

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$8,339,532	\$4,161,628	(\$4,177,904)	-50%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$31,383,650	\$32,051,457	\$667,807	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$435,186	\$0	(\$435,186)	-100%
5	Due From Affiliates	\$640,957	\$18,853	(\$622,104)	-97%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,443,429	\$2,407,715	\$964,286	67%
8	Prepaid Expenses	\$761,737	\$647,914	(\$113,823)	-15%
9	Other Current Assets	\$6,401,505	\$7,633,586	\$1,232,081	19%
	<b>Total Current Assets</b>	<b>\$49,405,996</b>	<b>\$46,921,153</b>	<b>(\$2,484,843)</b>	<b>-5%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$75,285,353	\$80,740,462	\$5,455,109	7%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$75,285,353</b>	<b>\$80,740,462</b>	<b>\$5,455,109</b>	<b>7%</b>
5	Interest in Net Assets of Foundation	\$100,379,776	\$108,498,436	\$8,118,660	8%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$24,740,751	\$22,532,232	(\$2,208,519)	-9%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$250,597,819	\$275,932,208	\$25,334,389	10%
2	Less: Accumulated Depreciation	\$134,135,876	\$151,474,917	\$17,339,041	13%
	<b>Property, Plant and Equipment, Net</b>	<b>\$116,461,943</b>	<b>\$124,457,291</b>	<b>\$7,995,348</b>	<b>7%</b>
3	Construction in Progress	\$13,845,701	\$2,121,842	(\$11,723,859)	-85%
	<b>Total Net Fixed Assets</b>	<b>\$130,307,644</b>	<b>\$126,579,133</b>	<b>(\$3,728,511)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$380,119,520</b>	<b>\$385,271,416</b>	<b>\$5,151,896</b>	<b>1%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$35,669,910	\$36,868,927	\$1,199,017	3%
2	Salaries, Wages and Payroll Taxes	\$14,239,585	\$10,784,228	(\$3,455,357)	-24%
3	Due To Third Party Payers	\$12,264,644	\$3,164,295	(\$9,100,349)	-74%
4	Due To Affiliates	\$14,848,033	\$15,089,703	\$241,670	2%
5	Current Portion of Long Term Debt	\$1,415,000	\$1,500,000	\$85,000	6%
6	Current Portion of Notes Payable	\$5,904,502	\$6,033,372	\$128,870	2%
7	Other Current Liabilities	\$50,382	\$53,729	\$3,347	7%
	<b>Total Current Liabilities</b>	<b>\$84,392,056</b>	<b>\$73,494,254</b>	<b>(\$10,897,802)</b>	<b>-13%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$35,269,625	\$33,769,625	(\$1,500,000)	-4%
2	Notes Payable (Net of Current Portion)	\$16,874,755	\$10,924,043	(\$5,950,712)	-35%
	<b>Total Long Term Debt</b>	<b>\$52,144,380</b>	<b>\$44,693,668</b>	<b>(\$7,450,712)</b>	<b>-14%</b>
3	Accrued Pension Liability	\$19,397,464	\$24,478,050	\$5,080,586	26%
4	Other Long Term Liabilities	\$25,935,775	\$29,700,191	\$3,764,416	15%
	<b>Total Long Term Liabilities</b>	<b>\$97,477,619</b>	<b>\$98,871,909</b>	<b>\$1,394,290</b>	<b>1%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$75,698,045	\$86,365,161	\$10,667,116	14%
2	Temporarily Restricted Net Assets	\$29,429,877	\$27,079,719	(\$2,350,158)	-8%
3	Permanently Restricted Net Assets	\$93,121,923	\$99,460,373	\$6,338,450	7%
	<b>Total Net Assets</b>	<b>\$198,249,845</b>	<b>\$212,905,253</b>	<b>\$14,655,408</b>	<b>7%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$380,119,520</b>	<b>\$385,271,416</b>	<b>\$5,151,896</b>	<b>1%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$668,252,698	\$726,117,965	\$57,865,267	9%
2	Less: Allowances	\$369,005,460	\$413,474,247	\$44,468,787	12%
3	Less: Charity Care	\$1,893,788	\$2,097,657	\$203,869	11%
4	Less: Other Deductions	\$3,466,164	\$3,776,480	\$310,316	9%
	<b>Total Net Patient Revenue</b>	<b>\$293,887,286</b>	<b>\$306,769,581</b>	<b>\$12,882,295</b>	<b>4%</b>
5	Provision for Bad Debts	\$852,481	\$1,605,446	\$752,965	88%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$293,034,805</b>	<b>\$305,164,135</b>	<b>\$12,129,330</b>	<b>4%</b>
6	Other Operating Revenue	\$3,320,641	\$3,849,544	\$528,903	16%
7	Net Assets Released from Restrictions	\$15,485,926	\$16,467,708	\$981,782	6%
	<b>Total Operating Revenue</b>	<b>\$311,841,372</b>	<b>\$325,481,387</b>	<b>\$13,640,015</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$117,098,664	\$125,996,279	\$8,897,615	8%
2	Fringe Benefits	\$29,255,836	\$26,196,501	(\$3,059,335)	-10%
3	Physicians Fees	\$12,947,896	\$13,118,485	\$170,589	1%
4	Supplies and Drugs	\$24,748,107	\$30,364,995	\$5,616,888	23%
5	Depreciation and Amortization	\$17,239,933	\$19,075,786	\$1,835,853	11%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,230,401	\$1,137,843	(\$92,558)	-8%
8	Malpractice Insurance Cost	\$3,757,011	\$2,533,717	(\$1,223,294)	-33%
9	Other Operating Expenses	\$81,919,697	\$84,323,262	\$2,403,565	3%
	<b>Total Operating Expenses</b>	<b>\$288,197,545</b>	<b>\$302,746,868</b>	<b>\$14,549,323</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$23,643,827</b>	<b>\$22,734,519</b>	<b>(\$909,308)</b>	<b>-4%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$5,156,717	\$7,722,695	\$2,565,978	50%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$655,403)	\$0	\$655,403	-100%
	<b>Total Non-Operating Revenue</b>	<b>\$4,501,314</b>	<b>\$7,722,695</b>	<b>\$3,221,381</b>	<b>72%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$28,145,141</b>	<b>\$30,457,214</b>	<b>\$2,312,073</b>	<b>8%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$28,145,141</b>	<b>\$30,457,214</b>	<b>\$2,312,073</b>	<b>8%</b>
	Principal Payments	\$7,853,485	\$7,216,002	(\$637,483)	-8%

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$1,698,315	\$1,122,036	(\$576,279)	-34%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$218,045,317	\$235,198,677	\$17,153,360	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,052,459	\$3,561,163	\$508,704	17%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$166,288,215	\$182,292,313	\$16,004,098	10%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$894,674	\$1,155,430	\$260,756	29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$389,978,980</b>	<b>\$423,329,619</b>	<b>\$33,350,639</b>	<b>9%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$427,046	\$520,464	\$93,418	22%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$139,794,966	\$151,189,857	\$11,394,891	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,724,718	\$2,230,670	\$505,952	29%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$133,873,081	\$146,288,402	\$12,415,321	9%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,453,906	\$2,558,953	\$105,047	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$278,273,717</b>	<b>\$302,788,346</b>	<b>\$24,514,629</b>	<b>9%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$2,125,361	\$1,642,500	(\$482,861)	-23%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$357,840,283	\$386,388,534	\$28,548,251	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,777,177	\$5,791,833	\$1,014,656	21%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$300,161,296	\$328,580,715	\$28,419,419	9%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,348,580	\$3,714,383	\$365,803	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$668,252,697</b>	<b>\$726,117,965</b>	<b>\$57,865,268</b>	<b>9%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$2,433,392	\$2,271,071	(\$162,321)	-7%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER  
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FISCAL YEAR 2016  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$57,661,686	\$65,228,666	\$7,566,980	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$746,843	\$1,102,367	\$355,524	48%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$103,601,027	\$105,915,038	\$2,314,011	2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$102,412	\$131,008	\$28,596	28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$164,545,360</b>	<b>\$174,648,150</b>	<b>\$10,102,790</b>	<b>6%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$669,910	\$1,130,976	\$461,066	69%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$29,210,044	\$35,556,750	\$6,346,706	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$911,649	\$852,305	(\$59,344)	-7%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$74,346,279	\$82,780,591	\$8,434,312	11%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$387,830	\$495,436	\$107,606	28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$105,525,712</b>	<b>\$120,816,058</b>	<b>\$15,290,346</b>	<b>14%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,103,302	\$3,402,047	\$298,745	10%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$86,871,730	\$100,785,416	\$13,913,686	16%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,658,492	\$1,954,672	\$296,180	18%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$177,947,306	\$188,695,629	\$10,748,323	6%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$490,242	\$626,444	\$136,202	28%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$270,071,072</b>	<b>\$295,464,208</b>	<b>\$25,393,136</b>	<b>9%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	20	11	(9)	-45%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	3,430	3,596	166	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	48	55	7	15%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	2,529	2,721	192	8%
8	WORKER'S COMPENSATION	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	20	33	13	65%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>6,047</b>	<b>6,416</b>	<b>369</b>	<b>6%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	193	121	(72)	-37%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	25,146	24,917	(229)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	353	389	36	10%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	19,213	19,148	(65)	0%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	105	129	24	23%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>45,010</b>	<b>44,704</b>	<b>(306)</b>	<b>-1%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	421	334	(87)	-21%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	120,094	131,594	11,500	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	1,602	1,800	198	12%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	113,790	117,133	3,343	3%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	2,363	2,350	(13)	-1%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>238,270</b>	<b>253,211</b>	<b>14,941</b>	<b>6%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$18,312	\$58,370	\$40,058	219%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$59,417,609	\$58,315,517	(\$1,102,092)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$483,736	\$679,744	\$196,008	41%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$36,243,553	\$37,117,665	\$874,112	2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,285,170	\$1,455,200	\$170,030	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$97,448,380</b>	<b>\$97,626,496</b>	<b>\$178,116</b>	<b>0%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$6,877	\$22,126	\$15,249	222%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$10,529,026	\$10,967,098	\$438,072	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$319,266	\$448,631	\$129,365	41%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$22,651,462	\$23,389,182	\$737,720	3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$705,539	\$800,360	\$94,821	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$34,212,170</b>	<b>\$35,627,397</b>	<b>\$1,415,227</b>	<b>4%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	10	23	13	130%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	36,781	38,336	1,555	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	247	347	100	40%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	15,669	16,643	974	6%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,033	1,113	80	8%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>53,740</b>	<b>56,462</b>	<b>2,722</b>	<b>5%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$29,796,100	\$32,933,706	\$3,137,606	11%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$87,302,564	\$93,062,573	\$5,760,009	7%
	<b>Total Salaries &amp; Wages</b>	<b>\$117,098,664</b>	<b>\$125,996,279</b>	<b>\$8,897,615</b>	<b>8%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$7,444,234	\$6,847,407	(\$596,827)	-8%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$21,811,602	\$19,349,094	(\$2,462,508)	-11%
	<b>Total Fringe Benefits</b>	<b>\$29,255,836</b>	<b>\$26,196,501</b>	<b>(\$3,059,335)</b>	<b>-10%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$12,947,896	\$13,118,485	\$170,589	1%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$12,947,896</b>	<b>\$13,118,485</b>	<b>\$170,589</b>	<b>1%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$13,690,743	\$15,685,468	\$1,994,725	15%
2	Pharmaceutical Costs	\$11,057,364	\$14,679,527	\$3,622,163	33%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$24,748,107</b>	<b>\$30,364,995</b>	<b>\$5,616,888</b>	<b>23%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$5,451,539	\$5,863,920	\$412,381	8%
2	Depreciation-Equipment	\$11,625,705	\$13,066,854	\$1,441,149	12%
3	Amortization	\$162,689	\$145,012	(\$17,677)	-11%
	<b>Total Depreciation and Amortization</b>	<b>\$17,239,933</b>	<b>\$19,075,786</b>	<b>\$1,835,853</b>	<b>11%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$1,230,401	\$1,137,843	(\$92,558)	-8%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$3,757,011	\$2,533,717	(\$1,223,294)	-33%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$168,773	\$192,882	\$24,109	14%
2	Natural Gas	\$506,911	\$623,271	\$116,360	23%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,619,340	\$1,877,388	\$258,048	16%
5	Telephone	\$325,686	\$278,452	(\$47,234)	-15%
6	Other Utilities	\$43,638	\$67,924	\$24,286	56%
	<b>Total Utilities</b>	<b>\$2,664,348</b>	<b>\$3,039,917</b>	<b>\$375,569</b>	<b>14%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$476,211	\$242,311	(\$233,900)	-49%
2	Legal Fees	\$316,360	\$387,447	\$71,087	22%
3	Consulting Fees	\$4,022,869	\$4,647,564	\$624,695	16%
4	Dues and Membership	\$1,118,194	\$1,133,251	\$15,057	1%
5	Equipment Leases	\$694,263	\$952,372	\$258,109	37%
6	Building Leases	\$9,416,617	\$9,469,624	\$53,007	1%
7	Repairs and Maintenance	\$2,608,197	\$2,804,859	\$196,662	8%
8	Insurance	\$424,824	\$360,976	(\$63,848)	-15%
9	Travel	\$286,403	\$275,713	(\$10,690)	-4%
10	Conferences	\$732,166	\$698,563	(\$33,603)	-5%
11	Property Tax	\$72,358	\$191,144	\$118,786	164%



