

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$0	\$0	\$0	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$33,764,998	\$29,752,888	(\$4,012,110)	-12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$6,910,000	\$0	(\$6,910,000)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,676,748	\$0	(\$2,676,748)	-100%
7	Inventories of Supplies	\$5,904,591	\$7,090,582	\$1,185,991	20%
8	Prepaid Expenses	\$3,314,862	\$3,045,246	(\$269,616)	-8%
9	Other Current Assets	\$1,303,721	\$13,267,035	\$11,963,314	918%
	<b>Total Current Assets</b>	<b>\$53,874,920</b>	<b>\$53,155,751</b>	<b>(\$719,169)</b>	<b>-1%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$18,879,282	\$0	(\$18,879,282)	-100%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$18,879,282</b>	<b>\$0</b>	<b>(\$18,879,282)</b>	<b>-100%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$601,145	\$613,242	\$12,097	2%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$177,971,660	\$181,042,934	\$3,071,274	2%
2	Less: Accumulated Depreciation	\$123,975,802	\$132,361,469	\$8,385,667	7%
	<b>Property, Plant and Equipment, Net</b>	<b>\$53,995,858</b>	<b>\$48,681,465</b>	<b>(\$5,314,393)</b>	<b>-10%</b>
3	Construction in Progress	\$5,577,936	\$6,030,347	\$452,411	8%
	<b>Total Net Fixed Assets</b>	<b>\$59,573,794</b>	<b>\$54,711,812</b>	<b>(\$4,861,982)</b>	<b>-8%</b>
	<b>Total Assets</b>	<b>\$132,929,141</b>	<b>\$108,480,805</b>	<b>(\$24,448,336)</b>	<b>-18%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$10,049,629	\$11,160,327	\$1,110,698	11%
2	Salaries, Wages and Payroll Taxes	\$6,460,153	\$6,506,559	\$46,406	1%
3	Due To Third Party Payers	\$0	\$2,833,399	\$2,833,399	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$9,723,510	\$2,062,147	(\$7,661,363)	-79%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$21,702,376	\$10,975,690	(\$10,726,686)	-49%
	<b>Total Current Liabilities</b>	<b>\$47,935,668</b>	<b>\$33,538,122</b>	<b>(\$14,397,546)</b>	<b>-30%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$2,075,991	\$1,245,595	(\$830,396)	-40%
	<b>Total Long Term Debt</b>	<b>\$2,075,991</b>	<b>\$1,245,595</b>	<b>(\$830,396)</b>	<b>-40%</b>
3	Accrued Pension Liability	\$6,223,758	\$7,202,589	\$978,831	16%
4	Other Long Term Liabilities	\$20,633,364	\$1,086,613	(\$19,546,751)	-95%
	<b>Total Long Term Liabilities</b>	<b>\$28,933,113</b>	<b>\$9,534,797</b>	<b>(\$19,398,316)</b>	<b>-67%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$55,916,180	\$65,259,763	\$9,343,583	17%
2	Temporarily Restricted Net Assets	\$144,180	\$148,123	\$3,943	3%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	<b>Total Net Assets</b>	<b>\$56,060,360</b>	<b>\$65,407,886</b>	<b>\$9,347,526</b>	<b>17%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$132,929,141</b>	<b>\$108,480,805</b>	<b>(\$24,448,336)</b>	<b>-18%</b>

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$469,647,440	\$514,239,006	\$44,591,566	9%
2	Less: Allowances	\$217,673,653	\$259,235,708	\$41,562,055	19%
3	Less: Charity Care	\$840,699	\$1,013,714	\$173,015	21%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$251,133,088</b>	<b>\$253,989,584</b>	<b>\$2,856,496</b>	<b>1%</b>
5	Other Operating Revenue	\$3,928,058	\$1,081,457	(\$2,846,601)	-72%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$255,061,146</b>	<b>\$255,071,041</b>	<b>\$9,895</b>	<b>0%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$93,580,336	\$88,764,151	(\$4,816,185)	-5%
2	Fringe Benefits	\$34,952,482	\$38,825,799	\$3,873,317	11%
3	Physicians Fees	\$11,966,675	\$15,292,507	\$3,325,832	28%
4	Supplies and Drugs	\$52,655,058	\$50,645,210	(\$2,009,848)	-4%
5	Depreciation and Amortization	\$10,790,380	\$10,571,031	(\$219,349)	-2%
6	Bad Debts	\$4,252,105	\$7,834,037	\$3,581,932	84%
7	Interest	\$415,932	\$275,340	(\$140,592)	-34%
8	Malpractice	\$7,977,273	\$3,064,000	(\$4,913,273)	-62%
9	Other Operating Expenses	\$50,259,804	\$64,364,446	\$14,104,642	28%
	<b>Total Operating Expenses</b>	<b>\$266,850,045</b>	<b>\$279,636,521</b>	<b>\$12,786,476</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$11,788,899)</b>	<b>(\$24,565,480)</b>	<b>(\$12,776,581)</b>	<b>108%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$259,902	\$49,785	(\$210,117)	-81%
2	Gifts, Contributions and Donations	\$0	\$847,835	\$847,835	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$13,500,000	\$13,500,000	0%
	<b>Total Non-Operating Revenue</b>	<b>\$259,902</b>	<b>\$14,397,620</b>	<b>\$14,137,718</b>	<b>5440%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$11,528,997)</b>	<b>(\$10,167,860)</b>	<b>\$1,361,137</b>	<b>-12%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$14,900,000	\$19,515,386	\$4,615,386	31%
	<b>Total Other Adjustments</b>	<b>\$14,900,000</b>	<b>\$19,515,386</b>	<b>\$4,615,386</b>	<b>31%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$3,371,003</b>	<b>\$9,347,526</b>	<b>\$5,976,523</b>	<b>177%</b>
	Principal Payments	\$3,227,462	\$2,813,510	(\$413,952)	-13%

