

NEW MILFORD 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
LINE	DESCRIPTION				
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$3,717,748	\$2,221,385	(\$1,496,363)	-40%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,601,320	\$7,314,799	(\$1,286,521)	-15%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,645,080	\$1,521,171	(\$123,909)	-8%
8	Prepaid Expenses	\$900,544	\$371,475	(\$529,069)	-59%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$14,864,692	\$11,428,830	(\$3,435,862)	-23%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$0	\$0	\$0	0%
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	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$14,710,574	\$11,319,493	(\$3,391,081)	-23%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$4,358,823	\$4,652,903	\$294,080	7%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$107,893,687	\$93,199,231	(\$14,694,456)	-14%
2	Less: Accumulated Depreciation	\$75,751,426	\$63,868,519	(\$11,882,907)	-16%
	Property, Plant and Equipment, Net	\$32,142,261	\$29,330,712	(\$2,811,549)	-9%
3	Construction in Progress	\$298,414	\$4,537,992	\$4,239,578	1421%
	Total Net Fixed Assets	\$32,440,675	\$33,868,704	\$1,428,029	4%
	Total Assets	\$66,374,764	\$61,269,930	(\$5,104,834)	-8%
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
1	Accounts Payable and Accrued Expenses	\$3,542,543	\$2,903,944	(\$638,599)	-18%
2	Salaries, Wages and Payroll Taxes	\$3,202,850	\$2,391,153	(\$811,697)	-25%

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3	Due To Third Party Payers	\$2,461,714	\$1,973,652	(\$488,062)	-20%
4	Due To Affiliates	\$5,057,706	\$6,514,591	\$1,456,885	29%
5	Current Portion of Long Term Debt	\$495,090	\$0	(\$495,090)	-100%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
Total Current Liabilities		\$14,759,903	\$13,783,340	(\$976,563)	-7%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$4,829,283	\$2,476,284	(\$2,352,999)	-49%
Total Long Term Debt		\$4,829,283	\$2,476,284	(\$2,352,999)	-49%
3	Accrued Pension Liability	\$26,239,675	\$13,282,674	(\$12,957,001)	-49%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
Total Long Term Liabilities		\$31,068,958	\$15,758,958	(\$15,310,000)	-49%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$12,487,373	\$23,332,942	\$10,845,569	87%
2	Temporarily Restricted Net Assets	\$3,923,984	\$4,125,215	\$201,231	5%
3	Permanently Restricted Net Assets	\$4,134,546	\$4,269,475	\$134,929	3%
Total Net Assets		\$20,545,903	\$31,727,632	\$11,181,729	54%
Total Liabilities and Net Assets		\$66,374,764	\$61,269,930	(\$5,104,834)	-8%

NEW MILFORD HOSPITAL					
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REPORT 150 - HOSPITAL 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>
LINE	DESCRIPTION				
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$204,381,627	\$184,161,328	(\$20,220,299)	-10%
2	Less: Allowances	\$121,534,978	\$110,830,443	(\$10,704,535)	-9%
3	Less: Charity Care	\$1,610,576	\$1,048,931	(\$561,645)	-35%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$81,236,073	\$72,281,954	(\$8,954,119)	-11%
5	Provision for Bad Debts	\$0	\$2,560,334	\$2,560,334	0%
	Net Patient Service Revenue less provision for bad debts	\$81,236,073	\$69,721,620	(\$11,514,453)	-14%
6	Other Operating Revenue	\$1,177,822	\$1,026,861	(\$150,961)	-13%
7	Net Assets Released from Restrictions	\$66,843	\$130,298	\$63,455	95%
	Total Operating Revenue	\$82,480,738	\$70,878,779	(\$11,601,959)	-14%
B. Operating Expenses:					
1	Salaries and Wages	\$33,289,369	\$28,966,264	(\$4,323,105)	-13%
2	Fringe Benefits	\$11,946,105	\$8,632,365	(\$3,313,740)	-28%
3	Physicians Fees	\$7,904,111	\$6,420,799	(\$1,483,312)	-19%
4	Supplies and Drugs	\$10,418,459	\$9,771,389	(\$647,070)	-6%
5	Depreciation and Amortization	\$5,511,455	\$5,443,180	(\$68,275)	-1%
6	Bad Debts	\$3,125,172	\$0	(\$3,125,172)	-100%
7	Interest Expense	\$391,263	\$263,572	(\$127,691)	-33%
8	Malpractice Insurance Cost	\$1,643,424	\$2,065,738	\$422,314	26%
9	Other Operating Expenses	\$14,729,451	\$11,398,992	(\$3,330,459)	-23%
	Total Operating Expenses	\$88,958,809	\$72,962,299	(\$15,996,510)	-18%
	Income/(Loss) From Operations	(\$6,478,071)	(\$2,083,520)	\$4,394,551	-68%
C. Non-Operating Revenue:					
1	Income from Investments	\$27,208	\$0	(\$27,208)	-100%
2	Gifts, Contributions and Donations	(\$5,250)	\$0	\$5,250	-100%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$21,958	\$0	(\$21,958)	-100%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$6,456,113)	(\$2,083,520)	\$4,372,593	-68%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
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<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	(\$6,456,113)	(\$2,083,520)	\$4,372,593	-68%
	Principal Payments	\$415,636	\$1,508,855	\$1,093,219	263%

NEW MILFORD HOSPITAL					
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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	\$30,974,582	\$26,131,519	(\$4,843,063)	-16%	
2 MEDICARE MANAGED CARE	\$3,407,625	\$3,274,711	(\$132,914)	-4%	
3 MEDICAID	\$4,037,639	\$4,213,322	\$175,683	4%	
4 MEDICAID MANAGED CARE	\$380,331	\$0	(\$380,331)	-100%	
5 CHAMPUS/TRICARE	\$108,538	\$40,134	(\$68,404)	-63%	
6 COMMERCIAL INSURANCE	\$1,055,112	\$945,553	(\$109,559)	-10%	
7 NON-GOVERNMENT MANAGED CARE	\$15,236,859	\$11,713,504	(\$3,523,355)	-23%	
8 WORKER'S COMPENSATION	\$982,713	\$759,534	(\$223,179)	-23%	
9 SELF- PAY/UNINSURED	\$853,569	\$622,422	(\$231,147)	-27%	
10 SAGA	\$0	\$0	\$0	0%	
11 OTHER	\$72,562	\$123,882	\$51,320	71%	
TOTAL INPATIENT GROSS REVENUE	\$57,109,530	\$47,824,581	(\$9,284,949)	-16%	
B. OUTPATIENT GROSS REVENUE					
1 MEDICARE TRADITIONAL	\$50,358,991	\$49,775,839	(\$583,152)	-1%	
2 MEDICARE MANAGED CARE	\$5,670,876	\$6,329,206	\$658,330	12%	
3 MEDICAID	\$11,529,718	\$13,357,895	\$1,828,177	16%	
4 MEDICAID MANAGED CARE	\$1,462,195	\$0	(\$1,462,195)	-100%	
5 CHAMPUS/TRICARE	\$284,523	\$221,308	(\$63,215)	-22%	
6 COMMERCIAL INSURANCE	\$5,068,767	\$5,025,832	(\$42,935)	-1%	
7 NON-GOVERNMENT MANAGED CARE	\$67,293,177	\$56,978,993	(\$10,314,184)	-15%	
8 WORKER'S COMPENSATION	\$1,598,751	\$1,571,219	(\$27,532)	-2%	
9 SELF- PAY/UNINSURED	\$3,616,941	\$2,743,452	(\$873,489)	-24%	
10 SAGA	\$0	\$0	\$0	0%	
11 OTHER	\$388,158	\$333,004	(\$55,154)	-14%	
TOTAL OUTPATIENT GROSS REVENUE	\$147,272,097	\$136,336,748	(\$10,935,349)	-7%	
C. TOTAL GROSS REVENUE					
1 MEDICARE TRADITIONAL	\$81,333,573	\$75,907,358	(\$5,426,215)	-7%	
2 MEDICARE MANAGED CARE	\$9,078,501	\$9,603,917	\$525,416	6%	
3 MEDICAID	\$15,567,357	\$17,571,217	\$2,003,860	13%	
4 MEDICAID MANAGED CARE	\$1,842,526	\$0	(\$1,842,526)	-100%	
5 CHAMPUS/TRICARE	\$393,061	\$261,442	(\$131,619)	-33%	
6 COMMERCIAL INSURANCE	\$6,123,879	\$5,971,385	(\$152,494)	-2%	
7 NON-GOVERNMENT MANAGED CARE	\$82,530,036	\$68,692,497	(\$13,837,539)	-17%	
8 WORKER'S COMPENSATION	\$2,581,464	\$2,330,753	(\$250,711)	-10%	
9 SELF- PAY/UNINSURED	\$4,470,510	\$3,365,874	(\$1,104,636)	-25%	
10 SAGA	\$0	\$0	\$0	0%	
11 OTHER	\$460,720	\$456,886	(\$3,834)	-1%	
TOTAL GROSS REVENUE	\$204,381,627	\$184,161,329	(\$20,220,298)	-10%	
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1 MEDICARE TRADITIONAL	\$10,157,385	\$9,895,858	(\$261,527)	-3%	
2 MEDICARE MANAGED CARE	\$1,151,329	\$1,140,317	(\$11,012)	-1%	
3 MEDICAID	\$1,605,041	\$1,425,738	(\$179,303)	-11%	
4 MEDICAID MANAGED CARE	\$144,005	\$0	(\$144,005)	-100%	
5 CHAMPUS/TRICARE	\$35,808	\$37,373	\$1,565	4%	
6 COMMERCIAL INSURANCE	\$382,431	\$420,233	\$37,802	10%	

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$6,978,254	\$5,953,276	(\$1,024,978)	-15%
8	WORKER'S COMPENSATION	\$563,578	\$369,766	(\$193,812)	-34%
9	SELF- PAY/UNINSURED	\$33,482	\$41,073	\$7,591	23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$28,844	\$41,920	\$13,076	45%
	TOTAL INPATIENT NET REVENUE	\$21,080,157	\$19,325,554	(\$1,754,603)	-8%
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$11,744,643	\$10,611,477	(\$1,133,166)	-10%
2	MEDICARE MANAGED CARE	\$1,188,714	\$1,444,852	\$256,138	22%
3	MEDICAID	\$2,921,192	\$3,088,780	\$167,588	6%
4	MEDICAID MANAGED CARE	\$348,660	\$0	(\$348,660)	-100%
5	CHAMPUS/TRICARE	\$65,299	\$49,868	(\$15,431)	-24%
6	COMMERCIAL INSURANCE	\$2,567,324	\$2,653,060	\$85,736	3%
7	NON-GOVERNMENT MANAGED CARE	\$36,470,781	\$31,474,845	(\$4,995,936)	-14%
8	WORKER'S COMPENSATION	\$1,039,260	\$1,033,687	(\$5,573)	-1%
9	SELF- PAY/UNINSURED	\$141,878	\$181,039	\$39,161	28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$98,344	\$77,001	(\$21,343)	-22%
	TOTAL OUTPATIENT NET REVENUE	\$56,586,095	\$50,614,609	(\$5,971,486)	-11%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$21,902,028	\$20,507,335	(\$1,394,693)	-6%
2	MEDICARE MANAGED CARE	\$2,340,043	\$2,585,169	\$245,126	10%
3	MEDICAID	\$4,526,233	\$4,514,518	(\$11,715)	0%
4	MEDICAID MANAGED CARE	\$492,665	\$0	(\$492,665)	-100%
5	CHAMPUS/TRICARE	\$101,107	\$87,241	(\$13,866)	-14%
6	COMMERCIAL INSURANCE	\$2,949,755	\$3,073,293	\$123,538	4%
7	NON-GOVERNMENT MANAGED CARE	\$43,449,035	\$37,428,121	(\$6,020,914)	-14%
8	WORKER'S COMPENSATION	\$1,602,838	\$1,403,453	(\$199,385)	-12%
9	SELF- PAY/UNINSURED	\$175,360	\$222,112	\$46,752	27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$127,188	\$118,921	(\$8,267)	-6%
	TOTAL NET REVENUE	\$77,666,252	\$69,940,163	(\$7,726,089)	-10%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	1,016	958	(58)	-6%
2	MEDICARE MANAGED CARE	102	125	23	23%
3	MEDICAID	236	188	(48)	-20%
4	MEDICAID MANAGED CARE	29	0	(29)	-100%
5	CHAMPUS/TRICARE	9	2	(7)	-78%
6	COMMERCIAL INSURANCE	75	40	(35)	-47%
7	NON-GOVERNMENT MANAGED CARE	737	454	(283)	-38%
8	WORKER'S COMPENSATION	22	13	(9)	-41%
9	SELF- PAY/UNINSURED	54	38	(16)	-30%
10	SAGA	0	0	0	0%
11	OTHER	8	6	(2)	-25%
	TOTAL DISCHARGES	2,288	1,824	(464)	-20%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	4,553	4,069	(484)	-11%
2	MEDICARE MANAGED CARE	432	524	92	21%
3	MEDICAID	811	703	(108)	-13%

