

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$50,099,000	\$56,459,000	\$6,360,000	13%
2	Short Term Investments	\$27,573,000	\$10,647,000	(\$16,926,000)	-61%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$38,248,000	\$42,961,000	\$4,713,000	12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,213,000	\$4,082,000	(\$131,000)	-3%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$334,000	\$0	(\$334,000)	-100%
7	Inventories of Supplies	\$970,000	\$1,436,000	\$466,000	48%
8	Prepaid Expenses	\$1,439,000	\$2,029,000	\$590,000	41%
9	Other Current Assets	\$1,462,000	\$2,852,000	\$1,390,000	95%
	Total Current Assets	\$124,338,000	\$120,466,000	(\$3,872,000)	-3%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$8,694,000	\$8,120,000	(\$574,000)	-7%
2	Board Designated for Capital Acquisition	\$79,978,000	\$80,737,000	\$759,000	1%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$13,377,000	\$13,547,000	\$170,000	1%
	Total Noncurrent Assets Whose Use is Limited:	\$102,049,000	\$102,404,000	\$355,000	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,640,000	\$2,019,000	(\$1,621,000)	-45%
7	Other Noncurrent Assets	\$3,563,000	\$2,995,000	(\$568,000)	-16%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$391,481,000	\$411,695,000	\$20,214,000	5%
2	Less: Accumulated Depreciation	\$236,911,000	\$258,275,000	\$21,364,000	9%
	Property, Plant and Equipment, Net	\$154,570,000	\$153,420,000	(\$1,150,000)	-1%
3	Construction in Progress	\$4,148,000	\$21,322,000	\$17,174,000	414%
	Total Net Fixed Assets	\$158,718,000	\$174,742,000	\$16,024,000	10%
	Total Assets	\$392,308,000	\$402,626,000	\$10,318,000	3%

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<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	\$12,669,000	\$18,782,000	\$6,113,000	48%
2	Salaries, Wages and Payroll Taxes	\$27,456,000	\$29,606,000	\$2,150,000	8%
3	Due To Third Party Payers	\$0	\$207,000	\$207,000	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,785,000	\$3,060,000	\$275,000	10%
6	Current Portion of Notes Payable	\$42,000	\$63,000	\$21,000	50%
7	Other Current Liabilities	\$13,195,000	\$9,399,000	(\$3,796,000)	-29%
	Total Current Liabilities	\$56,147,000	\$61,117,000	\$4,970,000	9%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$68,327,000	\$66,442,000	(\$1,885,000)	-3%
2	Notes Payable (Net of Current Portion)	\$775,000	\$89,000	(\$686,000)	-89%
	Total Long Term Debt	\$69,102,000	\$66,531,000	(\$2,571,000)	-4%
3	Accrued Pension Liability	\$103,987,000	\$117,232,000	\$13,245,000	13%
4	Other Long Term Liabilities	\$18,262,000	\$19,674,000	\$1,412,000	8%
	Total Long Term Liabilities	\$191,351,000	\$203,437,000	\$12,086,000	6%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$131,224,000	\$124,933,000	(\$6,291,000)	-5%
2	Temporarily Restricted Net Assets	\$6,782,000	\$6,259,000	(\$523,000)	-8%
3	Permanently Restricted Net Assets	\$6,804,000	\$6,880,000	\$76,000	1%
	Total Net Assets	\$144,810,000	\$138,072,000	(\$6,738,000)	-5%
	Total Liabilities and Net Assets	\$392,308,000	\$402,626,000	\$10,318,000	3%

MIDDLESEX 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	\$938,143,112	\$1,033,672,371	\$95,529,259	10%
2	Less: Allowances	\$603,550,041	\$690,702,791	\$87,152,750	14%
3	Less: Charity Care	\$9,520,361	\$6,856,094	(\$2,664,267)	-28%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$325,072,710	\$336,113,486	\$11,040,776	3%
5	Other Operating Revenue	\$9,611,535	\$9,543,630	(\$67,905)	-1%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$334,684,245	\$345,657,116	\$10,972,871	3%
B. Operating Expenses:					
1	Salaries and Wages	\$149,975,193	\$155,568,636	\$5,593,443	4%
2	Fringe Benefits	\$36,419,046	\$42,526,853	\$6,107,807	17%
3	Physicians Fees	\$2,502,017	\$3,005,545	\$503,528	20%
4	Supplies and Drugs	\$31,045,899	\$33,144,537	\$2,098,638	7%
5	Depreciation and Amortization	\$21,231,661	\$21,736,910	\$505,249	2%
6	Bad Debts	\$11,858,436	\$13,570,742	\$1,712,306	14%
7	Interest	\$3,718,716	\$3,242,228	(\$476,488)	-13%
8	Malpractice	\$3,980,367	\$2,640,281	(\$1,340,086)	-34%
9	Other Operating Expenses	\$51,790,175	\$53,079,916	\$1,289,741	2%
	Total Operating Expenses	\$312,521,510	\$328,515,648	\$15,994,138	5%
	Income/(Loss) From Operations	\$22,162,735	\$17,141,468	(\$5,021,267)	-23%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,799,040	\$4,985,668	\$1,186,628	31%
2	Gifts, Contributions and Donations	\$491,000	\$471,844	(\$19,156)	-4%
3	Other Non-Operating Gains/(Losses)	(\$1,511,000)	(\$1,079,790)	\$431,210	-29%
	Total Non-Operating Revenue	\$2,779,040	\$4,377,722	\$1,598,682	58%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$24,941,775	\$21,519,190	(\$3,422,585)	-14%
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	\$24,941,775	\$21,519,190	(\$3,422,585)	-14%
	Principal Payments	\$6,907,000	\$3,407,000	(\$3,500,000)	-51%

**MIDDLESEX 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	\$211,662,804	\$238,091,717	\$26,428,913	12%
2	MEDICARE MANAGED CARE	\$26,273,908	\$36,648,686	\$10,374,778	39%
3	MEDICAID	\$23,622,846	\$39,980,828	\$16,357,982	69%
4	MEDICAID MANAGED CARE	\$16,232,499	\$15,751,623	(\$480,876)	-3%
5	CHAMPUS/TRICARE	\$915,983	\$1,167,799	\$251,816	27%
6	COMMERCIAL INSURANCE	\$12,059,054	\$14,410,217	\$2,351,163	19%
7	NON-GOVERNMENT MANAGED CARE	\$100,461,477	\$116,019,193	\$15,557,716	15%
8	WORKER'S COMPENSATION	\$5,946,978	\$5,279,628	(\$667,350)	-11%
9	SELF- PAY/UNINSURED	\$7,173,325	\$6,310,560	(\$862,765)	-12%
10	SAGA	\$7,948,511	\$0	(\$7,948,511)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$412,297,385	\$473,660,251	\$61,362,866	15%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$150,668,930	\$171,332,425	\$20,663,495	14%
2	MEDICARE MANAGED CARE	\$28,659,430	\$30,890,904	\$2,231,474	8%
3	MEDICAID	\$26,209,332	\$44,321,769	\$18,112,437	69%
4	MEDICAID MANAGED CARE	\$32,920,050	\$37,044,595	\$4,124,545	13%
5	CHAMPUS/TRICARE	\$1,918,950	\$2,219,940	\$300,990	16%
6	COMMERCIAL INSURANCE	\$25,948,383	\$27,579,363	\$1,630,980	6%
7	NON-GOVERNMENT MANAGED CARE	\$224,756,617	\$223,074,772	(\$1,681,845)	-1%
8	WORKER'S COMPENSATION	\$11,395,315	\$9,642,163	(\$1,753,152)	-15%
9	SELF- PAY/UNINSURED	\$14,092,307	\$13,906,189	(\$186,118)	-1%
10	SAGA	\$9,276,414	\$0	(\$9,276,414)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$525,845,728	\$560,012,120	\$34,166,392	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$362,331,734	\$409,424,142	\$47,092,408	13%
2	MEDICARE MANAGED CARE	\$54,933,338	\$67,539,590	\$12,606,252	23%
3	MEDICAID	\$49,832,178	\$84,302,597	\$34,470,419	69%
4	MEDICAID MANAGED CARE	\$49,152,549	\$52,796,218	\$3,643,669	7%
5	CHAMPUS/TRICARE	\$2,834,933	\$3,387,739	\$552,806	19%
6	COMMERCIAL INSURANCE	\$38,007,437	\$41,989,580	\$3,982,143	10%
7	NON-GOVERNMENT MANAGED CARE	\$325,218,094	\$339,093,965	\$13,875,871	4%
8	WORKER'S COMPENSATION	\$17,342,293	\$14,921,791	(\$2,420,502)	-14%
9	SELF- PAY/UNINSURED	\$21,265,632	\$20,216,749	(\$1,048,883)	-5%
10	SAGA	\$17,224,925	\$0	(\$17,224,925)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$938,143,113	\$1,033,672,371	\$95,529,258	10%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$61,063,498	\$59,007,094	(\$2,056,404)	-3%
2	MEDICARE MANAGED CARE	\$7,246,065	\$9,621,752	\$2,375,687	33%
3	MEDICAID	\$6,007,149	\$8,773,200	\$2,766,051	46%
4	MEDICAID MANAGED CARE	\$3,970,893	\$3,648,451	(\$322,442)	-8%
5	CHAMPUS/TRICARE	\$195,944	\$222,060	\$26,116	13%
6	COMMERCIAL INSURANCE	\$4,901,096	\$5,820,345	\$919,249	19%
7	NON-GOVERNMENT MANAGED CARE	\$46,436,892	\$52,225,888	\$5,788,996	12%
8	WORKER'S COMPENSATION	\$4,220,985	\$3,699,313	(\$521,672)	-12%
9	SELF- PAY/UNINSURED	\$2,154,497	\$4,381,062	\$2,226,565	103%
10	SAGA	(\$1,796,300)	\$0	\$1,796,300	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$134,400,719	\$147,399,165	\$12,998,446	10%

