

Mission Health System, Inc.

Agreed-Upon Procedures

Year Ended September 30, 2015

DHG
DIXON HUGHES GOODMAN LLP

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INDEPENDENT ACCOUNTANTS' REPORT ON APPLYING AGREED-UPON PROCEDURES

Mission Health System, Inc., North Carolina Department of Justice,
and Department of Health and Human Services

We have performed the procedures enumerated below, which were agreed to by Mission Health System, Inc. ("Mission" or the "Hospital"), North Carolina Department of Justice, and Department of Health and Human Services ("DHHS") (the specified parties), solely to assist you in determining Mission's compliance with the terms outlined in the Certificate of Public Advantage ("COPA") agreement between Mission and DHHS for the year ended September 30, 2015. Mission's management is responsible for the Hospital's accounting records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are as follows (Numbering below corresponds to Section III of the Third Amended Certificate of Public Advantage):

1. Obtain and read the most recent report from The Joint Commission regarding Mission's participation in the Hospital Accreditation Program.

We obtained and read the most recent reports from the Joint Commission regarding Mission's participation in the Hospital Accreditation Program. The reports indicated that Mission is fully accredited.

2. Obtain Mission's North Carolina Hospital Community Benefits Report and agree the amounts reported to supporting documentation (e.g., audited financial statements, client supporting schedules).

We obtained Mission Hospital's North Carolina Hospital Community Benefits Report and agreed amounts reported to supporting documentation without exception.

Perform the following procedures for a sample of charity care patient discounts granted during the year that results in a 95% confidence level that Mission followed its Financial Assistance and Charity Care Policy:



- a. Obtain documentation supporting the charity discount granted from Mission's patient accounting system including the completed application and other supporting documentation.

We selected a sample of 60 charity care patient discounts granted during the year and obtained documentation supporting the charity care discount granted including the completed application and other supporting documentation.

- b. Read the patient's completed Mission Health System Financial Statement. If total amount of charity discount exceeded \$750, determine that proof of income and assets was performed and the financial statement was signed by the patient.

We obtained and read the patient's completed Mission Health System Financial Statement for the sample of charity care patient discounts referred to above. We determined that proof of income and assets was performed and that the financial statement was signed by the patient for each of the charity care patient discounts that exceeded \$750.

- c. Determine that the charity discount was approved in accordance with the approval levels reflected in the Hospital's Financial Assistance and Charity Care Policy.

We determined that the charity discount was approved in accordance with the approval levels reflected in the Hospital's Financial Assistance and Charity Care Policy for the sample of charity care patient discounts referred to above. No exceptions were noted during this procedure.

- d. Determine that the patient's account was classified as "charity care" and the account was written off using the designated general ledger code.

We determined that the patient's account was classified as "charity care" and the account was written off using the designated general ledger code for the sample of charity care patient discounts referred to above. No exceptions were noted during this procedure.

- e. Determine that the Revenue Cycle management team completed regular audits of compliance with authorized signatory approval levels and documentation requirements for charity discounts granted.

We obtained supporting documentation which indicated that the Revenue Cycle management team completed regular audits of compliance with authorized signatory approval levels and documentation requirements for charity discounts granted in accordance with the Mission Health System Financial Assistance and Charity Care Policy in place during fiscal year 2015.



- f. Determine that the Mission Health System Financial Assistance and Charity Care Policy was reviewed at least annually by the Vice President of Revenue Cycle Management and any revisions, updates, or confirmation of no changes to the policy were approved by the Senior Vice President of Finance and CFO.

We obtained documentation indicating that the Mission Health System Financial Assistance and Charity Care Policy was reviewed by the Vice President of Revenue Cycle Management and any revisions, updates, or confirmation of no changes to the policy was approved by the Senior Vice President of Finance and CFO during fiscal year 2015.

- 3. Perform the following procedures for a sample of purchases during the year that results in a 95% confidence level that Mission followed its Materials Management Policy and Procedures Manual:

- a. Determine that the equipment or supply item was purchased under a global purchasing contract.

