Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

This	Congressional Dstrct	Nebraska	REG6 - Total
Hospital	District 3	State Wide	NPGB
1	21	35	129
25	1,173	4,188	15,269
25	1,094	3,291	267,159
	Hospital 1 25	1 21 25 1,173	Hospital District 3 State Wide 1 21 35 25 1,173 4,188

Inpatient Utiliza	tion Discharges			
<u>Discharges</u>				
As a Percent of Total Discharges				
By Payer Medicare	58.59%	49.99%	42.98%	45.61%
Medicaid	12.12%	12.56%	14.19%	14.49%
Self Pay	0.00%	3.99%	4.78%	4.75%
Other Payer Categories:	0.0070	0.0070	4.7070	4.7070
Champus/Tricare	0.00%	0.03%	0.66%	*
Managed Care	0.00%	16.75%	26.55%	*
Commercial	29.29%	10.52%	6.98%	*
Others	0.00%	6.17%	3.86%	*
Subtotal - Other Payer Categories	29.29%	33.47%	38.06%	35.15%
By Levels of Service				
Acute Care	88.89%	88.76%	93.14%	89.58%
Other Levels of Service:				
Swing Bed	11.11%	3.61%	1.38%	*
Subacute/LTC	0.00%	2.67%	1.45%	*
DPU	0.00%	4.96%	4.04%	*
Subtotal - Other Levels of Service	11.11%	11.24%	6.86%	10.42%
Number of Dischause				
Number of Discharges By Payer				
Medicare	58	1.743	4,984	17,817
Medicaid	12	438	1,645	5,660
Self Pay	0	139	554	1,854
Other Payer Categories:	Ü	133	334	1,054
Champus/Tricare	0	1	77	*
Managed Care	0	584	3,079	*
Commercial	29	367	809	*
Others	0	215	448	*
Subtotal - Other Payer Categories	29	1,167	4,413	13,730
Total	99	3,487	11,596	39,061
By Levels of Service				
Acute Care	88	3,095	10,800	34,991
Other Levels of Service:				
Swing Bed	11	126	160	*
Subacute/LTC	0	93	168	*
DPU	0	173	468	
Subtotal - Other Levels of Service	11	392	796	4,070
Total	99	3,487	11,596	39,061
Door Croup Averages				
Peer Group Averages By Payer				
Medicare	58	83	142	138
Medicaid	12	27	59	52
Self Pay	0	11	22	20
Other Payer Categories:	ŭ	• • •		
Champus/Tricare	0	1	13	*
Managed Care	0	65	171	*
Commercial	29	24	30	*
Others	0	24	25	*
Subtotal - Other Payer Categories	29	114	239	303
Total	99	166	331	303
By Levels of Service				
Acute Care	88	147	309	271
Other Levels of Service:				
Swing Bed	11	8	8	*
Subacute/LTC	0	8	11	*
DPU	0	58	94	*
Subtotal - Other Levels of Service	11	74	113	118
Total	99	166	331	303

1

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This	Congressional Dstrct	Nebraska	REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159

