

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$0	\$1,577,178	\$1,577,178	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$29,752,888	\$30,512,285	\$759,397	3%
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	\$7,090,582	\$7,348,436	\$257,854	4%
8	Prepaid Expenses	\$3,045,246	\$3,634,955	\$589,709	19%
9	Other Current Assets	\$13,267,035	\$13,431,049	\$164,014	1%
	Total Current Assets	\$53,155,751	\$56,503,903	\$3,348,152	6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$613,242	\$623,030	\$9,788	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$181,042,934	\$186,186,491	\$5,143,557	3%
2	Less: Accumulated Depreciation	\$132,361,469	\$138,277,486	\$5,916,017	4%
	Property, Plant and Equipment, Net	\$48,681,465	\$47,909,005	(\$772,460)	-2%
3	Construction in Progress	\$6,030,347	\$7,169,410	\$1,139,063	19%
	Total Net Fixed Assets	\$54,711,812	\$55,078,415	\$366,603	1%
	Total Assets	\$108,480,805	\$112,205,348	\$3,724,543	3%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$11,160,327	\$8,760,603	(\$2,399,724)	-22%
2	Salaries, Wages and Payroll Taxes	\$6,506,559	\$7,112,987	\$606,428	9%
3	Due To Third Party Payers	\$2,833,399	\$9,415,877	\$6,582,478	232%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,062,147	\$1,445,127	(\$617,020)	-30%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$10,975,690	\$8,719,646	(\$2,256,044)	-21%
	Total Current Liabilities	\$33,538,122	\$35,454,240	\$1,916,118	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$1,245,595	\$415,198	(\$830,397)	-67%
	Total Long Term Debt	\$1,245,595	\$415,198	(\$830,397)	-67%
3	Accrued Pension Liability	\$7,202,589	\$7,827,458	\$624,869	9%
4	Other Long Term Liabilities	\$1,086,613	\$471,882	(\$614,731)	-57%
	Total Long Term Liabilities	\$9,534,797	\$8,714,538	(\$820,259)	-9%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$65,259,763	\$67,969,446	\$2,709,683	4%
2	Temporarily Restricted Net Assets	\$148,123	\$67,124	(\$80,999)	-55%
3	Permanently Restricted Net Assets	\$0	\$0	\$0	0%
	Total Net Assets	\$65,407,886	\$68,036,570	\$2,628,684	4%
	Total Liabilities and Net Assets	\$108,480,805	\$112,205,348	\$3,724,543	3%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$514,239,006	\$543,303,930	\$29,064,924	6%
2	Less: Allowances	\$259,235,708	\$274,274,626	\$15,038,918	6%
3	Less: Charity Care	\$1,013,714	\$912,282	(\$101,432)	-10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$253,989,584	\$268,117,022	\$14,127,438	6%
5	Other Operating Revenue	\$1,081,457	\$1,954,663	\$873,206	81%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$255,071,041	\$270,071,685	\$15,000,644	6%
B. Operating Expenses:					
1	Salaries and Wages	\$88,764,151	\$95,631,329	\$6,867,178	8%
2	Fringe Benefits	\$38,825,799	\$42,155,396	\$3,329,597	9%
3	Physicians Fees	\$15,292,507	\$16,188,925	\$896,418	6%
4	Supplies and Drugs	\$50,645,210	\$51,662,400	\$1,017,190	2%
5	Depreciation and Amortization	\$10,571,031	\$9,298,913	(\$1,272,118)	-12%
6	Bad Debts	\$7,834,037	\$3,784,188	(\$4,049,849)	-52%
7	Interest	\$275,340	\$149,794	(\$125,546)	-46%
8	Malpractice	\$3,064,000	\$4,145,224	\$1,081,224	35%
9	Other Operating Expenses	\$64,364,446	\$63,836,704	(\$527,742)	-1%
	Total Operating Expenses	\$279,636,521	\$286,852,873	\$7,216,352	3%
	Income/(Loss) From Operations	(\$24,565,480)	(\$16,781,188)	\$7,784,292	-32%
C. Non-Operating Revenue:					
1	Income from Investments	\$49,785	\$74	(\$49,711)	-100%
2	Gifts, Contributions and Donations	\$847,835	\$502,896	(\$344,939)	-41%
3	Other Non-Operating Gains/(Losses)	\$13,500,000	\$13,500,000	\$0	0%
	Total Non-Operating Revenue	\$14,397,620	\$14,002,970	(\$394,650)	-3%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$10,167,860)	(\$2,778,218)	\$7,389,642	-73%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$19,515,386	\$5,406,902	(\$14,108,484)	-72%
	Total Other Adjustments	\$19,515,386	\$5,406,902	(\$14,108,484)	-72%
	Excess/(Deficiency) of Revenue Over Expenses	\$9,347,526	\$2,628,684	(\$6,718,842)	-72%
	Principal Payments	\$2,813,510	\$2,062,148	(\$751,362)	-27%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$105,262,677	\$97,905,493	(\$7,357,184)	-7%
2	MEDICARE MANAGED CARE	\$17,193,417	\$17,500,425	\$307,008	2%
3	MEDICAID	\$28,012,652	\$35,421,627	\$7,408,975	26%
4	MEDICAID MANAGED CARE	\$21,183,673	\$26,056,125	\$4,872,452	23%
5	CHAMPUS/TRICARE	\$1,755,977	\$2,278,364	\$522,387	30%
6	COMMERCIAL INSURANCE	\$351,898	\$301,586	(\$50,312)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$90,897,673	\$77,094,535	(\$13,803,138)	-15%
8	WORKER'S COMPENSATION	\$1,859,715	\$1,178,284	(\$681,431)	-37%
9	SELF- PAY/UNINSURED	\$1,330,032	\$1,175,924	(\$154,108)	-12%
10	SAGA	\$3,413,097	\$0	(\$3,413,097)	-100%
11	OTHER	\$0	\$268,209	\$268,209	0%
	TOTAL INPATIENT GROSS REVENUE	\$271,260,811	\$259,180,572	(\$12,080,239)	-4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$64,705,720	\$74,210,762	\$9,505,042	15%
2	MEDICARE MANAGED CARE	\$13,792,239	\$16,696,338	\$2,904,099	21%
3	MEDICAID	\$17,173,855	\$27,694,792	\$10,520,937	61%
4	MEDICAID MANAGED CARE	\$15,984,370	\$16,318,322	\$333,952	2%
5	CHAMPUS/TRICARE	\$1,575,205	\$1,791,179	\$215,974	14%
6	COMMERCIAL INSURANCE	\$768,202	\$995,672	\$227,470	30%
7	NON-GOVERNMENT MANAGED CARE	\$119,427,814	\$130,571,717	\$11,143,903	9%
8	WORKER'S COMPENSATION	\$3,502,376	\$3,657,368	\$154,992	4%
9	SELF- PAY/UNINSURED	\$2,774,027	\$2,457,383	(\$316,644)	-11%
10	SAGA	\$4,257,954	\$0	(\$4,257,954)	-100%
11	OTHER	\$0	\$149,029	\$149,029	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$243,961,762	\$274,542,562	\$30,580,800	13%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$169,968,397	\$172,116,255	\$2,147,858	1%
2	MEDICARE MANAGED CARE	\$30,985,656	\$34,196,763	\$3,211,107	10%
3	MEDICAID	\$45,186,507	\$63,116,419	\$17,929,912	40%
4	MEDICAID MANAGED CARE	\$37,168,043	\$42,374,447	\$5,206,404	14%
5	CHAMPUS/TRICARE	\$3,331,182	\$4,069,543	\$738,361	22%
6	COMMERCIAL INSURANCE	\$1,120,100	\$1,297,258	\$177,158	16%
7	NON-GOVERNMENT MANAGED CARE	\$210,325,487	\$207,666,252	(\$2,659,235)	-1%
8	WORKER'S COMPENSATION	\$5,362,091	\$4,835,652	(\$526,439)	-10%
9	SELF- PAY/UNINSURED	\$4,104,059	\$3,633,307	(\$470,752)	-11%
10	SAGA	\$7,671,051	\$0	(\$7,671,051)	-100%
11	OTHER	\$0	\$417,238	\$417,238	0%
	TOTAL GROSS REVENUE	\$515,222,573	\$533,723,134	\$18,500,561	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$62,169,408	\$59,977,372	(\$2,192,036)	-4%
2	MEDICARE MANAGED CARE	\$9,182,316	\$9,396,837	\$214,521	2%
3	MEDICAID	\$9,355,504	\$10,583,817	\$1,228,313	13%
4	MEDICAID MANAGED CARE	\$7,529,500	\$9,391,697	\$1,862,197	25%
5	CHAMPUS/TRICARE	\$578,732	\$716,506	\$137,774	24%
6	COMMERCIAL INSURANCE	\$162,129	\$136,507	(\$25,622)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$45,160,891	\$47,247,166	\$2,086,275	5%
8	WORKER'S COMPENSATION	\$1,313,969	\$895,197	(\$418,772)	-32%
9	SELF- PAY/UNINSURED	\$159,546	\$230,603	\$71,057	45%
10	SAGA	\$475,015	\$0	(\$475,015)	-100%
11	OTHER	\$0	\$46,811	\$46,811	0%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$136,087,010	\$138,622,513	\$2,535,503	2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$21,650,297	\$26,728,132	\$5,077,835	23%
2	MEDICARE MANAGED CARE	\$4,458,383	\$5,229,762	\$771,379	17%
3	MEDICAID	\$6,462,875	\$11,513,089	\$5,050,214	78%
4	MEDICAID MANAGED CARE	\$6,742,382	\$7,368,668	\$626,286	9%
5	CHAMPUS/TRICARE	\$585,727	\$647,617	\$61,890	11%
6	COMMERCIAL INSURANCE	\$417,453	\$553,058	\$135,605	32%
7	NON-GOVERNMENT MANAGED CARE	\$62,922,378	\$67,007,321	\$4,084,943	6%
8	WORKER'S COMPENSATION	\$2,435,541	\$2,531,327	\$95,786	4%
9	SELF- PAY/UNINSURED	\$317,574	\$342,475	\$24,901	8%
10	SAGA	\$839,224	\$0	(\$839,224)	-100%
11	OTHER	\$0	\$10,854	\$10,854	0%
	TOTAL OUTPATIENT NET REVENUE	\$106,831,834	\$121,932,303	\$15,100,469	14%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$83,819,705	\$86,705,504	\$2,885,799	3%
2	MEDICARE MANAGED CARE	\$13,640,699	\$14,626,599	\$985,900	7%
3	MEDICAID	\$15,818,379	\$22,096,906	\$6,278,527	40%
4	MEDICAID MANAGED CARE	\$14,271,882	\$16,760,365	\$2,488,483	17%
5	CHAMPUS/TRICARE	\$1,164,459	\$1,364,123	\$199,664	17%
6	COMMERCIAL INSURANCE	\$579,582	\$689,565	\$109,983	19%
7	NON-GOVERNMENT MANAGED CARE	\$108,083,269	\$114,254,487	\$6,171,218	6%
8	WORKER'S COMPENSATION	\$3,749,510	\$3,426,524	(\$322,986)	-9%
9	SELF- PAY/UNINSURED	\$477,120	\$573,078	\$95,958	20%
10	SAGA	\$1,314,239	\$0	(\$1,314,239)	-100%
11	OTHER	\$0	\$57,665	\$57,665	0%
	TOTAL NET REVENUE	\$242,918,844	\$260,554,816	\$17,635,972	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,458	3,268	(190)	-5%
2	MEDICARE MANAGED CARE	492	543	51	10%
3	MEDICAID	927	1,116	189	20%
4	MEDICAID MANAGED CARE	830	756	(74)	-9%
5	CHAMPUS/TRICARE	84	62	(22)	-26%
6	COMMERCIAL INSURANCE	22	18	(4)	-18%
7	NON-GOVERNMENT MANAGED CARE	3,428	3,208	(220)	-6%
8	WORKER'S COMPENSATION	73	52	(21)	-29%
9	SELF- PAY/UNINSURED	81	50	(31)	-38%
10	SAGA	172	0	(172)	-100%
11	OTHER	0	9	9	0%
	TOTAL DISCHARGES	9,567	9,082	(485)	-5%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	18,036	16,928	(1,108)	-6%
2	MEDICARE MANAGED CARE	2,322	2,454	132	6%
3	MEDICAID	6,271	7,383	1,112	18%
4	MEDICAID MANAGED CARE	5,419	6,677	1,258	23%
5	CHAMPUS/TRICARE	304	529	225	74%
6	COMMERCIAL INSURANCE	135	75	(60)	-44%
7	NON-GOVERNMENT MANAGED CARE	17,517	17,141	(376)	-2%
8	WORKER'S COMPENSATION	187	113	(74)	-40%
9	SELF- PAY/UNINSURED	295	234	(61)	-21%
10	SAGA	744	0	(744)	-100%
11	OTHER	0	80	80	0%
	TOTAL PATIENT DAYS	51,230	51,614	384	1%
C.	OUTPATIENT VISITS				