We selected a sample of 60 purchases during the year and obtained documentation indicating whether the equipment or supply item was purchased under a global purchasing contract.

- b. If the equipment or supply item was not purchased under a global purchasing contract, obtain documentation of the Hospital obtaining bids as outlined in the matrix on page 2 of the Materials Management Policy and Procedure Manual covering the Solicitation of Bids.

For the equipment and supply items selected that were not purchased under a global purchasing contract, we obtained documentation of the Hospital obtaining bids as outlined in the matrix on page two of the Materials Management Policy and Procedure Manual covering the Solicitation of Bids. No exceptions were noted during this procedure.

- 4. Perform the following procedures related to Controls on Costs and Margins.

- a. Obtain the data elements listed in Schedule 2 for the hospitals listed in Schedule 1A.

We obtained the data elements shown in Attachment 1.

- b. Based on the data elements collected, we will calculate the ratios in Schedule 3.

We computed the calculations and reported these amounts in Attachment 2.

Note:

Charity care (at cost) and bad debt expense were obtained for information only and were not used to calculate ratios listed.



5. Obtain the Hospital's five largest provider contracts (by revenue) and perform the following:
 - a. Read the provider contract and determine whether the agreement contains a provision that prohibits the Hospital from entering into a provider contract for any services it offers with any other health plan.

We obtained and read the five largest provider contracts (by revenue) and determined that none of the agreements contained a provision that prohibits the Hospital from entering into a provider contract for any services it offers with any other health plan.

- b. Read the provider contract and determine whether the agreement contains a provision that requires the payer to contract with the Hospital's employed physicians as a precondition to contracting with the Hospital or any of its affiliated facilities.

We obtained and read the five largest provider contracts (by revenue) and determined that none of the agreements contained a provision that requires the payer to contract with the Hospital's employed physicians as a precondition to contracting with the Hospital or any of its affiliated facilities.

6. Obtain a listing of all contracts between the Hospital and individual physicians or groups of physicians. Excluding contracts with anesthesiologists, radiologists, nuclear medicine physicians, pathologists, psychiatrists, emergency-room physicians, infectious disease physicians, neonatologists, nephrologists, pediatric subspecialists (e.g., pediatric cardiologists); perinatologists, pulmonologists, radiation oncologists, trauma surgeons, cardiologists, cardiovascular surgeons, neurologists, and physicians providing services in Mission Health's community-access clinics, select a sample of physician contracts that results in 95% confidence level regarding whether the agreements contain an exclusive provision that requires the physician or group of physicians to render services only at Mission Hospitals, or which requires only one physician or group of physicians to provide particular services at Mission Hospitals.

We obtained a listing of all contracts between the Hospital and individual physicians or groups of physicians (excluding the aforementioned exempted contracts) and selected 14 physician contracts per the listing to determine whether the physician contracts contained an exclusive provision that requires the physician or group of physicians to render services only at the Hospital, or which requires only one physician or group of physicians to provide particular services at the Hospital. Based on our procedures, we noted no contracts between the Hospital and individual physicians or groups of physicians (excluding the aforementioned exempted contracts) containing exclusive provisions that require the physician or group of physicians to render services only at the Hospital, or which requires only one physician or group of physicians to provide particular services at Mission Hospitals.

7. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.



8. Obtain the Hospital's calculation of the percentage of physicians in Buncombe and Madison counties under exclusive contracts and perform the following procedures:

- a. Agree the data utilized in the numerator and denominator to supporting documentation.

We obtained the Hospital's calculation of the percentage of physicians in Buncombe and Madison counties under exclusive contracts and agreed numerator and denominator to supporting documentation without exception.

- b. Re-compute the percentage.

