

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$51,804,000	\$66,556,000	\$14,752,000	28%
2	Short Term Investments	\$456,660,000	\$342,847,000	(\$113,813,000)	-25%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$123,653,000	\$135,445,000	\$11,792,000	10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$14,065,000	\$18,238,000	\$4,173,000	30%
8	Prepaid Expenses	\$5,058,000	\$6,113,000	\$1,055,000	21%
9	Other Current Assets	\$34,795,000	\$40,674,000	\$5,879,000	17%
	<b>Total Current Assets</b>	<b>\$686,035,000</b>	<b>\$609,873,000</b>	<b>(\$76,162,000)</b>	<b>-11%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$76,806,000	\$54,012,000	(\$22,794,000)	-30%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$11,105,000	\$11,639,000	\$534,000	5%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$87,911,000</b>	<b>\$65,651,000</b>	<b>(\$22,260,000)</b>	<b>-25%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$81,859,000	\$153,223,000	\$71,364,000	87%
7	Other Noncurrent Assets	\$63,073,000	\$77,352,000	\$14,279,000	23%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$844,702,000	\$1,366,875,000	\$522,173,000	62%
2	Less: Accumulated Depreciation	\$553,768,000	\$525,368,000	(\$28,400,000)	-5%
	<b>Property, Plant and Equipment, Net</b>	<b>\$290,934,000</b>	<b>\$841,507,000</b>	<b>\$550,573,000</b>	<b>189%</b>
3	Construction in Progress	\$360,678,000	\$17,563,000	(\$343,115,000)	-95%
	<b>Total Net Fixed Assets</b>	<b>\$651,612,000</b>	<b>\$859,070,000</b>	<b>\$207,458,000</b>	<b>32%</b>
	<b>Total Assets</b>	<b>\$1,570,490,000</b>	<b>\$1,765,169,000</b>	<b>\$194,679,000</b>	<b>12%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$127,342,000	\$159,715,000	\$32,373,000	25%
2	Salaries, Wages and Payroll Taxes	\$66,309,000	\$49,648,000	(\$16,661,000)	-25%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$11,075,000	\$13,634,000	\$2,559,000	23%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,110,000	\$1,117,000	\$7,000	1%
	<b>Total Current Liabilities</b>	<b>\$205,836,000</b>	<b>\$224,114,000</b>	<b>\$18,278,000</b>	<b>9%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$388,966,000	\$487,611,000	\$98,645,000	25%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$388,966,000</b>	<b>\$487,611,000</b>	<b>\$98,645,000</b>	<b>25%</b>
3	Accrued Pension Liability	\$192,862,000	\$212,544,000	\$19,682,000	10%
4	Other Long Term Liabilities	\$195,295,000	\$198,588,000	\$3,293,000	2%
	<b>Total Long Term Liabilities</b>	<b>\$777,123,000</b>	<b>\$898,743,000</b>	<b>\$121,620,000</b>	<b>16%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$514,304,000	\$567,531,000	\$53,227,000	10%
2	Temporarily Restricted Net Assets	\$47,505,000	\$48,525,000	\$1,020,000	2%
3	Permanently Restricted Net Assets	\$25,722,000	\$26,256,000	\$534,000	2%
	<b>Total Net Assets</b>	<b>\$587,531,000</b>	<b>\$642,312,000</b>	<b>\$54,781,000</b>	<b>9%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$1,570,490,000</b>	<b>\$1,765,169,000</b>	<b>\$194,679,000</b>	<b>12%</b>

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$3,516,548,000	\$3,902,060,000	\$385,512,000	11%
2	Less: Allowances	\$2,246,404,000	\$2,520,876,000	\$274,472,000	12%
3	Less: Charity Care	\$73,500,000	\$62,606,000	(\$10,894,000)	-15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$1,196,644,000</b>	<b>\$1,318,578,000</b>	<b>\$121,934,000</b>	<b>10%</b>
5	Other Operating Revenue	\$17,653,000	\$21,010,000	\$3,357,000	19%
6	Net Assets Released from Restrictions	\$22,815,000	\$27,415,000	\$4,600,000	20%
	<b>Total Operating Revenue</b>	<b>\$1,237,112,000</b>	<b>\$1,367,003,000</b>	<b>\$129,891,000</b>	<b>10%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$452,606,000	\$488,275,000	\$35,669,000	8%
2	Fringe Benefits	\$124,181,000	\$137,200,000	\$13,019,000	10%
3	Physicians Fees	\$64,272,000	\$70,728,000	\$6,456,000	10%
4	Supplies and Drugs	\$193,416,000	\$209,331,000	\$15,915,000	8%
5	Depreciation and Amortization	\$43,050,000	\$51,660,000	\$8,610,000	20%
6	Bad Debts	\$24,873,000	\$27,440,000	\$2,567,000	10%
7	Interest	\$1,549,000	\$12,306,000	\$10,757,000	694%
8	Malpractice	\$19,909,000	\$16,754,000	(\$3,155,000)	-16%
9	Other Operating Expenses	\$245,840,000	\$284,242,000	\$38,402,000	16%
	<b>Total Operating Expenses</b>	<b>\$1,169,696,000</b>	<b>\$1,297,936,000</b>	<b>\$128,240,000</b>	<b>11%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$67,416,000</b>	<b>\$69,067,000</b>	<b>\$1,651,000</b>	<b>2%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$39,251,000)	\$10,104,000	\$49,355,000	-126%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$5,547,000)	(\$16,515,000)	(\$10,968,000)	198%
	<b>Total Non-Operating Revenue</b>	<b>(\$44,798,000)</b>	<b>(\$6,411,000)</b>	<b>\$38,387,000</b>	<b>-86%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$22,618,000</b>	<b>\$62,656,000</b>	<b>\$40,038,000</b>	<b>177%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$30,283,000	\$22,044,000	(\$8,239,000)	-27%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$30,283,000</b>	<b>\$22,044,000</b>	<b>(\$8,239,000)</b>	<b>-27%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$52,901,000</b>	<b>\$84,700,000</b>	<b>\$31,799,000</b>	<b>60%</b>
	Principal Payments	\$2,600,000	\$11,075,000	\$8,475,000	326%

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>GROSS REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$706,070,311	\$778,247,217	\$72,176,906	10%
2	MEDICARE MANAGED CARE	\$122,556,300	\$147,412,203	\$24,855,903	20%
3	MEDICAID	\$267,526,938	\$286,203,012	\$18,676,074	7%
4	MEDICAID MANAGED CARE	\$207,540,295	\$267,069,837	\$59,529,542	29%
5	CHAMPUS/TRICARE	\$11,355,606	\$16,820,452	\$5,464,846	48%
6	COMMERCIAL INSURANCE	\$63,751,831	\$56,188,720	(\$7,563,111)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$813,334,758	\$878,507,681	\$65,172,923	8%
8	WORKER'S COMPENSATION	\$12,855,506	\$10,950,780	(\$1,904,726)	-15%
9	SELF- PAY/UNINSURED	\$47,689,294	\$51,128,104	\$3,438,810	7%
10	SAGA	\$105,510,597	\$134,657,674	\$29,147,077	28%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$2,358,191,436</b>	<b>\$2,627,185,680</b>	<b>\$268,994,244</b>	<b>11%</b>
<b>B.</b>	<b>OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$257,984,831	\$273,606,698	\$15,621,867	6%
2	MEDICARE MANAGED CARE	\$49,617,825	\$55,347,990	\$5,730,165	12%
3	MEDICAID	\$63,752,865	\$66,631,076	\$2,878,211	5%
4	MEDICAID MANAGED CARE	\$83,530,711	\$134,537,496	\$51,006,785	61%
5	CHAMPUS/TRICARE	\$6,731,377	\$6,247,026	(\$484,351)	-7%
6	COMMERCIAL INSURANCE	\$32,056,888	\$30,536,890	(\$1,519,998)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$560,110,572	\$599,631,883	\$39,521,311	7%
8	WORKER'S COMPENSATION	\$6,611,525	\$11,361,380	\$4,749,855	72%
9	SELF- PAY/UNINSURED	\$61,677,977	\$54,157,729	(\$7,520,248)	-12%
10	SAGA	\$36,281,683	\$42,816,317	\$6,534,634	18%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$1,158,356,254</b>	<b>\$1,274,874,485</b>	<b>\$116,518,231</b>	<b>10%</b>
<b>C.</b>	<b>TOTAL GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$964,055,142	\$1,051,853,915	\$87,798,773	9%
2	MEDICARE MANAGED CARE	\$172,174,125	\$202,760,193	\$30,586,068	18%
3	MEDICAID	\$331,279,803	\$352,834,088	\$21,554,285	7%
4	MEDICAID MANAGED CARE	\$291,071,006	\$401,607,333	\$110,536,327	38%
5	CHAMPUS/TRICARE	\$18,086,983	\$23,067,478	\$4,980,495	28%
6	COMMERCIAL INSURANCE	\$95,808,719	\$86,725,610	(\$9,083,109)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$1,373,445,330	\$1,478,139,564	\$104,694,234	8%
8	WORKER'S COMPENSATION	\$19,467,031	\$22,312,160	\$2,845,129	15%
9	SELF- PAY/UNINSURED	\$109,367,271	\$105,285,833	(\$4,081,438)	-4%
10	SAGA	\$141,792,280	\$177,473,991	\$35,681,711	25%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$3,516,547,690</b>	<b>\$3,902,060,165</b>	<b>\$385,512,475</b>	<b>11%</b>
<b>II.</b>	<b>NET REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$246,353,479	\$274,134,769	\$27,781,290	11%
2	MEDICARE MANAGED CARE	\$42,453,015	\$49,049,996	\$6,596,981	16%
3	MEDICAID	\$50,128,355	\$52,895,962	\$2,767,607	6%
4	MEDICAID MANAGED CARE	\$34,973,923	\$44,101,768	\$9,127,845	26%
5	CHAMPUS/TRICARE	\$3,296,905	\$3,524,787	\$227,882	7%

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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
6	COMMERCIAL INSURANCE	\$44,690,484	\$27,444,432	(\$17,246,052)	-39%
7	NON-GOVERNMENT MANAGED CARE	\$303,701,649	\$336,852,447	\$33,150,798	11%
8	WORKER'S COMPENSATION	\$4,688,944	\$4,944,260	\$255,316	5%
9	SELF- PAY/UNINSURED	\$2,265,747	\$2,292,001	\$26,254	1%
10	SAGA	\$12,917,081	\$21,404,615	\$8,487,534	66%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$745,469,582</b>	<b>\$816,645,037</b>	<b>\$71,175,455</b>	<b>10%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$65,111,112	\$58,820,799	(\$6,290,313)	-10%
2	MEDICARE MANAGED CARE	\$10,798,466	\$14,587,047	\$3,788,581	35%
3	MEDICAID	\$14,375,213	\$15,808,903	\$1,433,690	10%
4	MEDICAID MANAGED CARE	\$31,207,159	\$38,328,157	\$7,120,998	23%
5	CHAMPUS/TRICARE	\$1,708,262	\$2,463,260	\$754,998	44%
6	COMMERCIAL INSURANCE	\$24,599,020	\$28,969,885	\$4,370,865	18%
7	NON-GOVERNMENT MANAGED CARE	\$232,927,154	\$265,209,847	\$32,282,693	14%
8	WORKER'S COMPENSATION	\$281,060	\$2,876,886	\$2,595,826	924%
9	SELF- PAY/UNINSURED	\$16,658,247	\$17,830,957	\$1,172,710	7%
10	SAGA	\$7,619,153	\$8,339,594	\$720,441	9%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$405,284,846</b>	<b>\$453,235,335</b>	<b>\$47,950,489</b>	<b>12%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$311,464,591	\$332,955,568	\$21,490,977	7%
2	MEDICARE MANAGED CARE	\$53,251,481	\$63,637,043	\$10,385,562	20%
3	MEDICAID	\$64,503,568	\$68,704,865	\$4,201,297	7%
4	MEDICAID MANAGED CARE	\$66,181,082	\$82,429,925	\$16,248,843	25%
5	CHAMPUS/TRICARE	\$5,005,167	\$5,988,047	\$982,880	20%
6	COMMERCIAL INSURANCE	\$69,289,504	\$56,414,317	(\$12,875,187)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$536,628,803	\$602,062,294	\$65,433,491	12%
8	WORKER'S COMPENSATION	\$4,970,004	\$7,821,146	\$2,851,142	57%
9	SELF- PAY/UNINSURED	\$18,923,994	\$20,122,958	\$1,198,964	6%
10	SAGA	\$20,536,234	\$29,744,209	\$9,207,975	45%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$1,150,754,428</b>	<b>\$1,269,880,372</b>	<b>\$119,125,944</b>	<b>10%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	14,313	14,616	303	2%
2	MEDICARE MANAGED CARE	2,449	2,741	292	12%
3	MEDICAID	4,629	5,257	628	14%
4	MEDICAID MANAGED CARE	6,193	7,139	946	15%
5	CHAMPUS/TRICARE	305	323	18	6%
6	COMMERCIAL INSURANCE	1,180	1,121	(59)	-5%
7	NON-GOVERNMENT MANAGED CARE	20,959	20,649	(310)	-1%
8	WORKER'S COMPENSATION	238	195	(43)	-18%
9	SELF- PAY/UNINSURED	1,533	1,436	(97)	-6%
10	SAGA	2,609	3,125	516	20%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>54,408</b>	<b>56,602</b>	<b>2,194</b>	<b>4%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	86,703	84,097	(2,606)	-3%

