$10,273)	-7%
7	Repairs and Maintenance	\$687,797	\$293,939	(\$393,858)	-57%
8	Insurance	\$249,320	\$239,368	(\$9,952)	-4%

**MILFORD HOSPITAL
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	\$34,687	\$19,115	(\$15,572)	-45%
10	Conferences	\$126,374	\$29,999	(\$96,375)	-76%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$3,850,562	\$1,847,777	(\$2,002,785)	-52%
13	Licenses and Subscriptions	\$150,139	\$112,144	(\$37,995)	-25%
14	Postage and Shipping	\$99,583	\$48,956	(\$50,627)	-51%
15	Advertising	\$330,012	\$155,479	(\$174,533)	-53%
16	Other Business Expenses	\$645,438	\$3,988,027	\$3,342,589	518%
	Total Business Expenses	\$7,364,678	\$7,839,895	\$475,217	6%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$1,472,681	\$1,717,331	\$244,650	17%
	Total Operating Expenses - All Expense Categories*	\$85,362,191	\$88,487,473	\$3,125,282	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	\$3,275,272	\$2,312,432	(\$962,840)	-29%
2	General Accounting	\$641,476	\$791,366	\$149,890	23%
3	Patient Billing & Collection	\$1,399,156	\$1,730,839	\$331,683	24%
4	Admitting / Registration Office	\$540,002	\$708,612	\$168,610	31%
5	Data Processing	\$1,161,545	\$1,532,804	\$371,259	32%
6	Communications	\$437,418	\$535,459	\$98,041	22%
7	Personnel	\$594,016	\$419,684	(\$174,332)	-29%
8	Public Relations	\$251,943	\$253,775	\$1,832	1%
9	Purchasing	\$250,062	\$344,641	\$94,579	38%
10	Dietary and Cafeteria	\$1,885,434	\$2,477,607	\$592,173	31%
11	Housekeeping	\$1,209,648	\$1,574,723	\$365,075	30%
12	Laundry & Linen	\$122,926	\$150,895	\$27,969	23%
13	Operation of Plant	\$2,601,841	\$3,005,955	\$404,114	16%
14	Security	\$255,675	\$265,425	\$9,750	4%
15	Repairs and Maintenance	\$824,109	\$1,170,546	\$346,437	42%
16	Central Sterile Supply	\$332,736	\$446,730	\$113,994	34%
17	Pharmacy Department	\$2,927,960	\$3,162,595	\$234,635	8%
18	Other General Services	\$21,802,891	\$10,727,590	(\$11,075,301)	-51%
	Total General Services	\$40,514,110	\$31,611,678	(\$8,902,432)	-22%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$676,594	\$844,711	\$168,117	25%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,334,548	\$1,728,828	\$394,280	30%
4	Medical Records	\$1,014,654	\$1,340,597	\$325,943	32%
5	Social Service	\$336,071	\$445,418	\$109,347	33%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,361,867	\$4,359,554	\$997,687	30%
C.	<u>Special Services:</u>				
1	Operating Room	\$1,964,144	\$2,517,466	\$553,322	28%
2	Recovery Room	\$468,330	\$637,396	\$169,066	36%
3	Anesthesiology	\$178,620	\$184,054	\$5,434	3%
4	Delivery Room	\$201,243	\$280,487	\$79,244	39%
5	Diagnostic Radiology	\$3,116,703	\$3,816,866	\$700,163	22%
6	Diagnostic Ultrasound	\$473,080	\$646,174	\$173,094	37%
7	Radiation Therapy	\$0	\$0	\$0	0%

**MILFORD HOSPITAL
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	\$0	\$0	\$0	0%
9	CT Scan	\$626,705	\$806,080	\$179,375	29%
10	Laboratory	\$4,237,803	\$5,073,334	\$835,531	20%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$260,541	\$319,257	\$58,716	23%
14	Electroencephalography	\$23,341	\$24,994	\$1,653	7%
15	Occupational Therapy	\$122,452	\$125,396	\$2,944	2%
16	Speech Pathology	\$35,082	\$35,535	\$453	1%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,084,058	\$1,368,099	\$284,041	26%
19	Pulmonary Function	\$146,310	\$184,382	\$38,072	26%
20	Intravenous Therapy	\$1,004,480	\$1,197,619	\$193,139	19%
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	\$6,738,121	\$8,954,858	\$2,216,737	33%
25	MRI	\$398,033	\$504,784	\$106,751	27%
26	PET Scan	\$87,651	\$107,436	\$19,785	23%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$583,704	\$703,242	\$119,538	20%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$352,610	\$361,389	\$8,779	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$6,536,368	\$7,385,980	\$849,612	13%
	Total Special Services	\$28,639,379	\$35,234,828	\$6,595,449	23%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$7,405,062	\$9,867,510	\$2,462,448	33%
2	Intensive Care Unit	\$2,452,335	\$3,262,030	\$809,695	33%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$933,770	\$1,308,027	\$374,257	40%
7	Newborn Nursery Unit	\$933,770	\$1,308,027	\$374,257	40%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,121,898	\$1,535,819	\$413,921	37%
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	\$12,846,835	\$17,281,413	\$4,434,578	35%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$85,362,191	\$88,487,473	\$3,125,282	4%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MILFORD HOSPITAL				
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	\$76,632,879	\$ 83,253,020	\$82,468,718
2	Other Operating Revenue	1,092,359	974,502	1,109,354
3	Total Operating Revenue	\$77,725,238	\$84,227,522	\$83,578,072
4	Total Operating Expenses	82,425,087	85,362,191	88,487,473
5	Income/(Loss) From Operations	(\$4,699,849)	(\$1,134,669)	(\$4,909,401)
6	Total Non-Operating Revenue	4,943,031	(3,919,816)	1,282,609
7	Excess/(Deficiency) of Revenue Over Expenses	\$243,182	(\$5,054,485)	(\$3,626,792)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-5.69%	-1.41%	-5.79%
2	Hospital Non Operating Margin	5.98%	-4.88%	1.51%
3	Hospital Total Margin	0.29%	-6.29%	-4.27%
4	Income/(Loss) From Operations	(\$4,699,849)	(\$1,134,669)	(\$4,909,401)
5	Total Operating Revenue	\$77,725,238	\$84,227,522	\$83,578,072
6	Total Non-Operating Revenue	\$4,943,031	(\$3,919,816)	\$1,282,609
7	Total Revenue	\$82,668,269	\$80,307,706	\$84,860,681
8	Excess/(Deficiency) of Revenue Over Expenses	\$243,182	(\$5,054,485)	(\$3,626,792)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$57,291,329	\$47,584,605	\$36,805,806
2	Hospital Total Net Assets	\$58,447,019	\$48,780,238	\$38,098,899
3	Hospital Change in Total Net Assets	\$58,447,019	(\$9,666,781)	(\$10,681,339)
4	Hospital Change in Total Net Assets %	0.0%	-16.5%	-21.9%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.39	0.38	0.40
2	Total Operating Expenses	\$82,425,087	\$85,362,191	\$88,487,473
3	Total Gross Revenue	\$209,786,823	\$222,377,754	\$219,139,563
4	Total Other Operating Revenue	\$799,640	\$702,596	\$749,027
5	<u>Private Payment to Cost Ratio</u>	1.11	1.14	1.07
6	Total Non-Government Payments	\$37,341,497	\$39,245,547	\$38,100,291

MILFORD HOSPITAL				
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	\$516,632	\$1,754,938	\$650,525
8	Total Non-Government Charges	\$90,189,202	\$93,001,708	\$95,067,210
9	Total Uninsured Charges	\$5,307,888	\$6,782,024	\$7,810,453
10	<u>Medicare Payment to Cost Ratio</u>	0.73	0.79	0.75
11	Total Medicare Payments	\$29,703,622	\$34,013,967	\$31,844,438
12	Total Medicare Charges	\$103,842,726	\$111,846,658	\$105,436,174
13	<u>Medicaid Payment to Cost Ratio</u>	0.51	0.52	0.53
14	Total Medicaid Payments	\$3,029,981	\$3,375,474	\$3,289,737
15	Total Medicaid Charges	\$15,108,649	\$17,117,766	\$15,484,541
16	<u>Uncompensated Care Cost</u>	\$1,928,821	\$1,928,106	\$2,865,432
17	Charity Care	\$241,390	\$165,221	\$122,057
18	Bad Debts	\$4,686,521	\$4,873,574	\$6,998,451
19	Total Uncompensated Care	\$4,927,911	\$5,038,795	\$7,120,508
20	<u>Uncompensated Care % of Total Expenses</u>	2.3%	2.3%	3.2%
21	Total Operating Expenses	\$82,425,087	\$85,362,191	\$88,487,473
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.06	1.07	1.01
2	Total Current Assets	\$15,667,326	\$17,111,169	\$16,942,905
3	Total Current Liabilities	\$14,743,367	\$16,033,559	\$16,778,418
4	<u>Days Cash on Hand</u>	19	7	6
5	Cash and Cash Equivalents	\$3,853,309	\$1,243,133	\$1,078,653
6	Short Term Investments	212,689	218,753	221,990
7	Total Cash and Short Term Investments	\$4,065,998	\$1,461,886	\$1,300,643
8	Total Operating Expenses	\$82,425,087	\$85,362,191	\$88,487,473
9	Depreciation Expense	\$4,153,828	\$3,977,866	\$3,973,806
10	Operating Expenses less Depreciation Expense	\$78,271,259	\$81,384,325	\$84,513,667
11	<u>Days Revenue in Patient Accounts Receivable</u>	33.64	48.90	49.41