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	75,338	82,197	6,859	9%
2	MEDICARE MANAGED CARE	13,394	16,186	2,792	21%
3	MEDICAID	19,624	27,575	7,951	41%
4	MEDICAID MANAGED CARE	22,181	23,872	1,691	8%
5	CHAMPUS/TRICARE	2,059	2,251	192	9%
6	COMMERCIAL INSURANCE	1,258	1,306	48	4%
7	NON-GOVERNMENT MANAGED CARE	136,615	141,837	5,222	4%
8	WORKER'S COMPENSATION	2,563	2,420	(143)	-6%
9	SELF- PAY/UNINSURED	4,202	4,566	364	9%
10	SAGA	4,505	1	(4,504)	-100%
11	OTHER	979	669	(310)	-32%
	TOTAL OUTPATIENT VISITS	282,718	302,880	20,162	7%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$6,849,469	\$7,717,499	\$868,030	13%
2	MEDICARE MANAGED CARE	\$1,170,059	\$1,370,574	\$200,515	17%
3	MEDICAID	\$2,463,018	\$3,692,310	\$1,229,292	50%
4	MEDICAID MANAGED CARE	\$2,409,364	\$2,606,775	\$197,411	8%
5	CHAMPUS/TRICARE	\$166,872	\$150,918	(\$15,954)	-10%
6	COMMERCIAL INSURANCE	\$264,937	\$265,267	\$330	0%
7	NON-GOVERNMENT MANAGED CARE	\$13,672,542	\$13,839,677	\$167,135	1%
8	WORKER'S COMPENSATION	\$756,192	\$720,984	(\$35,208)	-5%
9	SELF- PAY/UNINSURED	\$1,457,363	\$1,445,013	(\$12,350)	-1%
10	SAGA	\$776,853	\$0	(\$776,853)	-100%
11	OTHER	\$67,472	\$88,609	\$21,137	31%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$30,054,141	\$31,897,626	\$1,843,485	6%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$2,071,590	\$2,266,103	\$194,513	9%
2	MEDICARE MANAGED CARE	\$356,093	\$385,577	\$29,484	8%
3	MEDICAID	\$695,165	\$1,044,273	\$349,108	50%
4	MEDICAID MANAGED CARE	\$800,554	\$875,251	\$74,697	9%
5	CHAMPUS/TRICARE	\$69,420	\$59,812	(\$9,608)	-14%
6	COMMERCIAL INSURANCE	\$127,287	\$149,335	\$22,048	17%
7	NON-GOVERNMENT MANAGED CARE	\$6,816,677	\$7,515,900	\$699,223	10%
8	WORKER'S COMPENSATION	\$564,380	\$581,690	\$17,310	3%
9	SELF- PAY/UNINSURED	\$97,854	\$106,666	\$8,812	9%
10	SAGA	\$104,555	\$0	(\$104,555)	-100%
11	OTHER	\$8,612	\$4,022	(\$4,590)	-53%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$11,712,187	\$12,988,629	\$1,276,442	11%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	4,637	5,075	438	9%
2	MEDICARE MANAGED CARE	764	896	132	17%
3	MEDICAID	2,152	3,206	1,054	49%
4	MEDICAID MANAGED CARE	2,561	2,650	89	3%
5	CHAMPUS/TRICARE	147	147	0	0%
6	COMMERCIAL INSURANCE	237	217	(20)	-8%
7	NON-GOVERNMENT MANAGED CARE	11,272	10,965	(307)	-3%
8	WORKER'S COMPENSATION	841	774	(67)	-8%
9	SELF- PAY/UNINSURED	1,397	1,359	(38)	-3%
10	SAGA	718	0	(718)	-100%
11	OTHER	72	82	10	14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	24,798	25,371	573	2%

JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$31,768,766	\$33,899,265	\$2,130,499	7%
2	Physician Salaries	\$2,198,863	\$2,350,320	\$151,457	7%
3	Non-Nursing, Non-Physician Salaries	\$54,796,522	\$59,381,744	\$4,585,222	8%
	Total Salaries & Wages	\$88,764,151	\$95,631,329	\$6,867,178	8%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$13,355,703	\$14,671,255	\$1,315,552	10%
2	Physician Fringe Benefits	\$512,981	\$558,790	\$45,809	9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$24,957,115	\$26,925,351	\$1,968,236	8%
	Total Fringe Benefits	\$38,825,799	\$42,155,396	\$3,329,597	9%
C. Contractual Labor Fees:					
1	Nursing Fees	\$5,134,610	\$5,131,030	(\$3,580)	0%
2	Physician Fees	\$15,292,507	\$16,188,925	\$896,418	6%
3	Non-Nursing, Non-Physician Fees	\$16,645,836	\$17,136,316	\$490,480	3%
	Total Contractual Labor Fees	\$37,072,953	\$38,456,271	\$1,383,318	4%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$35,255,158	\$37,092,877	\$1,837,719	5%
2	Pharmaceutical Costs	\$15,390,052	\$14,569,523	(\$820,529)	-5%
	Total Medical Supplies and Pharmaceutical Cost	\$50,645,210	\$51,662,400	\$1,017,190	2%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,839,758	\$2,816,077	(\$23,681)	-1%
2	Depreciation-Equipment	\$7,731,273	\$6,482,836	(\$1,248,437)	-16%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$10,571,031	\$9,298,913	(\$1,272,118)	-12%
F. Bad Debts:					
1	Bad Debts	\$7,834,037	\$3,784,188	(\$4,049,849)	-52%
G. Interest Expense:					
1	Interest Expense	\$275,340	\$149,794	(\$125,546)	-46%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,064,000	\$4,145,224	\$1,081,224	35%
I. Utilities:					
1	Water	\$68,610	\$75,208	\$6,598	10%
2	Natural Gas	\$483,857	\$492,246	\$8,389	2%
3	Oil	\$0	\$18,811	\$18,811	0%
4	Electricity	\$2,027,750	\$2,122,424	\$94,674	5%
5	Telephone	\$688,930	\$704,479	\$15,549	2%
6	Other Utilities	\$87,916	\$71,341	(\$16,575)	-19%
	Total Utilities	\$3,357,063	\$3,484,509	\$127,446	4%
J. Business Expenses:					
1	Accounting Fees	\$119,343	\$202,094	\$82,751	69%
2	Legal Fees	\$1,141,522	\$930,736	(\$210,786)	-18%
3	Consulting Fees	\$0	\$0	\$0	0%
4	Dues and Membership	\$343,345	\$363,297	\$19,952	6%
5	Equipment Leases	\$1,121,391	\$1,590,916	\$469,525	42%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$6,153,472	\$6,276,939	\$123,467	2%
8	Insurance	\$293,717	\$313,122	\$19,405	7%

JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$91,630	\$101,301	\$9,671	11%
10	Conferences	\$15,900	\$11,091	(\$4,809)	-30%
11	Property Tax	\$16,060	\$0	(\$16,060)	-100%
12	General Supplies	\$2,298,165	\$2,254,393	(\$43,772)	-2%
13	Licenses and Subscriptions	\$168,687	\$155,704	(\$12,983)	-8%
14	Postage and Shipping	\$256,645	\$245,036	(\$11,609)	-5%
15	Advertising	\$1,766,831	\$1,555,890	(\$210,941)	-12%
16	Other Business Expenses	\$21,936,101	\$20,892,519	(\$1,043,582)	-5%
	Total Business Expenses	\$35,722,809	\$34,893,038	(\$829,771)	-2%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$3,504,128	\$3,191,811	(\$312,317)	-9%
	Total Operating Expenses - All Expense Categories*	\$279,636,521	\$286,852,873	\$7,216,352	3%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$10,784,551	\$10,998,621	\$214,070	2%
2	General Accounting	\$84,715	\$187,050	\$102,335	121%
3	Patient Billing & Collection	\$11,703,190	\$8,220,722	(\$3,482,468)	-30%
4	Admitting / Registration Office	\$1,742,685	\$2,091,786	\$349,101	20%
5	Data Processing	\$1,542,540	\$1,542,744	\$204	0%
6	Communications	\$374,623	\$371,116	(\$3,507)	-1%
7	Personnel	\$100,147	\$168,983	\$68,836	69%
8	Public Relations	\$302,079	\$345,115	\$43,036	14%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$2,916,583	\$3,222,310	\$305,727	10%
11	Housekeeping	\$3,267,602	\$3,835,641	\$568,039	17%
12	Laundry & Linen	\$766,050	\$883,139	\$117,089	15%
13	Operation of Plant	\$5,317,639	\$4,815,728	(\$501,911)	-9%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$3,524,403	\$3,943,869	\$419,466	12%
16	Central Sterile Supply	\$1,558,334	\$1,510,709	(\$47,625)	-3%
17	Pharmacy Department	\$19,553,175	\$19,344,052	(\$209,123)	-1%
18	Other General Services	\$18,850,167	\$16,415,961	(\$2,434,206)	-13%
	Total General Services	\$82,388,483	\$77,897,546	(\$4,490,937)	-5%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$551,694	\$456,033	(\$95,661)	-17%
2	Residency Program	\$15,314,478	\$16,210,939	\$896,461	6%
3	Nursing Services Administration	\$2,733,876	\$3,756,067	\$1,022,191	37%
4	Medical Records	\$5,355,909	\$5,803,380	\$447,471	8%
5	Social Service	\$855,059	\$956,116	\$101,057	12%
6	Other Professional Services	\$3,553,179	\$3,107,031	(\$446,148)	-13%
	Total Professional Services	\$28,364,195	\$30,289,566	\$1,925,371	7%
C.	<u>Special Services:</u>				
1	Operating Room	\$24,152,447	\$24,256,471	\$104,024	0%
2	Recovery Room	\$2,942,170	\$3,549,725	\$607,555	21%
3	Anesthesiology	\$2,738,171	\$3,035,264	\$297,093	11%
4	Delivery Room	\$3,129,434	\$3,183,547	\$54,113	2%
5	Diagnostic Radiology	\$7,338,908	\$7,683,102	\$344,194	5%
6	Diagnostic Ultrasound	\$632,144	\$683,226	\$51,082	8%
7	Radiation Therapy	\$1,594,879	\$1,674,230	\$79,351	5%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,269,154	\$1,250,627	(\$18,527)	-1%
9	CT Scan	\$864,246	\$814,384	(\$49,862)	-6%
10	Laboratory	\$13,410,606	\$14,142,886	\$732,280	5%
11	Blood Storing/Processing	\$2,884,634	\$2,824,871	(\$59,763)	-2%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$2,850,825	\$2,986,037	\$135,212	5%
14	Electroencephalography	\$289,310	\$257,408	(\$31,902)	-11%
15	Occupational Therapy	\$184,744	\$202,480	\$17,736	10%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,197,637	\$3,296,311	\$98,674	3%
19	Pulmonary Function	\$537,684	\$571,191	\$33,507	6%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$204,324	\$217,297	\$12,973	6%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$448,301	\$533,969	\$85,668	19%
24	Emergency Room	\$9,690,594	\$10,264,968	\$574,374	6%
25	MRI	\$595,695	\$709,187	\$113,492	19%
26	PET Scan	\$450,200	\$412,900	(\$37,300)	-8%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$738,605	\$790,590	\$51,985	7%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$6,314,327	\$6,594,227	\$279,900	4%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$9,206,913	\$9,405,959	\$199,046	2%
34	Other Special Services	\$1,698,093	\$1,712,769	\$14,676	1%
	Total Special Services	\$97,364,045	\$101,053,626	\$3,689,581	4%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$26,303,526	\$29,310,148	\$3,006,622	11%
2	Intensive Care Unit	\$6,923,939	\$7,605,449	\$681,510	10%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$6,809,070	\$6,549,043	(\$260,027)	-4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,407,154	\$1,317,020	(\$90,134)	-6%
8	Neonatal ICU	\$11,878,224	\$12,878,912	\$1,000,688	8%
9	Rehabilitation Unit	\$3,315,588	\$3,600,468	\$284,880	9%
10	Ambulatory Surgery	\$8,678,046	\$8,609,029	(\$69,017)	-1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$6,204,251	\$7,742,066	\$1,537,815	25%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$71,519,798	\$77,612,135	\$6,092,337	9%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$279,636,521	\$286,852,873	\$7,216,352	3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$251,133,088	\$ 253,989,584	\$268,117,022
2	Other Operating Revenue	3,928,058	1,081,457	1,954,663
3	Total Operating Revenue	\$255,061,146	\$255,071,041	\$270,071,685
4	Total Operating Expenses	266,850,045	279,636,521	286,852,873
5	Income/(Loss) From Operations	(\$11,788,899)	(\$24,565,480)	(\$16,781,188)
6	Total Non-Operating Revenue	15,159,902	33,913,006	19,409,872
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,371,003	\$9,347,526	\$2,628,684
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-4.36%	-8.50%	-5.80%
2	Hospital Non Operating Margin	5.61%	11.74%	6.71%
3	Hospital Total Margin	1.25%	3.23%	0.91%
4	Income/(Loss) From Operations	(\$11,788,899)	(\$24,565,480)	(\$16,781,188)
5	Total Operating Revenue	\$255,061,146	\$255,071,041	\$270,071,685
6	Total Non-Operating Revenue	\$15,159,902	\$33,913,006	\$19,409,872
7	Total Revenue	\$270,221,048	\$288,984,047	\$289,481,557
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,371,003	\$9,347,526	\$2,628,684
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$55,916,180	\$65,259,763	\$67,969,446
2	Hospital Total Net Assets	\$56,060,360	\$65,407,886	\$68,036,570
3	Hospital Change in Total Net Assets	\$3,371,003	\$9,347,526	\$2,628,684
4	Hospital Change in Total Net Assets %	106.4%	16.7%	4.0%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.53	0.49	0.49
2	Total Operating Expenses	\$256,225,183	\$252,835,619	\$262,964,301
3	Total Gross Revenue	\$480,769,000	\$515,222,573	\$533,723,134
4	Total Other Operating Revenue	\$3,088,960	\$1,509,223	\$2,868,190
5	Private Payment to Cost Ratio	0.99	1.06	1.13
6	Total Non-Government Payments	\$113,593,904	\$112,889,481	\$118,943,654

