

GREENWICH HOSPITAL					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$25,899,478	\$16,096,633	(\$9,802,845)	-38%
2	Short Term Investments	\$72,659,059	\$116,197,327	\$43,538,268	60%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$38,149,419	\$37,664,498	(\$484,921)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,551,531	\$1,869,301	\$317,770	20%
8	Prepaid Expenses	\$5,855,047	\$5,157,662	(\$697,385)	-12%
9	Other Current Assets	\$33,327,091	\$44,305,413	\$10,978,322	33%
	Total Current Assets	\$177,441,625	\$221,290,834	\$43,849,209	25%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$44,235,268	\$0	(\$44,235,268)	-100%
3	Funds Held in Escrow	\$583	\$20,895	\$20,312	3484%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$13,182,589	\$13,182,589	0%
	Total Noncurrent Assets Whose Use is Limited:	\$44,235,851	\$13,203,484	(\$31,032,367)	-70%
5	Interest in Net Assets of Foundation	\$56,878,293	\$58,375,636	\$1,497,343	3%
6	Long Term Investments	\$51,339,976	\$60,341,406	\$9,001,430	18%
7	Other Noncurrent Assets	\$24,858,655	\$22,808,887	(\$2,049,768)	-8%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$443,169,349	\$468,570,061	\$25,400,712	6%
2	Less: Accumulated Depreciation	\$231,793,886	\$249,872,290	\$18,078,404	8%
	Property, Plant and Equipment, Net	\$211,375,463	\$218,697,771	\$7,322,308	3%
3	Construction in Progress	\$4,578,312	\$9,192,824	\$4,614,512	101%
	Total Net Fixed Assets	\$215,953,775	\$227,890,595	\$11,936,820	6%
	Total Assets	\$570,708,175	\$603,910,842	\$33,202,667	6%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$18,469,984	\$24,562,113	\$6,092,129	33%
2	Salaries, Wages and Payroll Taxes	\$13,268,051	\$13,615,151	\$347,100	3%
3	Due To Third Party Payers	\$462,435	\$112,434	(\$350,001)	-76%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,675,000	\$2,790,000	\$115,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$17,348,147	\$23,467,970	\$6,119,823	35%
	Total Current Liabilities	\$52,223,617	\$64,547,668	\$12,324,051	24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$32,430,000	\$29,280,314	(\$3,149,686)	-10%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$32,430,000	\$29,280,314	(\$3,149,686)	-10%
3	Accrued Pension Liability	\$42,786,988	\$64,829,371	\$22,042,383	52%
4	Other Long Term Liabilities	\$36,773,008	\$40,653,837	\$3,880,829	11%
	Total Long Term Liabilities	\$111,989,996	\$134,763,522	\$22,773,526	20%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$341,118,049	\$336,167,867	(\$4,950,182)	-1%
2	Temporarily Restricted Net Assets	\$41,782,451	\$44,533,261	\$2,750,810	7%
3	Permanently Restricted Net Assets	\$23,594,062	\$23,898,524	\$304,462	1%
	Total Net Assets	\$406,494,562	\$404,599,652	(\$1,894,910)	0%
	Total Liabilities and Net Assets	\$570,708,175	\$603,910,842	\$33,202,667	6%

GREENWICH HOSPITAL					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,168,376,920	\$1,181,446,542	\$13,069,622	1%
2	Less: Allowances	\$773,044,000	\$758,139,523	(\$14,904,477)	-2%
3	Less: Charity Care	\$20,563,000	\$25,346,380	\$4,783,380	23%
4	Less: Other Deductions	\$21,694,710	\$28,735,013	\$7,040,303	32%
	Total Net Patient Revenue	\$353,075,210	\$369,225,626	\$16,150,416	5%
5	Provision for Bad Debts	\$12,338,000	\$15,919,399	\$3,581,399	29%
	Net Patient Service Revenue less provision for bad debts	\$340,737,210	\$353,306,227	\$12,569,017	4%
6	Other Operating Revenue	\$15,127,276	\$14,919,230	(\$208,046)	-1%
7	Net Assets Released from Restrictions	\$4,783,198	\$5,266,373	\$483,175	10%
	Total Operating Revenue	\$360,647,684	\$373,491,830	\$12,844,146	4%
B. Operating Expenses:					
1	Salaries and Wages	\$116,725,687	\$118,979,289	\$2,253,602	2%
2	Fringe Benefits	\$36,502,799	\$29,446,638	(\$7,056,161)	-19%
3	Physicians Fees	\$10,436,943	\$12,709,543	\$2,272,600	22%
4	Supplies and Drugs	\$51,195,100	\$55,588,770	\$4,393,670	9%
5	Depreciation and Amortization	\$23,853,013	\$23,457,464	(\$395,549)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$310,142	\$325,149	\$15,007	5%
8	Malpractice Insurance Cost	\$1,279,220	\$2,162,707	\$883,487	69%
9	Other Operating Expenses	\$87,866,052	\$99,883,215	\$12,017,163	14%
	Total Operating Expenses	\$328,168,956	\$342,552,775	\$14,383,819	4%
	Income/(Loss) From Operations	\$32,478,728	\$30,939,055	(\$1,539,673)	-5%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,937,173	\$2,590,249	\$653,076	34%
2	Gifts, Contributions and Donations	\$2,759,583	\$2,110,254	(\$649,329)	-24%
3	Other Non-Operating Gains/(Losses)	(\$1,853,430)	(\$3,150,594)	(\$1,297,164)	70%
	Total Non-Operating Revenue	\$2,843,326	\$1,549,909	(\$1,293,417)	-45%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$35,322,054	\$32,488,964	(\$2,833,090)	-8%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$7,035,417)	\$3,285,908	\$10,321,325	-147%
	All Other Adjustments	(\$1,430,468)	(\$1,069,303)	\$361,165	-25%
	Total Other Adjustments	(\$8,465,885)	\$2,216,605	\$10,682,490	-126%
	Excess/(Deficiency) of Revenue Over Expenses	\$26,856,169	\$34,705,569	\$7,849,400	29%
	Principal Payments	\$2,605,000	\$2,675,000	\$70,000	3%