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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	78	0	(78)	-100%
5	CHAMPUS/TRICARE	27	3	(24)	-89%
6	COMMERCIAL INSURANCE	247	122	(125)	-51%
7	NON-GOVERNMENT MANAGED CARE	2,173	1,444	(729)	-34%
8	WORKER'S COMPENSATION	40	28	(12)	-30%
9	SELF- PAY/UNINSURED	165	111	(54)	-33%
10	SAGA	0	0	0	0%
11	OTHER	11	13	2	18%
TOTAL PATIENT DAYS		8,537	7,017	(1,520)	-18%
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	21,317	17,995	(3,322)	-16%
2	MEDICARE MANAGED CARE	2,585	2,091	(494)	-19%
3	MEDICAID	8,304	9,291	987	12%
4	MEDICAID MANAGED CARE	1,456	0	(1,456)	-100%
5	CHAMPUS/TRICARE	180	123	(57)	-32%
6	COMMERCIAL INSURANCE	3,592	2,341	(1,251)	-35%
7	NON-GOVERNMENT MANAGED CARE	29,138	23,582	(5,556)	-19%
8	WORKER'S COMPENSATION	721	672	(49)	-7%
9	SELF- PAY/UNINSURED	3,322	1,805	(1,517)	-46%
10	SAGA	0	0	0	0%
11	OTHER	222	238	16	7%
TOTAL OUTPATIENT VISITS		70,837	58,138	(12,699)	-18%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$5,715,450	\$5,596,262	(\$119,188)	-2%
2	MEDICARE MANAGED CARE	\$594,576	\$764,282	\$169,706	29%
3	MEDICAID	\$3,902,537	\$4,743,583	\$841,046	22%
4	MEDICAID MANAGED CARE	\$668,678	\$0	(\$668,678)	-100%
5	CHAMPUS/TRICARE	\$108,606	\$90,541	(\$18,065)	-17%
6	COMMERCIAL INSURANCE	\$1,250,726	\$1,214,745	(\$35,981)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$11,252,820	\$11,133,229	(\$119,591)	-1%
8	WORKER'S COMPENSATION	\$609,681	\$618,950	\$9,269	2%
9	SELF- PAY/UNINSURED	\$1,796,054	\$1,457,821	(\$338,233)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$311,822	\$294,433	(\$17,389)	-6%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE		\$26,210,950	\$25,913,846	(\$297,104)	-1%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$1,213,874	\$1,242,389	\$28,515	2%
2	MEDICARE MANAGED CARE	\$125,307	\$169,982	\$44,675	36%
3	MEDICAID	\$922,665	\$1,032,127	\$109,462	12%
4	MEDICAID MANAGED CARE	\$170,214	\$0	(\$170,214)	-100%
5	CHAMPUS/TRICARE	\$23,955	\$19,896	(\$4,059)	-17%
6	COMMERCIAL INSURANCE	\$702,471	\$694,352	(\$8,119)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$5,814,310	\$5,980,791	\$166,481	3%
8	WORKER'S COMPENSATION	\$401,836	\$377,688	(\$24,148)	-6%
9	SELF- PAY/UNINSURED	\$108,030	\$129,293	\$21,263	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$41,229	\$42,659	\$1,430	3%

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LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$9,523,891	\$9,689,177	\$165,286	2%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	2,942	2,891	(51)	-2%
2	MEDICARE MANAGED CARE	278	382	104	37%
3	MEDICAID	2,880	3,402	522	18%
4	MEDICAID MANAGED CARE	530	0	(530)	-100%
5	CHAMPUS/TRICARE	84	52	(32)	-38%
6	COMMERCIAL INSURANCE	725	773	48	7%
7	NON-GOVERNMENT MANAGED CARE	7,039	6,487	(552)	-8%
8	WORKER'S COMPENSATION	486	480	(6)	-1%
9	SELF- PAY/UNINSURED	1,203	1,015	(188)	-16%
10	SAGA	0	0	0	0%
11	OTHER	199	233	34	17%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	16,366	15,715	(651)	-4%

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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	\$12,057,764	\$10,411,751	(\$1,646,013)	-14%
2	Physician Salaries	\$1,009,436	\$352,875	(\$656,561)	-65%
3	Non-Nursing, Non-Physician Salaries	\$20,222,169	\$18,201,638	(\$2,020,531)	-10%
	Total Salaries & Wages	\$33,289,369	\$28,966,264	(\$4,323,105)	-13%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$4,328,737	\$3,102,852	(\$1,225,885)	-28%
2	Physician Fringe Benefits	\$362,388	\$105,162	(\$257,226)	-71%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,254,980	\$5,424,351	(\$1,830,629)	-25%
	Total Fringe Benefits	\$11,946,105	\$8,632,365	(\$3,313,740)	-28%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$7,904,111	\$6,420,799	(\$1,483,312)	-19%
3	Non-Nursing, Non-Physician Fees	\$60,359	\$82,781	\$22,422	37%
	Total Contractual Labor Fees	\$7,964,470	\$6,503,580	(\$1,460,890)	-18%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$6,044,248	\$5,504,762	(\$539,486)	-9%
2	Pharmaceutical Costs	\$4,374,211	\$4,266,627	(\$107,584)	-2%
	Total Medical Supplies and Pharmaceutical Cost	\$10,418,459	\$9,771,389	(\$647,070)	-6%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,012,327	\$1,904,702	(\$107,625)	-5%
2	Depreciation-Equipment	\$3,153,043	\$3,192,397	\$39,354	1%
3	Amortization	\$346,085	\$346,081	(\$4)	0%
	Total Depreciation and Amortization	\$5,511,455	\$5,443,180	(\$68,275)	-1%
F. Bad Debts:					
1	Bad Debts	\$3,125,172	\$0	(\$3,125,172)	-100%
G. Interest Expense:					
1	Interest Expense	\$391,263	\$263,572	(\$127,691)	-33%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,643,424	\$2,065,738	\$422,314	26%
I. Utilities:					
1	Water	\$143,182	\$107,821	(\$35,361)	-25%
2	Natural Gas	\$162,610	\$196,341	\$33,731	21%
3	Oil	\$16,372	\$58,196	\$41,824	255%
4	Electricity	\$847,424	\$748,381	(\$99,043)	-12%
5	Telephone	\$206,722	\$173,673	(\$33,049)	-16%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$1,376,310	\$1,284,412	(\$91,898)	-7%
J. Business Expenses:					
1	Accounting Fees	\$164,982	\$137,201	(\$27,781)	-17%
2	Legal Fees	\$249,416	\$105,602	(\$143,814)	-58%
3	Consulting Fees	\$223,368	\$130,770	(\$92,598)	-41%

NEW MILFORD 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	\$215,298	\$205,521	(\$9,777)	-5%
5	Equipment Leases	\$309,062	\$664,495	\$355,433	115%
6	Building Leases	\$137,654	\$87,311	(\$50,343)	-37%
7	Repairs and Maintenance	\$1,428,288	\$1,387,877	(\$40,411)	-3%
8	Insurance	\$81,367	\$87,997	\$6,630	8%
9	Travel	\$87,029	\$77,864	(\$9,165)	-11%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$22,041	\$19,631	(\$2,410)	-11%
12	General Supplies	\$1,230,504	\$1,003,226	(\$227,278)	-18%
13	Licenses and Subscriptions	\$48,039	\$29,907	(\$18,132)	-38%
14	Postage and Shipping	\$78,327	\$65,626	(\$12,701)	-16%
15	Advertising	\$1,477	\$756	(\$721)	-49%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$10,519	\$39,318	\$28,799	274%
18	Computer hardware & small equipment	\$52,043	\$18,814	(\$33,229)	-64%
19	Dietary / Food Services	\$972,937	\$1,035,059	\$62,122	6%
20	Lab Fees / Red Cross charges	\$619,047	\$384,408	(\$234,639)	-38%
21	Billing & Collection / Bank Fees	\$271,938	\$299,324	\$27,386	10%
22	Recruiting / Employee Education & Recognition	\$32,871	\$100,652	\$67,781	206%
23	Laundry / Linen	\$203,002	\$161,905	(\$41,097)	-20%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$3,032,062	\$1,585,638	(\$1,446,424)	-48%
27	Purchased Services - Non Medical	\$2,486,175	\$1,857,826	(\$628,349)	-25%
28	Other Business Expenses	\$0	\$0	\$0	0%
Total Business Expenses		\$11,957,446	\$9,486,728	(\$2,470,718)	-21%

K. Other Operating Expense:

1	Miscellaneous Other Operating Expenses	\$1,335,336	\$545,071	(\$790,265)	-59%
Total Operating Expenses - All Expense Categories*		\$88,958,809	\$72,962,299	(\$15,996,510)	-18%

*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	\$24,028,718	\$17,274,808	(\$6,753,910)	-28%
2	General Accounting	\$605,607	\$626,738	\$21,131	3%
3	Patient Billing & Collection	\$852,643	\$1,024,566	\$171,923	20%
4	Admitting / Registration Office	\$983,958	\$1,099,102	\$115,144	12%
5	Data Processing	\$1,197,075	\$1,580,088	\$383,013	32%
6	Communications	\$214,933	\$166,580	(\$48,353)	-22%
7	Personnel	\$426,551	\$541,838	\$115,287	27%
8	Public Relations	\$188,098	\$519,649	\$331,551	176%
9	Purchasing	\$3,708,623	\$3,538,107	(\$170,516)	-5%
10	Dietary and Cafeteria	\$1,439,236	\$1,279,302	(\$159,934)	-11%
11	Housekeeping	\$954,649	\$914,036	(\$40,613)	-4%
12	Laundry & Linen	\$210,979	\$181,673	(\$29,306)	-14%
13	Operation of Plant	\$1,165,598	\$1,169,852	\$4,254	0%
14	Security	\$389,326	\$500,933	\$111,607	29%
15	Repairs and Maintenance	\$1,897,300	\$1,568,348	(\$328,952)	-17%
16	Central Sterile Supply	\$385,697	\$233,574	(\$152,123)	-39%

NEW MILFORD 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>
17	Pharmacy Department	\$5,685,573	\$5,749,835	\$64,262	1%
18	Other General Services	\$1,751,232	\$2,570,896	\$819,664	47%
	Total General Services	\$46,085,796	\$40,539,925	(\$5,545,871)	-12%
	B. Professional Services:				
1	Medical Care Administration	\$1,682,425	\$1,683,454	\$1,029	0%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$510,600	\$645,553	\$134,953	26%
4	Medical Records	\$869,231	\$905,276	\$36,045	4%
5	Social Service	\$29,149	\$18	(\$29,131)	-100%
6	Other Professional Services	\$5,119,533	\$650,349	(\$4,469,184)	-87%
	Total Professional Services	\$8,210,938	\$3,884,650	(\$4,326,288)	-53%
	C. Special Services:				
1	Operating Room	\$2,484,373	\$2,319,666	(\$164,707)	-7%
2	Recovery Room	\$421,517	\$365,023	(\$56,494)	-13%
3	Anesthesiology	\$103,483	\$86,835	(\$16,648)	-16%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,727,944	\$1,532,333	(\$195,611)	-11%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$1,222,270	\$1,155,375	(\$66,895)	-5%
8	Radioisotopes	\$516,724	\$419,062	(\$97,662)	-19%
9	CT Scan	\$566,371	\$554,672	(\$11,699)	-2%
10	Laboratory	\$3,066,594	\$2,000,316	(\$1,066,278)	-35%
11	Blood Storing/Processing	\$316,815	\$331,574	\$14,759	5%
12	Cardiology	\$209,669	\$116,074	(\$93,595)	-45%
13	Electrocardiology	\$434,079	\$534,433	\$100,354	23%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$54,430	\$34,379	(\$20,051)	-37%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$669,925	\$676,310	\$6,385	1%
19	Pulmonary Function	\$237,300	\$302,709	\$65,409	28%
20	Intravenous Therapy	\$192,805	\$177,408	(\$15,397)	-8%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$841,314	\$838,212	(\$3,102)	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$2,279,777	\$2,089,736	(\$190,041)	-8%
25	MRI	\$1,600,821	\$820,734	(\$780,087)	-49%
26	PET Scan	\$158,581	\$9,142	(\$149,439)	-94%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,000,339	\$943,352	(\$56,987)	-6%
29	Sleep Center	\$305,532	\$170,112	(\$135,420)	-44%
30	Lithotripsy	\$98,340	\$72,756	(\$25,584)	-26%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$274,150	\$230,856	(\$43,294)	-16%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,695,894	\$1,197,896	(\$497,998)	-29%
	Total Special Services	\$20,479,047	\$16,978,965	(\$3,500,082)	-17%
	D. Routine Services:				
1	Medical & Surgical Units	\$3,335,232	\$3,089,032	(\$246,200)	-7%
2	Intensive Care Unit	\$1,549,991	\$1,346,054	(\$203,937)	-13%
3	Coronary Care Unit	\$0	\$0	\$0	0%