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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
2	MEDICARE MANAGED CARE	14,095	14,095	0	0%
3	MEDICAID	32,181	36,943	4,762	15%
4	MEDICAID MANAGED CARE	26,917	33,522	6,605	25%
5	CHAMPUS/TRICARE	1,108	1,728	620	56%
6	COMMERCIAL INSURANCE	6,582	5,407	(1,175)	-18%
7	NON-GOVERNMENT MANAGED CARE	90,130	85,692	(4,438)	-5%
8	WORKER'S COMPENSATION	1,139	785	(354)	-31%
9	SELF- PAY/UNINSURED	6,345	5,967	(378)	-6%
10	SAGA	14,399	16,469	2,070	14%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>279,599</b>	<b>284,705</b>	<b>5,106</b>	<b>2%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	101,639	104,564	2,925	3%
2	MEDICARE MANAGED CARE	19,617	21,861	2,244	11%
3	MEDICAID	38,792	34,426	(4,366)	-11%
4	MEDICAID MANAGED CARE	117,617	124,830	7,213	6%
5	CHAMPUS/TRICARE	2,801	2,974	173	6%
6	COMMERCIAL INSURANCE	11,597	11,908	311	3%
7	NON-GOVERNMENT MANAGED CARE	234,486	240,708	6,222	3%
8	WORKER'S COMPENSATION	3,060	3,062	2	0%
9	SELF- PAY/UNINSURED	34,425	34,442	17	0%
10	SAGA	17,726	21,370	3,644	21%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>581,760</b>	<b>600,145</b>	<b>18,385</b>	<b>3%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$25,553,879	\$28,448,872	\$2,894,993	11%
2	MEDICARE MANAGED CARE	\$4,679,828	\$5,332,887	\$653,059	14%
3	MEDICAID	\$14,299,187	\$13,932,352	(\$366,835)	-3%
4	MEDICAID MANAGED CARE	\$33,366,858	\$38,997,436	\$5,630,578	17%
5	CHAMPUS/TRICARE	\$599,723	\$702,218	\$102,495	17%
6	COMMERCIAL INSURANCE	\$5,312,765	\$5,349,145	\$36,380	1%
7	NON-GOVERNMENT MANAGED CARE	\$61,661,870	\$62,778,824	\$1,116,954	2%
8	WORKER'S COMPENSATION	\$2,163,180	\$2,198,322	\$35,142	2%
9	SELF- PAY/UNINSURED	\$20,025,149	\$21,503,622	\$1,478,473	7%
10	SAGA	\$13,985,022	\$16,985,743	\$3,000,721	21%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$181,647,461</b>	<b>\$196,229,421</b>	<b>\$14,581,960</b>	<b>8%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$4,734,266	\$5,249,567	\$515,301	11%
2	MEDICARE MANAGED CARE	\$1,032,473	\$1,182,478	\$150,005	15%
3	MEDICAID	\$3,212,623	\$2,812,437	(\$400,186)	-12%
4	MEDICAID MANAGED CARE	\$8,694,716	\$9,452,187	\$757,471	9%
5	CHAMPUS/TRICARE	\$165,286	\$201,154	\$35,868	22%
6	COMMERCIAL INSURANCE	\$3,156,076	\$3,146,651	(\$9,425)	0%
7	NON-GOVERNMENT MANAGED CARE	\$24,475,105	\$26,791,476	\$2,316,371	9%
8	WORKER'S COMPENSATION	\$1,262,245	\$1,346,491	\$84,246	7%
9	SELF- PAY/UNINSURED	\$742,233	\$3,463,222	\$2,720,989	367%
10	SAGA	\$1,639,899	\$2,662,694	\$1,022,795	62%

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$49,114,922</b>	<b>\$56,308,357</b>	<b>\$7,193,435</b>	<b>15%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	10,723	10,111	(612)	-6%
2	MEDICARE MANAGED CARE	1,758	1,853	95	5%
3	MEDICAID	7,912	6,277	(1,635)	-21%
4	MEDICAID MANAGED CARE	24,696	24,514	(182)	-1%
5	CHAMPUS/TRICARE	388	425	37	10%
6	COMMERCIAL INSURANCE	2,553	2,205	(348)	-14%
7	NON-GOVERNMENT MANAGED CARE	32,273	28,079	(4,194)	-13%
8	WORKER'S COMPENSATION	1,271	1,128	(143)	-11%
9	SELF- PAY/UNINSURED	11,886	10,868	(1,018)	-9%
10	SAGA	8,122	8,119	(3)	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>101,582</b>	<b>93,579</b>	<b>(8,003)</b>	<b>-8%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$178,889,000	\$192,479,000	\$13,590,000	8%
2	Physician Salaries	\$48,173,000	\$50,936,000	\$2,763,000	6%
3	Non-Nursing, Non-Physician Salaries	\$225,544,000	\$244,860,000	\$19,316,000	9%
	<b>Total Salaries &amp; Wages</b>	<b>\$452,606,000</b>	<b>\$488,275,000</b>	<b>\$35,669,000</b>	<b>8%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$49,082,000	\$54,085,000	\$5,003,000	10%
2	Physician Fringe Benefits	\$13,217,000	\$14,312,000	\$1,095,000	8%
3	Non-Nursing, Non-Physician Fringe Benefits	\$61,882,000	\$68,803,000	\$6,921,000	11%
	<b>Total Fringe Benefits</b>	<b>\$124,181,000</b>	<b>\$137,200,000</b>	<b>\$13,019,000</b>	<b>10%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$1,740,000	\$3,819,000	\$2,079,000	119%
2	Physician Fees	\$64,272,000	\$70,728,000	\$6,456,000	10%
3	Non-Nursing, Non-Physician Fees	\$10,528,000	\$12,158,000	\$1,630,000	15%
	<b>Total Contractual Labor Fees</b>	<b>\$76,540,000</b>	<b>\$86,705,000</b>	<b>\$10,165,000</b>	<b>13%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$128,266,000	\$136,210,000	\$7,944,000	6%
2	Pharmaceutical Costs	\$65,150,000	\$73,121,000	\$7,971,000	12%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$193,416,000</b>	<b>\$209,331,000</b>	<b>\$15,915,000</b>	<b>8%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$17,338,000	\$22,945,000	\$5,607,000	32%
2	Depreciation-Equipment	\$25,712,000	\$28,715,000	\$3,003,000	12%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$43,050,000</b>	<b>\$51,660,000</b>	<b>\$8,610,000</b>	<b>20%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$24,873,000	\$27,440,000	\$2,567,000	10%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,549,000	\$12,306,000	\$10,757,000	694%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$19,909,000	\$16,754,000	(\$3,155,000)	-16%
<b>I. Utilities:</b>					
1	Water	\$506,000	\$872,000	\$366,000	72%
2	Natural Gas	\$149,000	\$370,000	\$221,000	148%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$10,961,000	\$13,928,000	\$2,967,000	27%
5	Telephone	\$5,298,000	\$8,836,000	\$3,538,000	67%
6	Other Utilities	\$888,000	\$806,000	(\$82,000)	-9%
	<b>Total Utilities</b>	<b>\$17,802,000</b>	<b>\$24,812,000</b>	<b>\$7,010,000</b>	<b>39%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$928,000	\$825,000	(\$103,000)	-11%
2	Legal Fees	\$3,050,000	\$995,000	(\$2,055,000)	-67%
3	Consulting Fees	\$1,314,000	\$628,000	(\$686,000)	-52%
4	Dues and Membership	\$1,826,000	\$1,752,000	(\$74,000)	-4%
5	Equipment Leases	\$2,377,000	\$2,203,000	(\$174,000)	-7%
6	Building Leases	\$9,580,000	\$9,648,000	\$68,000	1%
7	Repairs and Maintenance	\$16,793,000	\$18,981,000	\$2,188,000	13%
8	Insurance	\$0	\$0	\$0	0%

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) <u>FY 2009 ACTUAL</u>	(4) <u>FY 2010 ACTUAL</u>	(5) <u>AMOUNT DIFFERENCE</u>	(6) <u>% DIFFERENCE</u>
9	Travel	\$7,000	\$32,000	\$25,000	357%
10	Conferences	\$1,672,000	\$1,774,000	\$102,000	6%
11	Property Tax	\$27,000	\$17,000	(\$10,000)	-37%
12	General Supplies	\$14,311,000	\$13,830,000	(\$481,000)	-3%
13	Licenses and Subscriptions	\$1,141,000	\$1,250,000	\$109,000	10%
14	Postage and Shipping	\$622,000	\$533,000	(\$89,000)	-14%
15	Advertising	\$1,335,000	\$1,446,000	\$111,000	8%
16	Other Business Expenses	\$160,787,000	\$189,539,000	\$28,752,000	18%
	<b>Total Business Expenses</b>	<b>\$215,770,000</b>	<b>\$243,453,000</b>	<b>\$27,683,000</b>	<b>13%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$1,169,696,000</b>	<b>\$1,297,936,000</b>	<b>\$128,240,000</b>	<b>11%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$44,323,792	\$53,823,489	\$9,499,697	21%
2	General Accounting	\$4,358,516	\$4,755,040	\$396,524	9%
3	Patient Billing & Collection	\$15,032,585	\$15,583,502	\$550,917	4%
4	Admitting / Registration Office	\$6,311,576	\$7,883,525	\$1,571,949	25%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$2,752,775	\$5,441,796	\$2,689,021	98%
7	Personnel	\$4,200,849	\$4,471,815	\$270,966	6%
8	Public Relations	\$1,006,182	\$914,045	(\$92,137)	-9%
9	Purchasing	\$1,119,516	\$1,591,100	\$471,584	42%
10	Dietary and Cafeteria	\$17,123,980	\$17,151,966	\$27,986	0%
11	Housekeeping	\$13,281,073	\$15,192,209	\$1,911,136	14%
12	Laundry & Linen	\$82,543	\$30,134	(\$52,409)	-63%
13	Operation of Plant	\$15,188,772	\$18,259,750	\$3,070,978	20%
14	Security	\$4,434,286	\$6,199,398	\$1,765,112	40%
15	Repairs and Maintenance	\$9,993,202	\$11,620,349	\$1,627,147	16%
16	Central Sterile Supply	\$3,044,547	\$3,411,793	\$367,246	12%
17	Pharmacy Department	\$34,102,773	\$31,878,196	(\$2,224,577)	-7%
18	Other General Services	\$309,374,718	\$334,520,791	\$25,146,073	8%
	<b>Total General Services</b>	<b>\$485,731,685</b>	<b>\$532,728,898</b>	<b>\$46,997,213</b>	<b>10%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$21,421,107	\$22,719,257	\$1,298,150	6%
2	Residency Program	\$43,227,392	\$45,632,006	\$2,404,614	6%
3	Nursing Services Administration	\$12,556,668	\$10,836,632	(\$1,720,036)	-14%
4	Medical Records	\$6,784,947	\$7,082,376	\$297,429	4%
5	Social Service	\$2,418,754	\$2,497,298	\$78,544	3%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$86,408,868</b>	<b>\$88,767,569</b>	<b>\$2,358,701</b>	<b>3%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$70,391,932	\$69,632,265	(\$759,667)	-1%
2	Recovery Room	\$5,242,099	\$5,736,603	\$494,504	9%
3	Anesthesiology	\$14,898,846	\$20,390,950	\$5,492,104	37%
4	Delivery Room	\$7,127,254	\$7,413,522	\$286,268	4%
5	Diagnostic Radiology	\$52,746,701	\$64,574,357	\$11,827,656	22%
6	Diagnostic Ultrasound	\$2,950,130	\$2,461,753	(\$488,377)	-17%
7	Radiation Therapy	\$9,594,919	\$9,513,801	(\$81,118)	-1%

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(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>
8	Radioisotopes	\$5,321,933	\$5,490,340	\$168,407	3%
9	CT Scan	\$3,130,348	\$3,388,345	\$257,997	8%
10	Laboratory	\$42,495,499	\$47,440,091	\$4,944,592	12%
11	Blood Storing/Processing	\$17,097,960	\$17,381,761	\$283,801	2%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$266,137	\$172,847	(\$93,290)	-35%
14	Electroencephalography	\$1,134,065	\$273,515	(\$860,550)	-76%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$10,323,544	\$10,676,700	\$353,156	3%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$5,269,079	\$5,658,512	\$389,433	7%
23	Renal Dialysis	\$2,342,452	\$3,018,253	\$675,801	29%
24	Emergency Room	\$37,328,467	\$38,708,830	\$1,380,363	4%
25	MRI	\$3,697,703	\$4,246,746	\$549,043	15%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,150,241	\$2,398,882	\$248,641	12%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$94,829	\$97,504	\$2,675	3%
31	Cardiac Catheterization/Rehabilitation	\$2,824,708	\$2,843,389	\$18,681	1%
32	Occupational Therapy / Physical Therapy	\$3,818,623	\$4,015,412	\$196,789	5%
33	Dental Clinic	\$1,177,678	\$1,928,640	\$750,962	64%
34	Other Special Services	\$4,375,210	\$3,723,168	(\$652,042)	-15%
	<b>Total Special Services</b>	<b>\$305,800,357</b>	<b>\$331,186,186</b>	<b>\$25,385,829</b>	<b>8%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$97,354,195	\$109,939,065	\$12,584,870	13%
2	Intensive Care Unit	\$32,727,875	\$38,952,388	\$6,224,513	19%
3	Coronary Care Unit	\$5,254,368	\$5,189,086	(\$65,282)	-1%
4	Psychiatric Unit	\$11,659,799	\$12,654,635	\$994,836	9%
5	Pediatric Unit	\$11,723,551	\$12,011,131	\$287,580	2%
6	Maternity Unit	\$5,232,899	\$5,571,054	\$338,155	6%
7	Newborn Nursery Unit	\$3,242,924	\$3,218,869	(\$24,055)	-1%
8	Neonatal ICU	\$16,104,080	\$16,384,316	\$280,236	2%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$17,239,895	\$17,295,367	\$55,472	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$64,053,356	\$80,483,359	\$16,430,003	26%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$264,592,942</b>	<b>\$301,699,270</b>	<b>\$37,106,328</b>	<b>14%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$27,162,148	\$43,554,077	\$16,391,929	60%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$1,169,696,000</b>	<b>\$1,297,936,000</b>	<b>\$128,240,000</b>	<b>11%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>YALE-NEW HAVEN HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$1,049,416,000	\$ 1,196,644,000	\$1,318,578,000
2	Other Operating Revenue	57,588,000	40,468,000	48,425,000
3	Total Operating Revenue	\$1,107,004,000	\$1,237,112,000	\$1,367,003,000
4	Total Operating Expenses	1,057,913,000	1,169,696,000	1,297,936,000
5	Income/(Loss) From Operations	\$49,091,000	\$67,416,000	\$69,067,000
6	Total Non-Operating Revenue	(48,401,000)	(14,515,000)	15,633,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$690,000	\$52,901,000	\$84,700,000
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	4.64%	5.51%	5.00%
2	Hospital Non Operating Margin	-4.57%	-1.19%	1.13%
3	Hospital Total Margin	0.07%	4.33%	6.13%
4	Income/(Loss) From Operations	\$49,091,000	\$67,416,000	\$69,067,000
5	Total Operating Revenue	\$1,107,004,000	\$1,237,112,000	\$1,367,003,000
6	Total Non-Operating Revenue	(\$48,401,000)	(\$14,515,000)	\$15,633,000
7	Total Revenue	\$1,058,603,000	\$1,222,597,000	\$1,382,636,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$690,000	\$52,901,000	\$84,700,000
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$513,076,000	\$514,304,000	\$567,531,000
2	Hospital Total Net Assets	\$620,423,000	\$587,531,000	\$642,312,000
3	Hospital Change in Total Net Assets	(\$30,359,000)	(\$32,892,000)	\$54,781,000
4	Hospital Change in Total Net Assets %	95.3%	-5.3%	9.3%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.33</b>	<b>0.33</b>	<b>0.33</b>
2	Total Operating Expenses	\$995,620,658	\$1,169,696,000	\$1,297,936,000
3	Total Gross Revenue	\$2,991,749,000	\$3,516,547,690	\$3,902,060,165
4	Total Other Operating Revenue	\$10,741,356	\$11,389,417	\$11,389,417
5	<b>Private Payment to Cost Ratio</b>	<b>1.24</b>	<b>1.24</b>	<b>1.27</b>
6	Total Non-Government Payments	\$539,803,207	\$629,812,305	\$686,420,715

