TWELVE MONTHS ACTUAL FILING

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REPORT TOU	- HUSPII AL	BALANCE SHEET INFURINATION

	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION							
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %			
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE			
I.	<u>ASSETS</u>							
Α.	Current Assets:							
1	Cash and Cash Equivalents	\$4,122,969	\$7,575,725	\$3,452,756	84%			
2	Short Term Investments	\$0	\$0	\$0	0%			
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$20,670,040	\$11,889,554	(\$8,780,486)	-42%			
4	Current Assets Whose Use is Limited for Current Liabilities	\$654,986	\$560,838	(\$94,148)	-14%			
5	Due From Affiliates	\$3,066	\$1,047,418	\$1,044,352	34062%			
6	Due From Third Party Payers	\$0	\$0	\$0	0%			
7	Inventories of Supplies	\$1,105,978	\$1,150,602	\$44,624	4%			
8	Prepaid Expenses	\$147,588	\$315,818	\$168,230	114%			
9	Other Current Assets	\$4,396,337	\$4,188,643	(\$207,694)	-5%			
	Total Current Assets	\$31,100,964	\$26,728,598	(\$4,372,366)	-14%			
В.	Noncurrent Assets Whose Use is Limited:							
1	Held by Trustee	\$2,831,893	\$3,030,775	\$198,882	7%			
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%			
3	Funds Held in Escrow	\$1,439,934	\$1,439,934	\$0	0%			
4	Other Noncurrent Assets Whose Use is Limited	\$1,597,574	\$1,989,169	\$391,595	25%			
-	Total Noncurrent Assets Whose Use is Limited:	\$5,869,401	\$6,459,878	\$590,477	10%			
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%			
6	Long Term Investments	\$406,468	\$378,132	(\$28,336)	-7%			
7	Other Noncurrent Assets	\$3,123,242	\$2,434,811	(\$688,431)	-22%			
C.	Net Fixed Assets:							
1	Property, Plant and Equipment	\$104,401,288	\$117,975,072	\$13,573,784	13%			
2	Less: Accumulated Depreciation	\$70,034,957	\$74,173,393	\$4,138,436	6%			
	Property, Plant and Equipment, Net	\$34,366,331	\$43,801,679	\$9,435,348	27%			
3	Construction in Progress	\$5,279,793	\$346,011	(\$4,933,782)	-93%			
	Total Net Fixed Assets	\$39,646,124	\$44,147,690	\$4,501,566	11%			
	Total Assets	\$80,146,199	\$80,149,109	\$2,910	0%			
II.	LIABILITIES AND NET ASSETS							
A.	Current Liabilities:							
1	Accounts Payable and Accrued Expenses	\$8,391,797	\$4,524,108	(\$3,867,689)	-46%			
2	Salaries, Wages and Payroll Taxes	\$1,813,588	\$2,012,866	\$199,278	11%			

TWELVE MONTHS ACTUAL FILING

REPORT 100 - HOSPITAL F	BALANCE SHEET INFORMATION
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(1)	(2)	(3)	(4)	(5)	(6)
LINIT	DECORIDEION	FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE
3	Due To Third Party Payers	\$1,499,004	\$1,340,072	(\$158,932)	-11%
4	Due To Affiliates	\$2,845,310	\$1,134,172	(\$1,711,138)	-60%
5	Current Portion of Long Term Debt	\$11,163,890	\$15,681,512	\$4,517,622	40%
6	Current Portion of Notes Payable	\$173,906	\$59,406	(\$114,500)	-66%
7	Other Current Liabilities	\$5,125,668	\$5,090,126	(\$35,542)	-1%
	Total Current Liabilities	\$31,013,163	\$29,842,262	(\$1,170,901)	-4%
В.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$19,433,376	\$19,355,130	(\$78,246)	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$19,433,376	\$19,355,130	(\$78,246)	0%
3	Accrued Pension Liability	\$64,662,899	\$26,560,346	(\$38,102,553)	-59%
4	Other Long Term Liabilities	\$7,559,708	\$11,840,828	\$4,281,120	57%
	Total Long Term Liabilities	\$91,655,983	\$57,756,304	(\$33,899,679)	-37%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	(\$47,943,489)	(\$13,430,049)	\$34,513,440	-72%
2	Temporarily Restricted Net Assets	\$1,453,029	\$1,786,651	\$333,622	23%
3	Permanently Restricted Net Assets	\$3,967,513	\$4,193,941	\$226,428	6%
	Total Net Assets	(\$42,522,947)	(\$7,449,457)	\$35,073,490	-82%
	Total Liabilities and Net Assets	\$80,146,199	\$80,149,109	\$2,910	0%

TWELVE MONTHS ACTUAL FILING

REPORT 150 - HOSPITAL STATEMENT OF OPERA	TIONS INFORMATION
REPURI 190 - HUSPITAL STATEMENT OF OPERA	LICINS INFORMATION

	REPORT 150 - HOSPITAL STA	TEMENT OF OPERA	ATIONS INFORMA	TION	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	Operating Revenue:				
1	Total Gross Patient Revenue	\$210,150,089	\$205,409,386	(\$4,740,703)	-2%
2	Less: Allowances	\$116,283,387	\$121,754,445	\$5,471,058	5%
3	Less: Charity Care	\$3,706,321	\$2,861,240	(\$845,081)	-23%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$90,160,381	\$80,793,701	(\$9,366,680)	-10%
5	Provision for Bad Debts	\$0	\$4,079,212	\$4,079,212	0%
	Net Patient Service Revenue less provision for bad debts	£00.460.394	\$76.74.490	(\$42.44E.902)	450/
		\$90,160,381	\$76,714,489	(\$13,445,892)	-15%
6	Other Operating Revenue	\$5,761,698	\$5,866,110	\$104,412	2%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$95,922,079	\$82,580,599	(\$13,341,480)	-14%
B.	Operating Expenses:				
1	Salaries and Wages	\$42,907,325	\$41,730,362	(\$1,176,963)	-3%
2	Fringe Benefits	\$15,336,446	\$12,666,864	(\$2,669,582)	-17%
3	Physicians Fees	\$930,637	\$909,098	(\$21,539)	-2%
4	Supplies and Drugs	\$7,642,658	\$7,826,904	\$184,246	2%
5	Depreciation and Amortization	\$4,147,105	\$4,154,949	\$7,844	0%
6	Bad Debts	\$3,839,277	\$0	(\$3,839,277)	-100%
7	Interest Expense	\$1,325,543	\$1,107,869	(\$217,674)	-16%
8	Malpractice Insurance Cost	\$659,252	\$400,452	(\$258,800)	-39%
9	Other Operating Expenses	\$19,661,874	\$22,571,420	\$2,909,546	15%
	Total Operating Expenses	\$96,450,117	\$91,367,918	(\$5,082,199)	-5%
	Income/(Loss) From Operations	(\$528,038)	(\$8,787,319)	(\$8,259,281)	1564%
C.	Non-Operating Revenue:				
1	Income from Investments	(\$163)	\$9,049	\$9,212	-5652%
2	Gifts, Contributions and Donations	\$698,728	\$449,084	(\$249,644)	-36%
3	Other Non-Operating Gains/(Losses)	(\$936,114)	\$1,084,113	\$2,020,227	-216%
	Total Non-Operating Revenue	(\$237,549)	\$1,542,246	\$1,779,795	-749%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$765,587)	(\$7,245,073)	(\$6,479,486)	846%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$52,251	\$26,529	(\$25,722)	-49%

	WINDHAM COM	MUNITY MEMORIAL	HOSPITAL			
	TWELVE	MONTHS ACTUAL FI	LING			
	F	FISCAL YEAR 2013				
	REPORT 150 - HOSPITAL S	TATEMENT OF OPER	ATIONS INFORM	ATION		
(1)) (2) (3) (4) (5) (6)					
		FY 2012	FY 2013	AMOUNT	%	
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE	
	All Other Adjustments	\$0	\$0	\$0	0%	
	Total Other Adjustments	\$52,251	\$26,529	(\$25,722)	-49%	
	Excess/(Deficiency) of Revenue Over Expenses	(\$713,336)	(\$7,218,544)	(\$6,505,208)	912%	
	Principal Payments	\$5,571,922	\$568,113	(\$5,003,809)	-90%	

	WINDHAM C	OMMUNITY MEMORIAL I	HOSPITAL		
	TWEL	/E MONTHS ACTUAL FIL	ING		
		FISCAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS	REVENUE, NET REVENU	E AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
(')	(2)				%
IINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	DIFFERENCE
	DESCRIPTION	71010112	7.01.07.2	5 2	
I.	GROSS REVENUE BY PAYER				
•	INDATION COOCC DEVENUE				
A. 1	INPATIENT GROSS REVENUE MEDICARE TRADITIONAL	\$37,135,345	\$36,948,181	(\$187,164)	-1%
2	MEDICARE MANAGED CARE	\$6,084,216	\$6,567,170	\$482,954	8%
3	MEDICAID	\$9,570,502	\$11,232,147	\$1,661,645	17%
4	MEDICAID MANAGED CARE	\$693,574	\$0	(\$693,574)	-100%
5	CHAMPUS/TRICARE	\$211,837	\$123,913	(\$87,924)	-42%
6	COMMERCIAL INSURANCE	\$14,076,588	\$11,638,160	(\$2,438,428)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$235,492	\$217,421	(\$18,071)	-8%
9	SELF- PAY/UNINSURED	\$751,105	\$760,706	\$9,601	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$181,321	\$582,135	\$400,814	221%
	TOTAL INPATIENT GROSS REVENUE	\$68,939,980	\$68,069,833	(\$870,147)	-1%
B.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$36,340,316	\$34,337,194	(\$2,003,122)	-6%
2	MEDICARE MANAGED CARE	\$7,012,100	\$7,060,199	\$48,099	1%
3	MEDICAID	\$28,407,771	\$35,458,130	\$7,050,359	25%
4	MEDICAID MANAGED CARE	\$3,318,606	\$0	(\$3,318,606)	-100%
5	CHAMPUS/TRICARE	\$459,513	\$409,389	(\$50,124)	-11%
6	COMMERCIAL INSURANCE	\$58,832,726	\$53,285,004	(\$5,547,722)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,293,820	\$2,466,684	\$172,864	8%
9	SELF- PAY/UNINSURED	\$4,287,134	\$4,026,998	(\$260,136)	-6%
10	SAGA	\$0	\$0 \$295,954	\$0	0%
11	OTHER TOTAL OUTPATIENT GROSS REVENUE	\$258,122		\$37,832	15% - 3%
	TOTAL OUTFATIENT GROSS REVENUE	\$141,210,108	\$137,339,552	(\$3,870,556)	-3%
С.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$73,475,661	\$71,285,375	(\$2,190,286)	-3%
2	MEDICARE MANAGED CARE	\$13,096,316	\$13,627,369	\$531,053	4%
3	MEDICAID	\$37,978,273	\$46,690,277	\$8,712,004	23%
4	MEDICAID MANAGED CARE	\$4,012,180	\$0	(\$4,012,180)	-100%
5		\$671,350	\$533,302	(\$138,048)	-21%
6		\$72,909,314	\$64,923,164	(\$7,986,150)	-11%
7		\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,529,312	\$2,684,105	\$154,793	6%
9	SELF- PAY/UNINSURED	\$5,038,239	\$4,787,704	(\$250,535)	-5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$439,443	\$878,089	\$438,646	100%
	TOTAL GROSS REVENUE	\$210,150,088	\$205,409,385	(\$4,740,703)	-2%
II.	NET REVENUE BY PAYER			/	
_	INDATIONAL NET DEVENUE				
	INPATIENT NET REVENUE	#0.4.070.F70	ФО4 440 40 -	(00.000.405)	4007
1	MEDICARE TRADITIONAL	\$24,278,572	\$21,448,167	(\$2,830,405)	-12%
2	MEDICARE MANAGED CARE	\$3,705,836	\$3,346,918	(\$358,918)	-10%
3	MEDICAID MANAGED CARE	\$4,029,946	\$4,108,612	\$78,666	2%
<u>4</u> 5	MEDICAID MANAGED CARE	\$290,987	\$0 \$64.066	(\$290,987) (\$15,680)	<u>-100%</u> -19%
6	CHAMPUS/TRICARE	\$80,646	\$64,966 \$7,012,271	(\$15,680)	
υ	COMMERCIAL INSURANCE	\$9,061,085	\$7,012,271	(\$2,048,814)	-23%

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		ONTHS ACTUAL FIL	LING		
		CAL YEAR 2013		20 21/ 24//22	
	REPORT 165 - HOSPITAL GROSS REVI	ENUE, NET REVENU	JE AND STATISTIC	CS BY PAYER	
(4)	(2)	(2)	(4)	(E)	(e)
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$136,525	\$144,370	\$7,845	6%
9	SELF- PAY/UNINSURED	\$15,020	\$14,644	(\$376)	-3%
10 11	SAGA OTHER	\$0 \$43,905	\$0 \$88,061	\$0 \$44,156	0% 101%
- ' '	TOTAL INPATIENT NET REVENUE	\$41,642,522	\$36,228,009	(\$5,414,513)	-13%
В.	OUTPATIENT NET REVENUE	\$41,042,322	Φ30,220,009	(\$3,414,313)	-13/0
1	MEDICARE TRADITIONAL	\$8,305,309	\$7,407,665	(\$897,644)	-11%
2	MEDICARE MANAGED CARE	\$1,512,586	\$1,427,302	(\$85,284)	-6%
3	MEDICAID	\$6,788,311	\$7,346,857	\$558,546	8%
4	MEDICAID MANAGED CARE	\$819,557	\$0	(\$819,557)	-100%
5	CHAMPUS/TRICARE	\$115,885	\$89,032	(\$26,853)	-23%
6	COMMERCIAL INSURANCE	\$25,929,632	\$22,666,689	(\$3,262,943)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,652,741	\$1,412,982	(\$239,759)	-15%
9	SELF- PAY/UNINSURED	\$108,762	\$101,392	(\$7,370)	-7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER TOTAL CUITATIENT NET BEVENUE	\$30,210	\$34,562	\$4,352	14%
	TOTAL OUTPATIENT NET REVENUE	\$45,262,993	\$40,486,481	(\$4,776,512)	-11%
	TOTAL NET DEVENUE				
	TOTAL NET REVENUE MEDICARE TRADITIONAL	\$32,583,881	\$28,855,832	(\$3 728 040 <u>)</u>	-11%
2	MEDICARE MANAGED CARE	\$5,218,422	\$4,774,220	(\$3,728,049) (\$444,202)	-11% -9%
3	MEDICAID	\$10,818,257	\$11,455,469	\$637,212	6%
4	MEDICAID MANAGED CARE	\$1,110,544	\$0	(\$1,110,544)	-100%
5	CHAMPUS/TRICARE	\$196,531	\$153,998	(\$42,533)	-22%
6	COMMERCIAL INSURANCE	\$34,990,717	\$29,678,960	(\$5,311,757)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,789,266	\$1,557,352	(\$231,914)	-13%
9	SELF- PAY/UNINSURED	\$123,782	\$116,036	(\$7,746)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$74,115	\$122,623	\$48,508	65%
	TOTAL NET REVENUE	\$86,905,515	\$76,714,490	(\$10,191,025)	-12%
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III.	STATISTICS BY PAYER				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	2,009	1,864	(145)	-7%
2	MEDICARE MANAGED CARE	317	346	29	9%
3	MEDICAID MANAGED CARE	889	965	76	9%
<u>4</u> 5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	81 17	0 18	(81)	<u>-100%</u> 6%
6	COMMERCIAL INSURANCE	1,110	865	(245)	-22%
7	NON-GOVERNMENT MANAGED CARE	0	000	(243)	0%
8	WORKER'S COMPENSATION	12	13	1	8%
9	SELF- PAY/UNINSURED	56	48	(8)	-14%
10	SAGA	0	0	0	0%
11	OTHER	15	19	4	27%
	TOTAL DISCHARGES	4,506	4,138	(368)	-8%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	10,009	9,356	(653)	-7%
2	MEDICARE MANAGED CARE	1,740	1,698	(42)	-2%
3	MEDICAID	2,936	3,237	301	10%

