

MIDDLESEX 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
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$47,781,000	\$50,099,000	\$2,318,000	5%
2	Short Term Investments	\$19,181,000	\$27,573,000	\$8,392,000	44%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,081,000	\$38,248,000	(\$833,000)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,068,000	\$4,213,000	\$145,000	4%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$334,000	\$334,000	0%
7	Inventories of Supplies	\$1,114,000	\$970,000	(\$144,000)	-13%
8	Prepaid Expenses	\$2,050,000	\$1,439,000	(\$611,000)	-30%
9	Other Current Assets	\$1,056,000	\$1,462,000	\$406,000	38%
	Total Current Assets	\$114,331,000	\$124,338,000	\$10,007,000	9%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$7,744,000	\$8,694,000	\$950,000	12%
2	Board Designated for Capital Acquisition	\$75,890,000	\$79,978,000	\$4,088,000	5%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$12,785,000	\$13,377,000	\$592,000	5%
	Total Noncurrent Assets Whose Use is Limited:	\$96,419,000	\$102,049,000	\$5,630,000	6%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,831,000	\$3,640,000	(\$191,000)	-5%
7	Other Noncurrent Assets	\$2,621,000	\$3,563,000	\$942,000	36%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$367,111,000	\$391,481,000	\$24,370,000	7%
2	Less: Accumulated Depreciation	\$215,843,000	\$236,911,000	\$21,068,000	10%
	Property, Plant and Equipment, Net	\$151,268,000	\$154,570,000	\$3,302,000	2%
3	Construction in Progress	\$5,902,000	\$4,148,000	(\$1,754,000)	-30%
	Total Net Fixed Assets	\$157,170,000	\$158,718,000	\$1,548,000	1%
	Total Assets	\$374,372,000	\$392,308,000	\$17,936,000	5%

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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$15,479,000	\$12,669,000	(\$2,810,000)	-18%
2	Salaries, Wages and Payroll Taxes	\$22,755,000	\$27,456,000	\$4,701,000	21%
3	Due To Third Party Payers	\$66,000	\$0	(\$66,000)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,670,000	\$2,785,000	\$115,000	4%
6	Current Portion of Notes Payable	\$234,000	\$42,000	(\$192,000)	-82%
7	Other Current Liabilities	\$11,504,000	\$13,195,000	\$1,691,000	15%
	Total Current Liabilities	\$52,708,000	\$56,147,000	\$3,439,000	7%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$71,095,000	\$68,327,000	(\$2,768,000)	-4%
2	Notes Payable (Net of Current Portion)	\$4,820,000	\$775,000	(\$4,045,000)	-84%
	Total Long Term Debt	\$75,915,000	\$69,102,000	(\$6,813,000)	-9%
3	Accrued Pension Liability	\$89,528,000	\$103,987,000	\$14,459,000	16%
4	Other Long Term Liabilities	\$18,111,000	\$18,262,000	\$151,000	1%
	Total Long Term Liabilities	\$183,554,000	\$191,351,000	\$7,797,000	4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$124,916,000	\$131,224,000	\$6,308,000	5%
2	Temporarily Restricted Net Assets	\$6,606,000	\$6,782,000	\$176,000	3%
3	Permanently Restricted Net Assets	\$6,588,000	\$6,804,000	\$216,000	3%
	Total Net Assets	\$138,110,000	\$144,810,000	\$6,700,000	5%
	Total Liabilities and Net Assets	\$374,372,000	\$392,308,000	\$17,936,000	5%

MIDDLESEX 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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$845,270,408	\$938,143,112	\$92,872,704	11%
2	Less: Allowances	\$519,918,005	\$603,550,041	\$83,632,036	16%
3	Less: Charity Care	\$7,535,167	\$9,520,361	\$1,985,194	26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$317,817,236	\$325,072,710	\$7,255,474	2%
5	Other Operating Revenue	\$9,128,624	\$9,611,535	\$482,911	5%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$326,945,860	\$334,684,245	\$7,738,385	2%
B. Operating Expenses:					
1	Salaries and Wages	\$144,007,579	\$149,975,193	\$5,967,614	4%
2	Fringe Benefits	\$32,667,393	\$36,419,046	\$3,751,653	11%
3	Physicians Fees	\$2,397,057	\$2,502,017	\$104,960	4%
4	Supplies and Drugs	\$30,920,282	\$31,045,899	\$125,617	0%
5	Depreciation and Amortization	\$20,406,140	\$21,231,661	\$825,521	4%
6	Bad Debts	\$17,055,645	\$11,858,436	(\$5,197,209)	-30%
7	Interest	\$3,974,237	\$3,718,716	(\$255,521)	-6%
8	Malpractice	\$3,655,926	\$3,980,367	\$324,441	9%
9	Other Operating Expenses	\$50,678,056	\$51,790,175	\$1,112,119	2%
	Total Operating Expenses	\$305,762,315	\$312,521,510	\$6,759,195	2%
	Income/(Loss) From Operations	\$21,183,545	\$22,162,735	\$979,190	5%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,387,000)	\$3,799,040	\$5,186,040	-374%
2	Gifts, Contributions and Donations	\$387,000	\$491,000	\$104,000	27%
3	Other Non-Operating Gains/(Losses)	(\$1,393,000)	(\$1,511,000)	(\$118,000)	8%
	Total Non-Operating Revenue	(\$2,393,000)	\$2,779,040	\$5,172,040	-216%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$18,790,545	\$24,941,775	\$6,151,230	33%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$18,790,545	\$24,941,775	\$6,151,230	33%
	Principal Payments	\$4,789,000	\$6,907,000	\$2,118,000	44%

**MIDDLESEX 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
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$190,629,016	\$211,662,804	\$21,033,788	11%
2	MEDICARE MANAGED CARE	\$21,647,995	\$26,273,908	\$4,625,913	21%
3	MEDICAID	\$13,739,395	\$23,622,846	\$9,883,451	72%
4	MEDICAID MANAGED CARE	\$10,895,772	\$16,232,499	\$5,336,727	49%
5	CHAMPUS/TRICARE	\$722,673	\$915,983	\$193,310	27%
6	COMMERCIAL INSURANCE	\$8,143,245	\$12,059,054	\$3,915,809	48%
7	NON-GOVERNMENT MANAGED CARE	\$95,716,072	\$100,461,477	\$4,745,405	5%
8	WORKER'S COMPENSATION	\$4,437,829	\$5,946,978	\$1,509,149	34%
9	SELF- PAY/UNINSURED	\$9,544,072	\$7,173,325	(\$2,370,747)	-25%
10	SAGA	\$8,235,376	\$7,948,511	(\$286,865)	-3%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$363,711,445	\$412,297,385	\$48,585,940	13%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$144,379,461	\$150,668,930	\$6,289,469	4%
2	MEDICARE MANAGED CARE	\$19,842,403	\$28,659,430	\$8,817,027	44%
3	MEDICAID	\$14,724,852	\$26,209,332	\$11,484,480	78%
4	MEDICAID MANAGED CARE	\$25,274,700	\$32,920,050	\$7,645,350	30%
5	CHAMPUS/TRICARE	\$1,666,742	\$1,918,950	\$252,208	15%
6	COMMERCIAL INSURANCE	\$22,986,673	\$25,948,383	\$2,961,710	13%
7	NON-GOVERNMENT MANAGED CARE	\$213,291,746	\$224,756,617	\$11,464,871	5%
8	WORKER'S COMPENSATION	\$10,289,290	\$11,395,315	\$1,106,025	11%
9	SELF- PAY/UNINSURED	\$15,462,076	\$14,092,307	(\$1,369,769)	-9%
10	SAGA	\$13,641,022	\$9,276,414	(\$4,364,608)	-32%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$481,558,965	\$525,845,728	\$44,286,763	9%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$335,008,477	\$362,331,734	\$27,323,257	8%
2	MEDICARE MANAGED CARE	\$41,490,398	\$54,933,338	\$13,442,940	32%
3	MEDICAID	\$28,464,247	\$49,832,178	\$21,367,931	75%
4	MEDICAID MANAGED CARE	\$36,170,472	\$49,152,549	\$12,982,077	36%
5	CHAMPUS/TRICARE	\$2,389,415	\$2,834,933	\$445,518	19%
6	COMMERCIAL INSURANCE	\$31,129,918	\$38,007,437	\$6,877,519	22%
7	NON-GOVERNMENT MANAGED CARE	\$309,007,818	\$325,218,094	\$16,210,276	5%
8	WORKER'S COMPENSATION	\$14,727,119	\$17,342,293	\$2,615,174	18%
9	SELF- PAY/UNINSURED	\$25,006,148	\$21,265,632	(\$3,740,516)	-15%
10	SAGA	\$21,876,398	\$17,224,925	(\$4,651,473)	-21%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$845,270,410	\$938,143,113	\$92,872,703	11%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$63,315,939	\$61,063,498	(\$2,252,441)	-4%
2	MEDICARE MANAGED CARE	\$6,203,355	\$7,246,065	\$1,042,710	17%
3	MEDICAID	\$3,871,680	\$6,007,149	\$2,135,469	55%
4	MEDICAID MANAGED CARE	\$2,876,267	\$3,970,893	\$1,094,626	38%
5	CHAMPUS/TRICARE	\$199,932	\$195,944	(\$3,988)	-2%
6	COMMERCIAL INSURANCE	\$2,235,955	\$4,901,096	\$2,665,141	119%
7	NON-GOVERNMENT MANAGED CARE	\$44,810,017	\$46,436,892	\$1,626,875	4%
8	WORKER'S COMPENSATION	\$3,312,060	\$4,220,985	\$908,925	27%
9	SELF- PAY/UNINSURED	\$812,274	\$2,154,497	\$1,342,223	165%
10	SAGA	\$769,452	(\$1,796,300)	(\$2,565,752)	-333%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$128,406,931	\$134,400,719	\$5,993,788	5%