**GREENWICH HOSPITAL
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
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$207,872,729	\$202,214,709	(\$5,658,020)	-3%
2	MEDICARE MANAGED CARE	\$32,013,524	\$30,116,906	(\$1,896,618)	-6%
3	MEDICAID	\$14,294,353	\$15,286,849	\$992,496	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$435,071	\$279,021	(\$156,050)	-36%
6	COMMERCIAL INSURANCE	\$83,766,049	\$90,195,398	\$6,429,349	8%
7	NON-GOVERNMENT MANAGED CARE	\$115,313,591	\$112,957,755	(\$2,355,836)	-2%
8	WORKER'S COMPENSATION	\$3,724,297	\$2,656,262	(\$1,068,035)	-29%
9	SELF- PAY/UNINSURED	\$4,393,306	\$4,743,689	\$350,383	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$13,046,673	\$13,321,672	\$274,999	2%
	TOTAL INPATIENT GROSS REVENUE	\$474,859,593	\$471,772,261	(\$3,087,332)	-1%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$221,839,670	\$229,767,881	\$7,928,211	4%
2	MEDICARE MANAGED CARE	\$26,661,591	\$27,517,527	\$855,936	3%
3	MEDICAID	\$34,932,154	\$35,446,769	\$514,615	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$707,594	\$760,032	\$52,438	7%
6	COMMERCIAL INSURANCE	\$141,511,879	\$140,692,979	(\$818,900)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$221,934,835	\$222,953,519	\$1,018,684	0%
8	WORKER'S COMPENSATION	\$3,695,596	\$3,416,605	(\$278,991)	-8%
9	SELF- PAY/UNINSURED	\$24,491,778	\$31,595,880	\$7,104,102	29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$17,742,228	\$17,523,088	(\$219,140)	-1%
	TOTAL OUTPATIENT GROSS REVENUE	\$693,517,325	\$709,674,280	\$16,156,955	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$429,712,399	\$431,982,590	\$2,270,191	1%
2	MEDICARE MANAGED CARE	\$58,675,115	\$57,634,433	(\$1,040,682)	-2%
3	MEDICAID	\$49,226,507	\$50,733,618	\$1,507,111	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,142,665	\$1,039,053	(\$103,612)	-9%
6	COMMERCIAL INSURANCE	\$225,277,928	\$230,888,377	\$5,610,449	2%
7	NON-GOVERNMENT MANAGED CARE	\$337,248,426	\$335,911,274	(\$1,337,152)	0%
8	WORKER'S COMPENSATION	\$7,419,893	\$6,072,867	(\$1,347,026)	-18%
9	SELF- PAY/UNINSURED	\$28,885,084	\$36,339,569	\$7,454,485	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$30,788,901	\$30,844,760	\$55,859	0%
	TOTAL GROSS REVENUE	\$1,168,376,918	\$1,181,446,541	\$13,069,623	1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$49,136,265	\$48,839,342	(\$296,923)	-1%
2	MEDICARE MANAGED CARE	\$7,369,784	\$7,407,663	\$37,879	1%

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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
3	MEDICAID	\$2,546,966	\$3,143,611	\$596,645	23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$64,687	\$40,426	(\$24,261)	-38%
6	COMMERCIAL INSURANCE	\$34,398,831	\$49,356,901	\$14,958,070	43%
7	NON-GOVERNMENT MANAGED CARE	\$51,775,582	\$51,868,894	\$93,312	0%
8	WORKER'S COMPENSATION	\$1,411,928	\$732,536	(\$679,392)	-48%
9	SELF- PAY/UNINSURED	\$2,420,412	\$1,088,297	(\$1,332,115)	-55%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,855,625	\$3,500,630	\$645,005	23%
	TOTAL INPATIENT NET REVENUE	\$151,980,080	\$165,978,300	\$13,998,220	9%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$34,268,077	\$39,818,387	\$5,550,310	16%
2	MEDICARE MANAGED CARE	\$4,270,871	\$4,635,312	\$364,441	9%
3	MEDICAID	\$5,682,064	\$5,624,228	(\$57,836)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$180,036	\$126,261	(\$53,775)	-30%
6	COMMERCIAL INSURANCE	\$57,826,471	\$63,870,237	\$6,043,766	10%
7	NON-GOVERNMENT MANAGED CARE	\$95,195,124	\$86,850,026	(\$8,345,098)	-9%
8	WORKER'S COMPENSATION	\$1,189,592	\$1,006,540	(\$183,052)	-15%
9	SELF- PAY/UNINSURED	\$1,721,063	\$2,341,069	\$620,006	36%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,429,597	\$2,187,545	(\$242,052)	-10%
	TOTAL OUTPATIENT NET REVENUE	\$202,762,895	\$206,459,605	\$3,696,710	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$83,404,342	\$88,657,729	\$5,253,387	6%
2	MEDICARE MANAGED CARE	\$11,640,655	\$12,042,975	\$402,320	3%
3	MEDICAID	\$8,229,030	\$8,767,839	\$538,809	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$244,723	\$166,687	(\$78,036)	-32%
6	COMMERCIAL INSURANCE	\$92,225,302	\$113,227,138	\$21,001,836	23%
7	NON-GOVERNMENT MANAGED CARE	\$146,970,706	\$138,718,920	(\$8,251,786)	-6%
8	WORKER'S COMPENSATION	\$2,601,520	\$1,739,076	(\$862,444)	-33%
9	SELF- PAY/UNINSURED	\$4,141,475	\$3,429,366	(\$712,109)	-17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$5,285,222	\$5,688,175	\$402,953	8%
	TOTAL NET REVENUE	\$354,742,975	\$372,437,905	\$17,694,930	5%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,084	3,736	(348)	-9%
2	MEDICARE MANAGED CARE	629	594	(35)	-6%
3	MEDICAID	470	515	45	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	16	12	(4)	-25%
6	COMMERCIAL INSURANCE	2,994	3,234	240	8%
7	NON-GOVERNMENT MANAGED CARE	4,385	4,270	(115)	-3%
8	WORKER'S COMPENSATION	41	32	(9)	-22%

