

YALE-NEW HAVEN 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	\$66,556,000	\$65,883,000	(\$673,000)	-1%
2	Short Term Investments	\$342,847,000	\$402,559,000	\$59,712,000	17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$135,445,000	\$167,383,000	\$31,938,000	24%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$18,238,000	\$16,419,000	(\$1,819,000)	-10%
8	Prepaid Expenses	\$6,113,000	\$8,211,000	\$2,098,000	34%
9	Other Current Assets	\$40,674,000	\$62,521,000	\$21,847,000	54%
	Total Current Assets	\$609,873,000	\$722,976,000	\$113,103,000	19%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$11,639,000	\$10,906,000	(\$733,000)	-6%
2	Board Designated for Capital Acquisition	\$54,012,000	\$119,091,000	\$65,079,000	120%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$65,651,000	\$129,997,000	\$64,346,000	98%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$153,223,000	\$141,525,000	(\$11,698,000)	-8%
7	Other Noncurrent Assets	\$77,352,000	\$135,333,000	\$57,981,000	75%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$1,366,875,000	\$1,391,378,000	\$24,503,000	2%
2	Less: Accumulated Depreciation	\$525,368,000	\$566,850,000	\$41,482,000	8%
	Property, Plant and Equipment, Net	\$841,507,000	\$824,528,000	(\$16,979,000)	-2%
3	Construction in Progress	\$17,563,000	\$43,207,000	\$25,644,000	146%
	Total Net Fixed Assets	\$859,070,000	\$867,735,000	\$8,665,000	1%
	Total Assets	\$1,765,169,000	\$1,997,566,000	\$232,397,000	13%

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LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$159,715,000	\$152,239,000	(\$7,476,000)	-5%
2	Salaries, Wages and Payroll Taxes	\$49,648,000	\$68,101,000	\$18,453,000	37%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$13,634,000	\$13,047,000	(\$587,000)	-4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,117,000	\$3,848,000	\$2,731,000	244%
	Total Current Liabilities	\$224,114,000	\$237,235,000	\$13,121,000	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$374,932,000	\$469,277,000	\$94,345,000	25%
2	Notes Payable (Net of Current Portion)	\$112,679,000	\$147,274,000	\$34,595,000	31%
	Total Long Term Debt	\$487,611,000	\$616,551,000	\$128,940,000	26%
3	Accrued Pension Liability	\$212,544,000	\$240,901,000	\$28,357,000	13%
4	Other Long Term Liabilities	\$198,588,000	\$228,792,000	\$30,204,000	15%
	Total Long Term Liabilities	\$898,743,000	\$1,086,244,000	\$187,501,000	21%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$567,531,000	\$604,617,000	\$37,086,000	7%
2	Temporarily Restricted Net Assets	\$48,525,000	\$43,947,000	(\$4,578,000)	-9%
3	Permanently Restricted Net Assets	\$26,256,000	\$25,523,000	(\$733,000)	-3%
	Total Net Assets	\$642,312,000	\$674,087,000	\$31,775,000	5%
	Total Liabilities and Net Assets	\$1,765,169,000	\$1,997,566,000	\$232,397,000	13%

YALE-NEW HAVEN 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	\$3,902,060,000	\$4,443,296,000	\$541,236,000	14%
2	Less: Allowances	\$2,520,876,000	\$2,939,940,000	\$419,064,000	17%
3	Less: Charity Care	\$62,606,000	\$61,299,000	(\$1,307,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,318,578,000	\$1,442,057,000	\$123,479,000	9%
5	Other Operating Revenue	\$21,010,000	\$24,660,000	\$3,650,000	17%
6	Net Assets Released from Restrictions	\$27,415,000	\$21,980,000	(\$5,435,000)	-20%
	Total Operating Revenue	\$1,367,003,000	\$1,488,697,000	\$121,694,000	9%
B. Operating Expenses:					
1	Salaries and Wages	\$488,275,000	\$537,063,000	\$48,788,000	10%
2	Fringe Benefits	\$137,200,000	\$153,251,000	\$16,051,000	12%
3	Physicians Fees	\$70,728,000	\$58,800,000	(\$11,928,000)	-17%
4	Supplies and Drugs	\$209,331,000	\$227,696,000	\$18,365,000	9%
5	Depreciation and Amortization	\$51,660,000	\$67,948,000	\$16,288,000	32%
6	Bad Debts	\$27,440,000	\$26,390,000	(\$1,050,000)	-4%
7	Interest	\$12,306,000	\$16,867,000	\$4,561,000	37%
8	Malpractice	\$16,754,000	\$13,376,000	(\$3,378,000)	-20%
9	Other Operating Expenses	\$284,242,000	\$334,416,000	\$50,174,000	18%
	Total Operating Expenses	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
	Income/(Loss) From Operations	\$69,067,000	\$52,890,000	(\$16,177,000)	-23%
C. Non-Operating Revenue:					
1	Income from Investments	\$10,104,000	\$21,138,000	\$11,034,000	109%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$16,515,000)	(\$4,917,000)	\$11,598,000	-70%
	Total Non-Operating Revenue	(\$6,411,000)	\$16,221,000	\$22,632,000	-353%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$62,656,000	\$69,111,000	\$6,455,000	10%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	Excess/(Deficiency) of Revenue Over Expenses	\$84,700,000	\$67,162,000	(\$17,538,000)	-21%
	Principal Payments	\$11,075,000	\$13,577,000	\$2,502,000	23%

**YALE-NEW HAVEN 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	\$778,247,217	\$929,043,993	\$150,796,776	19%
2	MEDICARE MANAGED CARE	\$147,412,203	\$179,777,258	\$32,365,055	22%
3	MEDICAID	\$286,203,012	\$468,198,791	\$181,995,779	64%
4	MEDICAID MANAGED CARE	\$267,069,837	\$319,762,915	\$52,693,078	20%
5	CHAMPUS/TRICARE	\$16,820,452	\$19,854,188	\$3,033,736	18%
6	COMMERCIAL INSURANCE	\$56,188,720	\$79,059,351	\$22,870,631	41%
7	NON-GOVERNMENT MANAGED CARE	\$878,507,681	\$943,757,720	\$65,250,039	7%
8	WORKER'S COMPENSATION	\$10,950,780	\$12,837,189	\$1,886,409	17%
9	SELF- PAY/UNINSURED	\$51,128,104	\$32,517,553	(\$18,610,551)	-36%
10	SAGA	\$134,657,674	\$0	(\$134,657,674)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$2,627,185,680	\$2,984,808,958	\$357,623,278	14%
B.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$273,606,698	\$323,419,118	\$49,812,420	18%
2	MEDICARE MANAGED CARE	\$55,347,990	\$69,635,362	\$14,287,372	26%
3	MEDICAID	\$66,631,076	\$135,818,950	\$69,187,874	104%
4	MEDICAID MANAGED CARE	\$134,537,496	\$160,165,229	\$25,627,733	19%
5	CHAMPUS/TRICARE	\$6,247,026	\$7,091,654	\$844,628	14%
6	COMMERCIAL INSURANCE	\$30,536,890	\$36,026,050	\$5,489,160	18%
7	NON-GOVERNMENT MANAGED CARE	\$599,631,883	\$658,091,458	\$58,459,575	10%
8	WORKER'S COMPENSATION	\$11,361,380	\$6,752,171	(\$4,609,209)	-41%
9	SELF- PAY/UNINSURED	\$54,157,729	\$61,487,497	\$7,329,768	14%
10	SAGA	\$42,816,317	\$0	(\$42,816,317)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$1,274,874,485	\$1,458,487,489	\$183,613,004	14%
C.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$1,051,853,915	\$1,252,463,111	\$200,609,196	19%
2	MEDICARE MANAGED CARE	\$202,760,193	\$249,412,620	\$46,652,427	23%
3	MEDICAID	\$352,834,088	\$604,017,741	\$251,183,653	71%
4	MEDICAID MANAGED CARE	\$401,607,333	\$479,928,144	\$78,320,811	20%
5	CHAMPUS/TRICARE	\$23,067,478	\$26,945,842	\$3,878,364	17%
6	COMMERCIAL INSURANCE	\$86,725,610	\$115,085,401	\$28,359,791	33%
7	NON-GOVERNMENT MANAGED CARE	\$1,478,139,564	\$1,601,849,178	\$123,709,614	8%
8	WORKER'S COMPENSATION	\$22,312,160	\$19,589,360	(\$2,722,800)	-12%
9	SELF- PAY/UNINSURED	\$105,285,833	\$94,005,050	(\$11,280,783)	-11%
10	SAGA	\$177,473,991	\$0	(\$177,473,991)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$3,902,060,165	\$4,443,296,447	\$541,236,282	14%
II.	NET REVENUE BY PAYER				
A.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$274,134,769	\$285,631,989	\$11,497,220	4%
2	MEDICARE MANAGED CARE	\$49,049,996	\$62,713,408	\$13,663,412	28%
3	MEDICAID	\$52,895,962	\$87,614,426	\$34,718,464	66%
4	MEDICAID MANAGED CARE	\$44,101,768	\$49,995,089	\$5,893,321	13%
5	CHAMPUS/TRICARE	\$3,524,787	\$4,756,382	\$1,231,595	35%
6	COMMERCIAL INSURANCE	\$27,444,432	\$20,902,472	(\$6,541,960)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$336,852,447	\$357,978,398	\$21,125,951	6%
8	WORKER'S COMPENSATION	\$4,944,260	\$5,619,299	\$675,039	14%
9	SELF- PAY/UNINSURED	\$2,292,001	\$8,949,293	\$6,657,292	290%
10	SAGA	\$21,404,615	\$0	(\$21,404,615)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$816,645,037	\$884,160,756	\$67,515,719	8%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$58,820,799	\$72,941,378	\$14,120,579	24%
2	MEDICARE MANAGED CARE	\$14,587,047	\$12,862,858	(\$1,724,189)	-12%
3	MEDICAID	\$15,808,903	\$32,308,023	\$16,499,120	104%

**YALE-NEW HAVEN HOSPITAL
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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
4	MEDICAID MANAGED CARE	\$38,328,157	\$44,010,630	\$5,682,473	15%
5	CHAMPUS/TRICARE	\$2,463,260	\$1,497,774	(\$965,486)	-39%
6	COMMERCIAL INSURANCE	\$28,969,885	\$14,017,151	(\$14,952,734)	-52%
7	NON-GOVERNMENT MANAGED CARE	\$265,209,847	\$313,570,621	\$48,360,774	18%
8	WORKER'S COMPENSATION	\$2,876,886	\$4,138,830	\$1,261,944	44%
9	SELF- PAY/UNINSURED	\$17,830,957	\$7,969,346	(\$9,861,611)	-55%
10	SAGA	\$8,339,594	\$0	(\$8,339,594)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$453,235,335	\$503,316,611	\$50,081,276	11%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$332,955,568	\$358,573,367	\$25,617,799	8%
2	MEDICARE MANAGED CARE	\$63,637,043	\$75,576,266	\$11,939,223	19%
3	MEDICAID	\$68,704,865	\$119,922,449	\$51,217,584	75%
4	MEDICAID MANAGED CARE	\$82,429,925	\$94,005,719	\$11,575,794	14%
5	CHAMPUS/TRICARE	\$5,988,047	\$6,254,156	\$266,109	4%
6	COMMERCIAL INSURANCE	\$56,414,317	\$34,919,623	(\$21,494,694)	-38%
7	NON-GOVERNMENT MANAGED CARE	\$602,062,294	\$671,549,019	\$69,486,725	12%
8	WORKER'S COMPENSATION	\$7,821,146	\$9,758,129	\$1,936,983	25%
9	SELF- PAY/UNINSURED	\$20,122,958	\$16,918,639	(\$3,204,319)	-16%
10	SAGA	\$29,744,209	\$0	(\$29,744,209)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$1,269,880,372	\$1,387,477,367	\$117,596,995	9%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	14,616	14,890	274	2%
2	MEDICARE MANAGED CARE	2,741	2,857	116	4%
3	MEDICAID	5,257	8,557	3,300	63%
4	MEDICAID MANAGED CARE	7,139	7,692	553	8%
5	CHAMPUS/TRICARE	323	347	24	7%
6	COMMERCIAL INSURANCE	1,121	1,246	125	11%
7	NON-GOVERNMENT MANAGED CARE	20,649	20,717	68	0%
8	WORKER'S COMPENSATION	195	206	11	6%
9	SELF- PAY/UNINSURED	1,436	939	(497)	-35%
10	SAGA	3,125	0	(3,125)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	56,602	57,451	849	1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	84,097	92,341	8,244	10%
2	MEDICARE MANAGED CARE	14,095	17,165	3,070	22%
3	MEDICAID	36,943	55,785	18,842	51%
4	MEDICAID MANAGED CARE	33,522	36,302	2,780	8%
5	CHAMPUS/TRICARE	1,728	1,731	3	0%
6	COMMERCIAL INSURANCE	5,407	6,602	1,195	22%
7	NON-GOVERNMENT MANAGED CARE	85,692	87,113	1,421	2%
8	WORKER'S COMPENSATION	785	900	115	15%
9	SELF- PAY/UNINSURED	5,967	3,050	(2,917)	-49%
10	SAGA	16,469	0	(16,469)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	284,705	300,989	16,284	6%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	104,564	114,332	9,768	9%
2	MEDICARE MANAGED CARE	21,861	26,757	4,896	22%
3	MEDICAID	34,426	65,306	30,880	90%
4	MEDICAID MANAGED CARE	124,830	110,633	(14,197)	-11%
5	CHAMPUS/TRICARE	2,974	3,030	56	2%
6	COMMERCIAL INSURANCE	11,908	13,719	1,811	15%
7	NON-GOVERNMENT MANAGED CARE	240,708	272,664	31,956	13%
8	WORKER'S COMPENSATION	3,062	2,932	(130)	-4%
9	SELF- PAY/UNINSURED	34,442	34,578	136	0%
10	SAGA	21,370	0	(21,370)	-100%