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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. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$42,550,081	\$38,804,921	(\$3,745,160)	-9%
2	MEDICARE MANAGED CARE	\$3,898,616	\$5,446,437	\$1,547,821	40%
3	MEDICAID	\$1,392,471	\$7,176,278	\$5,783,807	415%
4	MEDICAID MANAGED CARE	\$7,313,075	\$10,367,539	\$3,054,464	42%
5	CHAMPUS/TRICARE	\$649,861	\$437,709	(\$212,152)	-33%
6	COMMERCIAL INSURANCE	\$10,513,265	\$11,644,230	\$1,130,965	11%
7	NON-GOVERNMENT MANAGED CARE	\$98,181,485	\$100,180,952	\$1,999,467	2%
8	WORKER'S COMPENSATION	\$7,286,631	\$7,560,134	\$273,503	4%
9	SELF- PAY/UNINSURED	\$3,717,142	\$4,402,842	\$685,700	18%
10	SAGA	\$1,944,153	(\$755,657)	(\$2,699,810)	-139%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$177,446,780	\$185,265,385	\$7,818,605	4%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$105,866,020	\$99,868,419	(\$5,997,601)	-6%
2	MEDICARE MANAGED CARE	\$10,101,971	\$12,692,502	\$2,590,531	26%
3	MEDICAID	\$5,264,151	\$13,183,427	\$7,919,276	150%
4	MEDICAID MANAGED CARE	\$10,189,342	\$14,338,432	\$4,149,090	41%
5	CHAMPUS/TRICARE	\$849,793	\$633,653	(\$216,140)	-25%
6	COMMERCIAL INSURANCE	\$12,749,220	\$16,545,326	\$3,796,106	30%
7	NON-GOVERNMENT MANAGED CARE	\$142,991,502	\$146,617,844	\$3,626,342	3%
8	WORKER'S COMPENSATION	\$10,598,691	\$11,781,119	\$1,182,428	11%
9	SELF- PAY/UNINSURED	\$4,529,416	\$6,557,339	\$2,027,923	45%
10	SAGA	\$2,713,605	(\$2,551,957)	(\$5,265,562)	-194%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$305,853,711	\$319,666,104	\$13,812,393	5%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	6,724	6,435	(289)	-4%
2	MEDICARE MANAGED CARE	677	769	92	14%
3	MEDICAID	536	711	175	33%
4	MEDICAID MANAGED CARE	777	954	177	23%
5	CHAMPUS/TRICARE	36	43	7	19%
6	COMMERCIAL INSURANCE	372	408	36	10%
7	NON-GOVERNMENT MANAGED CARE	4,091	3,976	(115)	-3%
8	WORKER'S COMPENSATION	79	91	12	15%
9	SELF- PAY/UNINSURED	350	242	(108)	-31%
10	SAGA	322	289	(33)	-10%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	13,964	13,918	(46)	0%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	31,070	30,211	(859)	-3%
2	MEDICARE MANAGED CARE	3,077	3,339	262	9%
3	MEDICAID	2,624	3,688	1,064	41%
4	MEDICAID MANAGED CARE	2,345	2,880	535	23%
5	CHAMPUS/TRICARE	126	143	17	13%
6	COMMERCIAL INSURANCE	1,208	1,551	343	28%
7	NON-GOVERNMENT MANAGED CARE	13,568	12,984	(584)	-4%
8	WORKER'S COMPENSATION	278	298	20	7%
9	SELF- PAY/UNINSURED	1,768	1,126	(642)	-36%
10	SAGA	1,564	1,609	45	3%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	57,628	57,829	201	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	226,169	224,686	(1,483)	-1%
2	MEDICARE MANAGED CARE	26,929	34,006	7,077	26%
3	MEDICAID	33,703	41,957	8,254	24%
4	MEDICAID MANAGED CARE	40,440	47,184	6,744	17%
5	CHAMPUS/TRICARE	2,112	2,375	263	12%
6	COMMERCIAL INSURANCE	28,004	27,746	(258)	-1%
7	NON-GOVERNMENT MANAGED CARE	253,278	238,347	(14,931)	-6%
8	WORKER'S COMPENSATION	18,440	18,377	(63)	0%
9	SELF- PAY/UNINSURED	15,709	15,535	(174)	-1%
10	SAGA	13,336	7,748	(5,588)	-42%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	658,120	657,961	(159)	0%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$38,199,945	\$44,127,854	\$5,927,909	16%
2	MEDICARE MANAGED CARE	\$4,847,371	\$6,969,957	\$2,122,586	44%
3	MEDICAID	\$5,873,423	\$10,748,490	\$4,875,067	83%
4	MEDICAID MANAGED CARE	\$11,224,861	\$14,172,434	\$2,947,573	26%
5	CHAMPUS/TRICARE	\$770,885	\$933,398	\$162,513	21%
6	COMMERCIAL INSURANCE	\$6,743,305	\$7,013,887	\$270,582	4%
7	NON-GOVERNMENT MANAGED CARE	\$59,497,009	\$63,484,614	\$3,987,605	7%
8	WORKER'S COMPENSATION	\$2,114,224	\$2,207,480	\$93,256	4%
9	SELF- PAY/UNINSURED	\$9,012,034	\$9,596,944	\$584,910	6%
10	SAGA	\$6,996,879	\$5,348,470	(\$1,648,409)	-24%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$145,279,936	\$164,603,528	\$19,323,592	13%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$7,318,316	\$7,182,062	(\$136,254)	-2%
2	MEDICARE MANAGED CARE	\$966,329	\$1,200,441	\$234,112	24%
3	MEDICAID	\$1,382,678	\$1,711,053	\$328,375	24%
4	MEDICAID MANAGED CARE	\$3,669,880	\$4,256,418	\$586,538	16%
5	CHAMPUS/TRICARE	\$264,096	\$230,685	(\$33,411)	-13%
6	COMMERCIAL INSURANCE	\$2,397,846	\$2,066,344	(\$331,502)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$29,332,236	\$29,095,030	(\$237,206)	-1%
8	WORKER'S COMPENSATION	\$1,594,408	\$1,333,705	(\$260,703)	-16%
9	SELF- PAY/UNINSURED	\$452,650	\$316,871	(\$135,779)	-30%
10	SAGA	\$947,888	\$1,080,504	\$132,616	14%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$48,326,327	\$48,473,113	\$146,786	0%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	15,017	15,805	788	5%
2	MEDICARE MANAGED CARE	1,872	2,311	439	23%
3	MEDICAID	3,110	5,049	1,939	62%
4	MEDICAID MANAGED CARE	9,285	11,103	1,818	20%
5	CHAMPUS/TRICARE	567	655	88	16%
6	COMMERCIAL INSURANCE	4,368	3,962	(406)	-9%
7	NON-GOVERNMENT MANAGED CARE	36,811	36,016	(795)	-2%
8	WORKER'S COMPENSATION	2,040	2,038	(2)	0%
9	SELF- PAY/UNINSURED	6,707	6,543	(164)	-2%
10	SAGA	3,699	2,499	(1,200)	-32%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	83,476	85,981	2,505	3%

**MIDDLESEX HOSPITAL
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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
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$44,128,939	\$45,300,265	\$1,171,326	3%
2	Physician Salaries	\$21,517,184	\$22,986,362	\$1,469,178	7%
3	Non-Nursing, Non-Physician Salaries	\$78,361,456	\$81,688,566	\$3,327,110	4%
	Total Salaries & Wages	\$144,007,579	\$149,975,193	\$5,967,614	4%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$10,009,289	\$11,000,436	\$991,147	10%
2	Physician Fringe Benefits	\$4,880,508	\$5,581,866	\$701,358	14%
3	Non-Nursing, Non-Physician Fringe Benefits	\$17,777,596	\$19,836,744	\$2,059,148	12%
	Total Fringe Benefits	\$32,667,393	\$36,419,046	\$3,751,653	11%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$405,124	\$192,276	(\$212,848)	-53%
2	Physician Fees	\$2,397,057	\$2,502,017	\$104,960	4%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$2,802,181	\$2,694,293	(\$107,888)	-4%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$23,717,146	\$23,376,330	(\$340,816)	-1%
2	Pharmaceutical Costs	\$7,203,136	\$7,669,569	\$466,433	6%
	Total Medical Supplies and Pharmaceutical Cost	\$30,920,282	\$31,045,899	\$125,617	0%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$9,723,581	\$9,801,668	\$78,087	1%
2	Depreciation-Equipment	\$10,529,869	\$11,302,685	\$772,816	7%
3	Amortization	\$152,690	\$127,308	(\$25,382)	-17%
	Total Depreciation and Amortization	\$20,406,140	\$21,231,661	\$825,521	4%
F.	Bad Debts:				
1	Bad Debts	\$17,055,645	\$11,858,436	(\$5,197,209)	-30%
G.	Interest Expense:				
1	Interest Expense	\$3,974,237	\$3,718,716	(\$255,521)	-6%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$3,655,926	\$3,980,367	\$324,441	9%
I.	Utilities:				
1	Water	\$190,799	\$221,843	\$31,044	16%
2	Natural Gas	\$129,529	\$122,369	(\$7,160)	-6%
3	Oil	\$1,214,392	\$1,203,697	(\$10,695)	-1%
4	Electricity	\$2,702,808	\$2,891,572	\$188,764	7%
5	Telephone	\$1,237,961	\$1,281,297	\$43,336	4%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$5,475,489	\$5,720,778	\$245,289	4%
J.	Business Expenses:				
1	Accounting Fees	\$275,000	\$256,439	(\$18,561)	-7%
2	Legal Fees	\$585,661	\$841,609	\$255,948	44%
3	Consulting Fees	\$3,753,160	\$2,337,046	(\$1,416,114)	-38%
4	Dues and Membership	\$615,893	\$643,437	\$27,544	4%
5	Equipment Leases	\$1,803,536	\$1,900,068	\$96,532	5%
6	Building Leases	\$3,527,544	\$3,446,803	(\$80,741)	-2%
7	Repairs and Maintenance	\$2,284,768	\$3,278,325	\$993,557	43%
8	Insurance	\$455,308	\$446,348	(\$8,960)	-2%
9	Travel	\$1,294,802	\$1,113,663	(\$181,139)	-14%
10	Conferences	\$169,675	\$59,893	(\$109,782)	-65%
11	Property Tax	\$124,863	\$119,493	(\$5,370)	-4%
12	General Supplies	\$2,313,629	\$2,076,946	(\$236,683)	-10%

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
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
13	Licenses and Subscriptions	\$408,103	\$396,317	(\$11,786)	-3%
14	Postage and Shipping	\$353,878	\$275,844	(\$78,034)	-22%
15	Advertising	\$868,521	\$636,866	(\$231,655)	-27%
16	Other Business Expenses	\$5,390,132	\$6,123,672	\$733,540	14%
	Total Business Expenses	\$24,224,473	\$23,952,769	(\$271,704)	-1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$20,572,970	\$21,924,352	\$1,351,382	7%
	Total Operating Expenses - All Expense Categories*	\$305,762,315	\$312,521,510	\$6,759,195	2%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$31,404,649	\$31,238,022	(\$166,627)	-1%
2	General Accounting	\$1,061,868	\$1,111,806	\$49,938	5%
3	Patient Billing & Collection	\$20,845,505	\$16,742,278	(\$4,103,227)	-20%
4	Admitting / Registration Office	\$3,297,209	\$2,606,173	(\$691,036)	-21%
5	Data Processing	\$13,290,957	\$14,350,506	\$1,059,549	8%
6	Communications	\$1,963,030	\$1,986,062	\$23,032	1%
7	Personnel	\$34,504,719	\$38,304,164	\$3,799,445	11%
8	Public Relations	\$1,814,964	\$1,661,658	(\$153,306)	-8%
9	Purchasing	\$1,571,559	\$1,671,812	\$100,253	6%
10	Dietary and Cafeteria	\$3,731,234	\$3,809,186	\$77,952	2%
11	Housekeeping	\$2,655,534	\$2,741,122	\$85,588	3%
12	Laundry & Linen	\$855,740	\$873,592	\$17,852	2%
13	Operation of Plant	\$13,052,676	\$14,202,966	\$1,150,290	9%
14	Security	\$1,156,233	\$1,250,684	\$94,451	8%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$2,774,712	\$2,859,721	\$85,009	3%
17	Pharmacy Department	\$9,456,323	\$10,360,055	\$903,732	10%
18	Other General Services	\$707,895	\$731,891	\$23,996	3%
	Total General Services	\$144,144,807	\$146,501,698	\$2,356,891	2%
B.	Professional Services:				
1	Medical Care Administration	\$5,280,069	\$5,403,613	\$123,544	2%
2	Residency Program	\$3,546,022	\$3,847,452	\$301,430	9%
3	Nursing Services Administration	\$2,792,058	\$2,853,039	\$60,981	2%
4	Medical Records	\$3,922,425	\$3,918,131	(\$4,294)	0%
5	Social Service	\$277,601	\$294,699	\$17,098	6%
6	Other Professional Services	\$272,201	\$327,665	\$55,464	20%
	Total Professional Services	\$16,090,376	\$16,644,599	\$554,223	3%
C.	Special Services:				
1	Operating Room	\$16,814,992	\$17,188,397	\$373,405	2%
2	Recovery Room	\$3,192,694	\$2,481,586	(\$711,108)	-22%
3	Anesthesiology	\$790,429	\$778,686	(\$11,743)	-1%
4	Delivery Room	\$4,846	\$0	(\$4,846)	-100%
5	Diagnostic Radiology	\$9,362,184	\$9,144,589	(\$217,595)	-2%
6	Diagnostic Ultrasound	\$1,482,784	\$1,511,883	\$29,099	2%
7	Radiation Therapy	\$1,644,051	\$2,133,479	\$489,428	30%
8	Radioisotopes	\$679,979	\$700,409	\$20,430	3%
9	CT Scan	\$2,866,811	\$2,858,456	(\$8,355)	0%
10	Laboratory	\$12,755,816	\$13,025,800	\$269,984	2%
11	Blood Storing/Processing	\$1,761,905	\$1,847,876	\$85,971	5%
12	Cardiology	\$463,926	\$668,532	\$204,606	44%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$1,113,827	\$314,551	(\$799,276)	-72%
15	Occupational Therapy	\$0	\$0	\$0	0%