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$92,389,079	\$105,262,677	\$12,873,598	14%
2	MEDICARE MANAGED CARE	\$11,951,662	\$17,193,417	\$5,241,755	44%
3	MEDICAID	\$24,931,485	\$28,012,652	\$3,081,167	12%
4	MEDICAID MANAGED CARE	\$18,426,044	\$21,183,673	\$2,757,629	15%
5	CHAMPUS/TRICARE	\$1,002,546	\$1,755,977	\$753,431	75%
6	COMMERCIAL INSURANCE	\$1,424,163	\$351,898	(\$1,072,265)	-75%
7	NON-GOVERNMENT MANAGED CARE	\$84,684,481	\$90,897,673	\$6,213,192	7%
8	WORKER'S COMPENSATION	\$1,385,926	\$1,859,715	\$473,789	34%
9	SELF- PAY/UNINSURED	\$1,174,109	\$1,330,032	\$155,923	13%
10	SAGA	\$6,640,566	\$3,413,097	(\$3,227,469)	-49%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$244,010,061</b>	<b>\$271,260,811</b>	<b>\$27,250,750</b>	<b>11%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$61,716,911	\$64,705,720	\$2,988,809	5%
2	MEDICARE MANAGED CARE	\$11,276,256	\$13,792,239	\$2,515,983	22%
3	MEDICAID	\$11,043,080	\$17,173,855	\$6,130,775	56%
4	MEDICAID MANAGED CARE	\$13,660,695	\$15,984,370	\$2,323,675	17%
5	CHAMPUS/TRICARE	\$1,283,726	\$1,575,205	\$291,479	23%
6	COMMERCIAL INSURANCE	\$893,852	\$768,202	(\$125,650)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$122,993,795	\$119,427,814	(\$3,565,981)	-3%
8	WORKER'S COMPENSATION	\$3,060,583	\$3,502,376	\$441,793	14%
9	SELF- PAY/UNINSURED	\$3,517,089	\$2,774,027	(\$743,062)	-21%
10	SAGA	\$7,051,317	\$4,257,954	(\$2,793,363)	-40%
11	OTHER	\$261,635	\$0	(\$261,635)	-100%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$236,758,939</b>	<b>\$243,961,762</b>	<b>\$7,202,823</b>	<b>3%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$154,105,990	\$169,968,397	\$15,862,407	10%
2	MEDICARE MANAGED CARE	\$23,227,918	\$30,985,656	\$7,757,738	33%
3	MEDICAID	\$35,974,565	\$45,186,507	\$9,211,942	26%
4	MEDICAID MANAGED CARE	\$32,086,739	\$37,168,043	\$5,081,304	16%
5	CHAMPUS/TRICARE	\$2,286,272	\$3,331,182	\$1,044,910	46%
6	COMMERCIAL INSURANCE	\$2,318,015	\$1,120,100	(\$1,197,915)	-52%
7	NON-GOVERNMENT MANAGED CARE	\$207,678,276	\$210,325,487	\$2,647,211	1%
8	WORKER'S COMPENSATION	\$4,446,509	\$5,362,091	\$915,582	21%
9	SELF- PAY/UNINSURED	\$4,691,198	\$4,104,059	(\$587,139)	-13%
10	SAGA	\$13,691,883	\$7,671,051	(\$6,020,832)	-44%
11	OTHER	\$261,635	\$0	(\$261,635)	-100%
	<b>TOTAL GROSS REVENUE</b>	<b>\$480,769,000</b>	<b>\$515,222,573</b>	<b>\$34,453,573</b>	<b>7%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$65,866,741	\$62,169,408	(\$3,697,333)	-6%
2	MEDICARE MANAGED CARE	\$7,248,442	\$9,182,316	\$1,933,874	27%
3	MEDICAID	\$9,303,363	\$9,355,504	\$52,141	1%
4	MEDICAID MANAGED CARE	\$8,267,701	\$7,529,500	(\$738,201)	-9%
5	CHAMPUS/TRICARE	\$372,717	\$578,732	\$206,015	55%
6	COMMERCIAL INSURANCE	\$653,187	\$162,129	(\$491,058)	-75%
7	NON-GOVERNMENT MANAGED CARE	\$47,407,994	\$45,160,891	(\$2,247,103)	-5%
8	WORKER'S COMPENSATION	\$1,026,937	\$1,313,969	\$287,032	28%
9	SELF- PAY/UNINSURED	\$129,406	\$159,546	\$30,140	23%
10	SAGA	\$1,025,871	\$475,015	(\$550,856)	-54%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$141,302,359</b>	<b>\$136,087,010</b>	<b>(\$5,215,349)</b>	<b>-4%</b>
<b>B. OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$21,606,147	\$21,650,297	\$44,150	0%
2	MEDICARE MANAGED CARE	\$3,537,778	\$4,458,383	\$920,605	26%
3	MEDICAID	\$3,905,156	\$6,462,875	\$2,557,719	65%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$5,346,092	\$6,742,382	\$1,396,290	26%
5	CHAMPUS/TRICARE	\$506,793	\$585,727	\$78,934	16%
6	COMMERCIAL INSURANCE	\$512,868	\$417,453	(\$95,415)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$61,324,812	\$62,922,378	\$1,597,566	3%
8	WORKER'S COMPENSATION	\$1,946,789	\$2,435,541	\$488,752	25%
9	SELF- PAY/UNINSURED	\$591,911	\$317,574	(\$274,337)	-46%
10	SAGA	\$1,351,145	\$839,224	(\$511,921)	-38%
11	OTHER	\$127,006	\$0	(\$127,006)	-100%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$100,756,497</b>	<b>\$106,831,834</b>	<b>\$6,075,337</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$87,472,888	\$83,819,705	(\$3,653,183)	-4%
2	MEDICARE MANAGED CARE	\$10,786,220	\$13,640,699	\$2,854,479	26%
3	MEDICAID	\$13,208,519	\$15,818,379	\$2,609,860	20%
4	MEDICAID MANAGED CARE	\$13,613,793	\$14,271,882	\$658,089	5%
5	CHAMPUS/TRICARE	\$879,510	\$1,164,459	\$284,949	32%
6	COMMERCIAL INSURANCE	\$1,166,055	\$579,582	(\$586,473)	-50%
7	NON-GOVERNMENT MANAGED CARE	\$108,732,806	\$108,083,269	(\$649,537)	-1%
8	WORKER'S COMPENSATION	\$2,973,726	\$3,749,510	\$775,784	26%
9	SELF- PAY/UNINSURED	\$721,317	\$477,120	(\$244,197)	-34%
10	SAGA	\$2,377,016	\$1,314,239	(\$1,062,777)	-45%
11	OTHER	\$127,006	\$0	(\$127,006)	-100%
	<b>TOTAL NET REVENUE</b>	<b>\$242,058,856</b>	<b>\$242,918,844</b>	<b>\$859,988</b>	<b>0%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	3,396	3,458	62	2%
2	MEDICARE MANAGED CARE	464	492	28	6%
3	MEDICAID	712	927	215	30%
4	MEDICAID MANAGED CARE	857	830	(27)	-3%
5	CHAMPUS/TRICARE	63	84	21	33%
6	COMMERCIAL INSURANCE	37	22	(15)	-41%
7	NON-GOVERNMENT MANAGED CARE	3,574	3,428	(146)	-4%
8	WORKER'S COMPENSATION	65	73	8	12%
9	SELF- PAY/UNINSURED	84	81	(3)	-4%
10	SAGA	335	172	(163)	-49%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>9,587</b>	<b>9,567</b>	<b>(20)</b>	<b>0%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	18,836	18,036	(800)	-4%
2	MEDICARE MANAGED CARE	2,041	2,322	281	14%
3	MEDICAID	6,736	6,271	(465)	-7%
4	MEDICAID MANAGED CARE	5,867	5,419	(448)	-8%
5	CHAMPUS/TRICARE	262	304	42	16%
6	COMMERCIAL INSURANCE	321	135	(186)	-58%
7	NON-GOVERNMENT MANAGED CARE	19,899	17,517	(2,382)	-12%
8	WORKER'S COMPENSATION	180	187	7	4%
9	SELF- PAY/UNINSURED	362	295	(67)	-19%
10	SAGA	1,615	744	(871)	-54%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>56,119</b>	<b>51,230</b>	<b>(4,889)</b>	<b>-9%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	74,339	75,338	999	1%
2	MEDICARE MANAGED CARE	12,069	13,394	1,325	11%
3	MEDICAID	14,566	19,624	5,058	35%
4	MEDICAID MANAGED CARE	20,471	22,181	1,710	8%
5	CHAMPUS/TRICARE	1,955	2,059	104	5%
6	COMMERCIAL INSURANCE	1,565	1,258	(307)	-20%
7	NON-GOVERNMENT MANAGED CARE	152,529	136,615	(15,914)	-10%
8	WORKER'S COMPENSATION	2,465	2,563	98	4%
9	SELF- PAY/UNINSURED	4,732	4,202	(530)	-11%
10	SAGA	8,513	4,505	(4,008)	-47%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	1,137	979	(158)	-14%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>294,341</b>	<b>282,718</b>	<b>(11,623)</b>	<b>-4%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$6,452,021	\$6,849,469	\$397,448	6%
2	MEDICARE MANAGED CARE	\$935,816	\$1,170,059	\$234,243	25%
3	MEDICAID	\$1,520,885	\$2,463,018	\$942,133	62%
4	MEDICAID MANAGED CARE	\$2,295,377	\$2,409,364	\$113,987	5%
5	CHAMPUS/TRICARE	\$133,000	\$166,872	\$33,872	25%
6	COMMERCIAL INSURANCE	\$312,326	\$264,937	(\$47,389)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$12,714,975	\$13,672,542	\$957,567	8%
8	WORKER'S COMPENSATION	\$672,711	\$756,192	\$83,481	12%
9	SELF- PAY/UNINSURED	\$1,489,722	\$1,457,363	(\$32,359)	-2%
10	SAGA	\$1,297,527	\$776,853	(\$520,674)	-40%
11	OTHER	\$63,354	\$67,472	\$4,118	6%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$27,887,714</b>	<b>\$30,054,141</b>	<b>\$2,166,427</b>	<b>8%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,061,335	\$2,071,590	\$10,255	0%
2	MEDICARE MANAGED CARE	\$279,731	\$356,093	\$76,362	27%
3	MEDICAID	\$438,785	\$695,165	\$256,380	58%
4	MEDICAID MANAGED CARE	\$730,335	\$800,554	\$70,219	10%
5	CHAMPUS/TRICARE	\$60,236	\$69,420	\$9,184	15%
6	COMMERCIAL INSURANCE	\$170,336	\$127,287	(\$43,049)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$5,686,774	\$6,816,677	\$1,129,903	20%
8	WORKER'S COMPENSATION	\$466,303	\$564,380	\$98,077	21%
9	SELF- PAY/UNINSURED	\$100,981	\$97,854	(\$3,127)	-3%
10	SAGA	\$177,036	\$104,555	(\$72,481)	-41%
11	OTHER	\$81	\$8,612	\$8,531	10532%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$10,171,933</b>	<b>\$11,712,187</b>	<b>\$1,540,254</b>	<b>15%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	4,425	4,637	212	5%
2	MEDICARE MANAGED CARE	656	764	108	16%
3	MEDICAID	1,353	2,152	799	59%
4	MEDICAID MANAGED CARE	2,452	2,561	109	4%
5	CHAMPUS/TRICARE	141	147	6	4%
6	COMMERCIAL INSURANCE	265	237	(28)	-11%
7	NON-GOVERNMENT MANAGED CARE	11,136	11,272	136	1%
8	WORKER'S COMPENSATION	802	841	39	5%
9	SELF- PAY/UNINSURED	1,535	1,397	(138)	-9%
10	SAGA	1,340	718	(622)	-46%
11	OTHER	51	72	21	41%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>24,156</b>	<b>24,798</b>	<b>642</b>	<b>3%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$26,333,098	\$31,768,766	\$5,435,668	21%
2	Physician Salaries	\$2,069,189	\$2,198,863	\$129,674	6%
3	Non-Nursing, Non-Physician Salaries	\$65,178,049	\$54,796,522	(\$10,381,527)	-16%
	<b>Total Salaries &amp; Wages</b>	<b>\$93,580,336</b>	<b>\$88,764,151</b>	<b>(\$4,816,185)</b>	<b>-5%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$9,743,246	\$13,355,703	\$3,612,457	37%
2	Physician Fringe Benefits	\$765,600	\$512,981	(\$252,619)	-33%
3	Non-Nursing, Non-Physician Fringe Benefits	\$24,443,636	\$24,957,115	\$513,479	2%
	<b>Total Fringe Benefits</b>	<b>\$34,952,482</b>	<b>\$38,825,799</b>	<b>\$3,873,317</b>	<b>11%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$5,995,322	\$5,134,610	(\$860,712)	-14%
2	Physician Fees	\$11,966,675	\$15,292,507	\$3,325,832	28%
3	Non-Nursing, Non-Physician Fees	\$0	\$16,645,836	\$16,645,836	0%
	<b>Total Contractual Labor Fees</b>	<b>\$17,961,997</b>	<b>\$37,072,953</b>	<b>\$19,110,956</b>	<b>106%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$34,635,616	\$35,255,158	\$619,542	2%
2	Pharmaceutical Costs	\$18,019,442	\$15,390,052	(\$2,629,390)	-15%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$52,655,058</b>	<b>\$50,645,210</b>	<b>(\$2,009,848)</b>	<b>-4%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$2,781,139	\$2,839,758	\$58,619	2%
2	Depreciation-Equipment	\$8,009,241	\$7,731,273	(\$277,968)	-3%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$10,790,380</b>	<b>\$10,571,031</b>	<b>(\$219,349)</b>	<b>-2%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$4,252,105	\$7,834,037	\$3,581,932	84%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$415,932	\$275,340	(\$140,592)	-34%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$7,977,273	\$3,064,000	(\$4,913,273)	-62%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$81,863	\$68,610	(\$13,253)	-16%
2	Natural Gas	\$890,736	\$483,857	(\$406,879)	-46%
3	Oil	\$28,698	\$0	(\$28,698)	-100%
4	Electricity	\$2,084,359	\$2,027,750	(\$56,609)	-3%
5	Telephone	\$695,290	\$688,930	(\$6,360)	-1%
6	Other Utilities	\$77,223	\$87,916	\$10,693	14%
	<b>Total Utilities</b>	<b>\$3,858,169</b>	<b>\$3,357,063</b>	<b>(\$501,106)</b>	<b>-13%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$188,620	\$119,343	(\$69,277)	-37%
2	Legal Fees	\$1,675,464	\$1,141,522	(\$533,942)	-32%
3	Consulting Fees	\$2,202,255	\$0	(\$2,202,255)	-100%
4	Dues and Membership	\$341,190	\$343,345	\$2,155	1%
5	Equipment Leases	\$1,186,495	\$1,121,391	(\$65,104)	-5%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$4,894,048	\$6,153,472	\$1,259,424	26%
8	Insurance	\$280,623	\$293,717	\$13,094	5%
9	Travel	\$63,656	\$91,630	\$27,974	44%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
10	Conferences	\$3,166	\$15,900	\$12,734	402%
11	Property Tax	\$1,280	\$16,060	\$14,780	1155%
12	General Supplies	\$2,389,220	\$2,298,165	(\$91,055)	-4%
13	Licenses and Subscriptions	\$196,568	\$168,687	(\$27,881)	-14%
14	Postage and Shipping	\$199,932	\$256,645	\$56,713	28%
15	Advertising	\$941,589	\$1,766,831	\$825,242	88%
16	Other Business Expenses	\$22,956,084	\$21,936,101	(\$1,019,983)	-4%
	<b>Total Business Expenses</b>	<b>\$37,520,190</b>	<b>\$35,722,809</b>	<b>(\$1,797,381)</b>	<b>-5%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$2,886,123	\$3,504,128	\$618,005	21%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$266,850,045</b>	<b>\$279,636,521</b>	<b>\$12,786,476</b>	<b>5%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$17,232,142	\$10,784,551	(\$6,447,591)	-37%
2	General Accounting	\$612,202	\$84,715	(\$527,487)	-86%
3	Patient Billing & Collection	\$8,806,887	\$11,703,190	\$2,896,303	33%
4	Admitting / Registration Office	\$1,877,590	\$1,742,685	(\$134,905)	-7%
5	Data Processing	\$1,542,540	\$1,542,540	\$0	0%
6	Communications	\$363,510	\$374,623	\$11,113	3%
7	Personnel	\$98,576	\$100,147	\$1,571	2%
8	Public Relations	\$303,973	\$302,079	(\$1,894)	-1%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$3,077,307	\$2,916,583	(\$160,724)	-5%
11	Housekeeping	\$3,168,255	\$3,267,602	\$99,347	3%
12	Laundry & Linen	\$887,037	\$766,050	(\$120,987)	-14%
13	Operation of Plant	\$4,771,087	\$5,317,639	\$546,552	11%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$3,433,749	\$3,524,403	\$90,654	3%
16	Central Sterile Supply	\$1,566,591	\$1,558,334	(\$8,257)	-1%
17	Pharmacy Department	\$22,796,142	\$19,553,175	(\$3,242,967)	-14%
18	Other General Services	\$10,518,108	\$18,850,167	\$8,332,059	79%
	<b>Total General Services</b>	<b>\$81,055,696</b>	<b>\$82,388,483</b>	<b>\$1,332,787</b>	<b>2%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$553,416	\$551,694	(\$1,722)	0%
2	Residency Program	\$11,988,488	\$15,314,478	\$3,325,990	28%
3	Nursing Services Administration	\$2,715,257	\$2,733,876	\$18,619	1%
4	Medical Records	\$5,385,925	\$5,355,909	(\$30,016)	-1%
5	Social Service	\$910,582	\$855,059	(\$55,523)	-6%
6	Other Professional Services	\$2,321,891	\$3,553,179	\$1,231,288	53%
	<b>Total Professional Services</b>	<b>\$23,875,559</b>	<b>\$28,364,195</b>	<b>\$4,488,636</b>	<b>19%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$23,569,883	\$24,152,447	\$582,564	2%
2	Recovery Room	\$2,905,066	\$2,942,170	\$37,104	1%
3	Anesthesiology	\$0	\$2,738,171	\$2,738,171	0%
4	Delivery Room	\$3,077,077	\$3,129,434	\$52,357	2%
5	Diagnostic Radiology	\$7,496,730	\$7,338,908	(\$157,822)	-2%
6	Diagnostic Ultrasound	\$683,032	\$632,144	(\$50,888)	-7%
7	Radiation Therapy	\$1,696,420	\$1,594,879	(\$101,541)	-6%
8	Radioisotopes	\$1,537,279	\$1,269,154	(\$268,125)	-17%
9	CT Scan	\$834,980	\$864,246	\$29,266	4%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
10	Laboratory	\$14,967,159	\$13,410,606	(\$1,556,553)	-10%
11	Blood Storing/Processing	\$2,546,408	\$2,884,634	\$338,226	13%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$2,495,295	\$2,850,825	\$355,530	14%
14	Electroencephalography	\$353,341	\$289,310	(\$64,031)	-18%
15	Occupational Therapy	\$167,571	\$184,744	\$17,173	10%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,110,923	\$3,197,637	\$86,714	3%
19	Pulmonary Function	\$460,072	\$537,684	\$77,612	17%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$204,324	\$204,324	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$529,959	\$448,301	(\$81,658)	-15%
24	Emergency Room	\$8,922,079	\$9,690,594	\$768,515	9%
25	MRI	\$826,859	\$595,695	(\$231,164)	-28%
26	PET Scan	\$489,005	\$450,200	(\$38,805)	-8%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$580,009	\$738,605	\$158,596	27%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$6,503,478	\$6,314,327	(\$189,151)	-3%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$8,634,752	\$9,206,913	\$572,161	7%
34	Other Special Services	\$1,665,172	\$1,698,093	\$32,921	2%
	<b>Total Special Services</b>	<b>\$94,052,549</b>	<b>\$97,364,045</b>	<b>\$3,311,496</b>	<b>4%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$23,177,380	\$26,303,526	\$3,126,146	13%
2	Intensive Care Unit	\$6,262,017	\$6,923,939	\$661,922	11%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$7,709,411	\$6,809,070	(\$900,341)	-12%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,472,001	\$1,407,154	(\$64,847)	-4%
8	Neonatal ICU	\$12,074,628	\$11,878,224	(\$196,404)	-2%
9	Rehabilitation Unit	\$3,381,912	\$3,315,588	(\$66,324)	-2%
10	Ambulatory Surgery	\$7,771,876	\$8,678,046	\$906,170	12%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$6,017,016	\$6,204,251	\$187,235	3%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$67,866,241</b>	<b>\$71,519,798</b>	<b>\$3,653,557</b>	<b>5%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$266,850,045</b>	<b>\$279,636,521</b>	<b>\$12,786,476</b>	<b>5%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