We recomputed the Hospital's percentage of physicians in Buncombe and Madison counties under exclusive contracts without exception. Per the Third Amended COPA, Mission Health may employ or enter into exclusive contracts with no more than 30% of the physicians in its primary service area of Buncombe and Madison Counties, except those practicing in the following areas: cardiology, genetics, hospitalist, neuro-hospitalist, and neurology. Per the Third Amended COPA, Section 6.1, Mission Health may enter into exclusive contracts with anesthesiologists; radiologists; nuclear medicine physicians; pathologists; psychiatrists; emergency-room physicians; infectious disease physicians; neonatologists; nephrologist; pediatric subspecialists; perinatologists; pulmonologists; radiation oncologists; trauma surgeons; cardiologists; cardiovascular surgeons; neurologists; and physicians providing services in Mission Health's community access clinics. We noted that Mission is under exclusive contract with over 30% of emergency room physicians, pathologists, and radiation oncologists as allowed in Section 6.1 of the Third Amended COPA.

9. Obtain and read the provider agreements with the five largest payers (by revenue) and determine whether the agreement contains a most favored nation provision that guarantees either party that it will receive the benefit of any better price, term, or condition that the other party to the contract allows to a third person for the same service.

We obtained and read the five largest provider agreements (by revenue) noting that none of the agreements contained a most favored nation provision that guarantees either party that it will receive the benefit of any better price, term, or condition that the other party to the contract allows to a third person for the same service.

10. Perform the following procedures for a sample of referrals for durable medical equipment, home health services, and home infusion services made by the Hospital that results in a 95% confidence level that Mission followed its policy regarding such referrals:

- a. Obtain documentation of Hospital staff informing patient or patient's family of the freedom to choose a particular provider.

We selected a sample of 60 referrals for durable medical equipment, home health services, and home infusion services made by the Hospital and obtained documentation to determine that Hospital staff informed patient or patient's family of the freedom to choose a particular provider. Based on our procedures, we noted three instances where documentation was not available to



demonstrate that the patient or the patient's family was informed of his/her freedom to choose a particular provider. As a result of the documentation not being available for these items, we were not able to achieve a 95% confidence level.

- b. Determine that the patient's discharge plan identifies disclosable financial interests between the Hospital and particular providers on choice lists provided to the patient.

We obtained the patient's discharge plan for the sample of referrals for durable medical equipment, home health services, and home infusion services made by the Hospital, as referred to above, to determine that the discharge plan identifies disclosable financial interests between the Hospital and particular providers on choice lists provided to the patient. Based on our procedures, we noted three instances where documentation was not available to demonstrate that the patient was notified of a financial interest between the Hospital and particular providers. As a result of the exceptions noted, we were not able to achieve a 95% confidence level that Mission followed its policy regarding such referrals.

- 11. Obtain the Periodic Report and any Interim Report filed for the year and determine that the respective reports were filed in accordance with the terms of the Certificate of Public Advantage.

We obtained the Periodic Report filed for the fiscal year ended September 30, 2015. This Interim Report was filed in accordance with the terms of the Certificate of Public Advantage.

- 12. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.

- 13. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.

- 14. Obtain documentation of the Hospital's status as a non-profit entity.

We obtained correspondence from the Internal Revenue Service dated July 18, 2011 indicating that the Hospital was granted exemption from Federal income tax under Section 501(c)(3) of the Internal Revenue Code in March 1982. No further communication has been received.

- 15. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.

- 16. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.

- 17. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.

- 18. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.



19. No procedures performed for this item of Section III of the Third Amended Certificate of Public Advantage.

20. Perform the following procedures related to the Certificate of Public Advantage Update:

- a. Obtain and read Mission's Certificate of Public Advantage Update for the fiscal year ending September 30, 2015. This report is included as an attachment to the agreed-upon procedures report.

We obtained and read the aforementioned update and have included it as Attachment 3 to this report.

- b. Obtain and read the reconciliation of operating margins reported on the Mission Health System, Inc. COPA Report and Mission Hospital, Inc. Cost Report. This reconciliation is included as an attachment to the agreed-upon procedures report.

We obtained and read the aforementioned reconciliation and have included it as Attachment 4 to this report.

- c. Agree amounts reported to supporting documentation (e.g., audited financial statements, client supporting schedules).