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
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
16	Speech Pathology	\$244,709	\$290,644	\$45,935	19%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,072,002	\$1,097,525	\$25,523	2%
19	Pulmonary Function	\$52,794	\$59,478	\$6,684	13%
20	Intravenous Therapy	\$484,460	\$517,643	\$33,183	7%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$6,610,423	\$6,989,504	\$379,081	6%
23	Renal Dialysis	\$204,269	\$179,601	(\$24,668)	-12%
24	Emergency Room	\$19,435,241	\$19,981,907	\$546,666	3%
25	MRI	\$2,071,487	\$1,876,039	(\$195,448)	-9%
26	PET Scan	\$523,542	\$515,160	(\$8,382)	-2%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$428,846	\$514,007	\$85,161	20%
29	Sleep Center	\$529,016	\$619,183	\$90,167	17%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$936,154	\$878,267	(\$57,887)	-6%
32	Occupational Therapy / Physical Therapy	\$2,671,274	\$2,744,324	\$73,050	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,833,753	\$3,465,435	\$631,682	22%
	Total Special Services	\$91,032,214	\$92,382,961	\$1,350,747	1%
D.	Routine Services:				
1	Medical & Surgical Units	\$19,628,144	\$20,781,330	\$1,153,186	6%
2	Intensive Care Unit	\$6,752,085	\$6,453,360	(\$298,725)	-4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,468,869	\$2,543,611	\$74,742	3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,433,660	\$4,523,867	\$90,207	2%
7	Newborn Nursery Unit	\$879,403	\$905,500	\$26,097	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,675,650	\$2,376,193	(\$299,457)	-11%
11	Home Care	\$11,068,137	\$11,486,101	\$417,964	4%
12	Outpatient Clinics	\$6,485,619	\$7,795,746	\$1,310,127	20%
13	Other Routine Services	\$103,351	\$126,544	\$23,193	22%
	Total Routine Services	\$54,494,918	\$56,992,252	\$2,497,334	5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$305,762,315	\$312,521,510	\$6,759,195	2%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDDLESEX 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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$292,835,665	\$ 317,817,236	\$325,072,710
2	Other Operating Revenue	9,473,861	9,128,624	9,611,535
3	Total Operating Revenue	\$302,309,526	\$326,945,860	\$334,684,245
4	Total Operating Expenses	293,469,539	305,762,315	312,521,510
5	Income/(Loss) From Operations	\$8,839,987	\$21,183,545	\$22,162,735
6	Total Non-Operating Revenue	1,919,000	(2,393,000)	2,779,040
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,758,987	\$18,790,545	\$24,941,775
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.91%	6.53%	6.57%
2	Hospital Non Operating Margin	0.63%	-0.74%	0.82%
3	Hospital Total Margin	3.54%	5.79%	7.39%
4	Income/(Loss) From Operations	\$8,839,987	\$21,183,545	\$22,162,735
5	Total Operating Revenue	\$302,309,526	\$326,945,860	\$334,684,245
6	Total Non-Operating Revenue	\$1,919,000	(\$2,393,000)	\$2,779,040
7	Total Revenue	\$304,228,526	\$324,552,860	\$337,463,285
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,758,987	\$18,790,545	\$24,941,775
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$161,623,000	\$124,916,000	\$131,224,000
2	Hospital Total Net Assets	\$175,804,000	\$138,110,000	\$144,810,000
3	Hospital Change in Total Net Assets	(\$18,669,000)	(\$37,694,000)	\$6,700,000
4	Hospital Change in Total Net Assets %	90.4%	-21.4%	4.9%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.39	0.36	0.33
2	Total Operating Expenses	\$293,469,539	\$305,762,315	\$312,521,510
3	Total Gross Revenue	\$745,115,583	\$845,270,410	\$938,143,113
4	Total Other Operating Revenue	\$7,763,035	\$7,458,624	\$8,002,619

MIDDLESEX 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
5	<u>Private Payment to Cost Ratio</u>	1.20	1.31	1.39
6	Total Non-Government Payments	\$153,177,440	\$170,868,829	\$181,501,628
7	Total Uninsured Payments	\$5,278,356	\$4,529,416	\$6,557,339
8	Total Non-Government Charges	\$339,674,486	\$379,871,003	\$401,833,456
9	Total Uninsured Charges	\$24,136,251	\$25,006,148	\$21,265,632
10	<u>Medicare Payment to Cost Ratio</u>	0.82	0.86	0.82
11	Total Medicare Payments	\$106,085,986	\$115,967,991	\$112,560,921
12	Total Medicare Charges	\$330,890,352	\$376,498,875	\$417,265,072
13	<u>Medicaid Payment to Cost Ratio</u>	0.74	0.67	0.84
14	Total Medicaid Payments	\$16,194,166	\$15,453,493	\$27,521,859
15	Total Medicaid Charges	\$55,863,150	\$64,634,719	\$98,984,727
16	<u>Uncompensated Care Cost</u>	\$9,432,675	\$8,817,506	\$7,061,633
17	Charity Care	\$4,682,373	\$7,535,167	\$9,520,361
18	Bad Debts	\$19,516,594	\$17,055,645	\$11,858,436
19	Total Uncompensated Care	\$24,198,967	\$24,590,812	\$21,378,797
20	<u>Uncompensated Care % of Total Expenses</u>	3.2%	2.9%	2.3%
21	Total Operating Expenses	\$293,469,539	\$305,762,315	\$312,521,510
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.09	2.17	2.21
2	Total Current Assets	\$90,504,000	\$114,331,000	\$124,338,000
3	Total Current Liabilities	\$43,334,000	\$52,708,000	\$56,147,000
4	<u>Days Cash on Hand</u>	58	86	97
5	Cash and Cash Equivalents	\$28,239,000	\$47,781,000	\$50,099,000
6	Short Term Investments	15,145,000	19,181,000	27,573,000
7	Total Cash and Short Term Investments	\$43,384,000	\$66,962,000	\$77,672,000
8	Total Operating Expenses	\$293,469,539	\$305,762,315	\$312,521,510
9	Depreciation Expense	\$19,715,758	\$20,406,140	\$21,231,661
10	Operating Expenses less Depreciation Expense	\$273,753,781	\$285,356,175	\$291,289,849

MIDDLESEX 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
11	<u>Days Revenue in Patient Accounts Receivable</u>	49.32	44.81	43.32
12	Net Patient Accounts Receivable	\$ 39,872,000	\$ 39,081,000	\$ 38,248,000
13	Due From Third Party Payers	\$0	\$0	\$334,000
14	Due To Third Party Payers	\$301,000	\$66,000	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,571,000	\$ 39,015,000	\$ 38,582,000
16	Total Net Patient Revenue	\$292,835,665	\$ 317,817,236	\$ 325,072,710
17	<u>Average Payment Period</u>	57.78	67.42	70.35
18	Total Current Liabilities	\$43,334,000	\$52,708,000	\$56,147,000
19	Total Operating Expenses	\$293,469,539	\$305,762,315	\$312,521,510
20	Depreciation Expense	\$19,715,758	\$20,406,140	\$21,231,661
21	Total Operating Expenses less Depreciation Expense	\$273,753,781	\$285,356,175	\$291,289,849
	<u>F. Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	50.5	36.9	36.9
2	Total Net Assets	\$175,804,000	\$138,110,000	\$144,810,000
3	Total Assets	\$348,174,000	\$374,372,000	\$392,308,000
4	<u>Cash Flow to Total Debt Ratio</u>	24.6	30.5	36.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,758,987	\$18,790,545	\$24,941,775
6	Depreciation Expense	\$19,715,758	\$20,406,140	\$21,231,661
7	Excess of Revenues Over Expenses and Depreciation Expense	\$30,474,745	\$39,196,685	\$46,173,436
8	Total Current Liabilities	\$43,334,000	\$52,708,000	\$56,147,000
9	Total Long Term Debt	\$80,746,000	\$75,915,000	\$69,102,000
10	Total Current Liabilities and Total Long Term Debt	\$124,080,000	\$128,623,000	\$125,249,000
11	<u>Long Term Debt to Capitalization Ratio</u>	31.5	35.5	32.3
12	Total Long Term Debt	\$80,746,000	\$75,915,000	\$69,102,000
13	Total Net Assets	\$175,804,000	\$138,110,000	\$144,810,000
14	Total Long Term Debt and Total Net Assets	\$256,550,000	\$214,025,000	\$213,912,000
15	<u>Debt Service Coverage Ratio</u>	9.0	4.9	4.7
16	Excess Revenues over Expenses	\$10,758,987	\$18,790,545	\$24,941,775
17	Interest Expense	\$3,795,151	\$3,974,237	\$3,718,716
18	Depreciation and Amortization Expense	\$19,715,758	\$20,406,140	\$21,231,661

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>
19	Principal Payments	\$0	\$4,789,000	\$6,907,000

MIDDLESEX 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
G. Other Financial Ratios				
20	Average Age of Plant	10.0	10.6	11.2
21	Accumulated Depreciation	\$196,218,000	\$215,843,000	\$236,911,000
22	Depreciation and Amortization Expense	\$19,715,758	\$20,406,140	\$21,231,661
H. Utilization Measures Summary				
1	Patient Days	59,419	57,628	57,829
2	Discharges	14,201	13,964	13,918
3	ALOS	4.2	4.1	4.2
4	Staffed Beds	176	176	178
5	Available Beds	-	214	214
6	Licensed Beds	297	297	297
6	Occupancy of Staffed Beds	92.5%	89.7%	89.0%
7	Occupancy of Available Beds	76.1%	73.8%	74.0%
8	Full Time Equivalent Employees	1,911.0	1,977.0	2,021.0
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	42.3%	42.0%	40.6%
2	Medicare Gross Revenue Payer Mix Percentage	44.4%	44.5%	44.5%
3	Medicaid Gross Revenue Payer Mix Percentage	7.5%	7.6%	10.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.2%	2.6%	1.8%
5	Uninsured Gross Revenue Payer Mix Percentage	3.2%	3.0%	2.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$315,538,235	\$354,864,855	\$380,567,824
9	Medicare Gross Revenue (Charges)	\$330,890,352	\$376,498,875	\$417,265,072
10	Medicaid Gross Revenue (Charges)	\$55,863,150	\$64,634,719	\$98,984,727
11	Other Medical Assistance Gross Revenue (Charges)	\$16,348,971	\$21,876,398	\$17,224,925
12	Uninsured Gross Revenue (Charges)	\$24,136,251	\$25,006,148	\$21,265,632
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,338,624	\$2,389,415	\$2,834,933
14	Total Gross Revenue (Charges)	\$745,115,583	\$845,270,410	\$938,143,113

MIDDLESEX 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
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	53.1%	54.4%	54.3%
2	Medicare Net Revenue Payer Mix Percentage	38.1%	37.9%	34.9%
3	Medicaid Net Revenue Payer Mix Percentage	5.8%	5.1%	8.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.9%	0.9%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.9%	1.5%	2.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.3%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$147,899,084	\$166,339,413	\$174,944,289
9	Medicare Net Revenue (Payments)	\$106,085,986	\$115,967,991	\$112,560,921
10	Medicaid Net Revenue (Payments)	\$16,194,166	\$15,453,493	\$27,521,859
11	Other Medical Assistance Net Revenue (Payments)	\$2,381,463	\$2,713,605	\$0
12	Uninsured Net Revenue (Payments)	\$5,278,356	\$4,529,416	\$6,557,339
13	CHAMPUS / TRICARE Net Revenue Payments)	\$635,820	\$849,793	\$633,653
14	Total Net Revenue (Payments)	\$278,474,875	\$305,853,711	\$322,218,061
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	5,141	4,892	4,717
2	Medicare	7,515	7,401	7,204
3	Medical Assistance	1,509	1,635	1,954
4	Medicaid	1,249	1,313	1,665
5	Other Medical Assistance	260	322	289
6	CHAMPUS / TRICARE	36	36	43
7	Uninsured (Included In Non-Government)	416	350	242
8	Total	14,201	13,964	13,918
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.032560	1.056390	1.068190
2	Medicare	1.290670	1.329030	1.346810
3	Medical Assistance	0.847766	0.871967	0.870552
4	Medicaid	0.817700	0.841010	0.830890
5	Other Medical Assistance	0.992200	0.998200	1.099060
6	CHAMPUS / TRICARE	0.866400	0.970510	0.816880
7	Uninsured (Included In Non-Government)	0.988600	1.007240	1.054380
8	Total Case Mix Index	1.149091	1.179075	1.183881
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	9,956	8,816	8,487
2	Emergency Room - Treated and Discharged	84,743	83,476	85,981
3	Total Emergency Room Visits	94,699	92,292	94,468