CT CHILDREN'S MEDICAL CENTER					
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FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
12	General Supplies	\$2,215,746	\$2,439,168	\$223,422	10%
13	Licenses and Subscriptions	\$88,135	\$167,874	\$79,739	90%
14	Postage and Shipping	\$159,825	\$199,274	\$39,449	25%
15	Advertising	\$940,831	\$1,271,598	\$330,767	35%
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%
24	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%
	<b>Total Business Expenses</b>	<b>\$23,572,999</b>	<b>\$25,241,738</b>	<b>\$1,668,739</b>	<b>7%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$55,682,350	\$56,041,607	\$359,257	1%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$288,197,545</b>	<b>\$302,746,868</b>	<b>\$14,549,323</b>	<b>5%</b>
<b>*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>					
<b>II. OPERATING EXPENSE BY DEPARTMENT</b>					
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$30,305,199	\$29,599,148	(\$706,051)	-2%
2	General Accounting	\$2,467,164	\$2,699,190	\$232,026	9%
3	Patient Billing & Collection	\$1,531,264	\$1,522,470	(\$8,794)	-1%
4	Admitting / Registration Office	\$3,445,050	\$3,455,470	\$10,420	0%
5	Data Processing	\$13,041,485	\$14,713,881	\$1,672,396	13%
6	Communications	\$489,934	\$384,016	(\$105,918)	-22%
7	Personnel	\$2,709,450	\$3,190,878	\$481,428	18%
8	Public Relations	\$1,614,203	\$1,837,440	\$223,237	14%
9	Purchasing	\$1,162,100	\$954,779	(\$207,321)	-18%
10	Dietary and Cafeteria	\$3,062,190	\$3,277,130	\$214,940	7%
11	Housekeeping	\$2,882,823	\$3,281,437	\$398,614	14%
12	Laundry & Linen	\$41,906	\$3,386	(\$38,520)	-92%
13	Operation of Plant	\$5,995,758	\$5,906,711	(\$89,047)	-1%
14	Security	\$2,986,255	\$2,996,801	\$10,546	0%
15	Repairs and Maintenance	\$537,036	\$543,967	\$6,931	1%
16	Central Sterile Supply	\$570,693	\$761,564	\$190,871	33%
17	Pharmacy Department	\$13,659,684	\$17,375,149	\$3,715,465	27%
18	Other General Services	\$5,469,582	\$5,413,172	(\$56,410)	-1%
	<b>Total General Services</b>	<b>\$91,971,776</b>	<b>\$97,916,589</b>	<b>\$5,944,813</b>	<b>6%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$5,889,332	\$5,977,507	\$88,175	1%
2	Residency Program	\$10,511,345	\$11,226,003	\$714,658	7%
3	Nursing Services Administration	\$1,215,712	\$1,317,491	\$101,779	8%
4	Medical Records	\$2,071,466	\$1,950,218	(\$121,248)	-6%
5	Social Service	\$1,975,788	\$2,145,298	\$169,510	9%
6	Other Professional Services	\$1,268,406	\$1,334,362	\$65,956	5%
	<b>Total Professional Services</b>	<b>\$22,932,049</b>	<b>\$23,950,879</b>	<b>\$1,018,830</b>	<b>4%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$9,844,803	\$10,794,699	\$949,896	10%

<b>CT CHILDREN'S MEDICAL CENTER</b>					
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<b>FISCAL YEAR 2016</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
2	Recovery Room	\$2,578,504	\$2,630,887	\$52,383	2%
3	Anesthesiology	\$740,517	\$885,325	\$144,808	20%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$2,394,381	\$2,526,484	\$132,103	6%
6	Diagnostic Ultrasound	\$741,004	\$815,843	\$74,839	10%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$627,557	\$780,966	\$153,409	24%
10	Laboratory	\$4,725,432	\$4,733,125	\$7,693	0%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$652,867	\$736,756	\$83,889	13%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$437,159	\$431,214	(\$5,945)	-1%
15	Occupational Therapy	\$912,289	\$1,055,527	\$143,238	16%
16	Speech Pathology	\$834,130	\$1,045,524	\$211,394	25%
17	Audiology	\$1,041,901	\$1,173,752	\$131,851	13%
18	Respiratory Therapy	\$3,158,306	\$3,382,020	\$223,714	7%
19	Pulmonary Function	\$419,970	\$347,145	(\$72,825)	-17%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,688,335	\$1,594,472	(\$93,863)	-6%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$8,467,824	\$8,957,635	\$489,811	6%
25	MRI	\$730,862	\$730,019	(\$843)	0%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$261,202	\$304,325	\$43,123	17%
29	Sleep Center	\$797,293	\$896,623	\$99,330	12%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$782,635	\$766,608	(\$16,027)	-2%
32	Occupational Therapy / Physical Therapy	\$1,896,910	\$2,236,753	\$339,843	18%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,590,381	\$4,042,518	\$452,137	13%
	<b>Total Special Services</b>	<b>\$47,324,262</b>	<b>\$50,868,220</b>	<b>\$3,543,958</b>	<b>7%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$5,656,447	\$6,790,040	\$1,133,593	20%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$14,358,623	\$15,217,024	\$858,401	6%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$28,783,992	\$28,504,536	(\$279,456)	-1%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,531,082	\$2,760,135	\$229,053	9%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$172,805	\$268,937	\$96,132	56%
	<b>Total Routine Services</b>	<b>\$51,502,949</b>	<b>\$53,540,672</b>	<b>\$2,037,723</b>	<b>4%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$74,466,509	\$76,470,508	\$2,003,999	3%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$288,197,545</b>	<b>\$302,746,868</b>	<b>\$14,549,323</b>	<b>5%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$252,957,977	\$293,034,805	\$305,164,135
2	Other Operating Revenue	16,353,492	18,806,567	20,317,252
3	Total Operating Revenue	\$269,311,469	\$311,841,372	\$325,481,387
4	Total Operating Expenses	280,099,480	288,197,545	302,746,868
5	Income/(Loss) From Operations	(\$10,788,011)	\$23,643,827	\$22,734,519
6	Total Non-Operating Revenue	9,192,566	4,501,314	7,722,695
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,595,445)	\$28,145,141	\$30,457,214
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	-3.87%	7.47%	6.82%
2	Hospital Non Operating Margin	3.30%	1.42%	2.32%
3	Hospital Total Margin	-0.57%	8.90%	9.14%
4	Income/(Loss) From Operations	(\$10,788,011)	\$23,643,827	\$22,734,519
5	Total Operating Revenue	\$269,311,469	\$311,841,372	\$325,481,387
6	Total Non-Operating Revenue	\$9,192,566	\$4,501,314	\$7,722,695
7	Total Revenue	\$278,504,035	\$316,342,686	\$333,204,082
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,595,445)	\$28,145,141	\$30,457,214
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$74,193,342	\$75,698,045	\$86,365,161
2	Hospital Total Net Assets	\$200,601,965	\$198,249,845	\$212,905,253
3	Hospital Change in Total Net Assets	(\$18,530,164)	(\$2,352,120)	\$14,655,408
4	Hospital Change in Total Net Assets %	91.5%	-1.2%	7.4%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.45</b>	<b>0.40</b>	<b>0.39</b>
2	Total Operating Expenses	\$280,099,480	\$288,197,545	\$302,746,868
3	Total Gross Revenue	\$596,675,246	\$668,252,697	\$726,117,965
4	Total Other Operating Revenue	\$31,932,692	\$44,142,342	\$43,377,255
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.29</b>	<b>1.47</b>	<b>1.46</b>
6	Total Non-Government Payments	\$155,642,304	\$178,437,548	\$189,322,073
7	Total Uninsured Payments	\$1,457,465	\$490,242	\$626,444
8	Total Non-Government Charges	\$272,351,705	\$303,509,876	\$332,295,098
9	Total Uninsured Charges	\$3,487,795	\$3,348,580	\$3,714,383
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>8.79</b>	<b>3.61</b>	<b>5.26</b>
11	Total Medicare Payments	\$2,778,551	\$3,103,302	\$3,402,047
12	Total Medicare Charges	\$709,261	\$2,125,361	\$1,642,500
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.57</b>	<b>0.60</b>	<b>0.66</b>
14	Total Medicaid Payments	\$81,121,874	\$86,871,730	\$100,785,416
15	Total Medicaid Charges	\$320,694,355	\$357,840,283	\$386,388,534
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,104,091</b>	<b>\$1,110,996</b>	<b>\$1,456,933</b>
17	Charity Care	\$1,302,183	\$1,893,788	\$2,097,657
18	Bad Debts	\$3,419,884	\$852,481	\$1,605,446
19	Total Uncompensated Care	\$4,722,067	\$2,746,269	\$3,703,103
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>0.8%</b>	<b>0.4%</b>	<b>0.5%</b>