We agreed amounts reported to supporting documentation without exception.

- d. Re-perform mathematical computations presented in the report.

We re-performed mathematical computations presented in the report without exception.

Procedures outside the scope of Section III of the Third Amended Certificate of Public Advantage were also performed. Those procedures and findings are as follows:

21. Perform the following procedures related to Controls on Costs and Margins.

- a. Obtain the data elements listed in Schedule 2 for the health systems listed in Schedule 1B.

We obtained the data elements shown in Attachment 5.

- b. Based on the data elements collected, we will calculate the ratios in Schedule 3.

We computed the calculations and reported these amounts in Attachment 6.



Note:

Charity care (at cost) and bad debt expense were obtained for information only and were not used to calculate ratios listed.

We were not engaged to, and did not conduct an audit or examination, the objective of which would be the expression of an opinion, on the accounting records. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is considered proprietary in nature and is intended solely for the information and use of Mission, North Carolina Department of Justice, and DHHS and is not intended to be and should not be used by anyone other than those specified parties.

Dixon Hughes Goodman LLP

**Charlotte, North Carolina
November 28, 2016**

Schedules and Attachments

Mission Health System, Inc.
Schedule 1A and 1B

Schedule 1A

Organization	Hospital
Novant Health	Forsyth Medical Center
Palmetto Health	Palmetto Richland Hospital
Spartanburg Regional Healthcare System	Spartanburg Regional Medical Center
First Health of the Carolinas	Moore Regional Hospital
Wake Medical	Wake Medical – New Bern Avenue Campus
New Hanover Health Network	New Hanover Regional Medical Center
Cape Fear Valley Health System	Cape Fear Valley Medical Center
Mission Health System, Inc.	Mission Hospital, Inc.

Schedule 1B

Health System	Location
Vidant Health	Greenville, North Carolina
Greenville Health System	Greenville, South Carolina
Cone Health	Greensboro, North Carolina
Carilion Clinic	Roanoke, Virginia
Mission Health System, Inc.	Asheville, North Carolina

Mission Health System, Inc.
Schedule 2

All data elements listed below are based on the fiscal year ended 2015.

The information requested below includes hospital activity only and excludes any psych, rehab, newborns, joint ventures, skilled nursing facilities and investments.

For the hospitals and health systems listed in Schedule 1A and Schedule 1B, we obtained the following data elements:

- Cost Report (Gross Inpatient Service Revenue, Gross Outpatient Service Revenue, Net Patient Service Revenue, Operating Expenses, Other Revenue)
- Number of Inpatient Discharges, excluding newborns
- Overall Case-Mix Index, excluding newborns
- Bad Debt Expense
- Cost of Charity Care amount (ANDI methodology, if available. If not available, cost of charity care per FY15 cost report used)
- Provider number

Mission Health System, Inc.
Schedule 3

All procedures listed below are based on the fiscal year ended 2015.

Based on the data elements collected in Schedule 2, we calculated the following ratios:

- Discharges Adjusted for Case-Mix Index, excluding newborns
- Inpatient Revenue per Discharge Adjusted for Case-Mix Index ("CMI"), excluding newborns
- Total Adjusted Discharges Adjusted for CMI
- Total Operating Expenses per Adjusted Discharge Adjusted for CMI
- Operating Margin (Deficit) (Total Net Patient Service Revenue plus Other Revenue less Total Operating Expenses divided by Total Net Patient Service Revenue plus Other Revenue).