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		ONTHS ACTUAL FIL			
		CAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS REVE		JE AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
4	MEDICAID MANAGED CARE	219	0	(219)	-100%
5	CHAMPUS/TRICARE	66	37	(29)	-44%
6	COMMERCIAL INSURANCE	3,458	2,684	(774)	-22%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	42	45	3	7%
9	SELF- PAY/UNINSURED SAGA	156	147 0	(9) 0	-6% 0%
11	OTHER	47	151	104	221%
<u> </u>	TOTAL PATIENT DAYS	18,673	17,355	(1,318)	-7%
C.	OUTPATIENT VISITS	10,010	,	(1,212)	
1	MEDICARE TRADITIONAL	40,322	30,606	(9,716)	-24%
2	MEDICARE MANAGED CARE	8,175	6,533	(1,642)	-20%
3	MEDICAID	29,740	31,625	1,885	6%
4	MEDICAID MANAGED CARE	4,351	0	(4,351)	-100%
5 6	CHAMPUS/TRICARE	526	413	(113)	-21%
7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	69,340	52,358 0	(16,982) 0	-24% 0%
8	WORKER'S COMPENSATION	1,917	1,909	(8)	0%
9	SELF- PAY/UNINSURED	5,576	4,395	(1,181)	-21%
10	SAGA	0	0	0	0%
11	OTHER	228	192	(36)	-16%
	TOTAL OUTPATIENT VISITS	160,175	128,031	(32,144)	-20%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
Α.	REVENUE				
1	MEDICARE TRADITIONAL	\$6,843,655	\$7,349,455	\$505,800	7%
2	MEDICARE MANAGED CARE	\$1,223,715	\$1,201,544	(\$22,171)	-2%
3	MEDICAID	\$14,717,702	\$20,784,251	\$6,066,549	41%
4	MEDICAID MANAGED CARE	\$1,647,567	\$0	(\$1,647,567)	-100%
5	CHAMPUS/TRICARE	\$236,780	\$225,818	(\$10,962)	-5%
6	COMMERCIAL INSURANCE	\$12,260,325	\$12,758,376	\$498,051	4%
7 8	NON-GOVERNMENT MANAGED CARE WORKER'S COMPENSATION	\$0 \$589,474	\$0 \$736,834	\$0 \$147,360	0% 25%
9	SELF- PAY/UNINSURED	\$2,784,937	\$2.825.283	\$40,346	25% 1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$154,660	\$240,440	\$85,780	55%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT			·	
	GROSS REVENUE	\$40,458,815	\$46,122,001	\$5,663,186	14%
	EMERGENCY DEPARTMENT OUTPATIENT NET				
В.	REVENUE				
1	MEDICARE TRADITIONAL	\$1,744,090	\$1,643,924	(\$100,166)	-6%
2	MEDICARE MANAGED CARE	\$305,248	\$259,897	(\$45,351)	-15%
3	MEDICAID MANACED CARE	\$3,239,228	\$3,967,572	\$728,344	22%
5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	\$407,089 \$62,294	\$0 \$51,251	(\$407,089) (\$11,043)	-100% -18%
6	COMMERCIAL INSURANCE	\$5,624,669	\$5,812,578	\$187,909	3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0,012,070 \$0	\$0	0%
8	WORKER'S COMPENSATION	\$421,845	\$449,878	\$28,033	7%
9	SELF- PAY/UNINSURED	\$42,031	\$49,338	\$7,307	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$14,542	\$26,916	\$12,374	85%

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	WINDHAM COMM	UNITY MEMORIAL I	HOSPITAL		
		ONTHS ACTUAL FIL			
	FIS	CAL YEAR 2013			
	REPORT 165 - HOSPITAL GROSS REV	ENUE, NET REVENU	JE AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$11,861,036	\$12,261,354	\$400,318	3%
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· , - , - , - , - , - , - , - , - , - ,	, , , , ,	
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,716	4,291	(425)	-9%
2	MEDICARE MANAGED CARE	783	687	(96)	-12%
3	MEDICAID	12,461	14,424	1,963	16%
4	MEDICAID MANAGED CARE	1,964	0	(1,964)	-100%
5	CHAMPUS/TRICARE	219	208	(11)	-5%
6	COMMERCIAL INSURANCE	9,895	9,192	(703)	-7%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	758	748	(10)	-1%
9	SELF- PAY/UNINSURED	2,697	2,353	(344)	-13%
10	SAGA	0	0	0	0%
11	OTHER	125	151	26	21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	33,618	32,054	(1,564)	-5%

TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(4)	(3)	(2)	(4)	(F)	(e)
(1)	(2)	(3)	(4) FY 2013	(5) AMOUNT	(6) %
LINE	DESCRIPTION	FY 2012 ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:	\$40.750.500	#40.050.040	(\$400.05 7)	00/
2	Nursing Salaries Physician Salaries	\$13,759,500 \$2,572,919	\$13,350,243 \$1,987,414	(\$409,257) (\$585,505)	-3% -23%
3	Non-Nursing, Non-Physician Salaries	\$26,574,906	\$26,392,705	(\$182,201)	-23% -1%
	Total Salaries & Wages	\$42,907,325	\$41,730,362	(\$1,176,963)	-3%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$4,918,084	\$4,052,342	(\$865,742)	-18%
3	Physician Fringe Benefits	\$919,643	\$603,261 \$8,011,261	(\$316,382)	-34% -16%
3	Non-Nursing, Non-Physician Fringe Benefits Total Fringe Benefits	\$9,498,719 \$15,336,446	\$12,666,864	(\$1,487,458) (\$2,669,582)	-10% -1 7%
	Total Timigo Donomic	V10,000,110	ψ1 <u>=</u> ,000,001	(+=,000,00=)	
C.	Contractual Labor Fees:				
1	Nursing Fees	\$693,243	\$315,513	(\$377,730)	-54%
2	Physician Fees	\$930,637	\$909,098	(\$21,539)	-2%
3	Non-Nursing, Non-Physician Fees	\$8,732,259	\$11,539,663	\$2,807,404	32%
	Total Contractual Labor Fees	\$10,356,139	\$12,764,274	\$2,408,135	23%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$5,362,794	\$5,328,596	(\$34,198)	-1%
2	Pharmaceutical Costs	\$2,279,864	\$2,498,308	\$218,444	10%
	Total Medical Supplies and Pharmaceutical Cost	\$7,642,658	\$7,826,904	\$184,246	2%
Ε.	Depreciation and Amortization:				
1	Depreciation-Building	\$1,512,071	\$1,862,231	\$350,160	23%
2	Depreciation-Equipment	\$2,624,263	\$2,281,905	(\$342,358)	-13%
3	Amortization	\$10,771	\$10,813	\$42	0%
	Total Depreciation and Amortization	\$4,147,105	\$4,154,949	\$7,844	0%
F.	Bad Debts:				
1	Bad Debts	\$3,839,277	\$0	(\$3,839,277)	-100%
<u>G.</u>	Interest Expense:	04.005.540	04.407.000	(0047.074)	100/
11	Interest Expense	\$1,325,543	\$1,107,869	(\$217,674)	-16%
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$659,252	\$400,452	(\$258,800)	-39%
	I Milisia a				
<u>I.</u> 1	<u>Utilities:</u> Water	\$60,955	\$63,933	\$2,978	5%
2	Natural Gas	\$577,526	\$402,573	(\$174,953)	-30%
3	Oil	\$0	\$140,477	\$140,477	0%
4	Electricity	\$645,776	\$641,799	(\$3,977)	-1%
5	Telephone	\$140,078	\$152,902	\$12,824	9%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$1,424,335	\$1,401,684	(\$22,651)	-2%
J.	Business Expenses:				
1	Accounting Fees	\$207,880	\$340,175	\$132,295	64%
2	Legal Fees	\$187,118	\$117,202	(\$69,916)	-37%
3	Consulting Fees	\$565,212	\$651,620	\$86,408	15%

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WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(E)
(1)	(2)	(3) FY 2012	(4) FY 2013	AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
4	Dues and Membership	\$322,393	\$320,060	(\$2,333)	-1%
5	Equipment Leases	\$543,128	\$674,874	\$131,746	24%
6	Building Leases	\$239,191	\$374,367	\$135,176	57%
7	Repairs and Maintenance	\$3,450,798	\$3,267,550	(\$183,248)	-5%
8	Insurance	\$68,703	\$142,573	\$73,870	108%
9	Travel	\$65,215	\$60,014	(\$5,201)	-8%
10	Conferences	\$153,775	\$115,046	(\$38,729)	-25%
	Property Tax	\$71,303	\$84,732	\$13,429	19%
12	General Supplies	\$1,376,923	\$1,322,909	(\$54,014)	-4%
13	Licenses and Subscriptions	\$56,452	\$56,044	(\$408)	-1%
14	Postage and Shipping	\$91,212	\$93,294	\$2,082	2%
15	Advertising	\$587,391	\$713,666	\$126,275	21%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$0	\$0	\$0	0%
	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$7,986,694	\$8,334,126	\$347,432	4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$825,343	\$980,434	\$155,091	19%
	Total Operating Expenses - All Expense Categories*	\$96,450,117	\$91,367,918	(\$5,082,199)	-5%
	*AK.The total operating expenses amount above mus	st agree with the to	otal operating expe	enses amount on R	eport 150
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$2,840,555	\$3,752,136	\$911,581	32%
2	General Accounting	\$1,110,969	\$1,223,522	\$112,553	10%
3	Patient Billing & Collection	\$121,608	\$8,009	(\$113,599)	-93%
4	Admitting / Registration Office	\$2,014,613	\$2,870,021	\$855,408	42%
5	Data Processing	\$2,405,358	\$4,912,598	\$2,507,240	104%
6	Communications	\$149,636	\$152,593	\$2,957	2%
	Personnel	\$706,530	\$984,923	\$278,393	39%
	Public Relations	\$976,280	\$1,143,366	\$167,086	17%
9	Purchasing	\$296,383	\$335,970	\$39,587	13%
10	Dietary and Cafeteria	\$1,841,425	\$1,857,622	\$16,197	1%
	Housekeeping	\$1,142,830	\$1,043,074	(\$99,756)	-9%
12	Laundry & Linen	\$575,625	\$593,647	\$18,022	3%
13	Operation of Plant	\$1,453,279	\$1,640,103	\$186,824	13%
14	Security	\$400,423	\$391,078	(\$9,345)	-2%
15	Repairs and Maintenance	\$1,588,467	\$1,558,755	(\$29,712)	-2%
16	Central Sterile Supply	\$470,373	\$470,938	\$565	0%

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
17	Pharmacy Department	\$3,439,507	\$3,684,057	\$244,550	7%
18	Other General Services	\$394,497	\$288,864	(\$105,633)	-27%
	Total General Services	\$21,928,358	\$26,911,276	\$4,982,918	23%
В.	Professional Services:	0.000	A	• • • • • • • • • • • • • • • • • • • •	
1	Medical Care Administration	\$122,866	\$127,357	\$4,491	4%
3	Residency Program	\$0 \$3,040,773	\$0 \$2,405,467	\$0 (\$545,606)	0% -18%
4	Nursing Services Administration Medical Records	\$874,198	\$2,495,167 \$846,252	(\$27,946)	-18%
5	Social Service	\$074,190	\$040,232	(\$27,946) \$0	0%
6	Other Professional Services	\$466,590	\$599,338	\$132,748	28%
	Total Professional Services	\$4,504,427	\$4,068,114	(\$436,313)	-10%
	Total Froncesional Collines	\$ 1,00 1,121	\$ 1,000,111	(\$ 100,010)	1070
C.	Special Services:				
1	Operating Room	\$4,440,847	\$4,140,444	(\$300,403)	-7%
2	Recovery Room	\$200,783	\$228,259	\$27,476	14%
3	Anesthesiology	\$0	\$0	\$0	0%
4	Delivery Room	\$957,431	\$783,266	(\$174,165)	-18%
5	Diagnostic Radiology	\$2,561,791	\$2,689,041	\$127,250	5%
6	Diagnostic Ultrasound	\$495,361	\$500,625	\$5,264	1%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$566,103	\$502,078	(\$64,025)	-11%
9	CT Scan	\$493,150	\$487,827	(\$5,323)	-1%
10	Laboratory	\$4,391,617	\$4,092,788	(\$298,829)	-7%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$582,611	\$599,641	\$17,030	3%
13 14	Electrocardiology	\$148,546 \$321,023	\$123,485 \$333,205	(\$25,061) \$12,182	-17% 4%
15	Electroencephalography Occupational Therapy	\$0	\$333,203	\$12,162	0%
16	Speech Pathology	\$0	\$0 \$0	\$0 \$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,159,372	\$1,040,122	(\$119,250)	-10%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,776,716	\$5,962,324	\$185,608	3%
25	MRI	\$494,273	\$491,459	(\$2,814)	-1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$682,484	\$701,201	\$18,717	3%
30	Lithotripsy Cardina Cathotorization/Rehabilitation	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
31 32	Cardiac Catheterization/Rehabilitation Occupational Therapy / Physical Therapy	\$1,728,550	\$1,904,013	\$175,463	10%
33	Dental Clinic	\$1,728,550	\$1,904,013	\$175,463 \$0	0%
34	Other Special Services	\$4,902,951	\$3,968,095	(\$934,856)	-19%
	Total Special Services	\$29,903,609	\$28,547,873	(\$1,355,736)	-5%
		Ψ20,000,000	4_0,0 41,010	(4.,000,100)	370
D.	Routine Services:				
1	Medical & Surgical Units	\$6,770,389	\$5,846,406	(\$923,983)	-14%
2	Intensive Care Unit	\$2,576,171	\$2,588,678	\$12,507	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$547,415	\$619,327	\$71,912	13%
7	Newborn Nursery Unit	\$344,173	\$418,956	\$74,783	22%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,236,067	\$1,203,140	(\$32,927)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$971,878	\$999,845	\$27,967	3%
13	Other Routine Services	\$764,527	\$906,926	\$142,399	19%
	Total Routine Services	\$13,210,620	\$12,583,278	(\$627,342)	-5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$26,903,103	\$19,257,377	(\$7,645,726)	-28%
	Total Operating Expenses - All Departments*	\$96,450,117	\$91,367,918	(\$5,082,199)	-5%
	*A E. The total operating expenses amount above	must agree with the to	otal operating exp	enses amount on l	Report 150.