JOHN DEMPSEY HOSPITAL				
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FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$236,084,965	\$ 251,133,088	\$253,989,584
2	Other Operating Revenue	3,037,854	3,928,058	1,081,457
3	Total Operating Revenue	\$239,122,819	\$255,061,146	\$255,071,041
4	Total Operating Expenses	255,033,610	266,850,045	279,636,521
5	Income/(Loss) From Operations	(\$15,910,791)	(\$11,788,899)	(\$24,565,480)
6	Total Non-Operating Revenue	1,057,468	15,159,902	33,913,006
7	Excess/(Deficiency) of Revenue Over Expenses	(\$14,853,323)	\$3,371,003	\$9,347,526
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	-6.62%	-4.36%	-8.50%
2	Hospital Non Operating Margin	0.44%	5.61%	11.74%
3	Hospital Total Margin	-6.18%	1.25%	3.23%
4	Income/(Loss) From Operations	(\$15,910,791)	(\$11,788,899)	(\$24,565,480)
5	Total Operating Revenue	\$239,122,819	\$255,061,146	\$255,071,041
6	Total Non-Operating Revenue	\$1,057,468	\$15,159,902	\$33,913,006
7	Total Revenue	\$240,180,287	\$270,221,048	\$288,984,047
8	Excess/(Deficiency) of Revenue Over Expenses	(\$14,853,323)	\$3,371,003	\$9,347,526
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$52,543,012	\$55,916,180	\$65,259,763
2	Hospital Total Net Assets	\$52,689,357	\$56,060,360	\$65,407,886
3	Hospital Change in Total Net Assets	(\$14,853,323)	\$3,371,003	\$9,347,526
4	Hospital Change in Total Net Assets %	78.0%	6.4%	16.7%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.61</b>	<b>0.53</b>	<b>0.49</b>
2	Total Operating Expenses	\$248,416,870	\$256,225,183	\$252,835,619
3	Total Gross Revenue	\$405,033,763	\$480,769,000	\$515,222,573
4	Total Other Operating Revenue	\$4,567,582	\$3,088,960	\$1,509,223
5	<b>Private Payment to Cost Ratio</b>	<b>0.93</b>	<b>0.99</b>	<b>1.06</b>
6	Total Non-Government Payments	\$109,143,473	\$113,593,904	\$112,889,481
7	Total Uninsured Payments	\$1,204,611	\$721,317	\$477,120
8	Total Non-Government Charges	\$196,515,049	\$219,133,998	\$220,911,737
9	Total Uninsured Charges	\$4,596,705	\$4,691,198	\$4,104,059
10	<b>Medicare Payment to Cost Ratio</b>	<b>1.06</b>	<b>1.05</b>	<b>0.99</b>
11	Total Medicare Payments	\$92,513,161	\$98,259,108	\$97,460,404

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(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Total Medicare Charges	\$144,583,102	\$177,333,908	\$200,954,053
13	<b>Medicaid Payment to Cost Ratio</b>	<b>0.79</b>	<b>0.74</b>	<b>0.75</b>
14	Total Medicaid Payments	\$24,857,012	\$26,822,312	\$30,090,261
15	Total Medicaid Charges	\$51,615,873	\$68,061,304	\$82,354,550
16	<b>Uncompensated Care Cost</b>	<b>\$2,890,877</b>	<b>\$3,317,622</b>	<b>\$3,896,815</b>
17	Charity Care	\$996,974	\$727,509	\$1,104,104
18	Bad Debts	\$3,769,639	\$5,537,519	\$6,859,997
19	Total Uncompensated Care	\$4,766,613	\$6,265,028	\$7,964,101
20	<b>Uncompensated Care % of Total Expenses</b>	<b>1.2%</b>	<b>1.3%</b>	<b>1.5%</b>
21	Total Operating Expenses	\$248,416,870	\$256,225,183	\$252,835,619
<b>E. Liquidity Measures Summary</b>				
1	<b>Current Ratio</b>	<b>1.09</b>	<b>1.12</b>	<b>1.58</b>
2	Total Current Assets	\$55,009,781	\$53,874,920	\$53,155,751
3	Total Current Liabilities	\$50,588,098	\$47,935,668	\$33,538,122
4	<b>Days Cash on Hand</b>	<b>0</b>	<b>0</b>	<b>0</b>
5	Cash and Cash Equivalents	\$0	\$0	\$0
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$0
8	Total Operating Expenses	\$255,033,610	\$266,850,045	\$279,636,521
9	Depreciation Expense	\$11,150,983	\$10,790,380	\$10,571,031
10	Operating Expenses less Depreciation Expense	\$243,882,627	\$256,059,665	\$269,065,490
11	<b>Days Revenue in Patient Accounts Receivable</b>	<b>56.29</b>	<b>52.96</b>	<b>38.69</b>
12	Net Patient Accounts Receivable	\$34,011,910	\$33,764,998	\$29,752,888
13	Due From Third Party Payers	\$2,398,463	\$2,676,748	\$0
14	Due To Third Party Payers	\$0	\$0	\$2,833,399
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$36,410,373	\$36,441,746	\$26,919,489
16	Total Net Patient Revenue	\$236,084,965	\$251,133,088	\$253,989,584
17	<b>Average Payment Period</b>	<b>75.71</b>	<b>68.33</b>	<b>45.50</b>
18	Total Current Liabilities	\$50,588,098	\$47,935,668	\$33,538,122
19	Total Operating Expenses	\$255,033,610	\$266,850,045	\$279,636,521
20	Depreciation Expense	\$11,150,983	\$10,790,380	\$10,571,031
21	Total Operating Expenses less Depreciation Expense	\$243,882,627	\$256,059,665	\$269,065,490

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>F. Solvency Measures Summary</b>				
1	<b>Equity Financing Ratio</b>	39.5	42.2	60.3
2	Total Net Assets	\$52,689,357	\$56,060,360	\$65,407,886
3	Total Assets	\$133,510,181	\$132,929,141	\$108,480,805
4	<b>Cash Flow to Total Debt Ratio</b>	(6.9)	28.3	57.3
5	Excess/(Deficiency) of Revenues Over Expenses	(\$14,853,323)	\$3,371,003	\$9,347,526
6	Depreciation Expense	\$11,150,983	\$10,790,380	\$10,571,031
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$3,702,340)	\$14,161,383	\$19,918,557
8	Total Current Liabilities	\$50,588,098	\$47,935,668	\$33,538,122
9	Total Long Term Debt	\$2,906,387	\$2,075,991	\$1,245,595
10	Total Current Liabilities and Total Long Term Debt	\$53,494,485	\$50,011,659	\$34,783,717
11	<b>Long Term Debt to Capitalization Ratio</b>	5.2	3.6	1.9
12	Total Long Term Debt	\$2,906,387	\$2,075,991	\$1,245,595
13	Total Net Assets	\$52,689,357	\$56,060,360	\$65,407,886
14	Total Long Term Debt and Total Net Assets	\$55,595,744	\$58,136,351	\$66,653,481
15	<b>Debt Service Coverage Ratio</b>	(5.9)	4.0	6.5
16	Excess Revenues over Expenses	(\$14,853,323)	\$3,371,003	\$9,347,526
17	Interest Expense	\$539,199	\$415,932	\$275,340
18	Depreciation and Amortization Expense	\$11,150,983	\$10,790,380	\$10,571,031
19	Principal Payments	\$0	\$3,227,462	\$2,813,510
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	10.6	11.5	12.5
21	Accumulated Depreciation	\$117,774,398	\$123,975,802	\$132,361,469
22	Depreciation and Amortization Expense	\$11,150,983	\$10,790,380	\$10,571,031
<b>H. Utilization Measures Summary</b>				
1	Patient Days	60,012	56,119	51,230
2	Discharges	9,856	9,587	9,567
3	ALOS	6.1	5.9	5.4
4	Staffed Beds	224	224	224
5	Available Beds	-	224	224
6	Licensed Beds	224	224	224
6	Occupancy of Staffed Beds	73.4%	68.6%	62.7%
7	Occupancy of Available Beds	73.4%	68.6%	62.7%
8	Full Time Equivalent Employees	1,338.4	1,302.8	1,195.0

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	47.4%	44.6%	42.1%
2	Medicare Gross Revenue Payer Mix Percentage	35.7%	36.9%	39.0%
3	Medicaid Gross Revenue Payer Mix Percentage	12.7%	14.2%	16.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.6%	2.9%	1.5%
5	Uninsured Gross Revenue Payer Mix Percentage	1.1%	1.0%	0.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.5%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$191,918,344	\$214,442,800	\$216,807,678
9	Medicare Gross Revenue (Charges)	\$144,583,102	\$177,333,908	\$200,954,053
10	Medicaid Gross Revenue (Charges)	\$51,615,873	\$68,061,304	\$82,354,550
11	Other Medical Assistance Gross Revenue (Charges)	\$10,469,206	\$13,953,518	\$7,671,051
12	Uninsured Gross Revenue (Charges)	\$4,596,705	\$4,691,198	\$4,104,059
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,850,533	\$2,286,272	\$3,331,182
14	Total Gross Revenue (Charges)	\$405,033,763	\$480,769,000	\$515,222,573
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	46.8%	46.6%	46.3%
2	Medicare Net Revenue Payer Mix Percentage	40.1%	40.6%	40.1%
3	Medicaid Net Revenue Payer Mix Percentage	10.8%	11.1%	12.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.4%	1.0%	0.5%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	0.3%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.4%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$107,938,862	\$112,872,587	\$112,412,361
9	Medicare Net Revenue (Payments)	\$92,513,161	\$98,259,108	\$97,460,404
10	Medicaid Net Revenue (Payments)	\$24,857,012	\$26,822,312	\$30,090,261
11	Other Medical Assistance Net Revenue (Payments)	\$3,152,031	\$2,504,022	\$1,314,239
12	Uninsured Net Revenue (Payments)	\$1,204,611	\$721,317	\$477,120
13	CHAMPUS / TRICARE Net Revenue Payments)	\$784,367	\$879,510	\$1,164,459
14	Total Net Revenue (Payments)	\$230,450,044	\$242,058,856	\$242,918,844
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	4,100	3,760	3,604
2	Medicare	3,959	3,860	3,950
3	Medical Assistance	1,731	1,904	1,929
4	Medicaid	1,417	1,569	1,757
5	Other Medical Assistance	314	335	172
6	CHAMPUS / TRICARE	66	63	84
7	Uninsured (Included In Non-Government)	115	84	81
8	Total	9,856	9,587	9,567
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.433200	1.431500	1.411800
2	Medicare	1.557700	1.639200	1.632800
3	Medical Assistance	1.350818	1.393747	1.354149

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
4	Medicaid	1.374600	1.405800	1.366000
5	Other Medical Assistance	1.243500	1.337300	1.233100
6	CHAMPUS / TRICARE	1.111000	1.087100	1.452800
7	Uninsured (Included In Non-Government)	0.909580	1.169900	1.052500
8	Total Case Mix Index	1.466583	1.505365	1.491781
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	4,730	4,436	4,713
2	Emergency Room - Treated and Discharged	25,355	24,156	24,798
3	Total Emergency Room Visits	30,085	28,592	29,511