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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
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$38,804,921	\$39,742,768	\$937,847	2%
2	MEDICARE MANAGED CARE	\$5,446,437	\$6,012,967	\$566,530	10%
3	MEDICAID	\$7,176,278	\$9,069,746	\$1,893,468	26%
4	MEDICAID MANAGED CARE	\$10,367,539	\$10,780,649	\$413,110	4%
5	CHAMPUS/TRICARE	\$437,709	\$564,855	\$127,146	29%
6	COMMERCIAL INSURANCE	\$11,644,230	\$11,522,574	(\$121,656)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$100,180,952	\$95,317,842	(\$4,863,110)	-5%
8	WORKER'S COMPENSATION	\$7,560,134	\$6,382,728	(\$1,177,406)	-16%
9	SELF- PAY/UNINSURED	\$4,402,842	\$3,756,191	(\$646,651)	-15%
10	SAGA	(\$755,657)	\$0	\$755,657	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$185,265,385	\$183,150,320	(\$2,115,065)	-1%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$99,868,419	\$98,749,862	(\$1,118,557)	-1%
2	MEDICARE MANAGED CARE	\$12,692,502	\$15,634,719	\$2,942,217	23%
3	MEDICAID	\$13,183,427	\$17,842,946	\$4,659,519	35%
4	MEDICAID MANAGED CARE	\$14,338,432	\$14,429,100	\$90,668	1%
5	CHAMPUS/TRICARE	\$633,653	\$786,915	\$153,262	24%
6	COMMERCIAL INSURANCE	\$16,545,326	\$17,342,919	\$797,593	5%
7	NON-GOVERNMENT MANAGED CARE	\$146,617,844	\$147,543,730	\$925,886	1%
8	WORKER'S COMPENSATION	\$11,781,119	\$10,082,041	(\$1,699,078)	-14%
9	SELF- PAY/UNINSURED	\$6,557,339	\$8,137,253	\$1,579,914	24%
10	SAGA	(\$2,551,957)	\$0	\$2,551,957	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$319,666,104	\$330,549,485	\$10,883,381	3%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	6,435	6,446	11	0%
2	MEDICARE MANAGED CARE	769	927	158	21%
3	MEDICAID	711	1,121	410	58%
4	MEDICAID MANAGED CARE	954	907	(47)	-5%
5	CHAMPUS/TRICARE	43	48	5	12%
6	COMMERCIAL INSURANCE	408	391	(17)	-4%
7	NON-GOVERNMENT MANAGED CARE	3,976	3,735	(241)	-6%
8	WORKER'S COMPENSATION	91	79	(12)	-13%
9	SELF- PAY/UNINSURED	242	201	(41)	-17%
10	SAGA	289	0	(289)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	13,918	13,855	(63)	0%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	30,211	30,988	777	3%
2	MEDICARE MANAGED CARE	3,339	4,206	867	26%
3	MEDICAID	3,688	6,073	2,385	65%
4	MEDICAID MANAGED CARE	2,880	2,644	(236)	-8%
5	CHAMPUS/TRICARE	143	163	20	14%
6	COMMERCIAL INSURANCE	1,551	1,601	50	3%
7	NON-GOVERNMENT MANAGED CARE	12,984	13,174	190	1%
8	WORKER'S COMPENSATION	298	219	(79)	-27%
9	SELF- PAY/UNINSURED	1,126	867	(259)	-23%
10	SAGA	1,609	0	(1,609)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	57,829	59,935	2,106	4%
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	224,686	223,677	(1,009)	0%
2	MEDICARE MANAGED CARE	34,006	34,939	933	3%
3	MEDICAID	41,957	52,504	10,547	25%
4	MEDICAID MANAGED CARE	47,184	47,486	302	1%
5	CHAMPUS/TRICARE	2,375	2,382	7	0%
6	COMMERCIAL INSURANCE	27,746	27,338	(408)	-1%
7	NON-GOVERNMENT MANAGED CARE	238,347	226,788	(11,559)	-5%
8	WORKER'S COMPENSATION	18,377	17,782	(595)	-3%
9	SELF- PAY/UNINSURED	15,535	14,357	(1,178)	-8%
10	SAGA	7,748	0	(7,748)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	657,961	647,253	(10,708)	-2%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$44,127,854	\$53,141,470	\$9,013,616	20%
2	MEDICARE MANAGED CARE	\$6,969,957	\$8,823,662	\$1,853,705	27%
3	MEDICAID	\$10,748,490	\$20,069,359	\$9,320,869	87%
4	MEDICAID MANAGED CARE	\$14,172,434	\$15,496,960	\$1,324,526	9%
5	CHAMPUS/TRICARE	\$933,398	\$1,037,415	\$104,017	11%
6	COMMERCIAL INSURANCE	\$7,013,887	\$7,361,463	\$347,576	5%
7	NON-GOVERNMENT MANAGED CARE	\$63,484,614	\$68,511,656	\$5,027,042	8%
8	WORKER'S COMPENSATION	\$2,207,480	\$2,480,464	\$272,984	12%
9	SELF- PAY/UNINSURED	\$9,596,944	\$9,522,620	(\$74,324)	-1%
10	SAGA	\$5,348,470	\$0	(\$5,348,470)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$164,603,528	\$186,445,069	\$21,841,541	13%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$7,182,062	\$7,649,984	\$467,922	7%
2	MEDICARE MANAGED CARE	\$1,200,441	\$1,293,700	\$93,259	8%
3	MEDICAID	\$1,711,053	\$3,878,072	\$2,167,019	127%
4	MEDICAID MANAGED CARE	\$4,256,418	\$3,869,779	(\$386,639)	-9%
5	CHAMPUS/TRICARE	\$230,685	\$235,290	\$4,605	2%
6	COMMERCIAL INSURANCE	\$2,066,344	\$2,075,124	\$8,780	0%
7	NON-GOVERNMENT MANAGED CARE	\$29,095,030	\$30,575,860	\$1,480,830	5%
8	WORKER'S COMPENSATION	\$1,333,705	\$1,395,125	\$61,420	5%
9	SELF- PAY/UNINSURED	\$316,871	\$314,768	(\$2,103)	-1%
10	SAGA	\$1,080,504	\$0	(\$1,080,504)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$48,473,113	\$51,287,702	\$2,814,589	6%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	15,805	16,343	538	3%
2	MEDICARE MANAGED CARE	2,311	2,663	352	15%
3	MEDICAID	5,049	8,760	3,711	73%
4	MEDICAID MANAGED CARE	11,103	11,165	62	1%
5	CHAMPUS/TRICARE	655	739	84	13%
6	COMMERCIAL INSURANCE	3,962	3,712	(250)	-6%
7	NON-GOVERNMENT MANAGED CARE	36,016	35,247	(769)	-2%
8	WORKER'S COMPENSATION	2,038	2,174	136	7%
9	SELF- PAY/UNINSURED	6,543	6,003	(540)	-8%
10	SAGA	2,499	0	(2,499)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	85,981	86,806	825	1%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$45,300,265	\$46,575,871	\$1,275,606	3%
2	Physician Salaries	\$22,986,362	\$25,136,796	\$2,150,434	9%
3	Non-Nursing, Non-Physician Salaries	\$81,688,566	\$83,855,969	\$2,167,403	3%
	Total Salaries & Wages	\$149,975,193	\$155,568,636	\$5,593,443	4%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$11,000,436	\$12,732,163	\$1,731,727	16%
2	Physician Fringe Benefits	\$5,581,866	\$6,871,493	\$1,289,627	23%
3	Non-Nursing, Non-Physician Fringe Benefits	\$19,836,744	\$22,923,197	\$3,086,453	16%
	Total Fringe Benefits	\$36,419,046	\$42,526,853	\$6,107,807	17%
C. Contractual Labor Fees:					
1	Nursing Fees	\$192,276	\$496,836	\$304,560	158%
2	Physician Fees	\$2,502,017	\$3,005,545	\$503,528	20%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$2,694,293	\$3,502,381	\$808,088	30%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$23,376,330	\$24,201,366	\$825,036	4%
2	Pharmaceutical Costs	\$7,669,569	\$8,943,171	\$1,273,602	17%
	Total Medical Supplies and Pharmaceutical Cost	\$31,045,899	\$33,144,537	\$2,098,638	7%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$9,801,668	\$9,985,642	\$183,974	2%
2	Depreciation-Equipment	\$11,302,685	\$11,628,728	\$326,043	3%
3	Amortization	\$127,308	\$122,540	(\$4,768)	-4%
	Total Depreciation and Amortization	\$21,231,661	\$21,736,910	\$505,249	2%
F. Bad Debts:					
1	Bad Debts	\$11,858,436	\$13,570,742	\$1,712,306	14%
G. Interest Expense:					
1	Interest Expense	\$3,718,716	\$3,242,228	(\$476,488)	-13%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,980,367	\$2,640,281	(\$1,340,086)	-34%
I. Utilities:					
1	Water	\$221,843	\$257,495	\$35,652	16%
2	Natural Gas	\$122,369	\$111,425	(\$10,944)	-9%
3	Oil	\$1,203,697	\$972,621	(\$231,076)	-19%
4	Electricity	\$2,891,572	\$3,032,617	\$141,045	5%
5	Telephone	\$1,281,297	\$1,316,527	\$35,230	3%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$5,720,778	\$5,690,685	(\$30,093)	-1%
J. Business Expenses:					
1	Accounting Fees	\$256,439	\$291,332	\$34,893	14%
2	Legal Fees	\$841,609	\$900,863	\$59,254	7%
3	Consulting Fees	\$2,337,046	\$1,528,376	(\$808,670)	-35%
4	Dues and Membership	\$643,437	\$646,127	\$2,690	0%
5	Equipment Leases	\$1,900,068	\$1,772,912	(\$127,156)	-7%
6	Building Leases	\$3,446,803	\$3,543,439	\$96,636	3%
7	Repairs and Maintenance	\$3,278,325	\$2,245,956	(\$1,032,369)	-31%
8	Insurance	\$446,348	\$536,468	\$90,120	20%
9	Travel	\$1,113,663	\$1,262,702	\$149,039	13%
10	Conferences	\$59,893	\$105,191	\$45,298	76%
11	Property Tax	\$119,493	\$3,609,461	\$3,489,968	2921%
12	General Supplies	\$2,076,946	\$1,989,707	(\$87,239)	-4%
13	Licenses and Subscriptions	\$396,317	\$394,248	(\$2,069)	-1%
14	Postage and Shipping	\$275,844	\$283,215	\$7,371	3%
15	Advertising	\$636,866	\$1,107,303	\$470,437	74%
16	Other Business Expenses	\$6,123,672	\$6,099,876	(\$23,796)	0%
	Total Business Expenses	\$23,952,769	\$26,317,176	\$2,364,407	10%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$21,924,352	\$20,575,219	(\$1,349,133)	-6%
	Total Operating Expenses - All Expense Categories*	\$312,521,510	\$328,515,648	\$15,994,138	5%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$31,238,022	\$28,796,988	(\$2,441,034)	-8%
2	General Accounting	\$1,111,806	\$1,069,244	(\$42,562)	-4%
3	Patient Billing & Collection	\$16,742,278	\$18,249,320	\$1,507,042	9%
4	Admitting / Registration Office	\$2,606,173	\$2,698,382	\$92,209	4%
5	Data Processing	\$14,350,506	\$14,404,449	\$53,943	0%
6	Communications	\$1,986,062	\$1,887,914	(\$98,148)	-5%
7	Personnel	\$38,304,164	\$45,008,800	\$6,704,636	18%
8	Public Relations	\$1,661,658	\$1,821,031	\$159,373	10%
9	Purchasing	\$1,671,812	\$1,677,223	\$5,411	0%
10	Dietary and Cafeteria	\$3,809,186	\$3,946,399	\$137,213	4%
11	Housekeeping	\$2,741,122	\$2,842,159	\$101,037	4%
12	Laundry & Linen	\$873,592	\$846,666	(\$26,926)	-3%
13	Operation of Plant	\$14,202,966	\$14,457,610	\$254,644	2%
14	Security	\$1,250,684	\$1,609,472	\$358,788	29%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$2,859,721	\$3,122,141	\$262,420	9%
17	Pharmacy Department	\$10,360,055	\$11,132,587	\$772,532	7%
18	Other General Services	\$731,891	\$768,464	\$36,573	5%
	Total General Services	\$146,501,698	\$154,338,849	\$7,837,151	5%
B.	Professional Services:				
1	Medical Care Administration	\$5,403,613	\$5,947,323	\$543,710	10%
2	Residency Program	\$3,847,452	\$4,149,050	\$301,598	8%
3	Nursing Services Administration	\$2,853,039	\$3,027,207	\$174,168	6%
4	Medical Records	\$3,918,131	\$4,086,031	\$167,900	4%
5	Social Service	\$294,699	\$321,333	\$26,634	9%
6	Other Professional Services	\$327,665	\$551,986	\$224,321	68%
	Total Professional Services	\$16,644,599	\$18,082,930	\$1,438,331	9%
C.	Special Services:				
1	Operating Room	\$17,188,397	\$18,786,824	\$1,598,427	9%
2	Recovery Room	\$2,481,586	\$2,392,402	(\$89,184)	-4%
3	Anesthesiology	\$778,686	\$857,812	\$79,126	10%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$9,144,589	\$9,154,307	\$9,718	0%
6	Diagnostic Ultrasound	\$1,511,883	\$1,627,347	\$115,464	8%
7	Radiation Therapy	\$2,133,479	\$2,616,109	\$482,630	23%
8	Radioisotopes	\$700,409	\$782,038	\$81,629	12%
9	CT Scan	\$2,858,456	\$2,870,201	\$11,745	0%
10	Laboratory	\$13,025,800	\$13,473,285	\$447,485	3%
11	Blood Storing/Processing	\$1,847,876	\$2,036,522	\$188,646	10%
12	Cardiology	\$668,532	\$753,439	\$84,907	13%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$314,551	\$548,132	\$233,581	74%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$290,644	\$154,804	(\$135,840)	-47%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,097,525	\$1,157,876	\$60,351	5%
19	Pulmonary Function	\$59,478	\$75,006	\$15,528	26%
20	Intravenous Therapy	\$517,643	\$740,214	\$222,571	43%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$6,989,504	\$7,533,430	\$543,926	8%
23	Renal Dialysis	\$179,601	\$191,747	\$12,146	7%
24	Emergency Room	\$19,981,907	\$21,029,455	\$1,047,548	5%
25	MRI	\$1,876,039	\$1,835,378	(\$40,661)	-2%
26	PET Scan	\$515,160	\$424,482	(\$90,678)	-18%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$514,007	\$662,649	\$148,642	29%
29	Sleep Center	\$619,183	\$655,045	\$35,862	6%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$878,267	\$869,053	(\$9,214)	-1%
32	Occupational Therapy / Physical Therapy	\$2,744,324	\$2,922,476	\$178,152	6%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,465,435	\$3,617,500	\$152,065	4%
	Total Special Services	\$92,382,961	\$97,767,533	\$5,384,572	6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D.	Routine Services:				
1	Medical & Surgical Units	\$20,781,330	\$22,842,940	\$2,061,610	10%
2	Intensive Care Unit	\$6,453,360	\$6,858,075	\$404,715	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,543,611	\$2,539,198	(\$4,413)	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,523,867	\$4,254,559	(\$269,308)	-6%
7	Newborn Nursery Unit	\$905,500	\$1,044,260	\$138,760	15%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,376,193	\$1,093,985	(\$1,282,208)	-54%
11	Home Care	\$11,486,101	\$11,175,906	(\$310,195)	-3%
12	Outpatient Clinics	\$7,795,746	\$8,365,878	\$570,132	7%
13	Other Routine Services	\$126,544	\$151,535	\$24,991	20%
	Total Routine Services	\$56,992,252	\$58,326,336	\$1,334,084	2%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$312,521,510	\$328,515,648	\$15,994,138	5%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MIDDLESEX HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$317,817,236	\$ 325,072,710	\$336,113,486
2	Other Operating Revenue	9,128,624	9,611,535	9,543,630
3	Total Operating Revenue	\$326,945,860	\$334,684,245	\$345,657,116
4	Total Operating Expenses	305,762,315	312,521,510	328,515,648
5	Income/(Loss) From Operations	\$21,183,545	\$22,162,735	\$17,141,468
6	Total Non-Operating Revenue	(2,393,000)	2,779,040	4,377,722
7	Excess/(Deficiency) of Revenue Over Expenses	\$18,790,545	\$24,941,775	\$21,519,190
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	6.53%	6.57%	4.90%
2	Hospital Non Operating Margin	-0.74%	0.82%	1.25%
3	Hospital Total Margin	5.79%	7.39%	6.15%
4	Income/(Loss) From Operations	\$21,183,545	\$22,162,735	\$17,141,468
5	Total Operating Revenue	\$326,945,860	\$334,684,245	\$345,657,116
6	Total Non-Operating Revenue	(\$2,393,000)	\$2,779,040	\$4,377,722
7	Total Revenue	\$324,552,860	\$337,463,285	\$350,034,838
8	Excess/(Deficiency) of Revenue Over Expenses	\$18,790,545	\$24,941,775	\$21,519,190
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$124,916,000	\$131,224,000	\$124,933,000
2	Hospital Total Net Assets	\$138,110,000	\$144,810,000	\$138,072,000
3	Hospital Change in Total Net Assets	(\$37,694,000)	\$6,700,000	(\$6,738,000)
4	Hospital Change in Total Net Assets %	78.6%	4.9%	-4.7%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.36	0.33	0.31
2	Total Operating Expenses	\$305,762,315	\$312,521,510	\$328,515,648
3	Total Gross Revenue	\$845,270,410	\$938,143,113	\$1,033,672,371
4	Total Other Operating Revenue	\$7,458,624	\$8,002,619	\$9,543,630