Inpatient Utiliza	tion Patient Days			
Patient Dave				
<u>Patient Days</u> As a Percent of Total Patient Days				
By Payer				
Medicare	56.66%	43.53%	42.00%	42.78%
Medicaid	9.63%	23.89%	20.39%	19.24%
Self Pay	0.00%	11.67%	10.00%	12.83%
Other Payer Categories:				
Champus/Tricare	0.00%	0.00%	0.54%	*
Managed Care Commercial	0.00% 33.71%	9.52% 5.48%	19.36% 4.58%	*
Others	0.00%	5.46% 5.91%	4.58% 3.13%	*
Subtotal - Other Payer Categories	33.71%	20.91%	27.61%	25.15%
Cubicital Californ dysi Calogorics	00.7 170	20.0170	27.0170	20.1070
By Levels of Service				
Acute Care	74.50%	55.62%	72.95%	65.95%
Other Levels of Service:	05 500/	5.040/	0.110/	
Swing Bed	25.50%	5.21%	2.11%	
Subacute/LTC DPU	0.00%	33.23%	19.24%	
Subtotal - Other Levels of Service	0.00% 25.50%	5.95% 44.38%	5.70% 27.05%	34.05%
Subtotal - Other Levels of Service	25.50%	44.30%	27.05%	34.05%
Number of Patient Days				
By Payer				
Medicare	200	9,104	27,839	95,411
Medicaid	34	4,996	13,514	42,918
Self Pay	0	2,440	6,630	28,625
Other Payer Categories:	0		000	
Champus/Tricare	0	1 000	360	*
Managed Care Commercial	119	1,990 1,146	12,830 3,037	*
Others	0	1,146	2,074	*
Subtotal - Other Payer Categories	119	4,373	18,301	56,097
Total	353	20,913	66,284	223,051
By Levels of Service	000	11 001	40.050	147.005
Acute Care Other Levels of Service:	263	11,631	48,353	147,095
Swing Bed	90	1,089	1,399	*
Subacute/LTC	0	6,949	12,756	*
DPU	0	1,244	3,776	*
Subtotal - Other Levels of Service	90	9,282	17,931	75,956
Total	353	20,913	66,284	223,051
Door Crous Average				
Peer Group Averages By Payer				
Medicare	200	434	795	740
Medicaid	34	312	466	383
Self Pay	0	153	237	289
Other Payer Categories:				
Champus/Tricare	0	1	60	*
Managed Care	0	221	713	*
Commercial	119	82	112	*
Others	0	137	115	*
Subtotal - Other Payer Categories	119	441	1,000	1,230
Total / Averages	353	996	1,894	1,729
By Levels of Service				
Acute Care	263	554	1,382	1,140
Other Levels of Service:				
Swing Bed	90	68	67	*
Subacute/LTC	0	535	750	*
DPU	0	415	755	*
Subtotal - Other Levels of Service	90 353	1,017 996	1,572	1,878
Total / Averages	353	996	1,894	1,729

2

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013]			
	This Hospital	Congressional Dstrct District 3	Nebraska State Wide	REG6 - Total NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159
Inpatient Utiliz	ation			
Average Daily Census				
By Payer				
Medicare	6.45	13.98	25.66	23.86
Medicaid	1.10	10.07	15.03	12.36
Self Pay	0.00	4.92	7.64	9.33
Other Payer Categories: Champus/Tricare	0.00	0.03	1.94	*
Managed Care	0.00	7.13	22.99	*
Commercial	3.84	2.64	3.63	*
Others	0.00	4.43	3.72	*
Subtotal - Other Payer Categories	3.84	14.24	32.27	39.66
Total / Averages	11.39	32.12	61.09	55.78
By Levels of Service				
Acute Care	8.48	17.87	44.56	36.78
Other Levels of Service:				
Swing Bed	2.90	2.20	2.15	*
Subacute/LTC	0.00	17.24	24.20	*
DPU	0.00	13.38	24.36	*
Subtotal - Other Levels of Service	2.90	32.82	50.72	60.59
Total / Averages	11.39	32.12	61.09	55.78
Average Length of Stay				
<u>All Patients</u>				
By Payer	0.45	5.00		5.00
Medicare Medicaid	3.45 2.83	5.22 11.41	5.59 7.93	5.36 7.31
Self Pay	2.03	14.26	10.69	14.35
Other Payer Categories:	'	14.20	10.03	14.55
Champus/Tricare	†	1.00	4.68	*
Managed Care	÷	3.41	4.17	*
Commercial	4.10	3.35	3.75	*
Others	†	5.75	4.63	*
Subtotal - Other Payer Categories	4.10	3.86	4.19	4.06
Total	3.57	6.00	5.72	5.71
By Levels of Service				
Acute Care	2.99	3.76	4.48	4.20
Other Levels of Service:				
Swing Bed	8.18	8.10	8.33	*
Subacute/LTC	†	68.97	67.00	*
DPU	†	7.19	8.07	*
Subtotal - Other Levels of Service Total / Averages	8.18 3.57	13.78 6.00	13.94 5.72	15.96 5.71
-				
Acute Care By Payer				
Medicare	2.63	4.27	4.98	4.74
Medicaid	2.83	3.68	4.69	4.15
Self Pay	†	3.58	4.19	3.24
Other Payer Categories:				
Champus/Tricare	†	1.00	4.60	*
Managed Care	†	3.26	4.04	*
Commercial	3.80	3.17	3.80	*
Others	†	2.83	3.04	*
Subtotal - Other Payer Categories	3.80	3.14	3.94	*
Total / Averages	2.99	3.76	4.48	4.20