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses	\$280,099,480	\$288,197,545	\$302,746,868
<b>E. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1</b>	<b>1</b>	<b>1</b>
2	Total Current Assets	\$50,491,652	\$49,405,996	\$46,921,153
3	Total Current Liabilities	\$96,055,753	\$84,392,056	\$73,494,254
<b>4</b>	<b>Days Cash on Hand</b>	<b>5</b>	<b>11</b>	<b>5</b>
5	Cash and Cash Equivalents	\$3,850,387	\$8,339,532	\$4,161,628
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$3,850,387	\$8,339,532	\$4,161,628
8	Total Operating Expenses	\$280,099,480	\$288,197,545	\$302,746,868
9	Depreciation Expense	\$14,745,956	\$17,239,933	\$19,075,786
10	Operating Expenses less Depreciation Expense	\$265,353,524	\$270,957,612	\$283,671,082
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>5</b>	<b>24</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$30,704,847	\$31,383,650	\$32,051,457
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$27,554,100	\$12,264,644	\$3,164,295
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$3,150,747	\$19,119,006	\$28,887,162
16	Total Net Patient Revenue	\$252,957,977	\$293,034,805	\$305,164,135
<b>17</b>	<b>Average Payment Period</b>	<b>132</b>	<b>114</b>	<b>95</b>
18	Total Current Liabilities	\$96,055,753	\$84,392,056	\$73,494,254
19	Total Operating Expenses	\$280,099,480	\$288,197,545	\$302,746,868
20	Depreciation Expense	\$14,745,956	\$17,239,933	\$19,075,786

<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
21	Total Operating Expenses less Depreciation Expense	\$265,353,524	\$270,957,612	\$283,671,082
<b>F. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>51.0</b>	<b>52.2</b>	<b>55.3</b>
2	Total Net Assets	\$200,601,965	\$198,249,845	\$212,905,253
3	Total Assets	\$393,459,433	\$380,119,520	\$385,271,416
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>8.5</b>	<b>33.2</b>	<b>41.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,595,445)	\$28,145,141	\$30,457,214
6	Depreciation Expense	\$14,745,956	\$17,239,933	\$19,075,786
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,150,511	\$45,385,074	\$49,533,000
8	Total Current Liabilities	\$96,055,753	\$84,392,056	\$73,494,254
9	Total Long Term Debt	\$59,480,917	\$52,144,380	\$44,693,668
10	Total Current Liabilities and Total Long Term Debt	\$155,536,670	\$136,536,436	\$118,187,922
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>22.9</b>	<b>20.8</b>	<b>17.4</b>
12	Total Long Term Debt	\$59,480,917	\$52,144,380	\$44,693,668
13	Total Net Assets	\$200,601,965	\$198,249,845	\$212,905,253
14	Total Long Term Debt and Total Net Assets	\$260,082,882	\$250,394,225	\$257,598,921
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>1.8</b>	<b>5.1</b>	<b>6.1</b>
16	Excess Revenues over Expenses	(1,595,445)	\$28,145,141	\$30,457,214
17	Interest Expense	1,231,379	\$1,230,401	\$1,137,843
18	Depreciation and Amortization Expense	14,745,956	\$17,239,933	\$19,075,786
19	Principal Payments	6,975,651	\$7,853,485	\$7,216,002
<b>G. <u>Other Financial Ratios</u></b>				

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
20	<b>Average Age of Plant</b>	8.0	7.8	7.9
21	Accumulated Depreciation	118,311,796	134,135,876	151,474,917
22	Depreciation and Amortization Expense	14,745,956	17,239,933	19,075,786
<b>H.</b>	<b>Utilization Measures Summary</b>			
1	Patient Days	42,524	45,010	44,704
2	Discharges	5,803	6,047	6,416
3	ALOS	7.3	7.4	7.0
4	Staffed Beds	182	182	182
5	Available Beds	-	187	187
6	Licensed Beds	187	187	187
7	Occupancy of Staffed Beds	64.0%	67.8%	67.3%
8	Occupancy of Available Beds	62.3%	65.9%	65.5%
9	Full Time Equivalent Employees	1,454.4	1,447.7	1,513.6
<b>I.</b>	<b>Hospital Gross Revenue Payer Mix Percentage</b>			
1	Non-Government Gross Revenue Payer Mix Percentage	45.1%	44.9%	45.3%
2	Medicare Gross Revenue Payer Mix Percentage	0.1%	0.3%	0.2%
3	Medicaid Gross Revenue Payer Mix Percentage	53.7%	53.5%	53.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.6%	0.5%	0.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.7%	0.8%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$268,863,910	\$300,161,296	\$328,580,715
9	Medicare Gross Revenue (Charges)	\$709,261	\$2,125,361	\$1,642,500
10	Medicaid Gross Revenue (Charges)	\$320,694,355	\$357,840,283	\$386,388,534
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$3,487,795	\$3,348,580	\$3,714,383
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,919,925	\$4,777,177	\$5,791,833
14	Total Gross Revenue (Charges)	\$596,675,246	\$668,252,697	\$726,117,965
<b>J.</b>	<b>Hospital Net Revenue Payer Mix Percentage</b>			
1	Non-Government Net Revenue Payer Mix Percentage	64.0%	65.9%	63.9%
2	Medicare Net Revenue Payer Mix Percentage	1.2%	1.1%	1.2%
3	Medicaid Net Revenue Payer Mix Percentage	33.7%	32.2%	34.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.6%	0.7%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
8	Non-Government Net Revenue (Payments)	\$154,184,839	\$177,947,306	\$188,695,629
9	Medicare Net Revenue (Payments)	\$2,778,551	\$3,103,302	\$3,402,047
10	Medicaid Net Revenue (Payments)	\$81,121,874	\$86,871,730	\$100,785,416
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$1,457,465	\$490,242	\$626,444
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,205,399	\$1,658,492	\$1,954,672
14	Total Net Revenue (Payments)	\$240,748,128	\$270,071,072	\$295,464,208
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	2,598	2,549	2,754
2	Medicare	9	20	11
3	Medical Assistance	3,153	3,430	3,596
4	Medicaid	3,153	3,430	3,596
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	43	48	55
7	Uninsured (Included In Non-Government)	34	20	33
8	Total	5,803	6,047	6,416
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.88270	1.85130	1.79741
2	Medicare	1.03800	1.42750	2.00440
3	Medical Assistance	1.70530	1.69500	1.67357
4	Medicaid	1.70530	1.69500	1.67357
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.10350	1.61040	1.60520
7	Uninsured (Included In Non-Government)	1.04010	1.49560	1.46780
8	Total Case Mix Index	1.77923	1.75933	1.72671
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	2,972	3,092	3,511
2	Emergency Room - Treated and Discharged	51,438	53,740	56,462
3	Total Emergency Room Visits	54,410	56,832	59,973



**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D.</b>	<b>HEALTHNET OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>OTHER MEDICARE MANAGED CARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G.</b>	<b>UNITED HEALTHCARE INSURANCE COMPANY</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
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%