	WINDHAM COM	MUNITY MEMORIAL HOSPITA	L					
	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>	DESCRIPTION	FY 2011	FY 2012	FY 2013				
Α.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$85,855,448	\$90,160,381	\$76,714,489				
2	Other Operating Revenue	3,044,239	5,761,698	5,866,110				
3	Total Operating Revenue	\$88,899,687	\$95,922,079	\$82,580,599				
4	Total Operating Expenses	92,639,489	96,450,117	91,367,918				
5	Income/(Loss) From Operations	(\$3,739,802)	(\$528,038)	(\$8,787,319)				
6	Total Non-Operating Revenue	(323,008)	(185,298)	1,568,775				
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,062,810)	(\$713,336)	(\$7,218,544)				
В.	Profitability Summary							
1	Hospital Operating Margin	-4.22%	-0.55%	-10.44%				
2	Hospital Non Operating Margin	-0.36%	-0.19%	1.86%				
3	Hospital Total Margin	-4.59%	-0.75%	-8.58%				
4	Income/(Loss) From Operations	(\$3,739,802)	(\$528,038)	(\$8,787,319)				
5	Total Operating Revenue	\$88,899,687	\$95,922,079	\$82,580,599				
6	Total Non-Operating Revenue	(\$323,008)	(\$185,298)	\$1,568,775				
7	Total Revenue	\$88,576,679	\$95,736,781	\$84,149,374				
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,062,810)	(\$713,336)	(\$7,218,544)				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	(\$35,978,450)	(\$47,943,489)	(\$13,430,049)				
2	Hospital Total Net Assets	(\$31,049,573)	(\$42,522,947)	(\$7,449,457)				
3	Hospital Change in Total Net Assets	(\$11,113,850)	(\$11,473,374)	\$35,073,490				
4	Hospital Change in Total Net Assets %	155.7%	37.0%	-82.5%				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.46	0.45	0.43				
2	Total Operating Expenses	\$92,639,489	\$96,450,117	\$91,367,918				
3	Total Gross Revenue	\$199,383,125	\$210,150,088	\$205,409,385				
4	Total Other Operating Revenue	\$3,044,239	\$5,761,698	\$5,866,110				

	WINDHAM COMMUNITY MEMORIAL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2013							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013				
5	Private Payment to Cost Ratio	1.07	1.09	1.07				
6	Total Non-Government Payments	\$35,493,561	\$36,903,765	\$31,352,348				
7	Total Uninsured Payments	\$169,214	\$123,782	\$116,036				
8	Total Non-Government Charges	\$76,930,656	\$80,476,865	\$72,394,973				
9	Total Uninsured Charges	\$4,692,749	\$5,038,239	\$4,787,704				
10	Medicare Payment to Cost Ratio	0.95	0.98	0.92				
11	Total Medicare Payments	\$35,809,112	\$37,802,303	\$33,630,052				
12	Total Medicare Charges	\$82,259,825	\$86,571,977	\$84,912,744				
13	Medicaid Payment to Cost Ratio	0.61	0.64	0.57				
14	Total Medicaid Payments	\$10,869,843	\$11,928,801	\$11,455,469				
15	Total Medicaid Charges	\$39,143,578	\$41,990,453	\$46,690,277				
16	Uncompensated Care Cost	\$2,771,904	\$3,050,367	\$3,001,459				
17	Charity Care	\$2,956,537	\$3,573,641	\$2,699,812				
18	Bad Debts	\$3,100,374	\$3,254,865	\$4,240,640				
19	Total Uncompensated Care	\$6,056,911	\$6,828,506	\$6,940,452				
20	Uncompensated Care % of Total Expenses	3.0%	3.2%	3.3%				
21	Total Operating Expenses	\$92,639,489	\$96,450,117	\$91,367,918				
E.	Liquidity Measures Summary							
1	Current Ratio	1	1	1				
2	Total Current Assets	\$21,775,957	\$31,100,964	\$26,728,598				
3	Total Current Liabilities	\$16,617,232	\$31,013,163	\$29,842,262				
4	Days Cash on Hand	10	16	32				
5	Cash and Cash Equivalents	\$2,502,682	\$4,122,969	\$7,575,725				
6	Short Term Investments	0	0	0				

	WINDHAM COMMUNIT	Y MEMORIAL HOSPITA	L					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013				
7	Total Cash and Short Term Investments	\$2,502,682	\$4,122,969	\$7,575,725				
8	Total Operating Expenses	\$92,639,489	\$96,450,117	\$91,367,918				
9	Depreciation Expense	\$4,545,850	\$4,147,105	\$4,154,949				
10	Operating Expenses less Depreciation Expense	\$88,093,639	\$92,303,012	\$87,212,969				
11	Days Revenue in Patient Accounts Receivable	63	78	50				
12	Net Patient Accounts Receivable	\$14,881,466	\$20,670,040	\$11,889,554				
13	Due From Third Party Payers	\$0	\$0	\$0				
14	Due To Third Party Payers	\$71,283	\$1,499,004	\$1,340,072				
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$14,810,183	\$19,171,036	\$10,549,482				
16	Total Net Patient Revenue	\$85,855,448	\$90,160,381	\$76,714,489				
17	Average Payment Period	69	123	125				
18	Total Current Liabilities	\$16,617,232	\$31,013,163	\$29,842,262				
19	Total Operating Expenses	\$92,639,489	\$96,450,117	\$91,367,918				
20	Depreciation Expense	\$4,545,850	\$4,147,105	\$4,154,949				
21	Total Operating Expenses less Depreciation Expense	\$88,093,639	\$92,303,012	\$87,212,969				
F.	Solvency Measures Summary							
4	Faulty Financia a Potic	(40.0)	(52.4)	(0.2)				
1	Equity Financing Ratio	(46.8)	(53.1)	(9.3)				
2	Total Net Assets Total Assets	(\$31,049,573) \$66,369,494	(\$42,522,947)	(\$7,449,457) \$80,149,109				
3	Total Assets	ф00,309,494	\$80,146,199	φου, 149, 109				
4	Cash Flow to Total Debt Ratio	1.3	6.8	(6.2)				
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,062,810)	(\$713,336)	(\$7,218,544)				
6	Depreciation Expense	\$4,545,850	\$4,147,105	\$4,154,949				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$483,040	\$3,433,769	(\$3,063,595)				
8	Total Current Liabilities	\$16,617,232	\$31,013,163	\$29,842,262				
9	Total Long Term Debt	\$19,388,119	\$19,433,376	\$19,355,130				
10	Total Current Liabilities and Total Long Term Debt	\$36,005,351	\$50,446,539	\$49,197,392				

	WINDHAM COMMUN	IITY MEMORIAL HOSPITA	L					
	TWELVE MON	THS ACTUAL FILING						
	FISCAL YEAR 2013 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	<u>FY 2013</u>				
11	Long Term Debt to Capitalization Ratio	(166.3)	(84.2)	162.6				
12	Total Long Term Debt	\$19,388,119	\$19,433,376	\$19,355,130				
13	Total Net Assets	(\$31,049,573)	(\$42,522,947)	(\$7,449,457)				
14	Total Long Term Debt and Total Net Assets	(\$11,661,454)	(\$23,089,571)	\$11,905,673				
15	Debt Service Coverage Ratio	0.1	0.7	(1.2)				
16	Excess Revenues over Expenses	(4,062,810)	(\$713,336)	(\$7,218,544)				
17	Interest Expense	1,476,666	\$1,325,543	\$1,107,869				
18	Depreciation and Amortization Expense	4,545,850	\$4,147,105	\$4,154,949				
19	Principal Payments	19,866,618	\$5,571,922	\$568,113				
G.	Other Financial Ratios							
20	Average Age of Plant	14.7	16.9	17.9				
21	Accumulated Depreciation	66,982,063	70,034,957	74,173,393				
22	Depreciation and Amortization Expense	4,545,850	4,147,105	4,154,949				
Н.	Utilization Measures Summary							
1	Patient Days	19,996	18,673	17,355				
2	Discharges	4,701	4,506	4,137				
3	ALOS	4.3	4.1	4.2				
4	Staffed Beds	87	87	87				
5	Available Beds	-	144	144				
6	Licensed Beds	144	144	144				
7	Occupancy of Staffed Beds	63.0%	58.8%	54.7%				
8	Occupancy of Available Beds	38.0%	35.5%	33.0%				
9	Full Time Equivalent Employees	607.5	601.6	577.1				
l.	Hospital Gross Revenue Payer Mix Percentage							
2	Non-Government Gross Revenue Payer Mix Percentage Medicare Gross Revenue Payer Mix Percentage	36.2% 41.3%	35.9% 41.2%	32.9% 41.3%				

	WINDHAM COMMUNITY	MEMORIAL HOSPITA	L					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
(.,	(-)	ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013				
		12.22						
3	Medicaid Gross Revenue Payer Mix Percentage	19.6%	20.0%	22.7%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.4%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.4%	2.4%	2.3%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Gross Revenue (Charges)	\$72,237,907	\$75,438,626	\$67,607,269				
9	Medicare Gross Revenue (Charges)	\$82,259,825	\$86,571,977	\$84,912,744				
10	Medicaid Gross Revenue (Charges)	\$39,143,578	\$41,990,453	\$46,690,277				
11	Other Medical Assistance Gross Revenue (Charges)	\$494,058	\$439,443	\$878,089				
12	Uninsured Gross Revenue (Charges)	\$4,692,749	\$5,038,239	\$4,787,704				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$555,008	\$671,350	\$533,302				
14	Total Gross Revenue (Charges)	\$199,383,125	\$210,150,088	\$205,409,385				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	42.8%	42.3%	40.7%				
2	Medicare Net Revenue Payer Mix Percentage	43.4%	43.5%	43.8%				
3	Medicaid Net Revenue Payer Mix Percentage	13.2%	13.7%	14.9%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.2%	0.1%	0.2%				
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.1%	0.2%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	0.2%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Net Revenue (Payments)	\$35,324,347	\$36,779,983	\$31,236,312				
9	Medicare Net Revenue (Payments)	\$35,809,112	\$37,802,303	\$33,630,052				
		\$10,869,843						
10	Medicaid Net Revenue (Payments)		\$11,928,801	\$11,455,469				
11	Other Medical Assistance Net Revenue (Payments)	\$146,864 \$160,314	\$74,115	\$122,623				
12	Uninsured Net Revenue (Payments) CHAMPUS / TRICARE Net Revenue Payments)	\$169,214	\$123,782 \$106,531	\$116,036				
13 14	Total Net Revenue (Payments)	\$187,666 \$82,507,046	\$196,531 \$86,905,515	\$153,998 \$76,714,490				
K.	<u>Discharges</u>							
1	Non-Government (Including Self Pay / Uninsured)	1,256	1,178	926				
2	Medicare	2,372	2,326	2,210				
3	Medical Assistance	1,055	985	983				
4	Medicaid	1,035	970	965				
5	Other Medical Assistance	20	15	18				
6	CHAMPUS / TRICARE	18	17	18				

OFFICE OF	HEALTH CARE ACCESS TWELVE MON	THS ACTUAL FILING	WINDHAM COMMUN	ITY MEMORIAL HOSPITA				
	WINDHAM COMM	UNITY MEMORIAL HOSPITA	AL					
	TWELVE M	ONTHS ACTUAL FILING						
	FI	SCAL YEAR 2013						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2011</u>	FY 2012	FY 2013				
7	Uninsured (Included In Non-Government)	66	56	48				
8	Total	4,701	4,506	4,137				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	0.96200	0.95456	0.96785				
2	Medicare	1.27280	1.37894	1.39802				
3	Medical Assistance	0.89272	0.91871	0.98361				
4	Medicaid	0.89670	0.91643	0.96308				
5	Other Medical Assistance	0.68677	1.06624	2.08431				
6	CHAMPUS / TRICARE	0.58850	0.94453	0.83612				
7	Uninsured (Included In Non-Government)	1.05670	0.93178	1.08940				
8	Total Case Mix Index	1.10184	1.16575	1.20082				
M.	Emergency Department Visits							
1	Emergency Room - Treated and Admitted	3,378	3,244	3,028				
2	Emergency Room - Treated and Discharged	30,744	33,618	32,054				
3	Total Emergency Room Visits	34,122	36,862	35,082				

	WINDHAM COMMUN	IITY MEMORIAL HOS	PITAL	I					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013								
	REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY								
(4)	(0)	(0)	(4)	(5)	(0)				
(1)	(2)	(3)	(4) EV 2012	(5)	(6) %				
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	DIFFERENCE				
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
I.	MEDICARE MANAGED CARE								
A.	ANTHEM - MEDICARE BLUE CONNECTICUT								
1	Inpatient Charges	\$216,613	\$186,648	(\$29,965)	-14%				
2	Inpatient Payments	\$115,168	\$136,187	\$21,019	18%				
3	Outpatient Charges	\$216,925	\$205,152	(\$11,773)	-5%				
4	Outpatient Payments	\$46,987	\$70,930	\$23,943	51%				
5	Discharges	10	14	4 (44)	40%				
6	Patient Days Outrotiont Visite (Evaludes ED Visite)	63	52	(11)	-17%				
7 8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	244	138 30	(106) 9	-43% 43%				
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	24	14	(10)	-42%				
3	TOTAL INPATIENT & OUTPATIENT CHARGES	\$433,538	\$391,800	(\$41,738)	-10%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$162,155	\$207,117	\$44,962	28%				
		\$102,100	4201 ,111	\$1.1,002	2070				
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	0	0	0%				
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0	0	0	0% 0%				
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%				
	TOTAL INPATIENT & OUTPATIENT PATMENTS	Φ0	Φ0	\$ 0	U 70				
C.	CONNECTICARE, INC.								
1	Inpatient Charges	\$2,841,342	\$3,125,667	\$284,325	10%				
2	Inpatient Payments	\$1,804,066	\$1,482,903	(\$321,163)	-18%				
3	Outpatient Charges	\$3,162,382	\$3,195,687	\$33,305	1%				
4	Outpatient Payments	\$678,732	\$628,473	(\$50,259)	-7%				
5	Discharges	144	152	8	6%				
6	Patient Days	697	814	117	17%				
7	Outpatient Visits (Excludes ED Visits)	3,150	2,575	(575)	-18%				
8	Emergency Department Outpatient Visits	264	216	(48)	-18%				
9	Emergency Department Inpatient Admissions	334	134	(200)	-60%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,003,724	\$6,321,354	\$317,630	5%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,482,798	\$2,111,376	(\$371,422)	-15%				
D.	HEALTHNET OF CONNECTICUT								
1	Inpatient Charges	\$0	\$0	\$0	0%				
2	Inpatient Payments	\$0	\$0	\$0	0%				
3	Outpatient Charges	\$0	\$11,681	\$11,681	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	4	4	0%				
8	Emergency Department Outpatient Visits	0	0	0	0%				
9	Emergency Department Inpatient Admissions	0	0	0	0%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$11,681	\$11,681	0%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%				

	WINDHAM COMMUNIT	Y MEMORIAL HOS	SPITAL		
	TWELVE MONTH	IS ACTUAL FILING	}		
		YEAR 2013			
	REPORT 200 - HOSPITAL MEDI	CARE MANAGED	CARE ACTIVITY		
(4)	(2)	(2)	(4)	(F)	(0)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$265,934	\$422,487	\$156,553	59%
2	Inpatient Payments	\$158,011	\$239,121	\$81,110	51%
3	Outpatient Charges	\$653,367	\$704,583	\$51,216	8%
5	Outpatient Payments	\$141,522 15	\$125,714 28	(\$15,808)	-11% 87%
6	Discharges Patient Days	64	112	13 48	75%
7	Outpatient Visits (Excludes ED Visits)	644	521	(123)	-19%
8	Emergency Department Outpatient Visits	86	75	(11)	-13%
9	Emergency Department Inpatient Admissions	40	24	(16)	-40%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$919,301	\$1,127,070	\$207,769	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$299,533	\$364,835	\$65,302	22%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAG				
1	Inpatient Charges	\$0	\$0	\$0	0%
3	Inpatient Payments Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
4	Outpatient Charges Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	φ0 0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0 \$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	\$0 \$0	0% 0%
-	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	⊅ 0	\$0	0%
Н.	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 Unpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0 \$0	0 \$0	0 \$0	0% 0 %
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%
	10.7.2 IN ATTENT & OUT ATTENT ATMENTO	Ψ0	Ψ0	ΨΟ	370
I.	AETNA				
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	WINDHAM COMMUNI								
		HS ACTUAL FILING YEAR 2013	<u> </u>						
	REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY								
	KEI OKI 200 1100.117.12 III.2		,						
(1)	(2)	(3)	(4)	(5)	(6)				
, ,	•	FY 2012	FY 2013	AMÒÚNT	%				
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
		A							
1	Inpatient Charges	\$57,874	\$348,253	\$290,379	502%				
3	Inpatient Payments Outpatient Charges	\$33,688 \$156,445	\$186,248 \$411,250	\$152,560 \$254,805	453% 163%				
4	Outpatient Grarges Outpatient Payments	\$33,887	\$92,428	\$58,541	173%				
	Discharges	3	Ψ32, 120	16	533%				
	Patient Days	18	92	74	411%				
	Outpatient Visits (Excludes ED Visits)	171	276	105	61%				
8	Emergency Department Outpatient Visits	12	26	14	117%				
9	Emergency Department Inpatient Admissions	9	19	10	111%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$214,319	\$759,503	\$545,184	254%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$67,575	\$278,676	\$211,101	312%				
J.	HUMANA								
1 1	Inpatient Charges	\$10,564	\$44,685	\$34,121	323%				
2	Inpatient Payments	\$10,564	\$25,292	\$14,728	139%				
3	Outpatient Charges	\$22,892	\$4,612	(\$18,280)	-80%				
4	Outpatient Payments	\$4,959	\$448	(\$4,511)	-91%				
5	Discharges	1	3	2	200%				
6	Patient Days	4	8	4	100%				
	Outpatient Visits (Excludes ED Visits)	25	2	(23)	-92%				
	Emergency Department Outpatient Visits	0	2	2	0%				
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	2 \$22.456	\$40.207	1	50% 47%				
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$33,456 \$15,523	\$49,297 \$25,740	\$15,841 \$10,217	66%				
	TOTAL IN ATLENT & COTT ATLENT I ATMICKTO	ψ10,020	Ψ20,140	Ψ10,217	0070				
K.	SECURE HORIZONS								
1	Inpatient Charges	\$844,489	\$1,445,637	\$601,148	71%				
2	Inpatient Payments	\$498,622	\$787,288	\$288,666	58%				
3	Outpatient Charges	\$732,269	\$1,058,613	\$326,344	45%				
	Outpatient Payments	\$158,612	\$212,878	\$54,266	34%				
	Discharges Patient Days	40	69 345	29 57	73% 20%				
	Outpatient Visits (Excludes ED Visits)	695	803	108	16%				
	Emergency Department Outpatient Visits	95	152	57	60%				
	Emergency Department Inpatient Admissions	114	65	(49)	-43%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,576,758	\$2,504,250	\$927,492	59%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$657,234	\$1,000,166	\$342,932	52%				
L.	UNICARE LIFE & HEALTH INSURANCE	Φ0	00	Φ	201				
2	Inpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%				
3	Inpatient Payments Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%				
4	Outpatient Grarges Outpatient Payments	\$0	\$0 \$0	\$0	0%				
	Discharges	0	0	0	0%				
	Patient Days	0	0	0	0%				
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%				
	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%				
М.	UNIVERSAL AMERICAN								
1	Inpatient Charges	\$0	\$0	\$0	0%				
2	Inpatient Payments	\$0	\$0	\$0	0%				