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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	234	246	12	5%
10	SAGA	0	0	0	0%
11	OTHER	443	438	(5)	-1%
	TOTAL DISCHARGES	13,296	13,077	(219)	-2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	21,860	22,094	234	1%
2	MEDICARE MANAGED CARE	3,457	3,732	275	8%
3	MEDICAID	1,861	2,053	192	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	66	51	(15)	-23%
6	COMMERCIAL INSURANCE	9,594	10,717	1,123	12%
7	NON-GOVERNMENT MANAGED CARE	14,484	13,586	(898)	-6%
8	WORKER'S COMPENSATION	195	147	(48)	-25%
9	SELF- PAY/UNINSURED	716	749	33	5%
10	SAGA	0	0	0	0%
11	OTHER	1,607	1,698	91	6%
	TOTAL PATIENT DAYS	53,840	54,827	987	2%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	75,852	77,332	1,480	2%
2	MEDICARE MANAGED CARE	10,058	8,829	(1,229)	-12%
3	MEDICAID	21,513	21,426	(87)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	159	235	76	48%
6	COMMERCIAL INSURANCE	56,986	52,318	(4,668)	-8%
7	NON-GOVERNMENT MANAGED CARE	102,019	102,098	79	0%
8	WORKER'S COMPENSATION	1,252	1,108	(144)	-12%
9	SELF- PAY/UNINSURED	12,419	12,601	182	1%
10	SAGA	0	0	0	0%
11	OTHER	4,876	4,320	(556)	-11%
	TOTAL OUTPATIENT VISITS	285,134	280,267	(4,867)	-2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$26,019,616	\$25,596,249	(\$423,367)	-2%
2	MEDICARE MANAGED CARE	\$4,576,884	\$4,198,286	(\$378,598)	-8%
3	MEDICAID	\$13,977,338	\$13,732,567	(\$244,771)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$233,727	\$246,645	\$12,918	6%
6	COMMERCIAL INSURANCE	\$29,211,782	\$28,992,904	(\$218,878)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$40,351,316	\$39,643,106	(\$708,210)	-2%
8	WORKER'S COMPENSATION	\$1,824,978	\$1,725,119	(\$99,859)	-5%
9	SELF- PAY/UNINSURED	\$12,456,659	\$11,760,813	(\$695,846)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$14,806,572	\$15,240,418	\$433,846	3%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$143,458,872	\$141,136,107	(\$2,322,765)	-2%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,698,912	\$4,346,074	(\$352,838)	-8%

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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	\$811,835	\$777,539	(\$34,296)	-4%
3	MEDICAID	\$2,193,812	\$2,432,271	\$238,459	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$55,522	\$49,370	(\$6,152)	-11%
6	COMMERCIAL INSURANCE	\$15,055,140	\$14,992,085	(\$63,055)	0%
7	NON-GOVERNMENT MANAGED CARE	\$16,431,122	\$16,166,919	(\$264,203)	-2%
8	WORKER'S COMPENSATION	\$770,437	\$673,160	(\$97,277)	-13%
9	SELF- PAY/UNINSURED	\$31,123	\$5,440	(\$25,683)	-83%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,619,478	\$2,402,970	(\$216,508)	-8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$42,667,381	\$41,845,828	(\$821,553)	-2%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	4,746	4,488	(258)	-5%
2	MEDICARE MANAGED CARE	802	764	(38)	-5%
3	MEDICAID	3,520	3,409	(111)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	54	65	11	20%
6	COMMERCIAL INSURANCE	6,129	5,817	(312)	-5%
7	NON-GOVERNMENT MANAGED CARE	8,998	8,817	(181)	-2%
8	WORKER'S COMPENSATION	490	460	(30)	-6%
9	SELF- PAY/UNINSURED	2,859	2,742	(117)	-4%
10	SAGA	0	0	0	0%
11	OTHER	3,802	3,733	(69)	-2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	31,400	30,295	(1,105)	-4%

GREENWICH HOSPITAL					
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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
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$33,844,899	\$37,843,295	\$3,998,396	12%
2	Physician Salaries	\$9,115,648	\$10,099,530	\$983,882	11%
3	Non-Nursing, Non-Physician Salaries	\$73,765,140	\$71,036,464	(\$2,728,676)	-4%
	Total Salaries & Wages	\$116,725,687	\$118,979,289	\$2,253,602	2%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$10,584,076	\$9,365,981	(\$1,218,095)	-12%
2	Physician Fringe Benefits	\$2,850,672	\$2,499,571	(\$351,101)	-12%
3	Non-Nursing, Non-Physician Fringe Benefits	\$23,068,051	\$17,581,086	(\$5,486,965)	-24%
	Total Fringe Benefits	\$36,502,799	\$29,446,638	(\$7,056,161)	-19%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$1,016,744	\$1,975,549	\$958,805	94%
2	Physician Fees	\$10,436,943	\$12,709,543	\$2,272,600	22%
3	Non-Nursing, Non-Physician Fees	\$293,819	\$541,115	\$247,296	84%
	Total Contractual Labor Fees	\$11,747,506	\$15,226,207	\$3,478,701	30%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$25,212,411	\$27,388,014	\$2,175,603	9%
2	Pharmaceutical Costs	\$25,982,689	\$28,200,756	\$2,218,067	9%
	Total Medical Supplies and Pharmaceutical Cost	\$51,195,100	\$55,588,770	\$4,393,670	9%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$6,054,024	\$6,084,205	\$30,181	0%
2	Depreciation-Equipment	\$17,798,989	\$17,373,259	(\$425,730)	-2%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$23,853,013	\$23,457,464	(\$395,549)	-2%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$310,142	\$325,149	\$15,007	5%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$1,279,220	\$2,162,707	\$883,487	69%
I.	Utilities:				
1	Water	\$107,277	\$105,271	(\$2,006)	-2%
2	Natural Gas	\$379,403	\$309,951	(\$69,452)	-18%
3	Oil	\$26,285	\$3,150	(\$23,135)	-88%
4	Electricity	\$1,502,323	\$1,516,947	\$14,624	1%
5	Telephone	\$5,007	\$5,443	\$436	9%
6	Other Utilities	\$43,981	\$49,118	\$5,137	12%
	Total Utilities	\$2,064,276	\$1,989,880	(\$74,396)	-4%
J.	Business Expenses:				
1	Accounting Fees	\$231,250	\$0	(\$231,250)	-100%
2	Legal Fees	\$435,360	\$492,208	\$56,848	13%
3	Consulting Fees	\$1,176,503	\$653,612	(\$522,891)	-44%
4	Dues and Membership	\$508,380	\$479,546	(\$28,834)	-6%
5	Equipment Leases	\$1,583,170	\$1,621,210	\$38,040	2%
6	Building Leases	\$5,548,827	\$6,471,763	\$922,936	17%
7	Repairs and Maintenance	\$1,119,196	\$1,108,190	(\$11,006)	-1%
8	Insurance	\$0	\$0	\$0	0%
9	Travel	\$70,810	\$43,126	(\$27,684)	-39%
10	Conferences	\$317,165	\$323,741	\$6,576	2%
11	Property Tax	\$84,501	\$176,292	\$91,791	109%