Mission Health System, Inc.
Attachment 1 - 2015
Year Ending September 30, 2015

Name of Hospital	Inpatient Discharges, excluding newborns	Overall Case Mix Index, excluding newborns	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Operating Expenses	Total Bad Debt Expense	Net Patient Service Revenue	Charity Care (based on cost)	Other Revenue
	42,676	1.6200	\$ 1,399,895,758	\$1,407,844,075	\$ 1,250,804,241	\$ 32,796,556	\$ 1,221,667,350	\$ 44,678,744	\$ 15,841,512
	32,875	1.5637	1,727,390,064	967,236,936	706,678,873	42,339,163	685,245,544	42,553,801	30,156,537
	24,985	1.4684	1,123,423,541	1,039,927,107	617,068,014	93,048,622	667,265,000	28,663,790	31,385,424
	25,154	1.5420	785,130,060	789,516,093	522,224,173	50,243,000	529,291,853	13,794,000	20,248,371
	29,668	1.6033	1,449,778,797	1,253,019,270	705,301,145	40,551,665	692,258,787	50,433,720	10,429,306
	36,821	1.6594	1,316,974,257	1,128,842,762	730,157,318	102,715,379	800,741,451	12,283,295	22,088,864
	32,660	1.4300	1,364,165,860	1,078,187,306	632,039,913	123,339,437	630,017,716	16,727,000	25,754,279
	40,581	1.7836	1,511,899,230	1,258,209,271	957,984,428	80,050,000	1,019,545,591	20,947,499	53,960,039

Mission Health System, Inc.
Attachment 2 - 2015
Year Ended September 30, 2015

Hospital	Number of inpatient discharges, excluding newborns	Overall Case Mix Index, excluding newborns	Discharges Adjusted for Case Mix Index, excluding newborns	Gross Inpatient Revenue	Inpatient Rev. per Discharge Adjusted for Case Mix Index, excluding newborns	Gross Outpatient Revenue
	42,676	1.6200	69,135	\$ 1,399,895,758	\$ 20,249	\$ 1,407,844,075
	32,875	1.5637	51,407	1,727,390,064	33,602	967,236,936
	24,985	1.4684	36,688	1,123,423,541	30,621	1,039,927,107
	25,154	1.5420	38,787	785,130,060	20,242	789,516,093
	29,668	1.6033	47,567	1,449,778,797	30,479	1,253,019,270
	36,821	1.6594	61,101	1,316,974,257	21,554	1,128,842,762
	32,660	1.4300	46,704	1,364,165,860	29,209	1,078,187,306
	40,581	1.7836	72,380	1,511,899,230	20,888	1,258,209,271
Total w/o Mission	224,839	10.8868	351,389	9,166,758,337	185,956	7,664,573,549
Avg. w/o Mission	32,120	1.5553	50,198	1,309,536,905	26,565	1,094,939,078
Total all entities	265,420	12.6704	423,769	10,678,657,567	206,844	8,922,782,820
Average of totals	33,178	1.5838	52,971	1,334,832,196	25,856	1,115,347,853
Mission over (under) avg. of entities w/o Mission	8,461	0.2283	22,182	202,362,325	(5,677)	163,270,193
Mission over (under) avg. of all entities	7,404	0.1998	19,409	177,067,034	(4,968)	142,861,419