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$352,668	\$2,239,875	\$1,887,207	535%
2	Inpatient Payments	\$349,944	\$777,819	\$427,875	122%
3	Outpatient Charges	\$385,515	\$415,361	\$29,846	8%
4	Outpatient Payments	\$151,247	\$205,563	\$54,316	36%
5	Discharges	19	35	16	84%
6	Patient Days	66	227	161	244%
7	Outpatient Visits (Excludes ED Visits)	521	440	(81)	-16%
8	Emergency Department Outpatient Visits	35	28	(7)	-20%
9	Emergency Department Inpatient Admissions	13	29	16	123%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$738,183</b>	<b>\$2,655,236</b>	<b>\$1,917,053</b>	<b>260%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$501,191</b>	<b>\$983,382</b>	<b>\$482,191</b>	<b>96%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$292,378	\$292,378	0%
2	Inpatient Payments	\$0	\$152,269	\$152,269	0%
3	Outpatient Charges	\$82,638	\$117,169	\$34,531	42%
4	Outpatient Payments	\$26,800	\$45,155	\$18,355	68%
5	Discharges	0	7	7	0%
6	Patient Days	0	48	48	0%
7	Outpatient Visits (Excludes ED Visits)	106	129	23	22%
8	Emergency Department Outpatient Visits	4	10	6	150%
9	Emergency Department Inpatient Admissions	0	6	6	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$82,638</b>	<b>\$409,547</b>	<b>\$326,909</b>	<b>396%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$26,800</b>	<b>\$197,424</b>	<b>\$170,624</b>	<b>637%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$1,808,333	\$2,881,007	\$1,072,674	59%
2	Inpatient Payments	\$1,121,430	\$1,615,312	\$493,882	44%
3	Outpatient Charges	\$1,301,710	\$3,508,381	\$2,206,671	170%
4	Outpatient Payments	\$442,618	\$1,101,905	\$659,287	149%
5	Discharges	65	89	24	37%
6	Patient Days	268	350	82	31%
7	Outpatient Visits (Excludes ED Visits)	1,838	2,691	853	46%
8	Emergency Department Outpatient Visits	106	135	29	27%
9	Emergency Department Inpatient Admissions	20	47	27	135%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,110,043</b>	<b>\$6,389,388</b>	<b>\$3,279,345</b>	<b>105%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,564,048</b>	<b>\$2,717,217</b>	<b>\$1,153,169</b>	<b>74%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,380,212	\$7,210,837	\$1,830,625	34%
2	Inpatient Payments	\$3,173,120	\$3,983,892	\$810,772	26%
3	Outpatient Charges	\$5,144,032	\$5,639,837	\$495,805	10%
4	Outpatient Payments	\$1,616,024	\$1,843,469	\$227,445	14%
5	Discharges	204	199	(5)	-2%
6	Patient Days	852	917	65	8%
7	Outpatient Visits (Excludes ED Visits)	4,973	5,336	363	7%
8	Emergency Department Outpatient Visits	259	264	5	2%
9	Emergency Department Inpatient Admissions	73	126	53	73%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,524,244</b>	<b>\$12,850,674</b>	<b>\$2,326,430</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,789,144</b>	<b>\$5,827,361</b>	<b>\$1,038,217</b>	<b>22%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$524,854	\$835,803	\$310,949	59%
2	Inpatient Payments	\$231,705	\$527,596	\$295,891	128%
3	Outpatient Charges	\$355,873	\$459,740	\$103,867	29%
4	Outpatient Payments	\$88,526	\$108,085	\$19,559	22%
5	Discharges	16	35	19	119%
6	Patient Days	116	185	69	59%
7	Outpatient Visits (Excludes ED Visits)	311	572	261	84%
8	Emergency Department Outpatient Visits	53	83	30	57%
9	Emergency Department Inpatient Admissions	10	19	9	90%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$880,727</b>	<b>\$1,295,543</b>	<b>\$414,816</b>	<b>47%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$320,231</b>	<b>\$635,681</b>	<b>\$315,450</b>	<b>99%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$14,716	\$5,655	(\$9,061)	-62%
2	Inpatient Payments	\$11,014	\$5,158	(\$5,856)	-53%
3	Outpatient Charges	\$3,490	\$5,209	\$1,719	49%
4	Outpatient Payments	\$0	\$1,433	\$1,433	0%
5	Discharges	1	1	0	0%
6	Patient Days	3	4	1	33%
7	Outpatient Visits (Excludes ED Visits)	3	6	3	100%
8	Emergency Department Outpatient Visits	1	1	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$18,206</b>	<b>\$10,864</b>	<b>(\$7,342)</b>	<b>-40%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$11,014</b>	<b>\$6,591</b>	<b>(\$4,423)</b>	<b>-40%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$12,862	\$0	(\$12,862)	-100%
2	Inpatient Payments	\$12,355	\$0	(\$12,355)	-100%
3	Outpatient Charges	\$2,994	\$17,590	\$14,596	488%
4	Outpatient Payments	\$269	\$4,716	\$4,447	1653%
5	Discharges	1	0	(1)	-100%
6	Patient Days	3	0	(3)	-100%
7	Outpatient Visits (Excludes ED Visits)	11	13	2	18%
8	Emergency Department Outpatient Visits	1	6	5	500%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,856</b>	<b>\$17,590</b>	<b>\$1,734</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$12,624</b>	<b>\$4,716</b>	<b>(\$7,908)</b>	<b>-63%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$1,427,961	\$2,339,322	\$911,361	64%
2	Inpatient Payments	\$1,004,623	\$1,368,977	\$364,354	36%
3	Outpatient Charges	\$2,421,339	\$2,520,565	\$99,226	4%
4	Outpatient Payments	\$779,975	\$815,793	\$35,818	5%
5	Discharges	66	77	11	17%
6	Patient Days	261	352	91	35%
7	Outpatient Visits (Excludes ED Visits)	1,861	2,332	471	25%
8	Emergency Department Outpatient Visits	75	135	60	80%
9	Emergency Department Inpatient Admissions	25	50	25	100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,849,300</b>	<b>\$4,859,887</b>	<b>\$1,010,587</b>	<b>26%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,784,598</b>	<b>\$2,184,770</b>	<b>\$400,172</b>	<b>22%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$27,695	\$126,742	\$99,047	358%
2	Inpatient Payments	\$16,996	\$82,824	\$65,828	387%
3	Outpatient Charges	\$26,384	\$58,414	\$32,030	121%
4	Outpatient Payments	\$5,902	\$19,369	\$13,467	228%
5	Discharges	2	4	2	100%
6	Patient Days	6	13	7	117%
7	Outpatient Visits (Excludes ED Visits)	38	43	5	13%
8	Emergency Department Outpatient Visits	5	8	3	60%
9	Emergency Department Inpatient Admissions	3	2	(1)	-33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$54,079</b>	<b>\$185,156</b>	<b>\$131,077</b>	<b>242%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$22,898</b>	<b>\$102,193</b>	<b>\$79,295</b>	<b>346%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$2,402,361	\$1,261,798	(\$1,140,563)	-47%
2	Inpatient Payments	\$1,327,255	\$668,469	(\$658,786)	-50%
3	Outpatient Charges	\$1,552,281	\$1,049,973	(\$502,308)	-32%
4	Outpatient Payments	\$426,417	\$312,895	(\$113,522)	-27%
5	Discharges	90	45	(45)	-50%
6	Patient Days	466	226	(240)	-52%
7	Outpatient Visits (Excludes ED Visits)	1,751	1,068	(683)	-39%
8	Emergency Department Outpatient Visits	117	94	(23)	-20%
9	Emergency Department Inpatient Admissions	29	30	1	3%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,954,642</b>	<b>\$2,311,771</b>	<b>(\$1,642,871)</b>	<b>-42%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,753,672</b>	<b>\$981,364</b>	<b>(\$772,308)</b>	<b>-44%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$11,951,662</b>	<b>\$17,193,417</b>	<b>\$5,241,755</b>	<b>44%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$7,248,442</b>	<b>\$9,182,316</b>	<b>\$1,933,874</b>	<b>27%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$11,276,256</b>	<b>\$13,792,239</b>	<b>\$2,515,983</b>	<b>22%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,537,778</b>	<b>\$4,458,383</b>	<b>\$920,605</b>	<b>26%</b>
	<b>TOTAL DISCHARGES</b>	<b>464</b>	<b>492</b>	<b>28</b>	<b>6%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,041</b>	<b>2,322</b>	<b>281</b>	<b>14%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>11,413</b>	<b>12,630</b>	<b>1,217</b>	<b>11%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>656</b>	<b>764</b>	<b>108</b>	<b>16%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>173</b>	<b>309</b>	<b>136</b>	<b>79%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$23,227,918</b>	<b>\$30,985,656</b>	<b>\$7,757,738</b>	<b>33%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,786,220</b>	<b>\$13,640,699</b>	<b>\$2,854,479</b>	<b>26%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$2,902,734	\$0	(\$2,902,734)	-100%
2	Inpatient Payments	\$1,372,649	\$0	(\$1,372,649)	-100%
3	Outpatient Charges	\$2,344,937	\$0	(\$2,344,937)	-100%
4	Outpatient Payments	\$926,953	\$0	(\$926,953)	-100%
5	Discharges	136	0	(136)	-100%
6	Patient Days	997	0	(997)	-100%
7	Outpatient Visits (Excludes ED Visits)	3,205	0	(3,205)	-100%
8	Emergency Department Outpatient Visits	407	0	(407)	-100%
9	Emergency Department Inpatient Admissions	16	0	(16)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,247,671</b>	<b>\$0</b>	<b>(\$5,247,671)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,299,602</b>	<b>\$0</b>	<b>(\$2,299,602)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$10,923,933	\$14,024,369	\$3,100,436	28%
2	Inpatient Payments	\$4,987,162	\$4,973,707	(\$13,455)	0%
3	Outpatient Charges	\$7,516,283	\$10,093,390	\$2,577,107	34%
4	Outpatient Payments	\$2,952,840	\$4,315,121	\$1,362,281	46%
5	Discharges	471	514	43	9%
6	Patient Days	3,476	3,558	82	2%
7	Outpatient Visits (Excludes ED Visits)	9,696	12,420	2,724	28%
8	Emergency Department Outpatient Visits	1,255	1,639	384	31%
9	Emergency Department Inpatient Admissions	31	67	36	116%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$18,440,216</b>	<b>\$24,117,759</b>	<b>\$5,677,543</b>	<b>31%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,940,002</b>	<b>\$9,288,828</b>	<b>\$1,348,826</b>	<b>17%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,928	\$0	(\$1,928)	-100%
4	Outpatient Payments	\$755	\$0	(\$755)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	13	0	(13)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,928</b>	<b>\$0</b>	<b>(\$1,928)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$755</b>	<b>\$0</b>	<b>(\$755)</b>	<b>-100%</b>

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$3,058	\$0	(\$3,058)	-100%
2	Inpatient Payments	\$1,512	\$0	(\$1,512)	-100%
3	Outpatient Charges	\$985	\$0	(\$985)	-100%
4	Outpatient Payments	\$320	\$0	(\$320)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	2	0	(2)	-100%
7	Outpatient Visits (Excludes ED Visits)	6	0	(6)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%

**JOHN DEMPSEY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,043</b>	<b>\$0</b>	<b>(\$4,043)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,832</b>	<b>\$0</b>	<b>(\$1,832)</b>	<b>-100%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$1,247,888	\$2,055,065	\$807,177	65%
2	Inpatient Payments	\$473,014	\$764,623	\$291,609	62%
3	Outpatient Charges	\$927,725	\$1,920,528	\$992,803	107%
4	Outpatient Payments	\$378,450	\$716,377	\$337,927	89%
5	Discharges	68	88	20	29%
6	Patient Days	340	563	223	66%
7	Outpatient Visits (Excludes ED Visits)	1,247	1,908	661	53%
8	Emergency Department Outpatient Visits	194	244	50	26%
9	Emergency Department Inpatient Admissions	2	8	6	300%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,175,613</b>	<b>\$3,975,593</b>	<b>\$1,799,980</b>	<b>83%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$851,464</b>	<b>\$1,481,000</b>	<b>\$629,536</b>	<b>74%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$3,348,431	\$5,104,239	\$1,755,808	52%
2	Inpatient Payments	\$1,433,364	\$1,791,170	\$357,806	25%
3	Outpatient Charges	\$2,868,837	\$3,970,452	\$1,101,615	38%
4	Outpatient Payments	\$1,086,774	\$1,710,884	\$624,110	57%
5	Discharges	181	228	47	26%
6	Patient Days	1,052	1,298	246	23%
7	Outpatient Visits (Excludes ED Visits)	3,852	5,292	1,440	37%
8	Emergency Department Outpatient Visits	596	678	82	14%
9	Emergency Department Inpatient Admissions	12	26	14	117%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,217,268</b>	<b>\$9,074,691</b>	<b>\$2,857,423</b>	<b>46%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,520,138</b>	<b>\$3,502,054</b>	<b>\$981,916</b>	<b>39%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$18,426,044</b>	<b>\$21,183,673</b>	<b>\$2,757,629</b>	<b>15%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$8,267,701</b>	<b>\$7,529,500</b>	<b>(\$738,201)</b>	<b>-9%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$13,660,695</b>	<b>\$15,984,370</b>	<b>\$2,323,675</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$5,346,092</b>	<b>\$6,742,382</b>	<b>\$1,396,290</b>	<b>26%</b>
	<b>TOTAL DISCHARGES</b>	<b>857</b>	<b>830</b>	<b>(27)</b>	<b>-3%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>5,867</b>	<b>5,419</b>	<b>(448)</b>	<b>-8%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>18,019</b>	<b>19,620</b>	<b>1,601</b>	<b>9%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,452</b>	<b>2,561</b>	<b>109</b>	<b>4%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>61</b>	<b>101</b>	<b>40</b>	<b>66%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$32,086,739</b>	<b>\$37,168,043</b>	<b>\$5,081,304</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$13,613,793</b>	<b>\$14,271,882</b>	<b>\$658,089</b>	<b>5%</b>

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$57,935,895	\$97,647,270	\$39,711,375	69%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$48,523,927	\$42,279,080	(\$6,244,847)	-13%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$35,488,325	\$30,817,478	(\$4,670,847)	-13%
6	Due From Third Party Payers	\$2,676,748	\$0	(\$2,676,748)	-100%
7	Inventories of Supplies	\$7,447,932	\$9,574,684	\$2,126,752	29%
8	Prepaid Expenses	\$6,646,457	\$6,462,824	(\$183,633)	-3%
9	Other Current Assets	\$46,152,171	\$43,679,551	(\$2,472,620)	-5%
	<b>Total Current Assets</b>	<b>\$204,871,455</b>	<b>\$230,460,887</b>	<b>\$25,589,432</b>	<b>12%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$6,746,019	\$5,258,103	(\$1,487,916)	-22%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,746,019</b>	<b>\$5,258,103</b>	<b>(\$1,487,916)</b>	<b>-22%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$20,675,374	\$7,175,371	(\$13,500,003)	-65%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$579,637,469	\$605,499,201	\$25,861,732	4%
2	Less: Accumulated Depreciation	\$377,487,948	\$402,364,047	\$24,876,099	7%
	<b>Property, Plant and Equipment, Net</b>	<b>\$202,149,521</b>	<b>\$203,135,154</b>	<b>\$985,633</b>	<b>0%</b>
3	Construction in Progress	\$50,636,930	\$73,977,330	\$23,340,400	46%
	<b>Total Net Fixed Assets</b>	<b>\$252,786,451</b>	<b>\$277,112,484</b>	<b>\$24,326,033</b>	<b>10%</b>
	<b>Total Assets</b>	<b>\$485,079,299</b>	<b>\$520,006,845</b>	<b>\$34,927,546</b>	<b>7%</b>