MIDDLESEX 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
5	<u>Private Payment to Cost Ratio</u>	1.31	1.39	1.40
6	Total Non-Government Payments	\$170,868,829	\$181,501,628	\$183,105,943
7	Total Uninsured Payments	\$4,529,416	\$6,557,339	\$8,137,253
8	Total Non-Government Charges	\$379,871,003	\$401,833,456	\$416,222,085
9	Total Uninsured Charges	\$25,006,148	\$21,265,632	\$20,216,749
10	<u>Medicare Payment to Cost Ratio</u>	0.86	0.82	0.76
11	Total Medicare Payments	\$115,967,991	\$112,560,921	\$114,384,581
12	Total Medicare Charges	\$376,498,875	\$417,265,072	\$476,963,732
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.84	0.75
14	Total Medicaid Payments	\$15,453,493	\$27,521,859	\$32,272,046
15	Total Medicaid Charges	\$64,634,719	\$98,984,727	\$137,098,815
16	<u>Uncompensated Care Cost</u>	\$8,817,506	\$7,061,633	\$6,432,546
17	Charity Care	\$7,535,167	\$9,520,361	\$6,856,094
18	Bad Debts	\$17,055,645	\$11,858,436	\$13,570,742
19	Total Uncompensated Care	\$24,590,812	\$21,378,797	\$20,426,836
20	<u>Uncompensated Care % of Total Expenses</u>	2.9%	2.3%	2.0%
21	Total Operating Expenses	\$305,762,315	\$312,521,510	\$328,515,648
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.17	2.21	1.97
2	Total Current Assets	\$114,331,000	\$124,338,000	\$120,466,000
3	Total Current Liabilities	\$52,708,000	\$56,147,000	\$61,117,000
4	<u>Days Cash on Hand</u>	86	97	80
5	Cash and Cash Equivalents	\$47,781,000	\$50,099,000	\$56,459,000
6	Short Term Investments	19,181,000	27,573,000	10,647,000
7	Total Cash and Short Term Investments	\$66,962,000	\$77,672,000	\$67,106,000
8	Total Operating Expenses	\$305,762,315	\$312,521,510	\$328,515,648
9	Depreciation Expense	\$20,406,140	\$21,231,661	\$21,736,910
10	Operating Expenses less Depreciation Expense	\$285,356,175	\$291,289,849	\$306,778,738

MIDDLESEX 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
11	<u>Days Revenue in Patient Accounts Receivable</u>	44.81	43.32	46.43
12	Net Patient Accounts Receivable	\$ 39,081,000	\$ 38,248,000	\$ 42,961,000
13	Due From Third Party Payers	\$0	\$334,000	\$0
14	Due To Third Party Payers	\$66,000	\$0	\$207,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,015,000	\$ 38,582,000	\$ 42,754,000
16	Total Net Patient Revenue	\$317,817,236	\$ 325,072,710	\$ 336,113,486
17	<u>Average Payment Period</u>	67.42	70.35	72.72
18	Total Current Liabilities	\$52,708,000	\$56,147,000	\$61,117,000
19	Total Operating Expenses	\$305,762,315	\$312,521,510	\$328,515,648
20	Depreciation Expense	\$20,406,140	\$21,231,661	\$21,736,910
21	Total Operating Expenses less Depreciation Expense	\$285,356,175	\$291,289,849	\$306,778,738
	<u>F. Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	36.9	36.9	34.3
2	Total Net Assets	\$138,110,000	\$144,810,000	\$138,072,000
3	Total Assets	\$374,372,000	\$392,308,000	\$402,626,000
4	<u>Cash Flow to Total Debt Ratio</u>	30.5	36.9	33.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$18,790,545	\$24,941,775	\$21,519,190
6	Depreciation Expense	\$20,406,140	\$21,231,661	\$21,736,910
7	Excess of Revenues Over Expenses and Depreciation Expense	\$39,196,685	\$46,173,436	\$43,256,100
8	Total Current Liabilities	\$52,708,000	\$56,147,000	\$61,117,000
9	Total Long Term Debt	\$75,915,000	\$69,102,000	\$66,531,000
10	Total Current Liabilities and Total Long Term Debt	\$128,623,000	\$125,249,000	\$127,648,000
11	<u>Long Term Debt to Capitalization Ratio</u>	35.5	32.3	32.5
12	Total Long Term Debt	\$75,915,000	\$69,102,000	\$66,531,000
13	Total Net Assets	\$138,110,000	\$144,810,000	\$138,072,000
14	Total Long Term Debt and Total Net Assets	\$214,025,000	\$213,912,000	\$204,603,000

MIDDLESEX 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
15	<u>Debt Service Coverage Ratio</u>	4.9	4.7	7.0
16	Excess Revenues over Expenses	\$18,790,545	\$24,941,775	\$21,519,190
17	Interest Expense	\$3,974,237	\$3,718,716	\$3,242,228
18	Depreciation and Amortization Expense	\$20,406,140	\$21,231,661	\$21,736,910
19	Principal Payments	\$4,789,000	\$6,907,000	\$3,407,000
	<u>G. Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	10.6	11.2	11.9
21	Accumulated Depreciation	\$215,843,000	\$236,911,000	\$258,275,000
22	Depreciation and Amortization Expense	\$20,406,140	\$21,231,661	\$21,736,910
	<u>H. Utilization Measures Summary</u>			
1	Patient Days	57,628	57,829	59,935
2	Discharges	13,964	13,918	13,855
3	ALOS	4.1	4.2	4.3
4	Staffed Beds	176	178	183
5	Available Beds	-	214	248
6	Licensed Beds	297	297	297
6	Occupancy of Staffed Beds	89.7%	89.0%	89.7%
7	Occupancy of Available Beds	73.8%	74.0%	66.2%
8	Full Time Equivalent Employees	1,977.0	2,021.0	2,056.6
	<u>I. Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	42.0%	40.6%	38.3%
2	Medicare Gross Revenue Payer Mix Percentage	44.5%	44.5%	46.1%
3	Medicaid Gross Revenue Payer Mix Percentage	7.6%	10.6%	13.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.6%	1.8%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.0%	2.3%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$354,864,855	\$380,567,824	\$396,005,336
9	Medicare Gross Revenue (Charges)	\$376,498,875	\$417,265,072	\$476,963,732
10	Medicaid Gross Revenue (Charges)	\$64,634,719	\$98,984,727	\$137,098,815
11	Other Medical Assistance Gross Revenue (Charges)	\$21,876,398	\$17,224,925	\$0
12	Uninsured Gross Revenue (Charges)	\$25,006,148	\$21,265,632	\$20,216,749
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,389,415	\$2,834,933	\$3,387,739
14	Total Gross Revenue (Charges)	\$845,270,410	\$938,143,113	\$1,033,672,371

MIDDLESEX 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
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	54.4%	54.3%	52.9%
2	Medicare Net Revenue Payer Mix Percentage	37.9%	34.9%	34.6%
3	Medicaid Net Revenue Payer Mix Percentage	5.1%	8.5%	9.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.9%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.5%	2.0%	2.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$166,339,413	\$174,944,289	\$174,968,690
9	Medicare Net Revenue (Payments)	\$115,967,991	\$112,560,921	\$114,384,581
10	Medicaid Net Revenue (Payments)	\$15,453,493	\$27,521,859	\$32,272,046
11	Other Medical Assistance Net Revenue (Payments)	\$2,713,605	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$4,529,416	\$6,557,339	\$8,137,253
13	CHAMPUS / TRICARE Net Revenue Payments)	\$849,793	\$633,653	\$786,915
14	Total Net Revenue (Payments)	\$305,853,711	\$322,218,061	\$330,549,485
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	4,892	4,717	4,406
2	Medicare	7,401	7,204	7,373
3	Medical Assistance	1,635	1,954	2,028
4	Medicaid	1,313	1,665	2,028
5	Other Medical Assistance	322	289	-
6	CHAMPUS / TRICARE	36	43	48
7	Uninsured (Included In Non-Government)	350	242	201
8	Total	13,964	13,918	13,855
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.056390	1.068190	1.126000
2	Medicare	1.329030	1.346810	1.336000
3	Medical Assistance	0.871967	0.870552	0.966000
4	Medicaid	0.841010	0.830890	0.966000
5	Other Medical Assistance	0.998200	1.099060	0.000000
6	CHAMPUS / TRICARE	0.970510	0.816880	0.876000
7	Uninsured (Included In Non-Government)	1.007240	1.054380	1.080000
8	Total Case Mix Index	1.179075	1.183881	1.213466
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	8,816	8,487	8,487
2	Emergency Room - Treated and Discharged	83,476	85,981	86,806
3	Total Emergency Room Visits	92,292	94,468	95,293

