

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<u>LINE</u>	<u>DESCRIPTION</u>				
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$6,414,687	\$12,239,488	\$5,824,801	91%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$26,534,856	\$27,182,276	\$647,420	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,781,749	\$1,300,096	(\$3,481,653)	-73%
5	Due From Affiliates	\$484,258	\$370,120	(\$114,138)	-24%
6	Due From Third Party Payers	\$3,549,365	\$3,078,822	(\$470,543)	-13%
7	Inventories of Supplies	\$2,660,785	\$3,245,125	\$584,340	22%
8	Prepaid Expenses	\$2,028,449	\$2,316,130	\$287,681	14%
9	Other Current Assets	\$0	\$0	\$0	0%
Total Current Assets		\$46,454,149	\$49,732,057	\$3,277,908	7%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$8,555,283	\$9,021,896	\$466,613	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$11,603,808	\$11,660,074	\$56,266	0%
Total Noncurrent Assets Whose Use is Limited:		\$20,159,091	\$20,681,970	\$522,879	3%
5	Interest in Net Assets of Foundation	\$6,199,192	\$7,278,631	\$1,079,439	17%
6	Long Term Investments	\$12,113,908	\$7,868,128	(\$4,245,780)	-35%
7	Other Noncurrent Assets	\$33,827,422	\$34,019,637	\$192,215	1%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$192,484,982	\$188,491,903	(\$3,993,079)	-2%
2	Less: Accumulated Depreciation	\$143,593,394	\$134,774,977	(\$8,818,417)	-6%
Property, Plant and Equipment, Net		\$48,891,588	\$53,716,926	\$4,825,338	10%
3	Construction in Progress	\$2,426,034	\$857,425	(\$1,568,609)	-65%
Total Net Fixed Assets		\$51,317,622	\$54,574,351	\$3,256,729	6%
Total Assets		\$170,071,384	\$174,154,774	\$4,083,390	2%
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$14,802,176	\$18,611,290	\$3,809,114	26%
2	Salaries, Wages and Payroll Taxes	\$2,900,006	\$2,780,288	(\$119,718)	-4%

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<u>LINE</u>	<u>DESCRIPTION</u>				
3	Due To Third Party Payers	\$1,343,126	\$2,943,941	\$1,600,815	119%
4	Due To Affiliates	\$818,583	\$0	(\$818,583)	-100%
5	Current Portion of Long Term Debt	\$7,675,582	\$7,733,854	\$58,272	1%
6	Current Portion of Notes Payable	\$2,723,177	\$2,675,764	(\$47,413)	-2%
7	Other Current Liabilities	\$5,159,945	\$7,166,720	\$2,006,775	39%
Total Current Liabilities		\$35,422,595	\$41,911,857	\$6,489,262	18%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$42,025,800	\$40,780,273	(\$1,245,527)	-3%
2	Notes Payable (Net of Current Portion)	\$9,646,833	\$10,013,540	\$366,707	4%
Total Long Term Debt		\$51,672,633	\$50,793,813	(\$878,820)	-2%
3	Accrued Pension Liability	\$57,470,806	\$29,256,268	(\$28,214,538)	-49%
4	Other Long Term Liabilities	\$10,499,577	\$14,461,096	\$3,961,519	38%
Total Long Term Liabilities		\$119,643,016	\$94,511,177	(\$25,131,839)	-21%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$4,925,515	\$27,759,929	\$22,834,414	464%
2	Temporarily Restricted Net Assets	\$1,905,069	\$1,392,902	(\$512,167)	-27%
3	Permanently Restricted Net Assets	\$8,175,189	\$8,578,909	\$403,720	5%
Total Net Assets		\$15,005,773	\$37,731,740	\$22,725,967	151%
Total Liabilities and Net Assets		\$170,071,384	\$174,154,774	\$4,083,390	2%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<u>LINE</u>	<u>DESCRIPTION</u>				
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$491,901,806	\$563,024,416	\$71,122,610	14%
2	Less: Allowances	\$311,730,607	\$383,297,452	\$71,566,845	23%
3	Less: Charity Care	\$4,953,633	\$3,908,882	(\$1,044,751)	-21%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$175,217,566	\$175,818,082	\$600,516	0%
5	Provision for Bad Debts	\$0	\$5,518,461	\$5,518,461	0%
	Net Patient Service Revenue less provision for bad debts	\$175,217,566	\$170,299,621	(\$4,917,945)	-3%
6	Other Operating Revenue	\$19,545,250	\$17,830,492	(\$1,714,758)	-9%
7	Net Assets Released from Restrictions	\$316,686	\$1,458,982	\$1,142,296	361%
	Total Operating Revenue	\$195,079,502	\$189,589,095	(\$5,490,407)	-3%
B. Operating Expenses:					
1	Salaries and Wages	\$81,549,825	\$83,909,349	\$2,359,524	3%
2	Fringe Benefits	\$24,867,252	\$27,658,791	\$2,791,539	11%
3	Physicians Fees	\$7,076,665	\$7,801,057	\$724,392	10%
4	Supplies and Drugs	\$23,608,371	\$24,978,549	\$1,370,178	6%
5	Depreciation and Amortization	\$6,896,812	\$7,115,302	\$218,490	3%
6	Bad Debts	\$6,382,307	\$0	(\$6,382,307)	-100%
7	Interest Expense	\$2,714,044	\$2,685,044	(\$29,000)	-1%
8	Malpractice Insurance Cost	\$4,762,176	\$5,929,317	\$1,167,141	25%
9	Other Operating Expenses	\$26,588,549	\$28,257,677	\$1,669,128	6%
	Total Operating Expenses	\$184,446,001	\$188,335,086	\$3,889,085	2%
	Income/(Loss) From Operations	\$10,633,501	\$1,254,009	(\$9,379,492)	-88%
C. Non-Operating Revenue:					
1	Income from Investments	\$971	\$2,635	\$1,664	171%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$869,608)	(\$1,469,334)	(\$599,726)	69%
	Total Non-Operating Revenue	(\$868,637)	(\$1,466,699)	(\$598,062)	69%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$9,764,864	(\$212,690)	(\$9,977,554)	-102%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$9,764,864	(\$212,690)	(\$9,977,554)	-102%
	Principal Payments	\$10,033,716	\$10,550,272	\$516,556	5%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$86,041,069	\$100,616,528	\$14,575,459	17%
2	MEDICARE MANAGED CARE	\$19,115,336	\$26,883,131	\$7,767,795	41%
3	MEDICAID	\$27,489,510	\$39,765,242	\$12,275,732	45%
4	MEDICAID MANAGED CARE	\$2,354,241	\$0	(\$2,354,241)	-100%
5	CHAMPUS/TRICARE	\$530,908	\$611,078	\$80,170	15%
6	COMMERCIAL INSURANCE	\$3,339,944	\$4,809,516	\$1,469,572	44%
7	NON-GOVERNMENT MANAGED CARE	\$43,707,418	\$49,917,941	\$6,210,523	14%
8	WORKER'S COMPENSATION	\$289,114	\$537,893	\$248,779	86%
9	SELF- PAY/UNINSURED	\$2,434,687	\$2,371,759	(\$62,928)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL INPATIENT GROSS REVENUE		\$185,302,227	\$225,513,088	\$40,210,861	22%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$83,269,315	\$89,323,025	\$6,053,710	7%
2	MEDICARE MANAGED CARE	\$23,470,530	\$29,342,478	\$5,871,948	25%
3	MEDICAID	\$49,383,932	\$64,243,785	\$14,859,853	30%
4	MEDICAID MANAGED CARE	\$6,428,533	\$0	(\$6,428,533)	-100%
5	CHAMPUS/TRICARE	\$1,152,920	\$1,104,979	(\$47,941)	-4%
6	COMMERCIAL INSURANCE	\$5,997,376	\$7,487,267	\$1,489,891	25%
7	NON-GOVERNMENT MANAGED CARE	\$123,055,037	\$133,374,443	\$10,319,406	8%
8	WORKER'S COMPENSATION	\$4,690,862	\$5,190,703	\$499,841	11%
9	SELF- PAY/UNINSURED	\$9,151,074	\$7,444,649	(\$1,706,425)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL OUTPATIENT GROSS REVENUE		\$306,599,579	\$337,511,329	\$30,911,750	10%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$169,310,384	\$189,939,553	\$20,629,169	12%
2	MEDICARE MANAGED CARE	\$42,585,866	\$56,225,609	\$13,639,743	32%
3	MEDICAID	\$76,873,442	\$104,009,027	\$27,135,585	35%
4	MEDICAID MANAGED CARE	\$8,782,774	\$0	(\$8,782,774)	-100%
5	CHAMPUS/TRICARE	\$1,683,828	\$1,716,057	\$32,229	2%
6	COMMERCIAL INSURANCE	\$9,337,320	\$12,296,783	\$2,959,463	32%
7	NON-GOVERNMENT MANAGED CARE	\$166,762,455	\$183,292,384	\$16,529,929	10%
8	WORKER'S COMPENSATION	\$4,979,976	\$5,728,596	\$748,620	15%
9	SELF- PAY/UNINSURED	\$11,585,761	\$9,816,408	(\$1,769,353)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL GROSS REVENUE		\$491,901,806	\$563,024,417	\$71,122,611	14%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$27,429,266	\$30,252,640	\$2,823,374	10%
2	MEDICARE MANAGED CARE	\$5,894,811	\$7,573,664	\$1,678,853	28%
3	MEDICAID	\$9,731,632	\$11,500,711	\$1,769,079	18%
4	MEDICAID MANAGED CARE	\$828,149	\$0	(\$828,149)	-100%
5	CHAMPUS/TRICARE	\$209,708	\$355,811	\$146,103	70%
6	COMMERCIAL INSURANCE	\$2,029,792	\$1,516,954	(\$512,838)	-25%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$24,719,356	\$24,971,890	\$252,534	1%
8	WORKER'S COMPENSATION	\$210,170	\$246,081	\$35,911	17%
9	SELF- PAY/UNINSURED	\$25,557	\$78,971	\$53,414	209%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL INPATIENT NET REVENUE		\$71,078,441	\$76,496,722	\$5,418,281	8%
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$20,600,599	\$17,036,868	(\$3,563,731)	-17%
2	MEDICARE MANAGED CARE	\$5,489,687	\$5,643,944	\$154,257	3%
3	MEDICAID	\$9,637,442	\$11,751,049	\$2,113,607	22%
4	MEDICAID MANAGED CARE	\$1,231,883	\$0	(\$1,231,883)	-100%
5	CHAMPUS/TRICARE	\$799,526	\$292,998	(\$506,528)	-63%
6	COMMERCIAL INSURANCE	\$1,080,248	\$3,169,509	\$2,089,261	193%
7	NON-GOVERNMENT MANAGED CARE	\$57,946,401	\$55,945,278	(\$2,001,123)	-3%
8	WORKER'S COMPENSATION	\$1,352,662	\$2,086,730	\$734,068	54%
9	SELF- PAY/UNINSURED	\$329,737	\$397,739	\$68,002	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL OUTPATIENT NET REVENUE		\$98,468,185	\$96,324,115	(\$2,144,070)	-2%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$48,029,865	\$47,289,508	(\$740,357)	-2%
2	MEDICARE MANAGED CARE	\$11,384,498	\$13,217,608	\$1,833,110	16%
3	MEDICAID	\$19,369,074	\$23,251,760	\$3,882,686	20%
4	MEDICAID MANAGED CARE	\$2,060,032	\$0	(\$2,060,032)	-100%
5	CHAMPUS/TRICARE	\$1,009,234	\$648,809	(\$360,425)	-36%
6	COMMERCIAL INSURANCE	\$3,110,040	\$4,686,463	\$1,576,423	51%
7	NON-GOVERNMENT MANAGED CARE	\$82,665,757	\$80,917,168	(\$1,748,589)	-2%
8	WORKER'S COMPENSATION	\$1,562,832	\$2,332,811	\$769,979	49%
9	SELF- PAY/UNINSURED	\$355,294	\$476,710	\$121,416	34%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL NET REVENUE		\$169,546,626	\$172,820,837	\$3,274,211	2%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	2,898	3,013	115	4%
2	MEDICARE MANAGED CARE	639	808	169	26%
3	MEDICAID	1,753	2,085	332	19%
4	MEDICAID MANAGED CARE	204	0	(204)	-100%
5	CHAMPUS/TRICARE	41	41	0	0%
6	COMMERCIAL INSURANCE	228	215	(13)	-6%
7	NON-GOVERNMENT MANAGED CARE	2,875	2,945	70	2%
8	WORKER'S COMPENSATION	11	17	6	55%
9	SELF- PAY/UNINSURED	182	218	36	20%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
TOTAL DISCHARGES		8,831	9,342	511	6%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	18,666	18,617	(49)	0%
2	MEDICARE MANAGED CARE	4,076	4,572	496	12%
3	MEDICAID	8,643	10,174	1,531	18%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	840	0	(840)	-100%
5	CHAMPUS/TRICARE	141	149	8	6%
6	COMMERCIAL INSURANCE	946	992	46	5%
7	NON-GOVERNMENT MANAGED CARE	11,213	11,025	(188)	-2%
8	WORKER'S COMPENSATION	45	56	11	24%
9	SELF- PAY/UNINSURED	975	1,077	102	10%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
TOTAL PATIENT DAYS		45,545	46,662	1,117	2%
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	81,022	84,871	3,849	5%
2	MEDICARE MANAGED CARE	22,493	26,781	4,288	19%
3	MEDICAID	30,963	38,721	7,758	25%
4	MEDICAID MANAGED CARE	5,049	0	(5,049)	-100%
5	CHAMPUS/TRICARE	887	956	69	8%
6	COMMERCIAL INSURANCE	4,149	4,538	389	9%
7	NON-GOVERNMENT MANAGED CARE	96,613	103,729	7,116	7%
8	WORKER'S COMPENSATION	1,668	1,813	145	9%
9	SELF- PAY/UNINSURED	8,796	9,147	351	4%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
TOTAL OUTPATIENT VISITS		251,640	270,556	18,916	8%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$20,167,266	\$21,613,419	\$1,446,153	7%
2	MEDICARE MANAGED CARE	\$4,604,924	\$6,183,180	\$1,578,256	34%
3	MEDICAID	\$26,740,327	\$34,980,398	\$8,240,071	31%
4	MEDICAID MANAGED CARE	\$3,220,817	\$0	(\$3,220,817)	-100%
5	CHAMPUS/TRICARE	\$413,329	\$424,841	\$11,512	3%
6	COMMERCIAL INSURANCE	\$2,262,593	\$2,561,026	\$298,433	13%
7	NON-GOVERNMENT MANAGED CARE	\$30,305,357	\$33,435,169	\$3,129,812	10%
8	WORKER'S COMPENSATION	\$1,714,544	\$1,882,222	\$167,678	10%
9	SELF- PAY/UNINSURED	\$7,198,806	\$8,258,759	\$1,059,953	15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE		\$96,627,963	\$109,339,014	\$12,711,051	13%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$3,898,772	\$3,582,949	(\$315,823)	-8%
2	MEDICARE MANAGED CARE	\$930,685	\$1,037,373	\$106,688	11%
3	MEDICAID	\$3,983,521	\$4,455,191	\$471,670	12%
4	MEDICAID MANAGED CARE	\$625,629	\$0	(\$625,629)	-100%
5	CHAMPUS/TRICARE	\$86,529	\$78,747	(\$7,782)	-9%
6	COMMERCIAL INSURANCE	\$1,446,375	\$1,374,013	(\$72,362)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$15,748,626	\$15,238,169	(\$510,457)	-3%
8	WORKER'S COMPENSATION	\$1,159,396	\$953,451	(\$205,945)	-18%
9	SELF- PAY/UNINSURED	\$146,670	\$147,532	\$862	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$28,026,203	\$26,867,425	(\$1,158,778)	-4%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	6,923	6,522	(401)	-6%
2	MEDICARE MANAGED CARE	1,507	1,799	292	19%
3	MEDICAID	13,136	15,370	2,234	17%
4	MEDICAID MANAGED CARE	2,089	0	(2,089)	-100%
5	CHAMPUS/TRICARE	184	185	1	1%
6	COMMERCIAL INSURANCE	974	958	(16)	-2%
7	NON-GOVERNMENT MANAGED CARE	11,686	11,183	(503)	-4%
8	WORKER'S COMPENSATION	978	940	(38)	-4%
9	SELF- PAY/UNINSURED	3,998	3,919	(79)	-2%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	41,475	40,876	(599)	-1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$27,483,799	\$27,731,842	\$248,043	1%
2	Physician Salaries	\$7,064,262	\$7,727,228	\$662,966	9%
3	Non-Nursing, Non-Physician Salaries	\$47,001,764	\$48,450,279	\$1,448,515	3%
	Total Salaries & Wages	\$81,549,825	\$83,909,349	\$2,359,524	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$9,278,681	\$10,096,694	\$818,013	9%
2	Physician Fringe Benefits	\$2,196,063	\$2,592,137	\$396,074	18%
3	Non-Nursing, Non-Physician Fringe Benefits	\$13,392,508	\$14,969,960	\$1,577,452	12%
	Total Fringe Benefits	\$24,867,252	\$27,658,791	\$2,791,539	11%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$7,076,665	\$7,801,057	\$724,392	10%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$7,076,665	\$7,801,057	\$724,392	10%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$18,642,097	\$19,599,062	\$956,965	5%
2	Pharmaceutical Costs	\$4,966,274	\$5,379,487	\$413,213	8%
	Total Medical Supplies and Pharmaceutical Cost	\$23,608,371	\$24,978,549	\$1,370,178	6%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,205,524	\$3,290,378	\$84,854	3%
2	Depreciation-Equipment	\$3,599,495	\$3,722,085	\$122,590	3%
3	Amortization	\$91,793	\$102,839	\$11,046	12%
	Total Depreciation and Amortization	\$6,896,812	\$7,115,302	\$218,490	3%
F. Bad Debts:					
1	Bad Debts	\$6,382,307	\$0	(\$6,382,307)	-100%
G. Interest Expense:					
1	Interest Expense	\$2,714,044	\$2,685,044	(\$29,000)	-1%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$4,762,176	\$5,929,317	\$1,167,141	25%
I. Utilities:					
1	Water	\$175,926	\$206,825	\$30,899	18%
2	Natural Gas	\$599,005	\$1,013,461	\$414,456	69%
3	Oil	\$38,513	\$71,518	\$33,005	86%
4	Electricity	\$1,527,183	\$1,416,566	(\$110,617)	-7%
5	Telephone	\$517,870	\$583,829	\$65,959	13%
6	Other Utilities	\$25,215	\$23,105	(\$2,110)	-8%
	Total Utilities	\$2,883,712	\$3,315,304	\$431,592	15%
J. Business Expenses:					
1	Accounting Fees	\$116,430	\$150,700	\$34,270	29%
2	Legal Fees	\$857,464	\$659,165	(\$198,299)	-23%
3	Consulting Fees	\$799,681	\$1,517,893	\$718,212	90%