NEW MILFORD 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	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,557,139	\$1,026,276	(\$530,863)	-34%
7	Newborn Nursery Unit	\$25,559	\$2,503	(\$23,056)	-90%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$714,580	\$743,355	\$28,775	4%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$55,690	\$0	(\$55,690)	-100%
13	Other Routine Services	\$6,944,473	\$5,350,930	(\$1,593,543)	-23%
Total Routine Services		\$14,182,664	\$11,558,150	(\$2,624,514)	-19%
E. Other Departments:					
1	Miscellaneous Other Departments	\$364	\$609	\$245	67%
Total Operating Expenses - All Departments*		\$88,958,809	\$72,962,299	(\$15,996,510)	-18%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>ACTUAL</u>
		<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$90,588,107	\$81,236,073	\$69,721,620
2	Other Operating Revenue	3,236,289	1,244,665	1,157,159
3	Total Operating Revenue	\$93,824,396	\$82,480,738	\$70,878,779
4	Total Operating Expenses	93,915,766	88,958,809	72,962,299
5	Income/(Loss) From Operations	(\$91,370)	(\$6,478,071)	(\$2,083,520)
6	Total Non-Operating Revenue	(2,572)	21,958	0
7	Excess/(Deficiency) of Revenue Over Expenses	(\$93,942)	(\$6,456,113)	(\$2,083,520)
B. Profitability Summary				
1	Hospital Operating Margin	-0.10%	-7.85%	-2.94%
2	Hospital Non Operating Margin	0.00%	0.03%	0.00%
3	Hospital Total Margin	-0.10%	-7.83%	-2.94%
4	Income/(Loss) From Operations	(\$91,370)	(\$6,478,071)	(\$2,083,520)
5	Total Operating Revenue	\$93,824,396	\$82,480,738	\$70,878,779
6	Total Non-Operating Revenue	(\$2,572)	\$21,958	\$0
7	Total Revenue	\$93,821,824	\$82,502,696	\$70,878,779
8	Excess/(Deficiency) of Revenue Over Expenses	(\$93,942)	(\$6,456,113)	(\$2,083,520)
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$26,176,392	\$12,487,373	\$23,332,942
2	Hospital Total Net Assets	\$30,388,996	\$20,545,903	\$31,727,632
3	Hospital Change in Total Net Assets	(\$4,315,608)	(\$9,843,093)	\$11,181,729
4	Hospital Change in Total Net Assets %	87.6%	-32.4%	54.4%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.39	0.43	0.39
2	Total Operating Expenses	\$93,915,766	\$88,958,809	\$72,962,299
3	Total Gross Revenue	\$238,485,896	\$204,381,627	\$184,161,329
4	Total Other Operating Revenue	\$3,223,427	\$1,244,665	\$874,400

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>ACTUAL</u>
<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>		
5	<u>Private Payment to Cost Ratio</u>	1.29	1.22	1.38
6	Total Non-Government Payments	\$55,897,705	\$48,176,988	\$42,126,979
7	Total Uninsured Payments	\$419,722	\$175,360	\$222,112
8	Total Non-Government Charges	\$115,409,470	\$95,705,889	\$80,360,509
9	Total Uninsured Charges	\$4,700,302	\$4,470,510	\$3,365,874
10	<u>Medicare Payment to Cost Ratio</u>	0.65	0.62	0.68
11	Total Medicare Payments	\$25,943,262	\$24,242,071	\$23,092,504
12	Total Medicare Charges	\$102,313,734	\$90,412,074	\$85,511,275
13	<u>Medicaid Payment to Cost Ratio</u>	0.73	0.67	0.65
14	Total Medicaid Payments	\$5,499,834	\$5,018,898	\$4,514,518
15	Total Medicaid Charges	\$19,398,000	\$17,409,883	\$17,571,217
16	<u>Uncompensated Care Cost</u>	\$1,663,212	\$1,863,279	\$1,255,840
17	Charity Care	\$1,734,591	\$1,181,756	\$624,534
18	Bad Debts	\$2,545,989	\$3,125,172	\$2,560,334
19	Total Uncompensated Care	\$4,280,580	\$4,306,928	\$3,184,868
20	<u>Uncompensated Care % of Total Expenses</u>	1.8%	2.1%	1.7%
21	Total Operating Expenses	\$93,915,766	\$88,958,809	\$72,962,299
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$24,834,328	\$14,864,692	\$11,428,830
3	Total Current Liabilities	\$17,539,233	\$14,759,903	\$13,783,340
4	<u>Days Cash on Hand</u>	44	16	12
5	Cash and Cash Equivalents	\$10,710,102	\$3,717,748	\$2,221,385
6	Short Term Investments	0	0	0

NEW MILFORD 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>
7	Total Cash and Short Term Investments	\$10,710,102	\$3,717,748	\$2,221,385
8	Total Operating Expenses	\$93,915,766	\$88,958,809	\$72,962,299
9	Depreciation Expense	\$5,689,580	\$5,511,455	\$5,443,180
10	Operating Expenses less Depreciation Expense	\$88,226,186	\$83,447,354	\$67,519,119
11	<u>Days Revenue in Patient Accounts Receivable</u>	25	28	28
12	Net Patient Accounts Receivable	\$10,457,444	\$8,601,320	\$7,314,799
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,184,788	\$2,461,714	\$1,973,652
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$6,272,656	\$6,139,606	\$5,341,147
16	Total Net Patient Revenue	\$90,588,107	\$81,236,073	\$69,721,620
17	<u>Average Payment Period</u>	73	65	75
18	Total Current Liabilities	\$17,539,233	\$14,759,903	\$13,783,340
19	Total Operating Expenses	\$93,915,766	\$88,958,809	\$72,962,299
20	Depreciation Expense	\$5,689,580	\$5,511,455	\$5,443,180
21	Total Operating Expenses less Depreciation Expense	\$88,226,186	\$83,447,354	\$67,519,119
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	42.8	31.0	51.8
2	Total Net Assets	\$30,388,996	\$20,545,903	\$31,727,632
3	Total Assets	\$70,984,854	\$66,374,764	\$61,269,930
4	<u>Cash Flow to Total Debt Ratio</u>	23.2	(4.8)	20.7
5	Excess/(Deficiency) of Revenues Over Expenses	(\$93,942)	(\$6,456,113)	(\$2,083,520)
6	Depreciation Expense	\$5,689,580	\$5,511,455	\$5,443,180
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,595,638	(\$944,658)	\$3,359,660
8	Total Current Liabilities	\$17,539,233	\$14,759,903	\$13,783,340
9	Total Long Term Debt	\$6,617,868	\$4,829,283	\$2,476,284
10	Total Current Liabilities and Total Long Term Debt	\$24,157,101	\$19,589,186	\$16,259,624

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2011	FY 2012	FY 2013
11	<u>Long Term Debt to Capitalization Ratio</u>	17.9	19.0	7.2
12	Total Long Term Debt	\$6,617,868	\$4,829,283	\$2,476,284
13	Total Net Assets	\$30,388,996	\$20,545,903	\$31,727,632
14	Total Long Term Debt and Total Net Assets	\$37,006,864	\$25,375,186	\$34,203,916
15	<u>Debt Service Coverage Ratio</u>	0.8	(0.7)	2.0
16	Excess Revenues over Expenses	(93,942)	(\$6,456,113)	(\$2,083,520)
17	Interest Expense	482,517	\$391,263	\$263,572
18	Depreciation and Amortization Expense	5,689,580	\$5,511,455	\$5,443,180
19	Principal Payments	7,315,741	\$415,636	\$1,508,855
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	12.6	13.7	11.7
21	Accumulated Depreciation	71,638,392	75,751,426	63,868,519
22	Depreciation and Amortization Expense	5,689,580	5,511,455	5,443,180
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	9,347	8,537	7,017
2	Discharges	2,516	2,288	1,824
3	ALOS	3.7	3.7	3.8
4	Staffed Beds	29	27	22
5	Available Beds	-	95	95
6	Licensed Beds	95	95	85
7	Occupancy of Staffed Beds	88.3%	86.6%	87.4%
8	Occupancy of Available Beds	27.0%	24.6%	20.2%
9	Full Time Equivalent Employees	461.6	420.3	362.2
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	46.4%	44.6%	41.8%
2	Medicare Gross Revenue Payer Mix Percentage	42.9%	44.2%	46.4%

NEW MILFORD 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>
3	Medicaid Gross Revenue Payer Mix Percentage	8.1%	8.5%	9.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.4%	0.2%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.2%	1.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$110,709,168	\$91,235,379	\$76,994,635
9	Medicare Gross Revenue (Charges)	\$102,313,734	\$90,412,074	\$85,511,275
10	Medicaid Gross Revenue (Charges)	\$19,398,000	\$17,409,883	\$17,571,217
11	Other Medical Assistance Gross Revenue (Charges)	\$881,794	\$460,720	\$456,886
12	Uninsured Gross Revenue (Charges)	\$4,700,302	\$4,470,510	\$3,365,874
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$482,898	\$393,061	\$261,442
14	Total Gross Revenue (Charges)	\$238,485,896	\$204,381,627	\$184,161,329
J.	<u>Hospital Net Revenue Payer Mix Percentage</u>			
1	Non-Government Net Revenue Payer Mix Percentage	63.3%	61.8%	59.9%
2	Medicare Net Revenue Payer Mix Percentage	29.6%	31.2%	33.0%
3	Medicaid Net Revenue Payer Mix Percentage	6.3%	6.5%	6.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	0.2%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$55,477,983	\$48,001,628	\$41,904,867
9	Medicare Net Revenue (Payments)	\$25,943,262	\$24,242,071	\$23,092,504
10	Medicaid Net Revenue (Payments)	\$5,499,834	\$5,018,898	\$4,514,518
11	Other Medical Assistance Net Revenue (Payments)	\$255,932	\$127,188	\$118,921
12	Uninsured Net Revenue (Payments)	\$419,722	\$175,360	\$222,112
13	CHAMPUS / TRICARE Net Revenue Payments)	\$111,854	\$101,107	\$87,241
14	Total Net Revenue (Payments)	\$87,708,587	\$77,666,252	\$69,940,163
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	1,068	888	545
2	Medicare	1,199	1,118	1,083
3	Medical Assistance	242	273	194
4	Medicaid	236	265	188
5	Other Medical Assistance	6	8	6
6	CHAMPUS / TRICARE	7	9	2

NEW MILFORD 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>
7	Uninsured (Included In Non-Government)	55	54	38
8	Total	2,516	2,288	1,824
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.12900	1.03840	1.30240
2	Medicare	1.37390	1.33900	1.33120
3	Medical Assistance	0.87917	0.77646	0.99578
4	Medicaid	0.86490	0.77720	0.99210
5	Other Medical Assistance	1.44030	0.75200	1.11100
6	CHAMPUS / TRICARE	1.15860	0.77890	1.16000
7	Uninsured (Included In Non-Government)	0.87700	0.87460	1.01380
8	Total Case Mix Index	1.22176	1.15301	1.28673
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	2,042	2,050	2,135
2	Emergency Room - Treated and Discharged	16,738	16,366	15,715
3	Total Emergency Room Visits	18,780	18,416	17,850