3

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

Congressional Dstrct District 3 21 1,173 1,094 28.49% 71.51% 168	35 4,188 3,291 32.05% 67.95% 375	REG6 - Total NPGB 129 15,269 267,159 24.81% 75.19% 342
21 1,173 1,094 28.49% 71.51% 168	35 4,188 3,291 32.05% 67.95% 375	NPGB 129 15,269 267,159 24.81% 75.19% 342
21 1,173 1,094 28.49% 71.51% 168	35 4,188 3,291 32.05% 67.95% 375	129 15,269 267,159 24.81% 75.19% 342
1,173 1,094 28.49% 71.51% 168	4,188 3,291 32.05% 67.95% 375	15,269 267,159 24.81% 75.19% 342
28.49% 71.51% 168	32.05% 67.95% 375	24.81% 75.19% 342
28.49% 71.51% 168	32.05% 67.95% 375	24.81% 75.19% 342
71.51% 168 59	67.95% 375	75.19% 342
71.51% 168 59	67.95% 375	75.19% 342
168 59	375	342
59	141	342
		05
		0.5
23.72%		95
	31.51%	25.92%
29	62	50
10.98%	12.75%	11.72%
63	176	118
3.90%	6.37%	4.87%
2.13	2.85	2.37
69	166	168
5.39%	9.32%	9.52%
1.33%	2.72%	2.56%
0.94%	1.16%	1.02%
3.73%	5.00%	4.51%
88.62%	81.80%	82.38%
400	757	883
109	235	247
73	110	100
484	711	819
6,576	7,504	8,020
	8,126	9,282
	88.62% 400 109 73 484	88.62% 81.80% 400 757 109 235 73 110 484 711 6,576 7,504

4

Hospital Name: Contact Name: Contact Phone:

Swing Bed
Subacute/LTC
DPU

Subtotal - Other Levels of Service

Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
ma. 0 20 10	This	Congressional Dstrct	essional Dstrct Nebraska	
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159
Fin	ancial Data			
Inpatient Charges				
Inpatient Charge Per Patient Day				
Acute Care				
By Paver				
Medicare	\$7,456	\$6,450	\$7,702	\$6,864
Medicaid	\$4,169	\$5,546	\$6,941	\$5,859
Self Pay	†	\$6,071	\$8,380	\$8,957
Other Payer Categories:	•	. ,	. ,	
Champus/Tricare	†	\$10,068	\$9,057	*
Managed Care	÷	\$6,099	\$8,000	*
Commercial	\$4,824	\$7,715	\$6,917	*
Others	†	\$4,320	\$4,285	*
Subtotal - Other Payer Categories	\$5,624	\$7,089	\$8,545	\$8,744
Total	\$6,369	\$6,296	\$7,571	\$7,093
All Patients				
By Payer				
Medicare	\$5,353	\$5,014	\$6,650	\$5,758
Medicaid	\$4,169	\$1,739	\$3,834	\$3,046
Self Pay	†	\$1,350	\$2,573	\$1,826
Other Payer Categories:				
Champus/Tricare	†	\$10,068	\$8,810	*
Managed Care	†	\$5,800	\$8,021	*
Commercial	\$3,851	\$7,116	\$6,665	*
Others	†	\$2,186	\$2,813	*
Subtotal - Other Payer Categories	\$3,851	\$5,124	\$7,221	*
Total	\$4,948	\$3,827	\$5,825	\$4,986
All Patients				
By Levels of Service				
Acute Care	\$6,369	\$6,296	\$7,571	\$7,093
Other Levels of Service:				
Swing Red	\$795	\$1.490	\$1 487	*