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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
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	600,145	643,951	43,806	7%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$28,448,872	\$33,849,421	\$5,400,549	19%
2	MEDICARE MANAGED CARE	\$5,332,887	\$7,245,460	\$1,912,573	36%
3	MEDICAID	\$13,932,352	\$39,634,547	\$25,702,195	184%
4	MEDICAID MANAGED CARE	\$38,997,436	\$38,103,212	(\$894,224)	-2%
5	CHAMPUS/TRICARE	\$702,218	\$700,596	(\$1,622)	0%
6	COMMERCIAL INSURANCE	\$5,349,145	\$5,768,574	\$419,429	8%
7	NON-GOVERNMENT MANAGED CARE	\$62,778,824	\$71,299,820	\$8,520,996	14%
8	WORKER'S COMPENSATION	\$2,198,322	\$2,189,812	(\$8,510)	0%
9	SELF- PAY/UNINSURED	\$21,503,622	\$20,746,981	(\$756,641)	-4%
10	SAGA	\$16,985,743	\$0	(\$16,985,743)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$196,229,421	\$219,538,423	\$23,309,002	12%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$5,249,567	\$6,398,011	\$1,148,444	22%
2	MEDICARE MANAGED CARE	\$1,182,478	\$1,118,305	(\$64,173)	-5%
3	MEDICAID	\$2,812,437	\$6,986,787	\$4,174,350	148%
4	MEDICAID MANAGED CARE	\$9,452,187	\$7,050,207	(\$2,401,980)	-25%
5	CHAMPUS/TRICARE	\$201,154	\$165,362	(\$35,792)	-18%
6	COMMERCIAL INSURANCE	\$3,146,651	\$2,417,475	(\$729,176)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$26,791,476	\$32,565,781	\$5,774,305	22%
8	WORKER'S COMPENSATION	\$1,346,491	\$1,264,655	(\$81,836)	-6%
9	SELF- PAY/UNINSURED	\$3,463,222	\$3,151,540	(\$311,682)	-9%
10	SAGA	\$2,662,694	\$0	(\$2,662,694)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$56,308,357	\$61,118,123	\$4,809,766	9%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	10,111	10,143	32	0%
2	MEDICARE MANAGED CARE	1,853	2,021	168	9%
3	MEDICAID	6,277	15,612	9,335	149%
4	MEDICAID MANAGED CARE	24,514	22,242	(2,272)	-9%
5	CHAMPUS/TRICARE	425	331	(94)	-22%
6	COMMERCIAL INSURANCE	2,205	2,188	(17)	-1%
7	NON-GOVERNMENT MANAGED CARE	28,079	28,798	719	3%
8	WORKER'S COMPENSATION	1,128	1,069	(59)	-5%
9	SELF- PAY/UNINSURED	10,868	9,724	(1,144)	-11%
10	SAGA	8,119	0	(8,119)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	93,579	92,128	(1,451)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$192,479,000	\$210,845,000	\$18,366,000	10%
2	Physician Salaries	\$50,936,000	\$50,618,000	(\$318,000)	-1%
3	Non-Nursing, Non-Physician Salaries	\$244,860,000	\$275,600,000	\$30,740,000	13%
	Total Salaries & Wages	\$488,275,000	\$537,063,000	\$48,788,000	10%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$54,085,000	\$60,165,000	\$6,080,000	11%
2	Physician Fringe Benefits	\$14,312,000	\$14,444,000	\$132,000	1%
3	Non-Nursing, Non-Physician Fringe Benefits	\$68,803,000	\$78,642,000	\$9,839,000	14%
	Total Fringe Benefits	\$137,200,000	\$153,251,000	\$16,051,000	12%
C. Contractual Labor Fees:					
1	Nursing Fees	\$3,819,000	\$4,917,000	\$1,098,000	29%
2	Physician Fees	\$70,728,000	\$58,800,000	(\$11,928,000)	-17%
3	Non-Nursing, Non-Physician Fees	\$12,158,000	\$27,352,000	\$15,194,000	125%
	Total Contractual Labor Fees	\$86,705,000	\$91,069,000	\$4,364,000	5%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$136,210,000	\$148,565,000	\$12,355,000	9%
2	Pharmaceutical Costs	\$73,121,000	\$79,131,000	\$6,010,000	8%
	Total Medical Supplies and Pharmaceutical Cost	\$209,331,000	\$227,696,000	\$18,365,000	9%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$22,945,000	\$26,344,000	\$3,399,000	15%
2	Depreciation-Equipment	\$28,715,000	\$41,604,000	\$12,889,000	45%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$51,660,000	\$67,948,000	\$16,288,000	32%
F. Bad Debts:					
1	Bad Debts	\$27,440,000	\$26,390,000	(\$1,050,000)	-4%
G. Interest Expense:					
1	Interest Expense	\$12,306,000	\$16,867,000	\$4,561,000	37%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$16,754,000	\$13,376,000	(\$3,378,000)	-20%
I. Utilities:					
1	Water	\$872,000	\$815,000	(\$57,000)	-7%
2	Natural Gas	\$370,000	\$555,000	\$185,000	50%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$13,928,000	\$14,281,000	\$353,000	3%
5	Telephone	\$8,836,000	\$7,469,000	(\$1,367,000)	-15%
6	Other Utilities	\$806,000	\$992,000	\$186,000	23%
	Total Utilities	\$24,812,000	\$24,112,000	(\$700,000)	-3%
J. Business Expenses:					
1	Accounting Fees	\$825,000	\$622,000	(\$203,000)	-25%
2	Legal Fees	\$995,000	\$2,260,000	\$1,265,000	127%
3	Consulting Fees	\$628,000	\$505,000	(\$123,000)	-20%
4	Dues and Membership	\$1,752,000	\$2,228,000	\$476,000	27%
5	Equipment Leases	\$2,203,000	\$2,785,000	\$582,000	26%
6	Building Leases	\$9,648,000	\$9,140,000	(\$508,000)	-5%
7	Repairs and Maintenance	\$18,981,000	\$22,036,000	\$3,055,000	16%
8	Insurance	\$0	\$0	\$0	0%

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

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$32,000	\$23,000	(\$9,000)	-28%
10	Conferences	\$1,774,000	\$2,055,000	\$281,000	16%
11	Property Tax	\$17,000	\$0	(\$17,000)	-100%
12	General Supplies	\$13,830,000	\$15,965,000	\$2,135,000	15%
13	Licenses and Subscriptions	\$1,250,000	\$1,176,000	(\$74,000)	-6%
14	Postage and Shipping	\$533,000	\$589,000	\$56,000	11%
15	Advertising	\$1,446,000	\$639,000	(\$807,000)	-56%
16	Other Business Expenses	\$189,539,000	\$218,012,000	\$28,473,000	15%
	Total Business Expenses	\$243,453,000	\$278,035,000	\$34,582,000	14%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
	*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	\$53,823,489	\$46,683,880	(\$7,139,609)	-13%
2	General Accounting	\$4,755,040	\$5,170,448	\$415,408	9%
3	Patient Billing & Collection	\$15,583,502	\$17,092,847	\$1,509,345	10%
4	Admitting / Registration Office	\$7,883,525	\$9,394,792	\$1,511,267	19%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$5,441,796	\$4,141,542	(\$1,300,254)	-24%
7	Personnel	\$4,471,815	\$4,628,400	\$156,585	4%
8	Public Relations	\$914,045	\$1,156,680	\$242,635	27%
9	Purchasing	\$1,591,100	\$1,788,819	\$197,719	12%
10	Dietary and Cafeteria	\$17,151,966	\$18,890,156	\$1,738,190	10%
11	Housekeeping	\$15,192,209	\$17,991,331	\$2,799,122	18%
12	Laundry & Linen	\$30,134	\$172,650	\$142,516	473%
13	Operation of Plant	\$18,259,750	\$18,102,291	(\$157,459)	-1%
14	Security	\$6,199,398	\$6,790,756	\$591,358	10%
15	Repairs and Maintenance	\$11,620,349	\$13,557,650	\$1,937,301	17%
16	Central Sterile Supply	\$3,411,793	\$6,329,698	\$2,917,905	86%
17	Pharmacy Department	\$31,878,196	\$34,072,892	\$2,194,696	7%
18	Other General Services	\$334,520,791	\$392,289,903	\$57,769,112	17%
	Total General Services	\$532,728,898	\$598,254,735	\$65,525,837	12%
B.	Professional Services:				
1	Medical Care Administration	\$22,719,257	\$26,206,137	\$3,486,880	15%
2	Residency Program	\$45,632,006	\$48,335,580	\$2,703,574	6%
3	Nursing Services Administration	\$10,836,632	\$12,891,102	\$2,054,470	19%
4	Medical Records	\$7,082,376	\$7,541,448	\$459,072	6%
5	Social Service	\$2,497,298	\$2,694,815	\$197,517	8%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$88,767,569	\$97,669,082	\$8,901,513	10%
C.	Special Services:				
1	Operating Room	\$69,632,265	\$82,905,135	\$13,272,870	19%
2	Recovery Room	\$5,736,603	\$6,292,847	\$556,244	10%
3	Anesthesiology	\$20,390,950	\$16,595,179	(\$3,795,771)	-19%
4	Delivery Room	\$7,413,522	\$8,723,974	\$1,310,452	18%
5	Diagnostic Radiology	\$64,574,357	\$31,413,856	(\$33,160,501)	-51%
6	Diagnostic Ultrasound	\$2,461,753	\$4,350,695	\$1,888,942	77%
7	Radiation Therapy	\$9,513,801	\$10,534,404	\$1,020,603	11%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$5,490,340	\$31,212,629	\$25,722,289	469%
9	CT Scan	\$3,388,345	\$4,208,293	\$819,948	24%
10	Laboratory	\$47,440,091	\$50,431,510	\$2,991,419	6%
11	Blood Storing/Processing	\$17,381,761	\$17,219,593	(\$162,168)	-1%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$172,847	\$12,064,264	\$11,891,417	6880%
14	Electroencephalography	\$273,515	\$3,038,260	\$2,764,745	1011%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$10,676,700	\$12,310,526	\$1,633,826	15%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$5,658,512	\$2,960,528	(\$2,697,984)	-48%
23	Renal Dialysis	\$3,018,253	\$2,828,217	(\$190,036)	-6%
24	Emergency Room	\$38,708,830	\$43,851,104	\$5,142,274	13%
25	MRI	\$4,246,746	\$5,066,627	\$819,881	19%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,398,882	\$2,587,841	\$188,959	8%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$97,504	\$81,457	(\$16,047)	-16%
31	Cardiac Catheterization/Rehabilitation	\$2,843,389	\$3,134,089	\$290,700	10%
32	Occupational Therapy / Physical Therapy	\$4,015,412	\$4,541,890	\$526,478	13%
33	Dental Clinic	\$1,928,640	\$2,371,523	\$442,883	23%
34	Other Special Services	\$3,723,168	\$5,402,917	\$1,679,749	45%
	Total Special Services	\$331,186,186	\$364,127,358	\$32,941,172	10%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$109,939,065	\$118,103,763	\$8,164,698	7%
2	Intensive Care Unit	\$38,952,388	\$46,278,268	\$7,325,880	19%
3	Coronary Care Unit	\$5,189,086	\$5,469,859	\$280,773	5%
4	Psychiatric Unit	\$12,654,635	\$16,504,533	\$3,849,898	30%
5	Pediatric Unit	\$12,011,131	\$9,285,483	(\$2,725,648)	-23%
6	Maternity Unit	\$5,571,054	\$6,078,359	\$507,305	9%
7	Newborn Nursery Unit	\$3,218,869	\$3,611,357	\$392,488	12%
8	Neonatal ICU	\$16,384,316	\$17,204,227	\$819,911	5%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$17,295,367	\$12,095,787	(\$5,199,580)	-30%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$80,483,359	\$93,074,492	\$12,591,133	16%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$301,699,270	\$327,706,128	\$26,006,858	9%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$43,554,077	\$48,049,697	\$4,495,620	10%
	Total Operating Expenses - All Departments*	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$1,196,644,000	\$ 1,318,578,000	\$1,442,057,000
2	Other Operating Revenue	40,468,000	48,425,000	46,640,000
3	Total Operating Revenue	\$1,237,112,000	\$1,367,003,000	\$1,488,697,000
4	Total Operating Expenses	1,169,696,000	1,297,936,000	1,435,807,000
5	Income/(Loss) From Operations	\$67,416,000	\$69,067,000	\$52,890,000
6	Total Non-Operating Revenue	(14,515,000)	15,633,000	14,272,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$52,901,000	\$84,700,000	\$67,162,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.51%	5.00%	3.52%
2	Hospital Non Operating Margin	-1.19%	1.13%	0.95%
3	Hospital Total Margin	4.33%	6.13%	4.47%
4	Income/(Loss) From Operations	\$67,416,000	\$69,067,000	\$52,890,000
5	Total Operating Revenue	\$1,237,112,000	\$1,367,003,000	\$1,488,697,000
6	Total Non-Operating Revenue	(\$14,515,000)	\$15,633,000	\$14,272,000
7	Total Revenue	\$1,222,597,000	\$1,382,636,000	\$1,502,969,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$52,901,000	\$84,700,000	\$67,162,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$514,304,000	\$567,531,000	\$604,617,000
2	Hospital Total Net Assets	\$587,531,000	\$642,312,000	\$674,087,000
3	Hospital Change in Total Net Assets	(\$32,892,000)	\$54,781,000	\$31,775,000
4	Hospital Change in Total Net Assets %	94.7%	9.3%	4.9%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.33	0.33	0.32
2	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000
3	Total Gross Revenue	\$3,516,547,690	\$3,902,060,165	\$4,443,296,447
4	Total Other Operating Revenue	\$11,389,417	\$11,389,417	\$9,434,287
5	Private Payment to Cost Ratio	1.24	1.27	1.28
6	Total Non-Government Payments	\$629,812,305	\$686,420,715	\$733,145,410