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Dues and Membership	\$302,882	\$312,513	\$9,631	3%
5	Equipment Leases	\$508,365	\$387,869	(\$120,496)	-24%
6	Building Leases	\$1,407,014	\$1,419,240	\$12,226	1%
7	Repairs and Maintenance	\$486,288	\$643,792	\$157,504	32%
8	Insurance	\$673,739	\$721,761	\$48,022	7%
9	Travel	\$133,188	\$66,025	(\$67,163)	-50%
10	Conferences	\$12,364	\$18,250	\$5,886	48%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$1,106,240	\$1,153,545	\$47,305	4%
13	Licenses and Subscriptions	\$127,645	\$143,056	\$15,411	12%
14	Postage and Shipping	\$181,531	\$142,148	(\$39,383)	-22%
15	Advertising	\$1,079,854	\$963,735	(\$116,119)	-11%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$2,461,228	\$2,909,296	\$448,068	18%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$1,868,920	\$1,911,299	\$42,379	2%
20	Lab Fees / Red Cross charges	\$1,216,556	\$1,113,518	(\$103,038)	-8%
21	Billing & Collection / Bank Fees	\$553,774	\$763,917	\$210,143	38%
22	Recruiting / Employee Education & Recognition	\$590,280	\$638,111	\$47,831	8%
23	Laundry / Linen	\$778,391	\$761,027	(\$17,364)	-2%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$162,916	\$227,763	\$64,847	40%
26	Purchased Services - Medical	\$2,321,266	\$2,442,528	\$121,262	5%
27	Purchased Services - Non Medical	\$3,509,024	\$3,149,752	(\$359,272)	-10%
28	Other Business Expenses	\$2,206,403	\$2,379,763	\$173,360	8%
Total Business Expenses		\$23,461,443	\$24,596,666	\$1,135,223	5%

K. Other Operating Expense:

1	Miscellaneous Other Operating Expenses	\$243,394	\$345,707	\$102,313	42%
Total Operating Expenses - All Expense Categories*		\$184,446,001	\$188,335,086	\$3,889,085	2%

***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	\$4,103,402	\$3,926,256	(\$177,146)	-4%
2	General Accounting	\$1,981,884	\$2,192,793	\$210,909	11%
3	Patient Billing & Collection	\$1,666,354	\$2,217,875	\$551,521	33%
4	Admitting / Registration Office	\$1,599,080	\$1,660,171	\$61,091	4%
5	Data Processing	\$4,700,982	\$5,132,377	\$431,395	9%
6	Communications	\$1,518,914	\$1,354,118	(\$164,796)	-11%
7	Personnel	\$18,962,912	\$22,085,401	\$3,122,489	16%
8	Public Relations	\$364,464	\$354,117	(\$10,347)	-3%
9	Purchasing	\$1,572,918	\$1,635,672	\$62,754	4%
10	Dietary and Cafeteria	\$3,441,424	\$3,476,543	\$35,119	1%
11	Housekeeping	\$1,982,561	\$2,084,650	\$102,089	5%
12	Laundry & Linen	\$904,358	\$891,516	(\$12,842)	-1%
13	Operation of Plant	\$2,371,552	\$2,759,517	\$387,965	16%
14	Security	\$892,989	\$878,592	(\$14,397)	-2%
15	Repairs and Maintenance	\$1,289,518	\$1,424,028	\$134,510	10%
16	Central Sterile Supply	\$1,055,032	\$1,089,309	\$34,277	3%