<b>YALE-NEW HAVEN HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
7	Total Uninsured Payments	\$16,131,942	\$18,923,994	\$20,122,958
8	Total Non-Government Charges	\$1,375,310,763	\$1,598,088,351	\$1,692,463,167
9	Total Uninsured Charges	\$101,877,428	\$109,367,271	\$105,285,833
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>1.08</b>	<b>0.97</b>	<b>0.95</b>
11	Total Medicare Payments	\$342,338,966	\$364,716,072	\$396,592,611
12	Total Medicare Charges	\$960,212,489	\$1,136,229,267	\$1,254,614,108
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.70</b>	<b>0.63</b>	<b>0.60</b>
14	Total Medicaid Payments	\$120,648,054	\$130,684,650	\$151,134,790
15	Total Medicaid Charges	\$523,037,222	\$622,350,809	\$754,441,421
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$28,433,056</b>	<b>\$32,346,108</b>	<b>\$29,587,928</b>
17	Charity Care	\$21,323,315	\$27,032,315	\$28,159,845
18	Bad Debts	\$64,422,171	\$70,527,250	\$61,051,690
19	Total Uncompensated Care	\$85,745,486	\$97,559,565	\$89,211,535
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.9%</b>	<b>2.8%</b>	<b>2.3%</b>
21	Total Operating Expenses	\$995,620,658	\$1,169,696,000	\$1,297,936,000
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>3.62</b>	<b>3.33</b>	<b>2.72</b>
2	Total Current Assets	\$606,186,000	\$686,035,000	\$609,873,000
3	Total Current Liabilities	\$167,254,000	\$205,836,000	\$224,114,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>158</b>	<b>165</b>	<b>120</b>
5	Cash and Cash Equivalents	\$17,908,000	\$51,804,000	\$66,556,000
6	Short Term Investments	421,364,000	456,660,000	342,847,000
7	Total Cash and Short Term Investments	\$439,272,000	\$508,464,000	\$409,403,000
8	Total Operating Expenses	\$1,057,913,000	\$1,169,696,000	\$1,297,936,000
9	Depreciation Expense	\$41,583,000	\$43,050,000	\$51,660,000
10	Operating Expenses less Depreciation Expense	\$1,016,330,000	\$1,126,646,000	\$1,246,276,000
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>41.95</b>	<b>37.72</b>	<b>37.49</b>

<b>YALE-NEW HAVEN HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
12	Net Patient Accounts Receivable	\$ 120,598,000	\$ 123,653,000	\$ 135,445,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 120,598,000	\$ 123,653,000	\$ 135,445,000
16	Total Net Patient Revenue	\$1,049,416,000	\$ 1,196,644,000	\$ 1,318,578,000
17	<b><u>Average Payment Period</u></b>	<b>60.07</b>	<b>66.68</b>	<b>65.64</b>
18	Total Current Liabilities	\$167,254,000	\$205,836,000	\$224,114,000
19	Total Operating Expenses	\$1,057,913,000	\$1,169,696,000	\$1,297,936,000
20	Depreciation Expense	\$41,583,000	\$43,050,000	\$51,660,000
21	Total Operating Expenses less Depreciation Expense	\$1,016,330,000	\$1,126,646,000	\$1,246,276,000
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>42.8</b>	<b>37.4</b>	<b>36.4</b>
2	Total Net Assets	\$620,423,000	\$587,531,000	\$642,312,000
3	Total Assets	\$1,448,579,000	\$1,570,490,000	\$1,765,169,000
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>7.5</b>	<b>16.1</b>	<b>19.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$690,000	\$52,901,000	\$84,700,000
6	Depreciation Expense	\$41,583,000	\$43,050,000	\$51,660,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$42,273,000	\$95,951,000	\$136,360,000
8	Total Current Liabilities	\$167,254,000	\$205,836,000	\$224,114,000
9	Total Long Term Debt	\$394,789,000	\$388,966,000	\$487,611,000
10	Total Current Liabilities and Total Long Term Debt	\$562,043,000	\$594,802,000	\$711,725,000
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>38.9</b>	<b>39.8</b>	<b>43.2</b>
12	Total Long Term Debt	\$394,789,000	\$388,966,000	\$487,611,000
13	Total Net Assets	\$620,423,000	\$587,531,000	\$642,312,000
14	Total Long Term Debt and Total Net Assets	\$1,015,212,000	\$976,497,000	\$1,129,923,000
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>11.1</b>	<b>23.5</b>	<b>6.4</b>
16	Excess Revenues over Expenses	\$690,000	\$52,901,000	\$84,700,000
17	Interest Expense	\$4,168,000	\$1,549,000	\$12,306,000
18	Depreciation and Amortization Expense	\$41,583,000	\$43,050,000	\$51,660,000

<b>YALE-NEW HAVEN HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
19	Principal Payments	\$0	\$2,600,000	\$11,075,000
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>13.0</b>	<b>12.9</b>	<b>10.2</b>
21	Accumulated Depreciation	\$540,188,000	\$553,768,000	\$525,368,000
22	Depreciation and Amortization Expense	\$41,583,000	\$43,050,000	\$51,660,000
<b>H. Utilization Measures Summary</b>				
1	Patient Days	272,757	279,599	284,705
2	Discharges	52,124	54,408	56,602
3	ALOS	5.2	5.1	5.0
4	Staffed Beds	752	851	871
5	Available Beds	-	895	919
6	Licensed Beds	944	944	944
6	Occupancy of Staffed Beds	99.4%	90.0%	89.6%
7	Occupancy of Available Beds	88.2%	85.6%	84.9%
8	Full Time Equivalent Employees	6,343.9	6,648.0	7,078.8
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	42.6%	42.3%	40.7%
2	Medicare Gross Revenue Payer Mix Percentage	32.1%	32.3%	32.2%
3	Medicaid Gross Revenue Payer Mix Percentage	17.5%	17.7%	19.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.9%	4.0%	4.5%
5	Uninsured Gross Revenue Payer Mix Percentage	3.4%	3.1%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.5%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$1,273,433,335	\$1,488,721,080	\$1,587,177,334
9	Medicare Gross Revenue (Charges)	\$960,212,489	\$1,136,229,267	\$1,254,614,108
10	Medicaid Gross Revenue (Charges)	\$523,037,222	\$622,350,809	\$754,441,421
11	Other Medical Assistance Gross Revenue (Charges)	\$116,727,625	\$141,792,280	\$177,473,991
12	Uninsured Gross Revenue (Charges)	\$101,877,428	\$109,367,271	\$105,285,833
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$16,460,901	\$18,086,983	\$23,067,478
14	Total Gross Revenue (Charges)	\$2,991,749,000	\$3,516,547,690	\$3,902,060,165
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	51.3%	53.1%	52.5%

<b>YALE-NEW HAVEN HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
2	Medicare Net Revenue Payer Mix Percentage	33.6%	31.7%	31.2%
3	Medicaid Net Revenue Payer Mix Percentage	11.8%	11.4%	11.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.3%	1.8%	2.3%
5	Uninsured Net Revenue Payer Mix Percentage	1.6%	1.6%	1.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$523,671,265	\$610,888,311	\$666,297,757
9	Medicare Net Revenue (Payments)	\$342,338,966	\$364,716,072	\$396,592,611
10	Medicaid Net Revenue (Payments)	\$120,648,054	\$130,684,650	\$151,134,790
11	Other Medical Assistance Net Revenue (Payments)	\$12,899,442	\$20,536,235	\$29,744,209
12	Uninsured Net Revenue (Payments)	\$16,131,942	\$18,923,994	\$20,122,958
13	CHAMPUS / TRICARE Net Revenue Payments)	\$4,246,075	\$5,005,167	\$5,988,047
14	Total Net Revenue (Payments)	\$1,019,935,744	\$1,150,754,429	\$1,269,880,372
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	23,461	23,910	23,401
2	Medicare	15,721	16,762	17,357
3	Medical Assistance	12,614	13,431	15,521
4	Medicaid	10,281	10,822	12,396
5	Other Medical Assistance	2,333	2,609	3,125
6	CHAMPUS / TRICARE	328	305	323
7	Uninsured (Included In Non-Government)	1,559	1,533	1,436
8	Total	52,124	54,408	56,602
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.273800	1.274800	1.241700
2	Medicare	1.659100	1.665300	1.671200
3	Medical Assistance	1.150488	1.149383	1.147697
4	Medicaid	1.132400	1.129900	1.136000
5	Other Medical Assistance	1.230200	1.230200	1.194100
6	CHAMPUS / TRICARE	1.493100	1.492900	1.242300
7	Uninsured (Included In Non-Government)	1.266400	1.277500	1.318400
8	Total Case Mix Index	1.361548	1.365367	1.347632
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	26,849	26,820	28,571
2	Emergency Room - Treated and Discharged	96,073	101,582	93,579
3	Total Emergency Room Visits	122,922	128,402	122,150