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

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$15,538,525	\$6,505,253	(\$9,033,272)	-58%
2	Inpatient Payments	\$4,285,360	\$1,707,890	(\$2,577,470)	-60%
3	Outpatient Charges	\$17,106,758	\$5,380,032	(\$11,726,726)	-69%
4	Outpatient Payments	\$3,250,967	\$1,047,232	(\$2,203,735)	-68%
5	Discharges	463	134	(329)	-71%
6	Patient Days	2,034	679	(1,355)	-67%
7	Outpatient Visits (Excludes ED Visits)	18,919	5,621	(13,298)	-70%
8	Emergency Department Outpatient Visits	1,379	464	(915)	-66%
9	Emergency Department Inpatient Admissions	383	104	(279)	-73%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,645,283	\$11,885,285	(\$20,759,998)	-64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,536,327	\$2,755,122	(\$4,781,205)	-63%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$10,735,383	\$30,143,433	\$19,408,050	181%
2	Inpatient Payments	\$2,960,705	\$7,913,862	\$4,953,157	167%
3	Outpatient Charges	\$11,552,672	\$25,510,872	\$13,958,200	121%
4	Outpatient Payments	\$2,195,470	\$4,965,735	\$2,770,265	126%
5	Discharges	306	793	487	159%
6	Patient Days	1,305	3,527	2,222	170%
7	Outpatient Visits (Excludes ED Visits)	12,776	26,655	13,879	109%
8	Emergency Department Outpatient Visits	932	2,199	1,267	136%
9	Emergency Department Inpatient Admissions	242	665	423	175%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$22,288,055	\$55,654,305	\$33,366,250	150%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,156,175	\$12,879,597	\$7,723,422	150%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$26,273,908	\$36,648,686	\$10,374,778	39%
	TOTAL INPATIENT PAYMENTS	\$7,246,065	\$9,621,752	\$2,375,687	33%
	TOTAL OUTPATIENT CHARGES	\$28,659,430	\$30,890,904	\$2,231,474	8%
	TOTAL OUTPATIENT PAYMENTS	\$5,446,437	\$6,012,967	\$566,530	10%
	TOTAL DISCHARGES	769	927	158	21%
	TOTAL PATIENT DAYS	3,339	4,206	867	26%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	31,695	32,276	581	2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,311	2,663	352	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	625	769	144	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$54,933,338	\$67,539,590	\$12,606,252	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,692,502	\$15,634,719	\$2,942,217	23%

**MIDDLESEX 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	\$277,229	\$297,998	\$20,769	7%
4	Outpatient Payments	\$87,308	\$86,723	(\$585)	-1%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	304	292	(12)	-4%
8	Emergency Department Outpatient Visits	94	90	(4)	-4%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$277,229	\$297,998	\$20,769	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$87,308	\$86,723	(\$585)	-1%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$9,446,604	\$9,312,583	(\$134,021)	-1%
2	Inpatient Payments	\$2,310,886	\$2,157,016	(\$153,870)	-7%
3	Outpatient Charges	\$18,862,736	\$20,646,888	\$1,784,152	9%
4	Outpatient Payments	\$5,940,457	\$6,008,619	\$68,162	1%
5	Discharges	574	531	(43)	-7%
6	Patient Days	1,672	1,423	(249)	-15%
7	Outpatient Visits (Excludes ED Visits)	20,674	20,244	(430)	-2%
8	Emergency Department Outpatient Visits	6,362	6,223	(139)	-2%
9	Emergency Department Inpatient Admissions	113	105	(8)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,309,340	\$29,959,471	\$1,650,131	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,251,343	\$8,165,635	(\$85,708)	-1%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MIDDLESEX HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$877,552	\$1,267,328	\$389,776	44%
2	Inpatient Payments	\$214,672	\$293,543	\$78,871	37%
3	Outpatient Charges	\$4,489,026	\$5,300,801	\$811,775	18%
4	Outpatient Payments	\$1,413,733	\$1,542,629	\$128,896	9%
5	Discharges	43	56	13	30%
6	Patient Days	236	353	117	50%
7	Outpatient Visits (Excludes ED Visits)	4,920	5,197	277	6%
8	Emergency Department Outpatient Visits	1,514	1,598	84	6%
9	Emergency Department Inpatient Admissions	41	55	14	34%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,366,578	\$6,568,129	\$1,201,551	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,628,405	\$1,836,172	\$207,767	13%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$1,703,602	\$1,367,022	(\$336,580)	-20%
2	Inpatient Payments	\$416,746	\$316,635	(\$100,111)	-24%
3	Outpatient Charges	\$2,372,299	\$2,664,888	\$292,589	12%
4	Outpatient Payments	\$747,110	\$775,531	\$28,421	4%
5	Discharges	85	95	10	12%
6	Patient Days	287	255	(32)	-11%
7	Outpatient Visits (Excludes ED Visits)	2,600	2,613	13	1%
8	Emergency Department Outpatient Visits	800	803	3	0%
9	Emergency Department Inpatient Admissions	12	7	(5)	-42%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,075,901	\$4,031,910	(\$43,991)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,163,856	\$1,092,166	(\$71,690)	-6%
H. AETNA					
1	Inpatient Charges	\$4,204,741	\$3,804,690	(\$400,051)	-10%
2	Inpatient Payments	\$1,028,589	\$881,257	(\$147,332)	-14%
3	Outpatient Charges	\$6,918,760	\$8,134,020	\$1,215,260	18%
4	Outpatient Payments	\$2,178,931	\$2,367,147	\$188,216	9%
5	Discharges	252	225	(27)	-11%
6	Patient Days	685	613	(72)	-11%
7	Outpatient Visits (Excludes ED Visits)	7,583	7,975	392	5%
8	Emergency Department Outpatient Visits	2,333	2,451	118	5%
9	Emergency Department Inpatient Admissions	60	27	(33)	-55%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,123,501	\$11,938,710	\$815,209	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,207,520	\$3,248,404	\$40,884	1%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$16,232,499	\$15,751,623	(\$480,876)	-3%
	TOTAL INPATIENT PAYMENTS	\$3,970,893	\$3,648,451	(\$322,442)	-8%
	TOTAL OUTPATIENT CHARGES	\$32,920,050	\$37,044,595	\$4,124,545	13%
	TOTAL OUTPATIENT PAYMENTS	\$10,367,539	\$10,780,649	\$413,110	4%
	TOTAL DISCHARGES	954	907	(47)	-5%
	TOTAL PATIENT DAYS	2,880	2,644	(236)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	36,081	36,321	240	1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	11,103	11,165	62	1%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	226	194	(32)	-14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$49,152,549	\$52,796,218	\$3,643,669	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,338,432	\$14,429,100	\$90,668	1%

MIDDLESEX HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$52,873,000	\$59,543,000	\$6,670,000	13%
2	Short Term Investments	\$27,573,000	\$10,647,000	(\$16,926,000)	-61%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,170,000	\$43,838,000	\$4,668,000	12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,357,000	\$4,188,000	(\$169,000)	-4%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$334,000	\$0	(\$334,000)	-100%
7	Inventories of Supplies	\$970,000	\$1,436,000	\$466,000	48%
8	Prepaid Expenses	\$1,644,000	\$2,309,000	\$665,000	40%
9	Other Current Assets	\$1,474,000	\$2,867,000	\$1,393,000	95%
	Total Current Assets	\$128,395,000	\$124,828,000	(\$3,567,000)	-3%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$9,267,000	\$8,120,000	(\$1,147,000)	-12%
2	Board Designated for Capital Acquisition	\$79,978,000	\$80,737,000	\$759,000	1%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$13,433,000	\$13,591,000	\$158,000	1%
	Total Noncurrent Assets Whose Use is Limited:	\$102,678,000	\$102,448,000	(\$230,000)	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,640,000	\$2,019,000	(\$1,621,000)	-45%
7	Other Noncurrent Assets	\$2,930,000	\$3,011,000	\$81,000	3%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$407,474,000	\$428,470,000	\$20,996,000	5%
2	Less: Accumulated Depreciation	\$243,307,000	\$265,372,000	\$22,065,000	\$0
	Property, Plant and Equipment, Net	\$164,167,000	\$163,098,000	(\$1,069,000)	-1%
3	Construction in Progress	\$4,148,000	\$21,322,000	\$17,174,000	414%
	Total Net Fixed Assets	\$168,315,000	\$184,420,000	\$16,105,000	10%
	Total Assets	\$405,958,000	\$416,726,000	\$10,768,000	3%

MIDDLESEX HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - 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	\$13,097,000	\$19,224,000	\$6,127,000	47%
2	Salaries, Wages and Payroll Taxes	\$28,547,000	\$30,639,000	\$2,092,000	7%
3	Due To Third Party Payers	\$0	\$207,000	\$207,000	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,030,000	\$3,330,000	\$300,000	10%
6	Current Portion of Notes Payable	\$81,000	\$292,000	\$211,000	260%
7	Other Current Liabilities	\$13,466,000	\$9,563,000	(\$3,903,000)	-29%
	Total Current Liabilities	\$58,221,000	\$63,255,000	\$5,034,000	9%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$74,345,000	\$71,808,000	(\$2,537,000)	-3%
2	Notes Payable (Net of Current Portion)	\$1,869,000	\$926,000	(\$943,000)	-50%
	Total Long Term Debt	\$76,214,000	\$72,734,000	(\$3,480,000)	-5%
3	Accrued Pension Liability	\$103,987,000	\$117,232,000	\$13,245,000	13%
4	Other Long Term Liabilities	\$18,511,000	\$19,960,000	\$1,449,000	8%
	Total Long Term Liabilities	\$198,712,000	\$209,926,000	\$11,214,000	6%
5	Interest in Net Assets of Affiliates or Joint	\$573,000	\$0	(\$573,000)	-100%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$134,810,000	\$130,362,000	(\$4,448,000)	-3%
2	Temporarily Restricted Net Assets	\$6,838,000	\$6,303,000	(\$535,000)	-8%
3	Permanently Restricted Net Assets	\$6,804,000	\$6,880,000	\$76,000	1%
	Total Net Assets	\$148,452,000	\$143,545,000	(\$4,907,000)	-3%
	Total Liabilities and Net Assets	\$405,958,000	\$416,726,000	\$10,768,000	3%

MIDDLESEX HEALTH SYSTEM, INC.					
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	\$956,526,000	\$1,053,422,000	\$96,896,000	10%
2	Less: Allowances	\$609,255,000	\$701,534,000	\$92,279,000	15%
3	Less: Charity Care	\$9,520,000	\$6,856,000	(\$2,664,000)	-28%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$337,751,000	\$345,032,000	\$7,281,000	2%
5	Other Operating Revenue	\$9,955,000	\$14,403,000	\$4,448,000	45%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$347,706,000	\$359,435,000	\$11,729,000	3%
B. Operating Expenses:					
1	Salaries and Wages	\$159,368,000	\$165,100,000	\$5,732,000	4%
2	Fringe Benefits	\$38,415,000	\$44,396,000	\$5,981,000	16%
3	Physicians Fees	\$2,502,000	\$3,006,000	\$504,000	20%
4	Supplies and Drugs	\$31,651,000	\$33,893,000	\$2,242,000	7%
5	Depreciation and Amortization	\$21,932,000	\$22,454,000	\$522,000	2%
6	Bad Debts	\$11,895,000	\$13,720,000	\$1,825,000	15%
7	Interest	\$4,085,000	\$3,614,000	(\$471,000)	-12%
8	Malpractice	\$4,222,000	\$2,859,000	(\$1,363,000)	-32%
9	Other Operating Expenses	\$54,259,000	\$55,581,000	\$1,322,000	2%
	Total Operating Expenses	\$328,329,000	\$344,623,000	\$16,294,000	5%
	Income/(Loss) From Operations	\$19,377,000	\$14,812,000	(\$4,565,000)	-24%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,254,000	\$5,968,000	\$2,714,000	83%
2	Gifts, Contributions and Donations	\$491,000	\$471,000	(\$20,000)	-4%
3	Other Non-Operating Gains/(Losses)	(\$930,000)	(\$1,288,000)	(\$358,000)	38%
	Total Non-Operating Revenue	\$2,815,000	\$5,151,000	\$2,336,000	83%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$22,192,000	\$19,963,000	(\$2,229,000)	-10%
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	\$22,192,000	\$19,963,000	(\$2,229,000)	-10%