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
17	Pharmacy Department	\$6,554,124	\$7,053,312	\$499,188	8%
18	Other General Services	\$32,376,620	\$28,771,910	(\$3,604,710)	-11%
	Total General Services	\$87,339,088	\$88,988,157	\$1,649,069	2%
	B. Professional Services:				
1	Medical Care Administration	\$7,152,739	\$7,649,831	\$497,092	7%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,814,184	\$2,019,269	\$205,085	11%
4	Medical Records	\$1,700,454	\$1,696,856	(\$3,598)	0%
5	Social Service	\$258,241	\$145,997	(\$112,244)	-43%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$10,925,618	\$11,511,953	\$586,335	5%
	C. Special Services:				
1	Operating Room	\$11,994,151	\$12,657,173	\$663,022	6%
2	Recovery Room	\$1,129,181	\$1,085,549	(\$43,632)	-4%
3	Anesthesiology	\$454,972	\$423,228	(\$31,744)	-7%
4	Delivery Room	\$3,853,356	\$4,087,874	\$234,518	6%
5	Diagnostic Radiology	\$2,590,875	\$2,384,537	(\$206,338)	-8%
6	Diagnostic Ultrasound	\$723,956	\$616,603	(\$107,353)	-15%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$607,171	\$614,286	\$7,115	1%
9	CT Scan	\$824,965	\$816,471	(\$8,494)	-1%
10	Laboratory	\$11,859,292	\$12,607,314	\$748,022	6%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,728,338	\$1,734,566	\$6,228	0%
13	Electrocardiology	\$193,514	\$218,750	\$25,236	13%
14	Electroencephalography	\$199,096	\$195,316	(\$3,780)	-2%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$73,648	\$90,484	\$16,836	23%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
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	\$4,782,585	\$4,534,783	(\$247,802)	-5%
23	Renal Dialysis	\$141,787	\$185,682	\$43,895	31%
24	Emergency Room	\$9,794,772	\$10,106,781	\$312,009	3%
25	MRI	\$259,352	\$223,935	(\$35,417)	-14%
26	PET Scan	\$480,968	\$498,822	\$17,854	4%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,222,124	\$1,731,832	(\$490,292)	-22%
29	Sleep Center	\$907,990	\$786,871	(\$121,119)	-13%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,791,743	\$1,971,872	\$180,129	10%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$7,082,136	\$6,968,148	(\$113,988)	-2%
	Total Special Services	\$63,695,972	\$64,540,877	\$844,905	1%
	D. Routine Services:				
1	Medical & Surgical Units	\$7,029,820	\$7,428,351	\$398,531	6%
2	Intensive Care Unit	\$7,133,021	\$7,595,288	\$462,267	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
4	Psychiatric Unit	\$4,118,629	\$4,272,962	\$154,333	4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,511,004	\$1,345,793	(\$165,211)	-11%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,372,247	\$1,315,932	(\$56,315)	-4%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,320,602	\$1,335,773	\$15,171	1%
	Total Routine Services	\$22,485,323	\$23,294,099	\$808,776	4%
E. Other Departments:					
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$184,446,001	\$188,335,086	\$3,889,085	2%

***A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.**

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
A.	<u>Statement of Operations Summary</u>			
1	Total Net Patient Revenue	\$166,602,260	\$175,217,566	\$170,299,621
2	Other Operating Revenue	13,148,358	19,861,936	19,289,474
3	Total Operating Revenue	\$179,750,618	\$195,079,502	\$189,589,095
4	Total Operating Expenses	173,322,666	184,446,001	188,335,086
5	Income/(Loss) From Operations	\$6,427,952	\$10,633,501	\$1,254,009
6	Total Non-Operating Revenue	(364,307)	(868,637)	(1,466,699)
7	Excess/(Deficiency) of Revenue Over Expenses	\$6,063,645	\$9,764,864	(\$212,690)
B.	<u>Profitability Summary</u>			
1	Hospital Operating Margin	3.58%	5.48%	0.67%
2	Hospital Non Operating Margin	-0.20%	-0.45%	-0.78%
3	Hospital Total Margin	3.38%	5.03%	-0.11%
4	Income/(Loss) From Operations	\$6,427,952	\$10,633,501	\$1,254,009
5	Total Operating Revenue	\$179,750,618	\$195,079,502	\$189,589,095
6	Total Non-Operating Revenue	(\$364,307)	(\$868,637)	(\$1,466,699)
7	Total Revenue	\$179,386,311	\$194,210,865	\$188,122,396
8	Excess/(Deficiency) of Revenue Over Expenses	\$6,063,645	\$9,764,864	(\$212,690)
C.	<u>Net Assets Summary</u>			
1	Hospital Unrestricted Net Assets	\$3,473,307	\$4,925,515	\$27,759,929
2	Hospital Total Net Assets	\$12,141,642	\$15,005,773	\$37,731,740
3	Hospital Change in Total Net Assets	(\$3,049,745)	\$2,864,131	\$22,725,967
4	Hospital Change in Total Net Assets %	79.9%	23.6%	151.4%
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.40	0.36	0.32
2	Total Operating Expenses	\$173,322,666	\$184,446,001	\$188,335,086
3	Total Gross Revenue	\$421,320,863	\$491,901,806	\$563,024,417
4	Total Other Operating Revenue	\$13,148,358	\$19,861,936	\$19,289,474

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
5	<u>Private Payment to Cost Ratio</u>	1.29	1.34	1.35
6	Total Non-Government Payments	\$85,091,498	\$87,693,923	\$88,413,152
7	Total Uninsured Payments	\$350,457	\$355,294	\$476,710
8	Total Non-Government Charges	\$175,535,197	\$192,665,512	\$211,134,171
9	Total Uninsured Charges	\$11,353,509	\$11,585,761	\$9,816,408
10	<u>Medicare Payment to Cost Ratio</u>	0.80	0.78	0.76
11	Total Medicare Payments	\$55,001,262	\$59,414,363	\$60,507,116
12	Total Medicare Charges	\$172,166,754	\$211,896,250	\$246,165,162
13	<u>Medicaid Payment to Cost Ratio</u>	0.65	0.69	0.69
14	Total Medicaid Payments	\$18,523,993	\$21,429,106	\$23,251,760
15	Total Medicaid Charges	\$71,819,535	\$85,656,216	\$104,009,027
16	<u>Uncompensated Care Cost</u>	\$4,389,440	\$4,085,613	\$3,049,042
17	Charity Care	\$4,838,371	\$4,953,633	\$3,908,882
18	Bad Debts	\$6,164,670	\$6,382,307	\$5,518,461
19	Total Uncompensated Care	\$11,003,041	\$11,335,940	\$9,427,343
20	<u>Uncompensated Care % of Total Expenses</u>	2.5%	2.2%	1.6%
21	Total Operating Expenses	\$173,322,666	\$184,446,001	\$188,335,086
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$41,209,391	\$46,454,149	\$49,732,057
3	Total Current Liabilities	\$40,198,026	\$35,422,595	\$41,911,857
4	<u>Days Cash on Hand</u>	24	13	25
5	Cash and Cash Equivalents	\$10,880,739	\$6,414,687	\$12,239,488
6	Short Term Investments	0	0	0

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
7	Total Cash and Short Term Investments	\$10,880,739	\$6,414,687	\$12,239,488
8	Total Operating Expenses	\$173,322,666	\$184,446,001	\$188,335,086
9	Depreciation Expense	\$7,107,904	\$6,896,812	\$7,115,302
10	Operating Expenses less Depreciation Expense	\$166,214,762	\$177,549,189	\$181,219,784
11	Days Revenue in Patient Accounts Receivable	52	60	59
12	Net Patient Accounts Receivable	\$24,700,330	\$26,534,856	\$27,182,276
13	Due From Third Party Payers	\$432,832	\$3,549,365	\$3,078,822
14	Due To Third Party Payers	\$1,420,022	\$1,343,126	\$2,943,941
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$23,713,140	\$28,741,095	\$27,317,157
16	Total Net Patient Revenue	\$166,602,260	\$175,217,566	\$170,299,621
17	Average Payment Period	88	73	84
18	Total Current Liabilities	\$40,198,026	\$35,422,595	\$41,911,857
19	Total Operating Expenses	\$173,322,666	\$184,446,001	\$188,335,086
20	Depreciation Expense	\$7,107,904	\$6,896,812	\$7,115,302
21	Total Operating Expenses less Depreciation Expense	\$166,214,762	\$177,549,189	\$181,219,784
F. Solvency Measures Summary				
1	Equity Financing Ratio	8.2	8.8	21.7
2	Total Net Assets	\$12,141,642	\$15,005,773	\$37,731,740
3	Total Assets	\$148,034,488	\$170,071,384	\$174,154,774
4	Cash Flow to Total Debt Ratio	14.7	19.1	7.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$6,063,645	\$9,764,864	(\$212,690)
6	Depreciation Expense	\$7,107,904	\$6,896,812	\$7,115,302
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,171,549	\$16,661,676	\$6,902,612
8	Total Current Liabilities	\$40,198,026	\$35,422,595	\$41,911,857
9	Total Long Term Debt	\$49,708,745	\$51,672,633	\$50,793,813
10	Total Current Liabilities and Total Long Term Debt	\$89,906,771	\$87,095,228	\$92,705,670

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
11	<u>Long Term Debt to Capitalization Ratio</u>	80.4	77.5	57.4
12	Total Long Term Debt	\$49,708,745	\$51,672,633	\$50,793,813
13	Total Net Assets	\$12,141,642	\$15,005,773	\$37,731,740
14	Total Long Term Debt and Total Net Assets	\$61,850,387	\$66,678,406	\$88,525,553
15	<u>Debt Service Coverage Ratio</u>	2.2	1.5	0.7
16	Excess Revenues over Expenses	6,063,645	\$9,764,864	(\$212,690)
17	Interest Expense	2,539,198	\$2,714,044	\$2,685,044
18	Depreciation and Amortization Expense	7,107,904	\$6,896,812	\$7,115,302
19	Principal Payments	4,682,252	\$10,033,716	\$10,550,272
G. Other Financial Ratios				
20	<u>Average Age of Plant</u>	19.3	20.8	18.9
21	Accumulated Depreciation	137,494,546	143,593,394	134,774,977
22	Depreciation and Amortization Expense	7,107,904	6,896,812	7,115,302
H. Utilization Measures Summary				
1	Patient Days	43,475	45,545	46,662
2	Discharges	9,281	8,831	9,342
3	ALOS	4.7	5.2	5.0
4	Staffed Beds	171	171	171
5	Available Beds	-	283	283
6	Licensed Beds	283	283	283
7	Occupancy of Staffed Beds	69.7%	73.0%	74.8%
8	Occupancy of Available Beds	42.1%	44.1%	45.2%
9	Full Time Equivalent Employees	1,138.9	1,075.8	1,108.7
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	39.0%	36.8%	35.8%
2	Medicare Gross Revenue Payer Mix Percentage	40.9%	43.1%	43.7%

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
3	Medicaid Gross Revenue Payer Mix Percentage	17.0%	17.4%	18.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.4%	1.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$164,181,688	\$181,079,751	\$201,317,763
9	Medicare Gross Revenue (Charges)	\$172,166,754	\$211,896,250	\$246,165,162
10	Medicaid Gross Revenue (Charges)	\$71,819,535	\$85,656,216	\$104,009,027
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$11,353,509	\$11,585,761	\$9,816,408
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,799,377	\$1,683,828	\$1,716,057
14	Total Gross Revenue (Charges)	\$421,320,863	\$491,901,806	\$563,024,417
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	53.0%	51.5%	50.9%
2	Medicare Net Revenue Payer Mix Percentage	34.4%	35.0%	35.0%
3	Medicaid Net Revenue Payer Mix Percentage	11.6%	12.6%	13.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.8%	0.6%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$84,741,041	\$87,338,629	\$87,936,442
9	Medicare Net Revenue (Payments)	\$55,001,262	\$59,414,363	\$60,507,116
10	Medicaid Net Revenue (Payments)	\$18,523,993	\$21,429,106	\$23,251,760
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$350,457	\$355,294	\$476,710
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,254,979	\$1,009,234	\$648,809
14	Total Net Revenue (Payments)	\$159,871,732	\$169,546,626	\$172,820,837
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,754	3,296	3,395
2	Medicare	3,626	3,537	3,821
3	Medical Assistance	1,854	1,957	2,085
4	Medicaid	1,854	1,957	2,085
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	47	41	41

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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2011	FY 2012	FY 2013
7	Uninsured (Included In Non-Government)	216	182	218
8	Total	9,281	8,831	9,342
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.98160	0.98935	0.98412
2	Medicare	1.36730	1.43563	1.50489
3	Medical Assistance	0.92750	0.92263	0.96306
4	Medicaid	0.92750	0.92263	0.96306
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.84570	0.90251	1.01279
7	Uninsured (Included In Non-Government)	1.03110	1.01053	1.04214
8	Total Case Mix Index	1.12079	1.15291	1.19255
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	5,332	5,028	6,189
2	Emergency Room - Treated and Discharged	42,502	41,475	40,876
3	Total Emergency Room Visits	47,834	46,503	47,065