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$721,317	\$477,120	\$573,078
8	Total Non-Government Charges	\$219,133,998	\$220,911,737	\$217,432,469
9	Total Uninsured Charges	\$4,691,198	\$4,104,059	\$3,633,307
10	<u>Medicare Payment to Cost Ratio</u>	1.05	0.99	1.00
11	Total Medicare Payments	\$98,259,108	\$97,460,404	\$101,332,103
12	Total Medicare Charges	\$177,333,908	\$200,954,053	\$206,313,018
13	<u>Medicaid Payment to Cost Ratio</u>	0.74	0.75	0.75
14	Total Medicaid Payments	\$26,822,312	\$30,090,261	\$38,857,271
15	Total Medicaid Charges	\$68,061,304	\$82,354,550	\$105,490,866
16	<u>Uncompensated Care Cost</u>	\$3,317,622	\$3,896,815	\$1,659,927
17	Charity Care	\$727,509	\$1,104,104	\$873,533
18	Bad Debts	\$5,537,519	\$6,859,997	\$2,513,627
19	Total Uncompensated Care	\$6,265,028	\$7,964,101	\$3,387,160
20	<u>Uncompensated Care % of Total Expenses</u>	1.3%	1.5%	0.6%
21	Total Operating Expenses	\$256,225,183	\$252,835,619	\$262,964,301
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.12	1.58	1.59
2	Total Current Assets	\$53,874,920	\$53,155,751	\$56,503,903
3	Total Current Liabilities	\$47,935,668	\$33,538,122	\$35,454,240
4	<u>Days Cash on Hand</u>	0	0	2
5	Cash and Cash Equivalents	\$0	\$0	\$1,577,178
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$1,577,178
8	Total Operating Expenses	\$266,850,045	\$279,636,521	\$286,852,873
9	Depreciation Expense	\$10,790,380	\$10,571,031	\$9,298,913
10	Operating Expenses less Depreciation Expense	\$256,059,665	\$269,065,490	\$277,553,960
11	<u>Days Revenue in Patient Accounts Receivable</u>	52.96	38.69	28.72

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 33,764,998	\$ 29,752,888	\$ 30,512,285
13	Due From Third Party Payers	\$2,676,748	\$0	\$0
14	Due To Third Party Payers	\$0	\$2,833,399	\$9,415,877
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,441,746	\$ 26,919,489	\$ 21,096,408
16	Total Net Patient Revenue	\$251,133,088	\$ 253,989,584	\$ 268,117,022
17	<u>Average Payment Period</u>	68.33	45.50	46.62
18	Total Current Liabilities	\$47,935,668	\$33,538,122	\$35,454,240
19	Total Operating Expenses	\$266,850,045	\$279,636,521	\$286,852,873
20	Depreciation Expense	\$10,790,380	\$10,571,031	\$9,298,913
21	Total Operating Expenses less Depreciation Expense	\$256,059,665	\$269,065,490	\$277,553,960
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	42.2	60.3	60.6
2	Total Net Assets	\$56,060,360	\$65,407,886	\$68,036,570
3	Total Assets	\$132,929,141	\$108,480,805	\$112,205,348
4	<u>Cash Flow to Total Debt Ratio</u>	28.3	57.3	33.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,371,003	\$9,347,526	\$2,628,684
6	Depreciation Expense	\$10,790,380	\$10,571,031	\$9,298,913
7	Excess of Revenues Over Expenses and Depreciation Expense	\$14,161,383	\$19,918,557	\$11,927,597
8	Total Current Liabilities	\$47,935,668	\$33,538,122	\$35,454,240
9	Total Long Term Debt	\$2,075,991	\$1,245,595	\$415,198
10	Total Current Liabilities and Total Long Term Debt	\$50,011,659	\$34,783,717	\$35,869,438
11	<u>Long Term Debt to Capitalization Ratio</u>	3.6	1.9	0.6
12	Total Long Term Debt	\$2,075,991	\$1,245,595	\$415,198
13	Total Net Assets	\$56,060,360	\$65,407,886	\$68,036,570
14	Total Long Term Debt and Total Net Assets	\$58,136,351	\$66,653,481	\$68,451,768
15	<u>Debt Service Coverage Ratio</u>	4.0	6.5	5.5
16	Excess Revenues over Expenses	\$3,371,003	\$9,347,526	\$2,628,684
17	Interest Expense	\$415,932	\$275,340	\$149,794
18	Depreciation and Amortization Expense	\$10,790,380	\$10,571,031	\$9,298,913

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$3,227,462	\$2,813,510	\$2,062,148
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	11.5	12.5	14.9
21	Accumulated Depreciation	\$123,975,802	\$132,361,469	\$138,277,486
22	Depreciation and Amortization Expense	\$10,790,380	\$10,571,031	\$9,298,913
H. <u>Utilization Measures Summary</u>				
1	Patient Days	56,119	51,230	51,614
2	Discharges	9,587	9,567	9,082
3	ALOS	5.9	5.4	5.7
4	Staffed Beds	224	143	148
5	Available Beds	-	224	224
6	Licensed Beds	224	224	224
6	Occupancy of Staffed Beds	68.6%	98.2%	95.5%
7	Occupancy of Available Beds	68.6%	62.7%	63.1%
8	Full Time Equivalent Employees	1,302.8	1,195.0	1,285.3
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	44.6%	42.1%	40.1%
2	Medicare Gross Revenue Payer Mix Percentage	36.9%	39.0%	38.7%
3	Medicaid Gross Revenue Payer Mix Percentage	14.2%	16.0%	19.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	1.5%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	1.0%	0.8%	0.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.6%	0.8%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$214,442,800	\$216,807,678	\$213,799,162
9	Medicare Gross Revenue (Charges)	\$177,333,908	\$200,954,053	\$206,313,018
10	Medicaid Gross Revenue (Charges)	\$68,061,304	\$82,354,550	\$105,490,866
11	Other Medical Assistance Gross Revenue (Charges)	\$13,953,518	\$7,671,051	\$417,238
12	Uninsured Gross Revenue (Charges)	\$4,691,198	\$4,104,059	\$3,633,307
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,286,272	\$3,331,182	\$4,069,543
14	Total Gross Revenue (Charges)	\$480,769,000	\$515,222,573	\$533,723,134
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	46.6%	46.3%	45.4%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	40.6%	40.1%	38.9%
3	Medicaid Net Revenue Payer Mix Percentage	11.1%	12.4%	14.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.5%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.5%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$112,872,587	\$112,412,361	\$118,370,576
9	Medicare Net Revenue (Payments)	\$98,259,108	\$97,460,404	\$101,332,103
10	Medicaid Net Revenue (Payments)	\$26,822,312	\$30,090,261	\$38,857,271
11	Other Medical Assistance Net Revenue (Payments)	\$2,504,022	\$1,314,239	\$57,665
12	Uninsured Net Revenue (Payments)	\$721,317	\$477,120	\$573,078
13	CHAMPUS / TRICARE Net Revenue Payments)	\$879,510	\$1,164,459	\$1,364,123
14	Total Net Revenue (Payments)	\$242,058,856	\$242,918,844	\$260,554,816
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,760	3,604	3,328
2	Medicare	3,860	3,950	3,811
3	Medical Assistance	1,904	1,929	1,881
4	Medicaid	1,569	1,757	1,872
5	Other Medical Assistance	335	172	9
6	CHAMPUS / TRICARE	63	84	62
7	Uninsured (Included In Non-Government)	84	81	50
8	Total	9,587	9,567	9,082
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.431500	1.411800	1.412100
2	Medicare	1.639200	1.632800	1.549300
3	Medical Assistance	1.393747	1.354149	1.335522
4	Medicaid	1.405800	1.366000	1.331100
5	Other Medical Assistance	1.337300	1.233100	2.255400
6	CHAMPUS / TRICARE	1.087100	1.452800	1.521800
7	Uninsured (Included In Non-Government)	1.169900	1.052500	1.348000
8	Total Case Mix Index	1.505365	1.491781	1.454560
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	4,436	4,713	4,893
2	Emergency Room - Treated and Discharged	24,156	24,798	25,371
3	Total Emergency Room Visits	28,592	29,511	30,264