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
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	\$352,540	\$486,703	\$134,163	38%
2	Inpatient Payments	\$119,112	\$169,479	\$50,367	42%
3	Outpatient Charges	\$614,679	\$1,693,895	\$1,079,216	176%
4	Outpatient Payments	\$128,847	\$386,688	\$257,841	200%
5	Discharges	15	20	5	33%
6	Patient Days	48	80	32	67%
7	Outpatient Visits (Excludes ED Visits)	162	376	214	132%
8	Emergency Department Outpatient Visits	41	67	26	63%
9	Emergency Department Inpatient Admissions	13	18	5	38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$967,219	\$2,180,598	\$1,213,379	125%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$247,959	\$556,167	\$308,208	124%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$426,032	\$531,312	\$105,280	25%
2	Inpatient Payments	\$143,943	\$185,013	\$41,070	29%
3	Outpatient Charges	\$1,511,026	\$1,036,106	(\$474,920)	-31%
4	Outpatient Payments	\$316,737	\$236,526	(\$80,211)	-25%
5	Discharges	15	21	6	40%
6	Patient Days	55	81	26	47%
7	Outpatient Visits (Excludes ED Visits)	418	233	(185)	-44%
8	Emergency Department Outpatient Visits	68	61	(7)	-10%
9	Emergency Department Inpatient Admissions	8	18	10	125%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,937,058	\$1,567,418	(\$369,640)	-19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$460,680	\$421,539	(\$39,141)	-8%
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%

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
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	\$44,619	\$141,333	\$96,714	217%
2	Inpatient Payments	\$15,076	\$49,215	\$34,139	226%
3	Outpatient Charges	\$41,615	\$68,085	\$26,470	64%
4	Outpatient Payments	\$8,723	\$15,542	\$6,819	78%
5	Discharges	3	3	0	0%
6	Patient Days	8	62	54	675%
7	Outpatient Visits (Excludes ED Visits)	22	4	(18)	-82%
8	Emergency Department Outpatient Visits	16	23	7	44%
9	Emergency Department Inpatient Admissions	3	3	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$86,234	\$209,418	\$123,184	143%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$23,799	\$64,757	\$40,958	172%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,687	\$0	(\$3,687)	-100%
4	Outpatient Payments	\$773	\$0	(\$773)	-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	3	0	(3)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$3,687	\$0	(\$3,687)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$773	\$0	(\$773)	-100%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$2,150,514	\$1,714,344	(\$436,170)	-20%
2	Inpatient Payments	\$726,591	\$596,967	(\$129,624)	-18%
3	Outpatient Charges	\$2,642,634	\$2,426,419	(\$216,215)	-8%
4	Outpatient Payments	\$553,943	\$553,911	(\$32)	0%
5	Discharges	56	61	5	9%
6	Patient Days	274	246	(28)	-10%
7	Outpatient Visits (Excludes ED Visits)	1,391	791	(600)	-43%
8	Emergency Department Outpatient Visits	100	125	25	25%
9	Emergency Department Inpatient Admissions	44	51	7	16%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$4,793,148	\$4,140,763	(\$652,385)	-14%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,280,534	\$1,150,878	(\$129,656)	-10%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,128	\$320	(\$1,808)	-85%
4	Outpatient Payments	\$446	\$73	(\$373)	-84%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$2,128	\$320	(\$1,808)	-85%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$446	\$73	(\$373)	-84%
I. AETNA					

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
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	\$293,994	\$365,376	\$71,382	24%
2	Inpatient Payments	\$99,331	\$127,231	\$27,900	28%
3	Outpatient Charges	\$785,612	\$1,066,664	\$281,052	36%
4	Outpatient Payments	\$164,678	\$243,502	\$78,824	48%
5	Discharges	11	18	7	64%
6	Patient Days	33	51	18	55%
7	Outpatient Visits (Excludes ED Visits)	298	297	(1)	0%
8	Emergency Department Outpatient Visits	41	97	56	137%
9	Emergency Department Inpatient Admissions	8	15	7	88%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$1,079,606	\$1,432,040	\$352,434	33%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$264,009	\$370,733	\$106,724	40%
J. HUMANA					
1	Inpatient Charges	\$139,926	\$35,643	(\$104,283)	-75%
2	Inpatient Payments	\$47,276	\$12,412	(\$34,864)	-74%
3	Outpatient Charges	\$69,495	\$37,717	(\$31,778)	-46%
4	Outpatient Payments	\$14,567	\$8,610	(\$5,957)	-41%
5	Discharges	2	2	0	0%
6	Patient Days	14	4	(10)	-71%
7	Outpatient Visits (Excludes ED Visits)	15	7	(8)	-53%
8	Emergency Department Outpatient Visits	8	5	(3)	-38%
9	Emergency Department Inpatient Admissions	2	2	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$209,421	\$73,360	(\$136,061)	-65%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$61,843	\$21,022	(\$40,821)	-66%
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%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
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		\$3,407,625	\$3,274,711	(\$132,914)	-4%
TOTAL INPATIENT PAYMENTS		\$1,151,329	\$1,140,317	(\$11,012)	-1%
TOTAL OUTPATIENT CHARGES		\$5,670,876	\$6,329,206	\$658,330	12%
TOTAL OUTPATIENT PAYMENTS		\$1,188,714	\$1,444,852	\$256,138	22%
TOTAL DISCHARGES		102	125	23	23%
TOTAL PATIENT DAYS		432	524	92	21%
TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)		2,307	1,709	(598)	-26%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS		278	382	104	37%
TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS		78	107	29	37%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$9,078,501	\$9,603,917	\$525,416	6%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$2,340,043	\$2,585,169	\$245,126	10%

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
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	\$140,507	\$0	(\$140,507)	-100%
2	Inpatient Payments	\$53,200	\$0	(\$53,200)	-100%
3	Outpatient Charges	\$793,624	\$0	(\$793,624)	-100%
4	Outpatient Payments	\$189,239	\$0	(\$189,239)	-100%
5	Discharges	8	0	(8)	-100%
6	Patient Days	26	0	(26)	-100%
7	Outpatient Visits (Excludes ED Visits)	580	0	(580)	-100%
8	Emergency Department Outpatient Visits	308	0	(308)	-100%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$934,131	\$0	(\$934,131)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$242,439	\$0	(\$242,439)	-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%

NEW MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
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	\$63,035	\$0	(\$63,035)	-100%
2	Inpatient Payments	\$23,867	\$0	(\$23,867)	-100%
3	Outpatient Charges	\$145,871	\$0	(\$145,871)	-100%
4	Outpatient Payments	\$34,783	\$0	(\$34,783)	-100%
5	Discharges	7	0	(7)	-100%
6	Patient Days	16	0	(16)	-100%
7	Outpatient Visits (Excludes ED Visits)	73	0	(73)	-100%
8	Emergency Department Outpatient Visits	57	0	(57)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$208,906	\$0	(\$208,906)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$58,650	\$0	(\$58,650)	-100%
H. AETNA					
1	Inpatient Charges	\$176,789	\$0	(\$176,789)	-100%
2	Inpatient Payments	\$66,938	\$0	(\$66,938)	-100%
3	Outpatient Charges	\$522,700	\$0	(\$522,700)	-100%
4	Outpatient Payments	\$124,638	\$0	(\$124,638)	-100%
5	Discharges	14	0	(14)	-100%
6	Patient Days	36	0	(36)	-100%
7	Outpatient Visits (Excludes ED Visits)	273	0	(273)	-100%
8	Emergency Department Outpatient Visits	165	0	(165)	-100%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$699,489	\$0	(\$699,489)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$191,576	\$0	(\$191,576)	-100%

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
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		\$380,331	\$0	(\$380,331)	-100%
TOTAL INPATIENT PAYMENTS		\$144,005	\$0	(\$144,005)	-100%
TOTAL OUTPATIENT CHARGES		\$1,462,195	\$0	(\$1,462,195)	-100%
TOTAL OUTPATIENT PAYMENTS		\$348,660	\$0	(\$348,660)	-100%
TOTAL DISCHARGES		29	0	(29)	-100%
TOTAL PATIENT DAYS		78	0	(78)	-100%
TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)		926	0	(926)	-100%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS		530	0	(530)	-100%
TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS		7	0	(7)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$1,842,526	\$0	(\$1,842,526)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$492,665	\$0	(\$492,665)	-100%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, 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	\$74,083,960	\$71,777,507	(\$2,306,453)	-3%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$79,495,132	\$76,374,995	(\$3,120,137)	-4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,100,896	\$6,189,827	\$4,088,931	195%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$11,357,589	\$11,258,609	(\$98,980)	-1%
8	Prepaid Expenses	\$17,443,644	\$15,085,296	(\$2,358,348)	-14%
9	Other Current Assets	\$3,008,962	\$13,627,769	\$10,618,807	353%
Total Current Assets		\$187,490,183	\$194,314,003	\$6,823,820	4%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$7,262,631	\$7,593,627	\$330,996	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	\$157,837,082	\$102,677,901	(\$55,159,181)	-35%
Total Noncurrent Assets Whose Use is Limited:		\$165,099,713	\$110,271,528	(\$54,828,185)	-33%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$245,357,292	\$269,214,330	\$23,857,038	10%
7	Other Noncurrent Assets	\$28,601,760	\$49,578,607	\$20,976,847	73%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$663,576,198	\$647,668,638	(\$15,907,560)	-2%
2	Less: Accumulated Depreciation	\$417,555,078	\$408,828,028	(\$8,727,050)	(\$0)
Property, Plant and Equipment, Net		\$246,021,120	\$238,840,610	(\$7,180,510)	-3%
3	Construction in Progress	\$39,399,365	\$110,954,585	\$71,555,220	182%
Total Net Fixed Assets		\$285,420,485	\$349,795,195	\$64,374,710	23%
Total Assets					
Total Assets		\$911,969,433	\$973,173,663	\$61,204,230	7%
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
LINE	DESCRIPTION				
1	Accounts Payable and Accrued Expenses	\$34,549,615	\$41,394,472	\$6,844,857	20%
2	Salaries, Wages and Payroll Taxes	\$33,802,144	\$44,842,213	\$11,040,069	33%
3	Due To Third Party Payers	\$12,492,073	\$10,798,195	(\$1,693,878)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,050,090	\$2,880,000	\$829,910	40%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
Total Current Liabilities		\$82,893,922	\$99,914,880	\$17,020,958	21%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$250,593,765	\$246,700,000	(\$3,893,765)	-2%
Total Long Term Debt		\$250,593,765	\$246,700,000	(\$3,893,765)	-2%
3	Accrued Pension Liability	\$42,317,667	\$46,380,935	\$4,063,268	10%
4	Other Long Term Liabilities	\$192,289,498	\$79,978,708	(\$112,310,790)	-58%
Total Long Term Liabilities		\$485,200,930	\$373,059,643	(\$112,141,287)	-23%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$277,089,185	\$404,480,146	\$127,390,961	46%
2	Temporarily Restricted Net Assets	\$33,826,104	\$62,336,151	\$28,510,047	84%
3	Permanently Restricted Net Assets	\$32,959,292	\$33,382,843	\$423,551	1%
Total Net Assets		\$343,874,581	\$500,199,140	\$156,324,559	45%
Total Liabilities and Net Assets		\$911,969,433	\$973,173,663	\$61,204,230	7%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, 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	\$1,649,794,278	\$1,675,013,713	\$25,219,435	2%
2	Less: Allowances	\$895,739,602	\$943,746,574	\$48,006,972	5%
3	Less: Charity Care	\$17,133,307	\$15,612,154	(\$1,521,153)	-9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$736,921,369	\$715,654,985	(\$21,266,384)	-3%
5	Provision for Bad Debts	\$0	\$22,024,123	\$22,024,123	0%
	Net Patient Service Revenue less provision for bad debts	\$736,921,369	\$693,630,862	(\$43,290,507)	-6%
6	Other Operating Revenue	\$26,582,697	\$13,364,145	(\$13,218,552)	-50%
7	Net Assets Released from Restrictions	\$3,324,588	\$5,514,055	\$2,189,467	66%
	Total Operating Revenue	\$766,828,654	\$712,509,062	(\$54,319,592)	-7%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$351,374,481	\$347,618,831	(\$3,755,650)	-1%
2	Fringe Benefits	\$105,429,884	\$81,025,978	(\$24,403,906)	-23%
3	Physicians Fees	\$6,170,979	\$6,963,831	\$792,852	13%
4	Supplies and Drugs	\$192,464,356	\$183,503,640	(\$8,960,716)	-5%
5	Depreciation and Amortization	\$39,029,252	\$37,300,840	(\$1,728,412)	-4%
6	Bad Debts	\$24,771,952	\$0	(\$24,771,952)	-100%
7	Interest Expense	\$4,322,562	\$4,067,031	(\$255,531)	-6%
8	Malpractice Insurance Cost	\$11,680,311	\$15,709,626	\$4,029,315	34%
9	Other Operating Expenses	\$13,721,517	\$13,082,673	(\$638,844)	-5%
	Total Operating Expenses	\$748,965,294	\$689,272,450	(\$59,692,844)	-8%
	Income/(Loss) From Operations	\$17,863,360	\$23,236,612	\$5,373,252	30%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$2,445,895	\$7,054,057	\$4,608,162	188%
2	Gifts, Contributions and Donations	\$1,936,206	\$653,873	(\$1,282,333)	-66%
3	Other Non-Operating Gains/(Losses)	\$20,266,992	\$2,778,053	(\$17,488,939)	-86%
	Total Non-Operating Revenue	\$24,649,093	\$10,485,983	(\$14,163,110)	-57%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$42,512,453	\$33,722,595	(\$8,789,858)	-21%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, INC.)**TWELVE MONTHS ACTUAL FILING****FISCAL YEAR 2013****REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION**