**MIDDLESEX 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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDDLESEX 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
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$13,752,919	\$15,538,525	\$1,785,606	13%
2	Inpatient Payments	\$3,940,976	\$4,285,360	\$344,384	9%
3	Outpatient Charges	\$11,446,191	\$17,106,758	\$5,660,567	49%
4	Outpatient Payments	\$2,248,936	\$3,250,967	\$1,002,031	45%
5	Discharges	412	463	51	12%
6	Patient Days	1,950	2,034	84	4%
7	Outpatient Visits (Excludes ED Visits)	14,454	18,919	4,465	31%
8	Emergency Department Outpatient Visits	1,077	1,379	302	28%
9	Emergency Department Inpatient Admissions	327	383	56	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,199,110	\$32,645,283	\$7,446,173	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,189,912	\$7,536,327	\$1,346,415	22%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$7,895,076	\$10,735,383	\$2,840,307	36%
2	Inpatient Payments	\$2,262,379	\$2,960,705	\$698,326	31%
3	Outpatient Charges	\$8,396,212	\$11,552,672	\$3,156,460	38%
4	Outpatient Payments	\$1,649,680	\$2,195,470	\$545,790	33%
5	Discharges	265	306	41	15%
6	Patient Days	1,127	1,305	178	16%
7	Outpatient Visits (Excludes ED Visits)	10,603	12,776	2,173	20%
8	Emergency Department Outpatient Visits	795	932	137	17%
9	Emergency Department Inpatient Admissions	215	242	27	13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,291,288	\$22,288,055	\$5,996,767	37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,912,059	\$5,156,175	\$1,244,116	32%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

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

**MIDDLESEX 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
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$21,647,995	\$26,273,908	\$4,625,913	21%
	TOTAL INPATIENT PAYMENTS	\$6,203,355	\$7,246,065	\$1,042,710	17%
	TOTAL OUTPATIENT CHARGES	\$19,842,403	\$28,659,430	\$8,817,027	44%
	TOTAL OUTPATIENT PAYMENTS	\$3,898,616	\$5,446,437	\$1,547,821	40%
	TOTAL DISCHARGES	677	769	92	14%
	TOTAL PATIENT DAYS	3,077	3,339	262	9%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	25,057	31,695	6,638	26%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,872	2,311	439	23%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	542	625	83	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$41,490,398	\$54,933,338	\$13,442,940	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,101,971	\$12,692,502	\$2,590,531	26%

**MIDDLESEX 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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,532,553	\$0	(\$1,532,553)	-100%
2	Inpatient Payments	\$404,563	\$0	(\$404,563)	-100%
3	Outpatient Charges	\$4,051,699	\$277,229	(\$3,774,470)	-93%
4	Outpatient Payments	\$1,172,334	\$87,308	(\$1,085,026)	-93%
5	Discharges	112	0	(112)	-100%
6	Patient Days	320	0	(320)	-100%
7	Outpatient Visits (Excludes ED Visits)	4,994	304	(4,690)	-94%
8	Emergency Department Outpatient Visits	1,649	94	(1,555)	-94%
9	Emergency Department Inpatient Admissions	23	0	(23)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,584,252	\$277,229	(\$5,307,023)	-95%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,576,897	\$87,308	(\$1,489,589)	-94%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$6,063,482	\$9,446,604	\$3,383,122	56%
2	Inpatient Payments	\$1,600,639	\$2,310,886	\$710,247	44%
3	Outpatient Charges	\$11,407,595	\$18,862,736	\$7,455,141	65%
4	Outpatient Payments	\$3,300,715	\$5,940,457	\$2,639,742	80%
5	Discharges	471	574	103	22%
6	Patient Days	1,359	1,672	313	23%
7	Outpatient Visits (Excludes ED Visits)	14,062	20,674	6,612	47%
8	Emergency Department Outpatient Visits	5,016	6,362	1,346	27%
9	Emergency Department Inpatient Admissions	61	113	52	85%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,471,077	\$28,309,340	\$10,838,263	62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,901,354	\$8,251,343	\$3,349,989	68%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDDLESEX 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
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$1,676,847	\$877,552	(\$799,295)	-48%
2	Inpatient Payments	\$442,654	\$214,672	(\$227,982)	-52%
3	Outpatient Charges	\$5,963,248	\$4,489,026	(\$1,474,222)	-25%
4	Outpatient Payments	\$1,725,428	\$1,413,733	(\$311,695)	-18%
5	Discharges	81	43	(38)	-47%
6	Patient Days	334	236	(98)	-29%
7	Outpatient Visits (Excludes ED Visits)	7,351	4,920	(2,431)	-33%
8	Emergency Department Outpatient Visits	690	1,514	824	119%
9	Emergency Department Inpatient Admissions	37	41	4	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,640,095	\$5,366,578	(\$2,273,517)	-30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,168,082	\$1,628,405	(\$539,677)	-25%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDDLESEX 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
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$0	\$1,703,602	\$1,703,602	0%
2	Inpatient Payments	\$0	\$416,746	\$416,746	0%
3	Outpatient Charges	\$0	\$2,372,299	\$2,372,299	0%
4	Outpatient Payments	\$0	\$747,110	\$747,110	0%
5	Discharges	0	85	85	0%
6	Patient Days	0	287	287	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,600	2,600	0%
8	Emergency Department Outpatient Visits	0	800	800	0%
9	Emergency Department Inpatient Admissions	0	12	12	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$4,075,901	\$4,075,901	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,163,856	\$1,163,856	0%
H. AETNA					
1	Inpatient Charges	\$1,622,890	\$4,204,741	\$2,581,851	159%
2	Inpatient Payments	\$428,411	\$1,028,589	\$600,178	140%
3	Outpatient Charges	\$3,852,158	\$6,918,760	\$3,066,602	80%
4	Outpatient Payments	\$1,114,598	\$2,178,931	\$1,064,333	95%
5	Discharges	113	252	139	123%
6	Patient Days	332	685	353	106%
7	Outpatient Visits (Excludes ED Visits)	4,748	7,583	2,835	60%
8	Emergency Department Outpatient Visits	1,930	2,333	403	21%
9	Emergency Department Inpatient Admissions	26	60	34	131%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,475,048	\$11,123,501	\$5,648,453	103%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,543,009	\$3,207,520	\$1,664,511	108%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$10,895,772	\$16,232,499	\$5,336,727	49%
	TOTAL INPATIENT PAYMENTS	\$2,876,267	\$3,970,893	\$1,094,626	38%
	TOTAL OUTPATIENT CHARGES	\$25,274,700	\$32,920,050	\$7,645,350	30%
	TOTAL OUTPATIENT PAYMENTS	\$7,313,075	\$10,367,539	\$3,054,464	42%
	TOTAL DISCHARGES	777	954	177	23%
	TOTAL PATIENT DAYS	2,345	2,880	535	23%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	31,155	36,081	4,926	16%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	9,285	11,103	1,818	20%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	147	226	79	54%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$36,170,472	\$49,152,549	\$12,982,077	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,189,342	\$14,338,432	\$4,149,090	41%

MIDDLESEX HEALTH SYSTEM, INC.					
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. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$50,111,000	\$52,873,000	\$2,762,000	6%
2	Short Term Investments	\$19,181,000	\$27,573,000	\$8,392,000	44%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,854,000	\$39,170,000	(\$684,000)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,226,000	\$4,357,000	\$131,000	3%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$334,000	\$334,000	0%
7	Inventories of Supplies	\$1,114,000	\$970,000	(\$144,000)	-13%
8	Prepaid Expenses	\$2,334,000	\$1,644,000	(\$690,000)	-30%
9	Other Current Assets	\$1,093,000	\$1,474,000	\$381,000	35%
	Total Current Assets	\$117,913,000	\$128,395,000	\$10,482,000	9%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$8,318,000	\$9,267,000	\$949,000	11%
2	Board Designated for Capital Acquisition	\$75,890,000	\$79,978,000	\$4,088,000	5%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$12,785,000	\$13,433,000	\$648,000	5%
	Total Noncurrent Assets Whose Use is Limited:	\$96,993,000	\$102,678,000	\$5,685,000	6%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,831,000	\$3,640,000	(\$191,000)	-5%
7	Other Noncurrent Assets	\$2,867,000	\$2,930,000	\$63,000	2%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$381,173,000	\$407,474,000	\$26,301,000	7%
2	Less: Accumulated Depreciation	\$221,166,000	\$243,307,000	\$22,141,000	\$0
	Property, Plant and Equipment, Net	\$160,007,000	\$164,167,000	\$4,160,000	3%
3	Construction in Progress	\$5,985,000	\$4,148,000	(\$1,837,000)	-31%
	Total Net Fixed Assets	\$165,992,000	\$168,315,000	\$2,323,000	1%
	Total Assets	\$387,596,000	\$405,958,000	\$18,362,000	5%

MIDDLESEX HEALTH SYSTEM, INC.					
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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$15,978,000	\$13,097,000	(\$2,881,000)	-18%
2	Salaries, Wages and Payroll Taxes	\$23,614,000	\$28,547,000	\$4,933,000	21%
3	Due To Third Party Payers	\$66,000	\$0	(\$66,000)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,905,000	\$3,030,000	\$125,000	4%
6	Current Portion of Notes Payable	\$273,000	\$81,000	(\$192,000)	-70%
7	Other Current Liabilities	\$11,841,000	\$13,466,000	\$1,625,000	14%
	Total Current Liabilities	\$54,677,000	\$58,221,000	\$3,544,000	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$77,347,000	\$74,345,000	(\$3,002,000)	-4%
2	Notes Payable (Net of Current Portion)	\$5,118,000	\$1,869,000	(\$3,249,000)	-63%
	Total Long Term Debt	\$82,465,000	\$76,214,000	(\$6,251,000)	-8%
3	Accrued Pension Liability	\$89,528,000	\$103,987,000	\$14,459,000	16%
4	Other Long Term Liabilities	\$18,333,000	\$18,511,000	\$178,000	1%
	Total Long Term Liabilities	\$190,326,000	\$198,712,000	\$8,386,000	4%
5	Interest in Net Assets of Affiliates or Joint	\$612,000	\$573,000	(\$39,000)	-6%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$128,787,000	\$134,810,000	\$6,023,000	5%
2	Temporarily Restricted Net Assets	\$6,606,000	\$6,838,000	\$232,000	4%
3	Permanently Restricted Net Assets	\$6,588,000	\$6,804,000	\$216,000	3%
	Total Net Assets	\$141,981,000	\$148,452,000	\$6,471,000	5%
	Total Liabilities and Net Assets	\$387,596,000	\$405,958,000	\$18,362,000	5%

MIDDLESEX HEALTH SYSTEM, INC.					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$864,085,000	\$956,526,000	\$92,441,000	11%
2	Less: Allowances	\$525,570,000	\$609,255,000	\$83,685,000	16%
3	Less: Charity Care	\$7,535,000	\$9,520,000	\$1,985,000	26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$330,980,000	\$337,751,000	\$6,771,000	2%
5	Other Operating Revenue	\$9,513,000	\$9,955,000	\$442,000	5%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$340,493,000	\$347,706,000	\$7,213,000	2%
B. Operating Expenses:					
1	Salaries and Wages	\$152,978,000	\$159,368,000	\$6,390,000	4%
2	Fringe Benefits	\$34,408,000	\$38,415,000	\$4,007,000	12%
3	Physicians Fees	\$2,397,000	\$2,502,000	\$105,000	4%
4	Supplies and Drugs	\$31,774,000	\$31,651,000	(\$123,000)	0%
5	Depreciation and Amortization	\$21,019,000	\$21,932,000	\$913,000	4%
6	Bad Debts	\$17,108,000	\$11,895,000	(\$5,213,000)	-30%
7	Interest	\$4,320,000	\$4,085,000	(\$235,000)	-5%
8	Malpractice	\$3,933,000	\$4,222,000	\$289,000	7%
9	Other Operating Expenses	\$53,227,000	\$54,259,000	\$1,032,000	2%
	Total Operating Expenses	\$321,164,000	\$328,329,000	\$7,165,000	2%
	Income/(Loss) From Operations	\$19,329,000	\$19,377,000	\$48,000	0%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,380,000)	\$3,254,000	\$4,634,000	-336%
2	Gifts, Contributions and Donations	\$387,000	\$491,000	\$104,000	27%
3	Other Non-Operating Gains/(Losses)	(\$1,246,000)	(\$930,000)	\$316,000	-25%
	Total Non-Operating Revenue	(\$2,239,000)	\$2,815,000	\$5,054,000	-226%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$17,090,000	\$22,192,000	\$5,102,000	30%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$17,090,000	\$22,192,000	\$5,102,000	30%