MIDDLESEX HEALTH SYSTEM, INC.				
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. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$330,980,000	\$337,751,000	\$345,032,000
2	Other Operating Revenue	9,513,000	9,955,000	14,403,000
3	Total Operating Revenue	\$340,493,000	\$347,706,000	\$359,435,000
4	Total Operating Expenses	321,164,000	328,329,000	344,623,000
5	Income/(Loss) From Operations	\$19,329,000	\$19,377,000	\$14,812,000
6	Total Non-Operating Revenue	(2,239,000)	2,815,000	5,151,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$17,090,000	\$22,192,000	\$19,963,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	5.71%	5.53%	4.06%
2	Parent Corporation Non-Operating Margin	-0.66%	0.80%	1.41%
3	Parent Corporation Total Margin	5.05%	6.33%	5.48%
4	Income/(Loss) From Operations	\$19,329,000	\$19,377,000	\$14,812,000
5	Total Operating Revenue	\$340,493,000	\$347,706,000	\$359,435,000
6	Total Non-Operating Revenue	(\$2,239,000)	\$2,815,000	\$5,151,000
7	Total Revenue	\$338,254,000	\$350,521,000	\$364,586,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$17,090,000	\$22,192,000	\$19,963,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$128,787,000	\$134,810,000	\$130,362,000
2	Parent Corporation Total Net Assets	\$141,981,000	\$148,452,000	\$143,545,000
3	Parent Corporation Change in Total Net Assets	(\$37,435,000)	\$6,471,000	(\$4,907,000)
4	Parent Corporation Change in Total Net Assets %	79.1%	4.6%	-3.3%

MIDDLESEX HEALTH SYSTEM, INC.				
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	2.16	2.21	1.97
2	Total Current Assets	\$117,913,000	\$128,395,000	\$124,828,000
3	Total Current Liabilities	\$54,677,000	\$58,221,000	\$63,255,000
4	Days Cash on Hand	84	96	80
5	Cash and Cash Equivalents	\$50,111,000	\$52,873,000	\$59,543,000
6	Short Term Investments	19,181,000	27,573,000	10,647,000
7	Total Cash and Short Term Investments	\$69,292,000	\$80,446,000	\$70,190,000
8	Total Operating Expenses	\$321,164,000	\$328,329,000	\$344,623,000
9	Depreciation Expense	\$21,019,000	\$21,932,000	\$22,454,000
10	Operating Expenses less Depreciation Expense	\$300,145,000	\$306,397,000	\$322,169,000
11	Days Revenue in Patient Accounts Receivable	44	43	46
12	Net Patient Accounts Receivable	\$ 39,854,000	\$ 39,170,000	\$ 43,838,000
13	Due From Third Party Payers	\$0	\$334,000	\$0
14	Due To Third Party Payers	\$66,000	\$0	\$207,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,788,000	\$ 39,504,000	\$ 43,631,000
16	Total Net Patient Revenue	\$330,980,000	\$337,751,000	\$345,032,000
17	Average Payment Period	66	69	72
18	Total Current Liabilities	\$54,677,000	\$58,221,000	\$63,255,000
19	Total Operating Expenses	\$321,164,000	\$328,329,000	\$344,623,000
20	Depreciation Expense	\$21,019,000	\$21,932,000	\$22,454,000
21	Total Operating Expenses less Depreciation Expense	\$300,145,000	\$306,397,000	\$322,169,000

MIDDLESEX HEALTH SYSTEM, INC.				
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>	36.6	36.6	34.4
2	Total Net Assets	\$141,981,000	\$148,452,000	\$143,545,000
3	Total Assets	\$387,596,000	\$405,958,000	\$416,726,000
4	<u>Cash Flow to Total Debt Ratio</u>	27.8	32.8	31.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$17,090,000	\$22,192,000	\$19,963,000
6	Depreciation Expense	\$21,019,000	\$21,932,000	\$22,454,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$38,109,000	\$44,124,000	\$42,417,000
8	Total Current Liabilities	\$54,677,000	\$58,221,000	\$63,255,000
9	Total Long Term Debt	\$82,465,000	\$76,214,000	\$72,734,000
10	Total Current Liabilities and Total Long Term Debt	\$137,142,000	\$134,435,000	\$135,989,000
11	<u>Long Term Debt to Capitalization Ratio</u>	36.7	33.9	33.6
12	Total Long Term Debt	\$82,465,000	\$76,214,000	\$72,734,000
13	Total Net Assets	\$141,981,000	\$148,452,000	\$143,545,000
14	Total Long Term Debt and Total Net Assets	\$224,446,000	\$224,666,000	\$216,279,000

MIDDLESEX 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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>DAYS</u>	<u># PATIENT</u>		<u>BEDS (A)</u>	<u>BEDS</u>	<u>BEDS (A)</u>	<u>BEDS</u>
1	Adult Medical/Surgical	36,471	10,908	10,722	110	138	90.8%	72.4%
2	ICU/CCU (Excludes Neonatal ICU)	11,469	1,024	0	37	44	84.9%	71.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	6,026	733	732	17	20	97.1%	82.5%
	TOTAL PSYCHIATRIC	6,026	733	732	17	20	97.1%	82.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,001	1,121	1,260	10	23	82.2%	35.7%
7	Newborn	2,968	1,093	1,086	9	23	90.4%	35.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	56,967	12,762	12,714	174	225	89.7%	69.4%
	TOTAL INPATIENT BED UTILIZATION	59,935	13,855	13,800	183	248	89.7%	66.2%
	TOTAL INPATIENT REPORTED YEAR	59,935	13,855	13,800	183	248	89.7%	66.2%
	TOTAL INPATIENT PRIOR YEAR	57,829	0	0	178	214	89.0%	74.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,106	13,855	13,800	5	34	0.7%	-7.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	4%	0%	0%	3%	16%	1%	-11%
	Total Licensed Beds and Bassinets	297						
(A) This number may not exceed the number of available beds for each department or in total.								

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	8,665	7,256	-1,409	-16%
2	Outpatient Scans (Excluding Emergency Department Scans)	13,023	11,270	-1,753	-13%
3	Emergency Department Scans	12,544	11,427	-1,117	-9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	34,232	29,953	-4,279	-13%
B. MRI Scans (A)					
1	Inpatient Scans	1,237	1,446	209	17%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,506	9,068	-438	-5%
3	Emergency Department Scans	60	65	5	8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	10,803	10,579	-224	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	12	7	-5	-42%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	12	7	-5	-42%
D. PET/CT Scans (A)					
1	Inpatient Scans	3	8	5	167%
2	Outpatient Scans (Excluding Emergency Department Scans)	460	479	19	4%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	463	487	24	5%
(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	159	183	24	15%
2	Outpatient Procedures	9,929	10,431	502	5%
	Total Linear Accelerator Procedures	10,088	10,614	526	5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	138	115	-23	-17%
2	Outpatient Procedures	304	219	-85	-28%
	Total Cardiac Catheterization Procedures	442	334	-108	-24%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,429	3,110	-319	-9%
2	Outpatient Surgical Procedures	7,161	4,934	-2,227	-31%
	Total Surgical Procedures	10,590	8,044	-2,546	-24%

MIDDLESEX 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
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	830	782	-48	-6%
2	Outpatient Endoscopy Procedures	1,915	1,851	-64	-3%
	Total Endoscopy Procedures	2,745	2,633	-112	-4%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	8,487	8,487	0	0%
2	Emergency Room Visits: Treated and Discharged	85,981	86,806	825	1%
	Total Emergency Room Visits	94,468	95,293	825	1%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	30,286	29,833	-453	-1%
4	Medical Clinic Visits	51,839	53,691	1,852	4%
5	Specialty Clinic Visits	8,515	7,454	-1,061	-12%
	Total Hospital Clinic Visits	90,640	90,978	338	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	44,395	44,360	-35	0%
2	Cardiology	3,568	3,620	52	1%
3	Chemotherapy	254	459	205	81%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	425,637	412,543	-13,094	-3%
	Total Other Hospital Outpatient Visits	473,854	460,982	-12,872	-3%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	505.0	497.2	-7.8	-2%
2	Total Physician FTEs	124.0	130.3	6.3	5%
3	Total Non-Nursing and Non-Physician FTEs	1,392.0	1,429.1	37.1	3%
	Total Hospital Full Time Equivalent Employees	2,021.0	2,056.6	35.6	2%

MIDDLESEX 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. Outpatient Surgical Procedures					
1	MH OP Center Saybrook Road	3,225	1,184	-2,041	-63%
2	Middlesex Hospital	3,936	3,750	-186	-5%
	Total Outpatient Surgical Procedures(A)	7,161	4,934	-2,227	-31%
B. Outpatient Endoscopy Procedures					
1	MH Shoreline Oscopy Room	0	0	0	0%
2	Middlesex Hospital	1,915	1,851	-64	-3%
	Total Outpatient Endoscopy Procedures(B)	1,915	1,851	-64	-3%
C. Outpatient Hospital Emergency Room Visits					
1	MH Marlborough ED	23,826	24,175	349	1%
2	MH Shoreline ED	21,733	21,592	-141	-1%
3	Middlesex Hospital ED	40,422	41,039	617	2%
	Total Outpatient Hospital Emergency Room Visits(C)	85,981	86,806	825	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MIDDLESEX HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	\$237,936,712	\$274,740,403	\$36,803,691	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$68,309,563	\$68,628,846	\$319,283	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.71%	24.98%	-3.73%	-13%
4	DISCHARGES	7,204	7,373	169	2%
5	CASE MIX INDEX (CMI)	1.34681	1.33600	(0.01081)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,702.41924	9,850.32800	147.90876	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,040.47	\$6,967.16	(\$73.30)	-1%
8	PATIENT DAYS	33,550	35,194	1,644	5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,036.05	\$1,950.02	(\$86.04)	-4%
10	AVERAGE LENGTH OF STAY	4.7	4.8	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$179,328,360	\$202,223,329	\$22,894,969	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$44,251,358	\$45,755,735	\$1,504,377	3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.68%	22.63%	-2.05%	-8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	75.37%	73.61%	-1.76%	-2%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,429.51735	5,426.91424	(2.60311)	0%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,150.15	\$8,431.26	\$281.12	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$417,265,072	\$476,963,732	\$59,698,660	14%
18	TOTAL ACCRUED PAYMENTS	\$112,560,921	\$114,384,581	\$1,823,660	2%
19	TOTAL ALLOWANCES	\$304,704,151	\$362,579,151	\$57,875,000	19%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		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	\$125,640,834	\$142,019,598	\$16,378,764	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$57,713,470	\$66,126,608	\$8,413,138	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.94%	46.56%	0.63%	1%
4	DISCHARGES	4,717	4,406	(311)	-7%
5	CASE MIX INDEX (CMI)	1.06819	1.12600	0.05781	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,038.65223	4,961.15600	(77.49623)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,454.15	\$13,328.87	\$1,874.72	16%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,413.68)	(\$6,361.71)	(\$1,948.03)	44%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$22,239,005)	(\$31,561,423)	(\$9,322,418)	42%
10	PATIENT DAYS	15,959	15,861	(98)	-1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,616.36	\$4,169.13	\$552.77	15%
12	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	6%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$276,192,622	\$274,202,487	(\$1,990,135)	-1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$123,788,158	\$116,979,335	(\$6,808,823)	-6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.82%	42.66%	-2.16%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	219.83%	193.07%	-26.75%	-12%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,369,24507	8,506,82705	(1,862,41802)	-18%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,938.01	\$13,751.23	\$1,813.22	15%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,787.86)	(\$5,319.97)	(\$1,532.10)	40%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$39,277,299)	(\$45,256,049)	(\$5,978,750)	15%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$401,833,456	\$416,222,085	\$14,388,629	4%
22	TOTAL ACCRUED PAYMENTS	\$181,501,628	\$183,105,943	\$1,604,315	1%
23	TOTAL ALLOWANCES	\$220,331,828	\$233,116,142	\$12,784,314	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$61,516,304)	(\$76,817,471)	(\$15,301,168)	25%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$363,815,764	\$377,720,253	\$13,904,489	4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$182,105,996	\$184,841,366	\$2,735,370	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$181,709,768	\$192,878,887	\$11,169,119	6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.95%	51.06%	1.12%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$7,173,325	\$6,310,560	(\$862,765)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,154,497	\$4,381,062	\$2,226,565	103%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.03%	69.42%	39.39%	131%
4	DISCHARGES	242	201	(41)	-17%
5	CASE MIX INDEX (CMI)	1.05438	1.08000	0.02562	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	255.15996	217.08000	(38.07996)	-15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,443.71	\$20,181.79	\$11,738.07	139%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,010.44	(\$6,852.91)	(\$9,863.35)	-328%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$1,403.24)	(\$13,214.62)	(\$11,811.38)	842%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$358,052)	(\$2,868,630)	(\$2,510,578)	701%
11	PATIENT DAYS	1,126	867	(259)	-23%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,913.41	\$5,053.13	\$3,139.72	164%
13	AVERAGE LENGTH OF STAY	4.7	4.3	(0.3)	-7%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,092,307	\$13,906,189	(\$186,118)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,402,842	\$3,756,191	(\$646,651)	-15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.24%	27.01%	-4.23%	-14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	196.45%	220.36%	23.91%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	475.41946	442.93121	(32.48825)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,260.96	\$8,480.30	(\$780.66)	-8%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$2,677.05	\$5,270.93	\$2,593.88	97%
21	MEDICARE - UNINSURED OP PMT / OPED	(\$1,110.82)	(\$49.04)	\$1,061.78	-96%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$528,104)	(\$21,722)	\$506,382	-96%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$21,265,632	\$20,216,749	(\$1,048,883)	-5%
24	TOTAL ACCRUED PAYMENTS	\$6,557,339	\$8,137,253	\$1,579,914	24%
25	TOTAL ALLOWANCES	\$14,708,293	\$12,079,496	(\$2,628,797)	-18%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$886,156)	(\$2,890,352)	(\$2,004,196)	226%