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$31,833,081	\$34,376,669	\$2,543,588	8%
2	Salaries, Wages and Payroll Taxes	\$26,744,974	\$29,157,065	\$2,412,091	9%
3	Due To Third Party Payers	\$0	\$2,833,399	\$2,833,399	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,896,045	\$13,523,336	\$9,627,291	247%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$39,252,187	\$37,159,735	(\$2,092,452)	-5%
	<b>Total Current Liabilities</b>	<b>\$101,726,287</b>	<b>\$117,050,204</b>	<b>\$15,323,917</b>	<b>15%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$34,024,247	\$20,500,910	(\$13,523,337)	-40%
	<b>Total Long Term Debt</b>	<b>\$34,024,247</b>	<b>\$20,500,910</b>	<b>(\$13,523,337)</b>	<b>-40%</b>
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$38,324,022	\$36,615,176	(\$1,708,846)	-4%
	<b>Total Long Term Liabilities</b>	<b>\$72,348,269</b>	<b>\$57,116,086</b>	<b>(\$15,232,183)</b>	<b>-21%</b>
5	Interest in Net Assets of Affiliates or Joint	\$216,043,925	\$243,088,238	\$27,044,313	13%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$55,446,097	\$65,819,357	\$10,373,260	19%
2	Temporarily Restricted Net Assets	\$39,453,270	\$36,871,509	(\$2,581,761)	-7%
3	Permanently Restricted Net Assets	\$61,451	\$61,451	\$0	0%
	<b>Total Net Assets</b>	<b>\$94,960,818</b>	<b>\$102,752,317</b>	<b>\$7,791,499</b>	<b>8%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$485,079,299</b>	<b>\$520,006,845</b>	<b>\$34,927,546</b>	<b>7%</b>

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$766,894,227	\$804,743,365	\$37,849,138	5%
2	Less: Allowances	\$331,807,473	\$376,688,254	\$44,880,781	14%
3	Less: Charity Care	\$840,699	\$1,013,714	\$173,015	21%
4	Less: Other Deductions	\$15,521,215	\$11,996,458	(\$3,524,757)	-23%
	<b>Total Net Patient Revenue</b>	<b>\$418,724,840</b>	<b>\$415,044,939</b>	<b>(\$3,679,901)</b>	<b>-1%</b>
5	Other Operating Revenue	\$151,860,489	\$158,984,528	\$7,124,039	5%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$570,585,329</b>	<b>\$574,029,467</b>	<b>\$3,444,138</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$327,332,020	\$325,018,200	(\$2,313,820)	-1%
2	Fringe Benefits	\$134,548,745	\$144,699,459	\$10,150,714	8%
3	Physicians Fees	\$56,127,109	\$45,507,306	(\$10,619,803)	-19%
4	Supplies and Drugs	\$81,654,768	\$77,183,617	(\$4,471,151)	-5%
5	Depreciation and Amortization	\$29,448,891	\$29,671,773	\$222,882	1%
6	Bad Debts	\$5,498,577	\$9,384,552	\$3,885,975	71%
7	Interest	\$0	\$0	\$0	0%
8	Malpractice	\$8,675,741	\$7,977,273	(\$698,468)	-8%
9	Other Operating Expenses	\$140,425,253	\$145,589,220	\$5,163,967	4%
	<b>Total Operating Expenses</b>	<b>\$783,711,104</b>	<b>\$785,031,400</b>	<b>\$1,320,296</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$213,125,775)</b>	<b>(\$211,001,933)</b>	<b>\$2,123,842</b>	<b>-1%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$5,884,533	\$2,506,113	(\$3,378,420)	-57%
2	Gifts, Contributions and Donations	\$981,803	\$1,602,111	\$620,308	63%
3	Other Non-Operating Gains/(Losses)	\$246,232,746	\$241,729,520	(\$4,503,226)	-2%
	<b>Total Non-Operating Revenue</b>	<b>\$253,099,082</b>	<b>\$245,837,744</b>	<b>(\$7,261,338)</b>	<b>-3%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$39,973,307</b>	<b>\$34,835,811</b>	<b>(\$5,137,496)</b>	<b>-13%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$39,973,307</b>	<b>\$34,835,811</b>	<b>(\$5,137,496)</b>	<b>-13%</b>

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$405,380,064	\$418,724,840	\$415,044,939
2	Other Operating Revenue	148,277,074	151,860,489	158,984,528
3	Total Operating Revenue	\$553,657,138	\$570,585,329	\$574,029,467
4	Total Operating Expenses	752,272,839	783,711,104	785,031,400
5	Income/(Loss) From Operations	(\$198,615,701)	(\$213,125,775)	(\$211,001,933)
6	Total Non-Operating Revenue	197,132,784	253,099,082	245,837,744
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,482,917)	\$39,973,307	\$34,835,811
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-26.45%	-25.87%	-25.74%
2	Parent Corporation Non-Operating Margin	26.26%	30.73%	29.99%
3	Parent Corporation Total Margin	-0.20%	4.85%	4.25%
4	Income/(Loss) From Operations	(\$198,615,701)	(\$213,125,775)	(\$211,001,933)
5	Total Operating Revenue	\$553,657,138	\$570,585,329	\$574,029,467
6	Total Non-Operating Revenue	\$197,132,784	\$253,099,082	\$245,837,744
7	Total Revenue	\$750,789,922	\$823,684,411	\$819,867,211
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,482,917)	\$39,973,307	\$34,835,811
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$52,370,752	\$55,446,097	\$65,819,357
2	Parent Corporation Total Net Assets	\$73,337,092	\$94,960,818	\$102,752,317
3	Parent Corporation Change in Total Net Assets	(\$7,490,376)	\$21,623,726	\$7,791,499
4	Parent Corporation Change in Total Net Assets %	90.7%	29.5%	8.2%

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.77</b>	<b>2.01</b>	<b>1.97</b>
2	Total Current Assets	\$177,428,801	\$204,871,455	\$230,460,887
3	Total Current Liabilities	\$100,287,344	\$101,726,287	\$117,050,204
<b>4</b>	<b>Days Cash on Hand</b>	<b>25</b>	<b>28</b>	<b>47</b>
5	Cash and Cash Equivalents	\$50,163,361	\$57,935,895	\$97,647,270
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$50,163,361	\$57,935,895	\$97,647,270
8	Total Operating Expenses	\$752,272,839	\$783,711,104	\$785,031,400
9	Depreciation Expense	\$28,453,720	\$29,448,891	\$29,671,773
10	Operating Expenses less Depreciation Expense	\$723,819,119	\$754,262,213	\$755,359,627
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>45</b>	<b>45</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$ 47,834,207	\$ 48,523,927	\$ 42,279,080
13	Due From Third Party Payers	\$2,398,463	\$2,676,748	\$0
14	Due To Third Party Payers	\$0	\$0	\$2,833,399
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 50,232,670	\$ 51,200,675	\$ 39,445,681
16	Total Net Patient Revenue	\$405,380,064	\$418,724,840	\$415,044,939
<b>17</b>	<b>Average Payment Period</b>	<b>51</b>	<b>49</b>	<b>57</b>
18	Total Current Liabilities	\$100,287,344	\$101,726,287	\$117,050,204
19	Total Operating Expenses	\$752,272,839	\$783,711,104	\$785,031,400
20	Depreciation Expense	\$28,453,720	\$29,448,891	\$29,671,773
21	Total Operating Expenses less Depreciation Expense	\$723,819,119	\$754,262,213	\$755,359,627

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>16.5</b>	<b>19.6</b>	<b>19.8</b>
2	Total Net Assets	\$73,337,092	\$94,960,818	\$102,752,317
3	Total Assets	\$444,956,394	\$485,079,299	\$520,006,845
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>19.5</b>	<b>51.1</b>	<b>46.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,482,917)	\$39,973,307	\$34,835,811
6	Depreciation Expense	\$28,453,720	\$29,448,891	\$29,671,773
7	Excess of Revenues Over Expenses and Depreciation Expense	\$26,970,803	\$69,422,198	\$64,507,584
8	Total Current Liabilities	\$100,287,344	\$101,726,287	\$117,050,204
9	Total Long Term Debt	\$37,920,292	\$34,024,247	\$20,500,910
10	Total Current Liabilities and Total Long Term Debt	\$138,207,636	\$135,750,534	\$137,551,114
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>34.1</b>	<b>26.4</b>	<b>16.6</b>
12	Total Long Term Debt	\$37,920,292	\$34,024,247	\$20,500,910
13	Total Net Assets	\$73,337,092	\$94,960,818	\$102,752,317
14	Total Long Term Debt and Total Net Assets	\$111,257,384	\$128,985,065	\$123,253,227

JOHN DEMPSEY HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	24,725	91	91	74.4%	74.4%
2	ICU/CCU (Excludes Neonatal ICU)	3,774	15	15	68.9%	68.9%
3	Psychiatric: Ages 0 to 17	0	1	1	0.0%	0.0%
4	Psychiatric: Ages 18+	5,206	33	33	43.2%	43.2%
	<b>TOTAL PSYCHIATRIC</b>	<b>5,206</b>	<b>34</b>	<b>34</b>	<b>42.0%</b>	<b>42.0%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,409	20	20	46.7%	46.7%
7	Newborn	2,040	20	20	27.9%	27.9%
8	Neonatal ICU	8,408	30	30	76.8%	76.8%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	3,668	14	14	71.8%	71.8%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>49,190</b>	<b>204</b>	<b>204</b>	<b>66.1%</b>	<b>66.1%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>51,230</b>	<b>224</b>	<b>224</b>	<b>62.7%</b>	<b>62.7%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>51,230</b>	<b>224</b>	<b>224</b>	<b>62.7%</b>	<b>62.7%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>56,119</b>	<b>224</b>	<b>224</b>	<b>68.6%</b>	<b>68.6%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-4,889</b>	<b>0</b>	<b>0</b>	<b>-6.0%</b>	<b>-6.0%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-9%</b>	<b>0%</b>	<b>0%</b>	<b>-9%</b>	<b>-9%</b>
	Total Licensed Beds and Bassinets	224				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	4,950	5,359	409	8%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,863	7,248	-615	-8%
3	Emergency Department Scans	4,634	4,427	-207	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>17,447</b>	<b>17,034</b>	<b>-413</b>	<b>-2%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	722	873	151	21%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,209	6,167	-42	-1%
3	Emergency Department Scans	104	145	41	39%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>7,035</b>	<b>7,185</b>	<b>150</b>	<b>2%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	11	6	-5	-45%
2	Outpatient Scans (Excluding Emergency Department Scans)	578	511	-67	-12%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>589</b>	<b>517</b>	<b>-72</b>	<b>-12%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	424	450	26	6%
2	Outpatient Procedures	320	332	12	4%
	<b>Total Cardiac Catheterization Procedures</b>	<b>744</b>	<b>782</b>	<b>38</b>	<b>5%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	447	511	64	14%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>447</b>	<b>511</b>	<b>64</b>	<b>14%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	493	507	14	3%
2	Outpatient Studies	965	1,316	351	36%
	<b>Total Electrophysiology Studies</b>	<b>1,458</b>	<b>1,823</b>	<b>365</b>	<b>25%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,901	2,701	-200	-7%
2	Outpatient Surgical Procedures	6,374	7,254	880	14%
	<b>Total Surgical Procedures</b>	<b>9,275</b>	<b>9,955</b>	<b>680</b>	<b>7%</b>
<b>J. Endoscopy Procedures</b>					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	291	309	18	6%
2	Outpatient Endoscopy Procedures	2,636	2,324	-312	-12%
	<b>Total Endoscopy Procedures</b>	<b>2,927</b>	<b>2,633</b>	<b>-294</b>	<b>-10%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	4,436	4,713	277	6%
2	Emergency Room Visits: Treated and Discharged	24,156	24,798	642	3%
	<b>Total Emergency Room Visits</b>	<b>28,592</b>	<b>29,511</b>	<b>919</b>	<b>3%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	93,003	94,723	1,720	2%
3	Psychiatric Clinic Visits	20,077	26,268	6,191	31%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	3,537	3,274	-263	-7%
	<b>Total Hospital Clinic Visits</b>	<b>116,617</b>	<b>124,265</b>	<b>7,648</b>	<b>7%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	35,965	31,081	-4,884	-14%
2	Cardiology	0	0	0	0%
3	Chemotherapy	3,559	3,810	251	7%
4	Gastroenterology	2,918	2,633	-285	-10%
5	Other Outpatient Visits	116,277	100,971	-15,306	-13%
	<b>Total Other Hospital Outpatient Visits</b>	<b>158,719</b>	<b>138,495</b>	<b>-20,224</b>	<b>-13%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	542.4	552.0	9.6	2%
2	Total Physician FTEs	18.4	28.0	9.6	52%
3	Total Non-Nursing and Non-Physician FTEs	742.0	615.0	-127.0	-17%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,302.8</b>	<b>1,195.0</b>	<b>-107.8</b>	<b>-8%</b>

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Outpatient Surgical Procedures</u></b>					
1	Hospital	6,374	7,254	880	14%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>6,374</b>	<b>7,254</b>	<b>880</b>	<b>14%</b>
<b>B. <u>Outpatient Endoscopy Procedures</u></b>					
1	Hospital	2,636	2,324	-312	-12%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,636</b>	<b>2,324</b>	<b>-312</b>	<b>-12%</b>
<b>C. <u>Outpatient Hospital Emergency Room Visits</u></b>					
1	Hospital	24,156	24,798	642	3%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>24,156</b>	<b>24,798</b>	<b>642</b>	<b>3%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