MIDDLESEX HEALTH SYSTEM, INC.				
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
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$305,765,000	\$330,980,000	\$337,751,000
2	Other Operating Revenue	9,890,000	9,513,000	9,955,000
3	Total Operating Revenue	\$315,655,000	\$340,493,000	\$347,706,000
4	Total Operating Expenses	308,374,000	321,164,000	328,329,000
5	Income/(Loss) From Operations	\$7,281,000	\$19,329,000	\$19,377,000
6	Total Non-Operating Revenue	2,058,000	(2,239,000)	2,815,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$9,339,000	\$17,090,000	\$22,192,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	2.29%	5.71%	5.53%
2	Parent Corporation Non-Operating Margin	0.65%	-0.66%	0.80%
3	Parent Corporation Total Margin	2.94%	5.05%	6.33%
4	Income/(Loss) From Operations	\$7,281,000	\$19,329,000	\$19,377,000
5	Total Operating Revenue	\$315,655,000	\$340,493,000	\$347,706,000
6	Total Non-Operating Revenue	\$2,058,000	(\$2,239,000)	\$2,815,000
7	Total Revenue	\$317,713,000	\$338,254,000	\$350,521,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$9,339,000	\$17,090,000	\$22,192,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$165,235,000	\$128,787,000	\$134,810,000
2	Parent Corporation Total Net Assets	\$179,416,000	\$141,981,000	\$148,452,000
3	Parent Corporation Change in Total Net Assets	(\$18,219,000)	(\$37,435,000)	\$6,471,000
4	Parent Corporation Change in Total Net Assets %	90.8%	-20.9%	4.6%

MIDDLESEX HEALTH SYSTEM, INC.				
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
D. Liquidity Measures Summary				
1	Current Ratio	2.10	2.16	2.21
2	Total Current Assets	\$94,234,000	\$117,913,000	\$128,395,000
3	Total Current Liabilities	\$44,924,000	\$54,677,000	\$58,221,000
4	Days Cash on Hand	58	84	96
5	Cash and Cash Equivalents	\$30,927,000	\$50,111,000	\$52,873,000
6	Short Term Investments	15,145,000	19,181,000	27,573,000
7	Total Cash and Short Term Investments	\$46,072,000	\$69,292,000	\$80,446,000
8	Total Operating Expenses	\$308,374,000	\$321,164,000	\$328,329,000
9	Depreciation Expense	\$20,305,000	\$21,019,000	\$21,932,000
10	Operating Expenses less Depreciation Expense	\$288,069,000	\$300,145,000	\$306,397,000
11	Days Revenue in Patient Accounts Receivable	48	44	43
12	Net Patient Accounts Receivable	\$ 40,430,000	\$ 39,854,000	\$ 39,170,000
13	Due From Third Party Payers	\$0	\$0	\$334,000
14	Due To Third Party Payers	\$301,000	\$66,000	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 40,129,000	\$ 39,788,000	\$ 39,504,000
16	Total Net Patient Revenue	\$305,765,000	\$330,980,000	\$337,751,000
17	Average Payment Period	57	66	69
18	Total Current Liabilities	\$44,924,000	\$54,677,000	\$58,221,000
19	Total Operating Expenses	\$308,374,000	\$321,164,000	\$328,329,000
20	Depreciation Expense	\$20,305,000	\$21,019,000	\$21,932,000
21	Total Operating Expenses less Depreciation Expense	\$288,069,000	\$300,145,000	\$306,397,000

MIDDLESEX HEALTH SYSTEM, INC.				
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
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	49.7	36.6	36.6
2	Total Net Assets	\$179,416,000	\$141,981,000	\$148,452,000
3	Total Assets	\$361,050,000	\$387,596,000	\$405,958,000
4	<u>Cash Flow to Total Debt Ratio</u>	22.4	27.8	32.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$9,339,000	\$17,090,000	\$22,192,000
6	Depreciation Expense	\$20,305,000	\$21,019,000	\$21,932,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$29,644,000	\$38,109,000	\$44,124,000
8	Total Current Liabilities	\$44,924,000	\$54,677,000	\$58,221,000
9	Total Long Term Debt	\$87,473,000	\$82,465,000	\$76,214,000
10	Total Current Liabilities and Total Long Term Debt	\$132,397,000	\$137,142,000	\$134,435,000
11	<u>Long Term Debt to Capitalization Ratio</u>	32.8	36.7	33.9
12	Total Long Term Debt	\$87,473,000	\$82,465,000	\$76,214,000
13	Total Net Assets	\$179,416,000	\$141,981,000	\$148,452,000
14	Total Long Term Debt and Total Net Assets	\$266,889,000	\$224,446,000	\$224,666,000

MIDDLESEX 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	35,141	107	114	90.0%	84.5%
2	ICU/CCU (Excludes Neonatal ICU)	10,265	33	40	85.2%	70.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,977	17	20	96.3%	81.9%
	TOTAL PSYCHIATRIC	5,977	17	20	96.3%	81.9%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,230	11	20	80.4%	44.2%
7	Newborn	3,216	10	20	88.1%	44.1%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	54,613	168	194	89.1%	77.1%
	TOTAL INPATIENT BED UTILIZATION	57,829	178	214	89.0%	74.0%
	TOTAL INPATIENT REPORTED YEAR	57,829	178	214	89.0%	74.0%
	TOTAL INPATIENT PRIOR YEAR	57,628	176	214	89.7%	73.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	201	2	0	-0.7%	0.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	1%	0%	-1%	0%
	Total Licensed Beds and Bassinets	297				
(A) This number may not exceed the number of available beds for each department or in total.						

MIDDLESEX 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
A. CT Scans (A)					
1	Inpatient Scans	8,968	8,665	-303	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	17,632	13,023	-4,609	-26%
3	Emergency Department Scans	12,109	12,544	435	4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	38,709	34,232	-4,477	-12%
B. MRI Scans (A)					
1	Inpatient Scans	1,138	1,237	99	9%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,663	9,506	843	10%
3	Emergency Department Scans	47	60	13	28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	9,848	10,803	955	10%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	25	12	-13	-52%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	25	12	-13	-52%
D. PET/CT Scans (A)					
1	Inpatient Scans	3	3	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	625	460	-165	-26%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	628	463	-165	-26%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	178	159	-19	-11%
2	Outpatient Procedures	10,311	9,929	-382	-4%
	Total Linear Accelerator Procedures	10,489	10,088	-401	-4%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	142	138	-4	-3%
2	Outpatient Procedures	269	304	35	13%
	Total Cardiac Catheterization Procedures	411	442	31	8%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,023	3,429	406	13%
2	Outpatient Surgical Procedures	7,890	7,161	-729	-9%
	Total Surgical Procedures	10,913	10,590	-323	-3%

MIDDLESEX 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
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	865	830	-35	-4%
2	Outpatient Endoscopy Procedures	1,801	1,915	114	6%
	Total Endoscopy Procedures	2,666	2,745	79	3%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	8,816	8,487	-329	-4%
2	Emergency Room Visits: Treated and Discharged	83,476	85,981	2,505	3%
	Total Emergency Room Visits	92,292	94,468	2,176	2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	28,696	30,286	1,590	6%
4	Medical Clinic Visits	44,636	51,839	7,203	16%
5	Specialty Clinic Visits	7,457	8,515	1,058	14%
	Total Hospital Clinic Visits	80,789	90,640	9,851	12%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	44,882	44,395	-487	-1%
2	Cardiology	3,604	3,568	-36	-1%
3	Chemotherapy	190	254	64	34%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	445,179	425,637	-19,542	-4%
	Total Other Hospital Outpatient Visits	493,855	473,854	-20,001	-4%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	501.0	505.0	4.0	1%
2	Total Physician FTEs	121.0	124.0	3.0	2%
3	Total Non-Nursing and Non-Physician FTEs	1,355.0	1,392.0	37.0	3%
	Total Hospital Full Time Equivalent Employees	1,977.0	2,021.0	44.0	2%