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$11,576,841	\$6,899,401	(\$4,677,440)	-40%
2	Short Term Investments	\$2,402,355	\$67,013,057	\$64,610,702	2689%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$38,599,255	\$40,588,898	\$1,989,643	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$435,186	\$0	(\$435,186)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,443,429	\$2,407,715	\$964,286	67%
8	Prepaid Expenses	\$876,320	\$762,498	(\$113,822)	-13%
9	Other Current Assets	\$10,767,590	\$12,623,941	\$1,856,351	17%
	<b>Total Current Assets</b>	<b>\$66,100,976</b>	<b>\$130,295,510</b>	<b>\$64,194,534</b>	<b>97%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$75,285,353	\$80,740,462	\$5,455,109	7%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$75,285,353</b>	<b>\$80,740,462</b>	<b>\$5,455,109</b>	<b>7%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$109,844,911	\$54,523,736	(\$55,321,175)	-50%
7	Other Noncurrent Assets	\$36,218,266	\$31,773,079	(\$4,445,187)	-12%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$260,460,768	\$283,770,759	\$23,309,991	9%
2	Less: Accumulated Depreciation	\$139,382,925	\$157,053,660	\$17,670,735	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$121,077,843</b>	<b>\$126,717,099</b>	<b>\$5,639,256</b>	<b>5%</b>
3	Construction in Progress	\$13,845,701	\$2,160,582	(\$11,685,119)	-84%
	<b>Total Net Fixed Assets</b>	<b>\$134,923,544</b>	<b>\$128,877,681</b>	<b>(\$6,045,863)</b>	<b>-4%</b>
	<b>Total Assets</b>	<b>\$422,373,050</b>	<b>\$426,210,468</b>	<b>\$3,837,418</b>	<b>1%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$40,741,309	\$41,740,431	\$999,122	2%
2	Salaries, Wages and Payroll Taxes	\$22,370,710	\$17,935,354	(\$4,435,356)	-20%
3	Due To Third Party Payers	\$20,369,039	\$4,501,119	(\$15,867,920)	-78%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,415,000	\$1,500,000	\$85,000	6%
6	Current Portion of Notes Payable	\$5,918,464	\$6,048,195	\$129,731	2%
7	Other Current Liabilities	\$58,357	\$125,432	\$67,075	115%
	<b>Total Current Liabilities</b>	<b>\$90,872,879</b>	<b>\$71,850,531</b>	<b>(\$19,022,348)</b>	<b>-21%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$35,269,625	\$33,769,625	(\$1,500,000)	-4%
2	Notes Payable (Net of Current Portion)	\$16,920,593	\$10,955,057	(\$5,965,536)	-35%
	<b>Total Long Term Debt</b>	<b>\$52,190,218</b>	<b>\$44,724,682</b>	<b>(\$7,465,536)</b>	<b>-14%</b>
3	Accrued Pension Liability	\$19,397,464	\$24,478,050	\$5,080,586	26%
4	Other Long Term Liabilities	\$36,301,435	\$41,707,124	\$5,405,689	15%
	<b>Total Long Term Liabilities</b>	<b>\$107,889,117</b>	<b>\$110,909,856</b>	<b>\$3,020,739</b>	<b>3%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$100,983,261	\$116,834,494	\$15,851,233	16%
2	Temporarily Restricted Net Assets	\$29,505,870	\$27,155,214	(\$2,350,656)	-8%
3	Permanently Restricted Net Assets	\$93,121,923	\$99,460,373	\$6,338,450	7%
	<b>Total Net Assets</b>	<b>\$223,611,054</b>	<b>\$243,450,081</b>	<b>\$19,839,027</b>	<b>9%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$422,373,050</b>	<b>\$426,210,468</b>	<b>\$3,837,418</b>	<b>1%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$779,425,997	\$838,419,941	\$58,993,944	8%
2	Less: Allowances	\$429,248,437	\$469,724,740	\$40,476,303	9%
3	Less: Charity Care	\$2,258,042	\$2,645,359	\$387,317	17%
4	Less: Other Deductions	\$4,149,047	\$4,638,930	\$489,883	12%
	<b>Total Net Patient Revenue</b>	<b>\$343,770,471</b>	<b>\$361,410,912</b>	<b>\$17,640,441</b>	<b>5%</b>
5	Provision for Bad Debts	\$2,520,081	\$3,189,687	\$669,606	27%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$341,250,390</b>	<b>\$358,221,225</b>	<b>\$16,970,835</b>	<b>5%</b>
6	Other Operating Revenue	\$23,356,749	\$23,594,255	\$237,506	1%
7	Net Assets Released from Restrictions	\$15,762,598	\$16,554,480	\$791,882	5%
	<b>Total Operating Revenue</b>	<b>\$380,369,737</b>	<b>\$398,369,960</b>	<b>\$18,000,223</b>	<b>5%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$179,096,342	\$191,350,422	\$12,254,080	7%
2	Fringe Benefits	\$43,864,547	\$41,131,154	(\$2,733,393)	-6%
3	Physicians Fees	\$15,921,467	\$16,203,137	\$281,670	2%
4	Supplies and Drugs	\$25,223,058	\$30,816,009	\$5,592,951	22%
5	Depreciation and Amortization	\$18,390,575	\$21,647,720	\$3,257,145	18%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,234,420	\$1,141,132	(\$93,288)	-8%
8	Malpractice Insurance Cost	\$5,916,252	\$4,072,779	(\$1,843,473)	-31%
9	Other Operating Expenses	\$89,679,505	\$91,280,480	\$1,600,975	2%
	<b>Total Operating Expenses</b>	<b>\$379,326,166</b>	<b>\$397,642,833</b>	<b>\$18,316,667</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$1,043,571</b>	<b>\$727,127</b>	<b>(\$316,444)</b>	<b>-30%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$9,627,781	\$7,296,994	(\$2,330,787)	-24%
2	Gifts, Contributions and Donations	\$1,868,238	\$5,229,623	\$3,361,385	180%
3	Other Non-Operating Gains/(Losses)	(\$1,119,641)	\$0	\$1,119,641	-100%
	<b>Total Non-Operating Revenue</b>	<b>\$10,376,378</b>	<b>\$12,526,617</b>	<b>\$2,150,239</b>	<b>21%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$11,419,949</b>	<b>\$13,253,744</b>	<b>\$1,833,795</b>	<b>16%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$11,419,949</b>	<b>\$13,253,744</b>	<b>\$1,833,795</b>	<b>16%</b>

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$304,605,441	\$341,250,390	\$358,221,225
2	Other Operating Revenue	33,242,787	39,119,347	40,148,735
3	Total Operating Revenue	\$337,848,228	\$380,369,737	\$398,369,960
4	Total Operating Expenses	372,489,049	379,326,166	397,642,833
5	Income/(Loss) From Operations	(\$34,640,821)	\$1,043,571	\$727,127
6	Total Non-Operating Revenue	17,542,732	10,376,378	12,526,617
7	Excess/(Deficiency) of Revenue Over Expenses	(\$17,098,089)	\$11,419,949	\$13,253,744
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-9.75%	0.27%	0.18%
2	Parent Corporation Non-Operating Margin	4.94%	2.66%	3.05%
3	Parent Corporation Total Margin	-4.81%	2.92%	3.23%
4	Income/(Loss) From Operations	(\$34,640,821)	\$1,043,571	\$727,127
5	Total Operating Revenue	\$337,848,228	\$380,369,737	\$398,369,960
6	Total Non-Operating Revenue	\$17,542,732	\$10,376,378	\$12,526,617
7	Total Revenue	\$355,390,960	\$390,746,115	\$410,896,577
8	Excess/(Deficiency) of Revenue Over Expenses	(\$17,098,089)	\$11,419,949	\$13,253,744
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$106,219,054	\$100,983,261	\$116,834,494
2	Parent Corporation Total Net Assets	\$232,687,351	\$223,611,054	\$243,450,081
3	Parent Corporation Change in Total Net Assets	(\$13,025,187)	(\$9,076,297)	\$19,839,027
4	Parent Corporation Change in Total Net Assets %	94.7%	-3.9%	8.9%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>0.72</b>	<b>0.73</b>	<b>1.81</b>
2	Total Current Assets	\$77,825,229	\$66,100,976	\$130,295,510
3	Total Current Liabilities	\$107,841,097	\$90,872,879	\$71,850,531
<b>4</b>	<b>Days Cash on Hand</b>	<b>18</b>	<b>14</b>	<b>72</b>
5	Cash and Cash Equivalents	\$6,660,856	\$11,576,841	\$6,899,401
6	Short Term Investments	\$11,232,933	\$2,402,355	\$67,013,057
7	Total Cash and Short Term Investments	\$17,893,789	\$13,979,196	\$73,912,458
8	Total Operating Expenses	\$372,489,049	\$379,326,166	\$397,642,833
9	Depreciation Expense	\$15,884,013	\$18,390,575	\$21,647,720
10	Operating Expenses less Depreciation Expense	\$356,605,036	\$360,935,591	\$375,995,113
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>7</b>	<b>19</b>	<b>37</b>
12	Net Patient Accounts Receivable	\$ 39,656,117	\$ 38,599,255	\$ 40,588,898
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$33,564,770	\$20,369,039	\$4,501,119
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 6,091,347	\$ 18,230,216	\$ 36,087,779
16	Total Net Patient Revenue	\$304,605,441	\$341,250,390	\$358,221,225
<b>17</b>	<b>Average Payment Period</b>	<b>110</b>	<b>92</b>	<b>70</b>
18	Total Current Liabilities	\$107,841,097	\$90,872,879	\$71,850,531
19	Total Operating Expenses	\$372,489,049	\$379,326,166	\$397,642,833
20	Depreciation Expense	\$15,884,013	\$18,390,575	\$21,647,720
20	Total Operating Expenses less Depreciation Expense	\$356,605,036	\$360,935,591	\$375,995,113

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b>Equity Financing Ratio</b>	<b>52.0</b>	<b>52.9</b>	<b>57.1</b>
2	Total Net Assets	\$232,687,351	\$223,611,054	\$243,450,081
3	Total Assets	\$447,089,391	\$422,373,050	\$426,210,468
<b>4</b>	<b>Cash Flow to Total Debt Ratio</b>	<b>(0.7)</b>	<b>20.8</b>	<b>29.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$17,098,089)	\$11,419,949	\$13,253,744
6	Depreciation Expense	\$15,884,013	\$18,390,575	\$21,647,720
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$1,214,076)	\$29,810,524	\$34,901,464
8	Total Current Liabilities	\$107,841,097	\$90,872,879	\$71,850,531
9	Total Long Term Debt	\$59,540,716	\$52,190,218	\$44,724,682
10	Total Current Liabilities and Total Long Term Debt	\$167,381,813	\$143,063,097	\$116,575,213
<b>11</b>	<b>Long Term Debt to Capitalization Ratio</b>	<b>20.4</b>	<b>18.9</b>	<b>15.5</b>
12	Total Long Term Debt	\$59,540,716	\$52,190,218	\$44,724,682
13	Total Net Assets	\$232,687,351	\$223,611,054	\$243,450,081
14	Total Long Term Debt and Total Net Assets	\$292,228,067	\$275,801,272	\$288,174,763