GREENWICH HOSPITAL					
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
12	General Supplies	\$2,872,084	\$2,877,388	\$5,304	0%
13	Licenses and Subscriptions	\$232,698	\$271,350	\$38,652	17%
14	Postage and Shipping	\$249,782	(\$41,330)	(\$291,112)	-117%
15	Advertising	\$0	\$0	\$0	0%
16	Corporate parent/system fees	\$42,514,958	\$51,149,942	\$8,634,984	20%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$197,703	\$224,061	\$26,358	13%
19	Dietary / Food Services	\$2,343,986	\$2,422,467	\$78,481	3%
20	Lab Fees / Red Cross charges	\$1,279,267	\$1,178,971	(\$100,296)	-8%
21	Billing & Collection / Bank Fees	\$1,079,427	\$966,535	(\$112,892)	-10%
22	Recruiting / Employee Education & Recognition	\$86,319	\$96,256	\$9,937	12%
23	Laundry / Linen	\$1,122,989	\$1,125,822	\$2,833	0%
24	Professional / Physician Fees	\$3,351,567	\$3,334,207	(\$17,360)	-1%
25	Waste disposal	\$212,250	\$228,748	\$16,498	8%
26	Purchased Services - Medical	\$1,183,840	\$1,181,186	(\$2,654)	0%
27	Purchased Services - Non Medical	\$7,483,412	\$9,190,532	\$1,707,120	23%
28	Other Business Expenses	\$8,497,807	\$9,100,840	\$603,033	7%
	Total Business Expenses	\$83,783,251	\$94,676,663	\$10,893,412	13%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$707,962	\$700,008	(\$7,954)	-1%
	Total Operating Expenses - All Expense Categories*	\$328,168,956	\$342,552,775	\$14,383,819	4%
*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$82,300,325	\$92,032,094	\$9,731,769	12%
2	General Accounting	\$7,061,250	\$7,239,452	\$178,202	3%
3	Patient Billing & Collection	\$10,091,317	\$10,629,723	\$538,406	5%
4	Admitting / Registration Office	\$4,137,115	\$4,104,310	(\$32,805)	-1%
5	Data Processing	\$19,778,643	\$16,076,687	(\$3,701,956)	-19%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,559,298	\$1,577,327	\$18,029	1%
8	Public Relations	\$3,513,039	\$3,563,477	\$50,438	1%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$5,104,262	\$5,029,726	(\$74,536)	-1%
11	Housekeeping	\$2,915,825	\$2,959,809	\$43,984	2%
12	Laundry & Linen	\$175,605	\$207,638	\$32,033	18%
13	Operation of Plant	\$3,405,885	\$3,316,087	(\$89,798)	-3%
14	Security	\$2,161,615	\$2,173,853	\$12,238	1%
15	Repairs and Maintenance	\$2,683,634	\$3,094,614	\$410,980	15%
16	Central Sterile Supply	\$1,683,841	\$2,168,945	\$485,104	29%
17	Pharmacy Department	\$30,728,375	\$32,919,010	\$2,190,635	7%
18	Other General Services	\$1,273,743	\$1,202,485	(\$71,258)	-6%
	Total General Services	\$178,573,772	\$188,295,237	\$9,721,465	5%
B.	Professional Services:				
1	Medical Care Administration	\$1,792,540	\$3,248,264	\$1,455,724	81%
2	Residency Program	\$2,468,192	\$2,532,294	\$64,102	3%
3	Nursing Services Administration	\$2,758,519	\$3,222,895	\$464,376	17%
4	Medical Records	\$183,761	\$18,902	(\$164,859)	-90%
5	Social Service	\$2,612,654	\$2,594,085	(\$18,569)	-1%
6	Other Professional Services	\$2,855,424	\$2,707,600	(\$147,824)	-5%
	Total Professional Services	\$12,671,090	\$14,324,040	\$1,652,950	13%
C.	Special Services:				
1	Operating Room	\$20,566,103	\$21,616,859	\$1,050,756	5%