MIDDLESEX 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
A. Outpatient Surgical Procedures					
1	MH OP Center Saybrook Road	3,612	3,225	-387	-11%
2	Middlesex Hospital	4,278	3,936	-342	-8%
	Total Outpatient Surgical Procedures(A)	7,890	7,161	-729	-9%
B. Outpatient Endoscopy Procedures					
1	MH Shoreline Oscopy Room	0	0	0	0%
2	Middlesex Hospital	1,801	1,915	114	6%
	Total Outpatient Endoscopy Procedures(B)	1,801	1,915	114	6%
C. Outpatient Hospital Emergency Room Visits					
1	MH Marlborough ED	23,248	23,826	578	2%
2	MH Shoreline ED	21,534	21,733	199	1%
3	Middlesex Hospital ED	38,694	40,422	1,728	4%
	Total Outpatient Hospital Emergency Room Visits(C)	83,476	85,981	2,505	3%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MIDDLESEX 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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$212,277,011	\$237,936,712	\$25,659,701	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,519,294	\$68,309,563	(\$1,209,731)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.75%	28.71%	-4.04%	-12%
4	DISCHARGES	7,401	7,204	(197)	-3%
5	CASE MIX INDEX (CMI)	1.32903	1.34681	0.01778	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,836.15103	9,702.41924	(133.73179)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,067.73	\$7,040.47	(\$27.27)	0%
8	PATIENT DAYS	34,147	33,550	(597)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,035.88	\$2,036.05	\$0.17	0%
10	AVERAGE LENGTH OF STAY	4.6	4.7	0.0	1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$164,221,864	\$179,328,360	\$15,106,496	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$46,448,697	\$44,251,358	(\$2,197,339)	-5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.28%	24.68%	-3.61%	-13%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	77.36%	75.37%	-1.99%	-3%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,725.56590	5,429.51735	(296.04855)	-5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,112.51	\$8,150.15	\$37.64	0%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$376,498,875	\$417,265,072	\$40,766,197	11%
18	TOTAL ACCRUED PAYMENTS	\$115,967,991	\$112,560,921	(\$3,407,070)	-3%
19	TOTAL ALLOWANCES	\$260,530,884	\$304,704,151	\$44,173,267	17%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$117,841,218	\$125,640,834	\$7,799,616	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,170,306	\$57,713,470	\$6,543,164	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.42%	45.94%	2.51%	6%
4	DISCHARGES	4,892	4,717	(175)	-4%
5	CASE MIX INDEX (CMI)	1.05639	1.06819	0.01180	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,167,85988	5,038,65223	(129,20765)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,901.64	\$11,454.15	\$1,552.50	16%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,833.91)	(\$4,413.68)	(\$1,579.77)	56%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$14,645,250)	(\$22,239,005)	(\$7,593,755)	52%
10	PATIENT DAYS	16,822	15,959	(863)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,041.87	\$3,616.36	\$574.49	19%
12	AVERAGE LENGTH OF STAY	3.4	3.4	(0.1)	-2%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$262,029,785	\$276,192,622	\$14,162,837	5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$119,698,523	\$123,788,158	\$4,089,635	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.68%	44.82%	-0.86%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	222.36%	219.83%	-2.53%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,877.77036	10,369.24507	(508.52529)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,003.96	\$11,938.01	\$934.05	8%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$2,891.45)	(\$3,787.86)	(\$896.41)	31%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$31,452,528)	(\$39,277,299)	(\$7,824,771)	25%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$379,871,003	\$401,833,456	\$21,962,453	6%
22	TOTAL ACCRUED PAYMENTS	\$170,868,829	\$181,501,628	\$10,632,799	6%
23	TOTAL ALLOWANCES	\$209,002,174	\$220,331,828	\$11,329,654	5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$46,097,778)	(\$61,516,304)	(\$15,418,526)	33%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$348,525,471	\$363,815,764	\$15,290,293	4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$179,147,745	\$182,105,996	\$2,958,251	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$169,377,726	\$181,709,768	\$12,332,042	7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.60%	49.95%	1.35%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$9,544,072	\$7,173,325	(\$2,370,747)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$812,274	\$2,154,497	\$1,342,223	165%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.51%	30.03%	21.52%	253%
4	DISCHARGES	350	242	(108)	-31%
5	CASE MIX INDEX (CMI)	1.00724	1.05438	0.04714	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	352.53400	255.15996	(97.37404)	-28%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,304.10	\$8,443.71	\$6,139.61	266%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,597.54	\$3,010.44	(\$4,587.11)	-60%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,763.63	(\$1,403.24)	(\$6,166.88)	-129%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,679,342	(\$358,052)	(\$2,037,394)	-121%
11	PATIENT DAYS	1,768	1,126	(642)	-36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$459.43	\$1,913.41	\$1,453.98	316%
13	AVERAGE LENGTH OF STAY	5.1	4.7	(0.4)	-8%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,462,076	\$14,092,307	(\$1,369,769)	-9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,717,142	\$4,402,842	\$685,700	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.04%	31.24%	7.20%	30%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	162.01%	196.45%	34.45%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	567.02491	475.41946	(91.60545)	-16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,555.52	\$9,260.96	\$2,705.44	41%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,448.44	\$2,677.05	(\$1,771.39)	-40%
21	MEDICARE - UNINSURED OP PMT / OPED	\$1,556.99	(\$1,110.82)	(\$2,667.81)	-171%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$882,852	(\$528,104)	(\$1,410,956)	-160%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$25,006,148	\$21,265,632	(\$3,740,516)	-15%
24	TOTAL ACCRUED PAYMENTS	\$4,529,416	\$6,557,339	\$2,027,923	45%
25	TOTAL ALLOWANCES	\$20,476,732	\$14,708,293	(\$5,768,439)	-28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,562,194	(\$886,156)	(\$3,448,350)	-135%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$24,635,167	\$39,855,345	\$15,220,178	62%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,747,947	\$9,978,042	\$3,230,095	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.39%	25.04%	-2.36%	-9%
4	DISCHARGES	1,313	1,665	352	27%
5	CASE MIX INDEX (CMI)	0.84101	0.83089	(0.01012)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,104.24613	1,383.43185	279.18572	25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,110.91	\$7,212.53	\$1,101.62	18%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,790.74	\$4,241.62	\$450.88	12%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$956.83	(\$172.06)	(\$1,128.89)	-118%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,056,570	(\$238,036)	(\$1,294,606)	-123%
11	PATIENT DAYS	4,969	6,568	1,599	32%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,358.01	\$1,519.19	\$161.18	12%
13	AVERAGE LENGTH OF STAY	3.8	3.9	0.2	4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$39,999,552	\$59,129,382	\$19,129,830	48%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,705,546	\$17,543,817	\$8,838,271	102%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.76%	29.67%	7.91%	36%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	162.37%	148.36%	-14.01%	-9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,131.88779	2,470.19367	338.30588	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,083.49	\$7,102.20	\$3,018.71	74%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,920.47	\$4,835.81	(\$2,084.66)	-30%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,029.02	\$1,047.94	(\$2,981.07)	-74%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,589,410	\$2,588,622	(\$6,000,788)	-70%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$64,634,719	\$98,984,727	\$34,350,008	53%
24	TOTAL ACCRUED PAYMENTS	\$15,453,493	\$27,521,859	\$12,068,366	78%
25	TOTAL ALLOWANCES	\$49,181,226	\$71,462,868	\$22,281,642	45%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,645,980	\$2,350,586	(\$7,295,394)	-76%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$8,235,376	\$7,948,511	(\$286,865)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$769,452	\$0	(\$769,452)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	9.34%	0.00%	-9.34%	-100%
4	DISCHARGES	322	289	(33)	-10%
5	CASE MIX INDEX (CMI)	0.99820	1.09906	0.10086	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	321.42040	317.62834	(3.79206)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,393.91	\$0.00	(\$2,393.91)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,507.73	\$11,454.15	\$3,946.42	53%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,673.82	\$7,040.47	\$2,366.65	51%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,502,262	\$2,236,252	\$733,990	49%
11	PATIENT DAYS	1,564	1,609	45	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$491.98	\$0.00	(\$491.98)	-100%
13	AVERAGE LENGTH OF STAY	4.9	5.6	0.7	15%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,641,022	\$9,276,414	(\$4,364,608)	-32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,944,153	\$0	(\$1,944,153)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.25%	0.00%	-14.25%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	165.64%	116.71%	-48.93%	-30%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	533.35866	337.28124	(196.07742)	-37%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,645.11	\$0.00	(\$3,645.11)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,358.84	\$11,938.01	\$4,579.17	62%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,467.39	\$8,150.15	\$3,682.75	82%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,382,723	\$2,748,891	\$366,168	15%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$21,876,398	\$17,224,925	(\$4,651,473)	-21%
24	TOTAL ACCRUED PAYMENTS	\$2,713,605	\$0	(\$2,713,605)	-100%
25	TOTAL ALLOWANCES	\$19,162,793	\$17,224,925	(\$1,937,868)	-10%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,884,985	\$4,985,143	\$1,100,158	28%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$32,870,543	\$47,803,856	\$14,933,313	45%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,517,399	\$9,978,042	\$2,460,643	33%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.87%	20.87%	-2.00%	-9%
4	DISCHARGES	1,635	1,954	319	20%
5	CASE MIX INDEX (CMI)	0.87197	0.87055	(0.00141)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,425.66653	1,701.06019	275.39366	19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,272.90	\$5,865.78	\$592.88	11%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,628.74	\$5,588.37	\$959.63	21%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,794.83	\$1,174.69	(\$620.14)	-35%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,558,832	\$1,998,216	(\$560,616)	-22%
11	PATIENT DAYS	6,533	8,177	1,644	25%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,150.68	\$1,220.26	\$69.58	6%
13	AVERAGE LENGTH OF STAY	4.0	4.2	0.2	5%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$53,640,574	\$68,405,796	\$14,765,222	28%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,649,699	\$17,543,817	\$6,894,118	65%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.85%	25.65%	5.79%	29%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	163.19%	143.10%	-20.09%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,665.24645	2,807.47491	142.22846	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,995.77	\$6,248.97	\$2,253.20	56%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,008.19	\$5,689.04	(\$1,319.15)	-19%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,116.74	\$1,901.18	(\$2,215.56)	-54%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,972,133	\$5,337,513	(\$5,634,620)	-51%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$86,511,117	\$116,209,652	\$29,698,535	34%
24	TOTAL ACCRUED PAYMENTS	\$18,167,098	\$27,521,859	\$9,354,761	51%
25	TOTAL ALLOWANCES	\$68,344,019	\$88,687,793	\$20,343,774	30%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$722,673	\$915,983	\$193,310	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$199,932	\$195,944	(\$3,988)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.67%	21.39%	-6.27%	-23%
4	DISCHARGES	36	43	7	19%
5	CASE MIX INDEX (CMI)	0.97051	0.81688	(0.15363)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	34.93836	35.12584	0.18748	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,722.42	\$5,578.34	(\$144.08)	-3%
8	PATIENT DAYS	126	143	17	13%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,586.76	\$1,370.24	(\$216.52)	-14%
10	AVERAGE LENGTH OF STAY	3.5	3.3	(0.2)	-5%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,666,742	\$1,918,950	\$252,208	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$649,861	\$437,709	(\$212,152)	-33%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,389,415	\$2,834,933	\$445,518	19%
14	TOTAL ACCRUED PAYMENTS	\$849,793	\$633,653	(\$216,140)	-25%
15	TOTAL ALLOWANCES	\$1,539,622	\$2,201,280	\$661,658	43%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$7,458,624	\$8,002,619	\$543,995	7%
2	TOTAL OPERATING EXPENSES	\$305,762,315	\$312,521,510	\$6,759,195	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,670,015	\$1,608,918	(\$61,097)	-4%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$7,535,167	\$9,520,361	\$1,985,194	26%
5	BAD DEBTS (CHARGES)	\$17,055,645	\$11,858,436	(\$5,197,209)	-30%
6	UNCOMPENSATED CARE (CHARGES)	\$24,590,812	\$21,378,797	(\$3,212,015)	-13%
7	COST OF UNCOMPENSATED CARE	\$9,058,714	\$7,448,173	(\$1,610,541)	-18%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$86,511,117	\$116,209,652	\$29,698,535	34%
9	TOTAL ACCRUED PAYMENTS	\$18,167,098	\$27,521,859	\$9,354,761	51%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$31,868,791	\$40,486,355	\$8,617,563	27%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,701,693	\$12,964,496	(\$737,198)	-5%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$363,711,445	\$412,297,385	\$48,585,940	13%
2	TOTAL INPATIENT PAYMENTS	\$128,406,931	\$136,197,019	\$7,790,088	6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	35.30%	33.03%	-2.27%	-6%
4	TOTAL DISCHARGES	13,964	13,918	(46)	0%
5	TOTAL CASE MIX INDEX	1.17908	1.18388	0.00481	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	16,464,61580	16,477,25750	12,64170	0%
7	TOTAL OUTPATIENT CHARGES	\$481,558,965	\$525,845,728	\$44,286,763	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	132.40%	127.54%	-4.86%	-4%
9	TOTAL OUTPATIENT PAYMENTS	\$177,446,780	\$186,021,042	\$8,574,262	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.85%	35.38%	-1.47%	-4%
11	TOTAL CHARGES	\$845,270,410	\$938,143,113	\$92,872,703	11%
12	TOTAL PAYMENTS	\$305,853,711	\$322,218,061	\$16,364,350	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	36.18%	34.35%	-1.84%	-5%
14	PATIENT DAYS	57,628	57,829	201	0%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$245,870,227	\$286,656,551	\$40,786,324	17%
2	INPATIENT PAYMENTS	\$77,236,625	\$78,483,549	\$1,246,924	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.41%	27.38%	-4.03%	-13%
4	DISCHARGES	9,072	9,201	129	1%
5	CASE MIX INDEX	1.24523	1.24319	(0.00204)	0%
6	CASE MIX ADJUSTED DISCHARGES	11,296.75592	11,438.60527	141.84935	1%
7	OUTPATIENT CHARGES	\$219,529,180	\$249,653,106	\$30,123,926	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	89.29%	87.09%	-2.20%	-2%
9	OUTPATIENT PAYMENTS	\$57,748,257	\$62,232,884	\$4,484,627	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.31%	24.93%	-1.38%	-5%
11	TOTAL CHARGES	\$465,399,407	\$536,309,657	\$70,910,250	15%
12	TOTAL PAYMENTS	\$134,984,882	\$140,716,433	\$5,731,551	4%
13	TOTAL PAYMENTS / CHARGES	29.00%	26.24%	-2.77%	-10%
14	PATIENT DAYS	40,806	41,870	1,064	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$330,414,525	\$395,593,224	\$65,178,699	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.6	4.7	0.0	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.4	(0.1)	-2%
3	UNINSURED	5.1	4.7	(0.4)	-8%
4	MEDICAID	3.8	3.9	0.2	4%
5	OTHER MEDICAL ASSISTANCE	4.9	5.6	0.7	15%
6	CHAMPUS / TRICARE	3.5	3.3	(0.2)	-5%
7	TOTAL AVERAGE LENGTH OF STAY	4.1	4.2	0.0	1%

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$845,270,410	\$938,143,113	\$92,872,703	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$330,414,525	\$395,593,224	\$65,178,699	20%
3	UNCOMPENSATED CARE	\$24,590,812	\$21,378,797	(\$3,212,015)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$169,377,726	\$181,709,768	\$12,332,042	7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,178,347	\$14,229,964	\$3,051,617	27%
6	TOTAL ADJUSTMENTS	\$535,561,410	\$612,911,753	\$77,350,343	14%
7	TOTAL ACCRUED PAYMENTS	\$309,709,000	\$325,231,360	\$15,522,360	5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,670,015	\$1,608,918	(\$61,097)	-4%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$311,379,015	\$326,840,278	\$15,461,263	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3683779904	0.3483906383	(0.0199873521)	-5%
11	COST OF UNCOMPENSATED CARE	\$9,058,714	\$7,448,173	(\$1,610,541)	-18%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,701,693	\$12,964,496	(\$737,198)	-5%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$22,760,407	\$20,412,669	(\$2,347,739)	-10%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$8,589,410	\$2,588,622	(\$6,000,788)	-70%
2	OTHER MEDICAL ASSISTANCE	\$3,884,985	\$4,985,143	\$1,100,158	28%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,562,194	(\$886,156)	(\$3,448,350)	-135%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,036,589	\$6,687,609	(\$8,348,980)	-56%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,618,413	\$20,675,399	\$4,056,986	24.41%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$11,963,512	\$2,854,644	(\$9,108,868)	-76.14%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$319,487,236	\$326,681,627	\$7,194,391	2.25%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$845,270,408	\$938,143,112	\$92,872,704	10.99%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$24,590,812	\$21,378,797	(\$3,212,015)	-13.06%