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,239,875	\$1,082,003	(\$1,157,872)	-52%
2	Inpatient Payments	\$777,819	\$438,889	(\$338,930)	-44%
3	Outpatient Charges	\$415,361	\$561,751	\$146,390	35%
4	Outpatient Payments	\$205,563	\$281,944	\$76,381	37%
5	Discharges	35	24	(11)	-31%
6	Patient Days	227	111	(116)	-51%
7	Outpatient Visits (Excludes ED Visits)	440	655	215	49%
8	Emergency Department Outpatient Visits	28	44	16	57%
9	Emergency Department Inpatient Admissions	29	12	(17)	-59%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,655,236	\$1,643,754	(\$1,011,482)	-38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$983,382	\$720,833	(\$262,549)	-27%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$292,378	\$21,976	(\$270,402)	-92%
2	Inpatient Payments	\$152,269	\$12,687	(\$139,582)	-92%
3	Outpatient Charges	\$117,169	\$44,724	(\$72,445)	-62%
4	Outpatient Payments	\$45,155	\$15,486	(\$29,669)	-66%
5	Discharges	7	1	(6)	-86%
6	Patient Days	48	4	(44)	-92%
7	Outpatient Visits (Excludes ED Visits)	129	43	(86)	-67%
8	Emergency Department Outpatient Visits	10	4	(6)	-60%
9	Emergency Department Inpatient Admissions	6	0	(6)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$409,547	\$66,700	(\$342,847)	-84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$197,424	\$28,173	(\$169,251)	-86%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$2,881,007	\$3,513,965	\$632,958	22%
2	Inpatient Payments	\$1,615,312	\$2,025,928	\$410,616	25%
3	Outpatient Charges	\$3,508,381	\$4,939,366	\$1,430,985	41%
4	Outpatient Payments	\$1,101,905	\$1,599,020	\$497,115	45%
5	Discharges	89	119	30	34%
6	Patient Days	350	460	110	31%
7	Outpatient Visits (Excludes ED Visits)	2,691	4,216	1,525	57%
8	Emergency Department Outpatient Visits	135	221	86	64%
9	Emergency Department Inpatient Admissions	47	61	14	30%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,389,388	\$8,453,331	\$2,063,943	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,717,217	\$3,624,948	\$907,731	33%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$7,210,837	\$2,100,773	(\$5,110,064)	-71%
2	Inpatient Payments	\$3,983,892	\$1,171,930	(\$2,811,962)	-71%
3	Outpatient Charges	\$5,639,837	\$1,816,808	(\$3,823,029)	-68%
4	Outpatient Payments	\$1,843,469	\$551,160	(\$1,292,309)	-70%
5	Discharges	199	62	(137)	-69%
6	Patient Days	917	297	(620)	-68%
7	Outpatient Visits (Excludes ED Visits)	5,336	1,525	(3,811)	-71%
8	Emergency Department Outpatient Visits	264	63	(201)	-76%
9	Emergency Department Inpatient Admissions	126	2	(124)	-98%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,850,674	\$3,917,581	(\$8,933,093)	-70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,827,361	\$1,723,090	(\$4,104,271)	-70%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$835,803	\$2,145,154	\$1,309,351	157%
2	Inpatient Payments	\$527,596	\$1,245,396	\$717,800	136%
3	Outpatient Charges	\$459,740	\$1,760,191	\$1,300,451	283%
4	Outpatient Payments	\$108,085	\$510,133	\$402,048	372%
5	Discharges	35	63	28	80%
6	Patient Days	185	311	126	68%
7	Outpatient Visits (Excludes ED Visits)	572	1,555	983	172%
8	Emergency Department Outpatient Visits	83	118	35	42%
9	Emergency Department Inpatient Admissions	19	25	6	32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,295,543	\$3,905,345	\$2,609,802	201%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$635,681	\$1,755,529	\$1,119,848	176%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$5,655	\$13,478	\$7,823	138%
2	Inpatient Payments	\$5,158	\$13,303	\$8,145	158%
3	Outpatient Charges	\$5,209	\$11,908	\$6,699	129%
4	Outpatient Payments	\$1,433	\$2,627	\$1,194	83%
5	Discharges	1	1	0	0%
6	Patient Days	4	1	(3)	-75%
7	Outpatient Visits (Excludes ED Visits)	6	9	3	50%
8	Emergency Department Outpatient Visits	1	3	2	200%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,864	\$25,386	\$14,522	134%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,591	\$15,930	\$9,339	142%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$5,300,547	\$5,300,547	0%
2	Inpatient Payments	\$0	\$2,605,813	\$2,605,813	0%
3	Outpatient Charges	\$17,590	\$4,550,671	\$4,533,081	25771%
4	Outpatient Payments	\$4,716	\$1,304,989	\$1,300,273	27572%
5	Discharges	0	157	157	0%
6	Patient Days	0	667	667	0%
7	Outpatient Visits (Excludes ED Visits)	13	4,093	4,080	31385%
8	Emergency Department Outpatient Visits	6	228	222	3700%
9	Emergency Department Inpatient Admissions	0	103	103	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,590	\$9,851,218	\$9,833,628	55905%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,716	\$3,910,802	\$3,906,086	82826%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$79,924	\$79,924	0%
2	Inpatient Payments	\$0	\$34,245	\$34,245	0%
3	Outpatient Charges	\$0	\$16,793	\$16,793	0%
4	Outpatient Payments	\$0	\$4,763	\$4,763	0%
5	Discharges	0	5	5	0%
6	Patient Days	0	22	22	0%
7	Outpatient Visits (Excludes ED Visits)	0	21	21	0%
8	Emergency Department Outpatient Visits	0	6	6	0%
9	Emergency Department Inpatient Admissions	0	5	5	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$96,717	\$96,717	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$39,008	\$39,008	0%
I. AETNA					
1	Inpatient Charges	\$2,339,322	\$1,923,070	(\$416,252)	-18%
2	Inpatient Payments	\$1,368,977	\$1,153,979	(\$214,998)	-16%
3	Outpatient Charges	\$2,520,565	\$1,961,280	(\$559,285)	-22%
4	Outpatient Payments	\$815,793	\$651,996	(\$163,797)	-20%
5	Discharges	77	74	(3)	-4%
6	Patient Days	352	361	9	3%
7	Outpatient Visits (Excludes ED Visits)	2,332	2,316	(16)	-1%
8	Emergency Department Outpatient Visits	135	115	(20)	-15%
9	Emergency Department Inpatient Admissions	50	34	(16)	-32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,859,887	\$3,884,350	(\$975,537)	-20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,184,770	\$1,805,975	(\$378,795)	-17%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$126,742	\$18,643	(\$108,099)	-85%
2	Inpatient Payments	\$82,824	\$18,642	(\$64,182)	-77%
3	Outpatient Charges	\$58,414	\$28,067	(\$30,347)	-52%
4	Outpatient Payments	\$19,369	\$8,473	(\$10,896)	-56%
5	Discharges	4	2	(2)	-50%
6	Patient Days	13	6	(7)	-54%
7	Outpatient Visits (Excludes ED Visits)	43	77	34	79%
8	Emergency Department Outpatient Visits	8	5	(3)	-38%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$185,156	\$46,710	(\$138,446)	-75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$102,193	\$27,115	(\$75,078)	-73%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$1,261,798	\$1,300,892	\$39,094	3%
2	Inpatient Payments	\$668,469	\$676,025	\$7,556	1%
3	Outpatient Charges	\$1,049,973	\$1,004,779	(\$45,194)	-4%
4	Outpatient Payments	\$312,895	\$299,171	(\$13,724)	-4%
5	Discharges	45	35	(10)	-22%
6	Patient Days	226	214	(12)	-5%
7	Outpatient Visits (Excludes ED Visits)	1,068	780	(288)	-27%
8	Emergency Department Outpatient Visits	94	89	(5)	-5%
9	Emergency Department Inpatient Admissions	30	15	(15)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,311,771	\$2,305,671	(\$6,100)	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$981,364	\$975,196	(\$6,168)	-1%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$17,193,417	\$17,500,425	\$307,008	2%
	TOTAL INPATIENT PAYMENTS	\$9,182,316	\$9,396,837	\$214,521	2%
	TOTAL OUTPATIENT CHARGES	\$13,792,239	\$16,696,338	\$2,904,099	21%
	TOTAL OUTPATIENT PAYMENTS	\$4,458,383	\$5,229,762	\$771,379	17%
	TOTAL DISCHARGES	492	543	51	10%
	TOTAL PATIENT DAYS	2,322	2,454	132	6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,630	15,290	2,660	21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	764	896	132	17%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	309	258	(51)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,985,656	\$34,196,763	\$3,211,107	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,640,699	\$14,626,599	\$985,900	7%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$14,024,369	\$16,606,388	\$2,582,019	18%
2	Inpatient Payments	\$4,973,707	\$5,874,105	\$900,398	18%
3	Outpatient Charges	\$10,093,390	\$10,121,340	\$27,950	0%
4	Outpatient Payments	\$4,315,121	\$4,597,944	\$282,823	7%
5	Discharges	514	459	(55)	-11%
6	Patient Days	3,558	4,185	627	18%
7	Outpatient Visits (Excludes ED Visits)	12,420	13,337	917	7%
8	Emergency Department Outpatient Visits	1,639	1,716	77	5%
9	Emergency Department Inpatient Admissions	67	52	(15)	-22%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$24,117,759	\$26,727,728	\$2,609,969	11%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$9,288,828	\$10,472,049	\$1,183,221	13%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**JOHN DEMPSEY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$2,055,065	\$3,476,729	\$1,421,664	69%
2	Inpatient Payments	\$764,623	\$1,261,118	\$496,495	65%
3	Outpatient Charges	\$1,920,528	\$2,208,968	\$288,440	15%
4	Outpatient Payments	\$716,377	\$828,452	\$112,075	16%
5	Discharges	88	103	15	17%
6	Patient Days	563	916	353	63%
7	Outpatient Visits (Excludes ED Visits)	1,908	2,264	356	19%
8	Emergency Department Outpatient Visits	244	274	30	12%
9	Emergency Department Inpatient Admissions	8	12	4	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,975,593	\$5,685,697	\$1,710,104	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,481,000	\$2,089,570	\$608,570	41%
	H. AETNA				
1	Inpatient Charges	\$5,104,239	\$5,973,008	\$868,769	17%
2	Inpatient Payments	\$1,791,170	\$2,256,474	\$465,304	26%
3	Outpatient Charges	\$3,970,452	\$3,988,014	\$17,562	0%
4	Outpatient Payments	\$1,710,884	\$1,942,272	\$231,388	14%
5	Discharges	228	194	(34)	-15%
6	Patient Days	1,298	1,576	278	21%
7	Outpatient Visits (Excludes ED Visits)	5,292	5,621	329	6%
8	Emergency Department Outpatient Visits	678	660	(18)	-3%
9	Emergency Department Inpatient Admissions	26	22	(4)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,074,691	\$9,961,022	\$886,331	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,502,054	\$4,198,746	\$696,692	20%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$21,183,673	\$26,056,125	\$4,872,452	23%
	TOTAL INPATIENT PAYMENTS	\$7,529,500	\$9,391,697	\$1,862,197	25%
	TOTAL OUTPATIENT CHARGES	\$15,984,370	\$16,318,322	\$333,952	2%
	TOTAL OUTPATIENT PAYMENTS	\$6,742,382	\$7,368,668	\$626,286	9%
	TOTAL DISCHARGES	830	756	(74)	-9%
	TOTAL PATIENT DAYS	5,419	6,677	1,258	23%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	19,620	21,222	1,602	8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,561	2,650	89	3%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	101	86	(15)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$37,168,043	\$42,374,447	\$5,206,404	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,271,882	\$16,760,365	\$2,488,483	17%

**JOHN DEMPSEY HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$97,647,270	\$96,175,000	(\$1,472,270)	-2%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$42,279,080	\$42,659,000	\$379,920	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$30,817,478	\$6,823,000	(\$23,994,478)	-78%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$9,574,684	\$10,050,000	\$475,316	5%
8	Prepaid Expenses	\$6,462,824	\$8,682,000	\$2,219,176	34%
9	Other Current Assets	\$43,679,551	\$43,232,000	(\$447,551)	-1%
	Total Current Assets	\$230,460,887	\$207,621,000	(\$22,839,887)	-10%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$5,258,103	\$4,370,000	(\$888,103)	-17%
	Total Noncurrent Assets Whose Use is Limited:	\$5,258,103	\$4,370,000	(\$888,103)	-17%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$7,175,371	\$4,340,000	(\$2,835,371)	-40%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$605,499,201	\$670,458,000	\$64,958,799	11%
2	Less: Accumulated Depreciation	\$402,364,047	\$421,284,000	\$18,919,953	\$0
	Property, Plant and Equipment, Net	\$203,135,154	\$249,174,000	\$46,038,846	23%
3	Construction in Progress	\$73,977,330	\$49,120,000	(\$24,857,330)	-34%
	Total Net Fixed Assets	\$277,112,484	\$298,294,000	\$21,181,516	8%
	Total Assets	\$520,006,845	\$514,625,000	(\$5,381,845)	-1%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$34,376,669	\$30,557,000	(\$3,819,669)	-11%
2	Salaries, Wages and Payroll Taxes	\$29,157,065	\$32,828,000	\$3,670,935	13%
3	Due To Third Party Payers	\$2,833,399	\$9,416,000	\$6,582,601	232%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$13,523,336	\$2,261,000	(\$11,262,336)	-83%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$37,159,735	\$38,451,000	\$1,291,265	3%
	Total Current Liabilities	\$117,050,204	\$113,513,000	(\$3,537,204)	-3%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$20,500,910	\$18,168,000	(\$2,332,910)	-11%
	Total Long Term Debt	\$20,500,910	\$18,168,000	(\$2,332,910)	-11%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$36,615,176	\$43,334,000	\$6,718,824	18%
	Total Long Term Liabilities	\$57,116,086	\$61,502,000	\$4,385,914	8%
5	Interest in Net Assets of Affiliates or Joint	\$243,088,238	\$277,864,000	\$34,775,762	14%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$65,819,357	\$51,005,000	(\$14,814,357)	-23%
2	Temporarily Restricted Net Assets	\$36,871,509	\$10,680,000	(\$26,191,509)	-71%
3	Permanently Restricted Net Assets	\$61,451	\$61,000	(\$451)	-1%
	Total Net Assets	\$102,752,317	\$61,746,000	(\$41,006,317)	-40%
	Total Liabilities and Net Assets	\$520,006,845	\$514,625,000	(\$5,381,845)	-1%