MILFORD HOSPITAL				
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	\$ 9,575,426	\$ 13,366,597	\$ 13,535,241
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,511,936	\$2,213,360	\$2,372,068
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,063,490	\$ 11,153,237	\$ 11,163,173
16	Total Net Patient Revenue	\$76,632,879	\$ 83,253,020	\$ 82,468,718
17	<u>Average Payment Period</u>	68.75	71.91	72.46
18	Total Current Liabilities	\$14,743,367	\$16,033,559	\$16,778,418
19	Total Operating Expenses	\$82,425,087	\$85,362,191	\$88,487,473
20	Depreciation Expense	\$4,153,828	\$3,977,866	\$3,973,806
21	Total Operating Expenses less Depreciation Expense	\$78,271,259	\$81,384,325	\$84,513,667
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	65.3	58.1	47.9
2	Total Net Assets	\$58,447,019	\$48,780,238	\$38,098,899
3	Total Assets	\$89,512,607	\$83,963,236	\$79,520,166
4	<u>Cash Flow to Total Debt Ratio</u>	23.0	(5.5)	1.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$243,182	(\$5,054,485)	(\$3,626,792)
6	Depreciation Expense	\$4,153,828	\$3,977,866	\$3,973,806
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,397,010	(\$1,076,619)	\$347,014
8	Total Current Liabilities	\$14,743,367	\$16,033,559	\$16,778,418
9	Total Long Term Debt	\$4,395,414	\$3,617,035	\$2,783,548
10	Total Current Liabilities and Total Long Term Debt	\$19,138,781	\$19,650,594	\$19,561,966
11	<u>Long Term Debt to Capitalization Ratio</u>	7.0	6.9	6.8
12	Total Long Term Debt	\$4,395,414	\$3,617,035	\$2,783,548
13	Total Net Assets	\$58,447,019	\$48,780,238	\$38,098,899
14	Total Long Term Debt and Total Net Assets	\$62,842,433	\$52,397,273	\$40,882,447
15	<u>Debt Service Coverage Ratio</u>	12.3	(2.2)	0.6
16	Excess Revenues over Expenses	\$243,182	(\$5,054,485)	(\$3,626,792)
17	Interest Expense	\$389,096	\$337,777	\$280,961
18	Depreciation and Amortization Expense	\$4,153,828	\$3,977,866	\$3,973,806

MILFORD HOSPITAL				
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	\$778,379
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	8.9	10.1	10.7
21	Accumulated Depreciation	\$36,793,239	\$40,332,380	\$42,570,348
22	Depreciation and Amortization Expense	\$4,153,828	\$3,977,866	\$3,973,806
H. <u>Utilization Measures Summary</u>				
1	Patient Days	22,304	21,629	20,370
2	Discharges	5,026	4,935	4,800
3	ALOS	4.4	4.4	4.2
4	Staffed Beds	65	61	59
5	Available Beds	-	-	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	94.0%	97.1%	94.6%
7	Occupancy of Available Beds	51.8%	50.2%	47.3%
8	Full Time Equivalent Employees	561.0	560.0	547.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	40.5%	38.8%	39.8%
2	Medicare Gross Revenue Payer Mix Percentage	49.5%	50.3%	48.1%
3	Medicaid Gross Revenue Payer Mix Percentage	7.2%	7.7%	7.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.1%	1.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	3.0%	3.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$84,881,314	\$86,219,684	\$87,256,757
9	Medicare Gross Revenue (Charges)	\$103,842,726	\$111,846,658	\$105,436,174
10	Medicaid Gross Revenue (Charges)	\$15,108,649	\$17,117,766	\$15,484,541
11	Other Medical Assistance Gross Revenue (Charges)	\$224,430	\$139,615	\$2,871,352
12	Uninsured Gross Revenue (Charges)	\$5,307,888	\$6,782,024	\$7,810,453
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$421,816	\$272,007	\$280,286
14	Total Gross Revenue (Charges)	\$209,786,823	\$222,377,754	\$219,139,563
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	52.4%	48.8%	50.8%

MILFORD HOSPITAL				
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
2	Medicare Net Revenue Payer Mix Percentage	42.2%	44.3%	43.2%
3	Medicaid Net Revenue Payer Mix Percentage	4.3%	4.4%	4.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.4%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	2.3%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.1%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$36,824,865	\$37,490,609	\$37,449,766
9	Medicare Net Revenue (Payments)	\$29,703,622	\$34,013,967	\$31,844,438
10	Medicaid Net Revenue (Payments)	\$3,029,981	\$3,375,474	\$3,289,737
11	Other Medical Assistance Net Revenue (Payments)	\$65,982	\$61,166	\$303,273
12	Uninsured Net Revenue (Payments)	\$516,632	\$1,754,938	\$650,525
13	CHAMPUS / TRICARE Net Revenue Payments)	\$165,817	\$111,588	\$113,543
14	Total Net Revenue (Payments)	\$70,306,899	\$76,807,742	\$73,651,282
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	2,062	1,879	1,930
2	Medicare	2,498	2,632	2,423
3	Medical Assistance	455	416	444
4	Medicaid	446	414	417
5	Other Medical Assistance	9	2	27
6	CHAMPUS / TRICARE	11	8	3
7	Uninsured (Included In Non-Government)	89	116	99
8	Total	5,026	4,935	4,800
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.007250	1.057500	1.064680
2	Medicare	1.385080	1.453000	1.570500
3	Medical Assistance	0.832633	0.917463	0.845794
4	Medicaid	0.835070	0.917900	0.823450
5	Other Medical Assistance	0.711900	0.827200	1.190890
6	CHAMPUS / TRICARE	0.882150	0.959870	0.518950
7	Uninsured (Included In Non-Government)	1.062700	1.041700	1.117230
8	Total Case Mix Index	1.178955	1.256470	1.299425
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	3,160	3,138	3,033
2	Emergency Room - Treated and Discharged	34,373	35,844	36,913
3	Total Emergency Room Visits	37,533	38,982	39,946

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. 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	\$679,765	\$679,765	0%
2	Inpatient Payments	\$0	\$312,049	\$312,049	0%
3	Outpatient Charges	\$0	\$408,747	\$408,747	0%
4	Outpatient Payments	\$0	\$112,390	\$112,390	0%
5	Discharges	0	27	27	0%
6	Patient Days	0	104	104	0%
7	Outpatient Visits (Excludes ED Visits)	0	129	129	0%
8	Emergency Department Outpatient Visits	0	68	68	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,088,512	\$1,088,512	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$424,439	\$424,439	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$16,998,551	\$14,332,609	(\$2,665,942)	-16%
2	Inpatient Payments	\$5,096,207	\$4,639,506	(\$456,701)	-9%
3	Outpatient Charges	\$6,508,483	\$5,981,771	(\$526,712)	-8%
4	Outpatient Payments	\$1,554,785	\$1,327,508	(\$227,277)	-15%
5	Discharges	503	452	(51)	-10%
6	Patient Days	2,662	2,102	(560)	-21%
7	Outpatient Visits (Excludes ED Visits)	3,696	4,370	674	18%
8	Emergency Department Outpatient Visits	2,062	989	(1,073)	-52%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,507,034	\$20,314,380	(\$3,192,654)	-14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,650,992	\$5,967,014	(\$683,978)	-10%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$890,073	\$1,979,921	\$1,089,848	122%
2	Inpatient Payments	\$313,140	\$570,795	\$257,655	82%
3	Outpatient Charges	\$520,559	\$762,320	\$241,761	46%
4	Outpatient Payments	\$167,042	\$178,035	\$10,993	7%
5	Discharges	31	62	31	100%
6	Patient Days	143	295	152	106%
7	Outpatient Visits (Excludes ED Visits)	140	222	82	59%
8	Emergency Department Outpatient Visits	111	185	74	67%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,410,632	\$2,742,241	\$1,331,609	94%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$480,182	\$748,830	\$268,648	56%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$1,185,673	\$683,386	(\$502,287)	-42%
2	Inpatient Payments	\$296,738	\$102,197	(\$194,541)	-66%
3	Outpatient Charges	\$263,918	\$349,657	\$85,739	32%
4	Outpatient Payments	\$176,978	\$231,781	\$54,803	31%
5	Discharges	30	21	(9)	-30%
6	Patient Days	190	114	(76)	-40%
7	Outpatient Visits (Excludes ED Visits)	108	106	(2)	-2%
8	Emergency Department Outpatient Visits	47	54	7	15%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,449,591	\$1,033,043	(\$416,548)	-29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$473,716	\$333,978	(\$139,738)	-29%