5

\$795

\$795 \$4,948 \$1,490

\$349 \$2,216 \$733

\$1,487

\$444 \$3,256 \$1,118

\$906 **\$4,986**

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
materi 2010		Congressional Dstrct		REG6 - Total
Number of Hospitals	Hospital 1	District 3	State Wide 35	NPGB 129
Licensed Beds	25		4,188	15,269
Staffed Beds	25		3,291	267,159
Inpatient Charges		,	,	,
Inpatient Charge Per Stay				
Acute Care				
By Payer				
Medicare	\$19,591	\$27,553	\$38,356	\$32,524
Medicaid	\$11,812	\$20,415	\$32,581	\$24,066
Self Pay	†	\$21,712	\$35,094	\$29,309
Other Payer Categories:				
Champus/Tricare	†	\$10,068	\$41,660	*
Managed Care	†	\$19,882	\$32,313	*
Commercial	\$18,330	\$22,813	\$25,300	
Others	T	\$12,236	\$13,048	#00 104
Subtotal - Other Payer Categories Total	\$21,371 \$19,036	\$21,933 \$23,661	\$33,194 \$33,897	\$32,104 \$29,816
Iotai	φ19,030	\$23,001	φ33,09 <i>1</i>	\$29,010
All Patients				
By Payer				
Medicare	\$18,460	\$26,188	\$37,142	\$30,837
Medicaid	\$11,812	\$19,839	\$31,493	\$23,099
Self Pay	†	\$23,697	\$30,788	\$28,189
Other Payer Categories:				
Champus/Tricare	†	\$10,068	\$41,190	*
Managed Care	<u> </u>	\$19,764	\$33,422	*
Commercial	\$15,801	\$22,221	\$25,022	*
Others	†	\$12,568	\$13,021	
Subtotal - Other Payer Categories Total	\$15,801 \$17,644	\$19,202 \$22,953	\$29,946 \$33,299	\$28,470
Total	Ψ17,044	Ψ22,333	ψ55,255	\$20,470
By Levels of Service				
Acute Care	\$19,036	\$23,661	\$33,897	\$29,816
Other Levels of Service:				
Swing Bed	\$6,505	\$12,881	\$13,006	
Subacute/LTC	ţ	\$26,111	\$33,738	
DPU	† **C = O =	\$15,932	\$26,267	#1C 000
Subtotal - Other Levels of Service Total	\$6,505 \$17,644	\$17,366 \$22,953	\$25,178 \$33,299	\$16,899 \$28,470
Total	ψ11,044	422,500	400,200	\$25,470
Inpatient Charges				
As a Percent of Total Inpatient Charges				
<u>By Payer</u>	04 000/	57.000/	47.040/	10 100/
Medicare	61.30%		47.94%	49.40%
Medicaid	8.12%		13.42%	11.76%
Self Pay Other Payer Categories:	4.35%	4.12%	4.42%	4.70%
Champus/Tricare	0.00%	0.01%	0.82%	*
Managed Care	0.00%		26.65%	*
Commercial	26.23%		5.24%	*
Others	0.00%	3.38%	1.51%	*
Subtotal - Other Payer Categories	26.23%		34.22%	*
Dellacate of Comics				
By Levels of Service Acute Care	95.90%	91.49%	94.81%	93.82%
Other Levels of Service:	95.90%	91.49%	94.61%	93.82%
Swing Bed	4.10%	2.03%	0.54%	*
Subacute/LTC	0.00%		1.47%	*
DPU DPU	0.00%	3.44%	3.18%	*
Subtotal - Other Levels of Service	4.10%	8.51%	5.19%	6.18%
	070	3.3170	0070	0070