MANCHESTER MEMORIAL HOSPITAL

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$760,024	\$1,461,633	\$701,609	92%
2	Inpatient Payments	\$275,046	\$461,345	\$186,299	68%
3	Outpatient Charges	\$875,716	\$1,337,674	\$461,958	53%
4	Outpatient Payments	\$269,865	\$252,812	(\$17,053)	-6%
5	Discharges	28	32	4	14%
6	Patient Days	136	240	104	76%
7	Outpatient Visits (Excludes ED Visits)	815	1,162	347	43%
8	Emergency Department Outpatient Visits	63	81	18	29%
9	Emergency Department Inpatient Admissions	23	22	(1)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,635,740	\$2,799,307	\$1,163,567	71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$544,911	\$714,157	\$169,246	31%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,034	\$0	(\$1,034)	-100%
4	Outpatient Payments	\$242	\$0	(\$242)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,034	\$0	(\$1,034)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$242	\$0	(\$242)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$8,959,933	\$11,791,158	\$2,831,225	32%
2	Inpatient Payments	\$2,951,065	\$3,633,169	\$682,104	23%
3	Outpatient Charges	\$13,145,518	\$15,290,256	\$2,144,738	16%
4	Outpatient Payments	\$3,052,339	\$3,077,728	\$25,389	1%
5	Discharges	333	365	32	10%
6	Patient Days	1,828	1,950	122	7%
7	Outpatient Visits (Excludes ED Visits)	12,288	13,409	1,121	9%
8	Emergency Department Outpatient Visits	657	709	52	8%
9	Emergency Department Inpatient Admissions	255	302	47	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$22,105,451	\$27,081,414	\$4,975,963	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,003,404	\$6,710,897	\$707,493	12%
D. HEALTHNET 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%

MANCHESTER MEMORIAL HOSPITAL

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$165,955	\$162,594	(\$3,361)	-2%
2	Inpatient Payments	\$165,955	\$53,530	(\$112,425)	-68%
3	Outpatient Charges	\$106,317	\$153,906	\$47,589	45%
4	Outpatient Payments	\$106,317	\$30,707	(\$75,610)	-71%
5	Discharges	4	7	3	75%
6	Patient Days	38	31	(7)	-18%
7	Outpatient Visits (Excludes ED Visits)	38	32	(6)	-16%
8	Emergency Department Outpatient Visits	13	30	17	131%
9	Emergency Department Inpatient Admissions	4	7	3	75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$272,272	\$316,500	\$44,228	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$272,272	\$84,237	(\$188,035)	-69%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$6,154,510	\$8,231,183	\$2,076,673	34%
2	Inpatient Payments	\$1,646,183	\$2,118,940	\$472,757	29%
3	Outpatient Charges	\$5,536,276	\$6,922,361	\$1,386,085	25%
4	Outpatient Payments	\$1,216,757	\$1,179,526	(\$37,231)	-3%
5	Discharges	178	232	54	30%
6	Patient Days	1,451	1,365	(86)	-6%
7	Outpatient Visits (Excludes ED Visits)	4,476	5,825	1,349	30%
8	Emergency Department Outpatient Visits	490	529	39	8%
9	Emergency Department Inpatient Admissions	166	209	43	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,690,786	\$15,153,544	\$3,462,758	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,862,940	\$3,298,466	\$435,526	15%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$1,012,762	\$1,458,407	\$445,645	44%
2	Inpatient Payments	\$285,860	\$389,556	\$103,696	36%
3	Outpatient Charges	\$1,332,743	\$1,927,165	\$594,422	45%
4	Outpatient Payments	\$299,577	\$343,473	\$43,896	15%
5	Discharges	33	57	24	73%
6	Patient Days	207	304	97	47%
7	Outpatient Visits (Excludes ED Visits)	982	1,365	383	39%
8	Emergency Department Outpatient Visits	137	240	103	75%
9	Emergency Department Inpatient Admissions	22	48	26	118%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,345,505	\$3,385,572	\$1,040,067	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$585,437	\$733,029	\$147,592	25%
I. AETNA					

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$2,044,325	\$3,661,096	\$1,616,771	79%
2	Inpatient Payments	\$565,355	\$878,920	\$313,565	55%
3	Outpatient Charges	\$2,406,541	\$3,614,492	\$1,207,951	50%
4	Outpatient Payments	\$528,935	\$737,680	\$208,745	39%
5	Discharges	62	112	50	81%
6	Patient Days	408	672	264	65%
7	Outpatient Visits (Excludes ED Visits)	2,277	3,110	833	37%
8	Emergency Department Outpatient Visits	139	206	67	48%
9	Emergency Department Inpatient Admissions	54	96	42	78%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$4,450,866	\$7,275,588	\$2,824,722	63%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,094,290	\$1,616,600	\$522,310	48%
J. HUMANA					
1	Inpatient Charges	\$17,827	\$117,060	\$99,233	557%
2	Inpatient Payments	\$5,347	\$38,204	\$32,857	614%
3	Outpatient Charges	\$66,385	\$96,624	\$30,239	46%
4	Outpatient Payments	\$15,655	\$22,018	\$6,363	41%
5	Discharges	1	3	2	200%
6	Patient Days	8	10	2	25%
7	Outpatient Visits (Excludes ED Visits)	109	79	(30)	-28%
8	Emergency Department Outpatient Visits	8	4	(4)	-50%
9	Emergency Department Inpatient Admissions	1	3	2	200%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$84,212	\$213,684	\$129,472	154%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$21,002	\$60,222	\$39,220	187%
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%
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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		\$19,115,336	\$26,883,131	\$7,767,795	41%
TOTAL INPATIENT PAYMENTS		\$5,894,811	\$7,573,664	\$1,678,853	28%
TOTAL OUTPATIENT CHARGES		\$23,470,530	\$29,342,478	\$5,871,948	25%
TOTAL OUTPATIENT PAYMENTS		\$5,489,687	\$5,643,944	\$154,257	3%
TOTAL DISCHARGES		639	808	169	26%
TOTAL PATIENT DAYS		4,076	4,572	496	12%
TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)		20,986	24,982	3,996	19%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS		1,507	1,799	292	19%
TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS		525	687	162	31%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$42,585,866	\$56,225,609	\$13,639,743	32%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$11,384,498	\$13,217,608	\$1,833,110	16%

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 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	\$1,167,676	\$0	(\$1,167,676)	-100%
2	Inpatient Payments	\$436,970	\$0	(\$436,970)	-100%
3	Outpatient Charges	\$3,327,813	\$0	(\$3,327,813)	-100%
4	Outpatient Payments	\$616,177	\$0	(\$616,177)	-100%
5	Discharges	108	0	(108)	-100%
6	Patient Days	441	0	(441)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,455	0	(1,455)	-100%
8	Emergency Department Outpatient Visits	1,127	0	(1,127)	-100%
9	Emergency Department Inpatient Admissions	34	0	(34)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$4,495,489	\$0	(\$4,495,489)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,053,147	\$0	(\$1,053,147)	-100%
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%
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%

MANCHESTER MEMORIAL HOSPITAL

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
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	\$290,131	\$0	(\$290,131)	-100%
2	Inpatient Payments	\$85,131	\$0	(\$85,131)	-100%
3	Outpatient Charges	\$933,972	\$0	(\$933,972)	-100%
4	Outpatient Payments	\$158,972	\$0	(\$158,972)	-100%
5	Discharges	23	0	(23)	-100%
6	Patient Days	90	0	(90)	-100%
7	Outpatient Visits (Excludes ED Visits)	394	0	(394)	-100%
8	Emergency Department Outpatient Visits	307	0	(307)	-100%
9	Emergency Department Inpatient Admissions	9	0	(9)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,224,103	\$0	(\$1,224,103)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$244,103	\$0	(\$244,103)	-100%
H. AETNA					
1	Inpatient Charges	\$896,434	\$0	(\$896,434)	-100%
2	Inpatient Payments	\$306,048	\$0	(\$306,048)	-100%
3	Outpatient Charges	\$2,166,748	\$0	(\$2,166,748)	-100%
4	Outpatient Payments	\$456,734	\$0	(\$456,734)	-100%
5	Discharges	73	0	(73)	-100%
6	Patient Days	309	0	(309)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,111	0	(1,111)	-100%
8	Emergency Department Outpatient Visits	655	0	(655)	-100%
9	Emergency Department Inpatient Admissions	26	0	(26)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,063,182	\$0	(\$3,063,182)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$762,782	\$0	(\$762,782)	-100%

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TWELVE MONTHS ACTUAL FILING

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
II. TOTAL MEDICAID MANAGED CARE					
TOTAL INPATIENT CHARGES	\$2,354,241	\$0	(\$2,354,241)		-100%
TOTAL INPATIENT PAYMENTS	\$828,149	\$0	(\$828,149)		-100%
TOTAL OUTPATIENT CHARGES	\$6,428,533	\$0	(\$6,428,533)		-100%
TOTAL OUTPATIENT PAYMENTS	\$1,231,883	\$0	(\$1,231,883)		-100%
TOTAL DISCHARGES	204	0	(204)		-100%
TOTAL PATIENT DAYS	840	0	(840)		-100%
TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,960	0	(2,960)		-100%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,089	0	(2,089)		-100%
TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	69	0	(69)		-100%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,782,774	\$0	(\$8,782,774)		-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,060,032	\$0	(\$2,060,032)		-100%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$20,052,067	\$22,439,356	\$2,387,289	12%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$46,711,256	\$46,524,143	(\$187,113)	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,435,445	\$1,850,531	(\$3,584,914)	-66%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$4,402,920	\$3,463,096	(\$939,824)	-21%
7	Inventories of Supplies	\$4,253,600	\$5,065,716	\$812,116	19%
8	Prepaid Expenses	\$5,020,607	\$5,046,865	\$26,258	1%
9	Other Current Assets	\$0	\$0	\$0	0%
Total Current Assets		\$85,875,895	\$84,389,707	(\$1,486,188)	-2%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$12,342,602	\$12,824,429	\$481,827	4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$42,086,540	\$42,139,177	\$52,637	0%
Total Noncurrent Assets Whose Use is Limited:		\$54,429,142	\$54,963,606	\$534,464	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$35,011,140	\$26,741,383	(\$8,269,757)	-24%
7	Other Noncurrent Assets	\$11,678,494	\$20,183,543	\$8,505,049	73%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$313,325,973	\$302,185,099	(\$11,140,874)	-4%
2	Less: Accumulated Depreciation	\$219,601,454	\$206,928,185	(\$12,673,269)	(\$0)
Property, Plant and Equipment, Net		\$93,724,519	\$95,256,914	\$1,532,395	2%
3	Construction in Progress	\$2,570,935	\$931,583	(\$1,639,352)	-64%
Total Net Fixed Assets		\$96,295,454	\$96,188,497	(\$106,957)	0%
Total Assets					
		\$283,290,125	\$282,466,736	(\$823,389)	0%
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					

EASTERN CONNECTICUT HEALTH NETWORK, INC.