MIDDLESEX 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
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$117,841,218	\$125,640,834	\$7,799,616
2	MEDICARE	\$212,277,011	237,936,712	\$25,659,701
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$32,870,543	47,803,856	\$14,933,313
4	MEDICAID	\$24,635,167	39,855,345	\$15,220,178
5	OTHER MEDICAL ASSISTANCE	\$8,235,376	7,948,511	(\$286,865)
6	CHAMPUS / TRICARE	\$722,673	915,983	\$193,310
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,544,072	7,173,325	(\$2,370,747)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$245,870,227	\$286,656,551	\$40,786,324
	TOTAL INPATIENT CHARGES	\$363,711,445	\$412,297,385	\$48,585,940
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$262,029,785	\$276,192,622	\$14,162,837
2	MEDICARE	\$164,221,864	179,328,360	\$15,106,496
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$53,640,574	68,405,796	\$14,765,222
4	MEDICAID	\$39,999,552	59,129,382	\$19,129,830
5	OTHER MEDICAL ASSISTANCE	\$13,641,022	9,276,414	(\$4,364,608)
6	CHAMPUS / TRICARE	\$1,666,742	1,918,950	\$252,208
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,462,076	14,092,307	(\$1,369,769)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$219,529,180	\$249,653,106	\$30,123,926
	TOTAL OUTPATIENT CHARGES	\$481,558,965	\$525,845,728	\$44,286,763
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$379,871,003	\$401,833,456	\$21,962,453
2	TOTAL MEDICARE	\$376,498,875	\$417,265,072	\$40,766,197
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$86,511,117	\$116,209,652	\$29,698,535
4	TOTAL MEDICAID	\$64,634,719	\$98,984,727	\$34,350,008
5	TOTAL OTHER MEDICAL ASSISTANCE	\$21,876,398	\$17,224,925	(\$4,651,473)
6	TOTAL CHAMPUS / TRICARE	\$2,389,415	\$2,834,933	\$445,518
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,006,148	\$21,265,632	(\$3,740,516)
	TOTAL GOVERNMENT CHARGES	\$465,399,407	\$536,309,657	\$70,910,250
	TOTAL CHARGES	\$845,270,410	\$938,143,113	\$92,872,703
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,170,306	\$57,713,470	\$6,543,164
2	MEDICARE	\$69,519,294	68,309,563	(\$1,209,731)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,517,399	9,978,042	\$2,460,643
4	MEDICAID	\$6,747,947	9,978,042	\$3,230,095
5	OTHER MEDICAL ASSISTANCE	\$769,452	0	(\$769,452)
6	CHAMPUS / TRICARE	\$199,932	195,944	(\$3,988)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$812,274	2,154,497	\$1,342,223
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$77,236,625	\$78,483,549	\$1,246,924
	TOTAL INPATIENT PAYMENTS	\$128,406,931	\$136,197,019	\$7,790,088
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$119,698,523	\$123,788,158	\$4,089,635
2	MEDICARE	\$46,448,697	44,251,358	(\$2,197,339)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,649,699	17,543,817	\$6,894,118
4	MEDICAID	\$8,705,546	17,543,817	\$8,838,271
5	OTHER MEDICAL ASSISTANCE	\$1,944,153	0	(\$1,944,153)
6	CHAMPUS / TRICARE	\$649,861	437,709	(\$212,152)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,717,142	4,402,842	\$685,700
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$57,748,257	\$62,232,884	\$4,484,627
	TOTAL OUTPATIENT PAYMENTS	\$177,446,780	\$186,021,042	\$8,574,262
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$170,868,829	\$181,501,628	\$10,632,799
2	TOTAL MEDICARE	\$115,967,991	\$112,560,921	(\$3,407,070)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,167,098	\$27,521,859	\$9,354,761
4	TOTAL MEDICAID	\$15,453,493	\$27,521,859	\$12,068,366
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,713,605	\$0	(\$2,713,605)
6	TOTAL CHAMPUS / TRICARE	\$849,793	\$633,653	(\$216,140)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,529,416	\$6,557,339	\$2,027,923
	TOTAL GOVERNMENT PAYMENTS	\$134,984,882	\$140,716,433	\$5,731,551
	TOTAL PAYMENTS	\$305,853,711	\$322,218,061	\$16,364,350

MIDDLESEX 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
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.94%	13.39%	-0.55%
2	MEDICARE	25.11%	25.36%	0.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.89%	5.10%	1.21%
4	MEDICAID	2.91%	4.25%	1.33%
5	OTHER MEDICAL ASSISTANCE	0.97%	0.85%	-0.13%
6	CHAMPUS / TRICARE	0.09%	0.10%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.13%	0.76%	-0.36%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.09%	30.56%	1.47%
	TOTAL INPATIENT PAYER MIX	43.03%	43.95%	0.92%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.00%	29.44%	-1.56%
2	MEDICARE	19.43%	19.12%	-0.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.35%	7.29%	0.95%
4	MEDICAID	4.73%	6.30%	1.57%
5	OTHER MEDICAL ASSISTANCE	1.61%	0.99%	-0.62%
6	CHAMPUS / TRICARE	0.20%	0.20%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.83%	1.50%	-0.33%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.97%	26.61%	0.64%
	TOTAL OUTPATIENT PAYER MIX	56.97%	56.05%	-0.92%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.73%	17.91%	1.18%
2	MEDICARE	22.73%	21.20%	-1.53%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.46%	3.10%	0.64%
4	MEDICAID	2.21%	3.10%	0.89%
5	OTHER MEDICAL ASSISTANCE	0.25%	0.00%	-0.25%
6	CHAMPUS / TRICARE	0.07%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.27%	0.67%	0.40%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.25%	24.36%	-0.90%
	TOTAL INPATIENT PAYER MIX	41.98%	42.27%	0.29%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.14%	38.42%	-0.72%
2	MEDICARE	15.19%	13.73%	-1.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.48%	5.44%	1.96%
4	MEDICAID	2.85%	5.44%	2.60%
5	OTHER MEDICAL ASSISTANCE	0.64%	0.00%	-0.64%
6	CHAMPUS / TRICARE	0.21%	0.14%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22%	1.37%	0.15%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.88%	19.31%	0.43%
	TOTAL OUTPATIENT PAYER MIX	58.02%	57.73%	-0.29%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDDLESEX 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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,892	4,717	(175)
2	MEDICARE	7,401	7,204	(197)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,635	1,954	319
4	MEDICAID	1,313	1,665	352
5	OTHER MEDICAL ASSISTANCE	322	289	(33)
6	CHAMPUS / TRICARE	36	43	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	350	242	(108)
	TOTAL GOVERNMENT DISCHARGES	9,072	9,201	129
	TOTAL DISCHARGES	13,964	13,918	(46)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,822	15,959	(863)
2	MEDICARE	34,147	33,550	(597)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,533	8,177	1,644
4	MEDICAID	4,969	6,568	1,599
5	OTHER MEDICAL ASSISTANCE	1,564	1,609	45
6	CHAMPUS / TRICARE	126	143	17
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,768	1,126	(642)
	TOTAL GOVERNMENT PATIENT DAYS	40,806	41,870	1,064
	TOTAL PATIENT DAYS	57,628	57,829	201
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.4	(0.1)
2	MEDICARE	4.6	4.7	0.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	4.2	0.2
4	MEDICAID	3.8	3.9	0.2
5	OTHER MEDICAL ASSISTANCE	4.9	5.6	0.7
6	CHAMPUS / TRICARE	3.5	3.3	(0.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.1	4.7	(0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.5	4.6	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.1	4.2	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05639	1.06819	0.01180
2	MEDICARE	1.32903	1.34681	0.01778
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87197	0.87055	(0.00141)
4	MEDICAID	0.84101	0.83089	(0.01012)
5	OTHER MEDICAL ASSISTANCE	0.99820	1.09906	0.10086
6	CHAMPUS / TRICARE	0.97051	0.81688	(0.15363)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00724	1.05438	0.04714
	TOTAL GOVERNMENT CASE MIX INDEX	1.24523	1.24319	(0.00204)
	TOTAL CASE MIX INDEX	1.17908	1.18388	0.00481
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$348,525,471	\$363,815,764	\$15,290,293
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$179,147,745	\$182,105,996	\$2,958,251
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$169,377,726	\$181,709,768	\$12,332,042
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.60%	49.95%	1.35%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,618,413	\$20,675,399	\$4,056,986
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,178,347	\$14,229,964	\$3,051,617
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,670,015	\$1,608,918	(\$61,097)
8	CHARITY CARE	\$7,535,167	\$9,520,361	\$1,985,194
9	BAD DEBTS	\$17,055,645	\$11,858,436	(\$5,197,209)
10	TOTAL UNCOMPENSATED CARE	\$24,590,812	\$21,378,797	(\$3,212,015)
11	TOTAL OTHER OPERATING REVENUE	\$348,525,471	\$363,815,764	\$15,290,293
12	TOTAL OPERATING EXPENSES	\$305,762,315	\$312,521,510	\$6,759,195

MIDDLESEX 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
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,167.85988	5,038.65223	(129.20765)
2	MEDICARE	9,836.15103	9,702.41924	(133.73179)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,425.66653	1,701.06019	275.39366
4	MEDICAID	1,104.24613	1,383.43185	279.18572
5	OTHER MEDICAL ASSISTANCE	321.42040	317.62834	(3.79206)
6	CHAMPUS / TRICARE	34.93836	35.12584	0.18748
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	352.53400	255.15996	(97.37404)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,296.75592	11,438.60527	141.84935
	TOTAL CASE MIX ADJUSTED DISCHARGES	16,464.61580	16,477.25750	12.64170
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,877.77036	10,369.24507	-508.52529
2	MEDICARE	5,725.56590	5,429.51735	-296.04855
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,665.24645	2,807.47491	142.22846
4	MEDICAID	2,131.88779	2,470.19367	338.30588
5	OTHER MEDICAL ASSISTANCE	533.35866	337.28124	-196.07742
6	CHAMPUS / TRICARE	83.02886	90.08339	7.05453
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	567.02491	475.41946	-91.60545
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,473.84120	8,327.07565	-146.76556
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	19,351.61156	18,696.32071	-655.29085
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,901.64	\$11,454.15	\$1,552.50
2	MEDICARE	\$7,067.73	\$7,040.47	(\$27.27)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,272.90	\$5,865.78	\$592.88
4	MEDICAID	\$6,110.91	\$7,212.53	\$1,101.62
5	OTHER MEDICAL ASSISTANCE	\$2,393.91	\$0.00	(\$2,393.91)
6	CHAMPUS / TRICARE	\$5,722.42	\$5,578.34	(\$144.08)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,304.10	\$8,443.71	\$6,139.61
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,837.06	\$6,861.29	\$24.22
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,798.96	\$8,265.76	\$466.79
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,003.96	\$11,938.01	\$934.05
2	MEDICARE	\$8,112.51	\$8,150.15	\$37.64
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,995.77	\$6,248.97	\$2,253.20
4	MEDICAID	\$4,083.49	\$7,102.20	\$3,018.71
5	OTHER MEDICAL ASSISTANCE	\$3,645.11	\$0.00	(\$3,645.11)
6	CHAMPUS / TRICARE	\$7,826.93	\$4,858.93	(\$2,968.00)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,555.52	\$9,260.96	\$2,705.44
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,814.89	\$7,473.56	\$658.67
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,169.61	\$9,949.61	\$779.99