(1)	(2)	(3) <u>FY 2012</u> <u>ACTUAL</u>	(4) <u>FY 2013</u> <u>ACTUAL</u>	(5) <u>AMOUNT</u> <u>DIFFERENCE</u>	(6) <u>%</u> <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	\$42,512,453	\$33,722,595	(\$8,789,858)	-21%

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, 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	\$720,525,178	\$736,921,369	\$693,630,862
2	Other Operating Revenue	17,176,189	29,907,285	18,878,200
3	Total Operating Revenue	\$737,701,367	\$766,828,654	\$712,509,062
4	Total Operating Expenses	746,101,320	748,965,294	689,272,450
5	Income/(Loss) From Operations	(\$8,399,953)	\$17,863,360	\$23,236,612
6	Total Non-Operating Revenue	5,592,784	24,649,093	10,485,983
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,807,169)	\$42,512,453	\$33,722,595
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-1.13%	2.26%	3.21%
2	Parent Corporation Non-Operating Margin	0.75%	3.11%	1.45%
3	Parent Corporation Total Margin	-0.38%	5.37%	4.66%
4	Income/(Loss) From Operations	(\$8,399,953)	\$17,863,360	\$23,236,612
5	Total Operating Revenue	\$737,701,367	\$766,828,654	\$712,509,062
6	Total Non-Operating Revenue	5,592,784	\$24,649,093	\$10,485,983
7	Total Revenue	\$743,294,151	\$791,477,747	\$722,995,045
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,807,169)	\$42,512,453	\$33,722,595
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$286,369,831	\$277,089,185	\$404,480,146
2	Parent Corporation Total Net Assets	\$348,404,442	\$343,874,581	\$500,199,140
3	Parent Corporation Change in Total Net Assets	\$36,691,174	(\$4,529,861)	\$156,324,559
4	Parent Corporation Change in Total Net Assets %	111.8%	-1.3%	45.5%
D. Liquidity Measures Summary				
1	Current Ratio	1.88	2.26	1.94
2	Total Current Assets	\$164,310,318	\$187,490,183	\$194,314,003
3	Total Current Liabilities	\$87,580,839	\$82,893,922	\$99,914,880

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, 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>	29	38	40
5	Cash and Cash Equivalents	\$56,787,869	\$74,083,960	\$71,777,507
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$56,787,869	\$74,083,960	\$71,777,507
8	Total Operating Expenses	\$746,101,320	\$748,965,294	\$689,272,450
9	Depreciation Expense	\$36,236,656	\$39,029,252	\$37,300,840
10	Operating Expenses less Depreciation Expense	\$709,864,664	\$709,936,042	\$651,971,610
11	<u>Days Revenue in Patient Accounts Receivable</u>	30	33	35
12	Net Patient Accounts Receivable	\$ 74,395,713	\$ 79,495,132	\$ 76,374,995
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$15,337,343	\$12,492,073	\$10,798,195
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 59,058,370	\$ 67,003,059	\$ 65,576,800
16	Total Net Patient Revenue	\$720,525,178	\$736,921,369	\$693,630,862
17	<u>Average Payment Period</u>	45	43	56
18	Total Current Liabilities	\$87,580,839	\$82,893,922	\$99,914,880
19	Total Operating Expenses	\$746,101,320	\$748,965,294	\$689,272,450
20	Depreciation Expense	\$36,236,656	\$39,029,252	\$37,300,840
20	Total Operating Expenses less Depreciation Expense	\$709,864,664	\$709,936,042	\$651,971,610
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	40.7	37.7	51.4
2	Total Net Assets	\$348,404,442	\$343,874,581	\$500,199,140
3	Total Assets	\$856,259,145	\$911,969,433	\$973,173,663
4	<u>Cash Flow to Total Debt Ratio</u>	9.8	24.5	20.5
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,807,169)	\$42,512,453	\$33,722,595

WESTERN CONNECTICUT HEALTH NETWORK INC.(FORMERLY WESTERN CONNECTICUT HEALTHCARE, 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	\$36,236,656	\$39,029,252	\$37,300,840
7	Excess of Revenues Over Expenses and Depreciation Expense	\$33,429,487	\$81,541,705	\$71,023,435
8	Total Current Liabilities	\$87,580,839	\$82,893,922	\$99,914,880
9	Total Long Term Debt	\$253,514,718	\$250,593,765	\$246,700,000
10	Total Current Liabilities and Total Long Term Debt	\$341,095,557	\$333,487,687	\$346,614,880
11	<u>Long Term Debt to Capitalization Ratio</u>	42.1	42.2	33.0
12	Total Long Term Debt	\$253,514,718	\$250,593,765	\$246,700,000
13	Total Net Assets	\$348,404,442	\$343,874,581	\$500,199,140
14	Total Long Term Debt and Total Net Assets	\$601,919,160	\$594,468,346	\$746,899,140

NEW MILFORD 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	5,867	1,711	1,720	17	69	94.6%	23.3%
2	ICU/CCU (Excludes Neonatal ICU)	868	146	0	3	8	79.3%	29.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	149	58	56	1	8	40.8%	5.1%
7	Newborn	133	55	53	1	10	36.4%	3.6%
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	6,884	1,769	1,776	21	85	89.8%	22.2%
	TOTAL INPATIENT BED UTILIZATION	7,017	1,824	1,829	22	95	87.4%	20.2%
	TOTAL INPATIENT REPORTED YEAR	7,017	1,824	1,829	22	95	87.4%	20.2%
	TOTAL INPATIENT PRIOR YEAR	8,537	2,288	2,287	27	95	86.6%	24.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,520	-464	-458	-5	0	0.8%	-4.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-18%	-20%	-20%	-19%	0%	1%	-18%
	Total Licensed Beds and Bassinets	85						
(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.								

NEW MILFORD 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	766	710	-56	-7%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,824	2,528	-296	-10%
3	Emergency Department Scans	1,729	1,586	-143	-8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	5,319	4,824	-495	-9%
B. MRI Scans (A)					
1	Inpatient Scans	114	117	3	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,778	2,720	-58	-2%
3	Emergency Department Scans	24	15	-9	-38%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,916	2,852	-64	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	122	7	-115	-94%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	122	7	-115	-94%
(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	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%

NEW MILFORD 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	621	519	-102	-16%
2	Outpatient Surgical Procedures	2,116	1,905	-211	-10%
	Total Surgical Procedures	2,737	2,424	-313	-11%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	89	83	-6	-7%
2	Outpatient Endoscopy Procedures	2,110	1,963	-147	-7%
	Total Endoscopy Procedures	2,199	2,046	-153	-7%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,050	2,135	85	4%
2	Emergency Room Visits: Treated and Discharged	16,366	15,715	-651	-4%
	Total Emergency Room Visits	18,416	17,850	-566	-3%
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	6,875	8,616	1,741	25%
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	6,875	8,616	1,741	25%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	465	164	-301	-65%
2	Cardiac Rehabilitation	914	1,199	285	31%
3	Chemotherapy	1,048	1,052	4	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	45,169	29,445	-15,724	-35%
	Total Other Hospital Outpatient Visits	47,596	31,860	-15,736	-33%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	129.1	109.4	-19.7	-15%
2	Total Physician FTEs	3.8	2.4	-1.4	-37%
3	Total Non-Nursing and Non-Physician FTEs	287.4	250.4	-37.0	-13%
	Total Hospital Full Time Equivalent Employees	420.3	362.2	-58.1	-14%

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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	ACTUAL	AMOUNT	%
		<u>FY 2012</u>	<u>FY 2013</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Outpatient Surgical Procedures					
1	The New Milford Hospital Inc	2,116	1,905	-211	-10%
	Total Outpatient Surgical Procedures(A)	2,116	1,905	-211	-10%
B. Outpatient Endoscopy Procedures					
1	The New Milford Hospital Inc	2,110	1,963	-147	-7%
	Total Outpatient Endoscopy Procedures(B)	2,110	1,963	-147	-7%
C. Outpatient Hospital Emergency Room Visits					
1	The New Milford Hospital Inc	16,366	15,715	-651	-4%
	Total Outpatient Hospital Emergency Room Visits(C)	16,366	15,715	-651	-4%
(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	\$34,382,207	\$29,406,230	(\$4,975,977)	-14%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,308,714	\$11,036,175	(\$272,539)	-2%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.89%	37.53%	4.64%	14%	
4	DISCHARGES	1,118	1,083	(35)	-3%	
5	CASE MIX INDEX (CMI)	1.33900	1.33120	(0.00780)	-1%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,497.00200	1,441.68960	(55.31240)	-4%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,554.24	\$7,655.03	\$100.79	1%	
8	PATIENT DAYS	4,985	4,593	(392)	-8%	
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,268.55	\$2,402.82	\$134.28	6%	
10	AVERAGE LENGTH OF STAY	4.5	4.2	(0.2)	-5%	
MEDICARE OUTPATIENT						
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$56,029,867	\$56,105,045	\$75,178	0%	
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,933,357	\$12,056,329	(\$877,028)	-7%	
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.08%	21.49%	-1.59%	-7%	
14	OUTPATIENT CHARGES / INPATIENT CHARGES	162.96%	190.79%	27.83%	17%	
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,821.91304	2,066.28880	244.37576	13%	
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,098.78	\$5,834.77	(\$1,264.00)	-18%	
MEDICARE TOTALS (INPATIENT + OUTPATIENT)						
17	TOTAL ACCRUED CHARGES	\$90,412,074	\$85,511,275	(\$4,900,799)	-5%	
18	TOTAL ACCRUED PAYMENTS	\$24,242,071	\$23,092,504	(\$1,149,567)	-5%	
19	TOTAL ALLOWANCES	\$66,170,003	\$62,418,771	(\$3,751,232)	-6%	
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)						
NON-GOVERNMENT INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$18,128,253	\$14,041,013	(\$4,087,240)	-23%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,957,745	\$6,784,348	(\$1,173,397)	-15%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.90%	48.32%	4.42%	10%	
4	DISCHARGES	888	545	(343)	-39%	
5	CASE MIX INDEX (CMI)	1.03840	1.30240	0.26400	25%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	922.09920	709.80800	(212.29120)	-23%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,630.03	\$9,558.00	\$927.97	11%	
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,075.79)	(\$1,902.98)	(\$827.19)	77%	
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$991,985)	(\$1,350,748)	(\$358,762)	36%	
10	PATIENT DAYS	2,625	1,705	(920)	-35%	
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,031.52	\$3,979.09	\$947.57	31%	
12	AVERAGE LENGTH OF STAY	3.0	3.1	0.2	6%	
NON-GOVERNMENT OUTPATIENT						
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$77,577,636	\$66,319,496	(\$11,258,140)	-15%	
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$40,219,243	\$35,342,631	(\$4,876,612)	-12%	
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.84%	53.29%	1.45%	3%	

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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	427.94%	472.33%	44.39%	10%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,800.08712	2,574.18217	(1,225.90495)	-32%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,583.77	\$13,729.65	\$3,145.89	30%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,484.99)	(\$7,894.88)	(\$4,409.89)	127%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,243,266)	(\$20,322,859)	(\$7,079,592)	53%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$95,705,889	\$80,360,509	(\$15,345,380)	-16%
22	TOTAL ACCRUED PAYMENTS	\$48,176,988	\$42,126,979	(\$6,050,009)	-13%
23	TOTAL ALLOWANCES	\$47,528,901	\$38,233,530	(\$9,295,371)	-20%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$14,235,252)	(\$21,673,606)	(\$7,438,354)	52%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$91,235,379	\$76,994,635	(\$14,240,744)	-16%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$48,013,405	\$41,945,973	(\$6,067,432)	-13%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,221,974	\$35,048,662	(\$8,173,312)	-19%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.37%	45.52%	-1.85%	
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$853,569	\$622,422	(\$231,147)	-27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,482	\$41,073	\$7,591	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	3.92%	6.60%	2.68%	68%
4	DISCHARGES	54	38	(16)	-30%
5	CASE MIX INDEX (CMI)	0.87460	1.01380	0.13920	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	47.22840	38.52440	(8.70400)	-18%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$708.94	\$1,066.16	\$357.22	50%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,921.09	\$8,491.85	\$570.76	7%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,845.30	\$6,588.87	(\$256.43)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$323,293	\$253,832	(\$69,460)	-21%
11	PATIENT DAYS	165	111	(54)	-33%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$202.92	\$370.03	\$167.11	82%
13	AVERAGE LENGTH OF STAY	3.1	2.9	(0.1)	-4%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,616,941	\$2,743,452	(\$873,489)	-24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$141,878	\$181,039	\$39,161	28%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.92%	6.60%	2.68%	68%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	423.74%	440.77%	17.03%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	228.82135	167.49276	(61.32860)	-27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$620.04	\$1,080.88	\$460.84	74%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,963.73	\$12,648.78	\$2,685.05	27%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,478.74	\$4,753.90	(\$1,724.84)	-27%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,482,474	\$796,243	(\$686,231)	-46%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,470,510	\$3,365,874	(\$1,104,636)	-25%