GREENWICH HOSPITAL					
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
2	Recovery Room	\$1,379,434	\$1,466,407	\$86,973	6%
3	Anesthesiology	\$1,295,398	\$1,512,506	\$217,108	17%
4	Delivery Room	\$7,609,407	\$8,007,945	\$398,538	5%
5	Diagnostic Radiology	\$5,297,145	\$4,910,201	(\$386,944)	-7%
6	Diagnostic Ultrasound	\$2,511,355	\$2,340,144	(\$171,211)	-7%
7	Radiation Therapy	\$6,044,549	\$5,984,785	(\$59,764)	-1%
8	Radioisotopes	\$678,340	\$667,309	(\$11,031)	-2%
9	CT Scan	\$1,551,683	\$1,185,502	(\$366,181)	-24%
10	Laboratory	\$17,142,054	\$16,973,279	(\$168,775)	-1%
11	Blood Storing/Processing	\$1,215,880	\$998,326	(\$217,554)	-18%
12	Cardiology	\$1,924,424	\$2,622,966	\$698,542	36%
13	Electrocardiology	\$1,054,883	\$991,991	(\$62,892)	-6%
14	Electroencephalography	\$434,299	\$484,479	\$50,180	12%
15	Occupational Therapy	\$1,522,555	\$1,383,607	(\$138,948)	-9%
16	Speech Pathology	\$238,265	\$269,236	\$30,971	13%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,950,413	\$1,875,377	(\$75,036)	-4%
19	Pulmonary Function	\$209,097	\$237,357	\$28,260	14%
20	Intravenous Therapy	\$2,389,985	\$2,356,665	(\$33,320)	-1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$490,221	\$519,389	\$29,168	6%
24	Emergency Room	\$13,815,196	\$14,271,818	\$456,622	3%
25	MRI	\$1,066,530	\$662,808	(\$403,722)	-38%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$468,157	\$279,927	(\$188,230)	-40%
28	Endoscopy	\$2,060,347	\$2,090,581	\$30,234	1%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$636,856	\$618,760	(\$18,096)	-3%
31	Cardiac Catheterization/Rehabilitation	\$688,778	\$710,692	\$21,914	3%
32	Occupational Therapy / Physical Therapy	\$3,137,530	\$3,347,868	\$210,338	7%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$494,614	\$559,563	\$64,949	13%
	Total Special Services	\$97,873,498	\$98,946,347	\$1,072,849	1%
D.	Routine Services:				
1	Medical & Surgical Units	\$16,340,204	\$17,244,021	\$903,817	6%
2	Intensive Care Unit	\$2,458,059	\$3,077,109	\$619,050	25%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$780,722	\$776,191	(\$4,531)	-1%
5	Pediatric Unit	\$1,232,150	\$1,290,445	\$58,295	5%
6	Maternity Unit	\$4,057,292	\$4,076,904	\$19,612	0%
7	Newborn Nursery Unit	\$1,481,405	\$1,900,527	\$419,122	28%
8	Neonatal ICU	\$2,873,094	\$2,945,499	\$72,405	3%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$5,317,439	\$5,178,771	(\$138,668)	-3%
11	Home Care	\$823,805	\$786,798	(\$37,007)	-4%
12	Outpatient Clinics	\$3,548,695	\$3,517,951	(\$30,744)	-1%
13	Other Routine Services	\$137,731	\$192,935	\$55,204	40%
	Total Routine Services	\$39,050,596	\$40,987,151	\$1,936,555	5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$328,168,956	\$342,552,775	\$14,383,819	4%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GREENWICH HOSPITAL				
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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$332,207,000	\$340,737,210	\$353,306,227
2	Other Operating Revenue	17,848,000	19,910,474	20,185,603
3	Total Operating Revenue	\$350,055,000	\$360,647,684	\$373,491,830
4	Total Operating Expenses	317,854,000	328,168,956	342,552,775
5	Income/(Loss) From Operations	\$32,201,000	\$32,478,728	\$30,939,055
6	Total Non-Operating Revenue	4,171,000	(5,622,559)	3,766,514
7	Excess/(Deficiency) of Revenue Over Expenses	\$36,372,000	\$26,856,169	\$34,705,569
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	9.09%	9.15%	8.20%
2	Hospital Non Operating Margin	1.18%	-1.58%	1.00%
3	Hospital Total Margin	10.27%	7.56%	9.20%
4	Income/(Loss) From Operations	\$32,201,000	\$32,478,728	\$30,939,055
5	Total Operating Revenue	\$350,055,000	\$360,647,684	\$373,491,830
6	Total Non-Operating Revenue	\$4,171,000	(\$5,622,559)	\$3,766,514
7	Total Revenue	\$354,226,000	\$355,025,125	\$377,258,344
8	Excess/(Deficiency) of Revenue Over Expenses	\$36,372,000	\$26,856,169	\$34,705,569
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$334,040,000	\$341,118,049	\$336,167,867
2	Hospital Total Net Assets	\$401,362,000	\$406,494,562	\$404,599,652
3	Hospital Change in Total Net Assets	\$23,738,000	\$5,132,562	(\$1,894,910)
4	Hospital Change in Total Net Assets %	106.3%	1.3%	-0.5%

GREENWICH HOSPITAL				
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
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.27	0.28	0.28
2	Total Operating Expenses	\$317,854,000	\$328,168,956	\$342,552,775
3	Total Gross Revenue	\$1,149,848,623	\$1,168,376,918	\$1,181,446,541
4	Total Other Operating Revenue	\$19,028,550	\$20,320,014	\$21,109,490
5	<u>Private Payment to Cost Ratio</u>	1.48	1.54	1.55
6	Total Non-Government Payments	\$236,385,895	\$245,939,003	\$257,114,500
7	Total Uninsured Payments	\$1,960,939	\$4,141,475	\$3,429,366
8	Total Non-Government Charges	\$613,857,805	\$598,831,331	\$609,212,087
9	Total Uninsured Charges	\$30,705,870	\$28,885,084	\$36,339,569
10	<u>Medicare Payment to Cost Ratio</u>	0.75	0.70	0.72
11	Total Medicare Payments	\$95,063,111	\$95,044,997	\$100,700,704
12	Total Medicare Charges	\$465,760,260	\$488,387,514	\$489,617,023
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.61	0.61
14	Total Medicaid Payments	\$8,455,090	\$8,229,030	\$8,767,839
15	Total Medicaid Charges	\$41,394,187	\$49,226,507	\$50,733,618
16	<u>Uncompensated Care Cost</u>	\$12,192,361	\$9,073,933	\$11,753,585
17	Charity Care	\$19,751,377	\$20,529,798	\$25,342,402
18	Bad Debts	\$25,084,845	\$12,337,894	\$15,919,399
19	Total Uncompensated Care	\$44,836,222	\$32,867,692	\$41,261,801
20	<u>Uncompensated Care % of Total Expenses</u>	3.8%	2.8%	3.4%