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$6,334,588	\$9,559,120	\$3,224,532	51%
2	Inpatient Payments	\$2,467,694	\$3,398,395	\$930,701	38%
3	Outpatient Charges	\$2,612,753	\$2,539,883	(\$72,870)	-3%
4	Outpatient Payments	\$717,931	\$799,260	\$81,329	11%
5	Discharges	138	179	41	30%
6	Patient Days	587	887	300	51%
7	Outpatient Visits (Excludes ED Visits)	1,172	1,148	(24)	-2%
8	Emergency Department Outpatient Visits	109	73	(36)	-33%
9	Emergency Department Inpatient Admissions	79	96	17	22%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,947,341</b>	<b>\$12,099,003</b>	<b>\$3,151,662</b>	<b>35%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,185,625</b>	<b>\$4,197,655</b>	<b>\$1,012,030</b>	<b>32%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$290,340	\$169,890	(\$120,450)	-41%
2	Inpatient Payments	\$53,048	\$56,344	\$3,296	6%
3	Outpatient Charges	\$21,843	\$50,011	\$28,168	129%
4	Outpatient Payments	\$5,921	\$11,614	\$5,693	96%
5	Discharges	1	2	1	100%
6	Patient Days	38	8	(30)	-79%
7	Outpatient Visits (Excludes ED Visits)	10	10	0	0%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$312,183</b>	<b>\$219,901</b>	<b>(\$92,282)</b>	<b>-30%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$58,969</b>	<b>\$67,958</b>	<b>\$8,989</b>	<b>15%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$9,432,643	\$16,267,821	\$6,835,178	72%
2	Inpatient Payments	\$2,271,943	\$5,027,233	\$2,755,290	121%
3	Outpatient Charges	\$5,049,276	\$707,143	(\$4,342,133)	-86%
4	Outpatient Payments	\$1,097,209	\$163,244	(\$933,965)	-85%
5	Discharges	197	309	112	57%
6	Patient Days	995	1,437	442	44%
7	Outpatient Visits (Excludes ED Visits)	1,901	237	(1,664)	-88%
8	Emergency Department Outpatient Visits	168	34	(134)	-80%
9	Emergency Department Inpatient Admissions	105	23	(82)	-78%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,481,919</b>	<b>\$16,974,964</b>	<b>\$2,493,045</b>	<b>17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,369,152</b>	<b>\$5,190,477</b>	<b>\$1,821,325</b>	<b>54%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$90,221,146	\$80,705,384	(\$9,515,762)	-11%
2	Inpatient Payments	\$32,304,400	\$28,075,691	(\$4,228,709)	-13%
3	Outpatient Charges	\$35,736,676	\$34,412,114	(\$1,324,562)	-4%
4	Outpatient Payments	\$7,635,485	\$9,676,150	\$2,040,665	27%
5	Discharges	1,740	1,511	(229)	-13%
6	Patient Days	10,543	7,507	(3,036)	-29%
7	Outpatient Visits (Excludes ED Visits)	10,765	11,512	747	7%
8	Emergency Department Outpatient Visits	912	956	44	5%
9	Emergency Department Inpatient Admissions	1,111	961	(150)	-14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$125,957,822</b>	<b>\$115,117,498</b>	<b>(\$10,840,324)</b>	<b>-9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$39,939,885</b>	<b>\$37,751,841</b>	<b>(\$2,188,044)</b>	<b>-5%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$5,709,084	\$4,595,377	(\$1,113,707)	-20%
2	Inpatient Payments	\$2,240,618	\$1,486,564	(\$754,054)	-34%
3	Outpatient Charges	\$1,998,398	\$6,119,368	\$4,120,970	206%
4	Outpatient Payments	\$394,145	\$1,433,821	\$1,039,676	264%
5	Discharges	116	69	(47)	-41%
6	Patient Days	615	471	(144)	-23%
7	Outpatient Visits (Excludes ED Visits)	2,316	1,909	(407)	-18%
8	Emergency Department Outpatient Visits	269	158	(111)	-41%
9	Emergency Department Inpatient Admissions	62	156	94	152%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,707,482</b>	<b>\$10,714,745</b>	<b>\$3,007,263</b>	<b>39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,634,763</b>	<b>\$2,920,385</b>	<b>\$285,622</b>	<b>11%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$5,669,989	\$8,649,385	\$2,979,396	53%
2	Inpatient Payments	\$1,523,876	\$3,159,908	\$1,636,032	107%
3	Outpatient Charges	\$2,178,005	\$2,126,132	(\$51,873)	-2%
4	Outpatient Payments	\$570,510	\$394,459	(\$176,051)	-31%
5	Discharges	140	179	39	28%
6	Patient Days	651	1,008	357	55%
7	Outpatient Visits (Excludes ED Visits)	1,003	1,454	451	45%
8	Emergency Department Outpatient Visits	134	147	13	10%
9	Emergency Department Inpatient Admissions	109	147	38	35%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,847,994</b>	<b>\$10,775,517</b>	<b>\$2,927,523</b>	<b>37%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,094,386</b>	<b>\$3,554,367</b>	<b>\$1,459,981</b>	<b>70%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$14,375,172	\$14,375,172	0%
2	Inpatient Payments	\$0	\$4,488,603	\$4,488,603	0%
3	Outpatient Charges	\$0	\$4,865,765	\$4,865,765	0%
4	Outpatient Payments	\$0	\$1,021,979	\$1,021,979	0%
5	Discharges	0	277	277	0%
6	Patient Days	0	1,469	1,469	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,081	2,081	0%
8	Emergency Department Outpatient Visits	0	268	268	0%
9	Emergency Department Inpatient Admissions	0	207	207	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$19,240,937</b>	<b>\$19,240,937</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$5,510,582</b>	<b>\$5,510,582</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$4,196,484	\$4,584,445	\$387,961	9%
2	Inpatient Payments	\$1,198,649	\$1,069,220	(\$129,429)	-11%
3	Outpatient Charges	\$1,825,603	\$1,381,050	(\$444,553)	-24%
4	Outpatient Payments	\$345,407	\$366,764	\$21,357	6%
5	Discharges	104	67	(37)	-36%
6	Patient Days	598	440	(158)	-26%
7	Outpatient Visits (Excludes ED Visits)	632	460	(172)	-27%
8	Emergency Department Outpatient Visits	157	103	(54)	-34%
9	Emergency Department Inpatient Admissions	84	54	(30)	-36%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,022,087</b>	<b>\$5,965,495</b>	<b>(\$56,592)</b>	<b>-1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,544,056</b>	<b>\$1,435,984</b>	<b>(\$108,072)</b>	<b>-7%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$0	\$7,734,399	\$7,734,399	0%
2	Inpatient Payments	\$0	\$2,159,753	\$2,159,753	0%
3	Outpatient Charges	\$0	\$3,014,344	\$3,014,344	0%
4	Outpatient Payments	\$0	\$688,040	\$688,040	0%
5	Discharges	0	136	136	0%
6	Patient Days	0	786	786	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,114	1,114	0%
8	Emergency Department Outpatient Visits	0	103	103	0%
9	Emergency Department Inpatient Admissions	0	81	81	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$10,748,743</b>	<b>\$10,748,743</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$2,847,793</b>	<b>\$2,847,793</b>	<b>0%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$702,026	\$771,210	\$69,184	10%
2	Inpatient Payments	\$392,787	\$128,285	(\$264,502)	-67%
3	Outpatient Charges	\$195,271	\$132,180	(\$63,091)	-32%
4	Outpatient Payments	\$31,858	\$31,716	(\$142)	0%
5	Discharges	13	12	(1)	-8%
6	Patient Days	68	82	14	21%
7	Outpatient Visits (Excludes ED Visits)	60	83	23	38%
8	Emergency Department Outpatient Visits	8	9	1	13%
9	Emergency Department Inpatient Admissions	7	4	(3)	-43%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$897,297</b>	<b>\$903,390</b>	<b>\$6,093</b>	<b>1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$424,645</b>	<b>\$160,001</b>	<b>(\$264,644)</b>	<b>-62%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$122,556,300</b>	<b>\$147,412,203</b>	<b>\$24,855,903</b>	<b>20%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$42,453,015</b>	<b>\$49,049,996</b>	<b>\$6,596,981</b>	<b>16%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$49,617,825</b>	<b>\$55,347,990</b>	<b>\$5,730,165</b>	<b>12%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$10,798,466</b>	<b>\$14,587,047</b>	<b>\$3,788,581</b>	<b>35%</b>
	<b>TOTAL DISCHARGES</b>	<b>2,449</b>	<b>2,741</b>	<b>292</b>	<b>12%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>14,095</b>	<b>14,095</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>17,859</b>	<b>20,008</b>	<b>2,149</b>	<b>12%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,758</b>	<b>1,853</b>	<b>95</b>	<b>5%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,557</b>	<b>1,729</b>	<b>172</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$172,174,125</b>	<b>\$202,760,193</b>	<b>\$30,586,068</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$53,251,481</b>	<b>\$63,637,043</b>	<b>\$10,385,562</b>	<b>20%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$25,517,555	\$0	(\$25,517,555)	-100%
2	Inpatient Payments	\$4,426,833	\$0	(\$4,426,833)	-100%
3	Outpatient Charges	\$30,974,206	\$0	(\$30,974,206)	-100%
4	Outpatient Payments	\$11,355,829	\$0	(\$11,355,829)	-100%
5	Discharges	739	0	(739)	-100%
6	Patient Days	3,265	0	(3,265)	-100%
7	Outpatient Visits (Excludes ED Visits)	7,341	0	(7,341)	-100%
8	Emergency Department Outpatient Visits	2,112	0	(2,112)	-100%
9	Emergency Department Inpatient Admissions	301	0	(301)	-100%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$56,491,761</b>	<b>\$0</b>	<b>(\$56,491,761)</b>	<b>-100%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$15,782,662</b>	<b>\$0</b>	<b>(\$15,782,662)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$122,764,151	\$169,913,646	\$47,149,495	38%
2	Inpatient Payments	\$20,295,461	\$27,813,214	\$7,517,753	37%
3	Outpatient Charges	\$37,483,955	\$91,982,527	\$54,498,572	145%
4	Outpatient Payments	\$13,948,355	\$25,275,785	\$11,327,430	81%
5	Discharges	3,943	4,928	985	25%
6	Patient Days	16,084	21,841	5,757	36%
7	Outpatient Visits (Excludes ED Visits)	54,350	75,696	21,346	39%
8	Emergency Department Outpatient Visits	17,738	18,266	528	3%
9	Emergency Department Inpatient Admissions	2,273	2,643	370	16%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$160,248,106</b>	<b>\$261,896,173</b>	<b>\$101,648,067</b>	<b>63%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$34,243,816</b>	<b>\$53,088,999</b>	<b>\$18,845,183</b>	<b>55%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$19,636,222	\$37,344,311	\$17,708,089	90%
2	Inpatient Payments	\$3,547,443	\$6,422,422	\$2,874,979	81%
3	Outpatient Charges	\$14,631,976	\$13,612,712	(\$1,019,264)	-7%
4	Outpatient Payments	\$5,500,199	\$4,467,388	(\$1,032,811)	-19%
5	Discharges	410	697	287	70%
6	Patient Days	2,455	4,669	2,214	90%
7	Outpatient Visits (Excludes ED Visits)	19,633	8,071	(11,562)	-59%
8	Emergency Department Outpatient Visits	1,461	2,074	613	42%
9	Emergency Department Inpatient Admissions	170	277	107	63%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$34,268,198</b>	<b>\$50,957,023</b>	<b>\$16,688,825</b>	<b>49%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,047,642</b>	<b>\$10,889,810</b>	<b>\$1,842,168</b>	<b>20%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$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%

**YALE-NEW HAVEN HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$27,721	\$27,721	0%
2	Inpatient Payments	\$0	\$15,512	\$15,512	0%
3	Outpatient Charges	\$977	\$7,221	\$6,244	639%
4	Outpatient Payments	\$968	\$2,709	\$1,741	180%
5	Discharges	0	1	1	0%
6	Patient Days	0	3	3	0%
7	Outpatient Visits (Excludes ED Visits)	6	0	(6)	-100%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$977</b>	<b>\$34,942</b>	<b>\$33,965</b>	<b>3476%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$968</b>	<b>\$18,221</b>	<b>\$17,253</b>	<b>1782%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$39,622,367	\$59,784,159	\$20,161,792	51%
2	Inpatient Payments	\$6,704,186	\$9,850,620	\$3,146,434	47%
3	Outpatient Charges	\$439,597	\$28,935,036	\$28,495,439	6482%
4	Outpatient Payments	\$401,808	\$8,582,275	\$8,180,467	2036%
5	Discharges	1,101	1,513	412	37%
6	Patient Days	5,113	7,009	1,896	37%
7	Outpatient Visits (Excludes ED Visits)	11,591	16,549	4,958	43%
8	Emergency Department Outpatient Visits	3,383	4,174	791	23%
9	Emergency Department Inpatient Admissions	494	690	196	40%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$40,061,964</b>	<b>\$88,719,195</b>	<b>\$48,657,231</b>	<b>121%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,105,994</b>	<b>\$18,432,895</b>	<b>\$11,326,901</b>	<b>159%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$207,540,295</b>	<b>\$267,069,837</b>	<b>\$59,529,542</b>	<b>29%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$34,973,923</b>	<b>\$44,101,768</b>	<b>\$9,127,845</b>	<b>26%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$83,530,711</b>	<b>\$134,537,496</b>	<b>\$51,006,785</b>	<b>61%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$31,207,159</b>	<b>\$38,328,157</b>	<b>\$7,120,998</b>	<b>23%</b>
	<b>TOTAL DISCHARGES</b>	<b>6,193</b>	<b>7,139</b>	<b>946</b>	<b>15%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>26,917</b>	<b>33,522</b>	<b>6,605</b>	<b>25%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>92,921</b>	<b>100,316</b>	<b>7,395</b>	<b>8%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>24,696</b>	<b>24,514</b>	<b>(182)</b>	<b>-1%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>3,238</b>	<b>3,611</b>	<b>373</b>	<b>12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$291,071,006</b>	<b>\$401,607,333</b>	<b>\$110,536,327</b>	<b>38%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$66,181,082</b>	<b>\$82,429,925</b>	<b>\$16,248,843</b>	<b>25%</b>

**YALE-NEW HAVEN 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

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$60,217,000	\$74,032,000	\$13,815,000	23%
2	Short Term Investments	\$456,660,000	\$342,847,000	(\$113,813,000)	-25%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$128,416,000	\$138,810,000	\$10,394,000	8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$14,721,000	\$20,112,000	\$5,391,000	37%
8	Prepaid Expenses	\$6,309,000	\$6,113,000	(\$196,000)	-3%
9	Other Current Assets	\$35,687,000	\$41,519,000	\$5,832,000	16%
	<b>Total Current Assets</b>	<b>\$702,010,000</b>	<b>\$623,433,000</b>	<b>(\$78,577,000)</b>	<b>-11%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$11,105,000	\$11,639,000	\$534,000	5%
2	Board Designated for Capital Acquisition	\$76,806,000	\$54,012,000	(\$22,794,000)	-30%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$87,911,000</b>	<b>\$65,651,000</b>	<b>(\$22,260,000)</b>	<b>-25%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$85,813,000	\$157,072,000	\$71,259,000	83%
7	Other Noncurrent Assets	\$60,255,000	\$74,680,000	\$14,425,000	24%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$869,996,000	\$1,391,847,000	\$521,851,000	60%
2	Less: Accumulated Depreciation	\$566,061,000	\$539,086,000	(\$26,975,000)	(\$0)
	<b>Property, Plant and Equipment, Net</b>	<b>\$303,935,000</b>	<b>\$852,761,000</b>	<b>\$548,826,000</b>	<b>181%</b>
3	Construction in Progress	\$360,678,000	\$17,563,000	(\$343,115,000)	-95%
	<b>Total Net Fixed Assets</b>	<b>\$664,613,000</b>	<b>\$870,324,000</b>	<b>\$205,711,000</b>	<b>31%</b>
	<b>Total Assets</b>	<b>\$1,600,602,000</b>	<b>\$1,791,160,000</b>	<b>\$190,558,000</b>	<b>12%</b>