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$18,923,994	\$20,122,958	\$16,918,639
8	Total Non-Government Charges	\$1,598,088,351	\$1,692,463,167	\$1,830,528,989
9	Total Uninsured Charges	\$109,367,271	\$105,285,833	\$94,005,050
10	<u>Medicare Payment to Cost Ratio</u>	0.97	0.95	0.90
11	Total Medicare Payments	\$364,716,072	\$396,592,611	\$434,149,633
12	Total Medicare Charges	\$1,136,229,267	\$1,254,614,108	\$1,501,875,731
13	<u>Medicaid Payment to Cost Ratio</u>	0.63	0.60	0.61
14	Total Medicaid Payments	\$130,684,650	\$151,134,790	\$213,928,168
15	Total Medicaid Charges	\$622,350,809	\$754,441,421	\$1,083,945,885
16	<u>Uncompensated Care Cost</u>	\$32,346,108	\$29,587,928	\$28,023,511
17	Charity Care	\$27,032,315	\$28,159,845	\$31,059,911
18	Bad Debts	\$70,527,250	\$61,051,690	\$55,846,721
19	Total Uncompensated Care	\$97,559,565	\$89,211,535	\$86,906,632
20	<u>Uncompensated Care % of Total Expenses</u>	2.8%	2.3%	2.0%
21	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	3.33	2.72	3.05
2	Total Current Assets	\$686,035,000	\$609,873,000	\$722,976,000
3	Total Current Liabilities	\$205,836,000	\$224,114,000	\$237,235,000
4	<u>Days Cash on Hand</u>	165	120	125
5	Cash and Cash Equivalents	\$51,804,000	\$66,556,000	\$65,883,000
6	Short Term Investments	456,660,000	342,847,000	402,559,000
7	Total Cash and Short Term Investments	\$508,464,000	\$409,403,000	\$468,442,000
8	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000
9	Depreciation Expense	\$43,050,000	\$51,660,000	\$67,948,000
10	Operating Expenses less Depreciation Expense	\$1,126,646,000	\$1,246,276,000	\$1,367,859,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	37.72	37.49	42.37

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 123,653,000	\$ 135,445,000	\$ 167,383,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 123,653,000	\$ 135,445,000	\$ 167,383,000
16	Total Net Patient Revenue	\$1,196,644,000	\$ 1,318,578,000	\$ 1,442,057,000
17	<u>Average Payment Period</u>	66.68	65.64	63.30
18	Total Current Liabilities	\$205,836,000	\$224,114,000	\$237,235,000
19	Total Operating Expenses	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000
20	Depreciation Expense	\$43,050,000	\$51,660,000	\$67,948,000
21	Total Operating Expenses less Depreciation Expense	\$1,126,646,000	\$1,246,276,000	\$1,367,859,000
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	37.4	36.4	33.7
2	Total Net Assets	\$587,531,000	\$642,312,000	\$674,087,000
3	Total Assets	\$1,570,490,000	\$1,765,169,000	\$1,997,566,000
4	<u>Cash Flow to Total Debt Ratio</u>	16.1	19.2	15.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$52,901,000	\$84,700,000	\$67,162,000
6	Depreciation Expense	\$43,050,000	\$51,660,000	\$67,948,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$95,951,000	\$136,360,000	\$135,110,000
8	Total Current Liabilities	\$205,836,000	\$224,114,000	\$237,235,000
9	Total Long Term Debt	\$388,966,000	\$487,611,000	\$616,551,000
10	Total Current Liabilities and Total Long Term Debt	\$594,802,000	\$711,725,000	\$853,786,000
11	<u>Long Term Debt to Capitalization Ratio</u>	39.8	43.2	47.8
12	Total Long Term Debt	\$388,966,000	\$487,611,000	\$616,551,000
13	Total Net Assets	\$587,531,000	\$642,312,000	\$674,087,000
14	Total Long Term Debt and Total Net Assets	\$976,497,000	\$1,129,923,000	\$1,290,638,000
15	<u>Debt Service Coverage Ratio</u>	23.5	6.4	5.0
16	Excess Revenues over Expenses	\$52,901,000	\$84,700,000	\$67,162,000
17	Interest Expense	\$1,549,000	\$12,306,000	\$16,867,000
18	Depreciation and Amortization Expense	\$43,050,000	\$51,660,000	\$67,948,000

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$2,600,000	\$11,075,000	\$13,577,000
G. Other Financial Ratios				
20	Average Age of Plant	12.9	10.2	8.3
21	Accumulated Depreciation	\$553,768,000	\$525,368,000	\$566,850,000
22	Depreciation and Amortization Expense	\$43,050,000	\$51,660,000	\$67,948,000
H. Utilization Measures Summary				
1	Patient Days	279,599	284,705	300,989
2	Discharges	54,408	56,602	57,451
3	ALOS	5.1	5.0	5.2
4	Staffed Beds	851	871	827
5	Available Beds	-	919	918
6	Licensed Beds	944	944	944
6	Occupancy of Staffed Beds	90.0%	89.6%	99.7%
7	Occupancy of Available Beds	85.6%	84.9%	89.8%
8	Full Time Equivalent Employees	6,648.0	7,078.8	7,611.1
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	42.3%	40.7%	39.1%
2	Medicare Gross Revenue Payer Mix Percentage	32.3%	32.2%	33.8%
3	Medicaid Gross Revenue Payer Mix Percentage	17.7%	19.3%	24.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.0%	4.5%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	2.7%	2.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.6%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$1,488,721,080	\$1,587,177,334	\$1,736,523,939
9	Medicare Gross Revenue (Charges)	\$1,136,229,267	\$1,254,614,108	\$1,501,875,731
10	Medicaid Gross Revenue (Charges)	\$622,350,809	\$754,441,421	\$1,083,945,885
11	Other Medical Assistance Gross Revenue (Charges)	\$141,792,280	\$177,473,991	\$0
12	Uninsured Gross Revenue (Charges)	\$109,367,271	\$105,285,833	\$94,005,050
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$18,086,983	\$23,067,478	\$26,945,842
14	Total Gross Revenue (Charges)	\$3,516,547,690	\$3,902,060,165	\$4,443,296,447
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	53.1%	52.5%	51.6%

YALE-NEW HAVEN 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
2	Medicare Net Revenue Payer Mix Percentage	31.7%	31.2%	31.3%
3	Medicaid Net Revenue Payer Mix Percentage	11.4%	11.9%	15.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.8%	2.3%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.6%	1.6%	1.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.5%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$610,888,311	\$666,297,757	\$716,226,771
9	Medicare Net Revenue (Payments)	\$364,716,072	\$396,592,611	\$434,149,633
10	Medicaid Net Revenue (Payments)	\$130,684,650	\$151,134,790	\$213,928,168
11	Other Medical Assistance Net Revenue (Payments)	\$20,536,235	\$29,744,209	\$0
12	Uninsured Net Revenue (Payments)	\$18,923,994	\$20,122,958	\$16,918,639
13	CHAMPUS / TRICARE Net Revenue Payments)	\$5,005,167	\$5,988,047	\$6,254,156
14	Total Net Revenue (Payments)	\$1,150,754,429	\$1,269,880,372	\$1,387,477,367
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	23,910	23,401	23,108
2	Medicare	16,762	17,357	17,747
3	Medical Assistance	13,431	15,521	16,249
4	Medicaid	10,822	12,396	16,249
5	Other Medical Assistance	2,609	3,125	-
6	CHAMPUS / TRICARE	305	323	347
7	Uninsured (Included In Non-Government)	1,533	1,436	939
8	Total	54,408	56,602	57,451
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.274800	1.241700	1.361900
2	Medicare	1.665300	1.671200	1.780800
3	Medical Assistance	1.149383	1.147697	1.238900
4	Medicaid	1.129900	1.136000	1.238900
5	Other Medical Assistance	1.230200	1.194100	0.000000
6	CHAMPUS / TRICARE	1.492900	1.242300	1.425000
7	Uninsured (Included In Non-Government)	1.277500	1.318400	1.591900
8	Total Case Mix Index	1.365367	1.347632	1.456893
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	26,820	28,571	28,351
2	Emergency Room - Treated and Discharged	101,582	93,579	92,128
3	Total Emergency Room Visits	128,402	122,150	120,479

**YALE-NEW HAVEN 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	\$9,559,120	\$14,252,962	\$4,693,842	49%
2	Inpatient Payments	\$3,398,395	\$6,352,339	\$2,953,944	87%
3	Outpatient Charges	\$2,539,883	\$4,591,075	\$2,051,192	81%
4	Outpatient Payments	\$799,260	\$1,345,609	\$546,349	68%
5	Discharges	179	210	31	17%
6	Patient Days	887	1,260	373	42%
7	Outpatient Visits (Excludes ED Visits)	1,148	1,688	540	47%
8	Emergency Department Outpatient Visits	73	110	37	51%
9	Emergency Department Inpatient Admissions	96	131	35	36%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,099,003	\$18,844,037	\$6,745,034	56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,197,655	\$7,697,948	\$3,500,293	83%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$169,890	\$71,291	(\$98,599)	-58%
2	Inpatient Payments	\$56,344	\$26,742	(\$29,602)	-53%
3	Outpatient Charges	\$50,011	\$278	(\$49,733)	-99%
4	Outpatient Payments	\$11,614	\$40	(\$11,574)	-100%
5	Discharges	2	2	0	0%
6	Patient Days	8	9	1	13%
7	Outpatient Visits (Excludes ED Visits)	10	1	(9)	-90%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$219,901	\$71,569	(\$148,332)	-67%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$67,958	\$26,782	(\$41,176)	-61%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$16,267,821	\$36,131,764	\$19,863,943	122%
2	Inpatient Payments	\$5,027,233	\$12,512,457	\$7,485,224	149%
3	Outpatient Charges	\$707,143	\$16,515,060	\$15,807,917	2235%
4	Outpatient Payments	\$163,244	\$2,960,977	\$2,797,733	1714%
5	Discharges	309	562	253	82%
6	Patient Days	1,437	3,015	1,578	110%
7	Outpatient Visits (Excludes ED Visits)	237	5,556	5,319	2244%
8	Emergency Department Outpatient Visits	34	453	419	1232%
9	Emergency Department Inpatient Admissions	23	322	299	1300%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,974,964	\$52,646,824	\$35,671,860	210%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,190,477	\$15,473,434	\$10,282,957	198%