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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	\$39,855,345	\$55,732,451	\$15,877,106	40%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,978,042	\$12,421,651	\$2,443,609	24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.04%	22.29%	-2.75%	-11%
4	DISCHARGES	1,665	2,028	363	22%
5	CASE MIX INDEX (CMI)	0.83089	0.96600	0.13511	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,383.43185	1,959.04800	575.61615	42%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,212.53	\$6,340.66	(\$871.87)	-12%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,241.62	\$6,988.21	\$2,746.59	65%
9	MEDICARE - MEDICAID IP PMT / CMAD	(\$172.06)	\$626.51	\$798.57	-464%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$238,036)	\$1,227,357	\$1,465,392	-616%
11	PATIENT DAYS	6,568	8,717	2,149	33%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,519.19	\$1,424.99	(\$94.20)	-6%
13	AVERAGE LENGTH OF STAY	3.9	4.3	0.4	9%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$59,129,382	\$81,366,364	\$22,236,982	38%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,543,817	\$19,850,395	\$2,306,578	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.67%	24.40%	-5.27%	-18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	148.36%	145.99%	-2.37%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,470.19367	2,960.77031	490.57664	20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,102.20	\$6,704.47	(\$397.73)	-6%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,835.81	\$7,046.76	\$2,210.95	46%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,047.94	\$1,726.79	\$678.85	65%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,588,622	\$5,112,635	\$2,524,013	98%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$98,984,727	\$137,098,815	\$38,114,088	39%
24	TOTAL ACCRUED PAYMENTS	\$27,521,859	\$32,272,046	\$4,750,187	17%
25	TOTAL ALLOWANCES	\$71,462,868	\$104,826,769	\$33,363,901	47%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,350,586	\$6,339,992	\$3,989,406	170%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$7,948,511	\$0	(\$7,948,511)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	289	-	(289)	-100%
5	CASE MIX INDEX (CMI)	1.09906	0.00000	(1.09906)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	317.62834	0.00000	(317.62834)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$11,454.15	\$13,328.87	\$1,874.72	16%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,040.47	\$6,967.16	(\$73.30)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,236,252	\$0	(\$2,236,252)	-100%
11	PATIENT DAYS	1,609	0	(1,609)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	5.6	-	(5.6)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,276,414	\$0	(\$9,276,414)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	116.71%	0.00%	-116.71%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	337.28124	0.00000	(337.28124)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$11,938.01	\$13,751.23	\$1,813.22	15%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,150.15	\$8,431.26	\$281.12	3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,748,891	\$0	(\$2,748,891)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$17,224,925	\$0	(\$17,224,925)	-100%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$17,224,925	\$0	(\$17,224,925)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$4,985,143	\$0	(\$4,985,143)	-100%

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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	\$47,803,856	\$55,732,451	\$7,928,595	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,978,042	\$12,421,651	\$2,443,609	24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.87%	22.29%	1.42%	7%
4	DISCHARGES	1,954	2,028	74	4%
5	CASE MIX INDEX (CMI)	0.87055	0.96600	0.09545	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,701.06019	1,959.04800	257.98781	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,865.78	\$6,340.66	\$474.88	8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,588.37	\$6,988.21	\$1,399.84	25%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,174.69	\$626.51	(\$548.18)	-47%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,998,216	\$1,227,357	(\$770,859)	-39%
11	PATIENT DAYS	8,177	8,717	540	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,220.26	\$1,424.99	\$204.73	17%
13	AVERAGE LENGTH OF STAY	4.2	4.3	0.1	3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$68,405,796	\$81,366,364	\$12,960,568	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,543,817	\$19,850,395	\$2,306,578	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.65%	24.40%	-1.25%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.10%	145.99%	2.90%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,807.47491	2,960.77031	153.29540	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,248.97	\$6,704.47	\$455.50	7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,689.04	\$7,046.76	\$1,357.72	24%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,901.18	\$1,726.79	(\$174.39)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,337,513	\$5,112,635	(\$224,878)	-4%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$116,209,652	\$137,098,815	\$20,889,163	18%
24	TOTAL ACCRUED PAYMENTS	\$27,521,859	\$32,272,046	\$4,750,187	17%
25	TOTAL ALLOWANCES	\$88,687,793	\$104,826,769	\$16,138,976	18%

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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	\$915,983	\$1,167,799	\$251,816	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$195,944	\$222,060	\$26,116	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.39%	19.02%	-2.38%	-11%
4	DISCHARGES	43	48	5	12%
5	CASE MIX INDEX (CMI)	0.81688	0.87600	0.05912	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	35.12584	42.04800	6.92216	20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,578.34	\$5,281.11	(\$297.24)	-5%
8	PATIENT DAYS	143	163	20	14%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,370.24	\$1,362.33	(\$7.91)	-1%
10	AVERAGE LENGTH OF STAY	3.3	3.4	0.1	2%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,918,950	\$2,219,940	\$300,990	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$437,709	\$564,855	\$127,146	29%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,834,933	\$3,387,739	\$552,806	19%
14	TOTAL ACCRUED PAYMENTS	\$633,653	\$786,915	\$153,262	24%
15	TOTAL ALLOWANCES	\$2,201,280	\$2,600,824	\$399,544	18%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$8,002,619	\$9,543,630	\$1,541,011	19%
2	TOTAL OPERATING EXPENSES	\$312,521,510	\$328,515,648	\$15,994,138	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,608,918	\$0	(\$1,608,918)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$9,520,361	\$6,856,094	(\$2,664,267)	-28%
5	BAD DEBTS (CHARGES)	\$11,858,436	\$13,570,742	\$1,712,306	14%
6	UNCOMPENSATED CARE (CHARGES)	\$21,378,797	\$20,426,836	(\$951,961)	-4%
7	COST OF UNCOMPENSATED CARE	\$7,448,173	\$6,594,775	(\$853,398)	-11%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$116,209,652	\$137,098,815	\$20,889,163	18%
9	TOTAL ACCRUED PAYMENTS	\$27,521,859	\$32,272,046	\$4,750,187	17%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$40,486,355	\$44,262,159	\$3,775,804	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,964,496	\$11,990,113	(\$974,383)	-8%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$412,297,385	\$473,660,251	\$61,362,866	15%
2	TOTAL INPATIENT PAYMENTS	\$136,197,019	\$147,399,165	\$11,202,146	8%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.03%	31.12%	-1.91%	-6%
4	TOTAL DISCHARGES	13,918	13,855	(63)	0%
5	TOTAL CASE MIX INDEX	1.18388	1.21347	0.02959	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	16,477,25750	16,812,58000	335,32250	2%
7	TOTAL OUTPATIENT CHARGES	\$525,845,728	\$560,012,120	\$34,166,392	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	127.54%	118.23%	-9.31%	-7%
9	TOTAL OUTPATIENT PAYMENTS	\$186,021,042	\$183,150,320	(\$2,870,722)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.38%	32.70%	-2.67%	-8%
11	TOTAL CHARGES	\$938,143,113	\$1,033,672,371	\$95,529,258	10%
12	TOTAL PAYMENTS	\$322,218,061	\$330,549,485	\$8,331,424	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.35%	31.98%	-2.37%	-7%
14	PATIENT DAYS	57,829	59,935	2,106	4%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$286,656,551	\$331,640,653	\$44,984,102	16%
2	INPATIENT PAYMENTS	\$78,483,549	\$81,272,557	\$2,789,008	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.38%	24.51%	-2.87%	-10%
4	DISCHARGES	9,201	9,449	248	3%
5	CASE MIX INDEX	1.24319	1.25425	0.01106	1%
6	CASE MIX ADJUSTED DISCHARGES	11,438,60527	11,851,42400	412,81873	4%
7	OUTPATIENT CHARGES	\$249,653,106	\$285,809,633	\$36,156,527	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	87.09%	86.18%	-0.91%	-1%
9	OUTPATIENT PAYMENTS	\$62,232,884	\$66,170,985	\$3,938,101	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.93%	23.15%	-1.78%	-7%
11	TOTAL CHARGES	\$536,309,657	\$617,450,286	\$81,140,629	15%
12	TOTAL PAYMENTS	\$140,716,433	\$147,443,542	\$6,727,109	5%
13	TOTAL PAYMENTS / CHARGES	26.24%	23.88%	-2.36%	-9%
14	PATIENT DAYS	41,870	44,074	2,204	5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$395,593,224	\$470,006,744	\$74,413,520	19%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.7	4.8	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.6	0.2	6%
3	UNINSURED	4.7	4.3	(0.3)	-7%
4	MEDICAID	3.9	4.3	0.4	9%
5	OTHER MEDICAL ASSISTANCE	5.6	-	(5.6)	-100%
6	CHAMPUS / TRICARE	3.3	3.4	0.1	2%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.2	4%