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

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

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

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

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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	\$19,074,297	\$17,675,681	(\$1,398,616)	-7%
	TOTAL INPATIENT PAYMENTS	\$5,706,085	\$5,624,547	(\$81,538)	-1%
	TOTAL OUTPATIENT CHARGES	\$7,292,960	\$7,502,495	\$209,535	3%
	TOTAL OUTPATIENT PAYMENTS	\$1,898,805	\$1,849,714	(\$49,091)	-3%
	TOTAL DISCHARGES	564	562	(2)	0%
	TOTAL PATIENT DAYS	2,995	2,615	(380)	-13%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,944	4,827	883	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,220	1,296	(924)	-42%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$26,367,257	\$25,178,176	(\$1,189,081)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,604,890	\$7,474,261	(\$130,629)	-2%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,615,081	\$0	(\$1,615,081)	-100%
2	Inpatient Payments	\$465,842	\$0	(\$465,842)	-100%
3	Outpatient Charges	\$2,678,315	\$0	(\$2,678,315)	-100%
4	Outpatient Payments	\$672,106	\$0	(\$672,106)	-100%
5	Discharges	142	0	(142)	-100%
6	Patient Days	424	0	(424)	-100%
7	Outpatient Visits (Excludes ED Visits)	899	0	(899)	-100%
8	Emergency Department Outpatient Visits	1,913	0	(1,913)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,293,396	\$0	(\$4,293,396)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,137,948	\$0	(\$1,137,948)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$454,657	\$1,589,061	\$1,134,404	250%
2	Inpatient Payments	\$145,196	\$588,129	\$442,933	305%
3	Outpatient Charges	\$901,851	\$2,921,695	\$2,019,844	224%
4	Outpatient Payments	\$261,206	\$813,617	\$552,411	211%
5	Discharges	47	191	144	306%
6	Patient Days	154	545	391	254%
7	Outpatient Visits (Excludes ED Visits)	174	733	559	321%
8	Emergency Department Outpatient Visits	718	2,142	1,424	198%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,356,508	\$4,510,756	\$3,154,248	233%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$406,402	\$1,401,746	\$995,344	245%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$612,857	\$0	(\$612,857)	-100%
2	Inpatient Payments	\$191,359	\$0	(\$191,359)	-100%
3	Outpatient Charges	\$1,224,815	\$0	(\$1,224,815)	-100%
4	Outpatient Payments	\$304,375	\$0	(\$304,375)	-100%
5	Discharges	74	0	(74)	-100%
6	Patient Days	196	0	(196)	-100%
7	Outpatient Visits (Excludes ED Visits)	574	0	(574)	-100%
8	Emergency Department Outpatient Visits	846	0	(846)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,837,672	\$0	(\$1,837,672)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$495,734	\$0	(\$495,734)	-100%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$738,992	\$738,992	0%
2	Inpatient Payments	\$0	\$172,893	\$172,893	0%
3	Outpatient Charges	\$0	\$1,544,678	\$1,544,678	0%
4	Outpatient Payments	\$0	\$368,716	\$368,716	0%
5	Discharges	0	63	63	0%
6	Patient Days	0	199	199	0%
7	Outpatient Visits (Excludes ED Visits)	0	385	385	0%
8	Emergency Department Outpatient Visits	0	1,097	1,097	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,283,670	\$2,283,670	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$541,609	\$541,609	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	\$42,440	\$0	(\$42,440)	-100%
2	Inpatient Payments	\$13,833	\$0	(\$13,833)	-100%
3	Outpatient Charges	\$170,902	\$0	(\$170,902)	-100%
4	Outpatient Payments	\$35,087	\$0	(\$35,087)	-100%
5	Discharges	6	0	(6)	-100%
6	Patient Days	17	0	(17)	-100%
7	Outpatient Visits (Excludes ED Visits)	11	0	(11)	-100%
8	Emergency Department Outpatient Visits	158	0	(158)	-100%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$213,342	\$0	(\$213,342)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$48,920	\$0	(\$48,920)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$1,163,018	\$1,163,018	0%
2	Inpatient Payments	\$0	\$152,651	\$152,651	0%
3	Outpatient Charges	\$0	\$1,626,524	\$1,626,524	0%
4	Outpatient Payments	\$0	\$424,729	\$424,729	0%
5	Discharges	0	56	56	0%
6	Patient Days	0	221	221	0%
7	Outpatient Visits (Excludes ED Visits)	0	241	241	0%
8	Emergency Department Outpatient Visits	0	1,242	1,242	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,789,542	\$2,789,542	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$577,380	\$577,380	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$2,725,035	\$3,491,071	\$766,036	28%
	TOTAL INPATIENT PAYMENTS	\$816,230	\$913,673	\$97,443	12%
	TOTAL OUTPATIENT CHARGES	\$4,975,883	\$6,092,897	\$1,117,014	22%
	TOTAL OUTPATIENT PAYMENTS	\$1,272,774	\$1,607,062	\$334,288	26%
	TOTAL DISCHARGES	269	310	41	15%
	TOTAL PATIENT DAYS	791	965	174	22%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	1,658	1,359	(299)	-18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,635	4,481	846	23%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,700,918	\$9,583,968	\$1,883,050	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,089,004	\$2,520,735	\$431,731	21%

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

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

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$3,081,116	\$2,724,153	(\$356,963)	-12%
2	Short Term Investments	\$220,277	\$223,553	\$3,276	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,800,088	\$14,042,585	\$242,497	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$856,351	\$778,225	(\$78,126)	-9%
8	Prepaid Expenses	\$806,466	\$662,081	(\$144,385)	-18%
9	Other Current Assets	\$709,295	\$807,960	\$98,665	14%
	Total Current Assets	\$19,473,593	\$19,238,557	(\$235,036)	-1%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$680,398	\$682,345	\$1,947	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,046,097	\$1,060,894	\$14,797	1%
	Total Noncurrent Assets Whose Use is Limited:	\$1,726,495	\$1,743,239	\$16,744	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$32,824,131	\$30,095,058	(\$2,729,073)	-8%
7	Other Noncurrent Assets	\$700,684	\$738,469	\$37,785	5%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$80,587,568	\$81,442,041	\$854,473	1%
2	Less: Accumulated Depreciation	\$41,010,781	\$43,438,546	\$2,427,765	\$0
	Property, Plant and Equipment, Net	\$39,576,787	\$38,003,495	(\$1,573,292)	-4%
3	Construction in Progress	\$351,500	\$984,240	\$632,740	180%
	Total Net Fixed Assets	\$39,928,287	\$38,987,735	(\$940,552)	-2%
	Total Assets	\$94,653,190	\$90,803,058	(\$3,850,132)	-4%

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$5,275,082	\$4,428,033	(\$847,049)	-16%
2	Salaries, Wages and Payroll Taxes	\$5,864,949	\$6,529,676	\$664,727	11%
3	Due To Third Party Payers	\$2,323,938	\$2,496,124	\$172,186	7%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$861,872	\$922,016	\$60,144	7%
7	Other Current Liabilities	\$2,251,243	\$3,019,603	\$768,360	34%
	Total Current Liabilities	\$16,577,084	\$17,395,452	\$818,368	5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$5,910,947	\$4,988,931	(\$922,016)	-16%
	Total Long Term Debt	\$5,910,947	\$4,988,931	(\$922,016)	-16%
3	Accrued Pension Liability	\$14,424,664	\$20,708,832	\$6,284,168	44%
4	Other Long Term Liabilities	\$1,107,740	\$1,150,469	\$42,729	4%
	Total Long Term Liabilities	\$21,443,351	\$26,848,232	\$5,404,881	25%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$55,437,122	\$45,266,281	(\$10,170,841)	-18%
2	Temporarily Restricted Net Assets	\$602,391	\$689,851	\$87,460	15%
3	Permanently Restricted Net Assets	\$593,242	\$603,242	\$10,000	2%
	Total Net Assets	\$56,632,755	\$46,559,374	(\$10,073,381)	-18%
	Total Liabilities and Net Assets	\$94,653,190	\$90,803,058	(\$3,850,132)	-4%

MILFORD HEALTH & MEDICAL, INC.					
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	\$229,584,620	\$226,745,692	(\$2,838,928)	-1%
2	Less: Allowances	\$141,216,797	\$138,856,924	(\$2,359,873)	-2%
3	Less: Charity Care	\$165,221	\$122,057	(\$43,164)	-26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$88,202,602	\$87,766,711	(\$435,891)	0%
5	Other Operating Revenue	\$1,359,817	\$1,545,977	\$186,160	14%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$89,562,419	\$89,312,688	(\$249,731)	0%
B. Operating Expenses:					
1	Salaries and Wages	\$39,922,364	\$41,201,570	\$1,279,206	3%
2	Fringe Benefits	\$13,185,837	\$14,820,373	\$1,634,536	12%
3	Physicians Fees	\$647,422	\$621,077	(\$26,345)	-4%
4	Supplies and Drugs	\$13,489,960	\$12,542,961	(\$946,999)	-7%
5	Depreciation and Amortization	\$4,157,755	\$4,163,603	\$5,848	0%
6	Bad Debts	\$6,088,450	\$8,267,261	\$2,178,811	36%
7	Interest	\$479,857	\$418,291	(\$61,566)	-13%
8	Malpractice	\$1,223,627	\$1,524,271	\$300,644	25%
9	Other Operating Expenses	\$13,715,025	\$12,655,620	(\$1,059,405)	-8%
	Total Operating Expenses	\$92,910,297	\$96,215,027	\$3,304,730	4%
	Income/(Loss) From Operations	(\$3,347,878)	(\$6,902,339)	(\$3,554,461)	106%
C. Non-Operating Revenue:					
1	Income from Investments	(\$3,324,313)	(\$1,692,932)	\$1,631,381	-49%
2	Gifts, Contributions and Donations	\$403,411	\$355,631	(\$47,780)	-12%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	(\$2,920,902)	(\$1,337,301)	\$1,583,601	-54%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$6,268,780)	(\$8,239,640)	(\$1,970,860)	31%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$3,551,963	\$3,551,963	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$3,551,963	\$3,551,963	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$6,268,780)	(\$4,687,677)	\$1,581,103	-25%