**YALE-NEW HAVEN 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	\$80,705,384	\$32,080,851	(\$48,624,533)	-60%
2	Inpatient Payments	\$28,075,691	\$9,720,450	(\$18,355,241)	-65%
3	Outpatient Charges	\$34,412,114	\$11,191,753	(\$23,220,361)	-67%
4	Outpatient Payments	\$9,676,150	\$1,810,963	(\$7,865,187)	-81%
5	Discharges	1,511	429	(1,082)	-72%
6	Patient Days	7,507	3,227	(4,280)	-57%
7	Outpatient Visits (Excludes ED Visits)	11,512	3,298	(8,214)	-71%
8	Emergency Department Outpatient Visits	956	277	(679)	-71%
9	Emergency Department Inpatient Admissions	961	275	(686)	-71%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$115,117,498	\$43,272,604	(\$71,844,894)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$37,751,841	\$11,531,413	(\$26,220,428)	-69%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$4,595,377	\$0	(\$4,595,377)	-100%
2	Inpatient Payments	\$1,486,564	\$0	(\$1,486,564)	-100%
3	Outpatient Charges	\$6,119,368	\$0	(\$6,119,368)	-100%
4	Outpatient Payments	\$1,433,821	\$0	(\$1,433,821)	-100%
5	Discharges	69	0	(69)	-100%
6	Patient Days	471	0	(471)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,909	0	(1,909)	-100%
8	Emergency Department Outpatient Visits	158	0	(158)	-100%
9	Emergency Department Inpatient Admissions	156	0	(156)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,714,745	\$0	(\$10,714,745)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,920,385	\$0	(\$2,920,385)	-100%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$8,649,385	\$15,569,768	\$6,920,383	80%
2	Inpatient Payments	\$3,159,908	\$5,108,697	\$1,948,789	62%
3	Outpatient Charges	\$2,126,132	\$5,178,917	\$3,052,785	144%
4	Outpatient Payments	\$394,459	\$720,603	\$326,144	83%
5	Discharges	179	274	95	53%
6	Patient Days	1,008	1,598	590	59%
7	Outpatient Visits (Excludes ED Visits)	1,454	2,204	750	52%
8	Emergency Department Outpatient Visits	147	206	59	40%
9	Emergency Department Inpatient Admissions	147	224	77	52%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,775,517	\$20,748,685	\$9,973,168	93%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,554,367	\$5,829,300	\$2,274,933	64%

**YALE-NEW HAVEN 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	\$14,375,172	\$66,138,577	\$51,763,405	360%
2	Inpatient Payments	\$4,488,603	\$24,155,180	\$19,666,577	438%
3	Outpatient Charges	\$4,865,765	\$26,829,117	\$21,963,352	451%
4	Outpatient Payments	\$1,021,979	\$4,824,367	\$3,802,388	372%
5	Discharges	277	1,098	821	296%
6	Patient Days	1,469	6,396	4,927	335%
7	Outpatient Visits (Excludes ED Visits)	2,081	10,066	7,985	384%
8	Emergency Department Outpatient Visits	268	745	477	178%
9	Emergency Department Inpatient Admissions	207	734	527	255%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,240,937	\$92,967,694	\$73,726,757	383%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,510,582	\$28,979,547	\$23,468,965	426%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$4,584,445	\$6,923,777	\$2,339,332	51%
2	Inpatient Payments	\$1,069,220	\$1,820,679	\$751,459	70%
3	Outpatient Charges	\$1,381,050	\$1,896,914	\$515,864	37%
4	Outpatient Payments	\$366,764	\$357,573	(\$9,191)	-3%
5	Discharges	67	127	60	90%
6	Patient Days	440	819	379	86%
7	Outpatient Visits (Excludes ED Visits)	460	790	330	72%
8	Emergency Department Outpatient Visits	103	137	34	33%
9	Emergency Department Inpatient Admissions	54	96	42	78%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,965,495	\$8,820,691	\$2,855,196	48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,435,984	\$2,178,252	\$742,268	52%
I. AETNA					
1	Inpatient Charges	\$7,734,399	\$7,219,188	(\$515,211)	-7%
2	Inpatient Payments	\$2,159,753	\$2,665,195	\$505,442	23%
3	Outpatient Charges	\$3,014,344	\$3,205,650	\$191,306	6%
4	Outpatient Payments	\$688,040	\$687,764	(\$276)	0%
5	Discharges	136	128	(8)	-6%
6	Patient Days	786	699	(87)	-11%
7	Outpatient Visits (Excludes ED Visits)	1,114	1,044	(70)	-6%
8	Emergency Department Outpatient Visits	103	80	(23)	-22%
9	Emergency Department Inpatient Admissions	81	74	(7)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,748,743	\$10,424,838	(\$323,905)	-3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,847,793	\$3,352,959	\$505,166	18%

**YALE-NEW HAVEN 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	\$771,210	\$1,389,080	\$617,870	80%
2	Inpatient Payments	\$128,285	\$351,669	\$223,384	174%
3	Outpatient Charges	\$132,180	\$226,598	\$94,418	71%
4	Outpatient Payments	\$31,716	\$154,962	\$123,246	389%
5	Discharges	12	27	15	125%
6	Patient Days	82	142	60	73%
7	Outpatient Visits (Excludes ED Visits)	83	89	6	7%
8	Emergency Department Outpatient Visits	9	13	4	44%
9	Emergency Department Inpatient Admissions	4	21	17	425%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$903,390	\$1,615,678	\$712,288	79%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$160,001	\$506,631	\$346,630	217%
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%

**YALE-NEW HAVEN 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	\$147,412,203	\$179,777,258	\$32,365,055	22%
	TOTAL INPATIENT PAYMENTS	\$49,049,996	\$62,713,408	\$13,663,412	28%
	TOTAL OUTPATIENT CHARGES	\$55,347,990	\$69,635,362	\$14,287,372	26%
	TOTAL OUTPATIENT PAYMENTS	\$14,587,047	\$12,862,858	(\$1,724,189)	-12%
	TOTAL DISCHARGES	2,741	2,857	116	4%
	TOTAL PATIENT DAYS	14,095	17,165	3,070	22%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	20,008	24,736	4,728	24%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,853	2,021	168	9%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,729	1,878	149	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$202,760,193	\$249,412,620	\$46,652,427	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$63,637,043	\$75,576,266	\$11,939,223	19%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$169,913,646	\$214,237,306	\$44,323,660	26%
2	Inpatient Payments	\$27,813,214	\$32,516,008	\$4,702,794	17%
3	Outpatient Charges	\$91,982,527	\$108,379,667	\$16,397,140	18%
4	Outpatient Payments	\$25,275,785	\$29,012,637	\$3,736,852	15%
5	Discharges	4,928	5,217	289	6%
6	Patient Days	21,841	24,414	2,573	12%
7	Outpatient Visits (Excludes ED Visits)	75,696	61,055	(14,641)	-19%
8	Emergency Department Outpatient Visits	18,266	15,859	(2,407)	-13%
9	Emergency Department Inpatient Admissions	2,643	2,312	(331)	-13%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$261,896,173	\$322,616,973	\$60,720,800	23%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$53,088,999	\$61,528,645	\$8,439,646	16%
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%

**YALE-NEW HAVEN 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	\$37,344,311	\$38,857,896	\$1,513,585	4%
2	Inpatient Payments	\$6,422,422	\$6,106,812	(\$315,610)	-5%
3	Outpatient Charges	\$13,612,712	\$16,874,915	\$3,262,203	24%
4	Outpatient Payments	\$4,467,388	\$5,280,071	\$812,683	18%
5	Discharges	697	727	30	4%
6	Patient Days	4,669	4,421	(248)	-5%
7	Outpatient Visits (Excludes ED Visits)	8,071	9,243	1,172	15%
8	Emergency Department Outpatient Visits	2,074	2,190	116	6%
9	Emergency Department Inpatient Admissions	277	266	(11)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$50,957,023	\$55,732,811	\$4,775,788	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,889,810	\$11,386,883	\$497,073	5%
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%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$27,721	\$0	(\$27,721)	-100%
2	Inpatient Payments	\$15,512	\$0	(\$15,512)	-100%
3	Outpatient Charges	\$7,221	\$0	(\$7,221)	-100%
4	Outpatient Payments	\$2,709	\$0	(\$2,709)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	3	0	(3)	-100%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$34,942	\$0	(\$34,942)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$18,221	\$0	(\$18,221)	-100%
	H. AETNA				
1	Inpatient Charges	\$59,784,159	\$66,667,713	\$6,883,554	12%
2	Inpatient Payments	\$9,850,620	\$11,372,269	\$1,521,649	15%
3	Outpatient Charges	\$28,935,036	\$34,910,647	\$5,975,611	21%
4	Outpatient Payments	\$8,582,275	\$9,717,922	\$1,135,647	13%
5	Discharges	1,513	1,748	235	16%
6	Patient Days	7,009	7,467	458	7%
7	Outpatient Visits (Excludes ED Visits)	16,549	18,093	1,544	9%
8	Emergency Department Outpatient Visits	4,174	4,193	19	0%
9	Emergency Department Inpatient Admissions	690	796	106	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$88,719,195	\$101,578,360	\$12,859,165	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$18,432,895	\$21,090,191	\$2,657,296	14%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$267,069,837	\$319,762,915	\$52,693,078	20%
	TOTAL INPATIENT PAYMENTS	\$44,101,768	\$49,995,089	\$5,893,321	13%
	TOTAL OUTPATIENT CHARGES	\$134,537,496	\$160,165,229	\$25,627,733	19%
	TOTAL OUTPATIENT PAYMENTS	\$38,328,157	\$44,010,630	\$5,682,473	15%
	TOTAL DISCHARGES	7,139	7,692	553	8%
	TOTAL PATIENT DAYS	33,522	36,302	2,780	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	100,316	88,391	(11,925)	-12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	24,514	22,242	(2,272)	-9%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	3,611	3,374	(237)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$401,607,333	\$479,928,144	\$78,320,811	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$82,429,925	\$94,005,719	\$11,575,794	14%

**YALE-NEW HAVEN 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

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$74,032,000	\$74,087,000	\$55,000	0%
2	Short Term Investments	\$342,847,000	\$402,559,000	\$59,712,000	17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$138,810,000	\$169,456,000	\$30,646,000	22%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$20,112,000	\$17,386,000	(\$2,726,000)	-14%
8	Prepaid Expenses	\$6,113,000	\$8,211,000	\$2,098,000	34%
9	Other Current Assets	\$41,519,000	\$61,715,000	\$20,196,000	49%
	Total Current Assets	\$623,433,000	\$733,414,000	\$109,981,000	18%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$11,639,000	\$10,906,000	(\$733,000)	-6%
2	Board Designated for Capital Acquisition	\$54,012,000	\$119,091,000	\$65,079,000	120%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$65,651,000	\$129,997,000	\$64,346,000	98%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$157,072,000	\$147,013,000	(\$10,059,000)	-6%
7	Other Noncurrent Assets	\$74,680,000	\$130,986,000	\$56,306,000	75%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,391,847,000	\$1,415,735,000	\$23,888,000	2%
2	Less: Accumulated Depreciation	\$539,086,000	\$581,143,000	\$42,057,000	\$0
	Property, Plant and Equipment, Net	\$852,761,000	\$834,592,000	(\$18,169,000)	-2%
3	Construction in Progress	\$17,563,000	\$43,212,000	\$25,649,000	146%
	Total Net Fixed Assets	\$870,324,000	\$877,804,000	\$7,480,000	1%
	Total Assets	\$1,791,160,000	\$2,019,214,000	\$228,054,000	13%

YNH NETWORK CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$164,517,000	\$155,827,000	(\$8,690,000)	-5%
2	Salaries, Wages and Payroll Taxes	\$49,759,000	\$68,100,000	\$18,341,000	37%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$14,663,000	\$14,151,000	(\$512,000)	-3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,117,000	\$3,848,000	\$2,731,000	244%
	Total Current Liabilities	\$230,056,000	\$241,926,000	\$11,870,000	5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$377,044,000	\$467,656,000	\$90,612,000	24%
2	Notes Payable (Net of Current Portion)	\$117,100,000	\$154,241,000	\$37,141,000	32%
	Total Long Term Debt	\$494,144,000	\$621,897,000	\$127,753,000	26%
3	Accrued Pension Liability	\$212,544,000	\$240,901,000	\$28,357,000	13%
4	Other Long Term Liabilities	\$198,902,000	\$229,288,000	\$30,386,000	15%
	Total Long Term Liabilities	\$905,590,000	\$1,092,086,000	\$186,496,000	21%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$580,733,000	\$615,732,000	\$34,999,000	6%
2	Temporarily Restricted Net Assets	\$48,525,000	\$43,947,000	(\$4,578,000)	-9%
3	Permanently Restricted Net Assets	\$26,256,000	\$25,523,000	(\$733,000)	-3%
	Total Net Assets	\$655,514,000	\$685,202,000	\$29,688,000	5%
	Total Liabilities and Net Assets	\$1,791,160,000	\$2,019,214,000	\$228,054,000	13%