Mission Health System, Inc.
 Attachment 2 - 2015
 Year Ended September 30, 2015

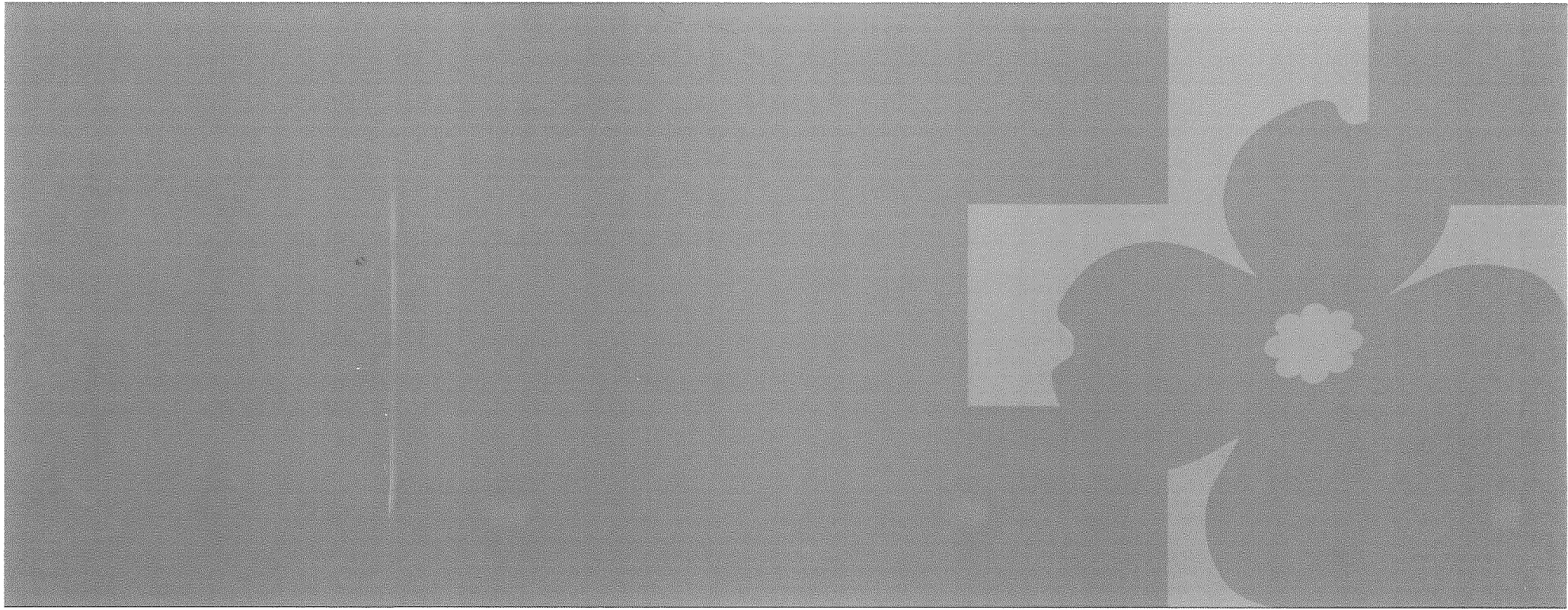
(Continued)

Hospital	Total Adjusted Discharges, adjusted for CMI	Total Operating Expenses	Total Operating Expenses per Adj. Discharge, adj. for CMI	Net Patient Service Revenue	Other Revenue	Operating Margin (Deficit)
	138,662	\$ 1,250,804,241	\$ 9,021	\$ 1,221,667,350	\$ 15,841,512	-1.07%
	80,192	706,678,873	8,812	685,245,544	30,156,537	1.22%
	70,649	617,068,014	8,734	667,265,000	31,385,424	11.68%
	77,791	522,224,173	6,713	529,291,853	20,248,371	4.97%
	88,678	705,301,145	7,954	692,258,787	10,429,306	-0.37%
	113,474	730,157,318	6,435	800,741,451	22,088,864	11.26%
	83,617	632,039,913	7,559	630,017,716	25,754,279	3.62%
	132,616	957,984,428	7,224	1,019,545,591	53,960,039	10.76%
Total w/o Mission	653,063	5,164,273,677	55,228	5,226,487,701	155,904,293	31.31%
Avg. w/o Mission	93,295	737,753,382	7,890	746,641,100	22,272,042	4.47%
Total all entities	785,679	6,122,258,105	62,452	6,246,033,292	209,864,332	42.07%
Average of totals	98,210	765,282,263	7,807	780,754,162	26,233,042	5.26%
Mission over (under) avg. of entities w/o Mission	39,321	220,231,046	(666)	272,904,491	31,687,997	6.29%
Mission over (under) avg. of all entities	34,406	192,702,165	(583)	238,791,430	27,726,998	5.50%



Mission Health System, Inc

COPA Financial Review – FY15 Results



Mission Hospital, Inc.