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$129,737,000	\$164,517,000	\$34,780,000	27%
2	Salaries, Wages and Payroll Taxes	\$69,420,000	\$49,759,000	(\$19,661,000)	-28%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$12,270,000	\$14,663,000	\$2,393,000	20%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,065,000	\$1,117,000	(\$948,000)	-46%
	<b>Total Current Liabilities</b>	<b>\$213,492,000</b>	<b>\$230,056,000</b>	<b>\$16,564,000</b>	<b>8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$388,034,000	\$377,044,000	(\$10,990,000)	-3%
2	Notes Payable (Net of Current Portion)	\$8,495,000	\$117,100,000	\$108,605,000	1278%
	<b>Total Long Term Debt</b>	<b>\$396,529,000</b>	<b>\$494,144,000</b>	<b>\$97,615,000</b>	<b>25%</b>
3	Accrued Pension Liability	\$192,862,000	\$212,544,000	\$19,682,000	10%
4	Other Long Term Liabilities	\$197,752,000	\$198,902,000	\$1,150,000	1%
	<b>Total Long Term Liabilities</b>	<b>\$787,143,000</b>	<b>\$905,590,000</b>	<b>\$118,447,000</b>	<b>15%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$526,740,000	\$580,733,000	\$53,993,000	10%
2	Temporarily Restricted Net Assets	\$47,505,000	\$48,525,000	\$1,020,000	2%
3	Permanently Restricted Net Assets	\$25,722,000	\$26,256,000	\$534,000	2%
	<b>Total Net Assets</b>	<b>\$599,967,000</b>	<b>\$655,514,000</b>	<b>\$55,547,000</b>	<b>9%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$1,600,602,000</b>	<b>\$1,791,160,000</b>	<b>\$190,558,000</b>	<b>12%</b>

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$3,615,981,000	\$4,018,705,000	\$402,724,000	11%
2	Less: Allowances	\$2,303,547,000	\$2,590,937,000	\$287,390,000	12%
3	Less: Charity Care	\$73,500,000	\$62,606,000	(\$10,894,000)	-15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$1,238,934,000</b>	<b>\$1,365,162,000</b>	<b>\$126,228,000</b>	<b>10%</b>
5	Other Operating Revenue	\$42,656,000	\$50,190,000	\$7,534,000	18%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$1,281,590,000</b>	<b>\$1,415,352,000</b>	<b>\$133,762,000</b>	<b>10%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$476,977,000	\$505,791,000	\$28,814,000	6%
2	Fringe Benefits	\$128,535,000	\$139,589,000	\$11,054,000	9%
3	Physicians Fees	\$175,000	\$140,000	(\$35,000)	-20%
4	Supplies and Drugs	\$513,829,000	\$584,516,000	\$70,687,000	14%
5	Depreciation and Amortization	\$44,525,000	\$53,217,000	\$8,692,000	20%
6	Bad Debts	\$25,600,000	\$27,846,000	\$2,246,000	9%
7	Interest	\$1,605,000	\$12,851,000	\$11,246,000	701%
8	Malpractice	\$20,742,000	\$17,269,000	(\$3,473,000)	-17%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses</b>	<b>\$1,211,988,000</b>	<b>\$1,341,219,000</b>	<b>\$129,231,000</b>	<b>11%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$69,602,000</b>	<b>\$74,133,000</b>	<b>\$4,531,000</b>	<b>7%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$41,276,000)	\$6,851,000	\$48,127,000	-117%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$5,547,000)	(\$16,515,000)	(\$10,968,000)	198%
	<b>Total Non-Operating Revenue</b>	<b>(\$46,823,000)</b>	<b>(\$9,664,000)</b>	<b>\$37,159,000</b>	<b>-79%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$22,779,000</b>	<b>\$64,469,000</b>	<b>\$41,690,000</b>	<b>183%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$30,283,000	\$22,044,000	(\$8,239,000)	-27%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$30,283,000</b>	<b>\$22,044,000</b>	<b>(\$8,239,000)</b>	<b>-27%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$53,062,000</b>	<b>\$86,513,000</b>	<b>\$33,451,000</b>	<b>63%</b>

<b>YNH NETWORK CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$1,081,100,000	\$1,238,934,000	\$1,365,162,000
2	Other Operating Revenue	59,930,000	42,656,000	50,190,000
3	Total Operating Revenue	\$1,141,030,000	\$1,281,590,000	\$1,415,352,000
4	Total Operating Expenses	1,093,889,000	1,211,988,000	1,341,219,000
5	Income/(Loss) From Operations	\$47,141,000	\$69,602,000	\$74,133,000
6	Total Non-Operating Revenue	(48,855,000)	(16,540,000)	12,380,000
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,714,000)	\$53,062,000	\$86,513,000
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	4.32%	5.50%	5.19%
2	Parent Corporation Non-Operating Margin	-4.47%	-1.31%	0.87%
3	Parent Corporation Total Margin	-0.16%	4.19%	6.06%
4	Income/(Loss) From Operations	\$47,141,000	\$69,602,000	\$74,133,000
5	Total Operating Revenue	\$1,141,030,000	\$1,281,590,000	\$1,415,352,000
6	Total Non-Operating Revenue	(\$48,855,000)	(\$16,540,000)	\$12,380,000
7	Total Revenue	\$1,092,175,000	\$1,265,050,000	\$1,427,732,000
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,714,000)	\$53,062,000	\$86,513,000
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$525,399,000	\$526,740,000	\$580,733,000
2	Parent Corporation Total Net Assets	\$632,746,000	\$599,967,000	\$655,514,000
3	Parent Corporation Change in Total Net Assets	(\$32,812,000)	(\$32,779,000)	\$55,547,000
4	Parent Corporation Change in Total Net Assets %	95.1%	-5.2%	9.3%

<b>YNH NETWORK CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>	<b><u>FY 2010</u></b>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>3.57</b>	<b>3.29</b>	<b>2.71</b>
2	Total Current Assets	\$619,300,000	\$702,010,000	\$623,433,000
3	Total Current Liabilities	\$173,381,000	\$213,492,000	\$230,056,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>155</b>	<b>162</b>	<b>118</b>
5	Cash and Cash Equivalents	\$25,781,000	\$60,217,000	\$74,032,000
6	Short Term Investments	421,368,000	456,660,000	342,847,000
7	Total Cash and Short Term Investments	\$447,149,000	\$516,877,000	\$416,879,000
8	Total Operating Expenses	\$1,093,889,000	\$1,211,988,000	\$1,341,219,000
9	Depreciation Expense	\$42,951,000	\$44,525,000	\$53,217,000
10	Operating Expenses less Depreciation Expense	\$1,050,938,000	\$1,167,463,000	\$1,288,002,000
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>42</b>	<b>38</b>	<b>37</b>
12	Net Patient Accounts Receivable	\$ 124,000,000	\$ 128,416,000	\$ 138,810,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 124,000,000	\$ 128,416,000	\$ 138,810,000
16	Total Net Patient Revenue	\$1,081,100,000	\$1,238,934,000	\$1,365,162,000
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>60</b>	<b>67</b>	<b>65</b>
18	Total Current Liabilities	\$173,381,000	\$213,492,000	\$230,056,000
19	Total Operating Expenses	\$1,093,889,000	\$1,211,988,000	\$1,341,219,000
20	Depreciation Expense	\$42,951,000	\$44,525,000	\$53,217,000
21	Total Operating Expenses less Depreciation Expense	\$1,050,938,000	\$1,167,463,000	\$1,288,002,000

<b>YNH NETWORK CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>42.9</b>	<b>37.5</b>	<b>36.6</b>
2	Total Net Assets	\$632,746,000	\$599,967,000	\$655,514,000
3	Total Assets	\$1,476,219,000	\$1,600,602,000	\$1,791,160,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>7.2</b>	<b>16.0</b>	<b>19.3</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,714,000)	\$53,062,000	\$86,513,000
6	Depreciation Expense	\$42,951,000	\$44,525,000	\$53,217,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$41,237,000	\$97,587,000	\$139,730,000
8	Total Current Liabilities	\$173,381,000	\$213,492,000	\$230,056,000
9	Total Long Term Debt	\$402,918,000	\$396,529,000	\$494,144,000
10	Total Current Liabilities and Total Long Term Debt	\$576,299,000	\$610,021,000	\$724,200,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>38.9</b>	<b>39.8</b>	<b>43.0</b>
12	Total Long Term Debt	\$402,918,000	\$396,529,000	\$494,144,000
13	Total Net Assets	\$632,746,000	\$599,967,000	\$655,514,000
14	Total Long Term Debt and Total Net Assets	\$1,035,664,000	\$996,496,000	\$1,149,658,000

YALE-NEW HAVEN 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	160,848	498	501	88.5%	88.0%
2	ICU/CCU (Excludes Neonatal ICU)	31,498	107	114	80.7%	75.7%
3	Psychiatric: Ages 0 to 17	4,411	13	15	93.0%	80.6%
4	Psychiatric: Ages 18+	26,155	73	73	98.2%	98.2%
	<b>TOTAL PSYCHIATRIC</b>	<b>30,566</b>	<b>86</b>	<b>88</b>	<b>97.4%</b>	<b>95.2%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	15,771	51	55	84.7%	78.6%
7	Newborn	9,114	27	40	92.5%	62.4%
8	Neonatal ICU	17,054	47	52	99.4%	89.9%
9	Pediatric	19,854	55	69	98.9%	78.8%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>275,591</b>	<b>844</b>	<b>879</b>	<b>89.5%</b>	<b>85.9%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>284,705</b>	<b>871</b>	<b>919</b>	<b>89.6%</b>	<b>84.9%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>284,705</b>	<b>871</b>	<b>919</b>	<b>89.6%</b>	<b>84.9%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>279,599</b>	<b>851</b>	<b>895</b>	<b>90.0%</b>	<b>85.6%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>5,106</b>	<b>20</b>	<b>24</b>	<b>-0.5%</b>	<b>-0.7%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>2%</b>	<b>2%</b>	<b>3%</b>	<b>-1%</b>	<b>-1%</b>
	Total Licensed Beds and Bassinets	944				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	36,496	36,398	-98	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	42,452	39,332	-3,120	-7%
3	Emergency Department Scans	17,340	16,065	-1,275	-7%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>96,288</b>	<b>91,795</b>	<b>-4,493</b>	<b>-5%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	7,102	7,535	433	6%
2	Outpatient Scans (Excluding Emergency Department Scans)	18,433	24,535	6,102	33%
3	Emergency Department Scans	7,529	9,948	2,419	32%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>33,064</b>	<b>42,018</b>	<b>8,954</b>	<b>27%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	29	356	327	1128%
2	Outpatient Scans (Excluding Emergency Department Scans)	89	1,819	1,730	1944%
3	Emergency Department Scans	36	743	707	1964%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>154</b>	<b>2,918</b>	<b>2,764</b>	<b>1795%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	169	192	23	14%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,375	1,321	-54	-4%
3	Emergency Department Scans	562	539	-23	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>2,106</b>	<b>2,052</b>	<b>-54</b>	<b>-3%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	1,170	1,257	87	7%
2	Outpatient Procedures	26,329	25,702	-627	-2%
	<b>Total Linear Accelerator Procedures</b>	<b>27,499</b>	<b>26,959</b>	<b>-540</b>	<b>-2%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	3,038	3,173	135	4%
2	Outpatient Procedures	1,265	1,242	-23	-2%
	<b>Total Cardiac Catheterization Procedures</b>	<b>4,303</b>	<b>4,415</b>	<b>112</b>	<b>3%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	9	10	1	11%
2	Elective Procedures	1,271	1,347	76	6%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>1,280</b>	<b>1,357</b>	<b>77</b>	<b>6%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	400	689	289	72%
2	Outpatient Studies	90	104	14	16%
	<b>Total Electrophysiology Studies</b>	<b>490</b>	<b>793</b>	<b>303</b>	<b>62%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	13,202	15,239	2,037	15%
2	Outpatient Surgical Procedures	21,118	21,676	558	3%
	<b>Total Surgical Procedures</b>	<b>34,320</b>	<b>36,915</b>	<b>2,595</b>	<b>8%</b>
<b>J. Endoscopy Procedures</b>					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	251	212	-39	-16%
2	Outpatient Endoscopy Procedures	13,220	11,433	-1,787	-14%
	<b>Total Endoscopy Procedures</b>	<b>13,471</b>	<b>11,645</b>	<b>-1,826</b>	<b>-14%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	26,820	28,571	1,751	7%
2	Emergency Room Visits: Treated and Discharged	101,582	93,579	-8,003	-8%
	<b>Total Emergency Room Visits</b>	<b>128,402</b>	<b>122,150</b>	<b>-6,252</b>	<b>-5%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	1,192	1,417	225	19%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	83,631	120,453	36,822	44%
	<b>Total Hospital Clinic Visits</b>	<b>84,823</b>	<b>121,870</b>	<b>37,047</b>	<b>44%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	25,440	28,217	2,777	11%
4	Gastroenterology	12,180	15,540	3,360	28%
5	Other Outpatient Visits	544,140	556,388	12,248	2%
	<b>Total Other Hospital Outpatient Visits</b>	<b>581,760</b>	<b>600,145</b>	<b>18,385</b>	<b>3%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	2,226.7	2,371.7	145.0	7%
2	Total Physician FTEs	705.9	738.4	32.5	5%
3	Total Non-Nursing and Non-Physician FTEs	3,715.4	3,968.7	253.3	7%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>6,648.0</b>	<b>7,078.8</b>	<b>430.8</b>	<b>6%</b>