	WINDHAM COMMUNIT	Y MEMORIAL HOS	ΡΙΤΔΙ		
		IS ACTUAL FILING			
		EAR 2013	<u>'</u>		
	REPORT 200 - HOSPITAL MEDIC		CARE ACTIVITY	,	
	NEI ON ESS TIOSITIAL MEDIC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(1)	(2)	(3)	(4)	(5)	(6)
	(-)	FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	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	* * * * * * * * * *	****	(\$050.007)	400
1	Inpatient Charges	\$1,847,400	\$993,793	(\$853,607)	-46%
2	Inpatient Payments	\$1,085,717	\$489,879	(\$595,838)	-55%
3	Outpatient Charges	\$2,067,820	\$1,468,621	(\$599,199)	-29%
4	Outpatient Payments	\$447,887	\$296,431	(\$151,456)	-34%
5	Discharges	104	61	(43)	-41%
6 7	Patient Days Outpatient Visits (Excludes ED Visits)	606 2,463	275 1,527	(331) (936)	-55% -38%
8	Emergency Department Outpatient Visits	305	1,527	(119)	-39%
9	Emergency Department Inpatient Admissions	287	57	(230)	-80%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,915,220	\$2,462,414	(\$1,452,806)	-37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,533,604	\$786,310	(\$747,294)	-49%
	TOTAL INFATILITY & COTTATILITY FATMLING	\$1,555,004	\$700,310	(\$747,234)	-43/
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$6,084,216	\$6,567,170	\$482,954	8%
	TOTAL INPATIENT PAYMENTS	\$3,705,836	\$3,346,918	(\$358,918)	-10%
	TOTAL OUTPATIENT CHARGES	\$7,012,100	\$7,060,199	\$48,099	1%
	TOTAL OUTPATIENT PAYMENTS	\$1,512,586	\$1,427,302	(\$85,284)	-6%
	TOTAL DISCHARGES	317	346	29	9%
	TOTAL PATIENT DAYS	1,740	1,698	(42)	-2%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,392	5,846	(1,546)	-21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	783	687	(96)	-12%
	TOTAL EMERGENCY DEPARTMENT INPATIENT			_	
	ADMISSIONS	810	316	(494)	-619
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,096,316	\$13,627,369	\$531,053	49
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,218,422	\$4,774,220	(\$444,202)	-9

	WINDHAM COMN	UNITY MEMORIAL	HOSPITAL		
		ONTHS ACTUAL F			
		ISCAL YEAR 2013			
	REPORT 250 - HOSPITAL	MEDICAID MANAG	SED CARE ACTIVI	TY	_
(4)	(0)	(0)	(4)	(5)	(0)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
		HOTOKE	7.0107.2	DILLEKENGE	70 DII 1 EILEITOE
I.	MEDICAID MANAGED CARE				
1.	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
	CONNECTICUT	Φ0	Φ0	#0	00/
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Outpatient Charges	\$0	\$0	\$0 \$0	0%
4	Outpatient Charges Outpatient Payments	\$0	\$0	\$0 \$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
	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	\$420,834	\$0	(\$420,834)	-100%
	Inpatient Payments	\$190,634	\$0	(\$190,634)	-100%
3	Outpatient Charges	\$2,345,099	\$0	(\$2,345,099)	-100%
4	Outpatient Payments	\$578,148	\$0	(\$578,148)	-100%
5	Discharges	55	0	(55)	-100%
7	Patient Days Outpatient Visits (Excludes ED Visits)	134	0	(134)	-100%
	Emergency Department Outpatient Visits	1,660 1,388	0	(1,660) (1,388)	-100% -100%
	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	51	0	(1,366)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,765,933	\$0	(\$2,765,933)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$768,782	\$0	(\$768,782)	-100%
		* ***********************************		(+1 22,1 22)	
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%
	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0 \$0	0 \$0	0 \$0	0% 0 %
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL INFATIENT & COTFATIENT PATWENTS	\$ U	ΦU	\$0	U70
D.	OTHER MEDICAID MANAGED CARE				
	Inpatient Charges	\$0	\$0	\$0	0%
	Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	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%

		IUNITY MEMORIAL ONTHS ACTUAL F			
		ISCAL YEAR 2013	ILING		
	REPORT 250 - HOSPITAL	MEDICAID MANAG	ED CARE ACTIVIT	ΓΥ	
(4)	(2)	(2)	(4)	(E)	(6)
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% 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 7	Patient Days Outpatient Visits (Excludes ED Visits)	0	0	0	0% 0%
8	Emergency Department Outpatient Visits	0	0	0	0%
_	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT, PREFERRED				
F.	ONE	# 0	C O		00/
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Outpatient Charges	\$0	\$0	\$0 \$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8 9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0% 0%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$ 0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	LIMITED HEALTHCARE				
G. 1	UNITED HEALTHCARE Inpatient Charges	\$138,268	\$0	(\$138,268)	-100%
2	Inpatient Payments	\$47,488	\$0 \$0	(\$47,488)	-100%
3	Outpatient Charges	\$377,267	\$0	(\$377,267)	-100%
4	Outpatient Payments	\$93,554	\$0	(\$93,554)	-100%
5	Discharges	9	0	(9)	-100%
6	Patient Days	40	0	(40)	-100%
7 8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	330 213	0	(330)	-100% -100%
9	Emergency Department Inpatient Admissions	8	0	(8)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$515,535	\$0	(\$515,535)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$141,042	\$0	(\$141,042)	-100%
	AETNA				
H.	Inpatient Charges	\$134,472	\$0	(\$134,472)	-100%
2	Inpatient Payments	\$52,865	\$0	(\$52,865)	-100%
3	Outpatient Charges	\$596,240	\$0	(\$596,240)	-100%
4	Outpatient Payments	\$147,855	\$0	(\$147,855)	-100%
5	Discharges	17	0	(17)	-100%
6	Patient Days	45	0	(45)	-100%
7 8	Outpatient Visits (Excludes ED Visits) Emergency Department Outpatient Visits	397 363	0	(397)	-100% -100%
9	Emergency Department Judipatient Visits Emergency Department Inpatient Admissions	36	0	(36)	-100%
<u> </u>	TOTAL INPATIENT & OUTPATIENT CHARGES	\$730,712	\$0	(\$730,712)	-100%
	TOTAL INFATIENT & COTFATIENT CHARGES	Ψ1 30,1 1Z	ΨΟΙ	(ψι 30,1 12)	10070

		IUNITY MEMORIAL			
		ONTHS ACTUAL F	ILING		
		ISCAL YEAR 2013			
	REPORT 250 - HOSPITAL	MEDICAID MANAG	SED CARE ACTIVI	ΙΥ	
(1)	(2)	(3)	(4)	(5)	(6)
_ ` /		FY 2012	FY 2013	AMOUNT	(-)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$693,574	\$0	(\$693,574)	-100%
	TOTAL INPATIENT PAYMENTS	\$290,987	\$0	(\$290,987)	-100%
	TOTAL OUTPATIENT CHARGES	\$3,318,606	\$0	(\$3,318,606)	-100%
	TOTAL OUTPATIENT PAYMENTS	\$819,557	\$0	(\$819,557)	-100%
	TOTAL DISCHARGES	81	0	(81)	-100%
	TOTAL PATIENT DAYS	219	0	(219)	-100%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	2,387	0	(2,387)	-100%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	1,964	0	(1,964)	-100%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	95	0	(95)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,012,180	\$0	(\$4,012,180)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,110,544	\$0	(\$1,110,544)	-100%

	WINDHA	IN COMMONT T WENT	RIAL HUSFITAL						
	ти	VELVE MONTHS ACTU	AL FILING						
		FISCAL YEAR 20	13						
	REPORT 300 - PARENT CORP	ORATION CONSOLIDA	TED BALANCE SHE	ET INFORMATION					
(1)	(1) (2) (3) (4) (5) (6)								
		FY 2012	FY 2013	AMOUNT	%				
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	<u>DIFFERENCE</u>				
l.	ASSETS								
A.	Current Assets:								
1	Cash and Cash Equivalents	\$4,122,969	\$7,575,725	\$3,452,756	84%				
2	Short Term Investments	\$0	\$0	\$0	0%				
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$20,670,040	\$11,889,554	(\$8,780,486)	-42%				
4	Current Assets Whose Use is Limited for Current Liabilities	\$654,986	\$560,838	(\$94,148)	-14%				
5	Due From Affiliates	\$715,820	\$1,047,418	\$331,598	46%				
6	Due From Third Party Payers	\$0	\$0	\$0	0%				
7	Inventories of Supplies	\$1,105,978	\$1,150,602	\$44,624	4%				
8	Prepaid Expenses	\$147,588	\$315,818	\$168,230	114%				
9	Other Current Assets	\$3,680,517	\$4,188,643	\$508,126	14%				
	Total Current Assets	\$31,097,898	\$26,728,598	(\$4,369,300)	-14%				
B.	Noncurrent Assets Whose Use is Limited:								
1	Held by Trustee	\$2,831,893	\$3,030,775	\$198,882	7%				
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%				
3	Funds Held in Escrow	\$1,439,934	\$1,439,934	\$0	0%				
4	Other Noncurrent Assets Whose Use is Limited	\$1,597,574	\$1,989,169	\$391,595	25%				
	Total Noncurrent Assets Whose Use is								
	Limited:	\$5,869,401	\$6,459,878	\$590,477	10%				
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%				
6	Long Term Investments	\$406,468	\$378,132	(\$28,336)	-7%				
7	Other Noncurrent Assets	\$3,123,242	\$2,434,811	(\$688,431)	-22%				
C.	Net Fixed Assets:								
_		¢104 401 200	¢447.075.072	¢42.572.794	13%				
2	Property, Plant and Equipment Less: Accumulated Depreciation	\$104,401,288 \$70,034,957	\$117,975,072 \$74,173,393	\$13,573,784 \$4,138,436	\$0				
	Property, Plant and Equipment, Net	\$34,366,331	\$43,801,679	\$9,435,348	27%				
	Troperty, Frant and Equipment, Net	ψ3+,300,331	Ψ-3,001,079	ψ3,+33,3+0	21 /0				
3	Construction in Progress	\$5,279,793	\$346,011	(\$4,933,782)	-93%				
	Total Net Fixed Assets	\$39,646,124	\$44,147,690	\$4,501,566	11%				
	Total Assets	\$80,143,133	\$80,149,109	\$5,976	0%				
II.	LIABILITIES AND NET ASSETS								

A. Current Liabilities:

TWELVE MONTHS ACTUAL FILING

REPORT 300 - PARENT COR	RPORATION CONSOLI	DATED BALANCE SHI	EET INFORMATION	
(2)	(3)	(4)	(5)	

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounts Payable and Accrued Expenses	\$10,158,204	\$4,524,108	(\$5,634,096)	-55%
2	Salaries, Wages and Payroll Taxes	\$1,194,930	\$2,012,866	\$817,936	68%
3	Due To Third Party Payers	\$1,499,004	\$1,340,072	(\$158,932)	-11%
4	Due To Affiliates	\$0	\$1,134,172	\$1,134,172	0%
5	Current Portion of Long Term Debt	\$11,163,890	\$15,681,512	\$4,517,622	40%
6	Current Portion of Notes Payable	\$173,906	\$59,406	(\$114,500)	-66%
7	Other Current Liabilities	\$8,955,163	\$5,090,126	(\$3,865,037)	-43%
	Total Current Liabilities	\$33,145,097	\$29,842,262	(\$3,302,835)	-10%
В.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$19,376,083	\$19,355,130	(\$20,953)	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$19,376,083	\$19,355,130	(\$20,953)	0%
3	Accrued Pension Liability	\$64,662,899	\$26,560,346	(\$38,102,553)	-59%
4	Other Long Term Liabilities	\$5,482,001	\$11,840,828	\$6,358,827	116%
	Total Long Term Liabilities	\$89,520,983	\$57,756,304	(\$31,764,679)	-35%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	(\$47,943,489)	(\$13,430,049)	\$34,513,440	-72%
2	Temporarily Restricted Net Assets	\$1,453,029	\$1,786,651	\$333,622	23%
3	Permanently Restricted Net Assets	\$3,967,513	\$4,193,941	\$226,428	6%
	Total Net Assets	(\$42,522,947)	(\$7,449,457)	\$35,073,490	-82%
	Total Liabilities and Net Assets	\$80,143,133	\$80,149,109	\$5,976	0%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$210,150,089	\$205,409,386	(\$4,740,703)	-2%
2	Less: Allowances	\$116,283,387	\$121,754,445	\$5,471,058	5%
3	Less: Charity Care	\$3,706,321	\$2,861,240	(\$845,081)	-23%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$90,160,381	\$80,793,701	(\$9,366,680)	-10%
5	Provision for Bad Debts	\$0	\$4,079,212	\$4,079,212	0%
	Net Patient Service Revenue less provision for bad debts	\$90,160,381	\$76,714,489	(\$13,445,892)	-15%
6	Other Operating Revenue	\$5,761,698	\$5,866,110	\$104,412	2%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$95,922,079	\$82,580,599	(\$13,341,480)	-14%
	Total Operating November	Ψ00,022,010	ψ02,000,000	(ψ10,041,400)	1470
В.	Operating Expenses:				
1	Salaries and Wages	\$42,907,325	\$41,730,362	(\$1,176,963)	-3%
2	Fringe Benefits	\$15,336,446	\$12,666,864	(\$2,669,582)	-17%
3	Physicians Fees	\$930,637	\$909,098	(\$21,539)	-2%
4	Supplies and Drugs	\$7,642,658	\$7,826,904	\$184,246	2%
5	Depreciation and Amortization	\$4,147,105	\$4,154,949	\$7,844	0%
6	Bad Debts	\$3,839,277	\$0	(\$3,839,277)	-100%
7	Interest Expense	\$1,325,543	\$1,107,869	(\$217,674)	-16%
8	Malpractice Insurance Cost	\$659,252	\$400,452	(\$258,800)	-39%
9	Other Operating Expenses	\$19,661,874	\$22,571,420	\$2,909,546	15%
	Total Operating Expenses	\$96,450,117	\$91,367,918	(\$5,082,199)	-5%
	Income/(Loss) From Operations	(\$528,038)	(\$8,787,319)	(\$8,259,281)	1564%
C.	Non-Operating Revenue:				
1	Income from Investments	(\$163)	\$9,049	\$9,212	-5652%
2	Gifts, Contributions and Donations	\$698,728	\$449,084	(\$249,644)	-36%
3	Other Non-Operating Gains/(Losses)	(\$936,114)	\$1,084,113	\$2,020,227	-216%
	Total Non-Operating Revenue	(\$237,549)	\$1,542,246	\$1,779,795	-749%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$765,587)	(\$7,245,073)	(\$6,479,486)	846%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$52,251	\$26,529	(\$25,722)	-49%