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REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
LINE	DESCRIPTION				
1	Accounts Payable and Accrued Expenses	\$25,121,249	\$29,240,555	\$4,119,306	16%
2	Salaries, Wages and Payroll Taxes	\$5,609,427	\$5,634,280	\$24,853	0%
3	Due To Third Party Payers	\$2,793,775	\$4,512,361	\$1,718,586	62%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,831,469	\$8,925,357	\$93,888	1%
6	Current Portion of Notes Payable	\$4,572,885	\$4,406,965	(\$165,920)	-4%
7	Other Current Liabilities	\$12,050,537	\$11,625,999	(\$424,538)	-4%
	Total Current Liabilities	\$58,979,342	\$64,345,517	\$5,366,175	9%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$74,496,875	\$72,082,455	(\$2,414,420)	-3%
2	Notes Payable (Net of Current Portion)	\$13,044,874	\$12,333,551	(\$711,323)	-5%
	Total Long Term Debt	\$87,541,749	\$84,416,006	(\$3,125,743)	-4%
3	Accrued Pension Liability	\$74,618,608	\$38,111,463	(\$36,507,145)	-49%
4	Other Long Term Liabilities	\$10,549,165	\$9,744,601	(\$804,564)	-8%
	Total Long Term Liabilities	\$172,709,522	\$132,272,070	(\$40,437,452)	-23%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$36,549,384	\$70,965,928	\$34,416,544	94%
2	Temporarily Restricted Net Assets	\$3,243,522	\$2,587,301	(\$656,221)	-20%
3	Permanently Restricted Net Assets	\$11,808,355	\$12,295,920	\$487,565	4%
	Total Net Assets	\$51,601,261	\$85,849,149	\$34,247,888	66%
	Total Liabilities and Net Assets	\$283,290,125	\$282,466,736	(\$823,389)	0%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
<u>LINE</u>	<u>DESCRIPTION</u>				
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$754,864,642	\$900,707,906	\$145,843,264	19%
2	Less: Allowances	\$470,675,259	\$585,405,098	\$114,729,839	24%
3	Less: Charity Care	\$7,146,386	\$5,180,649	(\$1,965,737)	-28%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$277,042,997	\$310,122,159	\$33,079,162	12%
5	Provision for Bad Debts	\$0	\$11,142,202	\$11,142,202	0%
	Net Patient Service Revenue less provision for bad debts	\$277,042,997	\$298,979,957	\$21,936,960	8%
6	Other Operating Revenue	\$28,201,071	\$27,116,509	(\$1,084,562)	-4%
7	Net Assets Released from Restrictions	\$638,113	\$1,871,227	\$1,233,114	193%
	Total Operating Revenue	\$305,882,181	\$327,967,693	\$22,085,512	7%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$139,915,729	\$163,729,402	\$23,813,673	17%
2	Fringe Benefits	\$40,155,469	\$47,592,094	\$7,436,625	19%
3	Physicians Fees	\$10,398,896	\$11,330,248	\$931,352	9%
4	Supplies and Drugs	\$36,089,404	\$36,699,785	\$610,381	2%
5	Depreciation and Amortization	\$11,811,633	\$12,290,822	\$479,189	4%
6	Bad Debts	\$11,285,210	\$0	(\$11,285,210)	-100%
7	Interest Expense	\$3,981,831	\$3,907,765	(\$74,066)	-2%
8	Malpractice Insurance Cost	\$6,669,181	\$8,373,093	\$1,703,912	26%
9	Other Operating Expenses	\$40,647,136	\$43,931,989	\$3,284,853	8%
	Total Operating Expenses	\$300,954,489	\$327,855,198	\$26,900,709	9%
	Income/(Loss) From Operations	\$4,927,692	\$112,495	(\$4,815,197)	-98%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$1,190	\$2,784	\$1,594	134%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,201,726)	(\$2,141,373)	(\$939,647)	78%
	Total Non-Operating Revenue	(\$1,200,536)	(\$2,138,589)	(\$938,053)	78%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,727,156	(\$2,026,094)	(\$5,753,250)	-154%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
<u>LINE</u>	<u>DESCRIPTION</u>				
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,727,156	(\$2,026,094)	(\$5,753,250)	-154%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2011	FY 2012	FY 2013
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$261,348,876	\$277,042,997	\$298,979,957
2	Other Operating Revenue	19,641,309	28,839,184	28,987,736
3	Total Operating Revenue	\$280,990,185	\$305,882,181	\$327,967,693
4	Total Operating Expenses	280,947,508	300,954,489	327,855,198
5	Income/(Loss) From Operations	\$42,677	\$4,927,692	\$112,495
6	Total Non-Operating Revenue	(1,341,596)	(1,200,536)	(2,138,589)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,298,919)	\$3,727,156	(\$2,026,094)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.02%	1.62%	0.03%
2	Parent Corporation Non-Operating Margin	-0.48%	-0.39%	-0.66%
3	Parent Corporation Total Margin	-0.46%	1.22%	-0.62%
4	Income/(Loss) From Operations	\$42,677	\$4,927,692	\$112,495
5	Total Operating Revenue	\$280,990,185	\$305,882,181	\$327,967,693
6	Total Non-Operating Revenue	(\$1,341,596)	(1,200,536)	(2,138,589)
7	Total Revenue	\$279,648,589	\$304,681,645	\$325,829,104
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,298,919)	\$3,727,156	(\$2,026,094)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$41,815,956	\$36,549,384	\$70,965,928
2	Parent Corporation Total Net Assets	\$55,161,657	\$51,601,261	\$85,849,149
3	Parent Corporation Change in Total Net Assets	(\$16,314,825)	(\$3,560,396)	\$34,247,888
4	Parent Corporation Change in Total Net Assets %	77.2%	-6.5%	66.4%
D. Liquidity Measures Summary				
1	Current Ratio	1.26	1.46	1.31
2	Total Current Assets	\$71,146,925	\$85,875,895	\$84,389,707
3	Total Current Liabilities	\$56,677,785	\$58,979,342	\$64,345,517

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2011	FY 2012	FY 2013
4	<u>Days Cash on Hand</u>	28	25	26
5	Cash and Cash Equivalents	\$20,991,180	\$20,052,067	\$22,439,356
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$20,991,180	\$20,052,067	\$22,439,356
8	Total Operating Expenses	\$280,947,508	\$300,954,489	\$327,855,198
9	Depreciation Expense	\$11,898,918	\$11,811,633	\$12,290,822
10	Operating Expenses less Depreciation Expense	\$269,048,590	\$289,142,856	\$315,564,376
11	<u>Days Revenue in Patient Accounts Receivable</u>	53	64	56
12	Net Patient Accounts Receivable	\$ 39,643,428	\$ 46,711,256	\$ 46,524,143
13	Due From Third Party Payers	\$432,832	\$4,402,920	\$3,463,096
14	Due To Third Party Payers	\$2,104,534	\$2,793,775	\$4,512,361
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 37,971,726	\$ 48,320,401	\$ 45,474,878
16	Total Net Patient Revenue	\$261,348,876	\$277,042,997	\$298,979,957
17	<u>Average Payment Period</u>	77	74	74
18	Total Current Liabilities	\$56,677,785	\$58,979,342	\$64,345,517
19	Total Operating Expenses	\$280,947,508	\$300,954,489	\$327,855,198
20	Depreciation Expense	\$11,898,918	\$11,811,633	\$12,290,822
20	Total Operating Expenses less Depreciation Expense	\$269,048,590	\$289,142,856	\$315,564,376
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	21.0	18.2	30.4
2	Total Net Assets	\$55,161,657	\$51,601,261	\$85,849,149
3	Total Assets	\$262,289,689	\$283,290,125	\$282,466,736
4	<u>Cash Flow to Total Debt Ratio</u>	7.4	10.6	6.9
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,298,919)	\$3,727,156	(\$2,026,094)

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
6	Depreciation Expense	\$11,898,918	\$11,811,633	\$12,290,822
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,599,999	\$15,538,789	\$10,264,728
8	Total Current Liabilities	\$56,677,785	\$58,979,342	\$64,345,517
9	Total Long Term Debt	\$86,635,165	\$87,541,749	\$84,416,006
10	Total Current Liabilities and Total Long Term Debt	\$143,312,950	\$146,521,091	\$148,761,523
11	<u>Long Term Debt to Capitalization Ratio</u>	61.1	62.9	49.6
12	Total Long Term Debt	\$86,635,165	\$87,541,749	\$84,416,006
13	Total Net Assets	\$55,161,657	\$51,601,261	\$85,849,149
14	Total Long Term Debt and Total Net Assets	\$141,796,822	\$139,143,010	\$170,265,155

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	23,257	5,437	5,340	82	158	77.7%	40.3%
2	ICU/CCU (Excludes Neonatal ICU)	6,119	524	0	22	25	76.2%	67.1%
3	Psychiatric: Ages 0 to 17	1,629	280	272	5	10	89.3%	44.6%
4	Psychiatric: Ages 18+	8,649	1,165	1,159	26	26	91.1%	91.1%
	TOTAL PSYCHIATRIC	10,278	1,445	1,431	31	36	90.8%	78.2%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,362	1,223	1,227	15	30	61.4%	30.7%
7	Newborn	3,646	1,237	1,233	21	34	47.6%	29.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	43,016	8,105	7,998	150	249	78.6%	47.3%
	TOTAL INPATIENT BED UTILIZATION	46,662	9,342	9,231	171	283	74.8%	45.2%
	TOTAL INPATIENT REPORTED YEAR	46,662	9,342	9,231	171	283	74.8%	45.2%
	TOTAL INPATIENT PRIOR YEAR	45,545	8,831	8,743	171	283	73.0%	44.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	1,117	511	488	0	0	1.8%	1.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	6%	6%	0%	0%	2%	2%
	Total Licensed Beds and Bassinets	283						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	3,821	4,555	734	19%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,033	9,119	86	1%
3	Emergency Department Scans	3,270	3,373	103	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	16,124	17,047	923	6%
B. MRI Scans (A)					
1	Inpatient Scans	520	674	154	30%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,714	2,458	-256	-9%
3	Emergency Department Scans	56	50	-6	-11%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,290	3,182	-108	-3%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	1	0	-1	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	1	0	-1	-100%
D. PET/CT Scans (A)					
1	Inpatient Scans	1	3	2	200%
2	Outpatient Scans (Excluding Emergency Department Scans)	468	539	71	15%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	469	542	73	16%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	2	2	0%
2	Outpatient Studies	86	79	-7	-8%
	Total Electrophysiology Studies	86	81	-5	-6%

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,283	1,417	134	10%
2	Outpatient Surgical Procedures	5,274	5,566	292	6%
	Total Surgical Procedures	6,557	6,983	426	6%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	500	576	76	15%
2	Outpatient Endoscopy Procedures	6,043	5,960	-83	-1%
	Total Endoscopy Procedures	6,543	6,536	-7	0%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	5,028	6,189	1,161	23%
2	Emergency Room Visits: Treated and Discharged	41,475	40,876	-599	-1%
	Total Emergency Room Visits	46,503	47,065	562	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	79,870	79,816	-54	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Specialty Clinics	0	0	0	0%
	Total Hospital Clinic Visits	79,870	79,816	-54	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	70,415	92,239	21,824	31%
2	Cardiac Rehabilitation	6,788	7,291	503	7%
3	Chemotherapy	611	1,032	421	69%
4	Gastroenterology	6,043	5,960	-83	-1%
5	Other Outpatient Visits	41,412	37,155	-4,257	-10%
	Total Other Hospital Outpatient Visits	125,269	143,677	18,408	15%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	325.0	326.2	1.2	0%
2	Total Physician FTEs	14.6	27.8	13.2	90%
3	Total Non-Nursing and Non-Physician FTEs	736.2	754.7	18.5	3%
	Total Hospital Full Time Equivalent Employees	1,075.8	1,108.7	32.9	3%