6

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This	Congressional Dstrct	Nebraska	REG6 - Total
	Hospital		State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159
Acute Outpatient & Home Health Charges				
as a Percent of Total Outpatient Charges				
By Payer (Outpatient Only)				
Medicare	46.77%		36.33%	35.90%
Medicaid	10.06%		10.08%	10.97%
Self Pay	5.10%	5.15%	5.50%	4.57%
Other Payer Categories:				
Champus/Tricare	0.00%		0.97%	*
Managed Care	0.00%	17.29%	34.16%	*
Commercial	36.61%	16.37%	9.26%	*
Others	1.45%	7.76%	3.70%	*
Subtotal - Other Payer Categories	38.07%	41.50%	48.09%	*
By Levels of Service (Outpatient Only)				
Acute Care	97.27%	98.67%	98.38%	98.88%
Home Health	2.73%	1.33%	1.62%	1.12%
Other Outpatient Statistics	74.500/	50.400/	40.000/	E4 EE0/
Outpatient Charges as a Percent of Total Patient Charges	74.56%		46.69%	51.55%
Outpatient Charge per Visit	\$485		\$1,189	\$988
Home Health Agency Charge per Visit	\$220	\$210	\$387	\$244
As a Percent of Total Patient Charges				
By Payer				
Medicare	50.47%	50.04%	42.52%	42.44%
Medicaid	9.57%		11.86%	11.35%
Self Pay	4.91%	4.67%	4.92%	4.63%
Other Payer Categories:				
Champus/Tricare	0.00%	0.06%	0.89%	*
Managed Care	0.00%	15.95%	30.16%	*
Commercial	33.97%	13.49%	7.12%	*
Others	1.08%	5.71%	2.53%	*
Subtotal - Other Payer Categories	35.06%	35.21%	40.70%	41.57%
By Levels of Service				
Acute Care - Inpatient	24.40%	42.63%	50.54%	45.46%
Acute Care - Outpatient	72.52%		45.93%	50.97%
Home Health	2.04%		0.76%	0.58%
Other Levels of Service:	2.04/6	0.7170	0.7076	0.50 /6
Swing Bed	1.04%	0.94%	0.29%	*
Subacute/LTC	0.00%		0.23%	*
DPU	0.00%		1.70%	*
Subtotal - Other Levels of Service	1.04%		2.77%	3.00%
Subtotal - Other Levels of Service	1.04%	3.90%	2.11%	3.00%

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This	Congressional Dstrct	Nebraska	REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159

Uncollected Charges					
Average Total Contractual Allowances					
By Payer					
Medicare	\$1,199,331	\$2,561,026	\$6,258,580	\$5,111,837	
Medicaid	\$315,623	\$595,592	\$1,794,741	\$1,390,462	
Self Pay	\$0	\$158,368	\$448,618	\$256,700	
Other Payer Categories:					
Champus/Tricare	\$0	\$20,766	\$326,402		
Managed Care	\$0	\$494,332	\$4,505,723		
Commercial	\$372,999	\$293,835	\$439,775		
Others	\$0	\$93,274	\$102,890		
Subtotal - Other Payer Categories	\$372,999	\$902,207	\$5,374,790	\$8,314,336	
Total / Averages	\$1,887,953	\$3,789,382	\$11,463,290	\$10,259,42	
Total Contractual Allowances as a Percent of Total					
RELATED Payer Charges and Collected Charges					
By Payer					
Medicare	34.61%	62.57%	71.13%	67.69%	
Medicare Collected Charges	65.39%	37.43%	28.87%	32.319	
Medicaid	48.04%	72.23%	73.12%	68.86%	
Medicaid Collected Charges	51.96%	27.77%	26.88%	31.14%	
Self Pay	0.00%	19.75%	23.91%	14.489	
Self Pay Collected Charges	100.00%	80.25%	76.09%	85.52%	
Other Payer Categories:					
Champus/Tricare	t	170.44%	65.69%		
Champus/Tricare Collected Charges	÷	-70.44%	34.31%		
Managed Care	÷	16.24%	41.26%		
Managed Care Collected Charges	÷	83.76%	58.74%		
Commercial	15.99%	25.37%	28.15%		
Commercial Collected Charges	84.01%	74.63%	71.85%		
Others	0.00%	12.35%	10.65%		
Others	100.00%	87.65%	89.35%		
Subtotal - Other Payer Categories	15.50%	19.35%	37.60%	49.18%	
Subtotal - Other Payer Categories Collected Charges	84.50%	80.65%	62.40%	50.82%	
Total	27.50%	46.33%	55.39%	57.669	
Total Collected Charges	72.50%	53.67%	44.61%	42.349	
Average Charity Care	\$171.893	\$206.075	\$441.570	\$370.803	
Charity Care as a Percent of Gross Patient Charges	2.50%	2.28%	2.01%	1.99%	
Average Bad Debt	\$195,275	\$168,347	\$454,348	\$321,05	
Bad Debt as a Percent of Gross Patient Charges	2.84%	1.76%	2.01%	1.739	