		MUNITY MEMORIAL			
	IWELVE	FISCAL YEAR 2013	LING		
	REPORT 350 - PARENT CORPORATION CO	NSOLIDATED STATE	MENT OF OPERA	TIONS INFORMATI	ON
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$52,251	\$26,529	(\$25,722)	-49%
	Excess/(Deficiency) of Revenue Over Expenses	(\$713,336)	(\$7,218,544)	(\$6,505,208)	912%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
<u>LINE</u>	DESCRIPTION	FY 2011	FY 2012	FY 2013	
A.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$85,855,448	\$90,160,381	\$76,714,489	
2	Other Operating Revenue	3,044,239	5,761,698	5,866,110	
3	Total Operating Revenue	\$88,899,687	\$95,922,079	\$82,580,599	
4	Total Operating Expenses	92,639,489	96,450,117	91,367,918	
5	Income/(Loss) From Operations	(\$3,739,802)	(\$528,038)	(\$8,787,319)	
6	Total Non-Operating Revenue	(323,008)	(185,298)	1,568,775	
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,062,810)	(\$713,336)	(\$7,218,544)	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-4.22%	-0.55%	-10.44%	
2	Parent Corporation Non-Operating Margin	-0.36%	-0.19%	1.86%	
3	Parent Corporation Total Margin	-4.59%	-0.75%	-8.58%	
4	Income/(Loss) From Operations	(\$3,739,802)	(\$528,038)	(\$8,787,319)	
5	Total Operating Revenue	\$88,899,687	\$95,922,079	\$82,580,599	
6	Total Non-Operating Revenue	(\$323,008)	(\$185,298)	\$1,568,775	
7	Total Revenue	\$88,576,679	\$95,736,781	\$84,149,374	
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,062,810)	(\$713,336)	(\$7,218,544)	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$35,978,450)	(\$47,943,489)	(\$13,430,049)	
2	Parent Corporation Total Net Assets	(\$31,049,573)	(\$42,522,947)	(\$7,449,457)	
3	Parent Corporation Change in Total Net Assets	(\$11,113,850)	(\$11,473,374)	\$35,073,490	
4	Parent Corporation Change in Total Net Assets %	155.7%	37.0%	-82.5%	
D.	<u>Liquidity Measures Summary</u>				
1	Current Ratio	1.31	0.94	0.90	
2	Total Current Assets	\$21,775,957	\$31,097,898	\$26,728,598	
3	Total Current Liabilities	\$16,617,232	\$33,145,097	\$29,842,262	

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TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)		(4)	(5)	
		ACTUAL		ACTUAL	ACTUAL	
<u>LINE</u>	DESCRIPTION	FY 2011	1 FY 2012		FY 2013	
4	Days Cash on Hand		10	16	32	
5	Cash and Cash Equivalents	\$2,50	2,682	\$4,122,969	\$7,575,725	
6	Short Term Investments		\$0	\$0	\$0	
7	Total Cash and Short Term Investments	\$2,50	2,682	\$4,122,969	\$7,575,725	
8	Total Operating Expenses	\$92,63	9,489	\$96,450,117	\$91,367,918	
9	Depreciation Expense	\$4,54	5,850	\$4,147,105	\$4,154,949	
10	Operating Expenses less Depreciation Expense	\$88,09	3,639	\$92,303,012	\$87,212,969	
11	Days Revenue in Patient Accounts Receivable		63	78	50	
12	Net Patient Accounts Receivable	\$ 14,88	1,466	\$ 20,670,040	\$ 11,889,554	
13	Due From Third Party Payers		\$0	\$0	\$0	
14	Due To Third Party Payers	\$7	1,283	\$1,499,004	\$1,340,072	
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,81	0,183	\$ 19,171,036	\$ 10,549,482	
16	Total Net Patient Revenue	\$85,85	5,448	\$90,160,381	\$76,714,489	
17	Average Payment Period		69	131	125	
18	Total Current Liabilities	\$16,61	7,232	\$33,145,097	\$29,842,262	
19	Total Operating Expenses	\$92,63	9,489	\$96,450,117	\$91,367,918	
20	Depreciation Expense	\$4,54	45,850	\$4,147,105	\$4,154,949	
20	Total Operating Expenses less Depreciation Expense	\$88,09	3,639	\$92,303,012	\$87,212,969	
E.	Solvency Measures Summary					
1	Equity Financing Ratio		(46.8)	(53.1)	(9.3)	
2	Total Net Assets	(\$31,04	9,573)	(\$42,522,947)	(\$7,449,457)	
3	Total Assets	\$66,36	9,494	\$80,143,133	\$80,149,109	
4	Cash Flow to Total Debt Ratio		1.3	6.5	(6.2)	
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4.06	2,810)	(\$713,336)	(\$7,218,544)	

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	OF HEALTH CARE ACCESS	JAL I ILING	WINDHAIN COMMONITY	TVIETVIOTAL/AETTOSITTI			
	WINDHAM COMMUNITY MEM	ORIAL HOSPITAL					
	TWELVE MONTHS ACT	TUAL FILING					
	FISCAL YEAR	2013					
	REPORT 385 - PARENT CORPORATION CONSO	LIDATED FINANCIAL D	ATA ANALYSIS				
(1) (2) (3) (4) (5)							
	·	ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013			
6	Depreciation Expense	\$4,545,850	\$4,147,105	\$4,154,949			
7	Excess of Revenues Over Expenses and Depreciation Expense	\$483,040	\$3,433,769	(\$3,063,595)			
8	Total Current Liabilities	\$16,617,232	\$33,145,097	\$29,842,262			
9	Total Long Term Debt	\$19,388,119	\$19,376,083	\$19,355,130			
10	Total Current Liabilities and Total Long Term Debt	\$36,005,351	\$52,521,180	\$49,197,392			
11	Long Term Debt to Capitalization Ratio	(166.3)	(83.7)	162.6			
12	Total Long Term Debt	\$19,388,119	\$19,376,083	\$19,355,130			
13	Total Net Assets	(\$31,049,573)	(\$42,522,947)	(\$7,449,457)			
14	Total Long Term Debt and Total Net Assets	(\$11,661,454)	(\$23,146,864)	\$11,905,673			

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					MUNITY MEMOR MONTHS ACTUA			
			FISCAL YEAR 2013 REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DE				DADTMENT	
			KEFORT 40	REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT				
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
(.)	(-/	(0)	(02)	(0~)	۲-7	(0)	OCCUPANCY	OCCUPANCY
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT	/	BEDS (A)	BEDS	BEDS (A)	BEDS
						<u> </u>		
1	Adult Medical/Surgical	12,777	3,335	3,393	53	104	66.0%	33.7%
	<u> </u>	•		·				
2	ICU/CCU (Excludes Neonatal ICU)	2,708	396	0	12	12	61.8%	61.8%
	Psychiatric: Ages 0 to 17	0		0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0		0		0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
<u> </u>	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0	0		0.00/	0.00/
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,015	420	417	14	14	19.9%	19.9%
<u> </u>	IMaternity	1,010	420	417	14	14	13.5/0	13.5/0
7	Newborn	855	382	380	8	14	29.3%	16.7%
<u> </u>	Newbolli	000	502	000	<u> </u>	1-7	20.070	10.1 /0
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
	- Toolista Too			-	-		•	*
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
<u> </u>	TOTAL EXCLUDING NEWBORN	16,500	3,755	3,810	79	130	57.2%	34.8%
	TOTAL INPATIENT BED UTILIZATION	17,355	4,137	4,190	87	144	54.7%	33.0%
<u> </u>	TOTAL INPATIENT REPORTED YEAR	47.255	4 4 2 7	4.400	07	111	E 4 70/	22.00/
	TOTAL INPATIENT REPORTED YEAR TOTAL INPATIENT PRIOR YEAR	17,355	, ,	4,190	87	144	54.7%	33.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	18,673 -1,318		4,564 -374	87 0	144	58.8% -4.2%	35.5% -2.5%
<u> </u>	DIFFERENCE #: REPORTED VO. PRIOR TEAR	-1,310	-309	-3/4	U	U	-4. ∠ 70	-2.570
<u> </u>	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-7%	-8%	-8%	0%	0%	-7%	-7%
<u> </u>	DIFFERENCE %. REPORTED VS. FRIOR ILAN	-1 /0	- 0 /0	-0 /0	U /0	U /0	-1 /0	-1 /0
	Total Licensed Beds and Bassinets	144						
<u> </u>	Total Electised Deds and Dassinets	177						
(Δ) TI	A) This number may not exceed the number of available beds for each department or in to							
(~,	Ilo Hulliber may not exoced the number of arang	abic bodo ioi cas	l department or	otai.				
Note	│ : Total discharges do not include ICU/CCU patiel	nts.						
	Total discussing services and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services are services and the services are services							

	TWELVE	MMUNITY MEMORIAL MONTHS ACTUAL F						
	F	FISCAL YEAR 2013						
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTH	ER SERVICES UTIL	IZATION AND FTE	3			
		(2)	(1)	<u> </u>	(0)			
(1)	(2)	(3)	(4)	(5)	(6)			
		ACTUAL	ACTUAL	AMOUNT	0/			
LINE	DESCRIPTION	ACTUAL	ACTUAL EX 2012	AMOUNT	%			
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE			
A.	CT Scans (A)							
	Inpatient Scans	2,477	2,323	-154	-6%			
	Outpatient Scans (Excluding Emergency Department	2,711	2,020	-104	-070			
	Scans)	3,506	3,179	-327	-9%			
	Emergency Department Scans	4,965	4,273	-692	-14%			
	Other Non-Hospital Providers' Scans (A)	0	. 0	0	0%			
	Total CT Scans	10,948	9,775	-1,173	-11%			
		,	·	·				
B.	MRI Scans (A)							
1	Inpatient Scans	473	430	-43	-9%			
	Outpatient Scans (Excluding Emergency Department							
	Scans)	3,759	3,533	-226	-6%			
	Emergency Department Scans	116	82	-34	-29%			
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%			
	Total MRI Scans	4,348	4,045	-303	-7%			
	DET Coope (A)							
	PET Scans (A)	0	0	0	00/			
	Inpatient Scans Outpatient Scans (Excluding Emergency Department	0	0	0	0%			
	Scans)	0	0	0	0%			
	Emergency Department Scans	0	0	0				
	Other Non-Hospital Providers' Scans (A)	0	0	0				
	Total PET Scans	0	0	0	0%			
D.	PET/CT Scans (A)							
	Inpatient Scans	5	5	0	0%			
	Outpatient Scans (Excluding Emergency Department							
	Scans)	136	97	-39	-29%			
	Emergency Department Scans	0	0	0	0%			
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0	0	0				
	Total PET/CT Scans	141	102	-39	-28%			
	(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.							
	volumo el cuen el mises typos el coune n'em une	primary provides or	ino ocumor					
E.	Linear Accelerator Procedures							
	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				
2	Outpatient Procedures	0	0	0				
	Total Cardiac Catheterization Procedures	0	0	0	0%			
	Cardina Angianlasty Dress deres							
	Cardiac Angioplasty Procedures			^	00/			
	Primary Procedures Elective Procedures	0	0	0	0% 0%			
۷	Total Cardiac Angioplasty Procedures	0	0	0				
	. ota. Saratao Angiopiasty i 1000au es	0	U	<u> </u>	0 //			
Н.	Electrophysiology Studies							
	Inpatient Studies	0	0	0	0%			
	Outpatient Studies	0	0	0				
	Total Electrophysiology Studies	0	0	0				

	WINDHAM COMMUNITY MEMORIAL HOSPITAL								
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2013 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
	REPORT 450 - HOSPITAL INPATIENT AN	ND OUTPATIENT OTHE	R SERVICES UTILI	ZATION AND FIES	<u> </u>				
(1)	(2)	(3)	(4)	(5)	(6)				
(1)	(2)	(3)	(4)	(5)	(0)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE				
I.	Surgical Procedures								
1	Inpatient Surgical Procedures	1,242	1,053	-189	-15%				
2	Outpatient Surgical Procedures	5,220	5,010	-210	-4%				
	Total Surgical Procedures	6,462	6,063	-399	-6%				
	Endonomy Broodynes								
J.	Endoscopy Procedures	269	289	20	70/				
2	Inpatient Endoscopy Procedures Outpatient Endoscopy Procedures	3,007	2,684	-323	7% -11%				
	Total Endoscopy Procedures	3,276	2,973	-323	-1176				
	Total Endoscopy Frocedures	3,270	2,913	-303	-5 /0				
K.	Hospital Emergency Room Visits								
1	Emergency Room Visits: Treated and Admitted	3,244	3,028	-216	-7%				
2	Emergency Room Visits: Treated and Discharged	33,618	32,054	-1,564	-5%				
	Total Emergency Room Visits	36,862	35,082	-1,780	-5%				
	Hamital Olivia Vialta								
<u>L.</u> 1	Hospital Clinic Visits Substance Abuse Treatment Clinic Visits	0	0	0	00/				
2	Dental Clinic Visits	0	0	0	0% 0%				
3	Psychiatric Clinic Visits	0	0	0	0%				
4	Medical Clinic Visits	0	0	0	0%				
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%				
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%				
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%				
8	Medical Clinic Visits - Other Medical Clinics	0	1,679	1,679	0%				
9	Specialty Clinic Visits	3,365	0	-3,365	-100%				
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%				
11	Specialty Clinic Visits - Chronic Pain Clinic	0	219	219	0%				
12	Specialty Clinic Visits - OB-GYN Clinic Specialty Clinic Visits - Other Speciality Clinics	0	1,144	1,144	0%				
13	Total Hospital Clinic Visits	3,365	0 3,042	0 - 323	0% -10%				
	Total Hoopital Climo Vicito	3,303	3,042	323	1070				
М.	Other Hospital Outpatient Visits								
1	Rehabilitation (PT/OT/ST)	20,026	20,463	437	2%				
2	Cardiac Rehabilitation	1,587	1,775	188	12%				
3	Chemotherapy	260	382	122	47%				
4	Gastroenterology	0	246	246	0%				
5	Other Outpatient Visits	98,064	50,802	-47,262	-48%				
	Total Other Hospital Outpatient Visits	119,937	73,668	-46,269	-39%				
N.	Hospital Full Time Equivalent Employees								
1	Total Nursing FTEs	179.4	170.0	-9.4	-5%				
2	Total Physician FTEs	11.4	9.4	-2.0	-18%				
3	Total Non-Nursing and Non-Physician FTEs	410.8	397.7	-13.1	-3%				
	Total Hospital Full Time Equivalent Employees	601.6	577.1	-24.5	-4%				

	WINDHAM COMMUNITY TWELVE MONTH		_				
		S ACTUAL FILIN EAR 2013	G				
DE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	_,	EDGENCY DO	OM SEDVICES E	EV I OCATION		
ΝL	FORT 465 - HOSFITAL OUTFATIENT SURGICAL, ENDO	SCOPT AND EIVI	ERGENCT RO	OW SERVICES E	LOCATION		
(1)	(2)	(3)	(4)	(5)	(6)		
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	<u>DESCRIPTION</u>	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE		
Α.	Outpatient Surgical Procedures						
	Windham Hospital	5,220	5,010	-210	-4%		
	Total Outpatient Surgical Procedures(A)	5,220	5,010	-210	-4%		
B.	Outpatient Endoscopy Procedures						
1	Windham Hospital	3,007	2,684	-323	-11%		
	Total Outpatient Endoscopy Procedures(B)	3,007	2,684	-323	-11%		
C.	Outpatient Hospital Emergency Room Visits						
1	Windham Hospital	33,618	32,054	-1,564	-5%		
	Total Outpatient Hospital Emergency Room Visits(C)	33,618	32,054	-1,564	-5%		
) 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.						