MILFORD HEALTH & MEDICAL, INC.				
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	\$81,571,201	\$88,202,602	\$87,766,711
2	Other Operating Revenue	1,268,644	1,359,817	1,545,977
3	Total Operating Revenue	\$82,839,845	\$89,562,419	\$89,312,688
4	Total Operating Expenses	89,069,040	92,910,297	96,215,027
5	Income/(Loss) From Operations	(\$6,229,195)	(\$3,347,878)	(\$6,902,339)
6	Total Non-Operating Revenue	5,796,267	(2,920,902)	2,214,662
7	Excess/(Deficiency) of Revenue Over Expenses	(\$432,928)	(\$6,268,780)	(\$4,687,677)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-7.03%	-3.86%	-7.54%
2	Parent Corporation Non-Operating Margin	6.54%	-3.37%	2.42%
3	Parent Corporation Total Margin	-0.49%	-7.24%	-5.12%
4	Income/(Loss) From Operations	(\$6,229,195)	(\$3,347,878)	(\$6,902,339)
5	Total Operating Revenue	\$82,839,845	\$89,562,419	\$89,312,688
6	Total Non-Operating Revenue	\$5,796,267	(\$2,920,902)	\$2,214,662
7	Total Revenue	\$88,636,112	\$86,641,517	\$91,527,350
8	Excess/(Deficiency) of Revenue Over Expenses	(\$432,928)	(\$6,268,780)	(\$4,687,677)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$64,789,623	\$55,437,122	\$45,266,281
2	Parent Corporation Total Net Assets	\$65,945,313	\$56,632,755	\$46,559,374
3	Parent Corporation Change in Total Net Assets	\$65,945,313	(\$9,312,558)	(\$10,073,381)
4	Parent Corporation Change in Total Net Assets %	0.0%	-14.1%	-17.8%

MILFORD HEALTH & MEDICAL, INC.				
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>	1.18	1.17	1.11
2	Total Current Assets	\$17,943,438	\$19,473,593	\$19,238,557
3	Total Current Liabilities	\$15,194,669	\$16,577,084	\$17,395,452
4	<u>Days Cash on Hand</u>	25	14	12
5	Cash and Cash Equivalents	\$5,599,541	\$3,081,116	\$2,724,153
6	Short Term Investments	214,168	220,277	223,553
7	Total Cash and Short Term Investments	\$5,813,709	\$3,301,393	\$2,947,706
8	Total Operating Expenses	\$89,069,040	\$92,910,297	\$96,215,027
9	Depreciation Expense	\$4,275,892	\$4,157,755	\$4,163,603
10	Operating Expenses less Depreciation Expense	\$84,793,148	\$88,752,542	\$92,051,424
11	<u>Days Revenue in Patient Accounts Receivable</u>	33	47	48
12	Net Patient Accounts Receivable	\$ 10,075,181	\$ 13,800,088	\$ 14,042,585
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,656,010	\$2,323,938	\$2,496,124
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,419,171	\$ 11,476,150	\$ 11,546,461
16	Total Net Patient Revenue	\$81,571,201	\$88,202,602	\$87,766,711
17	<u>Average Payment Period</u>	65	68	69
18	Total Current Liabilities	\$15,194,669	\$16,577,084	\$17,395,452
19	Total Operating Expenses	\$89,069,040	\$92,910,297	\$96,215,027
20	Depreciation Expense	\$4,275,892	\$4,157,755	\$4,163,603
21	Total Operating Expenses less Depreciation Expense	\$84,793,148	\$88,752,542	\$92,051,424

MILFORD HEALTH & MEDICAL, INC.				
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>	66.1	59.8	51.3
2	Total Net Assets	\$65,945,313	\$56,632,755	\$46,559,374
3	Total Assets	\$99,839,608	\$94,653,190	\$90,803,058
4	<u>Cash Flow to Total Debt Ratio</u>	17.5	(9.4)	(2.3)
5	Excess/(Deficiency) of Revenues Over Expenses	(\$432,928)	(\$6,268,780)	(\$4,687,677)
6	Depreciation Expense	\$4,275,892	\$4,157,755	\$4,163,603
7	Excess of Revenues Over Expenses and Depreciation Expense	\$3,842,964	(\$2,111,025)	(\$524,074)
8	Total Current Liabilities	\$15,194,669	\$16,577,084	\$17,395,452
9	Total Long Term Debt	\$6,772,819	\$5,910,947	\$4,988,931
10	Total Current Liabilities and Total Long Term Debt	\$21,967,488	\$22,488,031	\$22,384,383
11	<u>Long Term Debt to Capitalization Ratio</u>	9.3	9.5	9.7
12	Total Long Term Debt	\$6,772,819	\$5,910,947	\$4,988,931
13	Total Net Assets	\$65,945,313	\$56,632,755	\$46,559,374
14	Total Long Term Debt and Total Net Assets	\$72,718,132	\$62,543,702	\$51,548,305

MILFORD HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	15,407	43	78	98.2%	54.1%
2	ICU/CCU (Excludes Neonatal ICU)	2,015	6	10	92.0%	55.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,460	5	12	80.0%	33.3%
7	Newborn	1,488	5	12	81.5%	34.0%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	6	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	18,882	54	106	95.8%	48.8%
	TOTAL INPATIENT BED UTILIZATION	20,370	59	118	94.6%	47.3%
	TOTAL INPATIENT REPORTED YEAR	20,370	59	118	94.6%	47.3%
	TOTAL INPATIENT PRIOR YEAR	21,629	61	118	97.1%	50.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,259	-2	0	-2.6%	-2.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-6%	-3%	0%	-3%	-6%
	Total Licensed Beds and Bassinets	118				
(A) This number may not exceed the number of available beds for each department or in total.						

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,729	1,574	-155	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,100	3,006	-94	-3%
3	Emergency Department Scans	7,049	7,715	666	9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	11,878	12,295	417	4%
B. MRI Scans (A)					
1	Inpatient Scans	397	370	-27	-7%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,282	2,186	-96	-4%
3	Emergency Department Scans	126	82	-44	-35%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,805	2,638	-167	-6%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	62	84	22	35%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	62	84	22	35%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
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	1,447	1,372	-75	-5%
2	Outpatient Surgical Procedures	2,242	2,222	-20	-1%
	Total Surgical Procedures	3,689	3,594	-95	-3%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	368	325	-43	-12%
2	Outpatient Endoscopy Procedures	2,917	2,498	-419	-14%
	Total Endoscopy Procedures	3,285	2,823	-462	-14%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	3,138	3,033	-105	-3%
2	Emergency Room Visits: Treated and Discharged	35,844	36,913	1,069	3%
	Total Emergency Room Visits	38,982	39,946	964	2%
L. Hospital Clinic Visits					
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	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	35,533	32,857	-2,676	-8%
	Total Other Hospital Outpatient Visits	35,533	32,857	-2,676	-8%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	211.0	206.3	-4.7	-2%
2	Total Physician FTEs	18.0	20.3	2.3	13%
3	Total Non-Nursing and Non-Physician FTEs	331.0	321.3	-9.7	-3%
	Total Hospital Full Time Equivalent Employees	560.0	547.9	-12.1	-2%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	xxxx	2,242	0	-2,242	-100%
2	Milford Hospital	0	2,222	2,222	0%
	Total Outpatient Surgical Procedures(A)	2,242	2,222	-20	-1%
B. Outpatient Endoscopy Procedures					
1	Milford Hospital	2,917	2,498	-419	-14%
	Total Outpatient Endoscopy Procedures(B)	2,917	2,498	-419	-14%
C. Outpatient Hospital Emergency Room Visits					
1	MilfHospBostonPostRd WalkIn Ctr	13,304	13,278	-26	0%
2	Milford Hospital	22,540	23,635	1,095	5%
	Total Outpatient Hospital Emergency Room Visits(C)	35,844	36,913	1,069	3%
(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.					

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$85,170,567	\$80,427,776	(\$4,742,791)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,912,329	\$25,602,331	(\$1,309,998)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.60%	31.83%	0.23%	1%
4	DISCHARGES	2,632	2,423	(209)	-8%
5	CASE MIX INDEX (CMI)	1.45300	1.57050	0.11750	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,824.29600	3,805.32150	(18.97450)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,037.20	\$6,728.03	(\$309.16)	-4%
8	PATIENT DAYS	13,656	11,854	(1,802)	-13%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,970.73	\$2,159.81	\$189.07	10%
10	AVERAGE LENGTH OF STAY	5.2	4.9	(0.3)	-6%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$26,676,091	\$25,008,398	(\$1,667,693)	-6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,101,638	\$6,242,107	(\$859,531)	-12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.62%	24.96%	-1.66%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	31.32%	31.09%	-0.23%	-1%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	824.36309	753.41320	(70.94988)	-9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,614.70	\$8,285.10	(\$329.59)	-4%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$111,846,658	\$105,436,174	(\$6,410,484)	-6%
18	TOTAL ACCRUED PAYMENTS	\$34,013,967	\$31,844,438	(\$2,169,529)	-6%
19	TOTAL ALLOWANCES	\$77,832,691	\$73,591,736	(\$4,240,955)	-5%