COPA Peer Hospital Trend (Cost per CMI Adjusted Case)

COPA Average Benchmark Determination									
PPI %	PPI Adjusted	COPA Peer Median	Truven Median	Peer Blend		Mission Hospital		Variance	
				Average	Yr Chg	Actuals	Yr Chg		
FY07	2.90%	7,437	7,667	7,973	7,692	2.3%	7,338	4.4%	354
FY08	3.20%	7,675	8,022	8,239	7,979	3.7%	7,653	4.3%	326
FY09	3.30%	7,928	9,303	8,042	8,424	5.6%	7,777	1.6%	647
FY10	3.00%	8,166	7,877	8,186	8,076	-4.1%	7,867	1.2%	209
FY11	2.40%	8,362	8,693	8,559	8,538	5.7%	7,961	1.2%	577
FY12	2.50%	8,571	8,766	8,717	8,685	1.7%	7,619	-4.3%	1,066
FY13	1.90%	8,734	8,631	8,513	8,626	-0.7%	7,535	-1.1%	1,091
FY14	1.50%	8,865	8,470	8,466	8,600	-0.3%	7,295	-3.2%	1,305
FY15	0.60%	8,918	7,890	8,329	8,379	-2.6%	7,224	-1.0%	1,155

Mission Hospital, Inc.

COPA Financial Operating Margin Constraint

FY13 – FY15 Operating Margin – Mission Health System

	Net Revenue	Mission Health Operating Margin	Mission Health Margin %	Blended AA Median Plus 1%	Difference	(Payback)/Surplus
FY13	\$ 1,232,756,000	29,803,000	2.42%	5.40%	2.98%	\$ 36,736,129
FY14	\$ 1,381,887,000	21,500,000	1.56%	6.30%	4.74%	\$ 65,501,444
FY15	\$ 1,488,233,000	44,753,000	3.01%	5.90%	2.89%	\$ 43,009,934
FY13, FY14, FY15 Cumulative Surplus / (Payback)						\$ 145,247,507

Mission Hospital, Inc.

COPA Financial Operating Margin Constraint

FY11 - FY15 Operating Margin – Mission Health System

	Net Revenue	Mission Health Operating Margin	Mission Health Margin %	Blended AA Median Plus 1%	Difference	(Payback)/Surplus
FY11	\$ 1,029,544,000	32,157,000	3.12%	5.47%	2.35%	\$ 24,194,284
FY12	\$ 1,054,401,000	55,506,000	5.26%	5.32%	0.06%	\$ 632,641
FY13	\$ 1,232,756,000	29,803,000	2.42%	5.40%	2.98%	\$ 36,736,129
FY14	\$ 1,381,887,000	21,500,000	1.56%	6.30%	4.74%	\$ 65,501,444
FY15	\$ 1,488,233,000	44,753,000	3.01%	5.90%	2.89%	\$ 43,009,934
FY11 - FY15 Cumulative Surplus / (Payback)						\$ 170,074,432

Mission Health System, Inc.
Attachment 4
Reported Operating Margins
September 30, 2015

Amounts per Attachment "3"
(COPA – Financial review – FY15):

Operating income	\$ 44,753,000
Operating margin	3.01%

Amounts per Attachment "2"
(taken from Mission Hospital, Inc.'s Cost Report):

Operating income	115,521,000
Operating margin	10.76%

Difference

\$ (70,768,000)

Reconciling items:

Related organization transactions from Worksheet
A-8 of cost report
Consolidated entities operating margin

\$ (23,627,000)
(47,141,000)

Total reconciling items

\$ (70,768,000)

Mission Health System, Inc.
Attachment 5 - 2015
Year Ended September 30, 2015

Hospital System	Inpatient Discharges, excluding newborns	Overall Case Mix Index, excluding newborns	Gross Inpatient Revenue	Gross Outpatient Revenue	Total Operating Expenses	Total Bad Debt Expense	Net Patient Service Revenue	Charity Care (at cost)	Other Revenue
	57,586	1.5882	\$ 2,285,573,000	\$ 1,841,371,000	\$ 1,540,604,000	\$ 129,511,000	\$ 1,500,996,000	\$ 59,386,000	\$ 80,073,000
	51,895	1.8200	2,221,233,000	3,460,850,000	2,015,763,000	278,439,000	1,973,546,000	72,381,000	82,739,000
	60,848	1.6964	1,528,596,937	2,029,805,379	1,490,022,000	122,020,320	1,486,715,000	61,348,911	59,099,000
	48,919	1.5766	1,866,580,000	1,901,548,000	1,452,500,000	141,771,000	1,399,652,000	52,252,000	113,871,000
Mission Health System	48,474	1.6981	1,747,632,000	1,942,485,000	1,443,480,000	123,299,000	1,403,043,000	28,049,000	85,190,000