FISCAL YEAR 2013

	AND BASELINE UNDERPAYMENT DAT	A. COMPARAT	IVE ANALISI		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
Α.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$43,219,561	\$43,515,351	\$295,790	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$27,984,408	\$24,795,085	(\$3,189,323)	-11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	64.75%	56.98%	-7.77%	-12%
4	DISCHARGES	2,326	2,210	(116)	-5%
5	CASE MIX INDEX (CMI)	1.37894	1.39802	0.01908	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,207.41444	3,089.62420	(117.79024)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,724.91	\$8,025.28	(\$699.64)	-8%
8	PATIENT DAYS	11,749	11,054	(695)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,381.85	\$2,243.09	(\$138.77)	-6%
10	AVERAGE LENGTH OF STAY	5.1	5.0	(0.0)	-1%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,352,416	\$41,397,393	(\$1,955,023)	-5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,817,895	\$8,834,967	(\$982,928)	-10%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.65%	21.34%	-1.30%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	100.31%	95.13%	-5.17%	-5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,333.15002	2,102.43595	(230.71407)	-10%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,208.00	\$4,202.25	(\$5.75)	0%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$86,571,977	\$84,912,744	(\$1,659,233)	-2%
18	TOTAL ACCRUED PAYMENTS	\$37,802,303	\$33,630,052	(\$4,172,251)	-11%
19	TOTAL ALLOWANCES	\$48,769,674	\$51,282,692	\$2,513,018	5%
B.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON COVERNMENT INDATIENT				
	NON-GOVERNMENT INPATIENT	\$45,000,405	£40.040.007	(\$0.44C.000)	100/
	INPATIENT ACCRUED CHARGES	\$15,063,185	\$12,616,287	(\$2,446,898)	-16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,212,630	\$7,171,285	(\$2,041,345)	-22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	61.16%	56.84%	-4.32%	-7%
	DISCHARGES	1,178	926	(252)	-21%
	CASE MIX INDEX (CMI)	0.95456	0.96785	0.01329	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,124.47168	896.22910 \$8,004.63	(228.24258)	-20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,192.85	\$8,001.62	(\$191.23)	-2%
	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$532.06	\$23.66	(\$508.40)	-96%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$598,286	\$21,200	(\$577,086)	-96%
_	PATIENT DAYS	3,656	2,876	(780)	-21%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY AVERAGE LENGTH OF STAY	\$2,519.87 3.1	\$2,493.49 3.1	(\$26.37) 0.0	-1% 0%
14	AVENUE LENGTH OF STATE	3.1	J. I	0.0	070
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$65,413,680	\$59,778,686	(\$5,634,994)	-9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,691,135	\$24,181,063	(\$3,510,072)	-13%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.33%	40.45%	-1.88%	-4%

FISCAL YEAR 2013

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	434.26%	473.82%	39.56%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,115.60570	4,387.58751	(728.01819)	-14%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,413.07	\$5,511.24	\$98.17	2%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,205.07)	(\$1,308.99)	(\$103.92)	9%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,164,667)	(\$5,743,312)	\$421,355	-7%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$80,476,865	\$72,394,973	(\$8,081,892)	-10%
22	TOTAL ACCRUED PAYMENTS	\$36,903,765	\$31,352,348	(\$5,551,417)	-15%
23	TOTAL ALLOWANCES	\$43,573,100	\$41,042,625	(\$2,530,475)	-6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,566,381)	(\$5,722,112)	(\$155,731)	3%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$72,963,986	\$62,017,893	(\$10,946,093)	-15%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$36,836,135	\$31,236,312	(\$5,599,823)	-15%
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,127,851	\$30,781,581	(\$5,346,270)	-15%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.51%	49.63%	0.12%	
C.	<u>UNINSURED</u>				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$751,105	\$760,706	\$9,601	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,020	\$14,644	(\$376)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.00%	1.93%	-0.07%	-4%
4	DISCHARGES	56	48	(8)	-14%
5	CASE MIX INDEX (CMI)	0.93178	1.08940	0.15762	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	52.17968	52.29120	0.11152	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$287.85	\$280.05	(\$7.80)	-3%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,905.00	\$7,721.57	(\$183.43)	-2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,437.06	\$7,745.23	(\$691.83)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$440,243	\$405,007	(\$35,236)	-8%
	PATIENT DAYS	156	147	(9)	-6%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$96.28	\$99.62	\$3.34	3%
13	AVERAGE LENGTH OF STAY	2.8	3.1	0.3	10%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,287,134	\$4,026,998	(\$260,136)	-6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$108,762	\$101,392	(\$7,370)	-7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.54%	2.52%	-0.02%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	570.78%	529.38%	-41.40%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	319.63508	254.10067	(65.53441)	-21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$340.27	\$399.02	\$58.75	17%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,072.80	\$5,112.22	\$39.42	1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,867.73	\$3,803.23	(\$64.50)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,236,262	\$966,403	(\$269,859)	-22%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$5,038,239	\$4,787,704	(\$250,535)	-5%

FISCAL YEAR 2013

	AND BASELINE UNDERPATMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
IINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE		
LIIVE	DESCRIPTION	112012	1 1 2013	DITTERENCE	DITTERENCE		
24	TOTAL ACCRUED PAYMENTS	\$123,782	\$116.036	(\$7,746)	-6%		
25	TOTAL ALLOWANCES	\$4,914,457	\$4,671,668	(\$242,789)	-5%		
		+ 1,5 1 1, 15 1	+ 1,0111,000	(+= :=,: ==)			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,676,505	\$1,371,410	(\$305,095)	-18%		
				,			
D.	STATE OF CONNECTICUT MEDICAID						
	MEDICAID INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$10,264,076	\$11,232,147	\$968,071	9%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,320,933	\$4,108,612	(\$212,321)	-5%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.10%	36.58%	-5.52%	-13%		
4	DISCHARGES	970	965	(5)	-1%		
5	CASE MIX INDEX (CMI)	0.91643	0.96308	0.04665	5%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	888.93710	929.37220	40.43510	5%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,860.79	\$4,420.85	(\$439.94)	-9%		
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,332.07	\$3,580.77	\$248.71	7%		
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,864.13	\$3,604.43	(\$259.70)	-7%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,434,965	\$3,349,856	(\$85,109)	-2%		
11	PATIENT DAYS	3,155	3,237	82	3%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,369.55	\$1,269.27	(\$100.29)	-7%		
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.1	3%		
	MEDICAID OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,726,377	\$35,458,130	\$3,731,753	12%		
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,607,868	\$7,346,857	(\$261,011)	-3%		
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.98%	20.72%	-3.26%	-14%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	309.10%	315.68%	6.58%	2%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,998.28116	3,046.35396	48.07280	2%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,537.41	\$2,411.69	(\$125.72)	-5%		
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,875.66	\$3,099.55	\$223.89	8%		
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,670.59	\$1,790.56	\$119.97	7%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,008,899	\$5,454,692	\$445,793	9%		
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)						
23	TOTAL ACCRUED CHARGES	\$41,990,453	\$46,690,277	\$4,699,824	11%		
24	TOTAL ACCRUED PAYMENTS	\$11,928,801	\$11,455,469	(\$473,332)	-4%		
25	TOTAL ALLOWANCES	\$30,061,652	\$35,234,808	\$5,173,156	17%		
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,443,864	\$8,804,548	\$360,684	4%		
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)						
	OTHER MEDICAL ASSISTANCE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$181,321	\$582,134	\$400,813	221%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$43,905	\$88,061	\$44,156	101%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.21%	15.13%	-9.09%	-38%		
4	DISCHARGES	15	18	3	20%		
5	CASE MIX INDEX (CMI)	1.06624	2.08431	1.01807	95%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15.99360	37.51758	21.52398	135%		

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	AND BASELINE SINDERLY ATMENT DATA. COMIT ARATTVE ARAETSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,745.16	\$2,347.19	(\$397.97)	-14%		
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,447.69	\$5,654.43	\$206.74	4%		
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,979.75	\$5,678.08	(\$301.67)	-5%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$95,638	\$213,028	\$117,390	123%		
11	PATIENT DAYS	47	151	104	221%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$934.15	\$583.19	(\$350.96)	-38%		
13	AVERAGE LENGTH OF STAY	3.1	8.4	5.3	168%		
	OTHER MEDICAL ASSISTANCE OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$250 122	¢205.055	¢27 022	150/		
	OUTPATIENT ACCRUED CHARGES (OP CHGS) OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$258,122	\$295,955	\$37,833	15% 14%		
15	OUTPATIENT ACCRUED PATMENTS (OF PMIT) OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	\$30,210	\$34,562 11.68%	\$4,352	0%		
16	OUTPATIENT CHARGES / INPATIENT CHARGES OUTPATIENT CHARGES / INPATIENT CHARGES	11.70% 142.36%	50.84%	-0.03% -91.52%	-64%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES OUTPATIENT EQUIVALENT DISCHARGES (OPED)		9.15114				
18		21.35346		(12.20232)	-57% 167%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$1,414.76	\$3,776.80	\$2,362.04 (\$2,263.86)	-57%		
20		\$3,998.31	\$1,734.45	\., <i>,</i>			
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,793.24	\$425.46	(\$2,367.78)	-85%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$59,645	\$3,893	(\$55,752)	-93%		
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIE	NT)					
23	TOTAL ACCRUED CHARGES	\$439,443	\$878,089	\$438,646	100%		
24	TOTAL ACCRUED PAYMENTS	\$74,115	\$122,623	\$48,508	65%		
25	TOTAL ALLOWANCES	\$365,328	\$755,466	\$390,138	107%		
		¥ = = = /=	+,	, , , , , , , , , , , , , , , , , , ,			
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$155,283	\$216,921	\$61,638	40%		
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)						
	TOTAL MEDICAL ASSISTANCE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$10,445,397	\$11,814,281	\$1,368,884	13%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,364,838	\$4,196,673	(\$168,165)	-4%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.79%	35.52%	-6.27%	-15%		
4	DISCHARGES	985	983	(2)	0%		
5	CASE MIX INDEX (CMI)	0.91871	0.98361	0.06490	7%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	904.93070	966.88978	61.95908	7%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,823.39	\$4,340.38	(\$483.01)	-10%		
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,369.46	\$3,661.24	\$291.78	9%		
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,901.52	\$3,684.89	(\$216.63)	-6%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,530,603	\$3,562,884	\$32,281	1%		
11	PATIENT DAYS	3,202	3,388	186	6%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,363.16	\$1,238.69	(\$124.47)	-9%		
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.2	6%		
	TOTAL MEDICAL ASSISTANCE OUTPATIENT	#04.004.40C	POF 754 005	#0.700.500	1001		
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,984,499	\$35,754,085	\$3,769,586	12%		
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,638,078	\$7,381,419	(\$256,659)	-3%		
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.88%	20.64%	-3.24%	-14%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	306.21%	302.63%	-3.57%	-1%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,019.63462	3,055.50510	35.87048	1%		

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,529.47	\$2,415.78	(\$113.69)	-4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,883.60	\$3,095.47	\$211.87	7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,678.53	\$1,786.48	\$107.95	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,068,544	\$5,458,585	\$390,041	8%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEN	Τ)			
23	TOTAL ACCRUED CHARGES	\$42,429,896	\$47.568.366	\$5.138.470	12%
24	TOTAL ACCRUED PAYMENTS	\$12,002,916	\$11,578,092	(\$424,824)	-4%
25	TOTAL ALLOWANCES	\$30,426,980	\$35,990,274	\$5,563,294	18%
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$211,837	\$123,913	(\$87,924)	-42%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$80,646	\$64,966	(\$15,680)	-19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.07%	52.43%	14.36%	38%
4	DISCHARGES	17	18	1	6%
5	CASE MIX INDEX (CMI)	0.94453	0.83612	(0.10841)	-11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	16.05701	15.05016	(1.00685)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,022.48	\$4,316.63	(\$705.85)	-14%
8	PATIENT DAYS	66	37	(29)	-44%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,221.91	\$1,755.84	\$533.93	44%
10	AVERAGE LENGTH OF STAY	3.9	2.1	(1.8)	-47%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$459,513	\$409,389	(\$50,124)	-11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$115,885	\$89,032	(\$26,853)	-23%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$671,350	\$533,302	(\$138,048)	-21%
14	TOTAL ACCRUED PAYMENTS	\$196,531	\$153,998	(\$42,533)	-22%
15	TOTAL ALLOWANCES	\$474,819	\$379,304	(\$95,515)	-20%
10		ψ11 1,010	ψο, ο,οο ι	(\$60,010)	2070
H.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$5,761,698	\$5,866,110	\$104,412	2%
2	TOTAL OPERATING EXPENSES	\$96,450,117	\$91,367,918	(\$5,082,199)	-5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$3,573,641	\$2,699,812	(\$873,829)	-24%
5	BAD DEBTS (CHARGES)	\$3,254,865	\$4,240,640	\$985,775	30%
6	UNCOMPENSATED CARE (CHARGES)	\$6,828,506	\$6,940,452	\$111,946	2%
7	COST OF UNCOMPENSATED CARE	\$2,843,024	\$2,664,761	(\$178,263)	-6%
		, , -,-	, , , , , , , , , , , , , , , , , , , ,	(, -,)	
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOL				
8	TOTAL ACCRUED CHARGES	\$42,429,896	\$47,568,366	\$5,138,470	12%
9	TOTAL ACCRUED PAYMENTS	\$12,002,916	\$11,578,092	(\$424,824)	-4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$17,665,534	\$18,263,698	\$598,164	3%

FISCAL YEAR 2013

AND BASELINE SINDER! ATMENT DATA. COMITARATIVE ANALTSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,662,618	\$6,685,606	\$1,022,988	18%
II.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$68,939,980	\$68,069,832	(\$870,148)	-1%
2	TOTAL INPATIENT PAYMENTS	\$41,642,522	\$36,228,009	(\$5,414,513)	-13%
3	TOTAL INPATIENT PAYMENTS / CHARGES	60.40%	53.22%	-7.18%	-12%
4	TOTAL DISCHARGES	4,506	4,137	(369)	-8%
5	TOTAL CASE MIX INDEX	1.16575	1.20082	0.03507	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5,252.87383	4,967.79324	(285.08059)	-5%
7	TOTAL OUTPATIENT CHARGES	\$141,210,108	\$137,339,553	(\$3,870,555)	-3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	204.83%	201.76%	-3.07%	-1%
9	TOTAL OUTPATIENT PAYMENTS	\$45,262,993	\$40,486,481	(\$4,776,512)	-11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.05%	29.48%	-2.57%	-8%
11	TOTAL CHARGES	\$210,150,088	\$205,409,385	(\$4,740,703)	-2%
12	TOTAL PAYMENTS	\$86,905,515	\$76,714,490	(\$10,191,025)	-12%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.35%	37.35%	-4.01%	-10%
14	PATIENT DAYS	18,673	17,355	(1,318)	-7%
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$53,876,795	\$55,453,545	\$1,576,750	3%
2	INPATIENT PAYMENTS	\$32,429,892	\$29,056,724	(\$3,373,168)	-10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	60.19%	52.40%	-7.79%	-13%
4	DISCHARGES	3,328	3,211	(117)	-4%
5	CASE MIX INDEX	1.24051	1.26801	0.02750	2%
6	CASE MIX ADJUSTED DISCHARGES	4,128.40215	4,071.56414	(56.83801)	-1%
7	OUTPATIENT CHARGES	\$75,796,428	\$77,560,867	\$1,764,439	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	140.68%	139.87%	-0.82%	-1%
9	OUTPATIENT PAYMENTS	\$17,571,858	\$16,305,418	(\$1,266,440)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.18%	21.02%	-2.16%	-9%
11	TOTAL CHARGES	\$129,673,223	\$133,014,412	\$3,341,189	3%
12	TOTAL PAYMENTS	\$50,001,750	\$45,362,142	(\$4,639,608)	-9%
13	TOTAL PAYMENTS / CHARGES	38.56%	34.10%	-4.46%	-12%
14	PATIENT DAYS	15,017	14,479	(538)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$79,671,473	\$87,652,270	\$7,980,797	10%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	5.1	5.0	(0.0)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.1	3.1	0.0	0%
3	UNINSURED	2.8	3.1	0.3	10%
4	MEDICAID	3.3	3.4	0.1	3%
5	OTHER MEDICAL ASSISTANCE	3.1	8.4	5.3	168%
6	CHAMPUS / TRICARE	3.9	2.1	(1.8)	-47%
7	TOTAL AVERAGE LENGTH OF STAY	4.1	4.2	0.1	1%
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$210,150,088	\$205,409,385	(\$4,740,703)	-2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$79,671,473	\$87,652,270	\$7,980,797	10%