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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	\$38,542,269	\$40,385,831	\$1,843,562	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,449,660	\$15,819,603	\$369,943	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.08%	39.17%	-0.91%	-2%
4	DISCHARGES	1,879	1,930	51	3%
5	CASE MIX INDEX (CMI)	1.05750	1.06468	0.00718	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,987.04250	2,054.83240	67.78990	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,775.20	\$7,698.73	(\$76.47)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$738.01)	(\$970.70)	(\$232.69)	32%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,466,448)	(\$1,994,622)	(\$528,173)	36%
10	PATIENT DAYS	6,154	6,915	761	12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,510.51	\$2,287.72	(\$222.78)	-9%
12	AVERAGE LENGTH OF STAY	3.3	3.6	0.3	9%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,459,439	\$54,681,379	\$221,940	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,795,887	\$22,280,688	(\$1,515,199)	-6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.69%	40.75%	-2.95%	-7%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	141.30%	135.40%	-5.90%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,654.98863	2,613.17048	(41,81815)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,962.71	\$8,526.30	(\$436.40)	-5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$348.01)	(\$241.20)	\$106.81	-31%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$923,965)	(\$630,298)	\$293,667	-32%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$93,001,708	\$95,067,210	\$2,065,502	2%
22	TOTAL ACCRUED PAYMENTS	\$39,245,547	\$38,100,291	(\$1,145,256)	-3%
23	TOTAL ALLOWANCES	\$53,756,161	\$56,966,919	\$3,210,758	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,390,413)	(\$2,624,919)	(\$234,506)	10%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$83,765,311	\$84,371,463	\$606,152	1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$36,619,649	\$36,447,939	(\$171,710)	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,145,662	\$47,923,524	\$777,862	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.28%	56.80%	0.52%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$2,529,704	\$2,605,659	\$75,955	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$570,962	\$188,048	(\$382,914)	-67%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.57%	7.22%	-15.35%	-68%
4	DISCHARGES	116	99	(17)	-15%
5	CASE MIX INDEX (CMI)	1.04170	1.11723	0.07553	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	120.83720	110.60577	(10.23143)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,725.05	\$1,700.16	(\$3,024.89)	-64%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,050.15	\$5,998.57	\$2,948.42	97%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,312.15	\$5,027.87	\$2,715.72	117%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$279,393	\$556,111	\$276,718	99%
11	PATIENT DAYS	386	440	54	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,479.18	\$427.38	(\$1,051.79)	-71%
13	AVERAGE LENGTH OF STAY	3.3	4.4	1.1	34%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,252,320	\$5,204,794	\$952,474	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,183,976	\$462,477	(\$721,499)	-61%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.84%	8.89%	-18.96%	-68%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	168.10%	199.75%	31.65%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	194.99084	197.75213	2.76128	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,071.96	\$2,338.67	(\$3,733.29)	-61%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$2,890.75	\$6,187.63	\$3,296.88	114%
21	MEDICARE - UNINSURED OP PMT / OPED	\$2,542.74	\$5,946.43	\$3,403.69	134%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$495,811	\$1,175,920	\$680,109	137%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$6,782,024	\$7,810,453	\$1,028,429	15%
24	TOTAL ACCRUED PAYMENTS	\$1,754,938	\$650,525	(\$1,104,413)	-63%
25	TOTAL ALLOWANCES	\$5,027,086	\$7,159,928	\$2,132,842	42%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$775,204	\$1,732,031	\$956,827	123%

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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	\$8,413,551	\$6,734,400	(\$1,679,151)	-20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,837,748	\$1,481,372	(\$356,376)	-19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.84%	22.00%	0.15%	1%
4	DISCHARGES	414	417	3	1%
5	CASE MIX INDEX (CMI)	0.91790	0.82345	(0.09445)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	380.01060	343.37865	(36.63195)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,836.04	\$4,314.11	(\$521.94)	-11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,939.16	\$3,384.63	\$445.47	15%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,201.15	\$2,413.93	\$212.77	10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$836,462	\$828,891	(\$7,571)	-1%
11	PATIENT DAYS	1,787	1,485	(302)	-17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,028.40	\$997.56	(\$30.84)	-3%
13	AVERAGE LENGTH OF STAY	4.3	3.6	(0.8)	-17%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,704,215	\$8,750,141	\$45,926	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,537,726	\$1,808,365	\$270,639	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.67%	20.67%	3.00%	17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	103.45%	129.93%	26.48%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	428.30251	541.81646	113.51395	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,590.28	\$3,337.60	(\$252.68)	-7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,372.43	\$5,188.71	(\$183.72)	-3%
21	MEDICARE - MEDICAID OP PMT / OPED	\$5,024.42	\$4,947.51	(\$76.91)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,151,970	\$2,680,641	\$528,671	25%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$17,117,766	\$15,484,541	(\$1,633,225)	-10%
24	TOTAL ACCRUED PAYMENTS	\$3,375,474	\$3,289,737	(\$85,737)	-3%
25	TOTAL ALLOWANCES	\$13,742,292	\$12,194,804	(\$1,547,488)	-11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,988,432	\$3,509,532	\$521,100	17%

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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	\$69,364	\$755,730	\$686,366	990%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,801	\$59,200	\$32,399	121%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.64%	7.83%	-30.80%	-80%
4	DISCHARGES	2	27	25	1250%
5	CASE MIX INDEX (CMI)	0.82720	1.19089	0.36369	44%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1.65440	32.15403	30.49963	1844%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$16,199.83	\$1,841.14	(\$14,358.69)	-89%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$8,424.63)	\$5,857.59	\$14,282.22	-170%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$9,162.63)	\$4,886.90	\$14,049.53	-153%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,159)	\$157,133	\$172,292	-1137%
11	PATIENT DAYS	7	105	98	1400%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,828.71	\$563.81	(\$3,264.90)	-85%
13	AVERAGE LENGTH OF STAY	3.5	3.9	0.4	11%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,251	\$2,115,622	\$2,045,371	2912%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$34,365	\$244,073	\$209,708	610%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	48.92%	11.54%	-37.38%	-76%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	101.28%	279.94%	178.67%	176%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2.02558	75.58492	73.55935	3632%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$16,965.55	\$3,229.12	(\$13,736.43)	-81%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	(\$8,002.84)	\$5,297.18	\$13,300.03	-166%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$8,350.85)	\$5,055.98	\$13,406.84	-161%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,915)	\$382,156	\$399,071	-2359%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$139,615	\$2,871,352	\$2,731,737	1957%
24	TOTAL ACCRUED PAYMENTS	\$61,166	\$303,273	\$242,107	396%
25	TOTAL ALLOWANCES	\$78,449	\$2,568,079	\$2,489,630	3174%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$32,074)	\$539,289	\$571,363	-1781%