YNH NETWORK CORPORATION					
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	\$4,018,705,000	\$4,524,118,000	\$505,413,000	13%
2	Less: Allowances	\$2,590,937,000	\$3,000,453,000	\$409,516,000	16%
3	Less: Charity Care	\$62,606,000	\$61,299,000	(\$1,307,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,365,162,000	\$1,462,366,000	\$97,204,000	7%
5	Other Operating Revenue	\$50,190,000	\$48,257,000	(\$1,933,000)	-4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$1,415,352,000	\$1,510,623,000	\$95,271,000	7%
B. Operating Expenses:					
1	Salaries and Wages	\$505,791,000	\$543,111,000	\$37,320,000	7%
2	Fringe Benefits	\$139,589,000	\$154,076,000	\$14,487,000	10%
3	Physicians Fees	\$70,868,000	\$58,940,000	(\$11,928,000)	-17%
4	Supplies and Drugs	\$210,426,000	\$226,627,000	\$16,201,000	8%
5	Depreciation and Amortization	\$53,217,000	\$69,390,000	\$16,173,000	30%
6	Bad Debts	\$27,846,000	\$26,664,000	(\$1,182,000)	-4%
7	Interest	\$12,851,000	\$16,900,000	\$4,049,000	32%
8	Malpractice	\$17,269,000	\$13,514,000	(\$3,755,000)	-22%
9	Other Operating Expenses	\$303,362,000	\$344,093,000	\$40,731,000	13%
	Total Operating Expenses	\$1,341,219,000	\$1,453,315,000	\$112,096,000	8%
	Income/(Loss) From Operations	\$74,133,000	\$57,308,000	(\$16,825,000)	-23%
C. Non-Operating Revenue:					
1	Income from Investments	\$6,851,000	\$17,336,000	\$10,485,000	153%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$16,515,000)	(\$1,679,000)	\$14,836,000	-90%
	Total Non-Operating Revenue	(\$9,664,000)	\$15,657,000	\$25,321,000	-262%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$64,469,000	\$72,965,000	\$8,496,000	13%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$22,044,000	(\$1,949,000)	(\$23,993,000)	-109%
	Excess/(Deficiency) of Revenue Over Expenses	\$86,513,000	\$71,016,000	(\$15,497,000)	-18%

YNH NETWORK CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$1,238,934,000	\$1,365,162,000	\$1,462,366,000
2	Other Operating Revenue	42,656,000	50,190,000	48,257,000
3	Total Operating Revenue	\$1,281,590,000	\$1,415,352,000	\$1,510,623,000
4	Total Operating Expenses	1,211,988,000	1,341,219,000	1,453,315,000
5	Income/(Loss) From Operations	\$69,602,000	\$74,133,000	\$57,308,000
6	Total Non-Operating Revenue	(16,540,000)	12,380,000	13,708,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$53,062,000	\$86,513,000	\$71,016,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	5.50%	5.19%	3.76%
2	Parent Corporation Non-Operating Margin	-1.31%	0.87%	0.90%
3	Parent Corporation Total Margin	4.19%	6.06%	4.66%
4	Income/(Loss) From Operations	\$69,602,000	\$74,133,000	\$57,308,000
5	Total Operating Revenue	\$1,281,590,000	\$1,415,352,000	\$1,510,623,000
6	Total Non-Operating Revenue	(\$16,540,000)	\$12,380,000	\$13,708,000
7	Total Revenue	\$1,265,050,000	\$1,427,732,000	\$1,524,331,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$53,062,000	\$86,513,000	\$71,016,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$526,740,000	\$580,733,000	\$615,732,000
2	Parent Corporation Total Net Assets	\$599,967,000	\$655,514,000	\$685,202,000
3	Parent Corporation Change in Total Net Assets	(\$32,779,000)	\$55,547,000	\$29,688,000
4	Parent Corporation Change in Total Net Assets %	94.8%	9.3%	4.5%

YNH NETWORK CORPORATION				
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	<u>Current Ratio</u>	3.29	2.71	3.03
2	Total Current Assets	\$702,010,000	\$623,433,000	\$733,414,000
3	Total Current Liabilities	\$213,492,000	\$230,056,000	\$241,926,000
4	<u>Days Cash on Hand</u>	162	118	126
5	Cash and Cash Equivalents	\$60,217,000	\$74,032,000	\$74,087,000
6	Short Term Investments	456,660,000	342,847,000	402,559,000
7	Total Cash and Short Term Investments	\$516,877,000	\$416,879,000	\$476,646,000
8	Total Operating Expenses	\$1,211,988,000	\$1,341,219,000	\$1,453,315,000
9	Depreciation Expense	\$44,525,000	\$53,217,000	\$69,390,000
10	Operating Expenses less Depreciation Expense	\$1,167,463,000	\$1,288,002,000	\$1,383,925,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	37	42
12	Net Patient Accounts Receivable	\$ 128,416,000	\$ 138,810,000	\$ 169,456,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 128,416,000	\$ 138,810,000	\$ 169,456,000
16	Total Net Patient Revenue	\$1,238,934,000	\$1,365,162,000	\$1,462,366,000
17	<u>Average Payment Period</u>	67	65	64
18	Total Current Liabilities	\$213,492,000	\$230,056,000	\$241,926,000
19	Total Operating Expenses	\$1,211,988,000	\$1,341,219,000	\$1,453,315,000
20	Depreciation Expense	\$44,525,000	\$53,217,000	\$69,390,000
21	Total Operating Expenses less Depreciation Expense	\$1,167,463,000	\$1,288,002,000	\$1,383,925,000

YNH NETWORK CORPORATION				
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>	37.5	36.6	33.9
2	Total Net Assets	\$599,967,000	\$655,514,000	\$685,202,000
3	Total Assets	\$1,600,602,000	\$1,791,160,000	\$2,019,214,000
4	<u>Cash Flow to Total Debt Ratio</u>	16.0	19.3	16.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$53,062,000	\$86,513,000	\$71,016,000
6	Depreciation Expense	\$44,525,000	\$53,217,000	\$69,390,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$97,587,000	\$139,730,000	\$140,406,000
8	Total Current Liabilities	\$213,492,000	\$230,056,000	\$241,926,000
9	Total Long Term Debt	\$396,529,000	\$494,144,000	\$621,897,000
10	Total Current Liabilities and Total Long Term Debt	\$610,021,000	\$724,200,000	\$863,823,000
11	<u>Long Term Debt to Capitalization Ratio</u>	39.8	43.0	47.6
12	Total Long Term Debt	\$396,529,000	\$494,144,000	\$621,897,000
13	Total Net Assets	\$599,967,000	\$655,514,000	\$685,202,000
14	Total Long Term Debt and Total Net Assets	\$996,496,000	\$1,149,658,000	\$1,307,099,000

YALE-NEW HAVEN HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	177,270	38,903	38,188	486	494	99.9%	98.3%
2	ICU/CCU (Excludes Neonatal ICU)	30,619	6,731	0	84	125	99.9%	67.1%
3	Psychiatric: Ages 0 to 17	4,284	306	288	12	15	97.8%	78.2%
4	Psychiatric: Ages 18+	26,515	2,668	2,569	73	73	99.5%	99.5%
	TOTAL PSYCHIATRIC	30,799	2,974	2,857	85	88	99.3%	95.9%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	16,036	4,969	3,644	44	55	99.9%	79.9%
7	Newborn	9,527	4,419	3,695	27	40	96.7%	65.3%
8	Neonatal ICU	17,049	917	0	47	52	99.4%	89.8%
9	Pediatric	19,689	5,269	2,461	54	64	99.9%	84.3%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	291,462	53,032	47,150	800	878	99.8%	90.9%
	TOTAL INPATIENT BED UTILIZATION	300,989	57,451	50,845	827	918	99.7%	89.8%
	TOTAL INPATIENT REPORTED YEAR	300,989	57,451	50,845	827	918	99.7%	89.8%
	TOTAL INPATIENT PRIOR YEAR	284,705	0	0	871	919	89.6%	84.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	16,284	57,451	50,845	-44	-1	10.2%	5.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	6%	0%	0%	-5%	0%	11%	6%
	Total Licensed Beds and Bassinets	944						
(A) This number may not exceed the number of available beds for each department or in total.								

YALE-NEW HAVEN 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	36,398	36,194	-204	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	39,332	37,368	-1,964	-5%
3	Emergency Department Scans	16,065	15,263	-802	-5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	91,795	88,825	-2,970	-3%
B. MRI Scans (A)					
1	Inpatient Scans	7,535	8,468	933	12%
2	Outpatient Scans (Excluding Emergency Department Scans)	24,535	24,491	-44	0%
3	Emergency Department Scans	9,948	10,004	56	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	42,018	42,963	945	2%
C. PET Scans (A)					
1	Inpatient Scans	356	466	110	31%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,819	1,828	9	0%
3	Emergency Department Scans	743	746	3	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	2,918	3,040	122	4%
D. PET/CT Scans (A)					
1	Inpatient Scans	192	199	7	4%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,321	1,407	86	7%
3	Emergency Department Scans	539	574	35	6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	2,052	2,180	128	6%
(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	1,257	1,369	112	9%
2	Outpatient Procedures	25,702	27,038	1,336	5%
	Total Linear Accelerator Procedures	26,959	28,407	1,448	5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	3,173	3,397	224	7%
2	Outpatient Procedures	1,242	631	-611	-49%
	Total Cardiac Catheterization Procedures	4,415	4,028	-387	-9%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	10	158	148	1480%
2	Elective Procedures	1,347	1,305	-42	-3%
	Total Cardiac Angioplasty Procedures	1,357	1,463	106	8%
H. Electrophysiology Studies					
1	Inpatient Studies	689	1,377	688	100%
2	Outpatient Studies	104	198	94	90%
	Total Electrophysiology Studies	793	1,575	782	99%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	15,239	15,564	325	2%
2	Outpatient Surgical Procedures	21,676	21,474	-202	-1%
	Total Surgical Procedures	36,915	37,038	123	0%
J. Endoscopy Procedures					

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	212	222	10	5%
2	Outpatient Endoscopy Procedures	11,433	10,739	-694	-6%
	Total Endoscopy Procedures	11,645	10,961	-684	-6%
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	28,571	28,351	-220	-1%
2	Emergency Room Visits: Treated and Discharged	93,579	92,128	-1,451	-2%
	Total Emergency Room Visits	122,150	120,479	-1,671	-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	1,417	1,357	-60	-4%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	120,453	130,653	10,200	8%
	Total Hospital Clinic Visits	121,870	132,010	10,140	8%
M.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	28,217	30,194	1,977	7%
4	Gastroenterology	15,540	15,450	-90	-1%
5	Other Outpatient Visits	556,388	589,151	32,763	6%
	Total Other Hospital Outpatient Visits	600,145	634,795	34,650	6%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	2,371.7	2,746.5	374.8	16%
2	Total Physician FTEs	738.4	751.8	13.4	2%
3	Total Non-Nursing and Non-Physician FTEs	3,968.7	4,112.8	144.1	4%
	Total Hospital Full Time Equivalent Employees	7,078.8	7,611.1	532.3	8%

YALE-NEW HAVEN 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	Temple Medical Center	2,955	6,398	3,443	117%
2	Yale New Haven Hospital	18,721	15,076	-3,645	-19%
	Total Outpatient Surgical Procedures(A)	21,676	21,474	-202	-1%
B. Outpatient Endoscopy Procedures					
1	Temple Medical Center	6,223	5,747	-476	-8%
2	Yale New Haven Hospital	5,210	4,992	-218	-4%
	Total Outpatient Endoscopy Procedures(B)	11,433	10,739	-694	-6%
C. Outpatient Hospital Emergency Room Visits					
1	N/A	0	0	0	0%
2	Shoreline Medical Center	20,100	19,788	-312	-2%
3	Yale New Haven Hospital	73,479	72,340	-1,139	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	93,579	92,128	-1,451	-2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

YALE-NEW HAVEN 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	\$925,659,420	\$1,108,821,251	\$183,161,831	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$323,184,765	\$348,345,397	\$25,160,632	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.91%	31.42%	-3.50%	-10%
4	DISCHARGES	17,357	17,747	390	2%
5	CASE MIX INDEX (CMI)	1.67120	1.78080	0.10960	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29,007.01840	31,603.85760	2,596.83920	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,141.61	\$11,022.24	(\$119.36)	-1%
8	PATIENT DAYS	98,192	109,506	11,314	12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,291.36	\$3,181.06	(\$110.29)	-3%
10	AVERAGE LENGTH OF STAY	5.7	6.2	0.5	9%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$328,954,688	\$393,054,480	\$64,099,792	19%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$73,407,846	\$85,804,236	\$12,396,390	17%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.32%	21.83%	-0.49%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	35.54%	35.45%	-0.09%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,168.21522	6,290.94892	122.73371	2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,900.99	\$13,639.32	\$1,738.33	15%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$1,254,614,108	\$1,501,875,731	\$247,261,623	20%
18	TOTAL ACCRUED PAYMENTS	\$396,592,611	\$434,149,633	\$37,557,022	9%
19	TOTAL ALLOWANCES	\$858,021,497	\$1,067,726,098	\$209,704,601	24%