MANCHESTER MEMORIAL HOSPITAL

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REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	5,274	5,566	292	6%
	Total Outpatient Surgical Procedures(A)	5,274	5,566	292	6%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	6,043	5,960	-83	-1%
	Total Outpatient Endoscopy Procedures(B)	6,043	5,960	-83	-1%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	41,475	40,876	-599	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	41,475	40,876	-599	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%	
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE	
I. DATA BY MAJOR PAYER CATEGORY						
A. MEDICARE						
MEDICARE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$105,156,405	\$127,499,659	\$22,343,254	21%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,324,077	\$37,826,304	\$4,502,227	14%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.69%	29.67%	-2.02%	-6%	
4	DISCHARGES	3,537	3,821	284	8%	
5	CASE MIX INDEX (CMI)	1.43563	1.50489	0.06926	5%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,077.82331	5,750.18469	672.36138	13%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,562.67	\$6,578.28	\$15.61	0%	
8	PATIENT DAYS	22,742	23,189	447	2%	
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,465.31	\$1,631.22	\$165.91	11%	
10	AVERAGE LENGTH OF STAY	6.4	6.1	(0.4)	-6%	
MEDICARE OUTPATIENT						
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$106,739,845	\$118,665,503	\$11,925,658	11%	
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,090,286	\$22,680,812	(\$3,409,474)	-13%	
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.44%	19.11%	-5.33%	-22%	
14	OUTPATIENT CHARGES / INPATIENT CHARGES	101.51%	93.07%	-8.43%	-8%	
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,590.25997	3,556.25176	(34.00821)	-1%	
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,266.96	\$6,377.73	(\$889.23)	-12%	
MEDICARE TOTALS (INPATIENT + OUTPATIENT)						
17	TOTAL ACCRUED CHARGES	\$211,896,250	\$246,165,162	\$34,268,912	16%	
18	TOTAL ACCRUED PAYMENTS	\$59,414,363	\$60,507,116	\$1,092,753	2%	
19	TOTAL ALLOWANCES	\$152,481,887	\$185,658,046	\$33,176,159	22%	
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)						
NON-GOVERNMENT INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$49,771,163	\$57,637,109	\$7,865,946	16%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,984,875	\$26,813,896	(\$170,979)	-1%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.22%	46.52%	-7.70%	-14%	
4	DISCHARGES	3,296	3,395	99	3%	
5	CASE MIX INDEX (CMI)	0.98935	0.98412	(0.00523)	-1%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,260.89760	3,341.08740	80.18980	2%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,275.29	\$8,025.50	(\$249.79)	-3%	
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,712.62)	(\$1,447.22)	\$265.40	-15%	
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,584,681)	(\$4,835,300)	\$749,381	-13%	
10	PATIENT DAYS	13,179	13,150	(29)	0%	
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,047.57	\$2,039.08	(\$8.49)	0%	
12	AVERAGE LENGTH OF STAY	4.0	3.9	(0.1)	-3%	
NON-GOVERNMENT OUTPATIENT						
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$142,894,349	\$153,497,062	\$10,602,713	7%	
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$60,709,048	\$61,599,256	\$890,208	1%	
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.49%	40.13%	-2.35%	-6%	

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	287.10%	266.32%	-20.79%	-7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,462.90474	9,041.44109	(421.46365)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,415.48	\$6,812.99	\$397.51	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$851.49	(\$435.26)	(\$1,286.75)	-151%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,057,530	(\$3,935,390)	(\$11,992,919)	-149%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$192,665,512	\$211,134,171	\$18,468,659	10%
22	TOTAL ACCRUED PAYMENTS	\$87,693,923	\$88,413,152	\$719,229	1%
23	TOTAL ALLOWANCES	\$104,971,589	\$122,721,019	\$17,749,430	17%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,472,848	(\$8,770,690)	(\$11,243,538)	-455%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$192,665,512	\$211,134,171	\$18,468,659	10%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$87,693,923	\$88,413,152	\$719,229	1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,971,589	\$122,721,019	\$17,749,430	17%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.48%	58.12%	3.64%	
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,434,687	\$2,371,759	(\$62,928)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,557	\$78,971	\$53,414	209%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.05%	3.33%	2.28%	217%
4	DISCHARGES	182	218	36	20%
5	CASE MIX INDEX (CMI)	1.01053	1.04214	0.03161	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	183.91646	227.18652	43.27006	24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$138.96	\$347.60	\$208.64	150%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,136.33	\$7,677.90	(\$458.44)	-6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,423.71	\$6,230.67	(\$193.04)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,181,426	\$1,415,525	\$234,099	20%
11	PATIENT DAYS	975	1,077	102	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$26.21	\$73.32	\$47.11	180%
13	AVERAGE LENGTH OF STAY	5.4	4.9	(0.4)	-8%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,151,074	\$7,444,649	(\$1,706,425)	-19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$329,737	\$397,739	\$68,002	21%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.60%	5.34%	1.74%	48%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	375.86%	313.89%	-61.98%	-16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	684.06964	684.27420	0.20455	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$482.02	\$581.26	\$99.23	21%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,933.45	\$6,231.73	\$298.28	5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,784.94	\$5,796.47	(\$988.47)	-15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,641,372	\$3,966,377	(\$674,995)	-15%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$11,585,761	\$9,816,408	(\$1,769,353)	-15%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$355,294	\$476,710	\$121,416	34%
25	TOTAL ALLOWANCES	\$11,230,467	\$9,339,698	(\$1,890,769)	-17%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,822,798	\$5,381,901	(\$440,896)	-8%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$29,843,751	\$39,765,242	\$9,921,491	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,559,781	\$11,500,711	\$940,930	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.38%	28.92%	-6.46%	-18%
4	DISCHARGES	1,957	2,085	128	7%
5	CASE MIX INDEX (CMI)	0.92263	0.96306	0.04043	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,805.58691	2,007.98010	202.39319	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,848.39	\$5,727.50	(\$120.89)	-2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,426.90	\$2,298.00	(\$128.90)	-5%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$714.28	\$850.77	\$136.50	19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,289,689	\$1,708,337	\$418,648	32%
11	PATIENT DAYS	9,483	10,174	691	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,113.55	\$1,130.40	\$16.85	2%
13	AVERAGE LENGTH OF STAY	4.8	4.9	0.0	1%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$55,812,465	\$64,243,785	\$8,431,320	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,869,325	\$11,751,049	\$881,724	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.47%	18.29%	-1.18%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	187.02%	161.56%	-25.46%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,659.89496	3,368.47671	(291.41825)	-8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,969.85	\$3,488.54	\$518.69	17%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,445.63	\$3,324.46	(\$121.17)	-4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,297.12	\$2,889.19	(\$1,407.92)	-33%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,726,996	\$9,732,185	(\$5,994,811)	-38%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$85,656,216	\$104,009,027	\$18,352,811	21%
24	TOTAL ACCRUED PAYMENTS	\$21,429,106	\$23,251,760	\$1,822,654	9%
25	TOTAL ALLOWANCES	\$64,227,110	\$80,757,267	\$16,530,157	26%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,016,685	\$11,440,522	(\$5,576,164)	-33%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,275.29	\$8,025.50	(\$249.79)	-3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,562.67	\$6,578.28	\$15.61	0%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,415.48	\$6,812.99	\$397.51	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,266.96	\$6,377.73	(\$889.23)	-12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$29,843,751	\$39,765,242	\$9,921,491	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,559,781	\$11,500,711	\$940,930	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.38%	28.92%	-6.46%	-18%
4	DISCHARGES	1,957	2,085	128	7%
5	CASE MIX INDEX (CMI)	0.92263	0.96306	0.04043	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,805.58691	2,007.98010	202.39319	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,848.39	\$5,727.50	(\$120.89)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,426.90	\$2,298.00	(\$128.90)	-5%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$714.28	\$850.77	\$136.50	19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,289,689	\$1,708,337	\$418,648	32%
11	PATIENT DAYS	9,483	10,174	691	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,113.55	\$1,130.40	\$16.85	2%
13	AVERAGE LENGTH OF STAY	4.8	4.9	0.0	1%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$55,812,465	\$64,243,785	\$8,431,320	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,869,325	\$11,751,049	\$881,724	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.47%	18.29%	-1.18%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	187.02%	161.56%	-25.46%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,659.89496	3,368.47671	(291.41825)	-8%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,969.85	\$3,488.54	\$518.69	17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,445.63	\$3,324.46	(\$121.17)	-4%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,297.12	\$2,889.19	(\$1,407.92)	-33%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,726,996	\$9,732,185	(\$5,994,811)	-38%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$85,656,216	\$104,009,027	\$18,352,811	21%
24	TOTAL ACCRUED PAYMENTS	\$21,429,106	\$23,251,760	\$1,822,654	9%
25	TOTAL ALLOWANCES	\$64,227,110	\$80,757,267	\$16,530,157	26%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$530,908	\$611,078	\$80,170	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$209,708	\$355,811	\$146,103	70%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.50%	58.23%	18.73%	47%
4	DISCHARGES	41	41	0	0%
5	CASE MIX INDEX (CMI)	0.90251	1.01279	0.11028	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	37.00291	41.52439	4.52148	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,667.34	\$8,568.72	\$2,901.39	51%
8	PATIENT DAYS	141	149	8	6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,487.29	\$2,387.99	\$900.70	61%
10	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	6%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,152,920	\$1,104,979	(\$47,941)	-4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$799,526	\$292,998	(\$506,528)	-63%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,683,828	\$1,716,057	\$32,229	2%
14	TOTAL ACCRUED PAYMENTS	\$1,009,234	\$648,809	(\$360,425)	-36%
15	TOTAL ALLOWANCES	\$674,594	\$1,067,248	\$392,654	58%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$19,861,936	\$19,289,474	(\$572,462)	-3%
2	TOTAL OPERATING EXPENSES	\$184,446,001	\$188,335,086	\$3,889,085	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$4,953,633	\$3,908,882	(\$1,044,751)	-21%
5	BAD DEBTS (CHARGES)	\$6,382,307	\$5,518,461	(\$863,846)	-14%
6	UNCOMPENSATED CARE (CHARGES)	\$11,335,940	\$9,427,343	(\$1,908,597)	-17%
7	COST OF UNCOMPENSATED CARE	\$3,645,985	\$2,735,879	(\$910,107)	-25%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$85,656,216	\$104,009,027	\$18,352,811	21%
9	TOTAL ACCRUED PAYMENTS	\$21,429,106	\$23,251,760	\$1,822,654	9%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$27,549,662	\$30,184,123	\$2,634,461	10%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,120,556	\$6,932,363	\$811,807	13%
II.	AGGREGATE DATA				
A.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$185,302,227	\$225,513,088	\$40,210,861	22%
2	TOTAL INPATIENT PAYMENTS	\$71,078,441	\$76,496,722	\$5,418,281	8%
3	TOTAL INPATIENT PAYMENTS / CHARGES	38.36%	33.92%	-4.44%	-12%
4	TOTAL DISCHARGES	8,831	9,342	511	6%
5	TOTAL CASE MIX INDEX	1.15291	1.19255	0.03964	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,181.31073	11,140.77658	959.46585	9%
7	TOTAL OUTPATIENT CHARGES	\$306,599,579	\$337,511,329	\$30,911,750	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	165.46%	149.66%	-15.80%	-10%
9	TOTAL OUTPATIENT PAYMENTS	\$98,468,185	\$96,324,115	(\$2,144,070)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.12%	28.54%	-3.58%	-11%
11	TOTAL CHARGES	\$491,901,806	\$563,024,417	\$71,122,611	14%
12	TOTAL PAYMENTS	\$169,546,626	\$172,820,837	\$3,274,211	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.47%	30.70%	-3.77%	-11%
14	PATIENT DAYS	45,545	46,662	1,117	2%
B.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$135,531,064	\$167,875,979	\$32,344,915	24%
2	INPATIENT PAYMENTS	\$44,093,566	\$49,682,826	\$5,589,260	13%
3	GOVT. INPATIENT PAYMENTS / CHARGES	32.53%	29.59%	-2.94%	-9%
4	DISCHARGES	5,535	5,947	412	7%
5	CASE MIX INDEX	1.25030	1.31153	0.06123	5%
6	CASE MIX ADJUSTED DISCHARGES	6,920.41313	7,799.68918	879.27605	13%
7	OUTPATIENT CHARGES	\$163,705,230	\$184,014,267	\$20,309,037	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	120.79%	109.61%	-11.17%	-9%
9	OUTPATIENT PAYMENTS	\$37,759,137	\$34,724,859	(\$3,034,278)	-8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.07%	18.87%	-4.19%	-18%
11	TOTAL CHARGES	\$299,236,294	\$351,890,246	\$52,653,952	18%
12	TOTAL PAYMENTS	\$81,852,703	\$84,407,685	\$2,554,982	3%
13	TOTAL PAYMENTS / CHARGES	27.35%	23.99%	-3.37%	-12%
14	PATIENT DAYS	32,366	33,512	1,146	4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$217,383,591	\$267,482,561	\$50,098,970	23%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	6.4	6.1	(0.4)	-6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)	-3%
3	UNINSURED	5.4	4.9	(0.4)	-8%
4	MEDICAID	4.8	4.9	0.0	1%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.4	3.6	0.2	6%
7	TOTAL AVERAGE LENGTH OF STAY	5.2	5.0	(0.2)	-3%
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$491,901,806	\$563,024,417	\$71,122,611	14%
2	TOTAL GOVERNMENT DEDUCTIONS	\$217,383,591	\$267,482,561	\$50,098,970	23%