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		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	\$8,482,915	\$7,490,130	(\$992,785)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,864,549	\$1,540,572	(\$323,977)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.98%	20.57%	-1.41%	-6%
4	DISCHARGES	416	444	28	7%
5	CASE MIX INDEX (CMI)	0.91746	0.84579	(0.07167)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	381.66500	375.53268	(6.13232)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,885.30	\$4,102.36	(\$782.94)	-16%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,889.90	\$3,596.37	\$706.47	24%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,151.90	\$2,625.67	\$473.77	22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$821,303	\$986,024	\$164,721	20%
11	PATIENT DAYS	1,794	1,590	(204)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,039.32	\$968.91	(\$70.41)	-7%
13	AVERAGE LENGTH OF STAY	4.3	3.6	(0.7)	-17%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,774,466	\$10,865,763	\$2,091,297	24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,572,091	\$2,052,438	\$480,347	31%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.92%	18.89%	0.97%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	103.44%	145.07%	41.63%	40%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	430.32809	617.40139	187.07330	43%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,653.24	\$3,324.32	(\$328.92)	-9%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,309.47	\$5,201.99	(\$107.48)	-2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,961.46	\$4,960.79	(\$0.67)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,135,055	\$3,062,797	\$927,742	43%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$17,257,381	\$18,355,893	\$1,098,512	6%
24	TOTAL ACCRUED PAYMENTS	\$3,436,640	\$3,593,010	\$156,370	5%
25	TOTAL ALLOWANCES	\$13,820,741	\$14,762,883	\$942,142	7%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$109,879	\$46,587	(\$63,292)	-58%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,229	\$9,600	(\$27,629)	-74%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.88%	20.61%	-13.28%	-39%
4	DISCHARGES	8	3	(5)	-63%
5	CASE MIX INDEX (CMI)	0.95987	0.51895	(0.44092)	-46%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7.67896	1.55685	(6.12211)	-80%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,848.18	\$6,166.30	\$1,318.11	27%
8	PATIENT DAYS	25	11	(14)	-56%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,489.16	\$872.73	(\$616.43)	-41%
10	AVERAGE LENGTH OF STAY	3.1	3.7	0.5	17%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$162,128	\$233,699	\$71,571	44%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$74,359	\$103,943	\$29,584	40%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$272,007	\$280,286	\$8,279	3%
14	TOTAL ACCRUED PAYMENTS	\$111,588	\$113,543	\$1,955	2%
15	TOTAL ALLOWANCES	\$160,419	\$166,743	\$6,324	4%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$702,596	\$749,027	\$46,431	7%
2	TOTAL OPERATING EXPENSES	\$85,362,191	\$88,487,473	\$3,125,282	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$271,906	\$360,327	\$88,421	33%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$165,221	\$122,057	(\$43,164)	-26%
5	BAD DEBTS (CHARGES)	\$4,873,574	\$6,998,451	\$2,124,877	44%
6	UNCOMPENSATED CARE (CHARGES)	\$5,038,795	\$7,120,508	\$2,081,713	41%
7	COST OF UNCOMPENSATED CARE	\$1,746,526	\$2,408,237	\$661,711	38%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$17,257,381	\$18,355,893	\$1,098,512	6%
9	TOTAL ACCRUED PAYMENTS	\$3,436,640	\$3,593,010	\$156,370	5%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$5,981,681	\$6,208,173	\$226,492	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,545,041	\$2,615,163	\$70,122	3%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$132,305,630	\$128,350,324	(\$3,955,306)	-3%
2	TOTAL INPATIENT PAYMENTS	\$44,263,767	\$42,972,106	(\$1,291,661)	-3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.46%	33.48%	0.02%	0%
4	TOTAL DISCHARGES	4,935	4,800	(135)	-3%
5	TOTAL CASE MIX INDEX	1.25647	1.29943	0.04296	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	6,200.68246	6,237.24343	36.56097	1%
7	TOTAL OUTPATIENT CHARGES	\$90,072,124	\$90,789,239	\$717,115	1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	68.08%	70.74%	2.66%	4%
9	TOTAL OUTPATIENT PAYMENTS	\$32,543,975	\$30,679,176	(\$1,864,799)	-6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.13%	33.79%	-2.34%	-6%
11	TOTAL CHARGES	\$222,377,754	\$219,139,563	(\$3,238,191)	-1%
12	TOTAL PAYMENTS	\$76,807,742	\$73,651,282	(\$3,156,460)	-4%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.54%	33.61%	-0.93%	-3%
14	PATIENT DAYS	21,629	20,370	(1,259)	-6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$93,763,361	\$87,964,493	(\$5,798,868)	-6%
2	INPATIENT PAYMENTS	\$28,814,107	\$27,152,503	(\$1,661,604)	-6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	30.73%	30.87%	0.14%	0%
4	DISCHARGES	3,056	2,870	(186)	-6%
5	CASE MIX INDEX	1.37881	1.45729	0.07848	6%
6	CASE MIX ADJUSTED DISCHARGES	4,213.63996	4,182.41103	(31.22893)	-1%
7	OUTPATIENT CHARGES	\$35,612,685	\$36,107,860	\$495,175	1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	37.98%	41.05%	3.07%	8%
9	OUTPATIENT PAYMENTS	\$8,748,088	\$8,398,488	(\$349,600)	-4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.56%	23.26%	-1.31%	-5%
11	TOTAL CHARGES	\$129,376,046	\$124,072,353	(\$5,303,693)	-4%
12	TOTAL PAYMENTS	\$37,562,195	\$35,550,991	(\$2,011,204)	-5%
13	TOTAL PAYMENTS / CHARGES	29.03%	28.65%	-0.38%	-1%
14	PATIENT DAYS	15,475	13,455	(2,020)	-13%
15	TOTAL GOVERNMENT DEDUCTIONS	\$91,813,851	\$88,521,362	(\$3,292,489)	-4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.2	4.9	(0.3)	-6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.6	0.3	9%
3	UNINSURED	3.3	4.4	1.1	34%
4	MEDICAID	4.3	3.6	(0.8)	-17%
5	OTHER MEDICAL ASSISTANCE	3.5	3.9	0.4	11%
6	CHAMPUS / TRICARE	3.1	3.7	0.5	17%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.2	(0.1)	-3%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$222,377,754	\$219,139,563	(\$3,238,191)	-1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$91,813,851	\$88,521,362	(\$3,292,489)	-4%
3	UNCOMPENSATED CARE	\$5,038,795	\$7,120,508	\$2,081,713	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,145,662	\$47,923,524	\$777,862	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,571,704	\$1,818,984	\$247,280	16%
6	TOTAL ADJUSTMENTS	\$145,570,012	\$145,384,378	(\$185,634)	0%
7	TOTAL ACCRUED PAYMENTS	\$76,807,742	\$73,755,185	(\$3,052,557)	-4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$271,906	\$360,327	\$88,421	33%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$77,079,648	\$74,115,512	(\$2,964,136)	-4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3466158220	0.3382114621	(0.0084043599)	-2%
11	COST OF UNCOMPENSATED CARE	\$1,746,526	\$2,408,237	\$661,711	38%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,545,041	\$2,615,163	\$70,122	3%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,291,567	\$5,023,401	\$731,833	17%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,151,970	\$2,680,641	\$528,671	25%
2	OTHER MEDICAL ASSISTANCE	(\$32,074)	\$539,289	\$571,363	-1781%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$775,204	\$1,732,031	\$956,827	123%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,895,101	\$4,951,962	\$2,056,861	71%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,454,373	\$2,885,294	\$430,921	17.56%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,445,278	\$8,817,435	\$2,372,157	36.80%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$83,524,926	\$82,829,045	(\$695,881)	-0.83%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$222,377,753	\$219,139,563	(\$3,238,190)	-1.46%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$5,038,795	\$7,120,508	\$2,081,713	41.31%

MILFORD HOSPITAL				
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)	\$38,542,269	\$40,385,831	\$1,843,562
2	MEDICARE	\$85,170,567	80,427,776	(\$4,742,791)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,482,915	7,490,130	(\$992,785)
4	MEDICAID	\$8,413,551	6,734,400	(\$1,679,151)
5	OTHER MEDICAL ASSISTANCE	\$69,364	755,730	\$686,366
6	CHAMPUS / TRICARE	\$109,879	46,587	(\$63,292)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,529,704	2,605,659	\$75,955
	TOTAL INPATIENT GOVERNMENT CHARGES	\$93,763,361	\$87,964,493	(\$5,798,868)
	TOTAL INPATIENT CHARGES	\$132,305,630	\$128,350,324	(\$3,955,306)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,459,439	\$54,681,379	\$221,940
2	MEDICARE	\$26,676,091	25,008,398	(\$1,667,693)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,774,466	10,865,763	\$2,091,297
4	MEDICAID	\$8,704,215	8,750,141	\$45,926
5	OTHER MEDICAL ASSISTANCE	\$70,251	2,115,622	\$2,045,371
6	CHAMPUS / TRICARE	\$162,128	233,699	\$71,571
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,252,320	5,204,794	\$952,474
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$35,612,685	\$36,107,860	\$495,175
	TOTAL OUTPATIENT CHARGES	\$90,072,124	\$90,789,239	\$717,115
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$93,001,708	\$95,067,210	\$2,065,502
2	TOTAL MEDICARE	\$111,846,658	\$105,436,174	(\$6,410,484)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,257,381	\$18,355,893	\$1,098,512
4	TOTAL MEDICAID	\$17,117,766	\$15,484,541	(\$1,633,225)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$139,615	\$2,871,352	\$2,731,737
6	TOTAL CHAMPUS / TRICARE	\$272,007	\$280,286	\$8,279
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,782,024	\$7,810,453	\$1,028,429
	TOTAL GOVERNMENT CHARGES	\$129,376,046	\$124,072,353	(\$5,303,693)
	TOTAL CHARGES	\$222,377,754	\$219,139,563	(\$3,238,191)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,449,660	\$15,819,603	\$369,943
2	MEDICARE	\$26,912,329	25,602,331	(\$1,309,998)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,864,549	1,540,572	(\$323,977)
4	MEDICAID	\$1,837,748	1,481,372	(\$356,376)
5	OTHER MEDICAL ASSISTANCE	\$26,801	59,200	\$32,399
6	CHAMPUS / TRICARE	\$37,229	9,600	(\$27,629)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$570,962	188,048	(\$382,914)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$28,814,107	\$27,152,503	(\$1,661,604)
	TOTAL INPATIENT PAYMENTS	\$44,263,767	\$42,972,106	(\$1,291,661)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,795,887	\$22,280,688	(\$1,515,199)
2	MEDICARE	\$7,101,638	6,242,107	(\$859,531)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,572,091	2,052,438	\$480,347
4	MEDICAID	\$1,537,726	1,808,365	\$270,639
5	OTHER MEDICAL ASSISTANCE	\$34,365	244,073	\$209,708
6	CHAMPUS / TRICARE	\$74,359	103,943	\$29,584
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,183,976	462,477	(\$721,499)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$8,748,088	\$8,398,488	(\$349,600)
	TOTAL OUTPATIENT PAYMENTS	\$32,543,975	\$30,679,176	(\$1,864,799)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$39,245,547	\$38,100,291	(\$1,145,256)
2	TOTAL MEDICARE	\$34,013,967	\$31,844,438	(\$2,169,529)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,436,640	\$3,593,010	\$156,370
4	TOTAL MEDICAID	\$3,375,474	\$3,289,737	(\$85,737)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$61,166	\$303,273	\$242,107
6	TOTAL CHAMPUS / TRICARE	\$111,588	\$113,543	\$1,955
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,754,938	\$650,525	(\$1,104,413)
	TOTAL GOVERNMENT PAYMENTS	\$37,562,195	\$35,550,991	(\$2,011,204)
	TOTAL PAYMENTS	\$76,807,742	\$73,651,282	(\$3,156,460)