YALE-NEW HAVEN 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
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$996,775,285	\$1,068,171,813	\$71,396,528	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$371,533,140	\$393,449,462	\$21,916,322	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.27%	36.83%	-0.44%	-1%
4	DISCHARGES	23,401	23,108	(293)	-1%
5	CASE MIX INDEX (CMI)	1.24170	1.36190	0.12020	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29,057,02170	31,470,78520	2,413,76350	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,786.35	\$12,502.05	(\$284.29)	-2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,644.74)	(\$1,479.81)	\$164.93	-10%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$47,791,258)	(\$46,570,821)	\$1,220,437	-3%
10	PATIENT DAYS	97,851	97,665	(186)	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,796.93	\$4,028.56	\$231.63	6%
12	AVERAGE LENGTH OF STAY	4.2	4.2	0.0	1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$695,687,882	\$762,357,176	\$66,669,294	10%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$314,887,575	\$339,695,948	\$24,808,373	8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.26%	44.56%	-0.70%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	69.79%	71.37%	1.58%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	16,332,45965	16,492,24348	159,78383	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$19,279.86	\$20,597.32	\$1,317.45	7%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$7,378.88)	(\$6,958.00)	\$420.88	-6%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$120,515,193)	(\$114,753,039)	\$5,762,154	-5%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$1,692,463,167	\$1,830,528,989	\$138,065,822	8%
22	TOTAL ACCRUED PAYMENTS	\$686,420,715	\$733,145,410	\$46,724,695	7%
23	TOTAL ALLOWANCES	\$1,006,042,452	\$1,097,383,579	\$91,341,127	9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$168,306,451)	(\$161,323,860)	\$6,982,591	-4%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$1,566,246,297	\$1,736,523,939	\$170,277,642	11%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$714,995,462	\$770,806,705	\$55,811,243	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,399	13%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.35%	55.61%	1.26%	

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$51,128,104	\$32,517,553	(\$18,610,551)	-36%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,292,001	\$8,949,293	\$6,657,292	290%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.48%	27.52%	23.04%	514%
4	DISCHARGES	1,436	939	(497)	-35%
5	CASE MIX INDEX (CMI)	1.31840	1.59190	0.27350	21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,893.22240	1,494.79410	(398.42830)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,210.63	\$5,986.97	\$4,776.34	395%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,575.71	\$6,515.08	(\$5,060.63)	-44%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$9,930.97	\$5,035.27	(\$4,895.70)	-49%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,801,537	\$7,526,691	(\$11,274,846)	-60%
11	PATIENT DAYS	5,967	3,050	(2,917)	-49%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$384.11	\$2,934.19	\$2,550.08	664%
13	AVERAGE LENGTH OF STAY	4.2	3.2	(0.9)	-22%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,157,729	\$61,487,497	\$7,329,768	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,830,957	\$7,969,346	(\$9,861,611)	-55%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.92%	12.96%	-19.96%	-61%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	105.93%	189.09%	83.16%	79%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,521.09100	1,775.55672	254.46572	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,722.48	\$4,488.36	(\$7,234.11)	-62%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,557.38	\$16,108.95	\$8,551.57	113%
21	MEDICARE - UNINSURED OP PMT / OPED	\$178.51	\$9,150.95	\$8,972.44	5026%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$271,526	\$16,248,032	\$15,976,505	5884%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$105,285,833	\$94,005,050	(\$11,280,783)	-11%
24	TOTAL ACCRUED PAYMENTS	\$20,122,958	\$16,918,639	(\$3,204,319)	-16%
25	TOTAL ALLOWANCES	\$85,162,875	\$77,086,411	(\$8,076,464)	-9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,073,063	\$23,774,723	\$4,701,660	25%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$553,272,849	\$787,961,706	\$234,688,857	42%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,997,730	\$137,609,515	\$40,611,785	42%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.53%	17.46%	-0.07%	0%
4	DISCHARGES	12,396	16,249	3,853	31%
5	CASE MIX INDEX (CMI)	1.13600	1.23890	0.10290	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,081.85600	20,130.88610	6,049.03010	43%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,888.14	\$6,835.74	(\$52.39)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,898.21	\$5,666.31	(\$231.90)	-4%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,253.47	\$4,186.50	(\$66.97)	-2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$59,896,759	\$84,278,003	\$24,381,244	41%
11	PATIENT DAYS	70,465	92,087	21,622	31%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,376.54	\$1,494.34	\$117.80	9%
13	AVERAGE LENGTH OF STAY	5.7	5.7	(0.0)	0%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$201,168,572	\$295,984,179	\$94,815,607	47%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$54,137,060	\$76,318,653	\$22,181,593	41%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.91%	25.78%	-1.13%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	36.36%	37.56%	1.20%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,507.15343	6,103.65566	1,596.50223	35%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,011.36	\$12,503.76	\$492.40	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,268.50	\$8,093.55	\$825.06	11%
21	MEDICARE - MEDICAID OP PMT / OPED	(\$110.38)	\$1,135.55	\$1,245.93	-1129%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$497,488)	\$6,931,031	\$7,428,519	-1493%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$754,441,421	\$1,083,945,885	\$329,504,464	44%
24	TOTAL ACCRUED PAYMENTS	\$151,134,790	\$213,928,168	\$62,793,378	42%
25	TOTAL ALLOWANCES	\$603,306,631	\$870,017,717	\$266,711,086	44%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$59,399,271	\$91,209,034	\$31,809,763	54%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$134,657,674	\$0	(\$134,657,674)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,404,615	\$0	(\$21,404,615)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	15.90%	0.00%	-15.90%	-100%
4	DISCHARGES	3,125	-	(3,125)	-100%
5	CASE MIX INDEX (CMI)	1.19410	0.00000	(1.19410)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,731.56250	0.00000	(3,731.56250)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,736.10	\$0.00	(\$5,736.10)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,050.25	\$12,502.05	\$5,451.81	77%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,405.51	\$11,022.24	\$5,616.74	104%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,170,983	\$0	(\$20,170,983)	-100%
11	PATIENT DAYS	16,469	0	(16,469)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,299.69	\$0.00	(\$1,299.69)	-100%
13	AVERAGE LENGTH OF STAY	5.3	-	(5.3)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$42,816,317	\$0	(\$42,816,317)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,339,594	\$0	(\$8,339,594)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.48%	0.00%	-19.48%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	31.80%	0.00%	-31.80%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	993.63806	0.00000	(993.63806)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,392.99	\$0.00	(\$8,392.99)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$10,886.87	\$20,597.32	\$9,710.44	89%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,508.00	\$13,639.32	\$10,131.32	289%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,485,679	\$0	(\$3,485,679)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$177,473,991	\$0	(\$177,473,991)	-100%
24	TOTAL ACCRUED PAYMENTS	\$29,744,209	\$0	(\$29,744,209)	-100%
25	TOTAL ALLOWANCES	\$147,729,782	\$0	(\$147,729,782)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$23,656,663	\$0	(\$23,656,663)	-100%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$687,930,523	\$787,961,706	\$100,031,183	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$118,402,345	\$137,609,515	\$19,207,170	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.21%	17.46%	0.25%	1%
4	DISCHARGES	15,521	16,249	728	5%
5	CASE MIX INDEX (CMI)	1.14770	1.23890	0.09120	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	17,813.41850	20,130.88610	2,317.46760	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,646.81	\$6,835.74	\$188.93	3%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,139.54	\$5,666.31	(\$473.23)	-8%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,494.80	\$4,186.50	(\$308.30)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$80,067,742	\$84,278,003	\$4,210,260	5%
11	PATIENT DAYS	86,934	92,087	5,153	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,361.98	\$1,494.34	\$132.36	10%
13	AVERAGE LENGTH OF STAY	5.6	5.7	0.1	1%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$243,984,889	\$295,984,179	\$51,999,290	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$62,476,654	\$76,318,653	\$13,841,999	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.61%	25.78%	0.18%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	35.47%	37.56%	2.10%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,500.79149	6,103.65566	602.86416	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,357.76	\$12,503.76	\$1,146.00	10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,922.11	\$8,093.55	\$171.45	2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$543.23	\$1,135.55	\$592.32	109%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,988,191	\$6,931,031	\$3,942,840	132%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$931,915,412	\$1,083,945,885	\$152,030,473	16%
24	TOTAL ACCRUED PAYMENTS	\$180,878,999	\$213,928,168	\$33,049,169	18%
25	TOTAL ALLOWANCES	\$751,036,413	\$870,017,717	\$118,981,304	16%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$16,820,452	\$19,854,188	\$3,033,736	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,524,787	\$4,756,382	\$1,231,595	35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.96%	23.96%	3.00%	14%
4	DISCHARGES	323	347	24	7%
5	CASE MIX INDEX (CMI)	1.24230	1.42500	0.18270	15%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	401.26290	494.47500	93.21210	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,784.23	\$9,619.05	\$834.82	10%
8	PATIENT DAYS	1,728	1,731	3	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,039.81	\$2,747.77	\$707.96	35%
10	AVERAGE LENGTH OF STAY	5.3	5.0	(0.4)	-7%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,247,026	\$7,091,654	\$844,628	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,463,260	\$1,497,774	(\$965,486)	-39%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$23,067,478	\$26,945,842	\$3,878,364	17%
14	TOTAL ACCRUED PAYMENTS	\$5,988,047	\$6,254,156	\$266,109	4%
15	TOTAL ALLOWANCES	\$17,079,431	\$20,691,686	\$3,612,255	21%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$11,389,417	\$9,434,287	(\$1,955,130)	-17%
2	TOTAL OPERATING EXPENSES	\$1,297,936,000	\$1,435,807,000	\$137,871,000	11%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$11,001,260	\$0	(\$11,001,260)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$28,159,845	\$31,059,911	\$2,900,066	10%
5	BAD DEBTS (CHARGES)	\$61,051,690	\$55,846,721	(\$5,204,969)	-9%
6	UNCOMPENSATED CARE (CHARGES)	\$89,211,535	\$86,906,632	(\$2,304,903)	-3%
7	COST OF UNCOMPENSATED CARE	\$30,783,717	\$28,013,188	(\$2,770,529)	-9%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$931,915,412	\$1,083,945,885	\$152,030,473	16%
9	TOTAL ACCRUED PAYMENTS	\$180,878,999	\$213,928,168	\$33,049,169	18%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$321,570,752	\$349,395,434	\$27,824,681	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$140,691,753	\$135,467,266	(\$5,224,488)	-4%

YALE-NEW HAVEN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$2,627,185,680	\$2,984,808,958	\$357,623,278	14%
2	TOTAL INPATIENT PAYMENTS	\$816,645,037	\$884,160,756	\$67,515,719	8%
3	TOTAL INPATIENT PAYMENTS / CHARGES	31.08%	29.62%	-1.46%	-5%
4	TOTAL DISCHARGES	56,602	57,451	849	1%
5	TOTAL CASE MIX INDEX	1.34763	1.45689	0.10926	8%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	76,278.72150	83,700.00390	7,421.28240	10%
7	TOTAL OUTPATIENT CHARGES	\$1,274,874,485	\$1,458,487,489	\$183,613,004	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	48.53%	48.86%	0.34%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$453,235,335	\$503,316,611	\$50,081,276	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.55%	34.51%	-1.04%	-3%
11	TOTAL CHARGES	\$3,902,060,165	\$4,443,296,447	\$541,236,282	14%
12	TOTAL PAYMENTS	\$1,269,880,372	\$1,387,477,367	\$117,596,995	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.54%	31.23%	-1.32%	-4%
14	PATIENT DAYS	284,705	300,989	16,284	6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$1,630,410,395	\$1,916,637,145	\$286,226,750	18%
2	INPATIENT PAYMENTS	\$445,111,897	\$490,711,294	\$45,599,397	10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.30%	25.60%	-1.70%	-6%
4	DISCHARGES	33,201	34,343	1,142	3%
5	CASE MIX INDEX	1.42230	1.52081	0.09851	7%
6	CASE MIX ADJUSTED DISCHARGES	47,221.69980	52,229.21870	5,007.51890	11%
7	OUTPATIENT CHARGES	\$579,186,603	\$696,130,313	\$116,943,710	20%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	35.52%	36.32%	0.80%	2%
9	OUTPATIENT PAYMENTS	\$138,347,760	\$163,620,663	\$25,272,903	18%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.89%	23.50%	-0.38%	-2%
11	TOTAL CHARGES	\$2,209,596,998	\$2,612,767,458	\$403,170,460	18%
12	TOTAL PAYMENTS	\$583,459,657	\$654,331,957	\$70,872,300	12%
13	TOTAL PAYMENTS / CHARGES	26.41%	25.04%	-1.36%	-5%
14	PATIENT DAYS	186,854	203,324	16,470	9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$1,626,137,341	\$1,958,435,501	\$332,298,160	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.7	6.2	0.5	9%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.2	0.0	1%
3	UNINSURED	4.2	3.2	(0.9)	-22%
4	MEDICAID	5.7	5.7	(0.0)	0%
5	OTHER MEDICAL ASSISTANCE	5.3	-	(5.3)	-100%
6	CHAMPUS / TRICARE	5.3	5.0	(0.4)	-7%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	5.2	0.2	4%