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
3	UNCOMPENSATED CARE	\$11,335,940	\$9,427,343	(\$1,908,597)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,971,589	\$122,721,019	\$17,749,430	17%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$333,691,120	\$399,630,923	\$65,939,803	20%
7	TOTAL ACCRUED PAYMENTS	\$158,210,686	\$163,393,494	\$5,182,808	3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$158,210,686	\$163,393,494	\$5,182,808	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3216306264	0.2902067638	(0.0314238626)	-10%
11	COST OF UNCOMPENSATED CARE	\$3,645,985	\$2,735,879	(\$910,107)	-25%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,120,556	\$6,932,363	\$811,807	13%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,766,542	\$9,668,242	(\$98,300)	-1%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$15,726,996	\$9,732,185	(\$5,994,811)	-38%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,822,798	\$5,381,901	(\$440,896)	-8%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,549,794	\$15,114,086	(\$6,435,708)	-30%
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	\$5,670,938	(\$2,521,217)	(\$8,192,155)	-144.46%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$175,217,566	\$170,299,621	(\$4,917,945)	-2.81%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$491,901,806	\$563,024,416	\$71,122,610	14.46%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$11,335,940	\$9,427,343	(\$1,908,597)	-16.84%

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,771,163	\$57,637,109	\$7,865,946
2	MEDICARE	\$105,156,405	127,499,659	\$22,343,254
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,843,751	39,765,242	\$9,921,491
4	MEDICAID	\$29,843,751	39,765,242	\$9,921,491
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$530,908	611,078	\$80,170
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,434,687	2,371,759	(\$62,928)
TOTAL INPATIENT GOVERNMENT CHARGES		\$135,531,064	\$167,875,979	\$32,344,915
TOTAL INPATIENT CHARGES		\$185,302,227	\$225,513,088	\$40,210,861
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$142,894,349	\$153,497,062	\$10,602,713
2	MEDICARE	\$106,739,845	118,665,503	\$11,925,658
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$55,812,465	64,243,785	\$8,431,320
4	MEDICAID	\$55,812,465	64,243,785	\$8,431,320
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,152,920	1,104,979	(\$47,941)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,151,074	7,444,649	(\$1,706,425)
TOTAL OUTPATIENT GOVERNMENT CHARGES		\$163,705,230	\$184,014,267	\$20,309,037
TOTAL OUTPATIENT CHARGES		\$306,599,579	\$337,511,329	\$30,911,750
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$192,665,512	\$211,134,171	\$18,468,659
2	TOTAL MEDICARE	\$211,896,250	\$246,165,162	\$34,268,912
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$85,656,216	\$104,009,027	\$18,352,811
4	TOTAL MEDICAID	\$85,656,216	\$104,009,027	\$18,352,811
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,683,828	\$1,716,057	\$32,229
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,585,761	\$9,816,408	(\$1,769,353)
TOTAL GOVERNMENT CHARGES		\$299,236,294	\$351,890,246	\$52,653,952
TOTAL CHARGES		\$491,901,806	\$563,024,417	\$71,122,611
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,984,875	\$26,813,896	(\$170,979)
2	MEDICARE	\$33,324,077	37,826,304	\$4,502,227
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,559,781	11,500,711	\$940,930
4	MEDICAID	\$10,559,781	11,500,711	\$940,930
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$209,708	355,811	\$146,103
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,557	78,971	\$53,414
TOTAL INPATIENT GOVERNMENT PAYMENTS		\$44,093,566	\$49,682,826	\$5,589,260
TOTAL INPATIENT PAYMENTS		\$71,078,441	\$76,496,722	\$5,418,281
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$60,709,048	\$61,599,256	\$890,208
2	MEDICARE	\$26,090,286	22,680,812	(\$3,409,474)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,869,325	11,751,049	\$881,724
4	MEDICAID	\$10,869,325	11,751,049	\$881,724
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$799,526	292,998	(\$506,528)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$329,737	397,739	\$68,002
TOTAL OUTPATIENT GOVERNMENT PAYMENTS		\$37,759,137	\$34,724,859	(\$3,034,278)
TOTAL OUTPATIENT PAYMENTS		\$98,468,185	\$96,324,115	(\$2,144,070)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$87,693,923	\$88,413,152	\$719,229
2	TOTAL MEDICARE	\$59,414,363	\$60,507,116	\$1,092,753
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,429,106	\$23,251,760	\$1,822,654
4	TOTAL MEDICAID	\$21,429,106	\$23,251,760	\$1,822,654
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,009,234	\$648,809	(\$360,425)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$355,294	\$476,710	\$121,416
TOTAL GOVERNMENT PAYMENTS		\$81,852,703	\$84,407,685	\$2,554,982
TOTAL PAYMENTS		\$169,546,626	\$172,820,837	\$3,274,211

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.12%	10.24%	0.12%
2	MEDICARE	21.38%	22.65%	1.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.07%	7.06%	1.00%
4	MEDICAID	6.07%	7.06%	1.00%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.11%	0.11%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.49%	0.42%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.55%	29.82%	2.26%
	TOTAL INPATIENT PAYER MIX	37.67%	40.05%	2.38%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.05%	27.26%	-1.79%
2	MEDICARE	21.70%	21.08%	-0.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.35%	11.41%	0.06%
4	MEDICAID	11.35%	11.41%	0.06%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.23%	0.20%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.86%	1.32%	-0.54%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	33.28%	32.68%	-0.60%
	TOTAL OUTPATIENT PAYER MIX	62.33%	59.95%	-2.38%
	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)	15.92%	15.52%	-0.40%
2	MEDICARE	19.65%	21.89%	2.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.23%	6.65%	0.43%
4	MEDICAID	6.23%	6.65%	0.43%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.12%	0.21%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.05%	0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	26.01%	28.75%	2.74%
	TOTAL INPATIENT PAYER MIX	41.92%	44.26%	2.34%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.81%	35.64%	-0.16%
2	MEDICARE	15.39%	13.12%	-2.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.41%	6.80%	0.39%
4	MEDICAID	6.41%	6.80%	0.39%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.47%	0.17%	-0.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.19%	0.23%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.27%	20.09%	-2.18%
	TOTAL OUTPATIENT PAYER MIX	58.08%	55.74%	-2.34%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,296	3,395	99
2	MEDICARE	3,537	3,821	284
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,957	2,085	128
4	MEDICAID	1,957	2,085	128
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	41	41	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	182	218	36
	TOTAL GOVERNMENT DISCHARGES	5,535	5,947	412
	TOTAL DISCHARGES	8,831	9,342	511

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,179	13,150	(29)
2	MEDICARE	22,742	23,189	447
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,483	10,174	691
4	MEDICAID	9,483	10,174	691
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	141	149	8
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	975	1,077	102
	TOTAL GOVERNMENT PATIENT DAYS	32,366	33,512	1,146
	TOTAL PATIENT DAYS	45,545	46,662	1,117
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)
2	MEDICARE	6.4	6.1	(0.4)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.8	4.9	0.0
4	MEDICAID	4.8	4.9	0.0
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.4	3.6	0.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.4	4.9	(0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.8	5.6	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	5.2	5.0	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98935	0.98412	(0.00523)
2	MEDICARE	1.43563	1.50489	0.06926
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92263	0.96306	0.04043
4	MEDICAID	0.92263	0.96306	0.04043
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.90251	1.01279	0.11028
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01053	1.04214	0.03161
	TOTAL GOVERNMENT CASE MIX INDEX	1.25030	1.31153	0.06123
	TOTAL CASE MIX INDEX	1.15291	1.19255	0.03964
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$192,665,512	\$211,134,171	\$18,468,659
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$87,693,923	\$88,413,152	\$719,229
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,971,589	\$122,721,019	\$17,749,430
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.48%	58.12%	3.64%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$4,953,633	\$3,908,882	(\$1,044,751)
9	BAD DEBTS	\$6,382,307	\$5,518,461	(\$863,846)
10	TOTAL UNCOMPENSATED CARE	\$11,335,940	\$9,427,343	(\$1,908,597)
11	TOTAL OTHER OPERATING REVENUE	\$19,861,936	\$19,289,474	(\$572,462)
12	TOTAL OPERATING EXPENSES	\$184,446,001	\$188,335,086	\$3,889,085
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,260.89760	3,341.08740	80.18980
2	MEDICARE	5,077.82331	5,750.18469	672.36138
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,805.58691	2,007.98010	202.39319
4	MEDICAID	1,805.58691	2,007.98010	202.39319
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	37.00291	41.52439	4.52148
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	183.91646	227.18652	43.27006

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	6,920.41313	7,799.68918	879.27605
	TOTAL CASE MIX ADJUSTED DISCHARGES	10,181.31073	11,140.77658	959.46585
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,462.90474	9,041.44109	-421.46365
2	MEDICARE	3,590.25997	3,556.25176	-34.00821
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,659.89496	3,368.47671	-291.41825
4	MEDICAID	3,659.89496	3,368.47671	-291.41825
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	89.03561	74.13806	-14.89755
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	684.06964	684.27420	0.20455
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	7,339.19055	6,998.86654	-340.32401
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	16,802.09529	16,040.30763	-761.78767
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,275.29	\$8,025.50	(\$249.79)
2	MEDICARE	\$6,562.67	\$6,578.28	\$15.61
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,848.39	\$5,727.50	(\$120.89)
4	MEDICAID	\$5,848.39	\$5,727.50	(\$120.89)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,667.34	\$8,568.72	\$2,901.39
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$138.96	\$347.60	\$208.64
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,371.52	\$6,369.85	(\$1.68)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,981.27	\$6,866.37	(\$114.89)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,415.48	\$6,812.99	\$397.51
2	MEDICARE	\$7,266.96	\$6,377.73	(\$889.23)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,969.85	\$3,488.54	\$518.69
4	MEDICAID	\$2,969.85	\$3,488.54	\$518.69
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,979.84	\$3,952.06	(\$5,027.79)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$482.02	\$581.26	\$99.23
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,144.86	\$4,961.50	(\$183.37)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,860.47	\$6,005.13	\$144.66
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$15,726,996	\$9,732,185	(\$5,994,811)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,822,798	\$5,381,901	(\$440,896)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,549,794	\$15,114,086	(\$6,435,708)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$491,901,806	\$563,024,417	\$71,122,611
2	TOTAL GOVERNMENT DEDUCTIONS	\$217,383,591	\$267,482,561	\$50,098,970
3	UNCOMPENSATED CARE	\$11,335,940	\$9,427,343	(\$1,908,597)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,971,589	\$122,721,019	\$17,749,430
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$333,691,120	\$399,630,923	\$65,939,803
7	TOTAL ACCRUED PAYMENTS	\$158,210,686	\$163,393,494	\$5,182,808
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$158,210,686	\$163,393,494	\$5,182,808
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3216306264	0.2902067638	(0.0314238626)
11	COST OF UNCOMPENSATED CARE	\$3,645,985	\$2,735,879	(\$910,107)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$6,120,556	\$6,932,363	\$811,807
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,766,542	\$9,668,242	(\$98,300)
VII.	RATIOS			