GREENWICH HOSPITAL				
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	\$317,854,000	\$328,168,956	\$342,552,775
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	3	3	3
2	Total Current Assets	\$159,340,000	\$177,441,625	\$221,290,834
3	Total Current Liabilities	\$55,531,000	\$52,223,617	\$64,547,668
4	<u>Days Cash on Hand</u>	94	118	151
5	Cash and Cash Equivalents	\$43,811,000	\$25,899,478	\$16,096,633
6	Short Term Investments	31,934,000	72,659,059	116,197,327
7	Total Cash and Short Term Investments	\$75,745,000	\$98,558,537	\$132,293,960
8	Total Operating Expenses	\$317,854,000	\$328,168,956	\$342,552,775
9	Depreciation Expense	\$24,929,000	\$23,853,013	\$23,457,464
10	Operating Expenses less Depreciation Expense	\$292,925,000	\$304,315,943	\$319,095,311
11	<u>Days Revenue in Patient Accounts Receivable</u>	41	40	39
12	Net Patient Accounts Receivable	\$37,984,000	\$38,149,419	\$37,664,498
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$930,766	\$462,435	\$112,434
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$37,053,234	\$37,686,984	\$37,552,064
16	Total Net Patient Revenue	\$332,207,000	\$340,737,210	\$353,306,227
17	<u>Average Payment Period</u>	69	63	74
18	Total Current Liabilities	\$55,531,000	\$52,223,617	\$64,547,668
19	Total Operating Expenses	\$317,854,000	\$328,168,956	\$342,552,775
20	Depreciation Expense	\$24,929,000	\$23,853,013	\$23,457,464

GREENWICH HOSPITAL				
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 less Depreciation Expense	\$292,925,000	\$304,315,943	\$319,095,311
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	70.8	71.2	67.0
2	Total Net Assets	\$401,362,000	\$406,494,562	\$404,599,652
3	Total Assets	\$566,679,000	\$570,708,175	\$603,910,842
4	<u>Cash Flow to Total Debt Ratio</u>	67.6	59.9	62.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$36,372,000	\$26,856,169	\$34,705,569
6	Depreciation Expense	\$24,929,000	\$23,853,013	\$23,457,464
7	Excess of Revenues Over Expenses and Depreciation Expense	\$61,301,000	\$50,709,182	\$58,163,033
8	Total Current Liabilities	\$55,531,000	\$52,223,617	\$64,547,668
9	Total Long Term Debt	\$35,105,000	\$32,430,000	\$29,280,314
10	Total Current Liabilities and Total Long Term Debt	\$90,636,000	\$84,653,617	\$93,827,982
11	<u>Long Term Debt to Capitalization Ratio</u>	8.0	7.4	6.7
12	Total Long Term Debt	\$35,105,000	\$32,430,000	\$29,280,314
13	Total Net Assets	\$401,362,000	\$406,494,562	\$404,599,652
14	Total Long Term Debt and Total Net Assets	\$436,467,000	\$438,924,562	\$433,879,966
15	<u>Debt Service Coverage Ratio</u>	21.6	17.5	19.5
16	Excess Revenues over Expenses	36,372,000	\$26,856,169	\$34,705,569
17	Interest Expense	343,000	\$310,142	\$325,149
18	Depreciation and Amortization Expense	24,929,000	\$23,853,013	\$23,457,464
19	Principal Payments	2,505,000	\$2,605,000	\$2,675,000
G. <u>Other Financial Ratios</u>				

GREENWICH HOSPITAL				
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	Average Age of Plant	8.5	9.7	10.7
21	Accumulated Depreciation	212,977,000	231,793,886	249,872,290
22	Depreciation and Amortization Expense	24,929,000	23,853,013	23,457,464
H.	Utilization Measures Summary			
1	Patient Days	54,509	53,840	54,827
2	Discharges	12,538	13,296	13,077
3	ALOS	4.3	4.0	4.2
4	Staffed Beds	206	206	206
5	Available Beds	-	206	206
6	Licensed Beds	206	206	206
7	Occupancy of Staffed Beds	72.5%	71.6%	72.9%
8	Occupancy of Available Beds	72.5%	71.6%	72.9%
9	Full Time Equivalent Employees	1,475.3	1,475.7	1,520.2
I.	Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	50.7%	48.8%	48.5%
2	Medicare Gross Revenue Payer Mix Percentage	40.5%	41.8%	41.4%
3	Medicaid Gross Revenue Payer Mix Percentage	3.6%	4.2%	4.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.4%	2.6%	2.6%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.5%	3.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$583,151,935	\$569,946,247	\$572,872,518
9	Medicare Gross Revenue (Charges)	\$465,760,260	\$488,387,514	\$489,617,023
10	Medicaid Gross Revenue (Charges)	\$41,394,187	\$49,226,507	\$50,733,618
11	Other Medical Assistance Gross Revenue (Charges)	\$27,814,662	\$30,788,901	\$30,844,760
12	Uninsured Gross Revenue (Charges)	\$30,705,870	\$28,885,084	\$36,339,569
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,021,709	\$1,142,665	\$1,039,053
14	Total Gross Revenue (Charges)	\$1,149,848,623	\$1,168,376,918	\$1,181,446,541
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	68.2%	68.2%	68.1%
2	Medicare Net Revenue Payer Mix Percentage	27.6%	26.8%	27.0%
3	Medicaid Net Revenue Payer Mix Percentage	2.5%	2.3%	2.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.1%	1.5%	1.5%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	1.2%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

GREENWICH HOSPITAL				
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)	\$234,424,956	\$241,797,528	\$253,685,134
9	Medicare Net Revenue (Payments)	\$95,063,111	\$95,044,997	\$100,700,704
10	Medicaid Net Revenue (Payments)	\$8,455,090	\$8,229,030	\$8,767,839
11	Other Medical Assistance Net Revenue (Payments)	\$3,667,103	\$5,285,222	\$5,688,175
12	Uninsured Net Revenue (Payments)	\$1,960,939	\$4,141,475	\$3,429,366
13	CHAMPUS / TRICARE Net Revenue Payments)	\$328,229	\$244,723	\$166,687
14	Total Net Revenue (Payments)	\$343,899,428	\$354,742,975	\$372,437,905
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	7,182	7,654	7,782
2	Medicare	4,545	4,713	4,330
3	Medical Assistance	797	913	953
4	Medicaid	416	470	515
5	Other Medical Assistance	381	443	438
6	CHAMPUS / TRICARE	14	16	12
7	Uninsured (Included In Non-Government)	167	234	246
8	Total	12,538	13,296	13,077
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.90367	0.90550	0.93523
2	Medicare	1.57877	1.56705	1.66913
3	Medical Assistance	1.07591	1.00675	1.03428
4	Medicaid	0.99915	1.00794	1.03688
5	Other Medical Assistance	1.15972	1.00548	1.03122
6	CHAMPUS / TRICARE	1.07080	0.90333	0.68313
7	Uninsured (Included In Non-Government)	1.02805	0.98981	0.99142
8	Total Case Mix Index	1.15953	1.14695	1.18522
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	6,790	7,846	8,665
2	Emergency Room - Treated and Discharged	32,604	31,400	30,295
3	Total Emergency Room Visits	39,394	39,246	38,960