MIDDLESEX 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
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$8,589,410	\$2,588,622	(\$6,000,788)
2	OTHER MEDICAL ASSISTANCE	\$3,884,985	\$0	(\$3,884,985)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,562,194	(\$886,156)	(\$3,448,350)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,036,589	\$1,702,466	(\$13,334,123)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$845,270,410	\$938,143,113	\$92,872,703
2	TOTAL GOVERNMENT DEDUCTIONS	\$330,414,525	\$395,593,224	\$65,178,699
3	UNCOMPENSATED CARE	\$24,590,812	\$21,378,797	(\$3,212,015)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$169,377,726	\$181,709,768	\$12,332,042
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,178,347	\$14,229,964	\$3,051,617
6	TOTAL ADJUSTMENTS	\$535,561,410	\$612,911,753	\$77,350,343
7	TOTAL ACCRUED PAYMENTS	\$309,709,000	\$325,231,360	\$15,522,360
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,670,015	\$1,608,918	(\$61,097)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$311,379,015	\$326,840,278	\$15,461,263
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3683779904	0.3483906383	(0.0199873521)
11	COST OF UNCOMPENSATED CARE	\$9,058,714	\$7,448,173	(\$1,610,541)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$13,701,693	\$12,964,496	(\$737,198)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$22,760,407	\$20,412,669	(\$2,347,739)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.42%	45.94%	2.51%
2	MEDICARE	32.75%	28.71%	-4.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.87%	20.87%	-2.00%
4	MEDICAID	27.39%	25.04%	-2.36%
5	OTHER MEDICAL ASSISTANCE	9.34%	0.00%	-9.34%
6	CHAMPUS / TRICARE	27.67%	21.39%	-6.27%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.51%	30.03%	21.52%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.41%	27.38%	-4.03%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	35.30%	33.03%	-2.27%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.68%	44.82%	-0.86%
2	MEDICARE	28.28%	24.68%	-3.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.85%	25.65%	5.79%
4	MEDICAID	21.76%	29.67%	7.91%
5	OTHER MEDICAL ASSISTANCE	14.25%	0.00%	-14.25%
6	CHAMPUS / TRICARE	38.99%	22.81%	-16.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	24.04%	31.24%	7.20%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.31%	24.93%	-1.38%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.85%	35.38%	-1.47%

MIDDLESEX 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
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$305,853,711	\$322,218,061	\$16,364,350
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,670,015	\$1,608,918	(\$61,097)
	OHCA DEFINED NET REVENUE	\$307,523,726	\$323,826,979	\$16,303,253
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$11,963,512	\$2,854,644	(\$9,108,868)
4	CALCULATED NET REVENUE	\$319,487,238	\$326,681,623	\$7,194,385
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$319,487,236	\$326,681,627	\$7,194,391
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2	(\$4)	(\$6)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$845,270,410	\$938,143,113	\$92,872,703
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$845,270,410	\$938,143,113	\$92,872,703
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$845,270,408	\$938,143,112	\$92,872,704
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2	\$1	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,590,812	\$21,378,797	(\$3,212,015)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,590,812	\$21,378,797	(\$3,212,015)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$24,590,812	\$21,378,797	(\$3,212,015)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$125,640,834
2	MEDICARE	237,936,712
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,803,856
4	MEDICAID	39,855,345
5	OTHER MEDICAL ASSISTANCE	7,948,511
6	CHAMPUS / TRICARE	915,983
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,173,325
	TOTAL INPATIENT GOVERNMENT CHARGES	\$286,656,551
	TOTAL INPATIENT CHARGES	\$412,297,385
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$276,192,622
2	MEDICARE	179,328,360
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	68,405,796
4	MEDICAID	59,129,382
5	OTHER MEDICAL ASSISTANCE	9,276,414
6	CHAMPUS / TRICARE	1,918,950
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14,092,307
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$249,653,106
	TOTAL OUTPATIENT CHARGES	\$525,845,728
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$401,833,456
2	TOTAL GOVERNMENT ACCRUED CHARGES	536,309,657
	TOTAL ACCRUED CHARGES	\$938,143,113
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,713,470
2	MEDICARE	68,309,563
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,978,042
4	MEDICAID	9,978,042
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	195,944
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,154,497
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$78,483,549
	TOTAL INPATIENT PAYMENTS	\$136,197,019
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$123,788,158
2	MEDICARE	44,251,358
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,543,817
4	MEDICAID	17,543,817
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	437,709
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,402,842
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$62,232,884
	TOTAL OUTPATIENT PAYMENTS	\$186,021,042
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$181,501,628
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	140,716,433
	TOTAL ACCRUED PAYMENTS	\$322,218,061

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,717
2	MEDICARE	7,204
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,954
4	MEDICAID	1,665
5	OTHER MEDICAL ASSISTANCE	289
6	CHAMPUS / TRICARE	43
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	242
	TOTAL GOVERNMENT DISCHARGES	9,201
	TOTAL DISCHARGES	13,918
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06819
2	MEDICARE	1.34681
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87055
4	MEDICAID	0.83089
5	OTHER MEDICAL ASSISTANCE	1.09906
6	CHAMPUS / TRICARE	0.81688
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05438
	TOTAL GOVERNMENT CASE MIX INDEX	1.24319
	TOTAL CASE MIX INDEX	1.18388
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$363,815,764
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$182,105,996
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$181,709,768
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.95%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$20,675,399
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,229,964
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,608,918
8	CHARITY CARE	\$9,520,361
9	BAD DEBTS	\$11,858,436
10	TOTAL UNCOMPENSATED CARE	\$21,378,797
11	TOTAL OTHER OPERATING REVENUE	\$8,002,619
12	TOTAL OPERATING EXPENSES	\$312,521,510

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$322,218,061
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,608,918
	OHCA DEFINED NET REVENUE	\$323,826,979
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,854,644
	CALCULATED NET REVENUE	\$326,681,623
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$326,681,627
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$4)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$938,143,113
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$938,143,113
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$938,143,112
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$21,378,797
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$21,378,797
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$21,378,797
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDDLESEX HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	2,867	3,190	323	11%
2	Number of Approved Applicants	1,906	2,316	410	22%
3	Total Charges (A)	\$7,535,167	\$9,520,361	\$1,985,194	26%
4	Average Charges	\$3,953	\$4,111	\$157	4%
5	Ratio of Cost to Charges (RCC)	0.389797	0.358569	(0.031228)	-8%
6	Total Cost	\$2,937,185	\$3,413,706	\$476,521	16%
7	Average Cost	\$1,541	\$1,474	(\$67)	-4%
8	Charity Care - Inpatient Charges	\$2,481,924	\$4,079,617	\$1,597,693	64%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,031,778	2,814,601	782,823	39%
10	Charity Care - Emergency Department Charges	3,021,465	2,626,143	(395,322)	-13%
11	Total Charges (A)	\$7,535,167	\$9,520,361	\$1,985,194	26%
12	Charity Care - Number of Patient Days	406	561	155	38%
13	Charity Care - Number of Discharges	114	134	20	18%
14	Charity Care - Number of Outpatient ED Visits	1,165	1,331	166	14%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,860	1,858	(2)	0%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$4,187,161	\$2,458,016	(\$1,729,145)	-41%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,431,596	2,918,955	(512,641)	-15%
3	Bad Debts - Emergency Department	9,436,888	6,481,465	(2,955,423)	-31%
4	Total Bad Debts (A)	\$17,055,645	\$11,858,436	(\$5,197,209)	-30%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$7,535,167	\$9,520,361	\$1,985,194	26%
2	Bad Debts (A)	17,055,645	11,858,436	(5,197,209)	-30%
3	Total Uncompensated Care (A)	\$24,590,812	\$21,378,797	(\$3,212,015)	-13%
4	Uncompensated Care - Inpatient Services	\$6,669,085	\$6,537,633	(\$131,452)	-2%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,463,374	5,733,556	270,182	5%
6	Uncompensated Care - Emergency Department	12,458,353	9,107,608	(3,350,745)	-27%
7	Total Uncompensated Care (A)	\$24,590,812	\$21,378,797	(\$3,212,015)	-13%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$348,525,471	\$363,815,764	\$15,290,293	4%
2	Total Contractual Allowances	\$169,377,726	\$181,709,768	\$12,332,042	7%
	Total Accrued Payments (A)	\$179,147,745	\$182,105,996	\$2,958,251	2%
	Total Discount Percentage	48.60%	49.95%	1.35%	3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$325,195,994	\$363,711,445	\$412,297,385
2	Outpatient Gross Revenue	\$419,919,589	\$481,558,965	\$525,845,728
3	Total Gross Patient Revenue	\$745,115,583	\$845,270,410	\$938,143,113
4	Net Patient Revenue	\$292,835,665	\$317,817,236	\$325,072,710
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$293,469,539	\$305,762,315	\$312,521,510
C. <u>Utilization Statistics</u>				
1	Patient Days	59,419	57,628	57,829
2	Discharges	14,201	13,964	13,918
3	Average Length of Stay	4.2	4.1	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	136,146	133,928	131,584
0	Equivalent (Adjusted) Discharges (ED)	32,538	32,453	31,669
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.14909	1.17908	1.18388
2	Case Mix Adjusted Patient Days (CMAPD)	68,278	67,948	68,463
3	Case Mix Adjusted Discharges (CMAD)	16,318	16,465	16,477
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	156,444	157,912	155,780
5	Case Mix Adjusted Equivalent Discharges (CMAED)	37,390	38,264	37,492
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$12,540	\$14,668	\$16,223
2	Total Gross Revenue per Discharge	\$52,469	\$60,532	\$67,405
3	Total Gross Revenue per EPD	\$5,473	\$6,311	\$7,130
4	Total Gross Revenue per ED	\$22,900	\$26,046	\$29,623
5	Total Gross Revenue per CMAEPD	\$4,763	\$5,353	\$6,022
6	Total Gross Revenue per CMAED	\$19,928	\$22,090	\$25,022
7	Inpatient Gross Revenue per EPD	\$2,389	\$2,716	\$3,133
8	Inpatient Gross Revenue per ED	\$9,994	\$11,207	\$13,019

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,928	\$5,515	\$5,621
2	Net Patient Revenue per Discharge	\$20,621	\$22,760	\$23,356
3	Net Patient Revenue per EPD	\$2,151	\$2,373	\$2,470
4	Net Patient Revenue per ED	\$9,000	\$9,793	\$10,265
5	Net Patient Revenue per CMAEPD	\$1,872	\$2,013	\$2,087
6	Net Patient Revenue per CMAED	\$7,832	\$8,306	\$8,670
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,939	\$5,306	\$5,404
2	Total Operating Expense per Discharge	\$20,665	\$21,896	\$22,454
3	Total Operating Expense per EPD	\$2,156	\$2,283	\$2,375
4	Total Operating Expense per ED	\$9,019	\$9,422	\$9,868
5	Total Operating Expense per CMAEPD	\$1,876	\$1,936	\$2,006
6	Total Operating Expense per CMAED	\$7,849	\$7,991	\$8,336
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$41,906,969	\$44,128,939	\$45,300,265
2	Nursing Fringe Benefits Expense	\$9,368,800	\$10,009,289	\$11,000,436
3	Total Nursing Salary and Fringe Benefits Expense	\$51,275,769	\$54,138,228	\$56,300,701
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$20,128,394	\$21,517,184	\$22,986,362
2	Physician Fringe Benefits Expense	\$4,499,861	\$4,880,508	\$5,581,866
3	Total Physician Salary and Fringe Benefits Expense	\$24,628,255	\$26,397,692	\$28,568,228
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$72,402,363	\$78,361,456	\$81,688,566
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$16,186,518	\$17,777,596	\$19,836,744
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$88,588,881	\$96,139,052	\$101,525,310
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$134,437,726	\$144,007,579	\$149,975,193
2	Total Fringe Benefits Expense	\$30,055,179	\$32,667,393	\$36,419,046
3	Total Salary and Fringe Benefits Expense	\$164,492,905	\$176,674,972	\$186,394,239

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	469.0	501.0	505.0
2	Total Physician FTEs	111.0	121.0	124.0
3	Total Non-Nursing, Non-Physician FTEs	1331.0	1355.0	1392.0
4	Total Full Time Equivalent Employees (FTEs)	1,911.0	1,977.0	2,021.0
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$89,354	\$88,082	\$89,703
2	Nursing Fringe Benefits Expense per FTE	\$19,976	\$19,979	\$21,783
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$109,330	\$108,060	\$111,487
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$181,337	\$177,828	\$185,374
2	Physician Fringe Benefits Expense per FTE	\$40,539	\$40,335	\$45,015
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$221,876	\$218,163	\$230,389
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$54,397	\$57,831	\$58,684
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$12,161	\$13,120	\$14,251
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$66,558	\$70,951	\$72,935
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$70,349	\$72,841	\$74,208
2	Total Fringe Benefits Expense per FTE	\$15,727	\$16,524	\$18,020
3	Total Salary and Fringe Benefits Expense per FTE	\$86,077	\$89,365	\$92,229
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,768	\$3,066	\$3,223
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,583	\$12,652	\$13,392
3	Total Salary and Fringe Benefits Expense per EPD	\$1,208	\$1,319	\$1,417
4	Total Salary and Fringe Benefits Expense per ED	\$5,055	\$5,444	\$5,886
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,051	\$1,119	\$1,197
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,399	\$4,617	\$4,972