Mission Health System, Inc.
Attachment 6 - 2015
Year Ended September 30, 2015

Name of Hospital	Number of inpatient discharges, excluding newborns	Overall Case Mix Index, excluding newborns	Discharges Adjusted for Case Mix Index, excluding newborns	Gross Inpatient Revenue	Inpatient Rev. per Discharge Adjusted for Case Mix Index, excluding newborns	Gross Outpatient Revenue	Equivalent Outpatient Discharge
	57,586	1.5882	91,458	\$ 2,285,573,000	\$ 24,990	\$ 1,841,371,000	73,684
	51,895	1.8200	94,449	2,221,233,000	23,518	3,460,850,000	147,157
	60,848	1.6964	103,223	1,528,596,937	14,809	2,029,805,379	137,066
	48,919	1.5766	77,126	1,866,580,000	24,202	1,901,548,000	78,570
Mission Health System	48,474	1.6981	82,314	1,747,632,000	21,231	1,942,485,000	91,493
Total w/o Mission	219,248	6.6812	366,256	\$ 7,901,982,937	\$ 87,519	\$ 9,233,574,379	436,477
Avg. w/o Mission	54,812	1.6703	91,564	1,975,495,734	21,880	2,308,393,595	109,119
Total all entities	267,722	8.3793	448,570	9,649,614,937	108,750	11,176,059,379	527,970
Average of totals	53,544	1.6759	89,714	1,929,922,987	21,750	2,235,211,876	105,594
Mission over (under) avg. of entities w/o Mission	(6,338)	0.0278	(9,250)	(227,863,734)	(649)	(365,908,595)	(17,626)
Mission over (under) avg. of all entities	(5,070)	0.0222	(7,400)	(182,290,987)	(519)	(292,726,876)	(14,101)

Mission Health System, Inc.
Attachment 6 - 2015
Year Ended September 30, 2015

(Continued)

Hospital System	Total Adjusted Discharges, adjusted for CMI	Total Operating Expenses	Total Operating Expense per Adj. Discharge, adj. for CMI	Net Patient Service Revenue	Other Revenue	Operating Margin (Deficit)
	165,142	\$ 1,540,604,000	\$ 9,329	\$ 1,500,996,000	\$ 80,073,000	2.56%
	241,606	2,015,763,000	8,343	1,973,546,000	82,739,000	1.97%
	240,289	1,490,022,000	6,201	1,486,715,000	59,099,000	3.61%
	155,696	1,452,500,000	9,329	1,399,652,000	113,871,000	4.03%
Mission Health System	173,807	1,443,480,000	8,305	1,403,043,000	85,190,000	3.01%
Total w/o Mission	802,733	\$ 6,498,889,000	\$ 33,202	\$ 6,360,909,000	\$ 335,782,000	12.17%
Avg. w/o Mission	200,683	1,624,722,250	8,301	1,590,227,250	83,945,500	3.04%
Total all entities	976,540	7,942,369,000	41,507	7,763,952,000	420,972,000	15.18%
Average of totals	195,308	1,588,473,800	8,301	1,552,790,400	84,194,400	3.04%
Mission over (under) avg. of entities w/o Mission	(26,876)	(181,242,250)	5	(187,184,250)	1,244,500	-0.03%
Mission over (under) avg. of all entities, excluding Cone Health	(10,256)	(169,606,750)	(522)	(166,266,250)	(5,278,250)	0.12%
Mission over (under) avg. of all entities	(21,501)	(144,993,800)	4	(149,747,400)	995,600	-0.03%