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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	\$175,360	\$222,112	\$46,752	27%
25	TOTAL ALLOWANCES	\$4,295,150	\$3,143,762	(\$1,151,388)	-27%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,805,767	\$1,050,076	(\$755,691)	-42%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,417,970	\$4,213,322	(\$204,648)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,749,046	\$1,425,738	(\$323,308)	-18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.59%	33.84%	-5.75%	-15%
4	DISCHARGES	265	188	(77)	-29%
5	CASE MIX INDEX (CMI)	0.77720	0.99210	0.21490	28%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	205.95800	186.51480	(19.44320)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,492.25	\$7,644.10	(\$848.14)	-10%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$137.79	\$1,913.90	\$1,776.12	1289%
9	MEDICARE - MEDICAID IP PMT / CMAD	(\$938.00)	\$10.93	\$948.93	-101%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$193,190)	\$2,038	\$195,228	-101%
11	PATIENT DAYS	889	703	(186)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,967.43	\$2,028.08	\$60.65	3%
13	AVERAGE LENGTH OF STAY	3.4	3.7	0.4	11%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,991,913	\$13,357,895	\$365,982	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,269,852	\$3,088,780	(\$181,072)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.17%	23.12%	-2.05%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	294.07%	317.04%	22.97%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	779.28482	596.03426	(183.25056)	-24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,195.97	\$5,182.22	\$986.25	24%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,387.80	\$8,547.44	\$2,159.63	34%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,902.81	\$652.56	(\$2,250.26)	-78%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,262,118	\$388,945	(\$1,873,173)	-83%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$17,409,883	\$17,571,217	\$161,334	1%
24	TOTAL ACCRUED PAYMENTS	\$5,018,898	\$4,514,518	(\$504,380)	-10%
25	TOTAL ALLOWANCES	\$12,390,985	\$13,056,699	\$665,714	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,068,929	\$390,984	(\$1,677,945)	-81%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$72,562	\$123,882	\$51,320	71%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$28,844	\$41,920	\$13,076	45%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.75%	33.84%	-5.91%	-15%
4	DISCHARGES	8	6	(2)	-25%
5	CASE MIX INDEX (CMI)	0.75200	1.11100	0.35900	48%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6.01600	6.66600	0.65000	11%

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LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,794.55	\$6,288.63	\$1,494.08	31%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$3,835.48	\$3,269.38	(\$566.11)	-15%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,759.69	\$1,366.40	(\$1,393.29)	-50%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,602	\$9,108	(\$7,494)	-45%
11	PATIENT DAYS	11	13	2	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,622.18	\$3,224.62	\$602.43	23%
13	AVERAGE LENGTH OF STAY	1.4	2.2	0.8	58%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$388,158	\$333,004	(\$55,154)	-14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$98,344	\$77,001	(\$21,343)	-22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.34%	23.12%	-2.21%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	534.93%	268.81%	-266.13%	-50%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	42,79463	16.12844	(26.66619)	-62%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,298.05	\$4,774.24	\$2,476.19	108%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$8,285.72	\$8,955.42	\$669.69	8%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,800.73	\$1,060.54	(\$3,740.19)	-78%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$205,446	\$17,105	(\$188,341)	-92%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$460,720	\$456,886	(\$3,834)	-1%
24	TOTAL ACCRUED PAYMENTS	\$127,188	\$118,921	(\$8,267)	-6%
25	TOTAL ALLOWANCES	\$333,532	\$337,965	\$4,433	1%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$222,048	\$26,213	(\$195,835)	-88%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,490,532	\$4,337,204	(\$153,328)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,777,890	\$1,467,658	(\$310,232)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.59%	33.84%	-5.75%	-15%
4	DISCHARGES	273	194	(79)	-29%
5	CASE MIX INDEX (CMI)	0.77646	0.99578	0.21932	28%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	211.97400	193.18080	(18.79320)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,387.30	\$7,597.33	(\$789.97)	-9%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$242.73	\$1,960.68	\$1,717.95	708%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$833.06)	\$57.70	\$890.76	-107%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$176,587)	\$11,147	\$187,734	-106%
11	PATIENT DAYS	900	716	(184)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,975.43	\$2,049.80	\$74.37	4%
13	AVERAGE LENGTH OF STAY	3.3	3.7	0.4	12%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,380,071	\$13,690,899	\$310,828	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,368,196	\$3,165,781	(\$202,415)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.17%	23.12%	-2.05%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	297.96%	315.66%	17.70%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	822.07945	612.16270	(209.91674)	-26%

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LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,097.17	\$5,171.47	\$1,074.30	26%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,486.60	\$8,558.18	\$2,071.58	32%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,001.61	\$663.30	(\$2,338.31)	-78%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,467,564	\$406,050	(\$2,061,514)	-84%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$17,870,603	\$18,028,103	\$157,500	1%
24	TOTAL ACCRUED PAYMENTS	\$5,146,086	\$4,633,439	(\$512,647)	-10%
25	TOTAL ALLOWANCES	\$12,724,517	\$13,394,664	\$670,147	5%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$108,538	\$40,134	(\$68,404)	-63%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$35,808	\$37,373	\$1,565	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.99%	93.12%	60.13%	182%
4	DISCHARGES	9	2	(7)	-78%
5	CASE MIX INDEX (CMI)	0.77890	1.16000	0.38110	49%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7.01010	2.32000	(4.69010)	-67%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,108.06	\$16,109.05	\$11,000.99	215%
8	PATIENT DAYS	27	3	(24)	-89%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,326.22	\$12,457.67	\$11,131.44	839%
10	AVERAGE LENGTH OF STAY	3.0	1.5	(1.5)	-50%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$284,523	\$221,308	(\$63,215)	-22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$65,299	\$49,868	(\$15,431)	-24%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$393,061	\$261,442	(\$131,619)	-33%
14	TOTAL ACCRUED PAYMENTS	\$101,107	\$87,241	(\$13,866)	-14%
15	TOTAL ALLOWANCES	\$291,954	\$174,201	(\$117,753)	-40%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$1,244,665	\$874,400	(\$370,265)	-30%
2	TOTAL OPERATING EXPENSES	\$88,958,809	\$72,962,299	(\$15,996,510)	-18%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,181,756	\$624,534	(\$557,222)	-47%
5	BAD DEBTS (CHARGES)	\$3,125,172	\$2,560,334	(\$564,838)	-18%
6	UNCOMPENSATED CARE (CHARGES)	\$4,306,928	\$3,184,868	(\$1,122,060)	-26%
7	COST OF UNCOMPENSATED CARE	\$1,603,253	\$1,179,264	(\$423,989)	-26%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$17,870,603	\$18,028,103	\$157,500	1%
9	TOTAL ACCRUED PAYMENTS	\$5,146,086	\$4,633,439	(\$512,647)	-10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$6,652,328	\$6,675,283	\$22,954	0%

NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
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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	\$1,506,242	\$2,041,844	\$535,601	36%
II.	<u>AGGREGATE DATA</u>				
A.	<u>TOTALS - ALL PAYERS</u>				
1	TOTAL INPATIENT CHARGES	\$57,109,530	\$47,824,581	(\$9,284,949)	-16%
2	TOTAL INPATIENT PAYMENTS	\$21,080,157	\$19,325,554	(\$1,754,603)	-8%
3	TOTAL INPATIENT PAYMENTS / CHARGES	36.91%	40.41%	3.50%	9%
4	TOTAL DISCHARGES	2,288	1,824	(464)	-20%
5	TOTAL CASE MIX INDEX	1.15301	1.28673	0.13372	12%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	2,638.08530	2,346.99840	(291.08690)	-11%
7	TOTAL OUTPATIENT CHARGES	\$147,272,097	\$136,336,748	(\$10,935,349)	-7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	257.88%	285.08%	27.20%	11%
9	TOTAL OUTPATIENT PAYMENTS	\$56,586,095	\$50,614,609	(\$5,971,486)	-11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.42%	37.12%	-1.30%	-3%
11	TOTAL CHARGES	\$204,381,627	\$184,161,329	(\$20,220,298)	-10%
12	TOTAL PAYMENTS	\$77,666,252	\$69,940,163	(\$7,726,089)	-10%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.00%	37.98%	-0.02%	0%
14	PATIENT DAYS	8,537	7,017	(1,520)	-18%
B.	<u>TOTALS - ALL GOVERNMENT PAYERS</u>				
1	INPATIENT CHARGES	\$38,981,277	\$33,783,568	(\$5,197,709)	-13%
2	INPATIENT PAYMENTS	\$13,122,412	\$12,541,206	(\$581,206)	-4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	33.66%	37.12%	3.46%	10%
4	DISCHARGES	1,400	1,279	(121)	-9%
5	CASE MIX INDEX	1.22570	1.28006	0.05435	4%
6	CASE MIX ADJUSTED DISCHARGES	1,715.98610	1,637.19040	(78.79570)	-5%
7	OUTPATIENT CHARGES	\$69,694,461	\$70,017,252	\$322,791	0%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	178.79%	207.25%	28.46%	16%
9	OUTPATIENT PAYMENTS	\$16,366,852	\$15,271,978	(\$1,094,874)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.48%	21.81%	-1.67%	-7%
11	TOTAL CHARGES	\$108,675,738	\$103,800,820	(\$4,874,918)	-4%
12	TOTAL PAYMENTS	\$29,489,264	\$27,813,184	(\$1,676,080)	-6%
13	TOTAL PAYMENTS / CHARGES	27.14%	26.79%	-0.34%	-1%
14	PATIENT DAYS	5,912	5,312	(600)	-10%
15	TOTAL GOVERNMENT DEDUCTIONS	\$79,186,474	\$75,987,636	(\$3,198,838)	-4%
C.	<u>AVERAGE LENGTH OF STAY</u>				
1	MEDICARE	4.5	4.2	(0.2)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.1	0.2	6%
3	UNINSURED	3.1	2.9	(0.1)	-4%
4	MEDICAID	3.4	3.7	0.4	11%
5	OTHER MEDICAL ASSISTANCE	1.4	2.2	0.8	58%
6	CHAMPUS / TRICARE	3.0	1.5	(1.5)	-50%
7	TOTAL AVERAGE LENGTH OF STAY	3.7	3.8	0.1	3%
III.	<u>DATA USED IN BASELINE UNDERPAYMENT CALCULATION</u>				
1	TOTAL CHARGES	\$204,381,627	\$184,161,329	(\$20,220,298)	-10%
2	TOTAL GOVERNMENT DEDUCTIONS	\$79,186,474	\$75,987,636	(\$3,198,838)	-4%

NEW MILFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
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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
3	UNCOMPENSATED CARE	\$4,306,928	\$3,184,868	(\$1,122,060)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,221,974	\$35,048,662	(\$8,173,312)	-19%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,585,231	\$1,750,572	\$165,341	10%
6	TOTAL ADJUSTMENTS	\$128,300,607	\$115,971,738	(\$12,328,869)	-10%
7	TOTAL ACCRUED PAYMENTS	\$76,081,020	\$68,189,591	(\$7,891,429)	-10%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$76,081,020	\$68,189,591	(\$7,891,429)	-10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3722498011	0.3702709541	(0.0019788470)	-1%
11	COST OF UNCOMPENSATED CARE	\$1,603,253	\$1,179,264	(\$423,989)	-26%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$1,506,242	\$2,041,844	\$535,601	36%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,109,496	\$3,221,108	\$111,613	4%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,262,118	\$388,945	(\$1,873,173)	-83%
2	OTHER MEDICAL ASSISTANCE	\$222,048	\$26,213	(\$195,835)	-88%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,805,767	\$1,050,076	(\$755,691)	-42%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,289,933	\$1,465,235	(\$2,824,698)	-66%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,704,607	\$2,876,575	\$171,968	6.36%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,569,821	(\$218,542)	(\$3,788,363)	-106.12%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$81,236,073	\$69,721,620	(\$11,514,453)	-14.17%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$204,381,627	\$184,161,328	(\$20,220,299)	-9.89%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$428,820	\$424,398	(\$4,422)	-1.03%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,735,748	\$3,609,267	(\$1,126,481)	-23.79%