YALE-NEW HAVEN 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	\$3,902,060,165	\$4,443,296,447	\$541,236,282	14%
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,626,137,341	\$1,958,435,501	\$332,298,160	20%
3	UNCOMPENSATED CARE	\$89,211,535	\$86,906,632	(\$2,304,903)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,399	13%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$2,566,599,711	\$3,011,059,367	\$444,459,656	17%
7	TOTAL ACCRUED PAYMENTS	\$1,335,460,454	\$1,432,237,080	\$96,776,626	7%
8	UCP DSH PYMNTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$11,001,260	\$0	(\$11,001,260)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$1,346,461,714	\$1,432,237,080	\$85,775,366	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3450643140	0.3223366024	(0.0227277116)	-7%
11	COST OF UNCOMPENSATED CARE	\$30,783,717	\$28,013,188	(\$2,770,529)	-9%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$140,691,753	\$135,467,266	(\$5,224,488)	-4%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$171,475,470	\$163,480,454	(\$7,995,016)	-5%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	(\$497,488)	\$6,931,031	\$7,428,519	-1493%
2	OTHER MEDICAL ASSISTANCE	\$23,656,663	\$0	(\$23,656,663)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,073,063	\$23,774,723	\$4,701,660	25%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$42,232,238	\$30,705,754	(\$11,526,484)	-27%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$37,696,368	\$54,579,633	\$16,883,265	44.79%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$1,318,578,000	\$1,442,057,000	\$123,479,000	9.36%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$3,902,060,165	\$4,443,296,000	\$541,235,835	13.87%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$834,500	\$782,368	(\$52,132)	-6.25%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$90,046,035	\$87,689,000	(\$2,357,035)	-2.62%

YALE-NEW HAVEN 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)	\$996,775,285	\$1,068,171,813	\$71,396,528
2	MEDICARE	\$925,659,420	1,108,821,251	\$183,161,831
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$687,930,523	787,961,706	\$100,031,183
4	MEDICAID	\$553,272,849	787,961,706	\$234,688,857
5	OTHER MEDICAL ASSISTANCE	\$134,657,674	0	(\$134,657,674)
6	CHAMPUS / TRICARE	\$16,820,452	19,854,188	\$3,033,736
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$51,128,104	32,517,553	(\$18,610,551)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$1,630,410,395	\$1,916,637,145	\$286,226,750
	TOTAL INPATIENT CHARGES	\$2,627,185,680	\$2,984,808,958	\$357,623,278
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$695,687,882	\$762,357,176	\$66,669,294
2	MEDICARE	\$328,954,688	393,054,480	\$64,099,792
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$243,984,889	295,984,179	\$51,999,290
4	MEDICAID	\$201,168,572	295,984,179	\$94,815,607
5	OTHER MEDICAL ASSISTANCE	\$42,816,317	0	(\$42,816,317)
6	CHAMPUS / TRICARE	\$6,247,026	7,091,654	\$844,628
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$54,157,729	61,487,497	\$7,329,768
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$579,186,603	\$696,130,313	\$116,943,710
	TOTAL OUTPATIENT CHARGES	\$1,274,874,485	\$1,458,487,489	\$183,613,004
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$1,692,463,167	\$1,830,528,989	\$138,065,822
2	TOTAL MEDICARE	\$1,254,614,108	\$1,501,875,731	\$247,261,623
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$931,915,412	\$1,083,945,885	\$152,030,473
4	TOTAL MEDICAID	\$754,441,421	\$1,083,945,885	\$329,504,464
5	TOTAL OTHER MEDICAL ASSISTANCE	\$177,473,991	\$0	(\$177,473,991)
6	TOTAL CHAMPUS / TRICARE	\$23,067,478	\$26,945,842	\$3,878,364
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$105,285,833	\$94,005,050	(\$11,280,783)
	TOTAL GOVERNMENT CHARGES	\$2,209,596,998	\$2,612,767,458	\$403,170,460
	TOTAL CHARGES	\$3,902,060,165	\$4,443,296,447	\$541,236,282
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$371,533,140	\$393,449,462	\$21,916,322
2	MEDICARE	\$323,184,765	348,345,397	\$25,160,632
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$118,402,345	137,609,515	\$19,207,170
4	MEDICAID	\$96,997,730	137,609,515	\$40,611,785
5	OTHER MEDICAL ASSISTANCE	\$21,404,615	0	(\$21,404,615)
6	CHAMPUS / TRICARE	\$3,524,787	4,756,382	\$1,231,595
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,292,001	8,949,293	\$6,657,292
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$445,111,897	\$490,711,294	\$45,599,397
	TOTAL INPATIENT PAYMENTS	\$816,645,037	\$884,160,756	\$67,515,719
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$314,887,575	\$339,695,948	\$24,808,373
2	MEDICARE	\$73,407,846	85,804,236	\$12,396,390
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,476,654	76,318,653	\$13,841,999
4	MEDICAID	\$54,137,060	76,318,653	\$22,181,593
5	OTHER MEDICAL ASSISTANCE	\$8,339,594	0	(\$8,339,594)
6	CHAMPUS / TRICARE	\$2,463,260	1,497,774	(\$965,486)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$17,830,957	7,969,346	(\$9,861,611)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$138,347,760	\$163,620,663	\$25,272,903
	TOTAL OUTPATIENT PAYMENTS	\$453,235,335	\$503,316,611	\$50,081,276
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$686,420,715	\$733,145,410	\$46,724,695
2	TOTAL MEDICARE	\$396,592,611	\$434,149,633	\$37,557,022
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$180,878,999	\$213,928,168	\$33,049,169
4	TOTAL MEDICAID	\$151,134,790	\$213,928,168	\$62,793,378
5	TOTAL OTHER MEDICAL ASSISTANCE	\$29,744,209	\$0	(\$29,744,209)
6	TOTAL CHAMPUS / TRICARE	\$5,988,047	\$6,254,156	\$266,109
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,122,958	\$16,918,639	(\$3,204,319)
	TOTAL GOVERNMENT PAYMENTS	\$583,459,657	\$654,331,957	\$70,872,300
	TOTAL PAYMENTS	\$1,269,880,372	\$1,387,477,367	\$117,596,995

YALE-NEW HAVEN 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)	25.54%	24.04%	-1.50%
2	MEDICARE	23.72%	24.95%	1.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.63%	17.73%	0.10%
4	MEDICAID	14.18%	17.73%	3.55%
5	OTHER MEDICAL ASSISTANCE	3.45%	0.00%	-3.45%
6	CHAMPUS / TRICARE	0.43%	0.45%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.31%	0.73%	-0.58%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	41.78%	43.14%	1.35%
	TOTAL INPATIENT PAYER MIX	67.33%	67.18%	-0.15%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.83%	17.16%	-0.67%
2	MEDICARE	8.43%	8.85%	0.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.25%	6.66%	0.41%
4	MEDICAID	5.16%	6.66%	1.51%
5	OTHER MEDICAL ASSISTANCE	1.10%	0.00%	-1.10%
6	CHAMPUS / TRICARE	0.16%	0.16%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.39%	1.38%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.84%	15.67%	0.82%
	TOTAL OUTPATIENT PAYER MIX	32.67%	32.82%	0.15%
	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)	29.26%	28.36%	-0.90%
2	MEDICARE	25.45%	25.11%	-0.34%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.32%	9.92%	0.59%
4	MEDICAID	7.64%	9.92%	2.28%
5	OTHER MEDICAL ASSISTANCE	1.69%	0.00%	-1.69%
6	CHAMPUS / TRICARE	0.28%	0.34%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.65%	0.46%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.05%	35.37%	0.32%
	TOTAL INPATIENT PAYER MIX	64.31%	63.72%	-0.58%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.80%	24.48%	-0.31%
2	MEDICARE	5.78%	6.18%	0.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.92%	5.50%	0.58%
4	MEDICAID	4.26%	5.50%	1.24%
5	OTHER MEDICAL ASSISTANCE	0.66%	0.00%	-0.66%
6	CHAMPUS / TRICARE	0.19%	0.11%	-0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.40%	0.57%	-0.83%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	10.89%	11.79%	0.90%
	TOTAL OUTPATIENT PAYER MIX	35.69%	36.28%	0.58%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

YALE-NEW HAVEN 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)	23,401	23,108	(293)
2	MEDICARE	17,357	17,747	390
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,521	16,249	728
4	MEDICAID	12,396	16,249	3,853
5	OTHER MEDICAL ASSISTANCE	3,125	0	(3,125)
6	CHAMPUS / TRICARE	323	347	24
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,436	939	(497)
	TOTAL GOVERNMENT DISCHARGES	33,201	34,343	1,142
	TOTAL DISCHARGES	56,602	57,451	849
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	97,851	97,665	(186)
2	MEDICARE	98,192	109,506	11,314
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	86,934	92,087	5,153
4	MEDICAID	70,465	92,087	21,622
5	OTHER MEDICAL ASSISTANCE	16,469	0	(16,469)
6	CHAMPUS / TRICARE	1,728	1,731	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,967	3,050	(2,917)
	TOTAL GOVERNMENT PATIENT DAYS	186,854	203,324	16,470
	TOTAL PATIENT DAYS	284,705	300,989	16,284
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.2	0.0
2	MEDICARE	5.7	6.2	0.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.6	5.7	0.1
4	MEDICAID	5.7	5.7	(0.0)
5	OTHER MEDICAL ASSISTANCE	5.3	0.0	(5.3)
6	CHAMPUS / TRICARE	5.3	5.0	(0.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.2	3.2	(0.9)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.9	0.3
	TOTAL AVERAGE LENGTH OF STAY	5.0	5.2	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.24170	1.36190	0.12020
2	MEDICARE	1.67120	1.78080	0.10960
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.14770	1.23890	0.09120
4	MEDICAID	1.13600	1.23890	0.10290
5	OTHER MEDICAL ASSISTANCE	1.19410	0.00000	(1.19410)
6	CHAMPUS / TRICARE	1.24230	1.42500	0.18270
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.31840	1.59190	0.27350
	TOTAL GOVERNMENT CASE MIX INDEX	1.42230	1.52081	0.09851
	TOTAL CASE MIX INDEX	1.34763	1.45689	0.10926
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,566,246,297	\$1,736,523,939	\$170,277,642
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$714,995,462	\$770,806,705	\$55,811,243
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,399
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.35%	55.61%	1.26%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$11,001,260	\$0	(\$11,001,260)
8	CHARITY CARE	\$28,159,845	\$31,059,911	\$2,900,066
9	BAD DEBTS	\$61,051,690	\$55,846,721	(\$5,204,969)
10	TOTAL UNCOMPENSATED CARE	\$89,211,535	\$86,906,632	(\$2,304,903)
11	TOTAL OTHER OPERATING REVENUE	\$1,566,246,297	\$1,736,523,939	\$170,277,642
12	TOTAL OPERATING EXPENSES	\$1,297,936,000	\$1,435,807,000	\$137,871,000

YALE-NEW HAVEN 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)	29,057.02170	31,470.78520	2,413.76350
2	MEDICARE	29,007.01840	31,603.85760	2,596.83920
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,813.41850	20,130.88610	2,317.46760
4	MEDICAID	14,081.85600	20,130.88610	6,049.03010
5	OTHER MEDICAL ASSISTANCE	3,731.56250	0.00000	(3,731.56250)
6	CHAMPUS / TRICARE	401.26290	494.47500	93.21210
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,893.22240	1,494.79410	(398.42830)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	47,221.69980	52,229.21870	5,007.51890
	TOTAL CASE MIX ADJUSTED DISCHARGES	76,278.72150	83,700.00390	7,421.28240
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,332.45965	16,492.24348	159.78383
2	MEDICARE	6,168.21522	6,290.94892	122.73371
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,500.79149	6,103.65566	602.86416
4	MEDICAID	4,507.15343	6,103.65566	1,596.50223
5	OTHER MEDICAL ASSISTANCE	993.63806	0.00000	-993.63806
6	CHAMPUS / TRICARE	119.96047	123.94382	3.98335
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,521.09100	1,775.55672	254.46572
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	11,788.96718	12,518.54840	729.58122
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	28,121.42684	29,010.79189	889.36505
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,786.35	\$12,502.05	(\$284.29)
2	MEDICARE	\$11,141.61	\$11,022.24	(\$119.36)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,646.81	\$6,835.74	\$188.93
4	MEDICAID	\$6,888.14	\$6,835.74	(\$52.39)
5	OTHER MEDICAL ASSISTANCE	\$5,736.10	\$0.00	(\$5,736.10)
6	CHAMPUS / TRICARE	\$8,784.23	\$9,619.05	\$834.82
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,210.63	\$5,986.97	\$4,776.34
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,426.00	\$9,395.34	(\$30.66)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,706.07	\$10,563.45	(\$142.62)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,279.86	\$20,597.32	\$1,317.45
2	MEDICARE	\$11,900.99	\$13,639.32	\$1,738.33
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,357.76	\$12,503.76	\$1,146.00
4	MEDICAID	\$12,011.36	\$12,503.76	\$492.40
5	OTHER MEDICAL ASSISTANCE	\$8,392.99	\$0.00	(\$8,392.99)
6	CHAMPUS / TRICARE	\$20,533.93	\$12,084.30	(\$8,449.63)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,722.48	\$4,488.36	(\$7,234.11)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,735.36	\$13,070.26	\$1,334.90
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$16,117.08	\$17,349.29	\$1,232.21