UNIVERSITY OF CONNECTICUT HEALTH CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$804,743,365	\$831,698,113	\$26,954,748	3%
2	Less: Allowances	\$376,688,254	\$391,977,027	\$15,288,773	4%
3	Less: Charity Care	\$1,013,714	\$912,282	(\$101,432)	-10%
4	Less: Other Deductions	\$11,996,458	\$11,497,670	(\$498,788)	-4%
	Total Net Patient Revenue	\$415,044,939	\$427,311,134	\$12,266,195	3%
5	Other Operating Revenue	\$158,984,528	\$170,801,000	\$11,816,472	7%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$574,029,467	\$598,112,134	\$24,082,667	4%
B. Operating Expenses:					
1	Salaries and Wages	\$325,018,200	\$335,608,086	\$10,589,886	3%
2	Fringe Benefits	\$144,699,459	\$155,951,437	\$11,251,978	8%
3	Physicians Fees	\$45,507,306	\$49,345,498	\$3,838,192	8%
4	Supplies and Drugs	\$77,183,617	\$76,075,655	(\$1,107,962)	-1%
5	Depreciation and Amortization	\$29,671,773	\$29,804,473	\$132,700	0%
6	Bad Debts	\$9,384,552	\$5,217,537	(\$4,167,015)	-44%
7	Interest	\$0	\$0	\$0	0%
8	Malpractice	\$7,977,273	\$4,145,244	(\$3,832,029)	-48%
9	Other Operating Expenses	\$145,589,220	\$163,944,607	\$18,355,387	13%
	Total Operating Expenses	\$785,031,400	\$820,092,537	\$35,061,137	4%
	Income/(Loss) From Operations	(\$211,001,933)	(\$221,980,403)	(\$10,978,470)	5%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,506,113	\$134,000	(\$2,372,113)	-95%
2	Gifts, Contributions and Donations	\$1,602,111	\$2,554,000	\$951,889	59%
3	Other Non-Operating Gains/(Losses)	\$241,729,520	\$213,061,000	(\$28,668,520)	-12%
	Total Non-Operating Revenue	\$245,837,744	\$215,749,000	(\$30,088,744)	-12%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$34,835,811	(\$6,231,403)	(\$41,067,214)	-118%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$34,835,811	(\$6,231,403)	(\$41,067,214)	-118%

UNIVERSITY OF CONNECTICUT HEALTH CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$418,724,840	\$415,044,939	\$427,311,134
2	Other Operating Revenue	151,860,489	158,984,528	170,801,000
3	Total Operating Revenue	\$570,585,329	\$574,029,467	\$598,112,134
4	Total Operating Expenses	783,711,104	785,031,400	820,092,537
5	Income/(Loss) From Operations	(\$213,125,775)	(\$211,001,933)	(\$221,980,403)
6	Total Non-Operating Revenue	253,099,082	245,837,744	215,749,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$39,973,307	\$34,835,811	(\$6,231,403)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-25.87%	-25.74%	-27.27%
2	Parent Corporation Non-Operating Margin	30.73%	29.99%	26.51%
3	Parent Corporation Total Margin	4.85%	4.25%	-0.77%
4	Income/(Loss) From Operations	(\$213,125,775)	(\$211,001,933)	(\$221,980,403)
5	Total Operating Revenue	\$570,585,329	\$574,029,467	\$598,112,134
6	Total Non-Operating Revenue	\$253,099,082	\$245,837,744	\$215,749,000
7	Total Revenue	\$823,684,411	\$819,867,211	\$813,861,134
8	Excess/(Deficiency) of Revenue Over Expenses	\$39,973,307	\$34,835,811	(\$6,231,403)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$55,446,097	\$65,819,357	\$51,005,000
2	Parent Corporation Total Net Assets	\$94,960,818	\$102,752,317	\$61,746,000
3	Parent Corporation Change in Total Net Assets	\$21,623,726	\$7,791,499	(\$41,006,317)
4	Parent Corporation Change in Total Net Assets %	129.5%	8.2%	-39.9%

UNIVERSITY OF CONNECTICUT HEALTH CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
	D. Liquidity Measures Summary			
1	Current Ratio	2.01	1.97	1.83
2	Total Current Assets	\$204,871,455	\$230,460,887	\$207,621,000
3	Total Current Liabilities	\$101,726,287	\$117,050,204	\$113,513,000
4	Days Cash on Hand	28	47	44
5	Cash and Cash Equivalents	\$57,935,895	\$97,647,270	\$96,175,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$57,935,895	\$97,647,270	\$96,175,000
8	Total Operating Expenses	\$783,711,104	\$785,031,400	\$820,092,537
9	Depreciation Expense	\$29,448,891	\$29,671,773	\$29,804,473
10	Operating Expenses less Depreciation Expense	\$754,262,213	\$755,359,627	\$790,288,064
11	Days Revenue in Patient Accounts Receivable	45	35	28
12	Net Patient Accounts Receivable	\$ 48,523,927	\$ 42,279,080	\$ 42,659,000
13	Due From Third Party Payers	\$2,676,748	\$0	\$0
14	Due To Third Party Payers	\$0	\$2,833,399	\$9,416,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 51,200,675	\$ 39,445,681	\$ 33,243,000
16	Total Net Patient Revenue	\$418,724,840	\$415,044,939	\$427,311,134
17	Average Payment Period	49	57	52
18	Total Current Liabilities	\$101,726,287	\$117,050,204	\$113,513,000
19	Total Operating Expenses	\$783,711,104	\$785,031,400	\$820,092,537
20	Depreciation Expense	\$29,448,891	\$29,671,773	\$29,804,473
21	Total Operating Expenses less Depreciation Expense	\$754,262,213	\$755,359,627	\$790,288,064

UNIVERSITY OF CONNECTICUT HEALTH CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	19.6	19.8	12.0
2	Total Net Assets	\$94,960,818	\$102,752,317	\$61,746,000
3	Total Assets	\$485,079,299	\$520,006,845	\$514,625,000
4	<u>Cash Flow to Total Debt Ratio</u>	51.1	46.9	17.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$39,973,307	\$34,835,811	(\$6,231,403)
6	Depreciation Expense	\$29,448,891	\$29,671,773	\$29,804,473
7	Excess of Revenues Over Expenses and Depreciation Expense	\$69,422,198	\$64,507,584	\$23,573,070
8	Total Current Liabilities	\$101,726,287	\$117,050,204	\$113,513,000
9	Total Long Term Debt	\$34,024,247	\$20,500,910	\$18,168,000
10	Total Current Liabilities and Total Long Term Debt	\$135,750,534	\$137,551,114	\$131,681,000
11	<u>Long Term Debt to Capitalization Ratio</u>	26.4	16.6	22.7
12	Total Long Term Debt	\$34,024,247	\$20,500,910	\$18,168,000
13	Total Net Assets	\$94,960,818	\$102,752,317	\$61,746,000
14	Total Long Term Debt and Total Net Assets	\$128,985,065	\$123,253,227	\$79,914,000

JOHN DEMPSEY HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	24,791	5,907	5,209	74	100	91.8%	67.9%
2	ICU/CCU (Excludes Neonatal ICU)	3,262	192	0	9	15	99.3%	59.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,683	809	796	16	25	97.3%	62.3%
	TOTAL PSYCHIATRIC	5,683	809	796	16	25	97.3%	62.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,718	823	808	10	20	101.9%	50.9%
7	Newborn	2,766	549	485	8	10	94.7%	75.8%
8	Neonatal ICU	8,334	250	0	23	40	99.3%	57.1%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	3,060	744	773	8	14	104.8%	59.9%
	TOTAL EXCLUDING NEWBORN	48,848	8,533	7,586	140	214	95.6%	62.5%
	TOTAL INPATIENT BED UTILIZATION	51,614	9,082	8,071	148	224	95.5%	63.1%
	TOTAL INPATIENT REPORTED YEAR	51,614	9,082	8,071	148	224	95.5%	63.1%
	TOTAL INPATIENT PRIOR YEAR	51,230	0	0	143	224	98.2%	62.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	384	9,082	8,071	5	0	-2.6%	0.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	1%	0%	0%	3%	0%	-3%	1%
	Total Licensed Beds and Bassinets	224						
(A) This number may not exceed the number of available beds for each department or in total.								

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,359	4,537	-822	-15%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,248	6,286	-962	-13%
3	Emergency Department Scans	4,427	3,848	-579	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,034	14,671	-2,363	-14%
B. MRI Scans (A)					
1	Inpatient Scans	873	786	-87	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,167	5,897	-270	-4%
3	Emergency Department Scans	145	193	48	33%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	7,185	6,876	-309	-4%
C. PET Scans (A)					
1	Inpatient Scans	6	6	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	511	454	-57	-11%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	517	460	-57	-11%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	450	345	-105	-23%
2	Outpatient Procedures	332	403	71	21%
	Total Cardiac Catheterization Procedures	782	748	-34	-4%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	511	477	-34	-7%
	Total Cardiac Angioplasty Procedures	511	477	-34	-7%
H. Electrophysiology Studies					
1	Inpatient Studies	507	329	-178	-35%
2	Outpatient Studies	1,316	1,581	265	20%
	Total Electrophysiology Studies	1,823	1,910	87	5%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,701	2,277	-424	-16%
2	Outpatient Surgical Procedures	7,254	7,493	239	3%
	Total Surgical Procedures	9,955	9,770	-185	-2%
J. Endoscopy Procedures					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	309	293	-16	-5%
2	Outpatient Endoscopy Procedures	2,324	2,431	107	5%
	Total Endoscopy Procedures	2,633	2,724	91	3%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	4,713	4,893	180	4%
2	Emergency Room Visits: Treated and Discharged	24,798	25,371	573	2%
	Total Emergency Room Visits	29,511	30,264	753	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	94,723	94,908	185	0%
3	Psychiatric Clinic Visits	17,200	16,113	-1,087	-6%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	3,274	3,341	67	2%
	Total Hospital Clinic Visits	115,197	114,362	-835	-1%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	31,081	26,396	-4,685	-15%
2	Cardiology	0	0	0	0%
3	Chemotherapy	3,810	3,781	-29	-1%
4	Gastroenterology	2,633	2,724	91	3%
5	Other Outpatient Visits	100,971	134,744	33,773	33%
	Total Other Hospital Outpatient Visits	138,495	167,645	29,150	21%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	552.0	592.4	40.4	7%
2	Total Physician FTEs	28.0	30.0	2.0	7%
3	Total Non-Nursing and Non-Physician FTEs	615.0	662.9	47.9	8%
	Total Hospital Full Time Equivalent Employees	1,195.0	1,285.3	90.3	8%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Outpatient Surgical Procedures</u>					
1	Hospital	7,254	7,493	239	3%
	Total Outpatient Surgical Procedures(A)	7,254	7,493	239	3%
B. <u>Outpatient Endoscopy Procedures</u>					
1	Hospital	2,324	2,431	107	5%
	Total Outpatient Endoscopy Procedures(B)	2,324	2,431	107	5%
C. <u>Outpatient Hospital Emergency Room Visits</u>					
1	Hospital	24,798	25,371	573	2%
	Total Outpatient Hospital Emergency Room Visits(C)	24,798	25,371	573	2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$122,456,094	\$115,405,918	(\$7,050,176)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$71,351,724	\$69,374,209	(\$1,977,515)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.27%	60.11%	1.85%	3%
4	DISCHARGES	3,950	3,811	(139)	-4%
5	CASE MIX INDEX (CMI)	1.63280	1.54930	(0.08350)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,449,56000	5,904,38230	(545,17770)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,063.04	\$11,749.61	\$686.58	6%
8	PATIENT DAYS	20,358	19,382	(976)	-5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,504.85	\$3,579.31	\$74.46	2%
10	AVERAGE LENGTH OF STAY	5.2	5.1	(0.1)	-1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$78,497,959	\$90,907,100	\$12,409,141	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,108,680	\$31,957,894	\$5,849,214	22%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.26%	35.15%	1.89%	6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	64.10%	78.77%	14.67%	23%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,532.06621	3,001.98607	469.91986	19%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,311.22	\$10,645.58	\$334.37	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$200,954,053	\$206,313,018	\$5,358,965	3%
18	TOTAL ACCRUED PAYMENTS	\$97,460,404	\$101,332,103	\$3,871,699	4%
19	TOTAL ALLOWANCES	\$103,493,649	\$104,980,915	\$1,487,266	1%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$94,439,318	\$79,750,329	(\$14,688,989)	-16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$46,796,535	\$48,509,473	\$1,712,938	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.55%	60.83%	11.27%	23%
4	DISCHARGES	3,604	3,328	(276)	-8%
5	CASE MIX INDEX (CMI)	1.41180	1.41210	0.00030	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,088.12720	4,699.46880	(388.65840)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,197.20	\$10,322.33	\$1,125.13	12%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,865.84	\$1,427.28	(\$438.55)	-24%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,493,607	\$6,707,468	(\$2,786,139)	-29%
10	PATIENT DAYS	18,134	17,563	(571)	-3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,580.60	\$2,762.03	\$181.43	7%
12	AVERAGE LENGTH OF STAY	5.0	5.3	0.2	5%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$126,472,419	\$137,682,140	\$11,209,721	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$66,092,946	\$70,434,181	\$4,341,235	7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	52.26%	51.16%	-1.10%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	133.92%	172.64%	38.72%	29%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,826.44949	5,745.50811	919.05862	19%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,693.91	\$12,259.00	(\$1,434.91)	-10%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,382.69)	(\$1,613.42)	\$1,769.27	-52%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,326,386)	(\$9,269,893)	\$7,056,492	-43%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$220,911,737	\$217,432,469	(\$3,479,268)	-2%
22	TOTAL ACCRUED PAYMENTS	\$112,889,481	\$118,943,654	\$6,054,173	5%
23	TOTAL ALLOWANCES	\$108,022,256	\$98,488,815	(\$9,533,441)	-9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,832,779)	(\$2,562,425)	\$4,270,354	-62%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$216,807,678	\$213,799,162	(\$3,008,516)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$116,704,450	\$120,391,584	\$3,687,134	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,103,228	\$93,407,578	(\$6,695,650)	-7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.17%	43.69%	-2.48%	