NEW MILFORD HOSPITAL
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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
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,128,253	\$14,041,013	(\$4,087,240)
2	MEDICARE	\$34,382,207	29,406,230	(\$4,975,977)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,490,532	4,337,204	(\$153,328)
4	MEDICAID	\$4,417,970	4,213,322	(\$204,648)
5	OTHER MEDICAL ASSISTANCE	\$72,562	123,882	\$51,320
6	CHAMPUS / TRICARE	\$108,538	40,134	(\$68,404)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$853,569	622,422	(\$231,147)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$38,981,277	\$33,783,568	(\$5,197,709)
	TOTAL INPATIENT CHARGES	\$57,109,530	\$47,824,581	(\$9,284,949)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,577,636	\$66,319,496	(\$11,258,140)
2	MEDICARE	\$56,029,867	56,105,045	\$75,178
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,380,071	13,690,899	\$310,828
4	MEDICAID	\$12,991,913	13,357,895	\$365,982
5	OTHER MEDICAL ASSISTANCE	\$388,158	333,004	(\$55,154)
6	CHAMPUS / TRICARE	\$284,523	221,308	(\$63,215)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,616,941	2,743,452	(\$873,489)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$69,694,461	\$70,017,252	\$322,791
	TOTAL OUTPATIENT CHARGES	\$147,272,097	\$136,336,748	(\$10,935,349)
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,705,889	\$80,360,509	(\$15,345,380)
2	TOTAL MEDICARE	\$90,412,074	\$85,511,275	(\$4,900,799)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,870,603	\$18,028,103	\$157,500
4	TOTAL MEDICAID	\$17,409,883	\$17,571,217	\$161,334
5	TOTAL OTHER MEDICAL ASSISTANCE	\$460,720	\$456,886	(\$3,834)
6	TOTAL CHAMPUS / TRICARE	\$393,061	\$261,442	(\$131,619)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,470,510	\$3,365,874	(\$1,104,636)
	TOTAL GOVERNMENT CHARGES	\$108,675,738	\$103,800,820	(\$4,874,918)
	TOTAL CHARGES	\$204,381,627	\$184,161,329	(\$20,220,298)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,957,745	\$6,784,348	(\$1,173,397)
2	MEDICARE	\$11,308,714	11,036,175	(\$272,539)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,777,890	1,467,658	(\$310,232)
4	MEDICAID	\$1,749,046	1,425,738	(\$323,308)
5	OTHER MEDICAL ASSISTANCE	\$28,844	41,920	\$13,076
6	CHAMPUS / TRICARE	\$35,808	37,373	\$1,565
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,482	41,073	\$7,591
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$13,122,412	\$12,541,206	(\$581,206)
	TOTAL INPATIENT PAYMENTS	\$21,080,157	\$19,325,554	(\$1,754,603)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$40,219,243	\$35,342,631	(\$4,876,612)
2	MEDICARE	\$12,933,357	12,056,329	(\$877,028)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,368,196	3,165,781	(\$202,415)
4	MEDICAID	\$3,269,852	3,088,780	(\$181,072)
5	OTHER MEDICAL ASSISTANCE	\$98,344	77,001	(\$21,343)
6	CHAMPUS / TRICARE	\$65,299	49,868	(\$15,431)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$141,878	181,039	\$39,161
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$16,366,852	\$15,271,978	(\$1,094,874)
	TOTAL OUTPATIENT PAYMENTS	\$56,586,095	\$50,614,609	(\$5,971,486)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,176,988	\$42,126,979	(\$6,050,009)
2	TOTAL MEDICARE	\$24,242,071	\$23,092,504	(\$1,149,567)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,146,086	\$4,633,439	(\$512,647)
4	TOTAL MEDICAID	\$5,018,898	\$4,514,518	(\$504,380)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$127,188	\$118,921	(\$8,267)
6	TOTAL CHAMPUS / TRICARE	\$101,107	\$87,241	(\$13,866)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$175,360	\$222,112	\$46,752
	TOTAL GOVERNMENT PAYMENTS	\$29,489,264	\$27,813,184	(\$1,676,080)
	TOTAL PAYMENTS	\$77,666,252	\$69,940,163	(\$7,726,089)

NEW MILFORD 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
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.87%	7.62%	-1.25%
2	MEDICARE	16.82%	15.97%	-0.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.20%	2.36%	0.16%
4	MEDICAID	2.16%	2.29%	0.13%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.07%	0.03%
6	CHAMPUS / TRICARE	0.05%	0.02%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.42%	0.34%	-0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	19.07%	18.34%	-0.73%
	TOTAL INPATIENT PAYER MIX	27.94%	25.97%	-1.97%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.96%	36.01%	-1.95%
2	MEDICARE	27.41%	30.47%	3.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.55%	7.43%	0.89%
4	MEDICAID	6.36%	7.25%	0.90%
5	OTHER MEDICAL ASSISTANCE	0.19%	0.18%	-0.01%
6	CHAMPUS / TRICARE	0.14%	0.12%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.77%	1.49%	-0.28%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	34.10%	38.02%	3.92%
	TOTAL OUTPATIENT PAYER MIX	72.06%	74.03%	1.97%
	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)	10.25%	9.70%	-0.55%
2	MEDICARE	14.56%	15.78%	1.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.29%	2.10%	-0.19%
4	MEDICAID	2.25%	2.04%	-0.21%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.06%	0.02%
6	CHAMPUS / TRICARE	0.05%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.06%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	16.90%	17.93%	1.04%
	TOTAL INPATIENT PAYER MIX	27.14%	27.63%	0.49%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.78%	50.53%	-1.25%
2	MEDICARE	16.65%	17.24%	0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.34%	4.53%	0.19%
4	MEDICAID	4.21%	4.42%	0.21%
5	OTHER MEDICAL ASSISTANCE	0.13%	0.11%	-0.02%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.26%	0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.07%	21.84%	0.76%
	TOTAL OUTPATIENT PAYER MIX	72.86%	72.37%	-0.49%
	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)	888	545	(343)
2	MEDICARE	1,118	1,083	(35)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	273	194	(79)
4	MEDICAID	265	188	(77)
5	OTHER MEDICAL ASSISTANCE	8	6	(2)
6	CHAMPUS / TRICARE	9	2	(7)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	54	38	(16)
	TOTAL GOVERNMENT DISCHARGES	1,400	1,279	(121)
	TOTAL DISCHARGES	2,288	1,824	(464)

NEW MILFORD 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)	2,625	1,705	(920)
2	MEDICARE	4,985	4,593	(392)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	900	716	(184)
4	MEDICAID	889	703	(186)
5	OTHER MEDICAL ASSISTANCE	11	13	2
6	CHAMPUS / TRICARE	27	3	(24)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	165	111	(54)
	TOTAL GOVERNMENT PATIENT DAYS	5,912	5,312	(600)
	TOTAL PATIENT DAYS	8,537	7,017	(1,520)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.1	0.2
2	MEDICARE	4.5	4.2	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.3	3.7	0.4
4	MEDICAID	3.4	3.7	0.4
5	OTHER MEDICAL ASSISTANCE	1.4	2.2	0.8
6	CHAMPUS / TRICARE	3.0	1.5	(1.5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	2.9	(0.1)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.2	4.2	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	3.7	3.8	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03840	1.30240	0.26400
2	MEDICARE	1.33900	1.33120	(0.00780)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.77646	0.99578	0.21932
4	MEDICAID	0.77720	0.99210	0.21490
5	OTHER MEDICAL ASSISTANCE	0.75200	1.11100	0.35900
6	CHAMPUS / TRICARE	0.77890	1.16000	0.38110
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.87460	1.01380	0.13920
	TOTAL GOVERNMENT CASE MIX INDEX	1.22570	1.28006	0.05435
	TOTAL CASE MIX INDEX	1.15301	1.28673	0.13372
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,235,379	\$76,994,635	(\$14,240,744)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$48,013,405	\$41,945,973	(\$6,067,432)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,221,974	\$35,048,662	(\$8,173,312)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.37%	45.52%	-1.85%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,704,607	\$2,876,575	\$171,968
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,585,231	\$1,750,572	\$165,341
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,181,756	\$624,534	(\$557,222)
9	BAD DEBTS	\$3,125,172	\$2,560,334	(\$564,838)
10	TOTAL UNCOMPENSATED CARE	\$4,306,928	\$3,184,868	(\$1,122,060)
11	TOTAL OTHER OPERATING REVENUE	\$1,244,665	\$874,400	(\$370,265)
12	TOTAL OPERATING EXPENSES	\$88,958,809	\$72,962,299	(\$15,996,510)
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	922.09920	709.80800	(212.29120)
2	MEDICARE	1,497.00200	1,441.68960	(55.31240)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	211.97400	193.18080	(18.79320)
4	MEDICAID	205.95800	186.51480	(19.44320)
5	OTHER MEDICAL ASSISTANCE	6.01600	6.66600	0.65000
6	CHAMPUS / TRICARE	7.01010	2.32000	(4.69010)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	47.22840	38.52440	(8.70400)

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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
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	1,715.98610	1,637.19040	(78.79570)
	TOTAL CASE MIX ADJUSTED DISCHARGES	2,638.08530	2,346.99840	(291.08690)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,800.08712	2,574.18217	-1,225.90495
2	MEDICARE	1,821.91304	2,066.28880	244.37576
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	822.07945	612.16270	-209.91674
4	MEDICAID	779.28482	596.03426	-183.25056
5	OTHER MEDICAL ASSISTANCE	42.79463	16.12844	-26.66619
6	CHAMPUS / TRICARE	23.59272	11.02845	-12.56427
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	228.82135	167.49276	-61.32860
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,667.58521	2,689.47996	21.89475
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	6,467.67233	5,263.66213	-1,204.01020
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,630.03	\$9,558.00	\$927.97
2	MEDICARE	\$7,554.24	\$7,655.03	\$100.79
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,387.30	\$7,597.33	(\$789.97)
4	MEDICAID	\$8,492.25	\$7,644.10	(\$848.14)
5	OTHER MEDICAL ASSISTANCE	\$4,794.55	\$6,288.63	\$1,494.08
6	CHAMPUS / TRICARE	\$5,108.06	\$16,109.05	\$11,000.99
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$708.94	\$1,066.16	\$357.22
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,647.16	\$7,660.20	\$13.04
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,990.70	\$8,234.16	\$243.45
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,583.77	\$13,729.65	\$3,145.89
2	MEDICARE	\$7,098.78	\$5,834.77	(\$1,264.00)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,097.17	\$5,171.47	\$1,074.30
4	MEDICAID	\$4,195.97	\$5,182.22	\$986.25
5	OTHER MEDICAL ASSISTANCE	\$2,298.05	\$4,774.24	\$2,476.19
6	CHAMPUS / TRICARE	\$2,767.76	\$4,521.76	\$1,754.00
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$620.04	\$1,080.88	\$460.84
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,135.46	\$5,678.41	(\$457.04)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,749.07	\$9,615.85	\$866.79
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$2,262,118	\$388,945	(\$1,873,173)
2	OTHER MEDICAL ASSISTANCE	\$222,048	\$26,213	(\$195,835)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,805,767	\$1,050,076	(\$755,691)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,289,933	\$1,465,235	(\$2,824,698)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$204,381,627	\$184,161,329	(\$20,220,298)
2	TOTAL GOVERNMENT DEDUCTIONS	\$79,186,474	\$75,987,636	(\$3,198,838)
3	UNCOMPENSATED CARE	\$4,306,928	\$3,184,868	(\$1,122,060)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,221,974	\$35,048,662	(\$8,173,312)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,585,231	\$1,750,572	\$165,341
6	TOTAL ADJUSTMENTS	\$128,300,607	\$115,971,738	(\$12,328,869)
7	TOTAL ACCRUED PAYMENTS	\$76,081,020	\$68,189,591	(\$7,891,429)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$76,081,020	\$68,189,591	(\$7,891,429)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3722498011	0.3702709541	(0.0019788470)
11	COST OF UNCOMPENSATED CARE	\$1,603,253	\$1,179,264	(\$423,989)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$1,506,242	\$2,041,844	\$535,601
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,109,496	\$3,221,108	\$111,613
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)	43.90%	48.32%	4.42%
2	MEDICARE	32.89%	37.53%	4.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39.59%	33.84%	-5.75%
4	MEDICAID	39.59%	33.84%	-5.75%
5	OTHER MEDICAL ASSISTANCE	39.75%	33.84%	-5.91%
6	CHAMPUS / TRICARE	32.99%	93.12%	60.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.92%	6.60%	2.68%
TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		33.66%	37.12%	3.46%
TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		36.91%	40.41%	3.50%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.84%	53.29%	1.45%
2	MEDICARE	23.08%	21.49%	-1.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.17%	23.12%	-2.05%
4	MEDICAID	25.17%	23.12%	-2.05%
5	OTHER MEDICAL ASSISTANCE	25.34%	23.12%	-2.21%
6	CHAMPUS / TRICARE	22.95%	22.53%	-0.42%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.92%	6.60%	2.68%
TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		23.48%	21.81%	-1.67%
TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		38.42%	37.12%	-1.30%
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	\$77,666,252	\$69,940,163	(\$7,726,089)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
OHCA DEFINED NET REVENUE		\$77,666,252	\$69,940,163	(\$7,726,089)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,569,821	(\$218,542)	(\$3,788,363)
4	CALCULATED NET REVENUE	\$85,480,621	\$69,721,621	(\$15,759,000)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$81,236,073	\$69,721,620	(\$11,514,453)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$4,244,548	\$1	(\$4,244,547)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$204,381,627	\$184,161,329	(\$20,220,298)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
CALCULATED GROSS REVENUE		\$204,381,627	\$184,161,329	(\$20,220,298)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$204,381,627	\$184,161,328	(\$20,220,299)
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)	\$4,306,928	\$3,184,868	(\$1,122,060)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$428,820	\$424,398	(\$4,422)
CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)		\$4,735,748	\$3,609,266	(\$1,126,482)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,735,748	\$3,609,267	(\$1,126,481)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)