8

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This	Congressional Dstrct	Nebraska	REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159

Operating Revenue					
Average Collected Charges (Net Patient Revenue)	\$4,611,029	\$4,015,823	\$8,335,111	\$6,840,532	
Collected Charges (Net Patient Revenue) as a Percent of Gross Patient Charges	67.16%	49.63%	40.59%	38.61%	
Average Other Operating Revenue	\$107,409	\$185,848	\$348,524	\$437,745	
Other Operating Revenue as a Percent of Net Patient Revenue	2.33%	4.58%	4.15%	6.32%	
Average Total Operating Revenue	\$4 718 438	\$4 201 670	\$8 683 636	\$7 278 277	

9

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
		Congressional Dstrct		REG6 - Total
Number of Hospitals	Hospital 1	District 3	State Wide 35	NPGB 129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25 25	1,094	3,291	267,159
Statled Deds	23	1,034	3,231	207,139
Operating Exp	enses			
Operating Expense Per Adjusted Patient Day				
Acute Care				
By Payer				
Medicare	\$5,228	\$3,134	\$3,068	\$2,724
Medicaid	\$2,923	\$2,695	\$2,765	\$2,325
Self Pay	†	\$2,950	\$3,338	\$3,555
Other Payer Categories:	•			
Champus/Tricare	†	\$4,892	\$3,608	*
Managed Care	Ť	\$2,963	\$3,187	*
Commercial	\$3,382	\$3,749	\$2,756	*
Others	†	\$2,099	\$1,707	*
Subtotal - Other Payer Categories	\$3,943	\$3,444	\$3,404	\$3,470
Total	\$4,466	\$3,059	\$3,016	\$2,815
All Patients				
By Levels of Service				
Acute Care	\$4,466	\$3,059	\$3,016	\$2,815
Other Levels of Service:				
Swing Bed	\$557	\$724	\$593	*
Subacute/LTC	†	\$170	\$177	*
DPU	†	\$1,076	\$1,297	*
Subtotal - Other Levels of Service	\$557	\$356	\$445	\$359
Total	\$3,470	\$1,859	\$2,321	\$1,979
Operating Expense Per Adjusted Stay				
Acute Care				
By Payer				
Medicare	\$13,737	\$13,387	\$15,280	\$12,908
Medicaid	\$8,282	\$9,919	\$12,980	\$9,551
Self Pay	†	\$10,549	\$13,981	\$11,632
Other Payer Categories:				
Champus/Tricare	†	\$4,892	\$16,597	
Managed Care	†	\$9,660	\$12,873	
Commercial	\$12,852	\$11,084	\$10,079	
Others	†	\$5,945	\$5,198	*
Subtotal - Other Payer Categories	\$14,985	\$10,657	\$13,224	\$12,741
Total	\$13,347	\$11,496	\$13,504	\$11,834
All Patients				
By Levels of Service				
Acute Care	\$13,347	\$11,496	\$13,504	\$11,834
Other Levels of Service:	4.0,0	*,	4.0,00	***,***
Swing Bed	\$4,561	\$6,258	\$5,181	*
Subacute/LTC	†	\$12,686	\$13,441	*
DPU	÷	\$7,741	\$10,464	*
Subtotal - Other Levels of Service	\$4,561	\$8,438	\$10,031	\$6,707
Total	\$12,371	\$11,152	\$13,266	\$11,299