<b>JOHN DEMPSEY HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$104,340,741	\$122,456,094	\$18,115,353	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$73,115,183	\$71,351,724	(\$1,763,459)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	70.07%	58.27%	-11.81%	-17%
4	DISCHARGES	3,860	3,950	90	2%
5	CASE MIX INDEX (CMI)	1.63920	1.63280	(0.00640)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,327.31200	6,449.56000	122.24800	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,555.49	\$11,063.04	(\$492.45)	-4%
8	PATIENT DAYS	20,877	20,358	(519)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,502.19	\$3,504.85	\$2.66	0%
10	AVERAGE LENGTH OF STAY	5.4	5.2	(0.3)	-5%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$72,993,167	\$78,497,959	\$5,504,792	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,143,925	\$26,108,680	\$964,755	4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.45%	33.26%	-1.19%	-3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	69.96%	64.10%	-5.85%	-8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,700.32225	2,532.06621	(168.25604)	-6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,311.45	\$10,311.22	\$999.76	11%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$177,333,908	\$200,954,053	\$23,620,145	13%
18	TOTAL ACCRUED PAYMENTS	\$98,259,108	\$97,460,404	(\$798,704)	-1%
19	TOTAL ALLOWANCES	\$79,074,800	\$103,493,649	\$24,418,849	31%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$88,668,679	\$94,439,318	\$5,770,639	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$49,217,524	\$46,796,535	(\$2,420,989)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	55.51%	49.55%	-5.96%	-11%
4	DISCHARGES	3,760	3,604	(156)	-4%
5	CASE MIX INDEX (CMI)	1.43150	1.41180	(0.01970)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,382.44000	5,088.12720	(294.31280)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,144.09	\$9,197.20	\$53.11	1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$2,411.40	\$1,865.84	(\$545.56)	-23%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,979,201	\$9,493,607	(\$3,485,594)	-27%
10	PATIENT DAYS	20,762	18,134	(2,628)	-13%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,370.56	\$2,580.60	\$210.04	9%
12	AVERAGE LENGTH OF STAY	5.5	5.0	(0.5)	-9%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$130,465,319	\$126,472,419	(\$3,992,900)	-3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$64,376,380	\$66,092,946	\$1,716,566	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	49.34%	52.26%	2.92%	6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	147.14%	133.92%	-13.22%	-9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,532.38872	4,826.44949	(705.93923)	-13%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,636.27	\$13,693.91	\$2,057.63	18%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,324.82)	(\$3,382.69)	(\$1,057.87)	46%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,861,800)	(\$16,326,386)	(\$3,464,586)	27%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$219,133,998	\$220,911,737	\$1,777,739	1%
22	TOTAL ACCRUED PAYMENTS	\$113,593,904	\$112,889,481	(\$704,423)	-1%
23	TOTAL ALLOWANCES	\$105,540,094	\$108,022,256	\$2,482,162	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$117,401	(\$6,832,779)	(\$6,950,180)	-5920%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$214,442,801	\$216,807,678	\$2,364,877	1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$116,198,755	\$116,704,450	\$505,695	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$98,244,046	\$100,103,228	\$1,859,182	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.81%	46.17%	0.36%	

<b>JOHN DEMPSEY HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,174,109	\$1,330,032	\$155,923	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$129,406	\$159,546	\$30,140	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.02%	12.00%	0.97%	9%
4	DISCHARGES	84	81	(3)	-4%
5	CASE MIX INDEX (CMI)	1.16990	1.05250	(0.11740)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	98.27160	85.25250	(13.01910)	-13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,316.82	\$1,871.45	\$554.63	42%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,827.27	\$7,325.75	(\$501.52)	-6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$10,238.67	\$9,191.59	(\$1,047.08)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,006,170	\$783,606	(\$222,565)	-22%
11	PATIENT DAYS	362	295	(67)	-19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$357.48	\$540.83	\$183.36	51%
13	AVERAGE LENGTH OF STAY	4.3	3.6	(0.7)	-15%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,517,089	\$2,774,027	(\$743,062)	-21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$591,911	\$317,574	(\$274,337)	-46%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.83%	11.45%	-5.38%	-32%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	299.55%	208.57%	-90.99%	-30%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	251.62525	168.94044	(82.68482)	-33%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,352.35	\$1,879.80	(\$472.55)	-20%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,283.92	\$11,814.11	\$2,530.19	27%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,959.10	\$8,431.42	\$1,472.31	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,751,086	\$1,424,407	(\$326,679)	-19%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$4,691,198	\$4,104,059	(\$587,139)	-13%
24	TOTAL ACCRUED PAYMENTS	\$721,317	\$477,120	(\$244,197)	-34%
25	TOTAL ALLOWANCES	\$3,969,881	\$3,626,939	(\$342,942)	-9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,757,256	\$2,208,013	(\$549,243)	-20%

<b>JOHN DEMPSEY HOSPITAL</b>					
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<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$43,357,529	\$49,196,325	\$5,838,796	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,571,064	\$16,885,004	(\$686,060)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.53%	34.32%	-6.20%	-15%
4	DISCHARGES	1,569	1,757	188	12%
5	CASE MIX INDEX (CMI)	1.40580	1.36600	(0.03980)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,205.70020	2,400.06200	194.36180	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,966.21	\$7,035.24	(\$930.97)	-12%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,177.88	\$2,161.97	\$984.08	84%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,589.28	\$4,027.80	\$438.52	12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,916,880	\$9,666,972	\$1,750,092	22%
11	PATIENT DAYS	12,603	11,690	(913)	-7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,394.20	\$1,444.40	\$50.20	4%
13	AVERAGE LENGTH OF STAY	8.0	6.7	(1.4)	-17%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,703,775	\$33,158,225	\$8,454,450	34%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,251,248	\$13,205,257	\$3,954,009	43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.45%	39.82%	2.38%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	56.98%	67.40%	10.42%	18%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	893.96753	1,184.21450	290.24697	32%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,348.53	\$11,151.07	\$802.54	8%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$1,287.74	\$2,542.84	\$1,255.09	97%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$1,037.07)	(\$839.85)	\$197.22	-19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$927,111)	(\$994,566)	(\$67,455)	7%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$68,061,304	\$82,354,550	\$14,293,246	21%
24	TOTAL ACCRUED PAYMENTS	\$26,822,312	\$30,090,261	\$3,267,949	12%
25	TOTAL ALLOWANCES	\$41,238,992	\$52,264,289	\$11,025,297	27%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,989,769	\$8,672,406	\$1,682,637	24%

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<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$6,640,566	\$3,413,097	(\$3,227,469)	-49%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,025,871	\$475,015	(\$550,856)	-54%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	15.45%	13.92%	-1.53%	-10%
4	DISCHARGES	335	172	(163)	-49%
5	CASE MIX INDEX (CMI)	1.33730	1.23310	(0.10420)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	447.99550	212.09320	(235.90230)	-53%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,289.91	\$2,239.65	(\$50.26)	-2%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$6,854.18	\$6,957.55	\$103.37	2%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$9,265.58	\$8,823.39	(\$442.19)	-5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,150,936	\$1,871,380	(\$2,279,556)	-55%
11	PATIENT DAYS	1,615	744	(871)	-54%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$635.21	\$638.46	\$3.25	1%
13	AVERAGE LENGTH OF STAY	4.8	4.3	(0.5)	-10%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,312,952	\$4,257,954	(\$3,054,998)	-42%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,478,151	\$839,224	(\$638,927)	-43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.21%	19.71%	-0.50%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	110.13%	124.75%	14.63%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	368.92020	214.57582	(154.34438)	-42%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,006.70	\$3,911.08	(\$95.61)	-2%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$7,629.58	\$9,782.82	\$2,153.25	28%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,304.76	\$6,400.13	\$1,095.37	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,957,032	\$1,373,313	(\$583,719)	-30%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$13,953,518	\$7,671,051	(\$6,282,467)	-45%
24	TOTAL ACCRUED PAYMENTS	\$2,504,022	\$1,314,239	(\$1,189,783)	-48%
25	TOTAL ALLOWANCES	\$11,449,496	\$6,356,812	(\$5,092,684)	-44%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$6,107,968	\$3,244,694	(\$2,863,275)	-47%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$49,998,095	\$52,609,422	\$2,611,327	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,596,935	\$17,360,019	(\$1,236,916)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.20%	33.00%	-4.20%	-11%
4	DISCHARGES	1,904	1,929	25	1%
5	CASE MIX INDEX (CMI)	1.39375	1.35415	(0.03960)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,653.69570	2,612.15520	(41.54050)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,007.94	\$6,645.86	(\$362.08)	-5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,136.15	\$2,551.34	\$415.19	19%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,547.55	\$4,417.18	(\$130.37)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,067,816	\$11,538,352	(\$529,464)	-4%
11	PATIENT DAYS	14,218	12,434	(1,784)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,307.99	\$1,396.17	\$88.19	7%
13	AVERAGE LENGTH OF STAY	7.5	6.4	(1.0)	-14%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$32,016,727	\$37,416,179	\$5,399,452	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,729,399	\$14,044,481	\$3,315,082	31%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.51%	37.54%	4.02%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	64.04%	71.12%	7.08%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,262.88772	1,398.79032	135.90259	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,495.92	\$10,040.45	\$1,544.52	18%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,140.35	\$3,653.46	\$513.11	16%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$815.53	\$270.77	(\$544.76)	-67%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,029,921	\$378,747	(\$651,174)	-63%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$82,014,822	\$90,025,601	\$8,010,779	10%
24	TOTAL ACCRUED PAYMENTS	\$29,326,334	\$31,404,500	\$2,078,166	7%
25	TOTAL ALLOWANCES	\$52,688,488	\$58,621,101	\$5,932,613	11%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,002,546	\$1,755,977	\$753,431	75%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$372,717	\$578,732	\$206,015	55%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.18%	32.96%	-4.22%	-11%
4	DISCHARGES	63	84	21	33%
5	CASE MIX INDEX (CMI)	1.08710	1.45280	0.36570	34%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	68.48730	122.03520	53.54790	78%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,442.13	\$4,742.34	(\$699.80)	-13%
8	PATIENT DAYS	262	304	42	16%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,422.58	\$1,903.72	\$481.14	34%
10	AVERAGE LENGTH OF STAY	4.2	3.6	(0.5)	-13%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,283,726	\$1,575,205	\$291,479	23%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$506,793	\$585,727	\$78,934	16%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$2,286,272	\$3,331,182	\$1,044,910	46%
14	TOTAL ACCRUED PAYMENTS	\$879,510	\$1,164,459	\$284,949	32%
15	TOTAL ALLOWANCES	\$1,406,762	\$2,166,723	\$759,961	54%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$3,088,960	\$1,509,223	(\$1,579,737)	-51%
2	TOTAL OPERATING EXPENSES	\$256,225,183	\$252,835,619	(\$3,389,564)	-1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$727,509	\$1,104,104	\$376,595	52%
5	BAD DEBTS (CHARGES)	\$5,537,519	\$6,859,997	\$1,322,478	24%
6	UNCOMPENSATED CARE (CHARGES)	\$6,265,028	\$7,964,101	\$1,699,073	27%
7	COST OF UNCOMPENSATED CARE	\$3,167,768	\$3,754,244	\$586,476	19%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$82,014,822	\$90,025,601	\$8,010,779	10%
9	TOTAL ACCRUED PAYMENTS	\$29,326,334	\$31,404,500	\$2,078,166	7%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$41,468,924	\$42,437,693	\$968,769	2%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,142,590	\$11,033,193	(\$1,109,397)	-9%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$244,010,061	\$271,260,811	\$27,250,750	11%
2	TOTAL INPATIENT PAYMENTS	\$141,302,359	\$136,087,010	(\$5,215,349)	-4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	57.91%	50.17%	-7.74%	-13%
4	TOTAL DISCHARGES	9,587	9,567	(20)	0%
5	TOTAL CASE MIX INDEX	1.50537	1.49178	(0.01358)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	14,431.93500	14,271.87760	(160.05740)	-1%
7	TOTAL OUTPATIENT CHARGES	\$236,758,939	\$243,961,762	\$7,202,823	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	97.03%	89.94%	-7.09%	-7%
9	TOTAL OUTPATIENT PAYMENTS	\$100,756,497	\$106,831,834	\$6,075,337	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.56%	43.79%	1.23%	3%
11	TOTAL CHARGES	\$480,769,000	\$515,222,573	\$34,453,573	7%
12	TOTAL PAYMENTS	\$242,058,856	\$242,918,844	\$859,988	0%
13	TOTAL PAYMENTS / TOTAL CHARGES	50.35%	47.15%	-3.20%	-6%
14	PATIENT DAYS	56,119	51,230	(4,889)	-9%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$155,341,382	\$176,821,493	\$21,480,111	14%
2	INPATIENT PAYMENTS	\$92,084,835	\$89,290,475	(\$2,794,360)	-3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	59.28%	50.50%	-8.78%	-15%
4	DISCHARGES	5,827	5,963	136	2%
5	CASE MIX INDEX	1.55303	1.54012	(0.01291)	-1%
6	CASE MIX ADJUSTED DISCHARGES	9,049.49500	9,183.75040	134.25540	1%
7	OUTPATIENT CHARGES	\$106,293,620	\$117,489,343	\$11,195,723	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	68.43%	66.45%	-1.98%	-3%
9	OUTPATIENT PAYMENTS	\$36,380,117	\$40,738,888	\$4,358,771	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.23%	34.67%	0.45%	1%
11	TOTAL CHARGES	\$261,635,002	\$294,310,836	\$32,675,834	12%
12	TOTAL PAYMENTS	\$128,464,952	\$130,029,363	\$1,564,411	1%
13	TOTAL PAYMENTS / CHARGES	49.10%	44.18%	-4.92%	-10%
14	PATIENT DAYS	35,357	33,096	(2,261)	-6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$133,170,050	\$164,281,473	\$31,111,423	23%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.4	5.2	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.5	5.0	(0.5)	-9%
3	UNINSURED	4.3	3.6	(0.7)	-15%
4	MEDICAID	8.0	6.7	(1.4)	-17%
5	OTHER MEDICAL ASSISTANCE	4.8	4.3	(0.5)	-10%
6	CHAMPUS / TRICARE	4.2	3.6	(0.5)	-13%
7	TOTAL AVERAGE LENGTH OF STAY	5.9	5.4	(0.5)	-9%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS**