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Temple Medical Center	5,145	2,955	-2,190	-43%
2	Yale New Haven Hospital	15,973	18,721	2,748	17%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>21,118</b>	<b>21,676</b>	<b>558</b>	<b>3%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Temple Medical Center	6,991	6,223	-768	-11%
2	Yale New Haven Hospital	6,229	5,210	-1,019	-16%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>13,220</b>	<b>11,433</b>	<b>-1,787</b>	<b>-14%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	21,819	20,100	-1,719	-8%
3	Yale New Haven Hospital	79,763	73,479	-6,284	-8%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>101,582</b>	<b>93,579</b>	<b>-8,003</b>	<b>-8%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$828,626,611	\$925,659,420	\$97,032,809	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$288,806,494	\$323,184,765	\$34,378,271	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.85%	34.91%	0.06%	0%
4	DISCHARGES	16,762	17,357	595	4%
5	CASE MIX INDEX (CMI)	1.66530	1.67120	0.00590	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27,913.75860	29,007.01840	1,093.25980	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,346.39	\$11,141.61	\$795.22	8%
8	PATIENT DAYS	100,798	98,192	(2,606)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,865.20	\$3,291.36	\$426.15	15%
10	AVERAGE LENGTH OF STAY	6.0	5.7	(0.4)	-6%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$307,602,656	\$328,954,688	\$21,352,032	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$75,909,578	\$73,407,846	(\$2,501,732)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.68%	22.32%	-2.36%	-10%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	37.12%	35.54%	-1.58%	-4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,222.38732	6,168.21522	(54.17211)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,199.43	\$11,900.99	(\$298.44)	-2%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$1,136,229,267	\$1,254,614,108	\$118,384,841	10%
18	TOTAL ACCRUED PAYMENTS	\$364,716,072	\$396,592,611	\$31,876,539	9%
19	TOTAL ALLOWANCES	\$771,513,195	\$858,021,497	\$86,508,302	11%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$937,631,389	\$996,775,285	\$59,143,896	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$355,346,824	\$371,533,140	\$16,186,316	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.90%	37.27%	-0.62%	-2%
4	DISCHARGES	23,910	23,401	(509)	-2%
5	CASE MIX INDEX (CMI)	1.27480	1.24170	(0.03310)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	30,480.46800	29,057.02170	(1,423.44630)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,658.18	\$12,786.35	\$1,128.16	10%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,311.80)	(\$1,644.74)	(\$332.94)	25%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$39,984,166)	(\$47,791,258)	(\$7,807,092)	20%
10	PATIENT DAYS	104,196	97,851	(6,345)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,410.37	\$3,796.93	\$386.56	11%
12	AVERAGE LENGTH OF STAY	4.4	4.2	(0.2)	-4%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$660,456,962	\$695,687,882	\$35,230,920	5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$274,465,481	\$314,887,575	\$40,422,094	15%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.56%	45.26%	3.71%	9%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	70.44%	69.79%	-0.65%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	16,841.93399	16,332.45965	(509.47434)	-3%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$16,296.55	\$19,279.86	\$2,983.31	18%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$4,097.12)	(\$7,378.88)	(\$3,281.75)	80%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$69,003,488)	(\$120,515,193)	(\$51,511,705)	75%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$1,598,088,351	\$1,692,463,167	\$94,374,816	6%
22	TOTAL ACCRUED PAYMENTS	\$629,812,305	\$686,420,715	\$56,608,410	9%
23	TOTAL ALLOWANCES	\$968,276,046	\$1,006,042,452	\$37,766,406	4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$108,987,654)	(\$168,306,451)	(\$59,318,797)	54%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$1,470,510,479	\$1,566,246,297	\$95,735,818	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$656,779,736	\$714,995,462	\$58,215,726	9%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$813,730,743	\$851,250,835	\$37,520,092	5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.34%	54.35%	-0.99%	

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$47,689,294	\$51,128,104	\$3,438,810	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,265,747	\$2,292,001	\$26,254	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.75%	4.48%	-0.27%	-6%
4	DISCHARGES	1,533	1,436	(97)	-6%
5	CASE MIX INDEX (CMI)	1.27750	1.31840	0.04090	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,958.40750	1,893.22240	(65.18510)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,156.93	\$1,210.63	\$53.70	5%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$10,501.25	\$11,575.71	\$1,074.46	10%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$9,189.45	\$9,930.97	\$741.52	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,996,691	\$18,801,537	\$804,846	4%
11	PATIENT DAYS	6,345	5,967	(378)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$357.09	\$384.11	\$27.02	8%
13	AVERAGE LENGTH OF STAY	4.1	4.2	0.0	0%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$61,677,977	\$54,157,729	(\$7,520,248)	-12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$16,658,247	\$17,830,957	\$1,172,710	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.01%	32.92%	5.92%	22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	129.33%	105.93%	-23.41%	-18%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,982.67432	1,521.09100	(461.58332)	-23%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,401.91	\$11,722.48	\$3,320.57	40%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,894.65	\$7,557.38	(\$337.26)	-4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,797.52	\$178.51	(\$3,619.01)	-95%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,529,249	\$271,526	(\$7,257,723)	-96%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$109,367,271	\$105,285,833	(\$4,081,438)	-4%
24	TOTAL ACCRUED PAYMENTS	\$18,923,994	\$20,122,958	\$1,198,964	6%
25	TOTAL ALLOWANCES	\$90,443,277	\$85,162,875	(\$5,280,402)	-6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,525,940	\$19,073,063	(\$6,452,877)	-25%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$475,067,233	\$553,272,849	\$78,205,616	16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$85,102,278	\$96,997,730	\$11,895,452	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.91%	17.53%	-0.38%	-2%
4	DISCHARGES	10,822	12,396	1,574	15%
5	CASE MIX INDEX (CMI)	1.12990	1.13600	0.00610	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12,227.77780	14,081.85600	1,854.07820	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,959.75	\$6,888.14	(\$71.61)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,698.43	\$5,898.21	\$1,199.78	26%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,386.63	\$4,253.47	\$866.84	26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$41,411,019	\$59,896,759	\$18,485,740	45%
11	PATIENT DAYS	59,098	70,465	11,367	19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,440.02	\$1,376.54	(\$63.48)	-4%
13	AVERAGE LENGTH OF STAY	5.5	5.7	0.2	4%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$147,283,576	\$201,168,572	\$53,884,996	37%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$45,582,372	\$54,137,060	\$8,554,688	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.95%	26.91%	-4.04%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	31.00%	36.36%	5.36%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,355.11007	4,507.15343	1,152.04335	34%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,585.95	\$12,011.36	(\$1,574.59)	-12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,710.60	\$7,268.50	\$4,557.90	168%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$1,386.52)	(\$110.38)	\$1,276.15	-92%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,651,942)	(\$497,488)	\$4,154,454	-89%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$622,350,809	\$754,441,421	\$132,090,612	21%
24	TOTAL ACCRUED PAYMENTS	\$130,684,650	\$151,134,790	\$20,450,140	16%
25	TOTAL ALLOWANCES	\$491,666,159	\$603,306,631	\$111,640,472	23%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$36,759,077	\$59,399,271	\$22,640,194	62%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$105,510,597	\$134,657,674	\$29,147,077	28%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,917,081	\$21,404,615	\$8,487,534	66%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.24%	15.90%	3.65%	30%
4	DISCHARGES	2,609	3,125	516	20%
5	CASE MIX INDEX (CMI)	1.23020	1.19410	(0.03610)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,209.59180	3,731.56250	521.97070	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,024.52	\$5,736.10	\$1,711.58	43%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,633.66	\$7,050.25	(\$583.41)	-8%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,321.86	\$5,405.51	(\$916.35)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,290,592	\$20,170,983	(\$119,608)	-1%
11	PATIENT DAYS	14,399	16,469	2,070	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$897.08	\$1,299.69	\$402.61	45%
13	AVERAGE LENGTH OF STAY	5.5	5.3	(0.2)	-5%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$36,281,683	\$42,816,317	\$6,534,634	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,619,154	\$8,339,594	\$720,440	9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.00%	19.48%	-1.52%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	34.39%	31.80%	-2.59%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	897.15075	993.63806	96.48732	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,492.61	\$8,392.99	(\$99.62)	-1%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,803.94	\$10,886.87	\$3,082.93	40%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,706.82	\$3,508.00	(\$198.82)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,325,574	\$3,485,679	\$160,106	5%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$141,792,280	\$177,473,991	\$35,681,711	25%
24	TOTAL ACCRUED PAYMENTS	\$20,536,235	\$29,744,209	\$9,207,974	45%
25	TOTAL ALLOWANCES	\$121,256,045	\$147,729,782	\$26,473,737	22%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$23,616,165	\$23,656,663	\$40,497	0%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$580,577,830	\$687,930,523	\$107,352,693	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$98,019,359	\$118,402,345	\$20,382,986	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.88%	17.21%	0.33%	2%
4	DISCHARGES	13,431	15,521	2,090	16%
5	CASE MIX INDEX (CMI)	1.14938	1.14770	(0.00169)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15,437.36960	17,813.41850	2,376.04890	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,349.49	\$6,646.81	\$297.32	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,308.70	\$6,139.54	\$830.84	16%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,996.90	\$4,494.80	\$497.90	12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$61,701,611	\$80,067,742	\$18,366,132	30%
11	PATIENT DAYS	73,497	86,934	13,437	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,333.65	\$1,361.98	\$28.33	2%
13	AVERAGE LENGTH OF STAY	5.5	5.6	0.1	2%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$183,565,259	\$243,984,889	\$60,419,630	33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$53,201,526	\$62,476,654	\$9,275,128	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.98%	25.61%	-3.38%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	31.62%	35.47%	3.85%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,252,26082	5,500,79149	1,248,53067	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,511.35	\$11,357.76	(\$1,153.59)	-9%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,785.20	\$7,922.11	\$4,136.90	109%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	(\$311.92)	\$543.23	\$855.15	-274%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,326,368)	\$2,988,191	\$4,314,559	-325%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$764,143,089	\$931,915,412	\$167,772,323	22%
24	TOTAL ACCRUED PAYMENTS	\$151,220,885	\$180,878,999	\$29,658,114	20%
25	TOTAL ALLOWANCES	\$612,922,204	\$751,036,413	\$138,114,209	23%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$11,355,606	\$16,820,452	\$5,464,846	48%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,296,905	\$3,524,787	\$227,882	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.03%	20.96%	-8.08%	-28%
4	DISCHARGES	305	323	18	6%
5	CASE MIX INDEX (CMI)	1.49290	1.24230	(0.25060)	-17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	455.33450	401.26290	(54.07160)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,240.62	\$8,784.23	\$1,543.61	21%
8	PATIENT DAYS	1,108	1,728	620	56%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,975.55	\$2,039.81	(\$935.74)	-31%
10	AVERAGE LENGTH OF STAY	3.6	5.3	1.7	47%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,731,377	\$6,247,026	(\$484,351)	-7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,708,262	\$2,463,260	\$754,998	44%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$18,086,983	\$23,067,478	\$4,980,495	28%
14	TOTAL ACCRUED PAYMENTS	\$5,005,167	\$5,988,047	\$982,880	20%
15	TOTAL ALLOWANCES	\$13,081,816	\$17,079,431	\$3,997,615	31%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$11,389,417	\$11,389,417	\$0	0%
2	TOTAL OPERATING EXPENSES	\$1,169,696,000	\$1,297,936,000	\$128,240,000	11%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$11,037,310	\$11,001,260	(\$36,050)	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$27,032,315	\$28,159,845	\$1,127,530	4%
5	BAD DEBTS (CHARGES)	\$70,527,250	\$61,051,690	(\$9,475,560)	-13%
6	UNCOMPENSATED CARE (CHARGES)	\$97,559,565	\$89,211,535	(\$8,348,030)	-9%
7	COST OF UNCOMPENSATED CARE	\$33,812,537	\$30,783,717	(\$3,028,820)	-9%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$764,143,089	\$931,915,412	\$167,772,323	22%
9	TOTAL ACCRUED PAYMENTS	\$151,220,885	\$180,878,999	\$29,658,114	20%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$264,839,402	\$321,570,752	\$56,731,351	21%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$113,618,517	\$140,691,753	\$27,073,237	24%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$2,358,191,436	\$2,627,185,680	\$268,994,244	11%
2	TOTAL INPATIENT PAYMENTS	\$745,469,582	\$816,645,037	\$71,175,455	10%
3	TOTAL INPATIENT PAYMENTS / CHARGES	31.61%	31.08%	-0.53%	-2%
4	TOTAL DISCHARGES	54,408	56,602	2,194	4%
5	TOTAL CASE MIX INDEX	1.36537	1.34763	(0.01773)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	74,286.93070	76,278.72150	1,991.79080	3%
7	TOTAL OUTPATIENT CHARGES	\$1,158,356,254	\$1,274,874,485	\$116,518,231	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	49.12%	48.53%	-0.59%	-1%
9	TOTAL OUTPATIENT PAYMENTS	\$405,284,847	\$453,235,335	\$47,950,488	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.99%	35.55%	0.56%	2%
11	TOTAL CHARGES	\$3,516,547,690	\$3,902,060,165	\$385,512,475	11%
12	TOTAL PAYMENTS	\$1,150,754,429	\$1,269,880,372	\$119,125,943	10%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.72%	32.54%	-0.18%	-1%
14	PATIENT DAYS	279,599	284,705	5,106	2%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$1,420,560,047	\$1,630,410,395	\$209,850,348	15%
2	INPATIENT PAYMENTS	\$390,122,758	\$445,111,897	\$54,989,139	14%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.46%	27.30%	-0.16%	-1%
4	DISCHARGES	30,498	33,201	2,703	9%
5	CASE MIX INDEX	1.43637	1.42230	(0.01407)	-1%
6	CASE MIX ADJUSTED DISCHARGES	43,806.46270	47,221.69980	3,415.23710	8%
7	OUTPATIENT CHARGES	\$497,899,292	\$579,186,603	\$81,287,311	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	35.05%	35.52%	0.47%	1%
9	OUTPATIENT PAYMENTS	\$130,819,366	\$138,347,760	\$7,528,394	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.27%	23.89%	-2.39%	-9%
11	TOTAL CHARGES	\$1,918,459,339	\$2,209,596,998	\$291,137,659	15%
12	TOTAL PAYMENTS	\$520,942,124	\$583,459,657	\$62,517,533	12%
13	TOTAL PAYMENTS / CHARGES	27.15%	26.41%	-0.75%	-3%
14	PATIENT DAYS	175,403	186,854	11,451	7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$1,397,517,215	\$1,626,137,341	\$228,620,126	16%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	6.0	5.7	(0.4)	-6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.4	4.2	(0.2)	-4%
3	UNINSURED	4.1	4.2	0.0	0%
4	MEDICAID	5.5	5.7	0.2	4%
5	OTHER MEDICAL ASSISTANCE	5.5	5.3	(0.2)	-5%
6	CHAMPUS / TRICARE	3.6	5.3	1.7	47%
7	TOTAL AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)	-2%