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This	Congressional Dstrct	Nebraska	REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159
Percent of Total Operating Expense				
By Expense Line Item				
Facility Payroll	34.86%	37.14%	35.34%	36.21%
Physician Payroll	5.79%	1.79%	2.47%	3.29%
Total Payroll	40.64%	38.94%	37.81%	39.51%
Benefit Expense	9.87%	10.49%	9.88%	10.36%
Payroll and Benefits	50.51%	49.42%	47.69%	49.87%
Supplies	12.70%	18.46%	19.12%	17.93%
Depreciation	10.34%	6.96%	7.21%	6.64%
Interest	4.55%	0.88%	1.50%	1.27%
All Other	21.90%	24.28%	24.48%	24.31%
Average Operating Expenses				
By Expense Line Item				
Facility Payroll	\$1,678,126	\$1,476,089	\$2,913,370	\$2,557,079
Physician Payroll	\$278,556	\$115,131	\$296,843	\$366,002
Total Payroll	\$1,956,682	\$1,547,360	\$3,116,920	\$2,789,731
Benefit Expense	\$474,948	\$416,821	\$814,456	\$731,521
Payroll and Benefits	\$2,431,630	\$1,964,181	\$3,931,376	\$3,521,252
Supplies	\$611,435	\$733,720	\$1,576,113	\$1,265,741
Depreciation	\$497,697	\$276,745	\$594,689	\$468,532
Interest	\$219,245	\$42,981	\$144,203	\$102,908
All Other	\$1,054,323	\$1,012,988	\$2,077,775	\$1,743,417
Total	\$4,814,330	\$3,974,191	\$8,244,191	\$7,061,259

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This Cor	ngressional Dstrct	Nebraska	REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159

Profitability & Other Financial Data					
Patient Service Margin	-4.41%	2.10%	1.85%	-2.78%	
Operating Margin	-2.03%	6.39%	5.76%	3.33%	
Average Net Nonoperating Gains	\$40,264	\$240,591	\$482,714	\$451,021	
Average Tax Subsidies	\$0	\$20,671	\$18,776	\$80,400	
Total Margin	-1.17%	11.05%	10.18%	8.71%	

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013	1			
		Congressional Dstrct		REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159
Personnel I	Data			
Facility Data (Excluding Physicians)				
FTEs (Full Time Equivalents)	0	435	689	590
FTEs Per Adjusted Occupied Bed	0.00	6.30	5.84	5.00
Paid Hours Per Day	0	36	33	29
Average Payroll Expense Per Full Time Equivalent				
Per Hour	†	\$19.22	\$24.64	\$25.13
Per Year	÷	\$39.986	\$51,252	\$52,262
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Average Benefit Expense Per Full Time Equivalent				
Per Hour	†	\$5.43	\$6.89	\$7.19
Per Year	†	\$11,291	\$14,328	\$14,951
Average Payroll and Benefit Expense Per Full Time Equivalent				
Per Hour	†	\$24.65	\$31.53	\$32.31
Per Year	Ť	\$51,277	\$65,580	\$67,213
Physician Pate (Footballon Facility)				
Physician Data (Excluding Facility)	_			
FTEs (Full Time Equivalents)	0	6	13	21
FTEs Per Adjusted Occupied Bed	0.00	0.05	0.07	0.11
Paid Hours Per Day	0.00	0.30	0.42	0.64
Average Physician Payroll Expense Per Full Time Equivalent				
Per Hour	†	\$111.20	\$138.00	\$101.71
Per Year	†	\$231,289	\$287,045	\$211,555
Average Paid Hours				
Facility	0	76,784	121,714	104,194
Physician	0	1,035	2,245	3,735
Total Hours	0	77,425	123,232	106,536

Hospital Name: Contact Name: Contact Phone: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100 Lincoln, NE 68504-4761 Phone 402-742-8140

March 2013				
	This	Congressional Dstrct	Nebraska	REG6 - Total
	Hospital	District 3	State Wide	NPGB
Number of Hospitals	1	21	35	129
Licensed Beds	25	1,173	4,188	15,269
Staffed Beds	25	1,094	3,291	267,159

Days in Accounts Receivable Gross				
By Payer				
Medicare	34	37	30	35
Medicaid	56	66	51	55
Self Pay	653	162	133	150
Other Payer Categories:				
Champus/Tricare	†	43	46	*
Managed Care	†	45	36	*
Commercial	48	69	72	*
Others	0	68	92	63
Subtotal - Other Payer Categories	47	54	44	45
Total	76	53	43	48

^{*} data not reported † calculation not possible Date Generated: Jul. 19, 2013