FISCAL YEAR 2013

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE		
3	UNCOMPENSATED CARE	\$6,828,506	\$6,940,452	\$111,946			
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,127,851	\$30,781,581	(\$5,346,270)	-15%		
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$27,028	\$1,168,909	\$1,141,881	4225%		
	TOTAL ADJUSTMENTS	\$122,654,858	\$126,543,212	\$3,888,354	3%		
7	TOTAL ACCRUED PAYMENTS	\$87,495,230	\$78,866,173	(\$8,629,057)	-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.	\$87,495,230	\$78,866,173	(\$8,629,057)	-10%		
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4163463876	0.3839462983	(0.0324000894)	-8%		
11	COST OF UNCOMPENSATED CARE	\$2,843,024	\$2,664,761	(\$178,263)	-6%		
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,662,618	\$6,685,606	\$1,022,988	18%		
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%		
14	TOTAL COST OF UNCOMPENSATED CARE AND						
	MEDICAL ASSISTANCE UNDERPAYMENT	\$8,505,642	\$9,350,367	\$844,725	10%		
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	<u>GY)</u>					
1	MEDICAID	\$5,008,899	\$5,454,692	\$445,793	9%		
2	OTHER MEDICAL ASSISTANCE	\$155,283	\$216,921	\$61,638	40%		
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,676,505	\$1,371,410	(\$305,095)	-18%		
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,840,687	\$7,043,024	\$202,336	3%		
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600	<u> </u>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$49,956	\$3,159,164	\$3,109,208	6223.89%		
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,254,865	\$0	(\$3,254,865)	-100.00%		
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$90,160,381	\$76,714,489	(\$13,445,892)	-14.91%		
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%		
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$210,150,089	\$205,409,386	(\$4,740,703)	-2.26%		
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$717,092	\$0	(\$717,092)	-100.00%		
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,545,598	\$6,940,452	(\$605,146)	-8.02%		

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

BASELINE UNDERPAYMENT DATA

(4)	(0)	(9)	[(A)]	(F)
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2012</u>	ACTUAL <u>FY</u> <u>2013</u>	AMOUNT <u>DIFFERENCE</u>
I.	ACCRUED CHARGES AND PAYMENTS			
1.	ACCIOLD CHAROLS ARD I ATMENTO			
	INPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$15,063,185 \$43,219,561	\$12,616,287 43,515,351	(\$2,446,898) \$295,790
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,445,397	11,814,281	\$1,368,884
4	MEDICAID	\$10,264,076	11,232,147	\$968,071
	OTHER MEDICAL ASSISTANCE	\$181,321	582,134	\$400,813
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$211,837 \$751,105	123,913 760,706	(\$87,924) \$9,601
	TOTAL INPATIENT GOVERNMENT CHARGES	\$53,876,795	\$55,453,545	\$1,576,750
	TOTAL INPATIENT CHARGES	\$68,939,980	\$68,069,832	(\$870,148)
В.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,413,680	\$59,778,686	(\$5,634,994)
	MEDICARE	\$43,352,416	41,397,393	(\$1,955,023)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$31,984,499 \$31,726,377	35,754,085 35,458,130	\$3,769,586 \$3,731,753
	OTHER MEDICAL ASSISTANCE	\$258,122	295,955	\$37,833
	CHAMPUS / TRICARE	\$459,513	409,389	(\$50,124)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTDATIENT COVERNMENT CHARGES	\$4,287,134 \$75,706,439	4,026,998 \$77.560.867	(\$260,136) \$1,764,430
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$75,796,428 \$141,210,108	\$77,560,867 \$137,339,553	\$1,764,439 (\$3,870,555)
		Ţ, <u>Z</u> ij100	Ţ : 0.1 ; 0.0 0 ; 0.0 0	(+5,5. 5,500)
	TOTAL NONCOVERNMENT (INCLUDING CELE DAY (LININGCUEED)	#00 470 00F	#70.004.070	(\$0.004.000)
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$80,476,865 \$86,571,977	\$72,394,973 \$84,912,744	(\$8,081,892) (\$1,659,233)
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,429,896	\$47,568,366	\$5,138,470
	TOTAL MEDICAID	\$41,990,453	\$46,690,277	\$4,699,824
	TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$439,443	\$878,089	\$438,646
	TOTAL CHAMPOS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$671,350 \$5,038,239	\$533,302 \$4,787,704	(\$138,048) (\$250,535)
	TOTAL GOVERNMENT CHARGES	\$129,673,223	\$133,014,412	\$3,341,189
	TOTAL CHARGES	\$210,150,088	\$205,409,385	(\$4,740,703)
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,212,630	\$7,171,285	(\$2,041,345)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,984,408 \$4,364,838	24,795,085 4,196,673	(\$3,189,323) (\$168,165)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$4,304,636	4,196,673	(\$212,321)
	OTHER MEDICAL ASSISTANCE	\$43,905	88,061	\$44,156
	CHAMPUS / TRICARE	\$80,646	64,966	(\$15,680)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$15,020 \$32,429,892	14,644 \$29.056.724	(\$376) (\$3.373.168)
	TOTAL INPATIENT GOVERNMENT FATMENTS TOTAL INPATIENT PAYMENTS	\$41,642,522	\$36,228,009	(\$5,414,513)
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	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,691,135	\$24,181,063	(\$3,510,072)
	MEDICARE	\$9,817,895	8,834,967	(\$982,928)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,638,078	7,381,419	(\$256,659)
	MEDICAL ASSISTANCE	\$7,607,868	7,346,857	(\$261,011)
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$30,210 \$115,885	34,562 89.032	\$4,352 (\$26,853)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$108,762	101,392	(\$7,370)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$17,571,858	\$16,305,418	(\$1,266,440)
	TOTAL OUTPATIENT PAYMENTS	\$45,262,993	\$40,486,481	(\$4,776,512)
	TOTAL ACCRUED PAYMENTS			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,903,765	\$31,352,348	(\$5,551,417)
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,802,303 \$12,002,916	\$33,630,052 \$11,578,092	(\$4,172,251) (\$424,824)
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,002,910	\$11,455,469	(\$473,332)
	TOTAL OTHER MEDICAL ASSISTANCE	\$74,115	\$122,623	\$48,508
	TOTAL CHAMPUS / TRICARE TOTAL LININGLIDED (INCLUDED IN MONLGOV/EDNIMENT)	\$196,531 \$123,782	\$153,998 \$116,036	(\$42,533) (\$7,746)
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PAYMENTS	\$123,782 \$50,001,750	\$116,036 \$45,362,142	(\$7,746) (\$4,639,608)
	TOTAL PAYMENTS	\$86,905,515	\$76,714,490	(\$10,191,025)

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FISCAL YEAR 2013

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY	AMOUNT DIFFERENCE
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.17%	6.14%	-1.03%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.57% 4.97%	21.18% 5.75%	0.62% 0.78%
	MEDICAID	4.88%	5.47%	0.58%
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.09%	0.28% 0.06%	0.20% -0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.36%	0.37%	0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	25.64% 32.81%		1.36% 0.33%
	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES	3213170	3311478	3.0370
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	31.13% 20.63%	29.10% 20.15%	-2.02% -0.48%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.22%	17.41%	2.19%
	MEDICAID OTHER MEDICAL ASSISTANCE	15.10% 0.12%	17.26% 0.14%	2.17% 0.02%
	CHAMPUS / TRICARE	0.12%	0.20%	-0.02%
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	2.04%	1.96%	-0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	36.07% 67.19%		1.69% -0.33%
	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)	10.60%	9.35%	-1.25%
	MEDICARE	32.20%	32.32%	0.12%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	5.02% 4.97%	5.47% 5.36%	0.45% 0.38%
	OTHER MEDICAL ASSISTANCE	4.97% 0.05%	0.11%	0.38%
	CHAMPUS / TRICARE	0.09%	0.08%	-0.01%
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYER MIX	0.02% 37.32%	0.02% 37.88%	0.00% 0.56 %
	TOTAL INPATIENT PAYER MIX	47.92%		-0.69%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.86%	31.52%	-0.34%
	MEDICARE	11.30%		0.22%
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	8.79% 8.75%	9.62% 9.58%	0.83% 0.82%
	OTHER MEDICAL ASSISTANCE	0.03%	0.05%	0.01%
	CHAMPUS / TRICARE	0.13%	0.12%	-0.02%
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	0.13% 20.22%	0.13% 21.25%	0.01% 1.04 %
	TOTAL OUTPATIENT PAYER MIX	52.08%	52.78%	0.69%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER RE	QUIRED DATA		
A.	DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,178	926	(252)
	MEDICARE	2,326		(116)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	985 970		(2)
5	OTHER MEDICAL ASSISTANCE	15	18	3
_	CHAMPUS / TRICARE	17		1
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT DISCHARGES	56 3,328		(8) (117)
	TOTAL DISCHARGES	4,506		(369)

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

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL FY	AMOUNT
LINE	<u>DESCRIPTION</u>	FY 2012	<u>2013</u>	DIFFERENCE
В.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,656	2,876	(780)
	MEDICARE	11,749		(695)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,202		186
	MEDICAID OTHER MEDICAL ASSISTANCE	3,155 47		82 104
	CHAMPUS / TRICARE	66		(29)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	156	147	(9)
	TOTAL BATIENT DAYS	15,017	,	(538)
	TOTAL PATIENT DAYS	18,673	17,355	(1,318)
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.1	3.1	0.0
	MEDICARE	5.1		(0.0)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.3	3.4	0.2
	MEDICAID OTHER MEDICAL ASSISTANCE	3.3		0.1
	CHAMPUS / TRICARE	3.1 3.9		5.3 (1.8)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8		0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.5		(0.0)
	TOTAL AVERAGE LENGTH OF STAY	4.1	4.2	0.1
D.	CASE MIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.95456	0.96785	0.01329
	MEDICARE	1.37894		0.01329
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.91871		0.06490
	MEDICAID	0.91643		0.04665
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	1.06624 0.94453		1.01807 (0.10841)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.93178		0.15762
	TOTAL GOVERNMENT CASE MIX INDEX	1.24051		0.02750
	TOTAL CASE MIX INDEX	1.16575	1.20082	0.03507
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$72,963,986	\$62,017,893	(\$10,946,093)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,836,135	\$31,236,312	(\$5,599,823)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,127,851	+,	(\$5,346,270)
	TOTAL ACTUAL DISCOUNT PERCENTAGE EMPLOYEE SELF INSURANCE GROSS REVENUE	49.51% \$49.956	49.63% \$3,159,164	0.12% \$3,109,208
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$27,028	\$1,168,909	\$1,141,881
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$0	\$0	
	OHCA INPUT)			\$0
	CHARITY CARE BAD DEBTS	\$3,573,641 \$3,254,865	\$2,699,812 \$4,240,640	(\$873,829) \$985,775
	TOTAL UNCOMPENSATED CARE	\$6,828,506	\$6,940,452	\$111,946
11	TOTAL OTHER OPERATING REVENUE	\$5,761,698	\$5,866,110	\$104,412
12	TOTAL OPERATING EXPENSES	\$96,450,117	\$91,367,918	(\$5,082,199)
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,124.47168	896.22910	(228.24258)
2	MEDICARE	3,207.41444	3,089.62420	(117.79024)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	904.93070	966.88978	61.95908
	MEDICAID OTHER MEDICAL ASSISTANCE	888.93710 15.99360	929.37220 37.51758	40.43510 21.52398
	CHAMPUS / TRICARE	16.05701	15.05016	(1.00685)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	52.17968	52.29120	0.11152

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
INE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY	AMOUNT DIFFERENCE
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES TOTAL CASE MIX ADJUSTED DISCHARGES	4,128.40215 5,252.87383	4,071.56414 4,967.79324	(56.83801 (285.08059
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,115.60570	4,387.58751	-728.0181
_	MEDICARE	2,333.15002	,	-230.7140
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	3,019.63462 2,998.28116	3,055.50510	35.8704 48.0728
	OTHER MEDICAL ASSISTANCE	21.35346	,	-12.2023
6	CHAMPUS / TRICARE	36.87609		22.5930
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	319.63508 5,389.66073		-65.5344 -172.2505
_	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES TOTAL OUTPATIENT EQUIVALENT DISCHARGES	10,505.26643	9,604.99772	-900.2687
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,192.85	\$8,001.62	(\$191.23
2	MEDICARE	\$8,724.91	\$8,025.28	(\$699.64
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$4,823.39 \$4,860.79	\$4,340.38	(\$483.01
	MEDICAID OTHER MEDICAL ASSISTANCE	\$4,860.79	\$4,420.85 \$2,347.19	(\$439.94 (\$397.97
6	CHAMPUS / TRICARE	\$5,022.48	\$4,316.63	(\$705.8
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$287.85	\$280.05	(\$7.80
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,855.31 \$7,927.57	\$7,136.50 \$7,292.58	(\$718.8° (\$634.9)
	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	,	¥1,=====	(400.00
		ΦE 440.07	# 5 544 04	000.45
_	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$5,413.07 \$4,208.00	\$5,511.24 \$4,202.25	\$98.17 (\$5.75
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,529.47	\$2,415.78	(\$113.69
_	MEDICAID	\$2,537.41	\$2,411.69	(\$125.72
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$1,414.76 \$3,142.55	\$3,776.80 \$1,497.11	\$2,362.04 (\$1,645.44
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$340.27	\$399.02	\$58.7
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE		40.10=.10	
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$3,260.29 \$4,308.60	\$3,125.19 \$4,215.15	(\$135.1) (\$93.4)
v.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$5,008,899	\$5,454,692	\$445,793
	OTHER MEDICAL ASSISTANCE	\$155,283	\$216,921	\$61,638
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,676,505	\$1,371,410	(\$305,095
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,840,687	\$7,043,024	\$202,336
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOL	OGY)		
	TOTAL CHARGES	\$210,150,088	\$205,409,385	(\$4,740,703
	TOTAL GOVERNMENT DEDUCTIONS UNCOMPENSATED CARE	\$79,671,473 \$6,828,506	\$87,652,270 \$6,940,452	\$7,980,797 \$111,946
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,127,851	\$30,781,581	(\$5,346,270
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$27,028	\$1,168,909	\$1,141,88°
	TOTAL ADJUSTMENTS TOTAL ACCRUED PAYMENTS	\$122,654,858 \$87,495,230	\$126,543,212 \$78,866,173	\$3,888,354
	UCP DSH PAYMENTS (OHCA INPUT)	\$87,495,230	\$78,866,173	(\$8,629,05
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$87,495,230	\$78,866,173	(\$8,629,05
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4163463876	0.3839462983	(0.032400089
	COST OF UNCOMPENSATED CARE MEDICAL ASSISTANCE UNDERPAYMENT	\$2,843,024 \$5,662,618	\$2,664,761 \$6,685,606	(\$178,263 \$1,022,988
	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0,002,018	\$0,005,000	\$1,022,980
	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$8,505,642	\$9,350,367	\$844,725
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
''	(2)	, ,		, ,
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL <u>FY</u> <u>2013</u>	AMOUNT <u>DIFFERENCE</u>
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.16%	56.84%	-4.32%
2	MEDICARE	64.75%	56.98%	-7.77%
<u>3</u>	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	41.79% 42.10%	35.52% 36.58%	-6.27% -5.52%
	OTHER MEDICAL ASSISTANCE	24.21%	15.13%	-9.09%
6	CHAMPUS / TRICARE	38.07%	52.43%	14.36%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.00%	1.93%	-0.07%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		50.40 0/	
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	60.19% 60.40%	52.40% 53.22%	-7.79% -7.18%
	TOTAL RATIO OF INFATIENT FATMENTS TO INFATIENT CHARGES	00.4070	30.22 /0	7.1070
	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.33% 22.65%	40.45% 21.34%	-1.88% -1.30%
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.88%	20.64%	-3.24%
4	MEDICAID	23.98%	20.72%	-3.26%
	OTHER MEDICAL ASSISTANCE	11.70%	11.68%	-0.03%
6	CHAMPUS / TRICARE	25.22% 2.54%	21.75% 2.52%	-3.47% -0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	2.54%	2.52%	-0.02%
	TOTAL GOVERNMENT NAME OF GOT ATIENT ATMENTO TO GOT ATIENT GRANGES	23.18%	21.02%	-2.16%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	32.05%	29.48%	-2.57%
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	TIONS .		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	3		
1	TOTAL ACCRUED PAYMENTS	\$86,905,515	\$76,714,490	(\$10,191,025)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	φου,θου,σ10	\$70,714,490	\$0
	INPUT)	\$0	\$0	* -
	OHCA DEFINED NET REVENUE	\$86,905,515	\$76,714,490	(\$10,191,025)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,254,865	\$0	(\$3,254,865)
	CALCULATED NET REVENUE	\$93,438,173	\$76,714,490	(\$16,723,683)
			, , , , , , , , , , , , , , , , , , , ,	,, ,, ,,
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$90,160,381	\$76,714,489	(\$13,445,892)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,277,792	\$1	(\$3,277,791)
	THIN WELL (MOOT BE 2200 THAN ON 240AL TO \$000)	\$0 ,211,102	Ψ.	(40,211,101)
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$210,150,088	\$205,409,385	(\$4,740,703)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$210,150,088	\$205,409,385	(\$4,740,703)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$210,150,089	\$205,409,386	(\$4,740,703)
١	REPORTING)	φ2 10, 130,069	φ <u>∠</u> υυ,4υθ,300	(44,740,703)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	(\$1)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT	l re		
<u> </u>	RECONSIDERION OF STICK DEFINED UNCOME. CARE TO HOSPITAL AUDITED FIN. STATEMENT			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,828,506	\$6,940,452	\$111,946
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$717,092	\$0	(\$717,092)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,545,598	\$6,940,452	(\$605,146)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,545,598	\$6,940,452	(\$605,146)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