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.22%	46.52%	-7.70%
2	MEDICARE	31.69%	29.67%	-2.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35.38%	28.92%	-6.46%
4	MEDICAID	35.38%	28.92%	-6.46%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	39.50%	58.23%	18.73%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05%	3.33%	2.28%
TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		32.53%	29.59%	-2.94%
TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		38.36%	33.92%	-4.44%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.49%	40.13%	-2.35%
2	MEDICARE	24.44%	19.11%	-5.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.47%	18.29%	-1.18%
4	MEDICAID	19.47%	18.29%	-1.18%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	69.35%	26.52%	-42.83%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.60%	5.34%	1.74%
TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		23.07%	18.87%	-4.19%
TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		32.12%	28.54%	-3.58%
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	\$169,546,626	\$172,820,837	\$3,274,211
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$169,546,626	\$172,820,837	\$3,274,211
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,670,938	(\$2,521,217)	(\$8,192,155)
4	CALCULATED NET REVENUE	\$181,599,871	\$170,299,620	(\$11,300,251)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$175,217,566	\$170,299,621	(\$4,917,945)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$6,382,305	(\$1)	(\$6,382,306)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$491,901,806	\$563,024,417	\$71,122,611
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$491,901,806	\$563,024,417	\$71,122,611
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$491,901,806	\$563,024,416	\$71,122,610
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,335,940	\$9,427,343	(\$1,908,597)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,335,940	\$9,427,343	(\$1,908,597)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,335,940	\$9,427,343	(\$1,908,597)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

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REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES

(1)	(2)	(3) ACTUAL FY 2013
LINE	DESCRIPTION	
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,637,109
2	MEDICARE	127,499,659
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39,765,242
4	MEDICAID	39,765,242
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	611,078
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,371,759
	TOTAL INPATIENT GOVERNMENT CHARGES	\$167,875,979
	TOTAL INPATIENT CHARGES	\$225,513,088
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$153,497,062
2	MEDICARE	118,665,503
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	64,243,785
4	MEDICAID	64,243,785
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,104,979
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,444,649
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$184,014,267
	TOTAL OUTPATIENT CHARGES	\$337,511,329
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$211,134,171
2	TOTAL GOVERNMENT ACCRUED CHARGES	351,890,246
	TOTAL ACCRUED CHARGES	\$563,024,417
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,813,896
2	MEDICARE	37,826,304
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,500,711
4	MEDICAID	11,500,711
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	355,811
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	78,971
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$49,682,826
	TOTAL INPATIENT PAYMENTS	\$76,496,722
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,599,256
2	MEDICARE	22,680,812
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,751,049
4	MEDICAID	11,751,049
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	292,998
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	397,739
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,724,859
	TOTAL OUTPATIENT PAYMENTS	\$96,324,115
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$88,413,152
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	84,407,685
	TOTAL ACCRUED PAYMENTS	\$172,820,837
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		

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REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES

(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,395
2	MEDICARE	3,821
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,085
4	MEDICAID	2,085
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	41
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	218
	TOTAL GOVERNMENT DISCHARGES	5,947
	TOTAL DISCHARGES	9,342
B.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98412
2	MEDICARE	1.50489
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96306
4	MEDICAID	0.96306
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.01279
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04214
	TOTAL GOVERNMENT CASE MIX INDEX	1.31153
	TOTAL CASE MIX INDEX	1.19255
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$211,134,171
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$88,413,152
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,721,019
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	58.12%
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	\$3,908,882
9	BAD DEBTS	\$5,518,461
10	TOTAL UNCOMPENSATED CARE	\$9,427,343
11	TOTAL OTHER OPERATING REVENUE	\$19,289,474
12	TOTAL OPERATING EXPENSES	\$188,335,086
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	\$172,820,837
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$172,820,837
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$2,521,217)
	CALCULATED NET REVENUE	\$170,299,620
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$170,299,621
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$563,024,417
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0

MANCHESTER MEMORIAL HOSPITAL

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REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES

(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>
	CALCULATED GROSS REVENUE	\$563,024,417
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$563,024,416
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,427,343
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,427,343
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,427,343
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

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REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3) ACTUAL <u>FY 2012</u>	(4) ACTUAL <u>FY 2013</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
LINE	DESCRIPTION				
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	2,746	2,817	71	3%
2	Number of Approved Applicants	2,467	2,500	33	1%
3	Total Charges (A)	\$4,953,633	\$3,908,882	(\$1,044,751)	-21%
4	Average Charges	\$2,008	\$1,564	(\$444)	-22%
5	Ratio of Cost to Charges (RCC)	0.398930	0.360412	(0.038518)	-10%
6	Total Cost	\$1,976,153	\$1,408,808	(\$567,345)	-29%
7	Average Cost	\$801	\$564	(\$238)	-30%
8	Charity Care - Inpatient Charges	\$951,484	\$1,269,114	\$317,630	33%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,261,318	847,211	(414,107)	-33%
10	Charity Care - Emergency Department Charges	2,740,831	1,792,557	(948,274)	-35%
11	Total Charges (A)	\$4,953,633	\$3,908,882	(\$1,044,751)	-21%
12	Charity Care - Number of Patient Days	754	1,097	343	45%
13	Charity Care - Number of Discharges	158	199	41	26%
14	Charity Care - Number of Outpatient ED Visits	2,288	1,400	(888)	-39%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,273	1,647	374	29%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,651,887	\$1,425,373	(\$226,514)	-14%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,239,580	1,313,642	(1,925,938)	-59%
3	Bad Debts - Emergency Department	1,490,840	2,779,446	1,288,606	86%
4	Total Bad Debts (A)	\$6,382,307	\$5,518,461	(\$863,846)	-14%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$4,953,633	\$3,908,882	(\$1,044,751)	-21%
2	Bad Debts (A)	6,382,307	5,518,461	(863,846)	-14%
3	Total Uncompensated Care (A)	\$11,335,940	\$9,427,343	(\$1,908,597)	-17%
4	Uncompensated Care - Inpatient Services	\$2,603,371	\$2,694,487	\$91,116	3%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,500,898	2,160,853	(2,340,045)	-52%
6	Uncompensated Care - Emergency Department	4,231,671	4,572,003	340,332	8%
7	Total Uncompensated Care (A)	\$11,335,940	\$9,427,343	(\$1,908,597)	-17%

(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

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REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE

(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
		ACTUAL TOTAL NON-GOVERNMENT	ACTUAL TOTAL NON-GOVERNMENT		
LINE	DESCRIPTION				
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$192,665,512	\$211,134,171	\$18,468,659	10%
2	Total Contractual Allowances	\$104,971,589	\$122,721,019	\$17,749,430	17%
	Total Accrued Payments (A)	\$87,693,923	\$88,413,152	\$719,229	1%
	Total Discount Percentage	54.48%	58.12%	3.64%	7%

(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.

MANCHESTER MEMORIAL HOSPITAL				
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REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$150,353,329	\$185,302,227	\$225,513,088
2	Outpatient Gross Revenue	\$270,967,534	\$306,599,579	\$337,511,329
3	Total Gross Patient Revenue	\$421,320,863	\$491,901,806	\$563,024,417
4	Net Patient Revenue	\$166,602,260	\$175,217,566	\$170,299,621
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$173,322,666	\$184,446,001	\$188,335,086
C.	<u>Utilization Statistics</u>			
1	Patient Days	43,475	45,545	46,662
2	Discharges	9,281	8,831	9,342
3	Average Length of Stay	4.7	5.2	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	121,826	120,903	116,498
0	Equivalent (Adjusted) Discharges (ED)	26,007	23,443	23,324
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.12079	1.15291	1.19255
2	Case Mix Adjusted Patient Days (CMAPD)	48,727	52,509	55,647
3	Case Mix Adjusted Discharges (CMAD)	10,402	10,181	11,141
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	136,542	139,390	138,929
5	Case Mix Adjusted Equivalent Discharges (CMAED)	29,149	27,027	27,814
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$9,691	\$10,800	\$12,066
2	Total Gross Revenue per Discharge	\$45,396	\$55,702	\$60,268
3	Total Gross Revenue per EPD	\$3,458	\$4,069	\$4,833
4	Total Gross Revenue per ED	\$16,200	\$20,983	\$24,140
5	Total Gross Revenue per CMAEPD	\$3,086	\$3,529	\$4,053
6	Total Gross Revenue per CMAED	\$14,454	\$18,200	\$20,242
7	Inpatient Gross Revenue per EPD	\$1,234	\$1,533	\$1,936
8	Inpatient Gross Revenue per ED	\$5,781	\$7,904	\$9,669

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REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,832	\$3,847	\$3,650
2	Net Patient Revenue per Discharge	\$17,951	\$19,841	\$18,229
3	Net Patient Revenue per EPD	\$1,368	\$1,449	\$1,462
4	Net Patient Revenue per ED	\$6,406	\$7,474	\$7,302
5	Net Patient Revenue per CMAEPD	\$1,220	\$1,257	\$1,226
6	Net Patient Revenue per CMAED	\$5,716	\$6,483	\$6,123
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$3,987	\$4,050	\$4,036
2	Total Operating Expense per Discharge	\$18,675	\$20,886	\$20,160
3	Total Operating Expense per EPD	\$1,423	\$1,526	\$1,617
4	Total Operating Expense per ED	\$6,664	\$7,868	\$8,075
5	Total Operating Expense per CMAEPD	\$1,269	\$1,323	\$1,356
6	Total Operating Expense per CMAED	\$5,946	\$6,824	\$6,771
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$26,184,283	\$27,483,799	\$27,731,842
2	Nursing Fringe Benefits Expense	\$8,134,838	\$9,278,681	\$10,096,694
3	Total Nursing Salary and Fringe Benefits Expense	\$34,319,121	\$36,762,480	\$37,828,536
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$5,856,368	\$7,064,262	\$7,727,228
2	Physician Fringe Benefits Expense	\$1,698,577	\$2,196,063	\$2,592,137
3	Total Physician Salary and Fringe Benefits Expense	\$7,554,945	\$9,260,325	\$10,319,365
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$45,540,909	\$47,001,764	\$48,450,279
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$11,946,049	\$13,392,508	\$14,969,960
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$57,486,958	\$60,394,272	\$63,420,239

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$77,581,560	\$81,549,825	\$83,909,349
2	Total Fringe Benefits Expense	\$21,779,464	\$24,867,252	\$27,658,791
3	Total Salary and Fringe Benefits Expense	\$99,361,024	\$106,417,077	\$111,568,140
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	321.0	325.0	326.2
2	Total Physician FTEs	16.7	14.6	27.8
3	Total Non-Nursing, Non-Physician FTEs	801.2	736.2	754.7
4	Total Full Time Equivalent Employees (FTEs)	1,138.9	1,075.8	1,108.7
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$81,571	\$84,566	\$85,015
2	Nursing Fringe Benefits Expense per FTE	\$25,342	\$28,550	\$30,952
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$106,913	\$113,115	\$115,967
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$350,681	\$483,854	\$277,958
2	Physician Fringe Benefits Expense per FTE	\$101,711	\$150,415	\$93,242
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$452,392	\$634,269	\$371,200
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$56,841	\$63,844	\$64,198
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,910	\$18,191	\$19,836
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$71,751	\$82,035	\$84,034
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$68,120	\$75,804	\$75,683
2	Total Fringe Benefits Expense per FTE	\$19,123	\$23,115	\$24,947
3	Total Salary and Fringe Benefits Expense per FTE	\$87,243	\$98,919	\$100,630
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,285	\$2,337	\$2,391
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,706	\$12,050	\$11,943
3	Total Salary and Fringe Benefits Expense per EPD	\$816	\$880	\$958
4	Total Salary and Fringe Benefits Expense per ED	\$3,821	\$4,539	\$4,783
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$728	\$763	\$803
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,409	\$3,937	\$4,011