**GREENWICH HOSPITAL
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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,998,058	\$4,022,098	\$1,024,040	34%
2	Inpatient Payments	\$700,378	\$955,275	\$254,897	36%
3	Outpatient Charges	\$1,596,495	\$2,043,638	\$447,143	28%
4	Outpatient Payments	\$255,660	\$312,867	\$57,207	22%
5	Discharges	66	116	50	76%
6	Patient Days	339	731	392	116%
7	Outpatient Visits (Excludes ED Visits)	322	365	43	13%
8	Emergency Department Outpatient Visits	65	62	(3)	-5%
9	Emergency Department Inpatient Admissions	56	72	16	29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,594,553	\$6,065,736	\$1,471,183	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$956,038	\$1,268,142	\$312,104	33%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$13,231	\$0	(\$13,231)	-100%
4	Outpatient Payments	\$2,137	\$0	(\$2,137)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,231	\$0	(\$13,231)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,137	\$0	(\$2,137)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$778,753	\$1,221,124	\$442,371	57%
2	Inpatient Payments	\$150,606	\$322,064	\$171,458	114%
3	Outpatient Charges	\$1,465,968	\$1,822,966	\$356,998	24%
4	Outpatient Payments	\$225,814	\$248,301	\$22,487	10%
5	Discharges	18	23	5	28%
6	Patient Days	63	80	17	27%
7	Outpatient Visits (Excludes ED Visits)	792	780	(12)	-2%
8	Emergency Department Outpatient Visits	23	40	17	74%
9	Emergency Department Inpatient Admissions	12	13	1	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,244,721	\$3,044,090	\$799,369	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$376,420	\$570,365	\$193,945	52%

**GREENWICH HOSPITAL
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
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$5,788,330	\$2,766,771	(\$3,021,559)	-52%
2	Inpatient Payments	\$1,356,361	\$621,340	(\$735,021)	-54%
3	Outpatient Charges	\$2,016,465	\$1,401,697	(\$614,768)	-30%
4	Outpatient Payments	\$270,282	\$199,727	(\$70,555)	-26%
5	Discharges	108	23	(85)	-79%
6	Patient Days	614	155	(459)	-75%
7	Outpatient Visits (Excludes ED Visits)	206	151	(55)	-27%
8	Emergency Department Outpatient Visits	108	102	(6)	-6%
9	Emergency Department Inpatient Admissions	95	53	(42)	-44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,804,795	\$4,168,468	(\$3,636,327)	-47%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,626,643	\$821,067	(\$805,576)	-50%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

GREENWICH HOSPITAL
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
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$13,589,977	\$12,771,646	(\$818,331)	-6%
2	Inpatient Payments	\$3,272,530	\$3,250,124	(\$22,406)	-1%
3	Outpatient Charges	\$13,357,499	\$12,913,371	(\$444,128)	-3%
4	Outpatient Payments	\$1,955,060	\$2,371,317	\$416,257	21%
5	Discharges	251	234	(17)	-7%
6	Patient Days	1,512	1,761	249	16%
7	Outpatient Visits (Excludes ED Visits)	5,153	3,788	(1,365)	-26%
8	Emergency Department Outpatient Visits	356	341	(15)	-4%
9	Emergency Department Inpatient Admissions	215	202	(13)	-6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$26,947,476	\$25,685,017	(\$1,262,459)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,227,590	\$5,621,441	\$393,851	8%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$65,111	\$446,896	\$381,785	586%
2	Inpatient Payments	\$23,286	\$85,741	\$62,455	268%
3	Outpatient Charges	\$300,196	\$298,969	(\$1,227)	0%
4	Outpatient Payments	\$47,900	\$46,025	(\$1,875)	-4%
5	Discharges	3	6	3	100%
6	Patient Days	8	44	36	450%
7	Outpatient Visits (Excludes ED Visits)	219	163	(56)	-26%
8	Emergency Department Outpatient Visits	12	9	(3)	-25%
9	Emergency Department Inpatient Admissions	2	5	3	150%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$365,307	\$745,865	\$380,558	104%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$71,186	\$131,766	\$60,580	85%
I. AETNA					
1	Inpatient Charges	\$8,635,543	\$8,806,274	\$170,731	2%
2	Inpatient Payments	\$1,822,508	\$2,151,422	\$328,914	18%
3	Outpatient Charges	\$7,804,323	\$8,992,910	\$1,188,587	15%
4	Outpatient Payments	\$1,497,475	\$1,450,474	(\$47,001)	-3%
5	Discharges	178	190	12	7%
6	Patient Days	908	954	46	5%
7	Outpatient Visits (Excludes ED Visits)	2,513	2,794	281	11%
8	Emergency Department Outpatient Visits	226	200	(26)	-12%
9	Emergency Department Inpatient Admissions	146	167	21	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,439,866	\$17,799,184	\$1,359,318	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,319,983	\$3,601,896	\$281,913	8%