MIDDLESEX 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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$938,143,113	\$1,033,672,371	\$95,529,258	10%
2	TOTAL GOVERNMENT DEDUCTIONS	\$395,593,224	\$470,006,744	\$74,413,520	19%
3	UNCOMPENSATED CARE	\$21,378,797	\$20,426,836	(\$951,961)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$181,709,768	\$192,878,887	\$11,169,119	6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,229,964	\$16,640,238	\$2,410,274	17%
6	TOTAL ADJUSTMENTS	\$612,911,753	\$699,952,705	\$87,040,952	14%
7	TOTAL ACCRUED PAYMENTS	\$325,231,360	\$333,719,666	\$8,488,306	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,608,918	\$0	(\$1,608,918)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$326,840,278	\$333,719,666	\$6,879,388	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3483906383	0.3228485885	(0.0255420498)	-7%
11	COST OF UNCOMPENSATED CARE	\$7,448,173	\$6,594,775	(\$853,398)	-11%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$12,964,496	\$11,990,113	(\$974,383)	-8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$20,412,669	\$18,584,888	(\$1,827,780)	-9%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,588,622	\$5,112,635	\$2,524,013	98%
2	OTHER MEDICAL ASSISTANCE	\$4,985,143	\$0	(\$4,985,143)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$886,156)	(\$2,890,352)	(\$2,004,196)	226%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,687,609	\$2,222,283	(\$4,465,326)	-67%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$20,675,399	\$23,580,041	\$2,904,642	14.05%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$2,854,644	\$5,563,767	\$2,709,123	94.90%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$326,681,627	\$336,113,214	\$9,431,587	2.89%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$938,143,112	\$1,033,672,371	\$95,529,259	10.18%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$21,378,797	\$20,426,836	(\$951,961)	-4.45%

MIDDLESEX 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)	\$125,640,834	\$142,019,598	\$16,378,764
2	MEDICARE	\$237,936,712	274,740,403	\$36,803,691
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,803,856	55,732,451	\$7,928,595
4	MEDICAID	\$39,855,345	55,732,451	\$15,877,106
5	OTHER MEDICAL ASSISTANCE	\$7,948,511	0	(\$7,948,511)
6	CHAMPUS / TRICARE	\$915,983	1,167,799	\$251,816
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,173,325	6,310,560	(\$862,765)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$286,656,551	\$331,640,653	\$44,984,102
	TOTAL INPATIENT CHARGES	\$412,297,385	\$473,660,251	\$61,362,866
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$276,192,622	\$274,202,487	(\$1,990,135)
2	MEDICARE	\$179,328,360	202,223,329	\$22,894,969
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$68,405,796	81,366,364	\$12,960,568
4	MEDICAID	\$59,129,382	81,366,364	\$22,236,982
5	OTHER MEDICAL ASSISTANCE	\$9,276,414	0	(\$9,276,414)
6	CHAMPUS / TRICARE	\$1,918,950	2,219,940	\$300,990
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,092,307	13,906,189	(\$186,118)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$249,653,106	\$285,809,633	\$36,156,527
	TOTAL OUTPATIENT CHARGES	\$525,845,728	\$560,012,120	\$34,166,392
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$401,833,456	\$416,222,085	\$14,388,629
2	TOTAL MEDICARE	\$417,265,072	\$476,963,732	\$59,698,660
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$116,209,652	\$137,098,815	\$20,889,163
4	TOTAL MEDICAID	\$98,984,727	\$137,098,815	\$38,114,088
5	TOTAL OTHER MEDICAL ASSISTANCE	\$17,224,925	\$0	(\$17,224,925)
6	TOTAL CHAMPUS / TRICARE	\$2,834,933	\$3,387,739	\$552,806
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,265,632	\$20,216,749	(\$1,048,883)
	TOTAL GOVERNMENT CHARGES	\$536,309,657	\$617,450,286	\$81,140,629
	TOTAL CHARGES	\$938,143,113	\$1,033,672,371	\$95,529,258
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,713,470	\$66,126,608	\$8,413,138
2	MEDICARE	\$68,309,563	68,628,846	\$319,283
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,978,042	12,421,651	\$2,443,609
4	MEDICAID	\$9,978,042	12,421,651	\$2,443,609
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$195,944	222,060	\$26,116
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,154,497	4,381,062	\$2,226,565
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$78,483,549	\$81,272,557	\$2,789,008
	TOTAL INPATIENT PAYMENTS	\$136,197,019	\$147,399,165	\$11,202,146
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$123,788,158	\$116,979,335	(\$6,808,823)
2	MEDICARE	\$44,251,358	45,755,735	\$1,504,377
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,543,817	19,850,395	\$2,306,578
4	MEDICAID	\$17,543,817	19,850,395	\$2,306,578
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$437,709	564,855	\$127,146
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,402,842	3,756,191	(\$646,651)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$62,232,884	\$66,170,985	\$3,938,101
	TOTAL OUTPATIENT PAYMENTS	\$186,021,042	\$183,150,320	(\$2,870,722)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$181,501,628	\$183,105,943	\$1,604,315
2	TOTAL MEDICARE	\$112,560,921	\$114,384,581	\$1,823,660
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,521,859	\$32,272,046	\$4,750,187
4	TOTAL MEDICAID	\$27,521,859	\$32,272,046	\$4,750,187
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$633,653	\$786,915	\$153,262
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,557,339	\$8,137,253	\$1,579,914
	TOTAL GOVERNMENT PAYMENTS	\$140,716,433	\$147,443,542	\$6,727,109
	TOTAL PAYMENTS	\$322,218,061	\$330,549,485	\$8,331,424

MIDDLESEX 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)	13.39%	13.74%	0.35%
2	MEDICARE	25.36%	26.58%	1.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.10%	5.39%	0.30%
4	MEDICAID	4.25%	5.39%	1.14%
5	OTHER MEDICAL ASSISTANCE	0.85%	0.00%	-0.85%
6	CHAMPUS / TRICARE	0.10%	0.11%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.76%	0.61%	-0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.56%	32.08%	1.53%
	TOTAL INPATIENT PAYER MIX	43.95%	45.82%	1.87%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.44%	26.53%	-2.91%
2	MEDICARE	19.12%	19.56%	0.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.29%	7.87%	0.58%
4	MEDICAID	6.30%	7.87%	1.57%
5	OTHER MEDICAL ASSISTANCE	0.99%	0.00%	-0.99%
6	CHAMPUS / TRICARE	0.20%	0.21%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.50%	1.35%	-0.16%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.61%	27.65%	1.04%
	TOTAL OUTPATIENT PAYER MIX	56.05%	54.18%	-1.87%
	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)	17.91%	20.01%	2.09%
2	MEDICARE	21.20%	20.76%	-0.44%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.10%	3.76%	0.66%
4	MEDICAID	3.10%	3.76%	0.66%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.07%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.67%	1.33%	0.66%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	24.36%	24.59%	0.23%
	TOTAL INPATIENT PAYER MIX	42.27%	44.59%	2.32%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.42%	35.39%	-3.03%
2	MEDICARE	13.73%	13.84%	0.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.44%	6.01%	0.56%
4	MEDICAID	5.44%	6.01%	0.56%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.14%	0.17%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.37%	1.14%	-0.23%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.31%	20.02%	0.70%
	TOTAL OUTPATIENT PAYER MIX	57.73%	55.41%	-2.32%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MIDDLESEX 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)	4,717	4,406	(311)
2	MEDICARE	7,204	7,373	169
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,954	2,028	74
4	MEDICAID	1,665	2,028	363
5	OTHER MEDICAL ASSISTANCE	289	0	(289)
6	CHAMPUS / TRICARE	43	48	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	242	201	(41)
	TOTAL GOVERNMENT DISCHARGES	9,201	9,449	248
	TOTAL DISCHARGES	13,918	13,855	(63)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,959	15,861	(98)
2	MEDICARE	33,550	35,194	1,644
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,177	8,717	540
4	MEDICAID	6,568	8,717	2,149
5	OTHER MEDICAL ASSISTANCE	1,609	0	(1,609)
6	CHAMPUS / TRICARE	143	163	20
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,126	867	(259)
	TOTAL GOVERNMENT PATIENT DAYS	41,870	44,074	2,204
	TOTAL PATIENT DAYS	57,829	59,935	2,106
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.6	0.2
2	MEDICARE	4.7	4.8	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	4.3	0.1
4	MEDICAID	3.9	4.3	0.4
5	OTHER MEDICAL ASSISTANCE	5.6	0.0	(5.6)
6	CHAMPUS / TRICARE	3.3	3.4	0.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.7	4.3	(0.3)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.6	4.7	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06819	1.12600	0.05781
2	MEDICARE	1.34681	1.33600	(0.01081)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87055	0.96600	0.09545
4	MEDICAID	0.83089	0.96600	0.13511
5	OTHER MEDICAL ASSISTANCE	1.09906	0.00000	(1.09906)
6	CHAMPUS / TRICARE	0.81688	0.87600	0.05912
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05438	1.08000	0.02562
	TOTAL GOVERNMENT CASE MIX INDEX	1.24319	1.25425	0.01106
	TOTAL CASE MIX INDEX	1.18388	1.21347	0.02959
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$363,815,764	\$377,720,253	\$13,904,489
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$182,105,996	\$184,841,366	\$2,735,370
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$181,709,768	\$192,878,887	\$11,169,119
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.95%	51.06%	1.12%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$20,675,399	\$23,580,041	\$2,904,642
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,229,964	\$16,640,238	\$2,410,274
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,608,918	\$0	(\$1,608,918)
8	CHARITY CARE	\$9,520,361	\$6,856,094	(\$2,664,267)
9	BAD DEBTS	\$11,858,436	\$13,570,742	\$1,712,306
10	TOTAL UNCOMPENSATED CARE	\$21,378,797	\$20,426,836	(\$951,961)
11	TOTAL OTHER OPERATING REVENUE	\$363,815,764	\$377,720,253	\$13,904,489
12	TOTAL OPERATING EXPENSES	\$312,521,510	\$328,515,648	\$15,994,138

MIDDLESEX 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)	5,038.65223	4,961.15600	(77.49623)
2	MEDICARE	9,702.41924	9,850.32800	147.90876
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,701.06019	1,959.04800	257.98781
4	MEDICAID	1,383.43185	1,959.04800	575.61615
5	OTHER MEDICAL ASSISTANCE	317.62834	0.00000	(317.62834)
6	CHAMPUS / TRICARE	35.12584	42.04800	6.92216
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	255.15996	217.08000	(38.07996)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,438.60527	11,851.42400	412.81873
	TOTAL CASE MIX ADJUSTED DISCHARGES	16,477.25750	16,812.58000	335.32250
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,369.24507	8,506.82705	-1,862.41802
2	MEDICARE	5,429.51735	5,426.91424	-2.60311
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,807.47491	2,960.77031	153.29540
4	MEDICAID	2,470.19367	2,960.77031	490.57664
5	OTHER MEDICAL ASSISTANCE	337.28124	0.00000	-337.28124
6	CHAMPUS / TRICARE	90.08339	91.24611	1.16273
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	475.41946	442.93121	-32.48825
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,327.07565	8,478.93066	151.85501
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	18,696.32071	16,985.75771	-1,710.56300
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,454.15	\$13,328.87	\$1,874.72
2	MEDICARE	\$7,040.47	\$6,967.16	(\$73.30)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,865.78	\$6,340.66	\$474.88
4	MEDICAID	\$7,212.53	\$6,340.66	(\$871.87)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,578.34	\$5,281.11	(\$297.24)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,443.71	\$20,181.79	\$11,738.07
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,861.29	\$6,857.62	(\$3.67)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,265.76	\$8,767.19	\$501.44
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,938.01	\$13,751.23	\$1,813.22
2	MEDICARE	\$8,150.15	\$8,431.26	\$281.12
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,248.97	\$6,704.47	\$455.50
4	MEDICAID	\$7,102.20	\$6,704.47	(\$397.73)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,858.93	\$6,190.46	\$1,331.52
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,260.96	\$8,480.30	(\$780.66)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,473.56	\$7,804.17	\$330.61
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,949.61	\$10,782.58	\$832.97