CT CHILDREN'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	0	0	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,761	205	773	18	18	72.5%	72.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0	0	0.0%	0.0%
8	Neonatal ICU	18,375	742	806	72	72	69.9%	69.9%
9	Pediatric	21,568	5,674	4,752	92	97	64.2%	60.9%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>44,704</b>	<b>6,416</b>	<b>6,331</b>	<b>182</b>	<b>187</b>	<b>67.3%</b>	<b>65.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>44,704</b>	<b>6,416</b>	<b>6,331</b>	<b>182</b>	<b>187</b>	<b>67.3%</b>	<b>65.5%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>44,704</b>	<b>6,416</b>	<b>6,331</b>	<b>182</b>	<b>187</b>	<b>67.3%</b>	<b>65.5%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>45,010</b>	<b>6,047</b>	<b>6,016</b>	<b>182</b>	<b>187</b>	<b>67.8%</b>	<b>65.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-306</b>	<b>369</b>	<b>315</b>	<b>0</b>	<b>0</b>	<b>-0.5%</b>	<b>-0.4%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-1%</b>	<b>6%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>-1%</b>	<b>-1%</b>
	Total Licensed Beds and Bassinets	187						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,322	1,264	-58	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,800	2,598	798	44%
3	Emergency Department Scans	1,050	1,101	51	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>4,172</b>	<b>4,963</b>	<b>791</b>	<b>19%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	715	933	218	30%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,515	4,148	-367	-8%
3	Emergency Department Scans	114	113	-1	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>5,344</b>	<b>5,194</b>	<b>-150</b>	<b>-3%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(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.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	21	15	-6	-29%
2	Outpatient Procedures	41	43	2	5%
	<b>Total Cardiac Catheterization Procedures</b>	<b>62</b>	<b>58</b>	<b>-4</b>	<b>-6%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	2	5	3	150%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>150%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	9	17	8	89%
2	Outpatient Studies	37	0	-37	-100%
	<b>Total Electrophysiology Studies</b>	<b>46</b>	<b>17</b>	<b>-29</b>	<b>-63%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	1,854	1,866	12	1%
2	Outpatient Surgical Procedures	8,306	8,713	407	5%
	<b>Total Surgical Procedures</b>	<b>10,160</b>	<b>10,579</b>	<b>419</b>	<b>4%</b>
<b>J. Endoscopy Procedures</b>					
1	Inpatient Endoscopy Procedures	61	39	-22	-36%
2	Outpatient Endoscopy Procedures	1,258	1,327	69	5%
	<b>Total Endoscopy Procedures</b>	<b>1,319</b>	<b>1,366</b>	<b>47</b>	<b>4%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	3,092	3,511	419	14%
2	Emergency Room Visits: Treated and Discharged	53,740	56,462	2,722	5%
	<b>Total Emergency Room Visits</b>	<b>56,832</b>	<b>59,973</b>	<b>3,141</b>	<b>6%</b>



CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	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	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	54,398	62,003	7,605	14%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	3,746	5,070	1,324	35%
4	Gastroenterology	2,432	2,341	-91	-4%
5	Other Outpatient Visits	52,170	49,042	-3,128	-6%
	<b>Total Other Hospital Outpatient Visits</b>	<b>112,746</b>	<b>118,456</b>	<b>5,710</b>	<b>5%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	329.9	362.7	32.8	10%
2	Total Physician FTEs	50.0	51.1	1.1	2%
3	Total Non-Nursing and Non-Physician FTEs	1,067.8	1,099.8	32.0	3%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,447.7</b>	<b>1,513.6</b>	<b>65.9</b>	<b>5%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Farmington ASC	1,420	1,718	298	21%
2	Hospital OR Suite	6,886	6,995	109	2%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>8,306</b>	<b>8,713</b>	<b>407</b>	<b>5%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital ENDO Suite	1,258	1,327	69	5%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>1,258</b>	<b>1,327</b>	<b>69</b>	<b>5%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital Emergency Department	53,740	56,462	2,722	5%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>53,740</b>	<b>56,462</b>	<b>2,722</b>	<b>5%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,698,315	\$1,122,036	(\$576,279)	-34%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,433,392	\$2,271,071	(\$162,321)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	143.28%	202.41%	59.12%	41%
4	DISCHARGES	20	11	(9)	-45%
5	CASE MIX INDEX (CMI)	1.42750	2.00440	0.57690	40%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	28.55000	22.04840	(6.50160)	-23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$85,232.64	\$103,003.89	\$17,771.25	21%
8	PATIENT DAYS	193	121	(72)	-37%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$12,608.25	\$18,769.18	\$6,160.93	49%
10	AVERAGE LENGTH OF STAY	9.7	11.0	1.4	14%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$427,046	\$520,464	\$93,418	22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$669,910	\$1,130,976	\$461,066	69%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	156.87%	217.30%	60.43%	39%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	25.15%	46.39%	21.24%	84%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5.02906	5.10242	0.07337	1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$133,207.92	\$221,654.63	\$88,446.70	66%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$2,125,361	\$1,642,500	(\$482,861)	-23%
18	TOTAL ACCRUED PAYMENTS	\$3,103,302	\$3,402,047	\$298,745	10%
19	TOTAL ALLOWANCES	(\$977,941)	(\$1,759,547)	(\$781,606)	80%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$167,182,889	\$183,447,743	\$16,264,854	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$103,703,439	\$106,046,046	\$2,342,607	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	62.03%	57.81%	-4.22%	-7%
4	DISCHARGES	2,549	2,754	205	8%
5	CASE MIX INDEX (CMI)	1.85130	1.79741	(0.05389)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,718.96370	4,950.06714	231.10344	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$21,975.89	\$21,423.15	(\$552.74)	-3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$63,256.75	\$81,580.74	\$18,323.99	29%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$298,506,316	\$403,830,132	\$105,323,816	35%
10	PATIENT DAYS	19,318	19,277	(41)	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$5,368.23	\$5,501.17	\$132.94	2%
12	AVERAGE LENGTH OF STAY	7.6	7.0	(0.6)	-8%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$136,326,987	\$148,847,355	\$12,520,368	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$74,734,109	\$83,276,027	\$8,541,918	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.82%	55.95%	1.13%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	81.54%	81.14%	-0.40%	0%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,078.54698	2,234.56342	156.01643	8%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$35,954.98	\$37,267.25	\$1,312.27	4%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$97,252.94	\$184,387.38	\$87,134.43	90%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$202,144,815	\$412,025,292	\$209,880,477	104%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$303,509,876	\$332,295,098	\$28,785,222	9%
22	TOTAL ACCRUED PAYMENTS	\$178,437,548	\$189,322,073	\$10,884,525	6%
23	TOTAL ALLOWANCES	\$125,072,328	\$142,973,025	\$17,900,697	14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$500,651,131	\$815,855,425	\$315,204,293	63%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$303,509,876	\$332,295,098	\$28,785,222	9%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$178,437,548	\$193,025,176	\$14,587,628	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,072,328	\$139,269,922	\$14,197,594	11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.21%	41.91%	0.70%	

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$894,674	\$1,155,430	\$260,756	29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$102,412	\$131,008	\$28,596	28%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.45%	11.34%	-0.11%	-1%
4	DISCHARGES	20	33	13	65%
5	CASE MIX INDEX (CMI)	1.49560	1.46780	(0.02780)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.91200	48.43740	18.52540	62%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,423.78	\$2,704.69	(\$719.09)	-21%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$18,552.12	\$18,718.47	\$166.35	1%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$81,808.87	\$100,299.20	\$18,490.34	23%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,447,067	\$4,858,233	\$2,411,166	99%
11	PATIENT DAYS	105	129	24	23%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$975.35	\$1,015.57	\$40.21	4%
13	AVERAGE LENGTH OF STAY	5.3	3.9	(1.3)	-26%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,453,906	\$2,558,953	\$105,047	4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$387,830	\$495,436	\$107,606	28%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.80%	19.36%	3.56%	23%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	274.28%	221.47%	-52.81%	-19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	54.85587	73.08573	18.22986	33%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,069.98	\$6,778.83	(\$291.15)	-4%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$28,885.00	\$30,488.41	\$1,603.42	6%
21	MEDICARE - UNINSURED OP PMT / OPED	\$126,137.94	\$214,875.79	\$88,737.85	70%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,919,406	\$15,704,355	\$8,784,949	127%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$3,348,580	\$3,714,383	\$365,803	11%
24	TOTAL ACCRUED PAYMENTS	\$490,242	\$626,444	\$136,202	28%
25	TOTAL ALLOWANCES	\$2,858,338	\$3,087,939	\$229,601	8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,366,473	\$20,562,588	\$11,196,114	120%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$218,045,317	\$235,198,677	\$17,153,360	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$57,661,686	\$65,228,666	\$7,566,980	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.44%	27.73%	1.29%	5%
4	DISCHARGES	3,430	3,596	166	5%
5	CASE MIX INDEX (CMI)	1.69500	1.67357	(0.02143)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,813.85000	6,018.15772	204.30772	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,917.99	\$10,838.64	\$920.66	9%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$12,057.91	\$10,584.51	(\$1,473.40)	-12%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$75,314.66	\$92,165.25	\$16,850.59	22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$437,868,124	\$554,664,998	\$116,796,874	27%
11	PATIENT DAYS	25,146	24,917	(229)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,293.08	\$2,617.84	\$324.76	14%
13	AVERAGE LENGTH OF STAY	7.3	6.9	(0.4)	-5%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,794,966	\$151,189,857	\$11,394,891	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,210,044	\$35,556,750	\$6,346,706	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.89%	23.52%	2.62%	13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	64.11%	64.28%	0.17%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,199.06917	2,311.57221	112.50304	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,282.91	\$15,382.06	\$2,099.15	16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$22,672.06	\$21,885.18	(\$786.88)	-3%
21	MEDICARE - MEDICAID OP PMT / OPED	\$119,925.01	\$206,272.56	\$86,347.55	72%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$263,723,389	\$476,813,924	\$213,090,535	81%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$357,840,283	\$386,388,534	\$28,548,251	8%
24	TOTAL ACCRUED PAYMENTS	\$86,871,730	\$100,785,416	\$13,913,686	16%
25	TOTAL ALLOWANCES	\$270,968,553	\$285,603,118	\$14,634,565	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$701,591,513	\$1,031,478,923	\$329,887,410	47%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$21,975.89	\$21,423.15	(\$552.74)	-3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$85,232.64	\$103,003.89	\$17,771.25	21%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$35,954.98	\$37,267.25	\$1,312.27	4%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$133,207.92	\$221,654.63	\$88,446.70	66%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$218,045,317	\$235,198,677	\$17,153,360	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$57,661,686	\$65,228,666	\$7,566,980	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.44%	27.73%	1.29%	5%
4	DISCHARGES	3,430	3,596	166	5%
5	CASE MIX INDEX (CMI)	1.69500	1.67357	(0.02143)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,813.85000	6,018.15772	204.30772	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,917.99	\$10,838.64	\$920.66	9%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$12,057.91	\$10,584.51	(\$1,473.40)	-12%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$75,314.66	\$92,165.25	\$16,850.59	22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$437,868,124	\$554,664,998	\$116,796,874	27%
11	PATIENT DAYS	25,146	24,917	(229)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,293.08	\$2,617.84	\$324.76	14%
13	AVERAGE LENGTH OF STAY	7.3	6.9	(0.4)	-5%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,794,966	\$151,189,857	\$11,394,891	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,210,044	\$35,556,750	\$6,346,706	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.89%	23.52%	2.62%	13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	64.11%	64.28%	0.17%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,199.06917	2,311.57221	112.50304	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,282.91	\$15,382.06	\$2,099.15	16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$22,672.06	\$21,885.18	(\$786.88)	-3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$119,925.01	\$206,272.56	\$86,347.55	72%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$263,723,389	\$476,813,924	\$213,090,535	81%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$357,840,283	\$386,388,534	\$28,548,251	8%
24	TOTAL ACCRUED PAYMENTS	\$86,871,730	\$100,785,416	\$13,913,686	16%
25	TOTAL ALLOWANCES	\$270,968,553	\$285,603,118	\$14,634,565	5%