MILFORD HOSPITAL				
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)	17.33%	18.43%	1.10%
2	MEDICARE	38.30%	36.70%	-1.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.81%	3.42%	-0.40%
4	MEDICAID	3.78%	3.07%	-0.71%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.34%	0.31%
6	CHAMPUS / TRICARE	0.05%	0.02%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.14%	1.19%	0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	42.16%	40.14%	-2.02%
	TOTAL INPATIENT PAYER MIX	59.50%	58.57%	-0.93%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.49%	24.95%	0.46%
2	MEDICARE	12.00%	11.41%	-0.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.95%	4.96%	1.01%
4	MEDICAID	3.91%	3.99%	0.08%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.97%	0.93%
6	CHAMPUS / TRICARE	0.07%	0.11%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.91%	2.38%	0.46%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.01%	16.48%	0.46%
	TOTAL OUTPATIENT PAYER MIX	40.50%	41.43%	0.93%
	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)	20.11%	21.48%	1.36%
2	MEDICARE	35.04%	34.76%	-0.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.43%	2.09%	-0.34%
4	MEDICAID	2.39%	2.01%	-0.38%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.08%	0.05%
6	CHAMPUS / TRICARE	0.05%	0.01%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.74%	0.26%	-0.49%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.51%	36.87%	-0.65%
	TOTAL INPATIENT PAYER MIX	57.63%	58.35%	0.72%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.98%	30.25%	-0.73%
2	MEDICARE	9.25%	8.48%	-0.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.05%	2.79%	0.74%
4	MEDICAID	2.00%	2.46%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.33%	0.29%
6	CHAMPUS / TRICARE	0.10%	0.14%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.54%	0.63%	-0.91%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	11.39%	11.40%	0.01%
	TOTAL OUTPATIENT PAYER MIX	42.37%	41.65%	-0.72%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MILFORD HOSPITAL				
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)	1,879	1,930	51
2	MEDICARE	2,632	2,423	(209)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	416	444	28
4	MEDICAID	414	417	3
5	OTHER MEDICAL ASSISTANCE	2	27	25
6	CHAMPUS / TRICARE	8	3	(5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	116	99	(17)
	TOTAL GOVERNMENT DISCHARGES	3,056	2,870	(186)
	TOTAL DISCHARGES	4,935	4,800	(135)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,154	6,915	761
2	MEDICARE	13,656	11,854	(1,802)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,794	1,590	(204)
4	MEDICAID	1,787	1,485	(302)
5	OTHER MEDICAL ASSISTANCE	7	105	98
6	CHAMPUS / TRICARE	25	11	(14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	386	440	54
	TOTAL GOVERNMENT PATIENT DAYS	15,475	13,455	(2,020)
	TOTAL PATIENT DAYS	21,629	20,370	(1,259)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.6	0.3
2	MEDICARE	5.2	4.9	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.3	3.6	(0.7)
4	MEDICAID	4.3	3.6	(0.8)
5	OTHER MEDICAL ASSISTANCE	3.5	3.9	0.4
6	CHAMPUS / TRICARE	3.1	3.7	0.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.3	4.4	1.1
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.1	4.7	(0.4)
	TOTAL AVERAGE LENGTH OF STAY	4.4	4.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05750	1.06468	0.00718
2	MEDICARE	1.45300	1.57050	0.11750
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.91746	0.84579	(0.07167)
4	MEDICAID	0.91790	0.82345	(0.09445)
5	OTHER MEDICAL ASSISTANCE	0.82720	1.19089	0.36369
6	CHAMPUS / TRICARE	0.95987	0.51895	(0.44092)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04170	1.11723	0.07553
	TOTAL GOVERNMENT CASE MIX INDEX	1.37881	1.45729	0.07848
	TOTAL CASE MIX INDEX	1.25647	1.29943	0.04296
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$83,765,311	\$84,371,463	\$606,152
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,619,649	\$36,447,939	(\$171,710)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,145,662	\$47,923,524	\$777,862
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.28%	56.80%	0.52%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,454,373	\$2,885,294	\$430,921
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,571,704	\$1,818,984	\$247,280
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$271,906	\$360,327	\$88,421
8	CHARITY CARE	\$165,221	\$122,057	(\$43,164)
9	BAD DEBTS	\$4,873,574	\$6,998,451	\$2,124,877
10	TOTAL UNCOMPENSATED CARE	\$5,038,795	\$7,120,508	\$2,081,713
11	TOTAL OTHER OPERATING REVENUE	\$83,765,311	\$84,371,463	\$606,152
12	TOTAL OPERATING EXPENSES	\$85,362,191	\$88,487,473	\$3,125,282

MILFORD HOSPITAL				
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</u> <u>FY 2008</u>	<u>ACTUAL</u> <u>FY 2009</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>

MILFORD HOSPITAL				
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)	1,987.04250	2,054.83240	67.78990
2	MEDICARE	3,824.29600	3,805.32150	(18.97450)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	381.66500	375.53268	(6.13232)
4	MEDICAID	380.01060	343.37865	(36.63195)
5	OTHER MEDICAL ASSISTANCE	1.65440	32.15403	30.49963
6	CHAMPUS / TRICARE	7.67896	1.55685	(6.12211)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	120.32720	110.60577	(10.23143)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	4,213.63996	4,182.41103	(31.22893)
	TOTAL CASE MIX ADJUSTED DISCHARGES	6,200.68246	6,237.24343	36.56097
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,654.98863	2,613.17048	-41.81815
2	MEDICARE	824.36309	753.41320	-70.94988
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	430.32809	617.40139	187.07330
4	MEDICAID	428.30251	541.81646	113.51395
5	OTHER MEDICAL ASSISTANCE	2.02558	75.58492	73.55935
6	CHAMPUS / TRICARE	11.80411	15.04920	3.24509
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	194.99084	197.75213	2.76128
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,266.49528	1,385.86379	119.36851
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	3,921.48391	3,999.03427	77.55036
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,775.20	\$7,698.73	(\$76.47)
2	MEDICARE	\$7,037.20	\$6,728.03	(\$309.16)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,885.30	\$4,102.36	(\$782.94)
4	MEDICAID	\$4,836.04	\$4,314.11	(\$521.94)
5	OTHER MEDICAL ASSISTANCE	\$16,199.83	\$1,841.14	(\$14,358.69)
6	CHAMPUS / TRICARE	\$4,848.18	\$6,166.30	\$1,318.11
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,725.05	\$1,700.16	(\$3,024.89)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,838.29	\$6,492.07	(\$346.22)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,138.53	\$6,889.60	(\$248.93)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,962.71	\$8,526.30	(\$436.40)
2	MEDICARE	\$8,614.70	\$8,285.10	(\$329.59)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,653.24	\$3,324.32	(\$328.92)
4	MEDICAID	\$3,590.28	\$3,337.60	(\$252.68)
5	OTHER MEDICAL ASSISTANCE	\$16,965.55	\$3,229.12	(\$13,736.43)
6	CHAMPUS / TRICARE	\$6,299.42	\$6,906.88	\$607.46
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,071.96	\$2,338.67	(\$3,733.29)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,907.32	\$6,060.11	(\$847.21)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,298.89	\$7,671.65	(\$627.25)

MILFORD HOSPITAL				
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	\$2,151,970	\$2,680,641	\$528,671
2	OTHER MEDICAL ASSISTANCE	(\$32,074)	\$539,289	\$571,363
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$775,204	\$1,732,031	\$956,827
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$2,895,101	\$4,951,962	\$2,056,861
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$222,377,754	\$219,139,563	(\$3,238,191)
2	TOTAL GOVERNMENT DEDUCTIONS	\$91,813,851	\$88,521,362	(\$3,292,489)
3	UNCOMPENSATED CARE	\$5,038,795	\$7,120,508	\$2,081,713
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,145,662	\$47,923,524	\$777,862
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,571,704	\$1,818,984	\$247,280
6	TOTAL ADJUSTMENTS	\$145,570,012	\$145,384,378	(\$185,634)
7	TOTAL ACCRUED PAYMENTS	\$76,807,742	\$73,755,185	(\$3,052,557)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$271,906	\$360,327	\$88,421
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$77,079,648	\$74,115,512	(\$2,964,136)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3466158220	0.3382114621	(0.0084043599)
11	COST OF UNCOMPENSATED CARE	\$1,746,526	\$2,408,237	\$661,711
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,545,041	\$2,615,163	\$70,122
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,291,567	\$5,023,401	\$731,833
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.08%	39.17%	-0.91%
2	MEDICARE	31.60%	31.83%	0.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.98%	20.57%	-1.41%
4	MEDICAID	21.84%	22.00%	0.15%
5	OTHER MEDICAL ASSISTANCE	38.64%	7.83%	-30.80%
6	CHAMPUS / TRICARE	33.88%	20.61%	-13.28%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22.57%	7.22%	-15.35%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	30.73%	30.87%	0.14%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.46%	33.48%	0.02%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.69%	40.75%	-2.95%
2	MEDICARE	26.62%	24.96%	-1.66%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.92%	18.89%	0.97%
4	MEDICAID	17.67%	20.67%	3.00%
5	OTHER MEDICAL ASSISTANCE	48.92%	11.54%	-37.38%
6	CHAMPUS / TRICARE	45.86%	44.48%	-1.39%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.84%	8.89%	-18.96%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.56%	23.26%	-1.31%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.13%	33.79%	-2.34%

MILFORD HOSPITAL 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	\$76,807,742	\$73,651,282	(\$3,156,460)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$271,906	\$360,327	\$88,421
	OHCA DEFINED NET REVENUE	\$77,079,648	\$74,011,609	(\$3,068,039)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,445,278	\$8,817,435	\$2,372,157
4	CALCULATED NET REVENUE	\$89,281,169	\$82,829,044	(\$6,452,125)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$83,524,926	\$82,829,045	(\$695,881)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$5,756,243	(\$1)	(\$5,756,244)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$222,377,754	\$219,139,563	(\$3,238,191)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$222,377,754	\$219,139,563	(\$3,238,191)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$222,377,753	\$219,139,563	(\$3,238,190)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,038,795	\$7,120,508	\$2,081,713
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,038,795	\$7,120,508	\$2,081,713
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,038,795	\$7,120,508	\$2,081,713
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MILFORD HOSPITAL 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)	\$40,385,831
2	MEDICARE	80,427,776
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,490,130
4	MEDICAID	6,734,400
5	OTHER MEDICAL ASSISTANCE	755,730
6	CHAMPUS / TRICARE	46,587
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,605,659
	TOTAL INPATIENT GOVERNMENT CHARGES	\$87,964,493
	TOTAL INPATIENT CHARGES	\$128,350,324
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,681,379
2	MEDICARE	25,008,398
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,865,763
4	MEDICAID	8,750,141
5	OTHER MEDICAL ASSISTANCE	2,115,622
6	CHAMPUS / TRICARE	233,699
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,204,794
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$36,107,860
	TOTAL OUTPATIENT CHARGES	\$90,789,239
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$95,067,210
2	TOTAL GOVERNMENT ACCRUED CHARGES	124,072,353
	TOTAL ACCRUED CHARGES	\$219,139,563
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,819,603
2	MEDICARE	25,602,331
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,540,572
4	MEDICAID	1,481,372
5	OTHER MEDICAL ASSISTANCE	59,200
6	CHAMPUS / TRICARE	9,600
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	188,048
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$27,152,503
	TOTAL INPATIENT PAYMENTS	\$42,972,106
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,280,688
2	MEDICARE	6,242,107
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,052,438
4	MEDICAID	1,808,365
5	OTHER MEDICAL ASSISTANCE	244,073
6	CHAMPUS / TRICARE	103,943
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	462,477
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$8,398,488
	TOTAL OUTPATIENT PAYMENTS	\$30,679,176
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$38,100,291
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	35,550,991
	TOTAL ACCRUED PAYMENTS	\$73,651,282