YALE-NEW HAVEN 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
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$3,516,547,690	\$3,902,060,165	\$385,512,475	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,397,517,215	\$1,626,137,341	\$228,620,126	16%
3	UNCOMPENSATED CARE	\$97,559,565	\$89,211,535	(\$8,348,030)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$813,730,743	\$851,250,835	\$37,520,092	5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$2,308,807,523	\$2,566,599,711	\$257,792,188	11%
7	TOTAL ACCRUED PAYMENTS	\$1,207,740,167	\$1,335,460,454	\$127,720,287	11%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$11,037,310	\$11,001,260	(\$36,050)	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$1,218,777,477	\$1,346,461,714	\$127,684,237	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3465835201	0.3450643140	(0.0015192061)	0%
11	COST OF UNCOMPENSATED CARE	\$33,812,537	\$30,783,717	(\$3,028,820)	-9%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$113,618,517	\$140,691,753	\$27,073,237	24%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$147,431,054	\$171,475,470	\$24,044,416	16%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	(\$4,651,942)	(\$497,488)	\$4,154,454	-89%
2	OTHER MEDICAL ASSISTANCE	\$23,616,165	\$23,656,663	\$40,497	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,525,940	\$19,073,063	(\$6,452,877)	-25%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$44,490,164	\$42,232,238	(\$2,257,926)	-5%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$34,852,261	\$37,696,368	\$2,844,107	8.16%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$1,196,644,000	\$1,318,578,000	\$121,934,000	10.19%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$3,516,547,690	\$3,902,060,165	\$385,512,475	10.96%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$813,614	\$834,500	\$20,886	2.57%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$98,373,179	\$90,046,035	(\$8,327,144)	-8.46%

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$937,631,389	\$996,775,285	\$59,143,896
2	MEDICARE	\$828,626,611	925,659,420	\$97,032,809
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$580,577,830	687,930,523	\$107,352,693
4	MEDICAID	\$475,067,233	553,272,849	\$78,205,616
5	OTHER MEDICAL ASSISTANCE	\$105,510,597	134,657,674	\$29,147,077
6	CHAMPUS / TRICARE	\$11,355,606	16,820,452	\$5,464,846
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$47,689,294	51,128,104	\$3,438,810
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$1,420,560,047</b>	<b>\$1,630,410,395</b>	<b>\$209,850,348</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$2,358,191,436</b>	<b>\$2,627,185,680</b>	<b>\$268,994,244</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$660,456,962	\$695,687,882	\$35,230,920
2	MEDICARE	\$307,602,656	328,954,688	\$21,352,032
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$183,565,259	243,984,889	\$60,419,630
4	MEDICAID	\$147,283,576	201,168,572	\$53,884,996
5	OTHER MEDICAL ASSISTANCE	\$36,281,683	42,816,317	\$6,534,634
6	CHAMPUS / TRICARE	\$6,731,377	6,247,026	(\$484,351)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$61,677,977	54,157,729	(\$7,520,248)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$497,899,292</b>	<b>\$579,186,603</b>	<b>\$81,287,311</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$1,158,356,254</b>	<b>\$1,274,874,485</b>	<b>\$116,518,231</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,598,088,351	\$1,692,463,167	\$94,374,816
2	TOTAL MEDICARE	\$1,136,229,267	\$1,254,614,108	\$118,384,841
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$764,143,089	\$931,915,412	\$167,772,323
4	TOTAL MEDICAID	\$622,350,809	\$754,441,421	\$132,090,612
5	TOTAL OTHER MEDICAL ASSISTANCE	\$141,792,280	\$177,473,991	\$35,681,711
6	TOTAL CHAMPUS / TRICARE	\$18,086,983	\$23,067,478	\$4,980,495
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$109,367,271	\$105,285,833	(\$4,081,438)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$1,918,459,339</b>	<b>\$2,209,596,998</b>	<b>\$291,137,659</b>
	<b>TOTAL CHARGES</b>	<b>\$3,516,547,690</b>	<b>\$3,902,060,165</b>	<b>\$385,512,475</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$355,346,824	\$371,533,140	\$16,186,316
2	MEDICARE	\$288,806,494	323,184,765	\$34,378,271
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$98,019,359	118,402,345	\$20,382,986
4	MEDICAID	\$85,102,278	96,997,730	\$11,895,452
5	OTHER MEDICAL ASSISTANCE	\$12,917,081	21,404,615	\$8,487,534
6	CHAMPUS / TRICARE	\$3,296,905	3,524,787	\$227,882
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,265,747	2,292,001	\$26,254
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$390,122,758</b>	<b>\$445,111,897</b>	<b>\$54,989,139</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$745,469,582</b>	<b>\$816,645,037</b>	<b>\$71,175,455</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$274,465,481	\$314,887,575	\$40,422,094
2	MEDICARE	\$75,909,578	73,407,846	(\$2,501,732)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$53,201,526	62,476,654	\$9,275,128
4	MEDICAID	\$45,582,372	54,137,060	\$8,554,688
5	OTHER MEDICAL ASSISTANCE	\$7,619,154	8,339,594	\$720,440
6	CHAMPUS / TRICARE	\$1,708,262	2,463,260	\$754,998
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,658,247	17,830,957	\$1,172,710
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$130,819,366</b>	<b>\$138,347,760</b>	<b>\$7,528,394</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$405,284,847</b>	<b>\$453,235,335</b>	<b>\$47,950,488</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$629,812,305	\$686,420,715	\$56,608,410
2	TOTAL MEDICARE	\$364,716,072	\$396,592,611	\$31,876,539
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$151,220,885	\$180,878,999	\$29,658,114
4	TOTAL MEDICAID	\$130,684,650	\$151,134,790	\$20,450,140
5	TOTAL OTHER MEDICAL ASSISTANCE	\$20,536,235	\$29,744,209	\$9,207,974
6	TOTAL CHAMPUS / TRICARE	\$5,005,167	\$5,988,047	\$982,880
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,923,994	\$20,122,958	\$1,198,964
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$520,942,124</b>	<b>\$583,459,657</b>	<b>\$62,517,533</b>
	<b>TOTAL PAYMENTS</b>	<b>\$1,150,754,429</b>	<b>\$1,269,880,372</b>	<b>\$119,125,943</b>

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.66%	25.54%	-1.12%
2	MEDICARE	23.56%	23.72%	0.16%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.51%	17.63%	1.12%
4	MEDICAID	13.51%	14.18%	0.67%
5	OTHER MEDICAL ASSISTANCE	3.00%	3.45%	0.45%
6	CHAMPUS / TRICARE	0.32%	0.43%	0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.36%	1.31%	-0.05%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>40.40%</b>	<b>41.78%</b>	<b>1.39%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>67.06%</b>	<b>67.33%</b>	<b>0.27%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.78%	17.83%	-0.95%
2	MEDICARE	8.75%	8.43%	-0.32%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.22%	6.25%	1.03%
4	MEDICAID	4.19%	5.16%	0.97%
5	OTHER MEDICAL ASSISTANCE	1.03%	1.10%	0.07%
6	CHAMPUS / TRICARE	0.19%	0.16%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.75%	1.39%	-0.37%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>14.16%</b>	<b>14.84%</b>	<b>0.68%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>32.94%</b>	<b>32.67%</b>	<b>-0.27%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.88%	29.26%	-1.62%
2	MEDICARE	25.10%	25.45%	0.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.52%	9.32%	0.81%
4	MEDICAID	7.40%	7.64%	0.24%
5	OTHER MEDICAL ASSISTANCE	1.12%	1.69%	0.56%
6	CHAMPUS / TRICARE	0.29%	0.28%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.20%	0.18%	-0.02%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>33.90%</b>	<b>35.05%</b>	<b>1.15%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>64.78%</b>	<b>64.31%</b>	<b>-0.47%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.85%	24.80%	0.95%
2	MEDICARE	6.60%	5.78%	-0.82%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.62%	4.92%	0.30%
4	MEDICAID	3.96%	4.26%	0.30%
5	OTHER MEDICAL ASSISTANCE	0.66%	0.66%	-0.01%
6	CHAMPUS / TRICARE	0.15%	0.19%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.45%	1.40%	-0.04%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>11.37%</b>	<b>10.89%</b>	<b>-0.47%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>35.22%</b>	<b>35.69%</b>	<b>0.47%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,910	23,401	(509)
2	MEDICARE	16,762	17,357	595
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,431	15,521	2,090
4	MEDICAID	10,822	12,396	1,574
5	OTHER MEDICAL ASSISTANCE	2,609	3,125	516
6	CHAMPUS / TRICARE	305	323	18
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,533	1,436	(97)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>30,498</b>	<b>33,201</b>	<b>2,703</b>
	<b>TOTAL DISCHARGES</b>	<b>54,408</b>	<b>56,602</b>	<b>2,194</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	104,196	97,851	(6,345)
2	MEDICARE	100,798	98,192	(2,606)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	73,497	86,934	13,437
4	MEDICAID	59,098	70,465	11,367
5	OTHER MEDICAL ASSISTANCE	14,399	16,469	2,070
6	CHAMPUS / TRICARE	1,108	1,728	620
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,345	5,967	(378)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>175,403</b>	<b>186,854</b>	<b>11,451</b>
	<b>TOTAL PATIENT DAYS</b>	<b>279,599</b>	<b>284,705</b>	<b>5,106</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.4	4.2	(0.2)
2	MEDICARE	6.0	5.7	(0.4)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.5	5.6	0.1
4	MEDICAID	5.5	5.7	0.2
5	OTHER MEDICAL ASSISTANCE	5.5	5.3	(0.2)
6	CHAMPUS / TRICARE	3.6	5.3	1.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.1	4.2	0.0
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.8</b>	<b>5.6</b>	<b>(0.1)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.1</b>	<b>5.0</b>	<b>(0.1)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.27480	1.24170	(0.03310)
2	MEDICARE	1.66530	1.67120	0.00590
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.14938	1.14770	(0.00169)
4	MEDICAID	1.12990	1.13600	0.00610
5	OTHER MEDICAL ASSISTANCE	1.23020	1.19410	(0.03610)
6	CHAMPUS / TRICARE	1.49290	1.24230	(0.25060)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27750	1.31840	0.04090
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.43637</b>	<b>1.42230</b>	<b>(0.01407)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.36537</b>	<b>1.34763</b>	<b>(0.01773)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,470,510,479	\$1,566,246,297	\$95,735,818
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$656,779,736	\$714,995,462	\$58,215,726
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$813,730,743	\$851,250,835	\$37,520,092
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.34%	54.35%	-0.99%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$11,037,310	\$11,001,260	(\$36,050)
8	CHARITY CARE	\$27,032,315	\$28,159,845	\$1,127,530
9	BAD DEBTS	\$70,527,250	\$61,051,690	(\$9,475,560)
10	TOTAL UNCOMPENSATED CARE	\$97,559,565	\$89,211,535	(\$8,348,030)
11	TOTAL OTHER OPERATING REVENUE	\$1,470,510,479	\$1,566,246,297	\$95,735,818
12	TOTAL OPERATING EXPENSES	\$1,169,696,000	\$1,297,936,000	\$128,240,000

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30,480.46800	29,057.02170	(1,423.44630)
2	MEDICARE	27,913.75860	29,007.01840	1,093.25980
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,437.36960	17,813.41850	2,376.04890
4	MEDICAID	12,227.77780	14,081.85600	1,854.07820
5	OTHER MEDICAL ASSISTANCE	3,209.59180	3,731.56250	521.97070
6	CHAMPUS / TRICARE	455.33450	401.26290	(54.07160)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,958.40750	1,893.22240	(65.18510)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>43,806.46270</b>	<b>47,221.69980</b>	<b>3,415.23710</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>74,286.93070</b>	<b>76,278.72150</b>	<b>1,991.79080</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,841.93399	16,332.45965	-509.47434
2	MEDICARE	6,222.38732	6,168.21522	-54.17211
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,252.26082	5,500.79149	1,248.53067
4	MEDICAID	3,355.11007	4,507.15343	1,152.04335
5	OTHER MEDICAL ASSISTANCE	897.15075	993.63806	96.48732
6	CHAMPUS / TRICARE	180.79792	119.96047	-60.83745
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,982.67432	1,521.09100	-461.58332
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>10,655.44607</b>	<b>11,788.96718</b>	<b>1,133.52112</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>27,497.38006</b>	<b>28,121.42684</b>	<b>624.04678</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,658.18	\$12,786.35	\$1,128.16
2	MEDICARE	\$10,346.39	\$11,141.61	\$795.22
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,349.49	\$6,646.81	\$297.32
4	MEDICAID	\$6,959.75	\$6,888.14	(\$71.61)
5	OTHER MEDICAL ASSISTANCE	\$4,024.52	\$5,736.10	\$1,711.58
6	CHAMPUS / TRICARE	\$7,240.62	\$8,784.23	\$1,543.61
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,156.93	\$1,210.63	\$53.70
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,905.60</b>	<b>\$9,426.00</b>	<b>\$520.41</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$10,035.00</b>	<b>\$10,706.07</b>	<b>\$671.06</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,296.55	\$19,279.86	\$2,983.31
2	MEDICARE	\$12,199.43	\$11,900.99	(\$298.44)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,511.35	\$11,357.76	(\$1,153.59)
4	MEDICAID	\$13,585.95	\$12,011.36	(\$1,574.59)
5	OTHER MEDICAL ASSISTANCE	\$8,492.61	\$8,392.99	(\$99.62)
6	CHAMPUS / TRICARE	\$9,448.46	\$20,533.93	\$11,085.47
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,401.91	\$11,722.48	\$3,320.57
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$12,277.23</b>	<b>\$11,735.36</b>	<b>(\$541.87)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$14,739.03</b>	<b>\$16,117.08</b>	<b>\$1,378.05</b>