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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>G. <u>CHAMPUS / TRICARE</u></b>					
<b><u>CHAMPUS / TRICARE INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$3,052,459	\$3,561,163	\$508,704	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$746,843	\$1,102,367	\$355,524	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.47%	30.96%	6.49%	27%
4	DISCHARGES	48	55	7	15%
5	CASE MIX INDEX (CMI)	1.61040	1.60520	(0.00520)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	77.29920	88.28600	10.98680	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,661.72	\$12,486.32	\$2,824.60	29%
8	PATIENT DAYS	353	389	36	10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,115.70	\$2,833.85	\$718.15	34%
10	AVERAGE LENGTH OF STAY	7.4	7.1	(0.3)	-4%
<b><u>CHAMPUS / TRICARE OUTPATIENT</u></b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,724,718	\$2,230,670	\$505,952	29%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$911,649	\$852,305	(\$59,344)	-7%
<b><u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>					
13	TOTAL ACCRUED CHARGES	\$4,777,177	\$5,791,833	\$1,014,656	21%
14	TOTAL ACCRUED PAYMENTS	\$1,658,492	\$1,954,672	\$296,180	18%
15	TOTAL ALLOWANCES	\$3,118,685	\$3,837,161	\$718,476	23%
<b>H. <u>OTHER DATA</u></b>					
1	OTHER OPERATING REVENUE	\$44,142,342	\$43,377,255	(\$765,087)	-2%
2	TOTAL OPERATING EXPENSES	\$288,197,545	\$302,746,868	\$14,549,323	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b><u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u></b>					
4	CHARITY CARE (CHARGES)	\$1,893,788	\$2,097,657	\$203,869	11%
5	BAD DEBTS (CHARGES)	\$852,481	\$1,605,446	\$752,965	88%
6	UNCOMPENSATED CARE (CHARGES)	\$2,746,269	\$3,703,103	\$956,834	35%
7	COST OF UNCOMPENSATED CARE	\$1,096,453	\$1,505,591	\$409,138	37%
<b><u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u></b>					
8	TOTAL ACCRUED CHARGES	\$357,840,283	\$386,388,534	\$28,548,251	8%
9	TOTAL ACCRUED PAYMENTS	\$86,871,730	\$100,785,416	\$13,913,686	16%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$142,868,396	\$157,096,167	\$14,227,771	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$55,996,666	\$56,310,751	\$314,085	1%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$389,978,980	\$423,329,619	\$33,350,639	9%
2	TOTAL INPATIENT PAYMENTS	\$164,545,360	\$174,648,150	\$10,102,790	6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	42.19%	41.26%	-0.94%	-2%
4	TOTAL DISCHARGES	6,047	6,416	369	6%
5	TOTAL CASE MIX INDEX	1.75933	1.72671	(0.03262)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,638,66290	11,078,55926	439,89636	4%
7	TOTAL OUTPATIENT CHARGES	\$278,273,717	\$302,788,346	\$24,514,629	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	71.36%	71.53%	0.17%	0%
9	TOTAL OUTPATIENT PAYMENTS	\$105,525,712	\$120,816,058	\$15,290,346	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.92%	39.90%	1.98%	5%
11	TOTAL CHARGES	\$668,252,697	\$726,117,965	\$57,865,268	9%
12	TOTAL PAYMENTS	\$270,071,072	\$295,464,208	\$25,393,136	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.41%	40.69%	0.28%	1%
14	PATIENT DAYS	45,010	44,704	(306)	-1%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$222,796,091	\$239,881,876	\$17,085,785	8%
2	INPATIENT PAYMENTS	\$60,841,921	\$68,602,104	\$7,760,183	13%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.31%	28.60%	1.29%	5%
4	DISCHARGES	3,498	3,662	164	5%
5	CASE MIX INDEX	1.69231	1.67354	(0.01877)	-1%
6	CASE MIX ADJUSTED DISCHARGES	5,919.69920	6,128.49212	208.79292	4%
7	OUTPATIENT CHARGES	\$141,946,730	\$153,940,991	\$11,994,261	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	63.71%	64.17%	0.46%	1%
9	OUTPATIENT PAYMENTS	\$30,791,603	\$37,540,031	\$6,748,428	22%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.69%	24.39%	2.69%	12%
11	TOTAL CHARGES	\$364,742,821	\$393,822,867	\$29,080,046	8%
12	TOTAL PAYMENTS	\$91,633,524	\$106,142,135	\$14,508,611	16%
13	TOTAL PAYMENTS / CHARGES	25.12%	26.95%	1.83%	7%
14	PATIENT DAYS	25,692	25,427	(265)	-1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$273,109,297	\$287,680,732	\$14,571,435	5%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	9.7	11.0	1.4	14%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.6	7.0	(0.6)	-8%
3	UNINSURED	5.3	3.9	(1.3)	-26%
4	MEDICAID	7.3	6.9	(0.4)	-5%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	7.4	7.1	(0.3)	-4%
7	TOTAL AVERAGE LENGTH OF STAY	7.4	7.0	(0.5)	-6%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$668,252,697	\$726,117,965	\$57,865,268	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$273,109,297	\$287,680,732	\$14,571,435	5%
3	UNCOMPENSATED CARE	\$2,746,269	\$3,703,103	\$956,834	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,072,328	\$139,269,922	\$14,197,594	11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$523,675	\$242,329	(\$281,346)	-54%
6	TOTAL ADJUSTMENTS	\$401,451,569	\$430,896,086	\$29,444,517	7%
7	TOTAL ACCRUED PAYMENTS	\$266,801,128	\$295,221,879	\$28,420,751	11%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$266,801,128	\$295,221,879	\$28,420,751	11%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3992518537	0.4065756437	0.0073237900	2%
11	COST OF UNCOMPENSATED CARE	\$1,096,453	\$1,505,591	\$409,138	37%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$55,996,666	\$56,310,751	\$314,085	1%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$57,093,119	\$57,816,342	\$723,223	1%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$263,723,389	\$476,813,924	\$213,090,535	81%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,366,473	\$20,562,588	\$11,196,114	120%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$273,089,862	\$497,376,512	\$224,286,650	82%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$920,780	\$809,310	(\$111,470)	-12.11%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$22,963,836	\$9,699,926	(\$13,263,910)	-57.76%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$293,034,805	\$305,164,135	\$12,129,330	4.14%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$668,252,697	\$726,117,965	\$57,865,268	8.66%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,031,854	\$2,131,943	\$100,089	4.93%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,778,123	\$5,835,046	\$1,056,923	22.12%