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,330,032	\$1,175,924	(\$154,108)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$159,546	\$230,603	\$71,057	45%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.00%	19.61%	7.61%	63%
4	DISCHARGES	81	50	(31)	-38%
5	CASE MIX INDEX (CMI)	1.05250	1.34800	0.29550	28%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	85.25250	67.40000	(17.85250)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,871.45	\$3,421.41	\$1,549.96	83%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,325.75	\$6,900.92	(\$424.83)	-6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$9,191.59	\$8,328.20	(\$863.38)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$783,606	\$561,321	(\$222,285)	-28%
11	PATIENT DAYS	295	234	(61)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$540.83	\$985.48	\$444.65	82%
13	AVERAGE LENGTH OF STAY	3.6	4.7	1.0	29%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,774,027	\$2,457,383	(\$316,644)	-11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$317,574	\$342,475	\$24,901	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.45%	13.94%	2.49%	22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	208.57%	208.97%	0.41%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	168.94044	104.48732	(64.45311)	-38%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,879.80	\$3,277.67	\$1,397.87	74%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,814.11	\$8,981.33	(\$2,832.78)	-24%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,431.42	\$7,367.91	(\$1,063.50)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,424,407	\$769,854	(\$654,554)	-46%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$4,104,059	\$3,633,307	(\$470,752)	-11%
24	TOTAL ACCRUED PAYMENTS	\$477,120	\$573,078	\$95,958	20%
25	TOTAL ALLOWANCES	\$3,626,939	\$3,060,229	(\$566,710)	-16%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,208,013	\$1,331,174	(\$876,838)	-40%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$49,196,325	\$61,477,752	\$12,281,427	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,885,004	\$19,975,514	\$3,090,510	18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.32%	32.49%	-1.83%	-5%
4	DISCHARGES	1,757	1,872	115	7%
5	CASE MIX INDEX (CMI)	1.36600	1.33110	(0.03490)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,400.06200	2,491.81920	91.75720	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,035.24	\$8,016.44	\$981.20	14%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,161.97	\$2,305.89	\$143.93	7%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,027.80	\$3,733.18	(\$294.63)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,666,972	\$9,302,398	(\$364,574)	-4%
11	PATIENT DAYS	11,690	14,060	2,370	20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,444.40	\$1,420.73	(\$23.66)	-2%
13	AVERAGE LENGTH OF STAY	6.7	7.5	0.9	13%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$33,158,225	\$44,013,114	\$10,854,889	33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,205,257	\$18,881,757	\$5,676,500	43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.82%	42.90%	3.08%	8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	67.40%	71.59%	4.19%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,184.21450	1,340.20108	155.98658	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,151.07	\$14,088.75	\$2,937.68	26%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,542.84	(\$1,829.75)	(\$4,372.59)	-172%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$839.85)	(\$3,443.17)	(\$2,603.31)	310%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$994,566)	(\$4,614,534)	(\$3,619,968)	364%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$82,354,550	\$105,490,866	\$23,136,316	28%
24	TOTAL ACCRUED PAYMENTS	\$30,090,261	\$38,857,271	\$8,767,010	29%
25	TOTAL ALLOWANCES	\$52,264,289	\$66,633,595	\$14,369,306	27%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,672,406	\$4,687,864	(\$3,984,542)	-46%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$3,413,097	\$268,209	(\$3,144,888)	-92%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$475,015	\$46,811	(\$428,204)	-90%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.92%	17.45%	3.54%	25%
4	DISCHARGES	172	9	(163)	-95%
5	CASE MIX INDEX (CMI)	1.23310	2.25540	1.02230	83%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	212.09320	20.29860	(191.79460)	-90%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,239.65	\$2,306.12	\$66.47	3%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,957.55	\$8,016.21	\$1,058.66	15%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,823.39	\$9,443.49	\$620.11	7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,871,380	\$191,690	(\$1,679,690)	-90%
11	PATIENT DAYS	744	80	(664)	-89%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$638.46	\$585.14	(\$53.32)	-8%
13	AVERAGE LENGTH OF STAY	4.3	8.9	4.6	105%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,257,954	\$149,029	(\$4,108,925)	-96%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$839,224	\$10,854	(\$828,370)	-99%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.71%	7.28%	-12.43%	-63%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	124.75%	55.56%	-69.19%	-55%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	214.57582	5.00081	(209.57501)	-98%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,911.08	\$2,170.45	(\$1,740.63)	-45%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,782.82	\$10,088.55	\$305.73	3%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,400.13	\$8,475.13	\$2,075.00	32%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,373,313	\$42,382	(\$1,330,931)	-97%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$7,671,051	\$417,238	(\$7,253,813)	-95%
24	TOTAL ACCRUED PAYMENTS	\$1,314,239	\$57,665	(\$1,256,574)	-96%
25	TOTAL ALLOWANCES	\$6,356,812	\$359,573	(\$5,997,239)	-94%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,244,694	\$234,072	(\$3,010,621)	-93%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$52,609,422	\$61,745,961	\$9,136,539	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,360,019	\$20,022,325	\$2,662,306	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.00%	32.43%	-0.57%	-2%
4	DISCHARGES	1,929	1,881	(48)	-2%
5	CASE MIX INDEX (CMI)	1.35415	1.33552	(0.01863)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,612.15520	2,512.11780	(100.03740)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,645.86	\$7,970.30	\$1,324.44	20%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,551.34	\$2,352.03	(\$199.31)	-8%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,417.18	\$3,779.32	(\$637.86)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,538,352	\$9,494,088	(\$2,044,264)	-18%
11	PATIENT DAYS	12,434	14,140	1,706	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,396.17	\$1,416.01	\$19.83	1%
13	AVERAGE LENGTH OF STAY	6.4	7.5	1.1	17%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$37,416,179	\$44,162,143	\$6,745,964	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,044,481	\$18,892,611	\$4,848,130	35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.54%	42.78%	5.24%	14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	71.12%	71.52%	0.40%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,398.79032	1,345.20188	(53.58844)	-4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,040.45	\$14,044.44	\$4,004.00	40%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,653.46	(\$1,785.44)	(\$5,438.90)	-149%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$270.77	(\$3,398.86)	(\$3,669.63)	-1355%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$378,747	(\$4,572,152)	(\$4,950,899)	-1307%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$90,025,601	\$105,908,104	\$15,882,503	18%
24	TOTAL ACCRUED PAYMENTS	\$31,404,500	\$38,914,936	\$7,510,436	24%
25	TOTAL ALLOWANCES	\$58,621,101	\$66,993,168	\$8,372,067	14%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,755,977	\$2,278,364	\$522,387	30%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$578,732	\$716,506	\$137,774	24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.96%	31.45%	-1.51%	-5%
4	DISCHARGES	84	62	(22)	-26%
5	CASE MIX INDEX (CMI)	1.45280	1.52180	0.06900	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	122.03520	94.35160	(27.68360)	-23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,742.34	\$7,594.00	\$2,851.66	60%
8	PATIENT DAYS	304	529	225	74%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,903.72	\$1,354.45	(\$549.27)	-29%
10	AVERAGE LENGTH OF STAY	3.6	8.5	4.9	136%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,575,205	\$1,791,179	\$215,974	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$585,727	\$647,617	\$61,890	11%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$3,331,182	\$4,069,543	\$738,361	22%
14	TOTAL ACCRUED PAYMENTS	\$1,164,459	\$1,364,123	\$199,664	17%
15	TOTAL ALLOWANCES	\$2,166,723	\$2,705,420	\$538,697	25%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$1,509,223	\$2,868,190	\$1,358,967	90%
2	TOTAL OPERATING EXPENSES	\$252,835,619	\$262,964,301	\$10,128,682	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,104,104	\$873,533	(\$230,571)	-21%
5	BAD DEBTS (CHARGES)	\$6,859,997	\$2,513,627	(\$4,346,370)	-63%
6	UNCOMPENSATED CARE (CHARGES)	\$7,964,101	\$3,387,160	(\$4,576,941)	-57%
7	COST OF UNCOMPENSATED CARE	\$3,754,244	\$1,664,307	(\$2,089,937)	-56%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$90,025,601	\$105,908,104	\$15,882,503	18%
9	TOTAL ACCRUED PAYMENTS	\$31,404,500	\$38,914,936	\$7,510,436	24%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$42,437,693	\$52,038,747	\$9,601,054	23%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$11,033,193	\$13,123,811	\$2,090,618	19%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$271,260,811	\$259,180,572	(\$12,080,239)	-4%
2	TOTAL INPATIENT PAYMENTS	\$136,087,010	\$138,622,513	\$2,535,503	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	50.17%	53.48%	3.32%	7%
4	TOTAL DISCHARGES	9,567	9,082	(485)	-5%
5	TOTAL CASE MIX INDEX	1.49178	1.45456	(0.03722)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	14,271.87760	13,210.32050	(1,061.55710)	-7%
7	TOTAL OUTPATIENT CHARGES	\$243,961,762	\$274,542,562	\$30,580,800	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	89.94%	105.93%	15.99%	18%
9	TOTAL OUTPATIENT PAYMENTS	\$106,831,834	\$121,932,303	\$15,100,469	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.79%	44.41%	0.62%	1%
11	TOTAL CHARGES	\$515,222,573	\$533,723,134	\$18,500,561	4%
12	TOTAL PAYMENTS	\$242,918,844	\$260,554,816	\$17,635,972	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	47.15%	48.82%	1.67%	4%
14	PATIENT DAYS	51,230	51,614	384	1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$176,821,493	\$179,430,243	\$2,608,750	1%
2	INPATIENT PAYMENTS	\$89,290,475	\$90,113,040	\$822,565	1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	50.50%	50.22%	-0.28%	-1%
4	DISCHARGES	5,963	5,754	(209)	-4%
5	CASE MIX INDEX	1.54012	1.47912	(0.06100)	-4%
6	CASE MIX ADJUSTED DISCHARGES	9,183.75040	8,510.85170	(672.89870)	-7%
7	OUTPATIENT CHARGES	\$117,489,343	\$136,860,422	\$19,371,079	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	66.45%	76.28%	9.83%	15%
9	OUTPATIENT PAYMENTS	\$40,738,888	\$51,498,122	\$10,759,234	26%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.67%	37.63%	2.95%	9%
11	TOTAL CHARGES	\$294,310,836	\$316,290,665	\$21,979,829	7%
12	TOTAL PAYMENTS	\$130,029,363	\$141,611,162	\$11,581,799	9%
13	TOTAL PAYMENTS / CHARGES	44.18%	44.77%	0.59%	1%
14	PATIENT DAYS	33,096	34,051	955	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$164,281,473	\$174,679,503	\$10,398,030	6%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.2	5.1	(0.1)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.0	5.3	0.2	5%
3	UNINSURED	3.6	4.7	1.0	29%
4	MEDICAID	6.7	7.5	0.9	13%
5	OTHER MEDICAL ASSISTANCE	4.3	8.9	4.6	105%
6	CHAMPUS / TRICARE	3.6	8.5	4.9	136%
7	TOTAL AVERAGE LENGTH OF STAY	5.4	5.7	0.3	6%