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$480,769,000	\$515,222,573	\$34,453,573	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$133,170,050	\$164,281,473	\$31,111,423	23%
3	UNCOMPENSATED CARE	\$6,265,028	\$7,964,101	\$1,699,073	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$98,244,046	\$100,103,228	\$1,859,182	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$237,679,124	\$272,348,802	\$34,669,678	15%
7	TOTAL ACCRUED PAYMENTS	\$243,089,876	\$242,873,771	(\$216,105)	0%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$243,089,876	\$242,873,771	(\$216,105)	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5056271848	0.4713958272	(0.0342313576)	-7%
11	COST OF UNCOMPENSATED CARE	\$3,167,768	\$3,754,244	\$586,476	19%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,142,590	\$11,033,193	(\$1,109,397)	-9%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$15,310,358	\$14,787,437	(\$522,921)	-3%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	(\$927,111)	(\$994,566)	(\$67,455)	7%
2	OTHER MEDICAL ASSISTANCE	\$6,107,968	\$3,244,694	(\$2,863,275)	-47%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,757,256	\$2,208,013	(\$549,243)	-20%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,938,113	\$4,458,140	(\$3,479,973)	-44%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$242,058,846	\$242,918,844	\$859,998	0.36%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$480,769,002	\$515,222,573	\$34,453,571	7.17%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,265,028	\$7,964,101	\$1,699,073	27.12%

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,668,679	\$94,439,318	\$5,770,639
2	MEDICARE	\$104,340,741	122,456,094	\$18,115,353
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$49,998,095	52,609,422	\$2,611,327
4	MEDICAID	\$43,357,529	49,196,325	\$5,838,796
5	OTHER MEDICAL ASSISTANCE	\$6,640,566	3,413,097	(\$3,227,469)
6	CHAMPUS / TRICARE	\$1,002,546	1,755,977	\$753,431
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,174,109	1,330,032	\$155,923
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$155,341,382</b>	<b>\$176,821,493</b>	<b>\$21,480,111</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$244,010,061</b>	<b>\$271,260,811</b>	<b>\$27,250,750</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$130,465,319	\$126,472,419	(\$3,992,900)
2	MEDICARE	\$72,993,167	78,497,959	\$5,504,792
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$32,016,727	37,416,179	\$5,399,452
4	MEDICAID	\$24,703,775	33,158,225	\$8,454,450
5	OTHER MEDICAL ASSISTANCE	\$7,312,952	4,257,954	(\$3,054,998)
6	CHAMPUS / TRICARE	\$1,283,726	1,575,205	\$291,479
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,517,089	2,774,027	(\$743,062)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$106,293,620</b>	<b>\$117,489,343</b>	<b>\$11,195,723</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$236,758,939</b>	<b>\$243,961,762</b>	<b>\$7,202,823</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$219,133,998	\$220,911,737	\$1,777,739
2	TOTAL MEDICARE	\$177,333,908	\$200,954,053	\$23,620,145
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$82,014,822	\$90,025,601	\$8,010,779
4	TOTAL MEDICAID	\$68,061,304	\$82,354,550	\$14,293,246
5	TOTAL OTHER MEDICAL ASSISTANCE	\$13,953,518	\$7,671,051	(\$6,282,467)
6	TOTAL CHAMPUS / TRICARE	\$2,286,272	\$3,331,182	\$1,044,910
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,691,198	\$4,104,059	(\$587,139)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$261,635,002</b>	<b>\$294,310,836</b>	<b>\$32,675,834</b>
	<b>TOTAL CHARGES</b>	<b>\$480,769,000</b>	<b>\$515,222,573</b>	<b>\$34,453,573</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,217,524	\$46,796,535	(\$2,420,989)
2	MEDICARE	\$73,115,183	71,351,724	(\$1,763,459)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,596,935	17,360,019	(\$1,236,916)
4	MEDICAID	\$17,571,064	16,885,004	(\$686,060)
5	OTHER MEDICAL ASSISTANCE	\$1,025,871	475,015	(\$550,856)
6	CHAMPUS / TRICARE	\$372,717	578,732	\$206,015
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$129,406	159,546	\$30,140
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$92,084,835</b>	<b>\$89,290,475</b>	<b>(\$2,794,360)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$141,302,359</b>	<b>\$136,087,010</b>	<b>(\$5,215,349)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,376,380	\$66,092,946	\$1,716,566
2	MEDICARE	\$25,143,925	26,108,680	\$964,755
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,729,399	14,044,481	\$3,315,082
4	MEDICAID	\$9,251,248	13,205,257	\$3,954,009
5	OTHER MEDICAL ASSISTANCE	\$1,478,151	839,224	(\$638,927)
6	CHAMPUS / TRICARE	\$506,793	585,727	\$78,934
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$591,911	317,574	(\$274,337)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$36,380,117</b>	<b>\$40,738,888</b>	<b>\$4,358,771</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$100,756,497</b>	<b>\$106,831,834</b>	<b>\$6,075,337</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$113,593,904	\$112,889,481	(\$704,423)
2	TOTAL MEDICARE	\$98,259,108	\$97,460,404	(\$798,704)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,326,334	\$31,404,500	\$2,078,166
4	TOTAL MEDICAID	\$26,822,312	\$30,090,261	\$3,267,949
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,504,022	\$1,314,239	(\$1,189,783)
6	TOTAL CHAMPUS / TRICARE	\$879,510	\$1,164,459	\$284,949
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$721,317	\$477,120	(\$244,197)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$128,464,952</b>	<b>\$130,029,363</b>	<b>\$1,564,411</b>
	<b>TOTAL PAYMENTS</b>	<b>\$242,058,856</b>	<b>\$242,918,844</b>	<b>\$859,988</b>

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.44%	18.33%	-0.11%
2	MEDICARE	21.70%	23.77%	2.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.40%	10.21%	-0.19%
4	MEDICAID	9.02%	9.55%	0.53%
5	OTHER MEDICAL ASSISTANCE	1.38%	0.66%	-0.72%
6	CHAMPUS / TRICARE	0.21%	0.34%	0.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.26%	0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>32.31%</b>	<b>34.32%</b>	<b>2.01%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>50.75%</b>	<b>52.65%</b>	<b>1.90%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.14%	24.55%	-2.59%
2	MEDICARE	15.18%	15.24%	0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.66%	7.26%	0.60%
4	MEDICAID	5.14%	6.44%	1.30%
5	OTHER MEDICAL ASSISTANCE	1.52%	0.83%	-0.69%
6	CHAMPUS / TRICARE	0.27%	0.31%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.73%	0.54%	-0.19%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>22.11%</b>	<b>22.80%</b>	<b>0.69%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>49.25%</b>	<b>47.35%</b>	<b>-1.90%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.33%	19.26%	-1.07%
2	MEDICARE	30.21%	29.37%	-0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.68%	7.15%	-0.54%
4	MEDICAID	7.26%	6.95%	-0.31%
5	OTHER MEDICAL ASSISTANCE	0.42%	0.20%	-0.23%
6	CHAMPUS / TRICARE	0.15%	0.24%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%	0.07%	0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>38.04%</b>	<b>36.76%</b>	<b>-1.29%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>58.38%</b>	<b>56.02%</b>	<b>-2.35%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.60%	27.21%	0.61%
2	MEDICARE	10.39%	10.75%	0.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.43%	5.78%	1.35%
4	MEDICAID	3.82%	5.44%	1.61%
5	OTHER MEDICAL ASSISTANCE	0.61%	0.35%	-0.27%
6	CHAMPUS / TRICARE	0.21%	0.24%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.13%	-0.11%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>15.03%</b>	<b>16.77%</b>	<b>1.74%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>41.62%</b>	<b>43.98%</b>	<b>2.35%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,760	3,604	(156)
2	MEDICARE	3,860	3,950	90
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,904	1,929	25
4	MEDICAID	1,569	1,757	188
5	OTHER MEDICAL ASSISTANCE	335	172	(163)
6	CHAMPUS / TRICARE	63	84	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	84	81	(3)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,827</b>	<b>5,963</b>	<b>136</b>
	<b>TOTAL DISCHARGES</b>	<b>9,587</b>	<b>9,567</b>	<b>(20)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20,762	18,134	(2,628)
2	MEDICARE	20,877	20,358	(519)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,218	12,434	(1,784)
4	MEDICAID	12,603	11,690	(913)
5	OTHER MEDICAL ASSISTANCE	1,615	744	(871)
6	CHAMPUS / TRICARE	262	304	42
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	362	295	(67)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>35,357</b>	<b>33,096</b>	<b>(2,261)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>56,119</b>	<b>51,230</b>	<b>(4,889)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.5	5.0	(0.5)
2	MEDICARE	5.4	5.2	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.5	6.4	(1.0)
4	MEDICAID	8.0	6.7	(1.4)
5	OTHER MEDICAL ASSISTANCE	4.8	4.3	(0.5)
6	CHAMPUS / TRICARE	4.2	3.6	(0.5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.3	3.6	(0.7)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>6.1</b>	<b>5.6</b>	<b>(0.5)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.9</b>	<b>5.4</b>	<b>(0.5)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.43150	1.41180	(0.01970)
2	MEDICARE	1.63920	1.63280	(0.00640)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.39375	1.35415	(0.03960)
4	MEDICAID	1.40580	1.36600	(0.03980)
5	OTHER MEDICAL ASSISTANCE	1.33730	1.23310	(0.10420)
6	CHAMPUS / TRICARE	1.08710	1.45280	0.36570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16990	1.05250	(0.11740)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.55303</b>	<b>1.54012</b>	<b>(0.01291)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.50537</b>	<b>1.49178</b>	<b>(0.01358)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$214,442,801	\$216,807,678	\$2,364,877
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,198,755	\$116,704,450	\$505,695
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$98,244,046	\$100,103,228	\$1,859,182
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.81%	46.17%	0.36%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$727,509	\$1,104,104	\$376,595
9	BAD DEBTS	\$5,537,519	\$6,859,997	\$1,322,478
10	TOTAL UNCOMPENSATED CARE	\$6,265,028	\$7,964,101	\$1,699,073
11	TOTAL OTHER OPERATING REVENUE	\$214,442,801	\$216,807,678	\$2,364,877
12	TOTAL OPERATING EXPENSES	\$256,225,183	\$252,835,619	(\$3,389,564)

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,382.44000	5,088.12720	(294.31280)
2	MEDICARE	6,327.31200	6,449.56000	122.24800
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,653.69570	2,612.15520	(41.54050)
4	MEDICAID	2,205.70020	2,400.06200	194.36180
5	OTHER MEDICAL ASSISTANCE	447.99550	212.09320	(235.90230)
6	CHAMPUS / TRICARE	68.48730	122.03520	53.54790
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	98.27160	85.25250	(13.01910)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>9,049.49500</b>	<b>9,183.75040</b>	<b>134.25540</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>14,431.93500</b>	<b>14,271.87760</b>	<b>(160.05740)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,532.38872	4,826.44949	-705.93923
2	MEDICARE	2,700.32225	2,532.06621	-168.25604
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,262.88772	1,398.79032	135.90259
4	MEDICAID	893.96753	1,184.21450	290.24697
5	OTHER MEDICAL ASSISTANCE	368.92020	214.57582	-154.34438
6	CHAMPUS / TRICARE	80.66935	75.35248	-5.31687
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	251.62525	168.94044	-82.68482
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,043.87933</b>	<b>4,006.20901</b>	<b>-37.67032</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>9,576.26805</b>	<b>8,832.65850</b>	<b>-743.60955</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,144.09	\$9,197.20	\$53.11
2	MEDICARE	\$11,555.49	\$11,063.04	(\$492.45)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,007.94	\$6,645.86	(\$362.08)
4	MEDICAID	\$7,966.21	\$7,035.24	(\$930.97)
5	OTHER MEDICAL ASSISTANCE	\$2,289.91	\$2,239.65	(\$50.26)
6	CHAMPUS / TRICARE	\$5,442.13	\$4,742.34	(\$699.80)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,316.82	\$1,871.45	\$554.63
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$10,175.69</b>	<b>\$9,722.66</b>	<b>(\$453.03)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$9,790.95</b>	<b>\$9,535.33</b>	<b>(\$255.62)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,636.27	\$13,693.91	\$2,057.63
2	MEDICARE	\$9,311.45	\$10,311.22	\$999.76
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,495.92	\$10,040.45	\$1,544.52
4	MEDICAID	\$10,348.53	\$11,151.07	\$802.54
5	OTHER MEDICAL ASSISTANCE	\$4,006.70	\$3,911.08	(\$95.61)
6	CHAMPUS / TRICARE	\$6,282.35	\$7,773.16	\$1,490.81
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,352.35	\$1,879.80	(\$472.55)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$8,996.34</b>	<b>\$10,168.94</b>	<b>\$1,172.60</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$10,521.48</b>	<b>\$12,095.09</b>	<b>\$1,573.62</b>