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$167,182,889	\$183,447,743	\$16,264,854
2	MEDICARE	\$1,698,315	1,122,036	(\$576,279)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$218,045,317	235,198,677	\$17,153,360
4	MEDICAID	\$218,045,317	235,198,677	\$17,153,360
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$3,052,459	3,561,163	\$508,704
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$894,674	1,155,430	\$260,756
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$222,796,091</b>	<b>\$239,881,876</b>	<b>\$17,085,785</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$389,978,980</b>	<b>\$423,329,619</b>	<b>\$33,350,639</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$136,326,987	\$148,847,355	\$12,520,368
2	MEDICARE	\$427,046	520,464	\$93,418
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$139,794,966	151,189,857	\$11,394,891
4	MEDICAID	\$139,794,966	151,189,857	\$11,394,891
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,724,718	2,230,670	\$505,952
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,453,906	2,558,953	\$105,047
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$141,946,730</b>	<b>\$153,940,991</b>	<b>\$11,994,261</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$278,273,717</b>	<b>\$302,788,346</b>	<b>\$24,514,629</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$303,509,876	\$332,295,098	\$28,785,222
2	TOTAL MEDICARE	\$2,125,361	\$1,642,500	(\$482,861)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$357,840,283	\$386,388,534	\$28,548,251
4	TOTAL MEDICAID	\$357,840,283	\$386,388,534	\$28,548,251
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$4,777,177	\$5,791,833	\$1,014,656
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,348,580	\$3,714,383	\$365,803
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$364,742,821</b>	<b>\$393,822,867</b>	<b>\$29,080,046</b>
	<b>TOTAL CHARGES</b>	<b>\$668,252,697</b>	<b>\$726,117,965</b>	<b>\$57,865,268</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,703,439	\$106,046,046	\$2,342,607
2	MEDICARE	\$2,433,392	2,271,071	(\$162,321)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$57,661,686	65,228,666	\$7,566,980
4	MEDICAID	\$57,661,686	65,228,666	\$7,566,980
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$746,843	1,102,367	\$355,524
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$102,412	131,008	\$28,596
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$60,841,921</b>	<b>\$68,602,104</b>	<b>\$7,760,183</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$164,545,360</b>	<b>\$174,648,150</b>	<b>\$10,102,790</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$74,734,109	\$83,276,027	\$8,541,918
2	MEDICARE	\$669,910	1,130,976	\$461,066
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,210,044	35,556,750	\$6,346,706
4	MEDICAID	\$29,210,044	35,556,750	\$6,346,706
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$911,649	852,305	(\$59,344)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$387,830	495,436	\$107,606
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$30,791,603</b>	<b>\$37,540,031</b>	<b>\$6,748,428</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$105,525,712</b>	<b>\$120,816,058</b>	<b>\$15,290,346</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,437,548	\$189,322,073	\$10,884,525
2	TOTAL MEDICARE	\$3,103,302	\$3,402,047	\$298,745
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$86,871,730	\$100,785,416	\$13,913,686
4	TOTAL MEDICAID	\$86,871,730	\$100,785,416	\$13,913,686
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,658,492	\$1,954,672	\$296,180
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$490,242	\$626,444	\$136,202
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$91,633,524</b>	<b>\$106,142,135</b>	<b>\$14,508,611</b>
	<b>TOTAL PAYMENTS</b>	<b>\$270,071,072</b>	<b>\$295,464,208</b>	<b>\$25,393,136</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.02%	25.26%	0.25%
2	MEDICARE	0.25%	0.15%	-0.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.63%	32.39%	-0.24%
4	MEDICAID	32.63%	32.39%	-0.24%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.46%	0.49%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.16%	0.03%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>33.34%</b>	<b>33.04%</b>	<b>-0.30%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>58.36%</b>	<b>58.30%</b>	<b>-0.06%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.40%	20.50%	0.10%
2	MEDICARE	0.06%	0.07%	0.01%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.92%	20.82%	-0.10%
4	MEDICAID	20.92%	20.82%	-0.10%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.26%	0.31%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.37%	0.35%	-0.01%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.24%</b>	<b>21.20%</b>	<b>-0.04%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>41.64%</b>	<b>41.70%</b>	<b>0.06%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.40%	35.89%	-2.51%
2	MEDICARE	0.90%	0.77%	-0.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.35%	22.08%	0.73%
4	MEDICAID	21.35%	22.08%	0.73%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.28%	0.37%	0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.04%	0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>22.53%</b>	<b>23.22%</b>	<b>0.69%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>60.93%</b>	<b>59.11%</b>	<b>-1.82%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.67%	28.18%	0.51%
2	MEDICARE	0.25%	0.38%	0.13%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.82%	12.03%	1.22%
4	MEDICAID	10.82%	12.03%	1.22%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.34%	0.29%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.14%	0.17%	0.02%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>11.40%</b>	<b>12.71%</b>	<b>1.30%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>39.07%</b>	<b>40.89%</b>	<b>1.82%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,549	2,754	205
2	MEDICARE	20	11	(9)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,430	3,596	166
4	MEDICAID	3,430	3,596	166
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	48	55	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20	33	13
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,498</b>	<b>3,662</b>	<b>164</b>
	<b>TOTAL DISCHARGES</b>	<b>6,047</b>	<b>6,416</b>	<b>369</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19,318	19,277	(41)
2	MEDICARE	193	121	(72)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,146	24,917	(229)
4	MEDICAID	25,146	24,917	(229)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	353	389	36
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	105	129	24
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>25,692</b>	<b>25,427</b>	<b>(265)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>45,010</b>	<b>44,704</b>	<b>(306)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.6	7.0	(0.6)
2	MEDICARE	9.7	11.0	1.4
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.3	6.9	(0.4)
4	MEDICAID	7.3	6.9	(0.4)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	7.4	7.1	(0.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.3	3.9	(1.3)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>7.3</b>	<b>6.9</b>	<b>(0.4)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>7.4</b>	<b>7.0</b>	<b>(0.5)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.85130	1.79741	(0.05389)
2	MEDICARE	1.42750	2.00440	0.57690
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.69500	1.67357	(0.02143)
4	MEDICAID	1.69500	1.67357	(0.02143)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.61040	1.60520	(0.00520)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.49560	1.46780	(0.02780)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.69231</b>	<b>1.67354</b>	<b>(0.01877)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.75933</b>	<b>1.72671</b>	<b>(0.03262)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$303,509,876	\$332,295,098	\$28,785,222
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,437,548	\$193,025,176	\$14,587,628
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,072,328	\$139,269,922	\$14,197,594
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.21%	41.91%	0.70%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$920,780	\$809,310	(\$111,470)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$523,675	\$242,329	(\$281,346)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,893,788	\$2,097,657	\$203,869
9	BAD DEBTS	\$852,481	\$1,605,446	\$752,965
10	TOTAL UNCOMPENSATED CARE	\$2,746,269	\$3,703,103	\$956,834
11	TOTAL OTHER OPERATING REVENUE	\$44,142,342	\$43,377,255	(\$765,087)
12	TOTAL OPERATING EXPENSES	\$288,197,545	\$302,746,868	\$14,549,323

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,718,96370	4,950,06714	231.10344
2	MEDICARE	28,55000	22,04840	(6,50160)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,813.85000	6,018.15772	204.30772
4	MEDICAID	5,813.85000	6,018.15772	204.30772
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	77,29920	88,28600	10,98680
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	29,91200	48,43740	18,52540
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>5,919.69920</b>	<b>6,128.49212</b>	<b>208.79292</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>10,638.66290</b>	<b>11,078.55926</b>	<b>439.89636</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,078.54698	2,234.56342	156.01643
2	MEDICARE	5.02906	5.10242	0.07337
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,199.06917	2,311.57221	112.50304
4	MEDICAID	2,199.06917	2,311.57221	112.50304
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	27,12124	34,45134	7,33011
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	54,85587	73,08573	18,22986
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,231.21946</b>	<b>2,351.12598</b>	<b>119.90652</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,309.76644</b>	<b>4,585.68940</b>	<b>275.92295</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,975.89	\$21,423.15	(\$552.74)
2	MEDICARE	\$85,232.64	\$103,003.89	\$17,771.25
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,917.99	\$10,838.64	\$920.66
4	MEDICAID	\$9,917.99	\$10,838.64	\$920.66
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$9,661.72	\$12,486.32	\$2,824.60
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,423.78	\$2,704.69	(\$719.09)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$10,277.87</b>	<b>\$11,193.96</b>	<b>\$916.09</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$15,466.73</b>	<b>\$15,764.52</b>	<b>\$297.79</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,954.98	\$37,267.25	\$1,312.27
2	MEDICARE	\$133,207.92	\$221,654.63	\$88,446.70
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,282.91	\$15,382.06	\$2,099.15
4	MEDICAID	\$13,282.91	\$15,382.06	\$2,099.15
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$33,613.84	\$24,739.38	(\$8,874.46)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,069.98	\$6,778.83	(\$291.15)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$13,800.35</b>	<b>\$15,966.83</b>	<b>\$2,166.48</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$24,485.25</b>	<b>\$26,346.32</b>	<b>\$1,861.07</b>

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<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$263,723,389	\$476,813,924	\$213,090,535
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,366,473	\$20,562,588	\$11,196,114
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$273,089,862</b>	<b>\$497,376,512</b>	<b>\$224,286,650</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$668,252,697	\$726,117,965	\$57,865,268
2	TOTAL GOVERNMENT DEDUCTIONS	\$273,109,297	\$287,680,732	\$14,571,435
3	UNCOMPENSATED CARE	\$2,746,269	\$3,703,103	\$956,834
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,072,328	\$139,269,922	\$14,197,594
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$523,675	\$242,329	(\$281,346)
6	TOTAL ADJUSTMENTS	\$401,451,569	\$430,896,086	\$29,444,517
7	TOTAL ACCRUED PAYMENTS	\$266,801,128	\$295,221,879	\$28,420,751
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$266,801,128	\$295,221,879	\$28,420,751
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3992518537	0.4065756437	0.0073237900
11	COST OF UNCOMPENSATED CARE	\$1,096,453	\$1,505,591	\$409,138
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$55,996,666	\$56,310,751	\$314,085
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$57,093,119	\$57,816,342	\$723,223
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	62.03%	57.81%	-4.22%
2	MEDICARE	143.28%	202.41%	59.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.44%	27.73%	1.29%
4	MEDICAID	26.44%	27.73%	1.29%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	24.47%	30.96%	6.49%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.45%	11.34%	-0.11%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>27.31%</b>	<b>28.60%</b>	<b>1.29%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>42.19%</b>	<b>41.26%</b>	<b>-0.94%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.82%	55.95%	1.13%
2	MEDICARE	156.87%	217.30%	60.43%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.89%	23.52%	2.62%
4	MEDICAID	20.89%	23.52%	2.62%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	52.86%	38.21%	-14.65%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	15.80%	19.36%	3.56%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>21.69%</b>	<b>24.39%</b>	<b>2.69%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>37.92%</b>	<b>39.90%</b>	<b>1.98%</b>



CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$270,071,072	\$295,464,208	\$25,393,136
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$270,071,072</b>	<b>\$295,464,208</b>	<b>\$25,393,136</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$22,963,836	\$9,699,926	(\$13,263,910)
4	<b>CALCULATED NET REVENUE</b>	<b>\$294,284,494</b>	<b>\$305,164,134</b>	<b>\$10,879,640</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$293,034,805	\$305,164,135	\$12,129,330
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1,249,689</b>	<b>(\$1)</b>	<b>(\$1,249,690)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$668,252,697	\$726,117,965	\$57,865,268
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$668,252,697</b>	<b>\$726,117,965</b>	<b>\$57,865,268</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$668,252,697	\$726,117,965	\$57,865,268
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,746,269	\$3,703,103	\$956,834
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,031,854	\$2,131,943	\$100,089
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,778,123</b>	<b>\$5,835,046</b>	<b>\$1,056,923</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,778,123	\$5,835,046	\$1,056,923
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,447,743
2	MEDICARE	1,122,036
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	235,198,677
4	MEDICAID	235,198,677
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	3,561,163
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,155,430
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$239,881,876</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$423,329,619</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,847,355
2	MEDICARE	520,464
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	151,189,857
4	MEDICAID	151,189,857
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,230,670
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,558,953
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$153,940,991</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$302,788,346</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$332,295,098
2	TOTAL GOVERNMENT ACCRUED CHARGES	393,822,867
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$726,117,965</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$106,046,046
2	MEDICARE	2,271,071
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	65,228,666
4	MEDICAID	65,228,666
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,102,367
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	131,008
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$68,602,104</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$174,648,150</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$83,276,027
2	MEDICARE	1,130,976
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35,556,750
4	MEDICAID	35,556,750
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	852,305
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	495,436
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$37,540,031</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$120,816,058</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$189,322,073
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	106,142,135
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$295,464,208</b>

<b>CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,754
2	MEDICARE	11
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,596
4	MEDICAID	3,596
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	55
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,662</b>
	<b>TOTAL DISCHARGES</b>	<b>6,416</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.79741
2	MEDICARE	2.00440
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.67357
4	MEDICAID	1.67357
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.60520
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.46780
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.67354</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.72671</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$332,295,098
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$193,025,176
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$139,269,922
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.91%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$809,310
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$242,329
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$2,097,657
9	BAD DEBTS	\$1,605,446
10	TOTAL UNCOMPENSATED CARE	\$3,703,103
11	TOTAL OTHER OPERATING REVENUE	\$43,377,255
12	TOTAL OPERATING EXPENSES	\$302,746,868

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$295,464,208
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$295,464,208</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,699,926
	<b>CALCULATED NET REVENUE</b>	<b>\$305,164,134</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$305,164,135
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$726,117,965
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$726,117,965</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$726,117,965
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,703,103
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,131,943
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$5,835,046</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,835,046
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>CT CHILDREN'S MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	792	1,359	567	72%
2	Number of Approved Applicants	760	1,278	518	68%
3	<b>Total Charges (A)</b>	<b>\$1,893,788</b>	<b>\$2,097,657</b>	<b>\$203,869</b>	<b>11%</b>
4	<b>Average Charges</b>	<b>\$2,492</b>	<b>\$1,641</b>	<b>(\$850)</b>	<b>-34%</b>
5	Ratio of Cost to Charges (RCC)	0.445587	0.404547	(0.041040)	-9%
6	<b>Total Cost</b>	<b>\$843,847</b>	<b>\$848,601</b>	<b>\$4,754</b>	<b>1%</b>
7	<b>Average Cost</b>	<b>\$1,110</b>	<b>\$664</b>	<b>(\$446)</b>	<b>-40%</b>
8	Charity Care - Inpatient Charges	\$911,805	\$492,638	(\$419,167)	-46%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	247,338	1,121,232	873,894	353%
10	Charity Care - Emergency Department Charges	734,645	483,787	(250,858)	-34%
11	<b>Total Charges (A)</b>	<b>\$1,893,788</b>	<b>\$2,097,657</b>	<b>\$203,869</b>	<b>11%</b>
12	Charity Care - Number of Patient Days	743	1,301	558	75%
13	Charity Care - Number of Discharges	167	198	31	19%
14	Charity Care - Number of Outpatient ED Visits	365	723	358	98%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	935	1,720	785	84%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$202,890	\$812,864	\$609,974	301%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	281,319	340,810	59,491	21%
3	Bad Debts - Emergency Department	368,272	451,772	83,500	23%
4	<b>Total Bad Debts (A)</b>	<b>\$852,481</b>	<b>\$1,605,446</b>	<b>\$752,965</b>	<b>88%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$1,893,788	\$2,097,657	\$203,869	11%
2	Bad Debts (A)	852,481	1,605,446	752,965	88%
3	<b>Total Uncompensated Care (A)</b>	<b>\$2,746,269</b>	<b>\$3,703,103</b>	<b>\$956,834</b>	<b>35%</b>
4	Uncompensated Care - Inpatient Services	\$1,114,695	\$1,305,502	\$190,807	17%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	528,657	1,462,042	933,385	177%
6	Uncompensated Care - Emergency Department	1,102,917	935,559	(167,358)	-15%
7	<b>Total Uncompensated Care (A)</b>	<b>\$2,746,269</b>	<b>\$3,703,103</b>	<b>\$956,834</b>	<b>35%</b>

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

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<b>COMMERCIAL - ALL PAYERS</b>				
1	Total Gross Revenue	\$303,509,876	\$332,295,098	\$28,785,222	9%
2	Total Contractual Allowances	\$125,072,328	\$139,269,922	\$14,197,594	11%
	<b>Total Accrued Payments (A)</b>	<b>\$178,437,548</b>	<b>\$193,025,176</b>	<b>\$14,587,628</b>	<b>8%</b>
	<b>Total Discount Percentage</b>	<b>41.21%</b>	<b>41.91%</b>	<b>0.70%</b>	<b>2%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$334,817,086	\$389,978,980	\$423,329,619
2	Outpatient Gross Revenue	\$261,858,160	\$278,273,717	\$302,788,346
3	Total Gross Patient Revenue	\$596,675,246	\$668,252,697	\$726,117,965
4	Net Patient Revenue	\$252,957,977	\$293,034,805	\$305,164,135
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$280,099,480	\$288,197,545	\$302,746,868
<b>C. Utilization Statistics</b>				
1	Patient Days	42,524	45,010	44,704
2	Discharges	5,803	6,047	6,416
3	Average Length of Stay	7.3	7.4	7.0
4	Equivalent (Adjusted) Patient Days (EPD)	75,782	77,127	76,679
0	Equivalent (Adjusted) Discharges (ED)	10,341	10,362	11,005
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.77923	1.75933	1.72671
2	Case Mix Adjusted Patient Days (CMAPD)	75,660	79,187	77,191
3	Case Mix Adjusted Discharges (CMAD)	10,325	10,639	11,079
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	134,833	135,692	132,402
5	Case Mix Adjusted Equivalent Discharges (CMAED)	18,400	18,230	19,003
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$14,031	\$14,847	\$16,243
2	Total Gross Revenue per Discharge	\$102,822	\$110,510	\$113,173
3	Total Gross Revenue per EPD	\$7,874	\$8,664	\$9,470
4	Total Gross Revenue per ED	\$57,697	\$64,491	\$65,980
5	Total Gross Revenue per CMAEPD	\$4,425	\$4,925	\$5,484
6	Total Gross Revenue per CMAED	\$32,428	\$36,657	\$38,212
7	Inpatient Gross Revenue per EPD	\$4,418	\$5,056	\$5,521
8	Inpatient Gross Revenue per ED	\$32,376	\$37,636	\$38,467

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$5,949	\$6,510	\$6,826
2	Net Patient Revenue per Discharge	\$43,591	\$48,460	\$47,563
3	Net Patient Revenue per EPD	\$3,338	\$3,799	\$3,980
4	Net Patient Revenue per ED	\$24,461	\$28,280	\$27,729
5	Net Patient Revenue per CMAEPD	\$1,876	\$2,160	\$2,305
6	Net Patient Revenue per CMAED	\$13,748	\$16,074	\$16,059
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$6,587	\$6,403	\$6,772
2	Total Operating Expense per Discharge	\$48,268	\$47,660	\$47,186
3	Total Operating Expense per EPD	\$3,696	\$3,737	\$3,948
4	Total Operating Expense per ED	\$27,085	\$27,813	\$27,510
5	Total Operating Expense per CMAEPD	\$2,077	\$2,124	\$2,287
6	Total Operating Expense per CMAED	\$15,223	\$15,809	\$15,932
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$29,168,523	\$29,796,100	\$32,933,706
2	Nursing Fringe Benefits Expense	\$8,007,981	\$7,444,234	\$6,847,407
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$37,176,504</b>	<b>\$37,240,334</b>	<b>\$39,781,113</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$80,702,121	\$87,302,564	\$93,062,573
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$22,156,113	\$21,811,602	\$19,349,094
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$102,858,234</b>	<b>\$109,114,166</b>	<b>\$112,411,667</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$109,870,644	\$117,098,664	\$125,996,279
2	Total Fringe Benefits Expense	\$30,164,094	\$29,255,836	\$26,196,501
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$140,034,738</b>	<b>\$146,354,500</b>	<b>\$152,192,780</b>



CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	327.3	329.9	362.7
2	Total Physician FTEs	44.4	50.0	51.1
3	Total Non-Nursing, Non-Physician FTEs	1082.7	1067.8	1099.8
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,454.4</b>	<b>1,447.7</b>	<b>1,513.6</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$89,119	\$90,319	\$90,802
2	Nursing Fringe Benefits Expense per FTE	\$24,467	\$22,565	\$18,879
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$113,585</b>	<b>\$112,884</b>	<b>\$109,680</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$74,538	\$81,759	\$84,618
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,464	\$20,427	\$17,593
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$95,002</b>	<b>\$102,186</b>	<b>\$102,211</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$75,544	\$80,886	\$83,243
2	Total Fringe Benefits Expense per FTE	\$20,740	\$20,208	\$17,307
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$96,284</b>	<b>\$101,094</b>	<b>\$100,550</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,293	\$3,252	\$3,404
2	Total Salary and Fringe Benefits Expense per Discharge	\$24,131	\$24,203	\$23,721
3	Total Salary and Fringe Benefits Expense per EPD	\$1,848	\$1,898	\$1,985
4	Total Salary and Fringe Benefits Expense per ED	\$13,541	\$14,124	\$13,829
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,039	\$1,079	\$1,149
6	Total Salary and Fringe Benefits Expense per CMAED	\$7,611	\$8,028	\$8,009