LINE DESCRIPTION 1. ACCRUED CHARGES AND PAYMENTS 1. ACCRUED CHARGES AND PAYMENTS 2. AND COVERNMENT (INCLUDING SELF PAY / UNINSURED) 3. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6. CHAMPLY, TRICARE 7. UNINSURED (INCLUDED IN NON-GOVERNMENT) 7. OTAL IMPATIENT OOVERNMENT (INCLUDING SELF PAY / UNINSURED) 8. OUTPATIENT CHARGES 8. OUTPATIENT CHARGES 8. OUTPATIENT (INCLUDING SELF PAY / UNINSURED) 9. MEDICARE 10. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 11. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 12. MEDICARE 13. MEDICARE 14. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 15. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 16. CHAMPLY, TRICARE 17. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 18. OUTPATIENT OUTPATIENT GOVERNMENT) 19. OTHER MEDICAL ASSISTANCE 19. OTHER MEDICAL ASSISTANCE 19. OTHER MEDICAL ASSISTANCE 19. OTHER MEDICAL ASSISTANCE 19. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 19. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 19. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 19. NATIONAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 19. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 19. OTHER MED		WINDHAM COMMUNITY MEMORIAL HOSPITAL	
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2) (2) (2) (3) (3) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		TWELVE MONTHS ACTUAL FILING	
(1) (2) (2) (2) (2) (2) (3) (4) (2) (4) (2) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6			
(1) (2) LINE DESCRIPTION 1. ACCRUED CHARGES AND PAYMENTS 1. ACCRUED CHARGES AND PAYMENTS 2. INPUT CHARGES AND PAYMENTS 3. INPUT CHARGES AND PAYMENTS 3. INPUT CHARGES AND PAYMENTS 4. INPUT CHARGES AND PAYMENTS 5. CHARGE ASSISTANCE INCLUDING SELF PAY/UNINSURED) 5. CHARGE ASSISTANCE INCLUDING OTHER MEDICAL ASSISTANCE) 6. CHARMEN CHARGES 7. UNINSURED (INCLUDED IN NON-GOVERNMENT) 7. TOTAL INPATIENT CAPER CHARGES 8. SUPPATIENT ACCRUED CHARGES 1. NON-GOVERNMENT (INCLUDING SELF PAY/UNINSURED) 5. SUPPATIENT ACCRUED CHARGES 1. NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) 4. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6. CHARMEN CAPER CHARGES 7. UNINSURED (INCLUDED IN NON-GOVERNMENT) 7. OTHER MEDICAL ASSISTANCE 7. UNINSURED (INCLUDED IN NON-GOVERNMENT) 7. TOTAL OUTPATIENT SOVERNMENT CHARGES 7. OTHER MEDICAL ASSISTANCE 8. CHARMEN CAPER CHARGES 9. TOTAL ACCRUED CHARGES 1. TOTAL ACCRUED C		REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
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7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS \$ TOTAL INPATIENT PAYMENTS \$ E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$ TOTAL OUTPATIENT PAYMENTS \$ F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$ \$ **TOTAL ACCRUED PAYMENTS \$ **TOTAL ACCRUED PAYMENTS \$ **TOTAL ACCRUED PAYMENTS **TOTAL ACCRUED PAYMEN	6		
TOTAL INPATIENT PAYMENTS E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$ TOTAL OUTPATIENT PAYMENTS F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$ TOTAL ACCRUED PAYMENTS	1		
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1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$ TOTAL OUTPATIENT PAYMENTS F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$ TOTAL ACCRUED PAYMENTS \$ TOTAL ACCRUED PAYMENTS \$ TOTAL ACCRUED PAYMENTS	\$36,22	TOTAL INPATIENT PAYMENTS	
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT)		OUTPATIENT ACCRUED PAYMENTS	F.
2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$ TOTAL OUTPATIENT PAYMENTS F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$ \$ TOTAL ACCRUED PAYMENTS \$ \$ TOTAL ACCRUED PAYMENTS	\$24,18		
4 MEDICAID 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,83		
5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,38		
6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$ TOTAL OUTPATIENT PAYMENTS \$ F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$ \$	7,34		
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$ TOTAL OUTPATIENT PAYMENTS \$ F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$ \$	3		
TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$	10		
TOTAL OUTPATIENT PAYMENTS F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$	\$16,30		
F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$	\$40,48		
1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$			
2 TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS \$			
TOTAL ACCRUED PAYMENTS \$	\$31,35		
	45,36		2
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	\$76,71	IOTAL ACCRUED PATMENTS	
		I. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	II.
A. ACCRUED DISCHARGES		A ACCRUED DISCUARGES	

	WINDHAM COMMUNITY MEMORIAL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2013	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)	(2)	(2)
(1)	(2)	(3) ACTUAL
LINE	DESCRIPTION	FY 2013
	<u>BEGGRIF HOR</u>	112010
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	926
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,210 983
<u>3</u>	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	965
5	OTHER MEDICAL ASSISTANCE	18
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	18 48
	TOTAL GOVERNMENT DISCHARGES	3,211
	TOTAL DISCHARGES	4,137
В.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.96785
2	MEDICARE	1.39802
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	0.98361 0.96308
5	OTHER MEDICAL ASSISTANCE	2.08431
6	CHAMPUS / TRICARE	0.83612
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CASE MIX INDEX	1.08940 1.26801
	TOTAL CASE MIX INDEX	1.20082
	OTHER REQUIRER DATA	
C .	OTHER REQUIRED DATA TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$62,017,893
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$31,236,312
<u> </u>	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$20.704.504
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE	\$30,781,581 49.63%
5 6	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,159,164 \$1,168,909
-	EMPLOTEE SELF INSURANCE ALLOWANCE	\$1,100,909
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
	OHADITY OADS	#0.000.040
<u>8</u> 9	CHARITY CARE BAD DEBTS	\$2,699,812 \$4,240,640
10	TOTAL UNCOMPENSATED CARE	\$6,940,452
11	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$5,866,110 \$91,367,918
12	TOTAL OF ENVIRON EXITENSES	ψοτ,σοτ,στο
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$76,714,490
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$76,714,490
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0
	CALCULATED NET REVENUE	\$76,714,490
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$76,714,489
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
2	OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$205,409,385 \$0
	I LOGA (MINIOU) OTHER ADDOCTMENTS TO CHOA DELINED GROSS REVENUE	\$ U

	WINDHAM COMMUNITY MEMORIAL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2013	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
` '		ACTÚAL
INE	DESCRIPTION	FY 2013
	CALCULATED GROSS REVENUE	\$205,409,385
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$205,409,386
	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)	\$6,940,452
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,940,452
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,940,452
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2013 REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(1)	(2)	(3)	(4)	(5)	(6)
` ,		ACTÚAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
A.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	1,459	1,068	(391)	-27%
2	Number of Approved Applicants	1,421	1,039	(382)	-27%
3	Total Charges (A)	\$3,573,641	\$2,699,812	(\$873,829)	-24%
4	Average Charges	\$2,515	\$2,598	\$84	3%
	Avoidgo ondigos	Ψ2,313	Ψ2,330	ΨΟΨ	370
5	Ratio of Cost to Charges (RCC)	0.457643	0.446711	(0.010932)	-2%
6	Total Cost	\$1,635,452	\$1,206,036	(\$429,416)	-26%
7	Average Cost	\$1,151	\$1,161	\$10	1%
8	Charity Care - Inpatient Charges	\$882.258	\$585,726	(\$296,532)	-34%
9	Charity Care - Impatient Charges Charity Care - Outpatient Charges (Excludes ED Charges)	1,285,863	1,035,783	(250,080)	-19%
10	Charity Care - Surpatient Charges (Excludes EB Charges) Charity Care - Emergency Department Charges	1,405,520	1,078,303	(327,217)	-23%
11	Total Charges (A)	\$3,573,641	\$2,699,812	(\$873,829)	-24%
	Total Ollarges (71)	ψο,οτο,ο+1	Ψ2,033,012	(ψ010,020)	2470
12	Charity Care - Number of Patient Days	213	146	(67)	-31%
13	Charity Care - Number of Discharges	72	44	(28)	-39%
14	Charity Care - Number of Outpatient ED Visits	1,097	885	(212)	-19%
	Charity Care - Number of Outpatient Visits (Excludes ED				
15	Visits)	2,220	1,399	(821)	-37%
B.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$399,366	\$505,890	\$106,524	27%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	917,347	1,125,174	207,827	23%
3	Bad Debts - Emergency Department	1,938,152	2,609,576	671,424	35%
4	Total Bad Debts (A)	\$3,254,865	\$4,240,640	\$985,775	30%
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$3,573,641	\$2,699,812	(\$873,829)	-24%
2	Bad Debts (A)	3,254,865	4,240,640	985,775	30%
3	Total Uncompensated Care (A)	\$6,828,506	\$6,940,452	\$111,946	2%
4	Uncompensated Care - Inpatient Services	\$1,281,624	\$1,091,616	(\$190,008)	-15%
	Uncompensated Care - Outpatient Services (Excludes ED	ψ·,=σ·,σ=·	¥ 1,001,010	(+ 100,000)	
5	Unc. Care)	2,203,210	2,160,957	(42,253)	-2%
6	Uncompensated Care - Emergency Department	3,343,672	3,687,879	344,207	10%
7	Total Uncompensated Care (A)	\$6,828,506	\$6,940,452	\$111,946	2%

	W	INDHAM COMMUNITY MEMOR			
		TWELVE MONTHS ACTUA			
		FISCAL YEAR 201	<u>~</u>		
		ON-GOVERNMENT GROSS RE	· · · · · · · · · · · · · · · · · · ·	ALLOWANCES,	
	ACCF	RUED PAYMENTS AND DISCOL	JNT PERCENTAGE		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012	FY 2013		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$72,963,986	\$62,017,893	(\$10,946,093)	-15%
2	Total Contractual Allowances	\$36,127,851	\$30,781,581	(\$5,346,270)	-15%
	Total Accrued Payments (A)	\$36,836,135	\$31,236,312	(\$5,599,823)	-15%
	Total Discount Percentage	49.51%	49.63%	0.12%	0%
(A) A	ccrued Payments associated with Non-Governi	ment Contractual Allowances r	nust exclude any reduction	n for Uncompensated	d Care.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL FY 2012	ACTUAL FY 2013
Α.	Gross and Net Revenue			
	Inpatient Gross Revenue	\$72,222,517	\$68,939,980	\$68,069,832
2	Outpatient Gross Revenue	\$127,160,608	\$141,210,108	\$137,339,553
3	Total Gross Patient Revenue	\$199,383,125	\$210,150,088	\$205,409,385
4	Net Patient Revenue	\$85,855,448	\$90,160,381	\$76,714,489
В.	Total Operating Expenses			
1	Total Operating Expense	\$92,639,489	\$96,450,117	\$91,367,918
C.	<u>Utilization Statistics</u>			
1	Patient Days	19,996	18,673	17,355
2	Discharges	4,701	4,506	4,137
3	Average Length of Stay	4.3	4.1	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	55,203	56,921	52,371
0	Equivalent (Adjusted) Discharges (ED)	12,978	13,736	12,484
D.	Case Mix Statistics			
1	Case Mix Index	1.10184	1.16575	1.20082
2	Case Mix Adjusted Patient Days (CMAPD)	22,032	21,768	20,840
3	Case Mix Adjusted Discharges (CMAD)	5,180	5,253	4,968
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	60,825	66,356	62,888
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,300	16,012	14,991
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$9,971	\$11,254	\$11,836
2	Total Gross Revenue per Discharge	\$42,413	\$46,638	\$49,652
3	Total Gross Revenue per EPD	\$3,612	\$3,692	\$3,922
4	Total Gross Revenue per ED	\$15,363	\$15,300	\$16,454
5	Total Gross Revenue per CMAEPD	\$3,278	\$3,167	\$3,266
6	Total Gross Revenue per CMAED	\$13,943	\$13,124	\$13,702
7	Inpatient Gross Revenue per EPD	\$1,308	\$1,211	\$1,300
8	Inpatient Gross Revenue per ED	\$5,565	\$5,019	\$5,453

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$4,294	\$4,828	\$4,420
2	Net Patient Revenue per Discharge	\$18,263	\$20,009	\$18,544
3	Net Patient Revenue per EPD	\$1,555	\$1,584	\$1,465
4	Net Patient Revenue per ED	\$6,615	\$6,564	\$6,145
5	Net Patient Revenue per CMAEPD	\$1,412	\$1,359	\$1,220
6	Net Patient Revenue per CMAED	\$6,004	\$5,631	\$5,117
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$4,633	\$5,165	\$5,265
2	Total Operating Expense per Discharge	\$19,706	\$21,405	\$22,086
3	Total Operating Expense per EPD	\$1,678	\$1,694	\$1,745
4	Total Operating Expense per ED	\$7,138	\$7,022	\$7,319
5	Total Operating Expense per CMAEPD	\$1,523	\$1,454	\$1,453
6	Total Operating Expense per CMAED	\$6,478	\$6,023	\$6,095
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$12,572,579	\$13,759,500	\$13,350,243
2	Nursing Fringe Benefits Expense	\$4,891,166	\$4,918,084	\$4,052,342
3	Total Nursing Salary and Fringe Benefits Expense	\$17,463,745	\$18,677,584	\$17,402,585
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$2,054,798	\$2,572,919	\$1,987,414
2	Physician Fringe Benefits Expense	\$799,387	\$919,643	\$603,261
3	Total Physician Salary and Fringe Benefits Expense	\$2,854,185	\$3,492,562	\$2,590,675
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$26,718,419	\$26,574,906	\$26,392,705
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$10,394,386	\$9,498,719	\$8,011,261
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$37,112,805	\$36,073,625	\$34,403,966

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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
<u></u> K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$41,345,796	\$42,907,325	\$41,730,362
2	Total Fringe Benefits Expense	\$16,084,939	\$15,336,446	\$12,666,864
3	Total Salary and Fringe Benefits Expense	\$57,430,735	\$58,243,771	\$54,397,226
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	208.6	179.4	170.0
2	Total Physician FTEs	9.3	11.4	9.4
3	Total Non-Nursing, Non-Physician FTEs	389.6	410.8	397.7
4	Total Full Time Equivalent Employees (FTEs)	607.5	601.6	577.1
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$60,271	\$76,697	\$78,531
2	Nursing Fringe Benefits Expense per FTE	\$23,448	\$27,414	\$23,837
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$83,719	\$104,111	\$102,368
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$220,946	\$225,695	\$211,427
2	Physician Fringe Benefits Expense per FTE	\$85,956	\$80,670	\$64,177
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$306,902	\$306,365	\$275,604
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense	per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$68,579	\$64,691	\$66,363
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$26,680	\$23,122	\$20,144
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$95,259	\$87,813	\$86,507
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$68,059	\$71,322	\$72,310
2	Total Fringe Benefits Expense per FTE	\$26,477	\$25,493	\$21,949
3	Total Salary and Fringe Benefits Expense per FTE	\$94,536	\$96,815	\$94,260
Q.	Total Salary and Fringe Ben. Expense per Statistic			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2011</u>	ACTUAL <u>FY 2012</u>	ACTUAL FY 2013
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,872	\$3,119	\$3,134
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,217	\$12,926	\$13,149
3	Total Salary and Fringe Benefits Expense per EPD	\$1,040	\$1,023	\$1,039
4	Total Salary and Fringe Benefits Expense per ED	\$4,425	\$4,240	\$4,357
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$944	\$878	\$865
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,016	\$3,637	\$3,629