MIDDLESEX 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	\$2,588,622	\$5,112,635	\$2,524,013
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$886,156)	(\$2,890,352)	(\$2,004,196)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,702,466	\$2,222,283	\$519,817
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$938,143,113	\$1,033,672,371	\$95,529,258
2	TOTAL GOVERNMENT DEDUCTIONS	\$395,593,224	\$470,006,744	\$74,413,520
3	UNCOMPENSATED CARE	\$21,378,797	\$20,426,836	(\$951,961)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$181,709,768	\$192,878,887	\$11,169,119
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,229,964	\$16,640,238	\$2,410,274
6	TOTAL ADJUSTMENTS	\$612,911,753	\$699,952,705	\$87,040,952
7	TOTAL ACCRUED PAYMENTS	\$325,231,360	\$333,719,666	\$8,488,306
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,608,918	\$0	(\$1,608,918)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$326,840,278	\$333,719,666	\$6,879,388
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3483906383	0.3228485885	(0.0255420498)
11	COST OF UNCOMPENSATED CARE	\$7,448,173	\$6,594,775	(\$853,398)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$12,964,496	\$11,990,113	(\$974,383)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$20,412,669	\$18,584,888	(\$1,827,780)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.94%	46.56%	0.63%
2	MEDICARE	28.71%	24.98%	-3.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.87%	22.29%	1.42%
4	MEDICAID	25.04%	22.29%	-2.75%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	21.39%	19.02%	-2.38%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30.03%	69.42%	39.39%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.38%	24.51%	-2.87%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.03%	31.12%	-1.91%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.82%	42.66%	-2.16%
2	MEDICARE	24.68%	22.63%	-2.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.65%	24.40%	-1.25%
4	MEDICAID	29.67%	24.40%	-5.27%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	22.81%	25.44%	2.63%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	31.24%	27.01%	-4.23%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.93%	23.15%	-1.78%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.38%	32.70%	-2.67%

MIDDLESEX 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	\$322,218,061	\$330,549,485	\$8,331,424
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,608,918	\$0	(\$1,608,918)
	OHCA DEFINED NET REVENUE	\$323,826,979	\$330,549,485	\$6,722,506
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,854,644	\$5,563,767	\$2,709,123
4	CALCULATED NET REVENUE	\$326,681,623	\$336,113,252	\$9,431,629
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$326,681,627	\$336,113,214	\$9,431,587
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$4)	\$38	\$42
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$938,143,113	\$1,033,672,371	\$95,529,258
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$938,143,113	\$1,033,672,371	\$95,529,258
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$938,143,112	\$1,033,672,371	\$95,529,259
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$21,378,797	\$20,426,836	(\$951,961)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$21,378,797	\$20,426,836	(\$951,961)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$21,378,797	\$20,426,836	(\$951,961)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MIDDLESEX 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)	\$142,019,598
2	MEDICARE	274,740,403
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	55,732,451
4	MEDICAID	55,732,451
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,167,799
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,310,560
	TOTAL INPATIENT GOVERNMENT CHARGES	\$331,640,653
	TOTAL INPATIENT CHARGES	\$473,660,251
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$274,202,487
2	MEDICARE	202,223,329
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	81,366,364
4	MEDICAID	81,366,364
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,219,940
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13,906,189
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$285,809,633
	TOTAL OUTPATIENT CHARGES	\$560,012,120
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$416,222,085
2	TOTAL GOVERNMENT ACCRUED CHARGES	617,450,286
	TOTAL ACCRUED CHARGES	\$1,033,672,371
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,126,608
2	MEDICARE	68,628,846
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,421,651
4	MEDICAID	12,421,651
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	222,060
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,381,062
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$81,272,557
	TOTAL INPATIENT PAYMENTS	\$147,399,165
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$116,979,335
2	MEDICARE	45,755,735
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,850,395
4	MEDICAID	19,850,395
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	564,855
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,756,191
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$66,170,985
	TOTAL OUTPATIENT PAYMENTS	\$183,150,320
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$183,105,943
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	147,443,542
	TOTAL ACCRUED PAYMENTS	\$330,549,485

MIDDLESEX 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
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,406
2	MEDICARE	7,373
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,028
4	MEDICAID	2,028
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	48
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	201
	TOTAL GOVERNMENT DISCHARGES	9,449
	TOTAL DISCHARGES	13,855
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.12600
2	MEDICARE	1.33600
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96600
4	MEDICAID	0.96600
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.87600
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08000
	TOTAL GOVERNMENT CASE MIX INDEX	1.25425
	TOTAL CASE MIX INDEX	1.21347
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$377,720,253
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$184,841,366
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$192,878,887
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.06%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$23,580,041
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$16,640,238
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$6,856,094
9	BAD DEBTS	\$13,570,742
10	TOTAL UNCOMPENSATED CARE	\$20,426,836
11	TOTAL OTHER OPERATING REVENUE	\$9,543,630
12	TOTAL OPERATING EXPENSES	\$328,515,648

MIDDLESEX 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	\$330,549,485
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$330,549,485
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,563,767
	CALCULATED NET REVENUE	\$336,113,252
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$336,113,214
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$38
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,033,672,371
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,033,672,371
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,033,672,371
	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)	\$20,426,836
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$20,426,836
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$20,426,836
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MIDDLESEX 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. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	3,190	3,302	112	4%
2	Number of Approved Applicants	2,316	1,679	(637)	-28%
3	Total Charges (A)	\$9,520,361	\$6,856,094	(\$2,664,267)	-28%
4	Average Charges	\$4,111	\$4,083	(\$27)	-1%
5	Ratio of Cost to Charges (RCC)	0.358569	0.330310	(0.028259)	-8%
6	Total Cost	\$3,413,706	\$2,264,636	(\$1,149,070)	-34%
7	Average Cost	\$1,474	\$1,349	(\$125)	-8%
8	Charity Care - Inpatient Charges	\$4,079,617	\$1,923,667	(\$2,155,950)	-53%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,814,601	2,328,923	(485,678)	-17%
10	Charity Care - Emergency Department Charges	2,626,143	2,603,504	(22,639)	-1%
11	Total Charges (A)	\$9,520,361	\$6,856,094	(\$2,664,267)	-28%
12	Charity Care - Number of Patient Days	561	268	(293)	-52%
13	Charity Care - Number of Discharges	134	60	(74)	-55%
14	Charity Care - Number of Outpatient ED Visits	1,331	1,010	(321)	-24%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,858	1,068	(790)	-43%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$2,458,016	\$2,543,065	\$85,049	3%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,918,955	3,384,396	465,441	16%
3	Bad Debts - Emergency Department	6,481,465	7,643,281	1,161,816	18%
4	Total Bad Debts (A)	\$11,858,436	\$13,570,742	\$1,712,306	14%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$9,520,361	\$6,856,094	(\$2,664,267)	-28%
2	Bad Debts (A)	11,858,436	13,570,742	1,712,306	14%
3	Total Uncompensated Care (A)	\$21,378,797	\$20,426,836	(\$951,961)	-4%
4	Uncompensated Care - Inpatient Services	\$6,537,633	\$4,466,732	(\$2,070,901)	-32%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,733,556	5,713,319	(20,237)	0%
6	Uncompensated Care - Emergency Department	9,107,608	10,246,785	1,139,177	13%
7	Total Uncompensated Care (A)	\$21,378,797	\$20,426,836	(\$951,961)	-4%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MIDDLESEX 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</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$363,815,764	\$377,720,253	\$13,904,489	4%
2	Total Contractual Allowances	\$181,709,768	\$192,878,887	\$11,169,119	6%
	Total Accrued Payments (A)	\$182,105,996	\$184,841,366	\$2,735,370	2%
	Total Discount Percentage	49.95%	51.06%	1.12%	2%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MIDDLESEX 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	\$363,711,445	\$412,297,385	\$473,660,251
2	Outpatient Gross Revenue	\$481,558,965	\$525,845,728	\$560,012,120
3	Total Gross Patient Revenue	\$845,270,410	\$938,143,113	\$1,033,672,371
4	Net Patient Revenue	\$317,817,236	\$325,072,710	\$336,113,486
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$305,762,315	\$312,521,510	\$328,515,648
C. <u>Utilization Statistics</u>				
1	Patient Days	57,628	57,829	59,935
2	Discharges	13,964	13,918	13,855
3	Average Length of Stay	4.1	4.2	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	133,928	131,584	130,797
0	Equivalent (Adjusted) Discharges (ED)	32,453	31,669	30,236
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.17908	1.18388	1.21347
2	Case Mix Adjusted Patient Days (CMAPD)	67,948	68,463	72,729
3	Case Mix Adjusted Discharges (CMAD)	16,465	16,477	16,813
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	157,912	155,780	158,717
5	Case Mix Adjusted Equivalent Discharges (CMAED)	38,264	37,492	36,690
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$14,668	\$16,223	\$17,247
2	Total Gross Revenue per Discharge	\$60,532	\$67,405	\$74,606
3	Total Gross Revenue per EPD	\$6,311	\$7,130	\$7,903
4	Total Gross Revenue per ED	\$26,046	\$29,623	\$34,187
5	Total Gross Revenue per CMAEPD	\$5,353	\$6,022	\$6,513
6	Total Gross Revenue per CMAED	\$22,090	\$25,022	\$28,173
7	Inpatient Gross Revenue per EPD	\$2,716	\$3,133	\$3,621
8	Inpatient Gross Revenue per ED	\$11,207	\$13,019	\$15,666

MIDDLESEX 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	\$5,515	\$5,621	\$5,608
2	Net Patient Revenue per Discharge	\$22,760	\$23,356	\$24,259
3	Net Patient Revenue per EPD	\$2,373	\$2,470	\$2,570
4	Net Patient Revenue per ED	\$9,793	\$10,265	\$11,116
5	Net Patient Revenue per CMAEPD	\$2,013	\$2,087	\$2,118
6	Net Patient Revenue per CMAED	\$8,306	\$8,670	\$9,161
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,306	\$5,404	\$5,481
2	Total Operating Expense per Discharge	\$21,896	\$22,454	\$23,711
3	Total Operating Expense per EPD	\$2,283	\$2,375	\$2,512
4	Total Operating Expense per ED	\$9,422	\$9,868	\$10,865
5	Total Operating Expense per CMAEPD	\$1,936	\$2,006	\$2,070
6	Total Operating Expense per CMAED	\$7,991	\$8,336	\$8,954
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$44,128,939	\$45,300,265	\$46,575,871
2	Nursing Fringe Benefits Expense	\$10,009,289	\$11,000,436	\$12,732,163
3	Total Nursing Salary and Fringe Benefits Expense	\$54,138,228	\$56,300,701	\$59,308,034
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$21,517,184	\$22,986,362	\$25,136,796
2	Physician Fringe Benefits Expense	\$4,880,508	\$5,581,866	\$6,871,493
3	Total Physician Salary and Fringe Benefits Expense	\$26,397,692	\$28,568,228	\$32,008,289
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$78,361,456	\$81,688,566	\$83,855,969
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$17,777,596	\$19,836,744	\$22,923,197
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$96,139,052	\$101,525,310	\$106,779,166
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$144,007,579	\$149,975,193	\$155,568,636
2	Total Fringe Benefits Expense	\$32,667,393	\$36,419,046	\$42,526,853
3	Total Salary and Fringe Benefits Expense	\$176,674,972	\$186,394,239	\$198,095,489

MIDDLESEX 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	501.0	505.0	497.2
2	Total Physician FTEs	121.0	124.0	130.3
3	Total Non-Nursing, Non-Physician FTEs	1355.0	1392.0	1429.1
4	Total Full Time Equivalent Employees (FTEs)	1,977.0	2,021.0	2,056.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$88,082	\$89,703	\$93,676
2	Nursing Fringe Benefits Expense per FTE	\$19,979	\$21,783	\$25,608
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$108,060	\$111,487	\$119,284
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$177,828	\$185,374	\$192,915
2	Physician Fringe Benefits Expense per FTE	\$40,335	\$45,015	\$52,736
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$218,163	\$230,389	\$245,651
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$57,831	\$58,684	\$58,677
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,120	\$14,251	\$16,040
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$70,951	\$72,935	\$74,718
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$72,841	\$74,208	\$75,644
2	Total Fringe Benefits Expense per FTE	\$16,524	\$18,020	\$20,678
3	Total Salary and Fringe Benefits Expense per FTE	\$89,365	\$92,229	\$96,322
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,066	\$3,223	\$3,305
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,652	\$13,392	\$14,298
3	Total Salary and Fringe Benefits Expense per EPD	\$1,319	\$1,417	\$1,515
4	Total Salary and Fringe Benefits Expense per ED	\$5,444	\$5,886	\$6,552
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,119	\$1,197	\$1,248
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,617	\$4,972	\$5,399