YALE-NEW HAVEN 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	(\$497,488)	\$6,931,031	\$7,428,519
2	OTHER MEDICAL ASSISTANCE	\$23,656,663	\$0	(\$23,656,663)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,073,063	\$23,774,723	\$4,701,660
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$42,232,238	\$30,705,754	(\$11,526,484)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$3,902,060,165	\$4,443,296,447	\$541,236,282
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,626,137,341	\$1,958,435,501	\$332,298,160
3	UNCOMPENSATED CARE	\$89,211,535	\$86,906,632	(\$2,304,903)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$851,250,835	\$965,717,234	\$114,466,399
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$2,566,599,711	\$3,011,059,367	\$444,459,656
7	TOTAL ACCRUED PAYMENTS	\$1,335,460,454	\$1,432,237,080	\$96,776,626
8	UCP DSH PAYMENTS (OHCA INPUT)	\$11,001,260	\$0	(\$11,001,260)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$1,346,461,714	\$1,432,237,080	\$85,775,366
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3450643140	0.3223366024	(0.0227277116)
11	COST OF UNCOMPENSATED CARE	\$30,783,717	\$28,013,188	(\$2,770,529)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$140,691,753	\$135,467,266	(\$5,224,488)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$171,475,470	\$163,480,454	(\$7,995,016)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.27%	36.83%	-0.44%
2	MEDICARE	34.91%	31.42%	-3.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.21%	17.46%	0.25%
4	MEDICAID	17.53%	17.46%	-0.07%
5	OTHER MEDICAL ASSISTANCE	15.90%	0.00%	-15.90%
6	CHAMPUS / TRICARE	20.96%	23.96%	3.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.48%	27.52%	23.04%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.30%	25.60%	-1.70%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.08%	29.62%	-1.46%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.26%	44.56%	-0.70%
2	MEDICARE	22.32%	21.83%	-0.49%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.61%	25.78%	0.18%
4	MEDICAID	26.91%	25.78%	-1.13%
5	OTHER MEDICAL ASSISTANCE	19.48%	0.00%	-19.48%
6	CHAMPUS / TRICARE	39.43%	21.12%	-18.31%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32.92%	12.96%	-19.96%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.89%	23.50%	-0.38%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.55%	34.51%	-1.04%

YALE-NEW HAVEN 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	\$1,269,880,372	\$1,387,477,367	\$117,596,995
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$11,001,260	\$0	(\$11,001,260)
	OHCA DEFINED NET REVENUE	\$1,280,881,632	\$1,387,477,367	\$106,595,735
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$37,696,368	\$54,579,633	\$16,883,265
4	CALCULATED NET REVENUE	\$1,318,578,000	\$1,442,057,000	\$123,479,000
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,318,578,000	\$1,442,057,000	\$123,479,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$3,902,060,165	\$4,443,296,447	\$541,236,282
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$3,902,060,165	\$4,443,296,447	\$541,236,282
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$3,902,060,165	\$4,443,296,000	\$541,235,835
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$447	\$447
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$89,211,535	\$86,906,632	(\$2,304,903)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$834,500	\$782,368	(\$52,132)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$90,046,035	\$87,689,000	(\$2,357,035)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$90,046,035	\$87,689,000	(\$2,357,035)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

YALE-NEW HAVEN 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)	\$1,068,171,813
2	MEDICARE	1,108,821,251
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	787,961,706
4	MEDICAID	787,961,706
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	19,854,188
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32,517,553
	TOTAL INPATIENT GOVERNMENT CHARGES	\$1,916,637,145
	TOTAL INPATIENT CHARGES	\$2,984,808,958
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$762,357,176
2	MEDICARE	393,054,480
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	295,984,179
4	MEDICAID	295,984,179
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	7,091,654
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	61,487,497
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$696,130,313
	TOTAL OUTPATIENT CHARGES	\$1,458,487,489
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$1,830,528,989
2	TOTAL GOVERNMENT ACCRUED CHARGES	2,612,767,458
	TOTAL ACCRUED CHARGES	\$4,443,296,447
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$393,449,462
2	MEDICARE	348,345,397
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	137,609,515
4	MEDICAID	137,609,515
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	4,756,382
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,949,293
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$490,711,294
	TOTAL INPATIENT PAYMENTS	\$884,160,756
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$339,695,948
2	MEDICARE	85,804,236
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	76,318,653
4	MEDICAID	76,318,653
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,497,774
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,969,346
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$163,620,663
	TOTAL OUTPATIENT PAYMENTS	\$503,316,611
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$733,145,410
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	654,331,957
	TOTAL ACCRUED PAYMENTS	\$1,387,477,367

YALE-NEW HAVEN 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)	23,108
2	MEDICARE	17,747
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,249
4	MEDICAID	16,249
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	347
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	939
	TOTAL GOVERNMENT DISCHARGES	34,343
	TOTAL DISCHARGES	57,451
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.36190
2	MEDICARE	1.78080
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.23890
4	MEDICAID	1.23890
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.42500
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.59190
	TOTAL GOVERNMENT CASE MIX INDEX	1.52081
	TOTAL CASE MIX INDEX	1.45689
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$1,736,523,939
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$770,806,705
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$965,717,234
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.61%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$31,059,911
9	BAD DEBTS	\$55,846,721
10	TOTAL UNCOMPENSATED CARE	\$86,906,632
11	TOTAL OTHER OPERATING REVENUE	\$9,434,287
12	TOTAL OPERATING EXPENSES	\$1,435,807,000

YALE-NEW HAVEN 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	\$1,387,477,367
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$1,387,477,367
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$54,579,633
	CALCULATED NET REVENUE	\$1,442,057,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,442,057,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$4,443,296,447
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$4,443,296,447
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$4,443,296,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$447
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$86,906,632
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$782,368
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$87,689,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$87,689,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

YALE-NEW HAVEN 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	4,828	4,578	(250)	-5%
2	Number of Approved Applicants	3,346	3,519	173	5%
3	Total Charges (A)	\$28,159,845	\$31,059,911	\$2,900,066	10%
4	Average Charges	\$8,416	\$8,826	\$410	5%
5	Ratio of Cost to Charges (RCC)	0.331552	0.331660	0.000108	0%
6	Total Cost	\$9,336,453	\$10,301,330	\$964,877	10%
7	Average Cost	\$2,790	\$2,927	\$137	5%
8	Charity Care - Inpatient Charges	\$13,669,143	\$12,604,976	(\$1,064,167)	-8%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	11,135,924	14,316,168	3,180,244	29%
10	Charity Care - Emergency Department Charges	3,354,778	4,138,767	783,989	23%
11	Total Charges (A)	\$28,159,845	\$31,059,911	\$2,900,066	10%
12	Charity Care - Number of Patient Days	9,832	10,614	782	8%
13	Charity Care - Number of Discharges	1,356	1,569	213	16%
14	Charity Care - Number of Outpatient ED Visits	3,390	3,722	332	10%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	18,390	19,121	731	4%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$29,671,121	\$27,141,506	(\$2,529,615)	-9%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	25,934,761	23,723,690	(2,211,071)	-9%
3	Bad Debts - Emergency Department	5,445,808	4,981,525	(464,283)	-9%
4	Total Bad Debts (A)	\$61,051,690	\$55,846,721	(\$5,204,969)	-9%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$28,159,845	\$31,059,911	\$2,900,066	10%
2	Bad Debts (A)	61,051,690	55,846,721	(5,204,969)	-9%
3	Total Uncompensated Care (A)	\$89,211,535	\$86,906,632	(\$2,304,903)	-3%
4	Uncompensated Care - Inpatient Services	\$43,340,264	\$39,746,482	(\$3,593,782)	-8%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	37,070,685	38,039,858	969,173	3%
6	Uncompensated Care - Emergency Department	8,800,586	9,120,292	319,706	4%
7	Total Uncompensated Care (A)	\$89,211,535	\$86,906,632	(\$2,304,903)	-3%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$2,358,191,436	\$2,627,185,680	\$2,984,808,958
2	Outpatient Gross Revenue	\$1,158,356,254	\$1,274,874,485	\$1,458,487,489
3	Total Gross Patient Revenue	\$3,516,547,690	\$3,902,060,165	\$4,443,296,447
4	Net Patient Revenue	\$1,196,644,000	\$1,318,578,000	\$1,442,057,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$1,169,696,000	\$1,297,936,000	\$1,435,807,000
C. <u>Utilization Statistics</u>				
1	Patient Days	279,599	284,705	300,989
2	Discharges	54,408	56,602	57,451
3	Average Length of Stay	5.1	5.0	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	416,940	422,862	448,063
0	Equivalent (Adjusted) Discharges (ED)	81,134	84,069	85,524
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.36537	1.34763	1.45689
2	Case Mix Adjusted Patient Days (CMAPD)	381,755	383,678	438,509
3	Case Mix Adjusted Discharges (CMAD)	74,287	76,279	83,700
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	569,276	569,862	652,781
5	Case Mix Adjusted Equivalent Discharges (CMAED)	110,777	113,294	124,599
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$12,577	\$13,706	\$14,762
2	Total Gross Revenue per Discharge	\$64,633	\$68,939	\$77,341
3	Total Gross Revenue per EPD	\$8,434	\$9,228	\$9,917
4	Total Gross Revenue per ED	\$43,343	\$46,415	\$51,954
5	Total Gross Revenue per CMAEPD	\$6,177	\$6,847	\$6,807
6	Total Gross Revenue per CMAED	\$31,744	\$34,442	\$35,661
7	Inpatient Gross Revenue per EPD	\$5,656	\$6,213	\$6,662
8	Inpatient Gross Revenue per ED	\$29,066	\$31,250	\$34,900

YALE-NEW HAVEN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,280	\$4,631	\$4,791
2	Net Patient Revenue per Discharge	\$21,994	\$23,296	\$25,101
3	Net Patient Revenue per EPD	\$2,870	\$3,118	\$3,218
4	Net Patient Revenue per ED	\$14,749	\$15,685	\$16,861
5	Net Patient Revenue per CMAEPD	\$2,102	\$2,314	\$2,209
6	Net Patient Revenue per CMAED	\$10,802	\$11,639	\$11,574
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,183	\$4,559	\$4,770
2	Total Operating Expense per Discharge	\$21,499	\$22,931	\$24,992
3	Total Operating Expense per EPD	\$2,805	\$3,069	\$3,204
4	Total Operating Expense per ED	\$14,417	\$15,439	\$16,788
5	Total Operating Expense per CMAEPD	\$2,055	\$2,278	\$2,200
6	Total Operating Expense per CMAED	\$10,559	\$11,456	\$11,523
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$178,889,000	\$192,479,000	\$210,845,000
2	Nursing Fringe Benefits Expense	\$49,082,000	\$54,085,000	\$60,165,000
3	Total Nursing Salary and Fringe Benefits Expense	\$227,971,000	\$246,564,000	\$271,010,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$48,173,000	\$50,936,000	\$50,618,000
2	Physician Fringe Benefits Expense	\$13,217,000	\$14,312,000	\$14,444,000
3	Total Physician Salary and Fringe Benefits Expense	\$61,390,000	\$65,248,000	\$65,062,000
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$225,544,000	\$244,860,000	\$275,600,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$61,882,000	\$68,803,000	\$78,642,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$287,426,000	\$313,663,000	\$354,242,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$452,606,000	\$488,275,000	\$537,063,000
2	Total Fringe Benefits Expense	\$124,181,000	\$137,200,000	\$153,251,000
3	Total Salary and Fringe Benefits Expense	\$576,787,000	\$625,475,000	\$690,314,000

YALE-NEW HAVEN 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	2226.7	2371.7	2746.5
2	Total Physician FTEs	705.9	738.4	751.8
3	Total Non-Nursing, Non-Physician FTEs	3715.4	3968.7	4112.8
4	Total Full Time Equivalent Employees (FTEs)	6,648.0	7,078.8	7,611.1
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$80,338	\$81,157	\$76,769
2	Nursing Fringe Benefits Expense per FTE	\$22,042	\$22,804	\$21,906
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,381	\$103,961	\$98,675
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$68,243	\$68,982	\$67,329
2	Physician Fringe Benefits Expense per FTE	\$18,724	\$19,382	\$19,213
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$86,967	\$88,364	\$86,542
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$60,705	\$61,698	\$67,010
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,656	\$17,336	\$19,121
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$77,361	\$79,034	\$86,132
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$68,082	\$68,977	\$70,563
2	Total Fringe Benefits Expense per FTE	\$18,679	\$19,382	\$20,135
3	Total Salary and Fringe Benefits Expense per FTE	\$86,761	\$88,359	\$90,698
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,063	\$2,197	\$2,293
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,601	\$11,050	\$12,016
3	Total Salary and Fringe Benefits Expense per EPD	\$1,383	\$1,479	\$1,541
4	Total Salary and Fringe Benefits Expense per ED	\$7,109	\$7,440	\$8,072
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,013	\$1,098	\$1,057
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,207	\$5,521	\$5,540