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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>
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,041,013
2	MEDICARE	29,406,230
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,337,204
4	MEDICAID	4,213,322
5	OTHER MEDICAL ASSISTANCE	123,882
6	CHAMPUS / TRICARE	40,134
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	622,422
	TOTAL INPATIENT GOVERNMENT CHARGES	\$33,783,568
	TOTAL INPATIENT CHARGES	\$47,824,581
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,319,496
2	MEDICARE	56,105,045
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,690,899
4	MEDICAID	13,357,895
5	OTHER MEDICAL ASSISTANCE	333,004
6	CHAMPUS / TRICARE	221,308
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,743,452
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$70,017,252
	TOTAL OUTPATIENT CHARGES	\$136,336,748
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$80,360,509
2	TOTAL GOVERNMENT ACCRUED CHARGES	103,800,820
	TOTAL ACCRUED CHARGES	\$184,161,329
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,784,348
2	MEDICARE	11,036,175
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,467,658
4	MEDICAID	1,425,738
5	OTHER MEDICAL ASSISTANCE	41,920
6	CHAMPUS / TRICARE	37,373
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	41,073
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$12,541,206
	TOTAL INPATIENT PAYMENTS	\$19,325,554
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,342,631
2	MEDICARE	12,056,329
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,165,781
4	MEDICAID	3,088,780
5	OTHER MEDICAL ASSISTANCE	77,001
6	CHAMPUS / TRICARE	49,868
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	181,039
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,271,978
	TOTAL OUTPATIENT PAYMENTS	\$50,614,609
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$42,126,979
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	27,813,184
	TOTAL ACCRUED PAYMENTS	\$69,940,163
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		

NEW MILFORD HOSPITAL

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

(1)	(2)	(3) <u>ACTUAL FY 2013</u>
<u>LINE</u>	<u>DESCRIPTION</u>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	545
2	MEDICARE	1,083
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	194
4	MEDICAID	188
5	OTHER MEDICAL ASSISTANCE	6
6	CHAMPUS / TRICARE	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	38
	TOTAL GOVERNMENT DISCHARGES	1,279
	TOTAL DISCHARGES	1,824
B.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.30240
2	MEDICARE	1.33120
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99578
4	MEDICAID	0.99210
5	OTHER MEDICAL ASSISTANCE	1.11100
6	CHAMPUS / TRICARE	1.16000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01380
	TOTAL GOVERNMENT CASE MIX INDEX	1.28006
	TOTAL CASE MIX INDEX	1.28673
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$76,994,635
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$41,945,973
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,048,662
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.52%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,876,575
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,750,572
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$624,534
9	BAD DEBTS	\$2,560,334
10	TOTAL UNCOMPENSATED CARE	\$3,184,868
11	TOTAL OTHER OPERATING REVENUE	\$874,400
12	TOTAL OPERATING EXPENSES	\$72,962,299
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	\$69,940,163
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$69,940,163
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$218,542)
	CALCULATED NET REVENUE	\$69,721,621
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$69,721,620
	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	\$184,161,329
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0

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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	\$184,161,329
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$184,161,328
	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)	\$3,184,868
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$424,398
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,609,266
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,609,267
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)

NEW MILFORD HOSPITAL
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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	127	109	(18)	-14%
2	Number of Approved Applicants	115	108	(7)	-6%
3	Total Charges (A)	\$1,181,756	\$624,534	(\$557,222)	-47%
4	Average Charges	\$10,276	\$5,783	(\$4,493)	-44%
5	Ratio of Cost to Charges (RCC)	0.388548	0.432624	0.044076	11%
6	Total Cost	\$459,169	\$270,188	(\$188,981)	-41%
7	Average Cost	\$3,993	\$2,502	(\$1,491)	-37%
8	Charity Care - Inpatient Charges	\$354,009	\$85,653	(\$268,356)	-76%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	608,592	390,707	(217,885)	-36%
10	Charity Care - Emergency Department Charges	219,155	148,174	(70,981)	-32%
11	Total Charges (A)	\$1,181,756	\$624,534	(\$557,222)	-47%
12	Charity Care - Number of Patient Days	219	16	(203)	-93%
13	Charity Care - Number of Discharges	70	5	(65)	-93%
14	Charity Care - Number of Outpatient ED Visits	503	247	(256)	-51%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,056	545	(511)	-48%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$873,254	\$664,889	(\$208,365)	-24%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,158,382	1,811,941	(346,441)	-16%
3	Bad Debts - Emergency Department	93,536	83,504	(10,032)	-11%
4	Total Bad Debts (A)	\$3,125,172	\$2,560,334	(\$564,838)	-18%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,181,756	\$624,534	(\$557,222)	-47%
2	Bad Debts (A)	3,125,172	2,560,334	(564,838)	-18%
3	Total Uncompensated Care (A)	\$4,306,928	\$3,184,868	(\$1,122,060)	-26%
4	Uncompensated Care - Inpatient Services	\$1,227,263	\$750,542	(\$476,721)	-39%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,766,974	2,202,648	(564,326)	-20%
6	Uncompensated Care - Emergency Department	312,691	231,678	(81,013)	-26%
7	Total Uncompensated Care (A)	\$4,306,928	\$3,184,868	(\$1,122,060)	-26%

(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	\$91,235,379	\$76,994,635	(\$14,240,744)	-16%
2	Total Contractual Allowances	\$43,221,974	\$35,048,662	(\$8,173,312)	-19%
	Total Accrued Payments (A)	\$48,013,405	\$41,945,973	(\$6,067,432)	-13%
	Total Discount Percentage	47.37%	45.52%	-1.85%	-4%

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

NEW MILFORD 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	\$67,481,950	\$57,109,530	\$47,824,581
2	Outpatient Gross Revenue	\$171,003,946	\$147,272,097	\$136,336,748
3	Total Gross Patient Revenue	\$238,485,896	\$204,381,627	\$184,161,329
4	Net Patient Revenue	\$90,588,107	\$81,236,073	\$69,721,620
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$93,915,766	\$88,958,809	\$72,962,299
C.	<u>Utilization Statistics</u>			
1	Patient Days	9,347	8,537	7,017
2	Discharges	2,516	2,288	1,824
3	Average Length of Stay	3.7	3.7	3.8
4	Equivalent (Adjusted) Patient Days (EPD)	33,033	30,552	27,021
0	Equivalent (Adjusted) Discharges (ED)	8,892	8,188	7,024
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.22176	1.15301	1.28673
2	Case Mix Adjusted Patient Days (CMAPD)	11,420	9,843	9,029
3	Case Mix Adjusted Discharges (CMAD)	3,074	2,638	2,347
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	40,358	35,227	34,769
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,864	9,441	9,038
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$25,515	\$23,941	\$26,245
2	Total Gross Revenue per Discharge	\$94,788	\$89,328	\$100,966
3	Total Gross Revenue per EPD	\$7,220	\$6,690	\$6,816
4	Total Gross Revenue per ED	\$26,821	\$24,960	\$26,220
5	Total Gross Revenue per CMAEPD	\$5,909	\$5,802	\$5,297
6	Total Gross Revenue per CMAED	\$21,953	\$21,648	\$20,377
7	Inpatient Gross Revenue per EPD	\$2,043	\$1,869	\$1,770
8	Inpatient Gross Revenue per ED	\$7,589	\$6,975	\$6,809

NEW MILFORD 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
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$9,692	\$9,516	\$9,936
2	Net Patient Revenue per Discharge	\$36,005	\$35,505	\$38,225
3	Net Patient Revenue per EPD	\$2,742	\$2,659	\$2,580
4	Net Patient Revenue per ED	\$10,188	\$9,921	\$9,926
5	Net Patient Revenue per CMAEPD	\$2,245	\$2,306	\$2,005
6	Net Patient Revenue per CMAED	\$8,339	\$8,605	\$7,714
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$10,048	\$10,420	\$10,398
2	Total Operating Expense per Discharge	\$37,327	\$38,881	\$40,001
3	Total Operating Expense per EPD	\$2,843	\$2,912	\$2,700
4	Total Operating Expense per ED	\$10,562	\$10,864	\$10,388
5	Total Operating Expense per CMAEPD	\$2,327	\$2,525	\$2,099
6	Total Operating Expense per CMAED	\$8,645	\$9,423	\$8,073
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$12,450,131	\$12,057,764	\$10,411,751
2	Nursing Fringe Benefits Expense	\$4,295,295	\$4,328,737	\$3,102,852
3	Total Nursing Salary and Fringe Benefits Expense	\$16,745,426	\$16,386,501	\$13,514,603
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$5,155,740	\$1,009,436	\$352,875
2	Physician Fringe Benefits Expense	\$1,778,730	\$362,388	\$105,162
3	Total Physician Salary and Fringe Benefits Expense	\$6,934,470	\$1,371,824	\$458,037
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$21,255,462	\$20,222,169	\$18,201,638
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,317,723	\$7,254,980	\$5,424,351
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$28,573,185	\$27,477,149	\$23,625,989

NEW MILFORD 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	\$38,861,333	\$33,289,369	\$28,966,264
2	Total Fringe Benefits Expense	\$13,391,748	\$11,946,105	\$8,632,365
3	Total Salary and Fringe Benefits Expense	\$52,253,081	\$45,235,474	\$37,598,629
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	137.2	129.1	109.4
2	Total Physician FTEs	19.0	3.8	2.4
3	Total Non-Nursing, Non-Physician FTEs	305.4	287.4	250.4
4	Total Full Time Equivalent Employees (FTEs)	461.6	420.3	362.2
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$90,744	\$93,399	\$95,171
2	Nursing Fringe Benefits Expense per FTE	\$31,307	\$33,530	\$28,362
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$122,051	\$126,929	\$123,534
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$271,355	\$265,641	\$147,031
2	Physician Fringe Benefits Expense per FTE	\$93,617	\$95,365	\$43,818
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$364,972	\$361,006	\$190,849
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$69,599	\$70,362	\$72,690
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$23,961	\$25,243	\$21,663
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$93,560	\$95,606	\$94,353
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$84,188	\$79,204	\$79,973
2	Total Fringe Benefits Expense per FTE	\$29,012	\$28,423	\$23,833
3	Total Salary and Fringe Benefits Expense per FTE	\$113,200	\$107,627	\$103,806
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			

NEW MILFORD 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	\$5,590	\$5,299	\$5,358
2	Total Salary and Fringe Benefits Expense per Discharge	\$20,768	\$19,771	\$20,613
3	Total Salary and Fringe Benefits Expense per EPD	\$1,582	\$1,481	\$1,391
4	Total Salary and Fringe Benefits Expense per ED	\$5,877	\$5,524	\$5,353
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,295	\$1,284	\$1,081
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,810	\$4,791	\$4,160