MILFORD HOSPITAL 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)	1,930
2	MEDICARE	2,423
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	444
4	MEDICAID	417
5	OTHER MEDICAL ASSISTANCE	27
6	CHAMPUS / TRICARE	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	99
	TOTAL GOVERNMENT DISCHARGES	2,870
	TOTAL DISCHARGES	4,800
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06468
2	MEDICARE	1.57050
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84579
4	MEDICAID	0.82345
5	OTHER MEDICAL ASSISTANCE	1.19089
6	CHAMPUS / TRICARE	0.51895
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.11723
	TOTAL GOVERNMENT CASE MIX INDEX	1.45729
	TOTAL CASE MIX INDEX	1.29943
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$84,371,463
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$36,447,939
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,923,524
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.80%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,885,294
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,818,984
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$360,327
8	CHARITY CARE	\$122,057
9	BAD DEBTS	\$6,998,451
10	TOTAL UNCOMPENSATED CARE	\$7,120,508
11	TOTAL OTHER OPERATING REVENUE	\$749,027
12	TOTAL OPERATING EXPENSES	\$88,487,473

MILFORD HOSPITAL		
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
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	\$73,651,282
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$360,327
	OHCA DEFINED NET REVENUE	\$74,011,609
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,817,435
	CALCULATED NET REVENUE	\$82,829,044
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$82,829,045
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$219,139,563
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$219,139,563
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$219,139,563
	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)	\$7,120,508
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,120,508
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,120,508
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	40	38	(2)	-5%
2	Number of Approved Applicants	17	16	(1)	-6%
3	Total Charges (A)	\$165,221	\$122,057	(\$43,164)	-26%
4	Average Charges	\$9,719	\$7,629	(\$2,090)	-22%
5	Ratio of Cost to Charges (RCC)	0.391407	0.382652	(0.008755)	-2%
6	Total Cost	\$64,669	\$46,705	(\$17,963)	-28%
7	Average Cost	\$3,804	\$2,919	(\$885)	-23%
8	Charity Care - Inpatient Charges	\$145,259	\$76,155	(\$69,104)	-48%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	545	5,109	4,564	837%
10	Charity Care - Emergency Department Charges	19,417	40,793	21,376	110%
11	Total Charges (A)	\$165,221	\$122,057	(\$43,164)	-26%
12	Charity Care - Number of Patient Days	51	20	(31)	-61%
13	Charity Care - Number of Discharges	10	3	(7)	-70%
14	Charity Care - Number of Outpatient ED Visits	17	29	12	71%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3	3	0	0%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,824,508	\$2,367,045	\$542,537	30%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,049,066	4,631,406	1,582,340	52%
3	Bad Debts - Emergency Department	0	0	0	0%
4	Total Bad Debts (A)	\$4,873,574	\$6,998,451	\$2,124,877	44%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$165,221	\$122,057	(\$43,164)	-26%
2	Bad Debts (A)	4,873,574	6,998,451	2,124,877	44%
3	Total Uncompensated Care (A)	\$5,038,795	\$7,120,508	\$2,081,713	41%
4	Uncompensated Care - Inpatient Services	\$1,969,767	\$2,443,200	\$473,433	24%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,049,611	4,636,515	1,586,904	52%
6	Uncompensated Care - Emergency Department	19,417	40,793	21,376	110%
7	Total Uncompensated Care (A)	\$5,038,795	\$7,120,508	\$2,081,713	41%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$126,628,911	\$132,305,630	\$128,350,324
2	Outpatient Gross Revenue	\$83,157,912	\$90,072,124	\$90,789,239
3	Total Gross Patient Revenue	\$209,786,823	\$222,377,754	\$219,139,563
4	Net Patient Revenue	\$76,632,879	\$83,253,020	\$82,468,718
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$82,425,087	\$85,362,191	\$88,487,473
C. <u>Utilization Statistics</u>				
1	Patient Days	22,304	21,629	20,370
2	Discharges	5,026	4,935	4,800
3	Average Length of Stay	4.4	4.4	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	36,951	36,354	34,779
0	Equivalent (Adjusted) Discharges (ED)	8,327	8,295	8,195
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.17896	1.25647	1.29943
2	Case Mix Adjusted Patient Days (CMAPD)	26,295	27,176	26,469
3	Case Mix Adjusted Discharges (CMAD)	5,925	6,201	6,237
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	43,564	45,677	45,192
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,817	10,422	10,649
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,406	\$10,281	\$10,758
2	Total Gross Revenue per Discharge	\$41,740	\$45,061	\$45,654
3	Total Gross Revenue per EPD	\$5,677	\$6,117	\$6,301
4	Total Gross Revenue per ED	\$25,195	\$26,810	\$26,740
5	Total Gross Revenue per CMAEPD	\$4,816	\$4,868	\$4,849
6	Total Gross Revenue per CMAED	\$21,370	\$21,337	\$20,578
7	Inpatient Gross Revenue per EPD	\$3,427	\$3,639	\$3,690
8	Inpatient Gross Revenue per ED	\$15,208	\$15,951	\$15,661

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. <u>Net Revenue Per Statistic</u>				
1	Net Patient Revenue per Patient Day	\$3,436	\$3,849	\$4,049
2	Net Patient Revenue per Discharge	\$15,247	\$16,870	\$17,181
3	Net Patient Revenue per EPD	\$2,074	\$2,290	\$2,371
4	Net Patient Revenue per ED	\$9,203	\$10,037	\$10,063
5	Net Patient Revenue per CMAEPD	\$1,759	\$1,823	\$1,825
6	Net Patient Revenue per CMAED	\$7,806	\$7,988	\$7,744
G. <u>Operating Expense Per Statistic</u>				
1	Total Operating Expense per Patient Day	\$3,696	\$3,947	\$4,344
2	Total Operating Expense per Discharge	\$16,400	\$17,297	\$18,435
3	Total Operating Expense per EPD	\$2,231	\$2,348	\$2,544
4	Total Operating Expense per ED	\$9,899	\$10,291	\$10,797
5	Total Operating Expense per CMAEPD	\$1,892	\$1,869	\$1,958
6	Total Operating Expense per CMAED	\$8,396	\$8,191	\$8,309
H. <u>Nursing Salary and Fringe Benefits Expense</u>				
1	Nursing Salary Expense	\$14,489,206	\$15,347,305	\$17,018,295
2	Nursing Fringe Benefits Expense	\$5,878,271	\$5,503,138	\$6,911,685
3	Total Nursing Salary and Fringe Benefits Expense	\$20,367,477	\$20,850,443	\$23,929,980
I. <u>Physician Salary and Fringe Expense</u>				
1	Physician Salary Expense	\$4,088,726	\$4,451,036	\$4,932,122
2	Physician Fringe Benefits Expense	\$795,418	\$821,247	\$968,548
3	Total Physician Salary and Fringe Benefits Expense	\$4,884,144	\$5,272,283	\$5,900,670
J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>				
1	Non-Nursing, Non-Physician Salary Expense	\$15,799,285	\$16,331,416	\$15,222,495
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,409,770	\$6,016,868	\$6,129,230
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$22,209,055	\$22,348,284	\$21,351,725
K. <u>Total Salary and Fringe Benefits Expense</u>				
1	Total Salary Expense	\$34,377,217	\$36,129,757	\$37,172,912
2	Total Fringe Benefits Expense	\$13,083,459	\$12,341,253	\$14,009,463
3	Total Salary and Fringe Benefits Expense	\$47,460,676	\$48,471,010	\$51,182,375

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	207.7	211.0	206.3
2	Total Physician FTEs	17.6	18.0	20.3
3	Total Non-Nursing, Non-Physician FTEs	335.7	331.0	321.3
4	Total Full Time Equivalent Employees (FTEs)	561.0	560.0	547.9
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$69,760	\$72,736	\$82,493
2	Nursing Fringe Benefits Expense per FTE	\$28,302	\$26,081	\$33,503
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$98,062	\$98,817	\$115,996
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$232,314	\$247,280	\$242,962
2	Physician Fringe Benefits Expense per FTE	\$45,194	\$45,625	\$47,712
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$277,508	\$292,905	\$290,673
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$47,064	\$49,340	\$47,378
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,094	\$18,178	\$19,076
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$66,157	\$67,517	\$66,454
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$61,278	\$64,517	\$67,846
2	Total Fringe Benefits Expense per FTE	\$23,322	\$22,038	\$25,569
3	Total Salary and Fringe Benefits Expense per FTE	\$84,600	\$86,555	\$93,416
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,128	\$2,241	\$2,513
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,443	\$9,822	\$10,663
3	Total Salary and Fringe Benefits Expense per EPD	\$1,284	\$1,333	\$1,472
4	Total Salary and Fringe Benefits Expense per ED	\$5,700	\$5,844	\$6,245
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,089	\$1,061	\$1,133
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,835	\$4,651	\$4,806