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$515,222,573	\$533,723,134	\$18,500,561	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$164,281,473	\$174,679,503	\$10,398,030	6%
3	UNCOMPENSATED CARE	\$7,964,101	\$3,387,160	(\$4,576,941)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,103,228	\$93,407,578	(\$6,695,650)	-7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$272,348,802	\$271,474,241	(\$874,561)	0%
7	TOTAL ACCRUED PAYMENTS	\$242,873,771	\$262,248,893	\$19,375,122	8%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$242,873,771	\$262,248,893	\$19,375,122	8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4713958272	0.4913575528	0.0199617256	4%
11	COST OF UNCOMPENSATED CARE	\$3,754,244	\$1,664,307	(\$2,089,937)	-56%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$11,033,193	\$13,123,811	\$2,090,618	19%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,787,437	\$14,788,117	\$681	0%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	(\$994,566)	(\$4,614,534)	(\$3,619,968)	364%
2	OTHER MEDICAL ASSISTANCE	\$3,244,694	\$234,072	(\$3,010,621)	-93%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,208,013	\$1,331,174	(\$876,838)	-40%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,458,140	(\$3,049,288)	(\$7,507,428)	-168%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$242,918,844	\$260,554,818	\$17,635,974	7.26%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$515,222,573	\$533,723,134	\$18,500,561	3.59%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,964,101	\$3,387,160	(\$4,576,941)	-57.47%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$94,439,318	\$79,750,329	(\$14,688,989)
2	MEDICARE	\$122,456,094	115,405,918	(\$7,050,176)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$52,609,422	61,745,961	\$9,136,539
4	MEDICAID	\$49,196,325	61,477,752	\$12,281,427
5	OTHER MEDICAL ASSISTANCE	\$3,413,097	268,209	(\$3,144,888)
6	CHAMPUS / TRICARE	\$1,755,977	2,278,364	\$522,387
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,330,032	1,175,924	(\$154,108)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$176,821,493	\$179,430,243	\$2,608,750
	TOTAL INPATIENT CHARGES	\$271,260,811	\$259,180,572	(\$12,080,239)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$126,472,419	\$137,682,140	\$11,209,721
2	MEDICARE	\$78,497,959	90,907,100	\$12,409,141
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,416,179	44,162,143	\$6,745,964
4	MEDICAID	\$33,158,225	44,013,114	\$10,854,889
5	OTHER MEDICAL ASSISTANCE	\$4,257,954	149,029	(\$4,108,925)
6	CHAMPUS / TRICARE	\$1,575,205	1,791,179	\$215,974
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,774,027	2,457,383	(\$316,644)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$117,489,343	\$136,860,422	\$19,371,079
	TOTAL OUTPATIENT CHARGES	\$243,961,762	\$274,542,562	\$30,580,800
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$220,911,737	\$217,432,469	(\$3,479,268)
2	TOTAL MEDICARE	\$200,954,053	\$206,313,018	\$5,358,965
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$90,025,601	\$105,908,104	\$15,882,503
4	TOTAL MEDICAID	\$82,354,550	\$105,490,866	\$23,136,316
5	TOTAL OTHER MEDICAL ASSISTANCE	\$7,671,051	\$417,238	(\$7,253,813)
6	TOTAL CHAMPUS / TRICARE	\$3,331,182	\$4,069,543	\$738,361
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,104,059	\$3,633,307	(\$470,752)
	TOTAL GOVERNMENT CHARGES	\$294,310,836	\$316,290,665	\$21,979,829
	TOTAL CHARGES	\$515,222,573	\$533,723,134	\$18,500,561
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,796,535	\$48,509,473	\$1,712,938
2	MEDICARE	\$71,351,724	69,374,209	(\$1,977,515)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,360,019	20,022,325	\$2,662,306
4	MEDICAID	\$16,885,004	19,975,514	\$3,090,510
5	OTHER MEDICAL ASSISTANCE	\$475,015	46,811	(\$428,204)
6	CHAMPUS / TRICARE	\$578,732	716,506	\$137,774
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$159,546	230,603	\$71,057
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$89,290,475	\$90,113,040	\$822,565
	TOTAL INPATIENT PAYMENTS	\$136,087,010	\$138,622,513	\$2,535,503
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,092,946	\$70,434,181	\$4,341,235
2	MEDICARE	\$26,108,680	31,957,894	\$5,849,214
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,044,481	18,892,611	\$4,848,130
4	MEDICAID	\$13,205,257	18,881,757	\$5,676,500
5	OTHER MEDICAL ASSISTANCE	\$839,224	10,854	(\$828,370)
6	CHAMPUS / TRICARE	\$585,727	647,617	\$61,890
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$317,574	342,475	\$24,901
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$40,738,888	\$51,498,122	\$10,759,234
	TOTAL OUTPATIENT PAYMENTS	\$106,831,834	\$121,932,303	\$15,100,469
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$112,889,481	\$118,943,654	\$6,054,173
2	TOTAL MEDICARE	\$97,460,404	\$101,332,103	\$3,871,699
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,404,500	\$38,914,936	\$7,510,436
4	TOTAL MEDICAID	\$30,090,261	\$38,857,271	\$8,767,010
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,314,239	\$57,665	(\$1,256,574)
6	TOTAL CHAMPUS / TRICARE	\$1,164,459	\$1,364,123	\$199,664
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$477,120	\$573,078	\$95,958
	TOTAL GOVERNMENT PAYMENTS	\$130,029,363	\$141,611,162	\$11,581,799
	TOTAL PAYMENTS	\$242,918,844	\$260,554,816	\$17,635,972

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.33%	14.94%	-3.39%
2	MEDICARE	23.77%	21.62%	-2.14%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.21%	11.57%	1.36%
4	MEDICAID	9.55%	11.52%	1.97%
5	OTHER MEDICAL ASSISTANCE	0.66%	0.05%	-0.61%
6	CHAMPUS / TRICARE	0.34%	0.43%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.26%	0.22%	-0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.32%	33.62%	-0.70%
	TOTAL INPATIENT PAYER MIX	52.65%	48.56%	-4.09%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.55%	25.80%	1.25%
2	MEDICARE	15.24%	17.03%	1.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.26%	8.27%	1.01%
4	MEDICAID	6.44%	8.25%	1.81%
5	OTHER MEDICAL ASSISTANCE	0.83%	0.03%	-0.80%
6	CHAMPUS / TRICARE	0.31%	0.34%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.54%	0.46%	-0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.80%	25.64%	2.84%
	TOTAL OUTPATIENT PAYER MIX	47.35%	51.44%	4.09%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.26%	18.62%	-0.65%
2	MEDICARE	29.37%	26.63%	-2.75%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.15%	7.68%	0.54%
4	MEDICAID	6.95%	7.67%	0.72%
5	OTHER MEDICAL ASSISTANCE	0.20%	0.02%	-0.18%
6	CHAMPUS / TRICARE	0.24%	0.27%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07%	0.09%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.76%	34.59%	-2.17%
	TOTAL INPATIENT PAYER MIX	56.02%	53.20%	-2.82%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.21%	27.03%	-0.18%
2	MEDICARE	10.75%	12.27%	1.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.78%	7.25%	1.47%
4	MEDICAID	5.44%	7.25%	1.81%
5	OTHER MEDICAL ASSISTANCE	0.35%	0.00%	-0.34%
6	CHAMPUS / TRICARE	0.24%	0.25%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.13%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.77%	19.76%	2.99%
	TOTAL OUTPATIENT PAYER MIX	43.98%	46.80%	2.82%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,604	3,328	(276)
2	MEDICARE	3,950	3,811	(139)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,929	1,881	(48)
4	MEDICAID	1,757	1,872	115
5	OTHER MEDICAL ASSISTANCE	172	9	(163)
6	CHAMPUS / TRICARE	84	62	(22)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	81	50	(31)
	TOTAL GOVERNMENT DISCHARGES	5,963	5,754	(209)
	TOTAL DISCHARGES	9,567	9,082	(485)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18,134	17,563	(571)
2	MEDICARE	20,358	19,382	(976)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,434	14,140	1,706
4	MEDICAID	11,690	14,060	2,370
5	OTHER MEDICAL ASSISTANCE	744	80	(664)
6	CHAMPUS / TRICARE	304	529	225
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	295	234	(61)
	TOTAL GOVERNMENT PATIENT DAYS	33,096	34,051	955
	TOTAL PATIENT DAYS	51,230	51,614	384
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.0	5.3	0.2
2	MEDICARE	5.2	5.1	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.4	7.5	1.1
4	MEDICAID	6.7	7.5	0.9
5	OTHER MEDICAL ASSISTANCE	4.3	8.9	4.6
6	CHAMPUS / TRICARE	3.6	8.5	4.9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.6	4.7	1.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.9	0.4
	TOTAL AVERAGE LENGTH OF STAY	5.4	5.7	0.3
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41180	1.41210	0.00030
2	MEDICARE	1.63280	1.54930	(0.08350)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.35415	1.33552	(0.01863)
4	MEDICAID	1.36600	1.33110	(0.03490)
5	OTHER MEDICAL ASSISTANCE	1.23310	2.25540	1.02230
6	CHAMPUS / TRICARE	1.45280	1.52180	0.06900
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05250	1.34800	0.29550
	TOTAL GOVERNMENT CASE MIX INDEX	1.54012	1.47912	(0.06100)
	TOTAL CASE MIX INDEX	1.49178	1.45456	(0.03722)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$216,807,678	\$213,799,162	(\$3,008,516)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,704,450	\$120,391,584	\$3,687,134
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,103,228	\$93,407,578	(\$6,695,650)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.17%	43.69%	-2.48%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,104,104	\$873,533	(\$230,571)
9	BAD DEBTS	\$6,859,997	\$2,513,627	(\$4,346,370)
10	TOTAL UNCOMPENSATED CARE	\$7,964,101	\$3,387,160	(\$4,576,941)
11	TOTAL OTHER OPERATING REVENUE	\$216,807,678	\$213,799,162	(\$3,008,516)
12	TOTAL OPERATING EXPENSES	\$252,835,619	\$262,964,301	\$10,128,682

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,088.12720	4,699.46880	(388.65840)
2	MEDICARE	6,449.56000	5,904.38230	(545.17770)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,612.15520	2,512.11780	(100.03740)
4	MEDICAID	2,400.06200	2,491.81920	91.75720
5	OTHER MEDICAL ASSISTANCE	212.09320	20.29860	(191.79460)
6	CHAMPUS / TRICARE	122.03520	94.35160	(27.68360)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	85.25250	67.40000	(17.85250)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	9,183.75040	8,510.85170	(672.89870)
	TOTAL CASE MIX ADJUSTED DISCHARGES	14,271.87760	13,210.32050	(1,061.55710)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,826.44949	5,745.50811	919.05862
2	MEDICARE	2,532.06621	3,001.98607	469.91986
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,398.79032	1,345.20188	-53.58844
4	MEDICAID	1,184.21450	1,340.20108	155.98658
5	OTHER MEDICAL ASSISTANCE	214.57582	5.00081	-209.57501
6	CHAMPUS / TRICARE	75.35248	48.74247	-26.61001
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	168.94044	104.48732	-64.45311
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,006.20901	4,395.93042	389.72142
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	8,832.65850	10,141.43853	1,308.78004
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,197.20	\$10,322.33	\$1,125.13
2	MEDICARE	\$11,063.04	\$11,749.61	\$686.58
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,645.86	\$7,970.30	\$1,324.44
4	MEDICAID	\$7,035.24	\$8,016.44	\$981.20
5	OTHER MEDICAL ASSISTANCE	\$2,239.65	\$2,306.12	\$66.47
6	CHAMPUS / TRICARE	\$4,742.34	\$7,594.00	\$2,851.66
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,871.45	\$3,421.41	\$1,549.96
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,722.66	\$10,588.02	\$865.36
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,535.33	\$10,493.50	\$958.17
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,693.91	\$12,259.00	(\$1,434.91)
2	MEDICARE	\$10,311.22	\$10,645.58	\$334.37
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,040.45	\$14,044.44	\$4,004.00
4	MEDICAID	\$11,151.07	\$14,088.75	\$2,937.68
5	OTHER MEDICAL ASSISTANCE	\$3,911.08	\$2,170.45	(\$1,740.63)
6	CHAMPUS / TRICARE	\$7,773.16	\$13,286.50	\$5,513.34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,879.80	\$3,277.67	\$1,397.87
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,168.94	\$11,714.95	\$1,546.02
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,095.09	\$12,023.18	(\$71.92)