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	(\$4,651,942)	(\$497,488)	\$4,154,454
2	OTHER MEDICAL ASSISTANCE	\$23,616,165	\$23,656,663	\$40,497
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,525,940	\$19,073,063	(\$6,452,877)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$44,490,164</b>	<b>\$42,232,238</b>	<b>(\$2,257,926)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$3,516,547,690	\$3,902,060,165	\$385,512,475
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,397,517,215	\$1,626,137,341	\$228,620,126
3	UNCOMPENSATED CARE	\$97,559,565	\$89,211,535	(\$8,348,030)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$813,730,743	\$851,250,835	\$37,520,092
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$2,308,807,523	\$2,566,599,711	\$257,792,188
7	TOTAL ACCRUED PAYMENTS	\$1,207,740,167	\$1,335,460,454	\$127,720,287
8	UCP DSH PAYMENTS (OHCA INPUT)	\$11,037,310	\$11,001,260	(\$36,050)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$1,218,777,477	\$1,346,461,714	\$127,684,237
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3465835201	0.3450643140	(0.0015192061)
11	COST OF UNCOMPENSATED CARE	\$33,812,537	\$30,783,717	(\$3,028,820)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$113,618,517	\$140,691,753	\$27,073,237
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$147,431,054	\$171,475,470	\$24,044,416
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.90%	37.27%	-0.62%
2	MEDICARE	34.85%	34.91%	0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.88%	17.21%	0.33%
4	MEDICAID	17.91%	17.53%	-0.38%
5	OTHER MEDICAL ASSISTANCE	12.24%	15.90%	3.65%
6	CHAMPUS / TRICARE	29.03%	20.96%	-8.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.75%	4.48%	-0.27%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>27.46%</b>	<b>27.30%</b>	<b>-0.16%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>31.61%</b>	<b>31.08%</b>	<b>-0.53%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.56%	45.26%	3.71%
2	MEDICARE	24.68%	22.32%	-2.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.98%	25.61%	-3.38%
4	MEDICAID	30.95%	26.91%	-4.04%
5	OTHER MEDICAL ASSISTANCE	21.00%	19.48%	-1.52%
6	CHAMPUS / TRICARE	25.38%	39.43%	14.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.01%	32.92%	5.92%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>26.27%</b>	<b>23.89%</b>	<b>-2.39%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>34.99%</b>	<b>35.55%</b>	<b>0.56%</b>

YALE-NEW HAVEN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$1,150,754,429	\$1,269,880,372	\$119,125,943
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$11,037,310	\$11,001,260	(\$36,050)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$1,161,791,739</b>	<b>\$1,280,881,632</b>	<b>\$119,089,893</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$34,852,261	\$37,696,368	\$2,844,107
4	<b>CALCULATED NET REVENUE</b>	<b>\$1,196,644,000</b>	<b>\$1,318,578,000</b>	<b>\$121,934,000</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,196,644,000	\$1,318,578,000	\$121,934,000
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$3,516,547,690	\$3,902,060,165	\$385,512,475
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$3,516,547,690</b>	<b>\$3,902,060,165</b>	<b>\$385,512,475</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$3,516,547,690	\$3,902,060,165	\$385,512,475
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$97,559,565	\$89,211,535	(\$8,348,030)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$813,614	\$834,500	\$20,886
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$98,373,179</b>	<b>\$90,046,035</b>	<b>(\$8,327,144)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$98,373,179	\$90,046,035	(\$8,327,144)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

YALE-NEW HAVEN 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
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$996,775,285
2	MEDICARE	925,659,420
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	687,930,523
4	MEDICAID	553,272,849
5	OTHER MEDICAL ASSISTANCE	134,657,674
6	CHAMPUS / TRICARE	16,820,452
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51,128,104
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$1,630,410,395</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$2,627,185,680</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$695,687,882
2	MEDICARE	328,954,688
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	243,984,889
4	MEDICAID	201,168,572
5	OTHER MEDICAL ASSISTANCE	42,816,317
6	CHAMPUS / TRICARE	6,247,026
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	54,157,729
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$579,186,603</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$1,274,874,485</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$1,692,463,167
2	TOTAL GOVERNMENT ACCRUED CHARGES	2,209,596,998
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$3,902,060,165</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$371,533,140
2	MEDICARE	323,184,765
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	118,402,345
4	MEDICAID	96,997,730
5	OTHER MEDICAL ASSISTANCE	21,404,615
6	CHAMPUS / TRICARE	3,524,787
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,292,001
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$445,111,897</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$816,645,037</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$314,887,575
2	MEDICARE	73,407,846
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	62,476,654
4	MEDICAID	54,137,060
5	OTHER MEDICAL ASSISTANCE	8,339,594
6	CHAMPUS / TRICARE	2,463,260
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17,830,957
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$138,347,760</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$453,235,335</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$686,420,715
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	583,459,657
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$1,269,880,372</b>

YALE-NEW HAVEN 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
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,401
2	MEDICARE	17,357
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,521
4	MEDICAID	12,396
5	OTHER MEDICAL ASSISTANCE	3,125
6	CHAMPUS / TRICARE	323
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1436
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>33,201</b>
	<b>TOTAL DISCHARGES</b>	<b>56,602</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,24170
2	MEDICARE	1,67120
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,14770
4	MEDICAID	1,13600
5	OTHER MEDICAL ASSISTANCE	1,19410
6	CHAMPUS / TRICARE	1,24230
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,31840
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,42230</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,34763</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,566,246,297
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$714,995,462
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.35%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$11,001,260
8	CHARITY CARE	\$28,159,845
9	BAD DEBTS	\$61,051,690
10	TOTAL UNCOMPENSATED CARE	\$89,211,535
11	TOTAL OTHER OPERATING REVENUE	\$11,389,417
12	TOTAL OPERATING EXPENSES	\$1,297,936,000

YALE-NEW HAVEN 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)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$1,269,880,372
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$11,001,260
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$1,280,881,632</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$37,696,368
	<b>CALCULATED NET REVENUE</b>	<b>\$1,318,578,000</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,318,578,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$3,902,060,165
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$3,902,060,165</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$3,902,060,165
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$89,211,535
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$834,500
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$90,046,035</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$90,046,035
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

YALE-NEW HAVEN 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
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	4,326	4,828	502	12%
2	Number of Approved Applicants	2,846	3,346	500	18%
3	<b>Total Charges (A)</b>	\$27,032,315	\$28,159,845	\$1,127,530	4%
4	<b>Average Charges</b>	<b>\$9,498</b>	<b>\$8,416</b>	<b>(\$1,082)</b>	<b>-11%</b>
5	Ratio of Cost to Charges (RCC)	0.331598	0.331552	(0.000046)	0%
6	<b>Total Cost</b>	<b>\$8,963,862</b>	<b>\$9,336,453</b>	<b>\$372,591</b>	<b>4%</b>
7	<b>Average Cost</b>	<b>\$3,150</b>	<b>\$2,790</b>	<b>(\$359)</b>	<b>-11%</b>
8	Charity Care - Inpatient Charges	\$13,102,297	\$13,669,143	\$566,846	4%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	11,125,929	11,135,924	9,995	0%
10	Charity Care - Emergency Department Charges	2,804,089	3,354,778	550,689	20%
11	<b>Total Charges (A)</b>	<b>\$27,032,315</b>	<b>\$28,159,845</b>	<b>\$1,127,530</b>	<b>4%</b>
12	Charity Care - Number of Patient Days	10,792	9,832	(960)	-9%
13	Charity Care - Number of Discharges	986	1,356	370	38%
14	Charity Care - Number of Outpatient ED Visits	2,445	3,390	945	39%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	13,606	18,390	4,784	35%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$34,276,243	\$29,671,121	(\$4,605,122)	-13%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	29,959,980	25,934,761	(4,025,219)	-13%
3	Bad Debts - Emergency Department	6,291,027	5,445,808	(845,219)	-13%
4	<b>Total Bad Debts (A)</b>	<b>\$70,527,250</b>	<b>\$61,051,690</b>	<b>(\$9,475,560)</b>	<b>-13%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$27,032,315	\$28,159,845	\$1,127,530	4%
2	Bad Debts (A)	70,527,250	61,051,690	(9,475,560)	-13%
3	<b>Total Uncompensated Care (A)</b>	<b>\$97,559,565</b>	<b>\$89,211,535</b>	<b>(\$8,348,030)</b>	<b>-9%</b>
4	Uncompensated Care - Inpatient Services	\$47,378,540	\$43,340,264	(\$4,038,276)	-9%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	41,085,909	37,070,685	(4,015,224)	-10%
6	Uncompensated Care - Emergency Department	9,095,116	8,800,586	(294,530)	-3%
7	<b>Total Uncompensated Care (A)</b>	<b>\$97,559,565</b>	<b>\$89,211,535</b>	<b>(\$8,348,030)</b>	<b>-9%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

YALE-NEW HAVEN 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 NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$1,470,510,479	\$1,566,246,297	\$95,735,818	7%
2	Total Contractual Allowances	\$813,730,743	\$851,250,835	\$37,520,092	5%
	<b>Total Accrued Payments (A)</b>	<b>\$656,779,736</b>	<b>\$714,995,462</b>	<b>\$58,215,726</b>	<b>9%</b>
	<b>Total Discount Percentage</b>	<b>55.34%</b>	<b>54.35%</b>	<b>-0.99%</b>	<b>-2%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$1,953,718,340	\$2,358,191,436	\$2,627,185,680
2	Outpatient Gross Revenue	\$1,038,030,660	\$1,158,356,254	\$1,274,874,485
3	Total Gross Patient Revenue	\$2,991,749,000	\$3,516,547,690	\$3,902,060,165
4	Net Patient Revenue	\$1,049,416,000	\$1,196,644,000	\$1,318,578,000
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$1,057,913,000	\$1,169,696,000	\$1,297,936,000
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	272,757	279,599	284,705
2	Discharges	52,124	54,408	56,602
3	Average Length of Stay	5.2	5.1	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	417,676	416,940	422,862
0	Equivalent (Adjusted) Discharges (ED)	79,818	81,134	84,069
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.36155	1.36537	1.34763
2	Case Mix Adjusted Patient Days (CMAPD)	371,372	381,755	383,678
3	Case Mix Adjusted Discharges (CMAD)	70,969	74,287	76,279
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	568,685	569,276	569,862
5	Case Mix Adjusted Equivalent Discharges (CMAED)	108,676	110,777	113,294
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$10,969	\$12,577	\$13,706
2	Total Gross Revenue per Discharge	\$57,397	\$64,633	\$68,939
3	Total Gross Revenue per EPD	\$7,163	\$8,434	\$9,228
4	Total Gross Revenue per ED	\$37,482	\$43,343	\$46,415
5	Total Gross Revenue per CMAEPD	\$5,261	\$6,177	\$6,847
6	Total Gross Revenue per CMAED	\$27,529	\$31,744	\$34,442
7	Inpatient Gross Revenue per EPD	\$4,678	\$5,656	\$6,213
8	Inpatient Gross Revenue per ED	\$24,477	\$29,066	\$31,250

YALE-NEW HAVEN 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
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,847	\$4,280	\$4,631
2	Net Patient Revenue per Discharge	\$20,133	\$21,994	\$23,296
3	Net Patient Revenue per EPD	\$2,513	\$2,870	\$3,118
4	Net Patient Revenue per ED	\$13,148	\$14,749	\$15,685
5	Net Patient Revenue per CMAEPD	\$1,845	\$2,102	\$2,314
6	Net Patient Revenue per CMAED	\$9,656	\$10,802	\$11,639
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,879	\$4,183	\$4,559
2	Total Operating Expense per Discharge	\$20,296	\$21,499	\$22,931
3	Total Operating Expense per EPD	\$2,533	\$2,805	\$3,069
4	Total Operating Expense per ED	\$13,254	\$14,417	\$15,439
5	Total Operating Expense per CMAEPD	\$1,860	\$2,055	\$2,278
6	Total Operating Expense per CMAED	\$9,735	\$10,559	\$11,456
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$165,795,000	\$178,889,000	\$192,479,000
2	Nursing Fringe Benefits Expense	\$41,598,000	\$49,082,000	\$54,085,000
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$207,393,000</b>	<b>\$227,971,000</b>	<b>\$246,564,000</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$44,672,000	\$48,173,000	\$50,936,000
2	Physician Fringe Benefits Expense	\$11,208,000	\$13,217,000	\$14,312,000
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$55,880,000</b>	<b>\$61,390,000</b>	<b>\$65,248,000</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$209,946,000	\$225,544,000	\$244,860,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$52,676,000	\$61,882,000	\$68,803,000
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$262,622,000</b>	<b>\$287,426,000</b>	<b>\$313,663,000</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$420,413,000	\$452,606,000	\$488,275,000
2	Total Fringe Benefits Expense	\$105,482,000	\$124,181,000	\$137,200,000
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$525,895,000</b>	<b>\$576,787,000</b>	<b>\$625,475,000</b>