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	(\$927,111)	(\$994,566)	(\$67,455)
2	OTHER MEDICAL ASSISTANCE	\$6,107,968	\$3,244,694	(\$2,863,275)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,757,256	\$2,208,013	(\$549,243)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$7,938,113</b>	<b>\$4,458,140</b>	<b>(\$3,479,973)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$480,769,000	\$515,222,573	\$34,453,573
2	TOTAL GOVERNMENT DEDUCTIONS	\$133,170,050	\$164,281,473	\$31,111,423
3	UNCOMPENSATED CARE	\$6,265,028	\$7,964,101	\$1,699,073
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$98,244,046	\$100,103,228	\$1,859,182
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$237,679,124	\$272,348,802	\$34,669,678
7	TOTAL ACCRUED PAYMENTS	\$243,089,876	\$242,873,771	(\$216,105)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$243,089,876	\$242,873,771	(\$216,105)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5056271848	0.4713958272	(0.0342313576)
11	COST OF UNCOMPENSATED CARE	\$3,167,768	\$3,754,244	\$586,476
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$12,142,590	\$11,033,193	(\$1,109,397)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$15,310,358	\$14,787,437	(\$522,921)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	55.51%	49.55%	-5.96%
2	MEDICARE	70.07%	58.27%	-11.81%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.20%	33.00%	-4.20%
4	MEDICAID	40.53%	34.32%	-6.20%
5	OTHER MEDICAL ASSISTANCE	15.45%	13.92%	-1.53%
6	CHAMPUS / TRICARE	37.18%	32.96%	-4.22%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.02%	12.00%	0.97%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>59.28%</b>	<b>50.50%</b>	<b>-8.78%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>57.91%</b>	<b>50.17%</b>	<b>-7.74%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.34%	52.26%	2.92%
2	MEDICARE	34.45%	33.26%	-1.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33.51%	37.54%	4.02%
4	MEDICAID	37.45%	39.82%	2.38%
5	OTHER MEDICAL ASSISTANCE	20.21%	19.71%	-0.50%
6	CHAMPUS / TRICARE	39.48%	37.18%	-2.29%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.83%	11.45%	-5.38%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>34.23%</b>	<b>34.67%</b>	<b>0.45%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>42.56%</b>	<b>43.79%</b>	<b>1.23%</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$242,058,856	\$242,918,844	\$859,988
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$242,058,856</b>	<b>\$242,918,844</b>	<b>\$859,988</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	<b>CALCULATED NET REVENUE</b>	<b>\$242,058,856</b>	<b>\$242,918,844</b>	<b>\$859,988</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$242,058,846	\$242,918,844	\$859,998
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$10</b>	<b>\$0</b>	<b>(\$10)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$480,769,000	\$515,222,573	\$34,453,573
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$480,769,000</b>	<b>\$515,222,573</b>	<b>\$34,453,573</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$480,769,002	\$515,222,573	\$34,453,571
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>\$0</b>	<b>\$2</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,265,028	\$7,964,101	\$1,699,073
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$6,265,028</b>	<b>\$7,964,101</b>	<b>\$1,699,073</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,265,028	\$7,964,101	\$1,699,073
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>JOHN DEMPSEY HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$94,439,318
2	MEDICARE	122,456,094
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	52,609,422
4	MEDICAID	49,196,325
5	OTHER MEDICAL ASSISTANCE	3,413,097
6	CHAMPUS / TRICARE	1,755,977
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,330,032
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$176,821,493</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$271,260,811</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$126,472,419
2	MEDICARE	78,497,959
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,416,179
4	MEDICAID	33,158,225
5	OTHER MEDICAL ASSISTANCE	4,257,954
6	CHAMPUS / TRICARE	1,575,205
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,774,027
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$117,489,343</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$243,961,762</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$220,911,737
2	TOTAL GOVERNMENT ACCRUED CHARGES	294,310,836
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$515,222,573</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,796,535
2	MEDICARE	71,351,724
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,360,019
4	MEDICAID	16,885,004
5	OTHER MEDICAL ASSISTANCE	475,015
6	CHAMPUS / TRICARE	578,732
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	159,546
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$89,290,475</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$136,087,010</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,092,946
2	MEDICARE	26,108,680
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,044,481
4	MEDICAID	13,205,257
5	OTHER MEDICAL ASSISTANCE	839,224
6	CHAMPUS / TRICARE	585,727
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	317,574
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$40,738,888</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$106,831,834</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$112,889,481
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	130,029,363
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$242,918,844</b>

<b>JOHN DEMPSEY HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,604
2	MEDICARE	3,950
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,929
4	MEDICAID	1,757
5	OTHER MEDICAL ASSISTANCE	172
6	CHAMPUS / TRICARE	84
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	81
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,963</b>
	<b>TOTAL DISCHARGES</b>	<b>9,567</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41180
2	MEDICARE	1.63280
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.35415
4	MEDICAID	1.36600
5	OTHER MEDICAL ASSISTANCE	1.23310
6	CHAMPUS / TRICARE	1.45280
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05250
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.54012</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.49178</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$216,807,678
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$116,704,450
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,103,228
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.17%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,104,104
9	BAD DEBTS	\$6,859,997
10	TOTAL UNCOMPENSATED CARE	\$7,964,101
11	TOTAL OTHER OPERATING REVENUE	\$1,509,223
12	TOTAL OPERATING EXPENSES	\$252,835,619

<b>JOHN DEMPSEY HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$242,918,844
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$242,918,844</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	<b>CALCULATED NET REVENUE</b>	<b>\$242,918,844</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$242,918,844
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$515,222,573
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$515,222,573</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$515,222,573
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,964,101
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,964,101</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,964,101
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>JOHN DEMPSEY HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	464	575	111	24%
2	Number of Approved Applicants	135	197	62	46%
3	<b>Total Charges (A)</b>	\$727,509	\$1,104,104	\$376,595	52%
4	<b>Average Charges</b>	<b>\$5,389</b>	<b>\$5,605</b>	<b>\$216</b>	<b>4%</b>
5	Ratio of Cost to Charges (RCC)	0.606485	0.529546	(0.076939)	-13%
6	<b>Total Cost</b>	<b>\$441,223</b>	<b>\$584,674</b>	<b>\$143,451</b>	<b>33%</b>
7	<b>Average Cost</b>	<b>\$3,268</b>	<b>\$2,968</b>	<b>(\$300)</b>	<b>-9%</b>
8	Charity Care - Inpatient Charges	\$208,733	\$549,315	\$340,582	163%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	454,222	154,993	(299,229)	-66%
10	Charity Care - Emergency Department Charges	64,554	399,796	335,242	519%
11	<b>Total Charges (A)</b>	<b>\$727,509</b>	<b>\$1,104,104</b>	<b>\$376,595</b>	<b>52%</b>
12	Charity Care - Number of Patient Days	146	202	56	38%
13	Charity Care - Number of Discharges	23	36	13	57%
14	Charity Care - Number of Outpatient ED Visits	71	174	103	145%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	358	409	51	14%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$2,159,632	\$2,263,799	\$104,167	5%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,605,881	2,195,199	589,318	37%
3	Bad Debts - Emergency Department	1,772,006	2,400,999	628,993	35%
4	<b>Total Bad Debts (A)</b>	<b>\$5,537,519</b>	<b>\$6,859,997</b>	<b>\$1,322,478</b>	<b>24%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$727,509	\$1,104,104	\$376,595	52%
2	Bad Debts (A)	5,537,519	6,859,997	1,322,478	24%
3	<b>Total Uncompensated Care (A)</b>	<b>\$6,265,028</b>	<b>\$7,964,101</b>	<b>\$1,699,073</b>	<b>27%</b>
4	Uncompensated Care - Inpatient Services	\$2,368,365	\$2,813,114	\$444,749	19%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,060,103	2,350,192	290,089	14%
6	Uncompensated Care - Emergency Department	1,836,560	2,800,795	964,235	53%
7	<b>Total Uncompensated Care (A)</b>	<b>\$6,265,028</b>	<b>\$7,964,101</b>	<b>\$1,699,073</b>	<b>27%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

<b>JOHN DEMPSEY HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$214,442,801	\$216,807,678	\$2,364,877	1%
2	Total Contractual Allowances	\$98,244,046	\$100,103,228	\$1,859,182	2%
	<b>Total Accrued Payments (A)</b>	<b>\$116,198,755</b>	<b>\$116,704,450</b>	<b>\$505,695</b>	<b>0%</b>
	<b>Total Discount Percentage</b>	<b>45.81%</b>	<b>46.17%</b>	<b>0.36%</b>	<b>1%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$203,357,965	\$244,010,061	\$271,260,811
2	Outpatient Gross Revenue	\$201,675,798	\$236,758,939	\$243,961,762
3	Total Gross Patient Revenue	\$405,033,763	\$480,769,000	\$515,222,573
4	Net Patient Revenue	\$236,084,965	\$251,133,088	\$253,989,584
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$255,033,610	\$266,850,045	\$279,636,521
<b>C. Utilization Statistics</b>				
1	Patient Days	60,012	56,119	51,230
2	Discharges	9,856	9,587	9,567
3	Average Length of Stay	6.1	5.9	5.4
4	Equivalent (Adjusted) Patient Days (EPD)	119,528	110,570	97,304
0	Equivalent (Adjusted) Discharges (ED)	19,630	18,889	18,171
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.46658	1.50537	1.49178
2	Case Mix Adjusted Patient Days (CMAPD)	88,013	84,480	76,424
3	Case Mix Adjusted Discharges (CMAD)	14,455	14,432	14,272
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	175,297	166,449	145,157
5	Case Mix Adjusted Equivalent Discharges (CMAED)	28,790	28,435	27,107
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$6,749	\$8,567	\$10,057
2	Total Gross Revenue per Discharge	\$41,095	\$50,148	\$53,854
3	Total Gross Revenue per EPD	\$3,389	\$4,348	\$5,295
4	Total Gross Revenue per ED	\$20,633	\$25,452	\$28,354
5	Total Gross Revenue per CMAEPD	\$2,311	\$2,888	\$3,549
6	Total Gross Revenue per CMAED	\$14,069	\$16,908	\$19,007
7	Inpatient Gross Revenue per EPD	\$1,701	\$2,207	\$2,788
8	Inpatient Gross Revenue per ED	\$10,359	\$12,918	\$14,928

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,934	\$4,475	\$4,958
2	Net Patient Revenue per Discharge	\$23,953	\$26,195	\$26,549
3	Net Patient Revenue per EPD	\$1,975	\$2,271	\$2,610
4	Net Patient Revenue per ED	\$12,026	\$13,295	\$13,978
5	Net Patient Revenue per CMAEPD	\$1,347	\$1,509	\$1,750
6	Net Patient Revenue per CMAED	\$8,200	\$8,832	\$9,370
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$4,250	\$4,755	\$5,458
2	Total Operating Expense per Discharge	\$25,876	\$27,835	\$29,229
3	Total Operating Expense per EPD	\$2,134	\$2,413	\$2,874
4	Total Operating Expense per ED	\$12,992	\$14,127	\$15,389
5	Total Operating Expense per CMAEPD	\$1,455	\$1,603	\$1,926
6	Total Operating Expense per CMAED	\$8,858	\$9,385	\$10,316
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$39,922,482	\$26,333,098	\$31,768,766
2	Nursing Fringe Benefits Expense	\$16,390,886	\$9,743,246	\$13,355,703
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$56,313,368</b>	<b>\$36,076,344</b>	<b>\$45,124,469</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$1,926,462	\$2,069,189	\$2,198,863
2	Physician Fringe Benefits Expense	\$790,943	\$765,600	\$512,981
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$2,717,405</b>	<b>\$2,834,789</b>	<b>\$2,711,844</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$54,616,572	\$65,178,049	\$54,796,522
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$22,423,808	\$24,443,636	\$24,957,115
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$77,040,380</b>	<b>\$89,621,685</b>	<b>\$79,753,637</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$96,465,516	\$93,580,336	\$88,764,151
2	Total Fringe Benefits Expense	\$39,605,637	\$34,952,482	\$38,825,799
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$136,071,153</b>	<b>\$128,532,818</b>	<b>\$127,589,950</b>

<b>JOHN DEMPSEY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
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<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	553.9	542.4	552.0
2	Total Physician FTEs	15.5	18.4	28.0
3	Total Non-Nursing, Non-Physician FTEs	769.0	742.0	615.0
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,338.4</b>	<b>1,302.8</b>	<b>1,195.0</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$72,075	\$48,549	\$57,552
2	Nursing Fringe Benefits Expense per FTE	\$29,592	\$17,963	\$24,195
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$101,667</b>	<b>\$66,512</b>	<b>\$81,747</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$124,288	\$112,456	\$78,531
2	Physician Fringe Benefits Expense per FTE	\$51,029	\$41,609	\$18,321
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$175,316</b>	<b>\$154,065</b>	<b>\$96,852</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$71,023	\$87,841	\$89,100
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$29,160	\$32,943	\$40,581
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$100,183</b>	<b>\$120,784</b>	<b>\$129,681</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$72,075	\$71,830	\$74,280
2	Total Fringe Benefits Expense per FTE	\$29,592	\$26,829	\$32,490
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$101,667</b>	<b>\$98,659</b>	<b>\$106,770</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,267	\$2,290	\$2,491
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,806	\$13,407	\$13,336
3	Total Salary and Fringe Benefits Expense per EPD	\$1,138	\$1,162	\$1,311
4	Total Salary and Fringe Benefits Expense per ED	\$6,932	\$6,805	\$7,022
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$776	\$772	\$879
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,726	\$4,520	\$4,707