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	(\$994,566)	(\$4,614,534)	(\$3,619,968)
2	OTHER MEDICAL ASSISTANCE	\$3,244,694	\$234,072	(\$3,010,621)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,208,013	\$1,331,174	(\$876,838)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,458,140	(\$3,049,288)	(\$7,507,428)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$515,222,573	\$533,723,134	\$18,500,561
2	TOTAL GOVERNMENT DEDUCTIONS	\$164,281,473	\$174,679,503	\$10,398,030
3	UNCOMPENSATED CARE	\$7,964,101	\$3,387,160	(\$4,576,941)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,103,228	\$93,407,578	(\$6,695,650)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$272,348,802	\$271,474,241	(\$874,561)
7	TOTAL ACCRUED PAYMENTS	\$242,873,771	\$262,248,893	\$19,375,122
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$242,873,771	\$262,248,893	\$19,375,122
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4713958272	0.4913575528	0.0199617256
11	COST OF UNCOMPENSATED CARE	\$3,754,244	\$1,664,307	(\$2,089,937)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$11,033,193	\$13,123,811	\$2,090,618
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,787,437	\$14,788,117	\$681
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.55%	60.83%	11.27%
2	MEDICARE	58.27%	60.11%	1.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33.00%	32.43%	-0.57%
4	MEDICAID	34.32%	32.49%	-1.83%
5	OTHER MEDICAL ASSISTANCE	13.92%	17.45%	3.54%
6	CHAMPUS / TRICARE	32.96%	31.45%	-1.51%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12.00%	19.61%	7.61%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	50.50%	50.22%	-0.28%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	50.17%	53.48%	3.32%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.26%	51.16%	-1.10%
2	MEDICARE	33.26%	35.15%	1.89%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.54%	42.78%	5.24%
4	MEDICAID	39.82%	42.90%	3.08%
5	OTHER MEDICAL ASSISTANCE	19.71%	7.28%	-12.43%
6	CHAMPUS / TRICARE	37.18%	36.16%	-1.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.45%	13.94%	2.49%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.67%	37.63%	2.95%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	43.79%	44.41%	0.62%

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$242,918,844	\$260,554,816	\$17,635,972
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$242,918,844	\$260,554,816	\$17,635,972
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	\$0	\$0
4	CALCULATED NET REVENUE	\$242,918,844	\$260,554,816	\$17,635,972
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$242,918,844	\$260,554,818	\$17,635,974
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$515,222,573	\$533,723,134	\$18,500,561
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$515,222,573	\$533,723,134	\$18,500,561
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$515,222,573	\$533,723,134	\$18,500,561
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,964,101	\$3,387,160	(\$4,576,941)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,964,101	\$3,387,160	(\$4,576,941)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,964,101	\$3,387,160	(\$4,576,941)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,750,329
2	MEDICARE	115,405,918
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	61,745,961
4	MEDICAID	61,477,752
5	OTHER MEDICAL ASSISTANCE	268,209
6	CHAMPUS / TRICARE	2,278,364
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,175,924
	TOTAL INPATIENT GOVERNMENT CHARGES	\$179,430,243
	TOTAL INPATIENT CHARGES	\$259,180,572
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$137,682,140
2	MEDICARE	90,907,100
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	44,162,143
4	MEDICAID	44,013,114
5	OTHER MEDICAL ASSISTANCE	149,029
6	CHAMPUS / TRICARE	1,791,179
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,457,383
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$136,860,422
	TOTAL OUTPATIENT CHARGES	\$274,542,562
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$217,432,469
2	TOTAL GOVERNMENT ACCRUED CHARGES	316,290,665
	TOTAL ACCRUED CHARGES	\$533,723,134
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,509,473
2	MEDICARE	69,374,209
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,022,325
4	MEDICAID	19,975,514
5	OTHER MEDICAL ASSISTANCE	46,811
6	CHAMPUS / TRICARE	716,506
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	230,603
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$90,113,040
	TOTAL INPATIENT PAYMENTS	\$138,622,513
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,434,181
2	MEDICARE	31,957,894
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,892,611
4	MEDICAID	18,881,757
5	OTHER MEDICAL ASSISTANCE	10,854
6	CHAMPUS / TRICARE	647,617
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	342,475
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$51,498,122
	TOTAL OUTPATIENT PAYMENTS	\$121,932,303
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$118,943,654
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	141,611,162
	TOTAL ACCRUED PAYMENTS	\$260,554,816

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 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 2011</u>
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,328
2	MEDICARE	3,811
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,881
4	MEDICAID	1,872
5	OTHER MEDICAL ASSISTANCE	9
6	CHAMPUS / TRICARE	62
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	50
	TOTAL GOVERNMENT DISCHARGES	5,754
	TOTAL DISCHARGES	9,082
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41210
2	MEDICARE	1.54930
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.33552
4	MEDICAID	1.33110
5	OTHER MEDICAL ASSISTANCE	2.25540
6	CHAMPUS / TRICARE	1.52180
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.34800
	TOTAL GOVERNMENT CASE MIX INDEX	1.47912
	TOTAL CASE MIX INDEX	1.45456
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$213,799,162
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$120,391,584
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$93,407,578
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.69%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$873,533
9	BAD DEBTS	\$2,513,627
10	TOTAL UNCOMPENSATED CARE	\$3,387,160
11	TOTAL OTHER OPERATING REVENUE	\$2,868,190
12	TOTAL OPERATING EXPENSES	\$262,964,301

JOHN DEMPSEY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$260,554,816
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$260,554,816
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	CALCULATED NET REVENUE	\$260,554,816
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$260,554,818
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$533,723,134
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$533,723,134
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$533,723,134
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,387,160
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,387,160
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,387,160
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	575	438	(137)	-24%
2	Number of Approved Applicants	197	190	(7)	-4%
3	Total Charges (A)	\$1,104,104	\$873,533	(\$230,571)	-21%
4	Average Charges	\$5,605	\$4,598	(\$1,007)	-18%
5	Ratio of Cost to Charges (RCC)	0.529546	0.489298	(0.040248)	-8%
6	Total Cost	\$584,674	\$427,418	(\$157,256)	-27%
7	Average Cost	\$2,968	\$2,250	(\$718)	-24%
8	Charity Care - Inpatient Charges	\$549,315	\$345,689	(\$203,626)	-37%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	154,993	194,666	39,673	26%
10	Charity Care - Emergency Department Charges	399,796	333,178	(66,618)	-17%
11	Total Charges (A)	\$1,104,104	\$873,533	(\$230,571)	-21%
12	Charity Care - Number of Patient Days	202	143	(59)	-29%
13	Charity Care - Number of Discharges	36	38	2	6%
14	Charity Care - Number of Outpatient ED Visits	174	407	233	134%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	409	515	106	26%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$2,263,799	\$779,224	(\$1,484,575)	-66%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,195,199	879,770	(1,315,429)	-60%
3	Bad Debts - Emergency Department	2,400,999	854,633	(1,546,366)	-64%
4	Total Bad Debts (A)	\$6,859,997	\$2,513,627	(\$4,346,370)	-63%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$1,104,104	\$873,533	(\$230,571)	-21%
2	Bad Debts (A)	6,859,997	2,513,627	(4,346,370)	-63%
3	Total Uncompensated Care (A)	\$7,964,101	\$3,387,160	(\$4,576,941)	-57%
4	Uncompensated Care - Inpatient Services	\$2,813,114	\$1,124,913	(\$1,688,201)	-60%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,350,192	1,074,436	(1,275,756)	-54%
6	Uncompensated Care - Emergency Department	2,800,795	1,187,811	(1,612,984)	-58%
7	Total Uncompensated Care (A)	\$7,964,101	\$3,387,160	(\$4,576,941)	-57%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

JOHN DEMPSEY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011		
<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>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$216,807,678	\$213,799,162	(\$3,008,516)	-1%
2	Total Contractual Allowances	\$100,103,228	\$93,407,578	(\$6,695,650)	-7%
	Total Accrued Payments (A)	\$116,704,450	\$120,391,584	\$3,687,134	3%
	Total Discount Percentage	46.17%	43.69%	-2.48%	-5%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$244,010,061	\$271,260,811	\$259,180,572
2	Outpatient Gross Revenue	\$236,758,939	\$243,961,762	\$274,542,562
3	Total Gross Patient Revenue	\$480,769,000	\$515,222,573	\$533,723,134
4	Net Patient Revenue	\$251,133,088	\$253,989,584	\$268,117,022
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$266,850,045	\$279,636,521	\$286,852,873
C. <u>Utilization Statistics</u>				
1	Patient Days	56,119	51,230	51,614
2	Discharges	9,587	9,567	9,082
3	Average Length of Stay	5.9	5.4	5.7
4	Equivalent (Adjusted) Patient Days (EPD)	110,570	97,304	106,287
0	Equivalent (Adjusted) Discharges (ED)	18,889	18,171	18,702
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.50537	1.49178	1.45456
2	Case Mix Adjusted Patient Days (CMAPD)	84,480	76,424	75,076
3	Case Mix Adjusted Discharges (CMAD)	14,432	14,272	13,210
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	166,449	145,157	154,601
5	Case Mix Adjusted Equivalent Discharges (CMAED)	28,435	27,107	27,204
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,567	\$10,057	\$10,341
2	Total Gross Revenue per Discharge	\$50,148	\$53,854	\$58,767
3	Total Gross Revenue per EPD	\$4,348	\$5,295	\$5,022
4	Total Gross Revenue per ED	\$25,452	\$28,354	\$28,538
5	Total Gross Revenue per CMAEPD	\$2,888	\$3,549	\$3,452
6	Total Gross Revenue per CMAED	\$16,908	\$19,007	\$19,620
7	Inpatient Gross Revenue per EPD	\$2,207	\$2,788	\$2,438
8	Inpatient Gross Revenue per ED	\$12,918	\$14,928	\$13,858

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,475	\$4,958	\$5,195
2	Net Patient Revenue per Discharge	\$26,195	\$26,549	\$29,522
3	Net Patient Revenue per EPD	\$2,271	\$2,610	\$2,523
4	Net Patient Revenue per ED	\$13,295	\$13,978	\$14,336
5	Net Patient Revenue per CMAEPD	\$1,509	\$1,750	\$1,734
6	Net Patient Revenue per CMAED	\$8,832	\$9,370	\$9,856
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,755	\$5,458	\$5,558
2	Total Operating Expense per Discharge	\$27,835	\$29,229	\$31,585
3	Total Operating Expense per EPD	\$2,413	\$2,874	\$2,699
4	Total Operating Expense per ED	\$14,127	\$15,389	\$15,338
5	Total Operating Expense per CMAEPD	\$1,603	\$1,926	\$1,855
6	Total Operating Expense per CMAED	\$9,385	\$10,316	\$10,545
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$26,333,098	\$31,768,766	\$33,899,265
2	Nursing Fringe Benefits Expense	\$9,743,246	\$13,355,703	\$14,671,255
3	Total Nursing Salary and Fringe Benefits Expense	\$36,076,344	\$45,124,469	\$48,570,520
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,069,189	\$2,198,863	\$2,350,320
2	Physician Fringe Benefits Expense	\$765,600	\$512,981	\$558,790
3	Total Physician Salary and Fringe Benefits Expense	\$2,834,789	\$2,711,844	\$2,909,110
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$65,178,049	\$54,796,522	\$59,381,744
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$24,443,636	\$24,957,115	\$26,925,351
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$89,621,685	\$79,753,637	\$86,307,095
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$93,580,336	\$88,764,151	\$95,631,329
2	Total Fringe Benefits Expense	\$34,952,482	\$38,825,799	\$42,155,396
3	Total Salary and Fringe Benefits Expense	\$128,532,818	\$127,589,950	\$137,786,725

JOHN DEMPSEY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	542.4	552.0	592.4
2	Total Physician FTEs	18.4	28.0	30.0
3	Total Non-Nursing, Non-Physician FTEs	742.0	615.0	662.9
4	Total Full Time Equivalent Employees (FTEs)	1,302.8	1,195.0	1,285.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$48,549	\$57,552	\$57,224
2	Nursing Fringe Benefits Expense per FTE	\$17,963	\$24,195	\$24,766
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$66,512	\$81,747	\$81,989
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$112,456	\$78,531	\$78,344
2	Physician Fringe Benefits Expense per FTE	\$41,609	\$18,321	\$18,626
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$154,065	\$96,852	\$96,970
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$87,841	\$89,100	\$89,579
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$32,943	\$40,581	\$40,618
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$120,784	\$129,681	\$130,196
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$71,830	\$74,280	\$74,404
2	Total Fringe Benefits Expense per FTE	\$26,829	\$32,490	\$32,798
3	Total Salary and Fringe Benefits Expense per FTE	\$98,659	\$106,770	\$107,202
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,290	\$2,491	\$2,670
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,407	\$13,336	\$15,171
3	Total Salary and Fringe Benefits Expense per EPD	\$1,162	\$1,311	\$1,296
4	Total Salary and Fringe Benefits Expense per ED	\$6,805	\$7,022	\$7,367
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$772	\$879	\$891
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,520	\$4,707	\$5,065