GREENWICH HOSPITAL
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
J. HUMANA					
1	Inpatient Charges	\$157,752	\$82,097	(\$75,655)	-48%
2	Inpatient Payments	\$44,115	\$21,697	(\$22,418)	-51%
3	Outpatient Charges	\$107,414	\$43,976	(\$63,438)	-59%
4	Outpatient Payments	\$16,543	\$6,601	(\$9,942)	-60%
5	Discharges	5	2	(3)	-60%
6	Patient Days	13	7	(6)	-46%
7	Outpatient Visits (Excludes ED Visits)	50	24	(26)	-52%
8	Emergency Department Outpatient Visits	12	10	(2)	-17%
9	Emergency Department Inpatient Admissions	5	2	(3)	-60%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$265,166	\$126,073	(\$139,093)	-52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$60,658	\$28,298	(\$32,360)	-53%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GREENWICH HOSPITAL
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
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$32,013,524	\$30,116,906	(\$1,896,618)	-6%
	TOTAL INPATIENT PAYMENTS	\$7,369,784	\$7,407,663	\$37,879	1%
	TOTAL OUTPATIENT CHARGES	\$26,661,591	\$27,517,527	\$855,936	3%
	TOTAL OUTPATIENT PAYMENTS	\$4,270,871	\$4,635,312	\$364,441	9%
	TOTAL DISCHARGES	629	594	(35)	-6%
	TOTAL PATIENT DAYS	3,457	3,732	275	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,256	8,065	(1,191)	-13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	802	764	(38)	-5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	531	514	(17)	-3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$58,675,115	\$57,634,433	(\$1,040,682)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,640,655	\$12,042,975	\$402,320	3%

**GREENWICH HOSPITAL
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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GREENWICH HOSPITAL
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
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**GREENWICH HOSPITAL
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$31,360,000	\$169,479,000	\$138,119,000	440%
2	Short Term Investments	\$72,659,000	\$1,371,905,000	\$1,299,246,000	1788%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$41,279,000	\$370,868,000	\$329,589,000	798%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,551,531	\$47,064,000	\$45,512,469	2933%
8	Prepaid Expenses	\$5,855,047	\$34,938,000	\$29,082,953	497%
9	Other Current Assets	\$12,759,422	\$52,599,000	\$39,839,578	312%
	Total Current Assets	\$165,464,000	\$2,046,853,000	\$1,881,389,000	1137%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$794,266	\$18,342,000	\$17,547,734	2209%
2	Board Designated for Capital Acquisition	\$107,476,151	\$83,216,000	(\$24,260,151)	-23%
3	Funds Held in Escrow	\$583	\$0	(\$583)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$85,175,000	\$85,175,000	0%
	Total Noncurrent Assets Whose Use is Limited:	\$108,271,000	\$186,733,000	\$78,462,000	72%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$64,783,000	\$538,193,000	\$473,410,000	731%
7	Other Noncurrent Assets	\$23,119,000	\$695,367,000	\$672,248,000	2908%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$494,377,000	\$3,227,815,000	\$2,733,438,000	553%
2	Less: Accumulated Depreciation	\$252,107,000	\$1,720,124,000	\$1,468,017,000	\$6
	Property, Plant and Equipment, Net	\$242,270,000	\$1,507,691,000	\$1,265,421,000	522%
3	Construction in Progress	\$4,840,000	\$112,959,000	\$108,119,000	2234%
	Total Net Fixed Assets	\$247,110,000	\$1,620,650,000	\$1,373,540,000	556%
	Total Assets	\$608,747,000	\$5,087,796,000	\$4,479,049,000	736%

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)					
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
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$19,799,949	\$391,690,000	\$371,890,051	1878%
2	Salaries, Wages and Payroll Taxes	\$13,268,051	\$178,547,000	\$165,278,949	1246%
3	Due To Third Party Payers	\$462,435	\$0	(\$462,435)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,675,000	\$63,467,000	\$60,792,000	2273%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$20,513,565	\$85,004,000	\$64,490,435	314%
	Total Current Liabilities	\$56,719,000	\$718,708,000	\$661,989,000	1167%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$32,430,000	\$867,555,000	\$835,125,000	2575%
2	Notes Payable (Net of Current Portion)	\$0	\$141,110,000	\$141,110,000	0%
	Total Long Term Debt	\$32,430,000	\$1,008,665,000	\$976,235,000	3010%
3	Accrued Pension Liability	\$42,787,000	\$401,409,000	\$358,622,000	838%
4	Other Long Term Liabilities	\$36,812,000	\$537,958,000	\$501,146,000	1361%
	Total Long Term Liabilities	\$112,029,000	\$1,948,032,000	\$1,836,003,000	1639%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$1,305,000	\$0	(\$1,305,000)	-100%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$373,318,000	\$2,147,552,000	\$1,774,234,000	475%
2	Temporarily Restricted Net Assets	\$41,782,000	\$163,535,000	\$121,753,000	291%
3	Permanently Restricted Net Assets	\$23,594,000	\$109,969,000	\$86,375,000	366%
	Total Net Assets	\$438,694,000	\$2,421,056,000	\$1,982,362,000	452%
	Total Liabilities and Net Assets	\$608,747,000	\$5,087,796,000	\$4,479,049,000	736%

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,225,854,000	\$12,486,307,000	\$11,260,453,000	919%
2	Less: Allowances	\$811,460,300	\$8,535,501,000	\$7,724,040,700	952%
3	Less: Charity Care	\$20,563,000	\$197,173,000	\$176,610,000	859%
4	Less: Other Deductions	\$21,694,700	\$70,278,000	\$48,583,300	224%
	Total Net Patient Revenue	\$372,136,000	\$3,683,355,000	\$3,311,219,000	890%
5	Provision for Bad Debts	\$12,484,000	\$104,084,000	\$91,600,000	734%
	Net Patient Service Revenue less provision for bad debts	\$359,652,000	\$3,579,271,000	\$3,219,619,000	895%
6	Other Operating Revenue	\$8,943,000	\$181,390,000	\$172,447,000	1928%
7	Net Assets Released from Restrictions	\$4,783,000	\$26,243,000	\$21,460,000	449%
	Total Operating Revenue	\$373,378,000	\$3,786,904,000	\$3,413,526,000	914%
B. Operating Expenses:					
1	Salaries and Wages	\$116,725,687	\$1,436,675,000	\$1,319,949,313	1131%
2	Fringe Benefits	\$37,029,313	\$467,576,000	\$430,546,687	1163%
3	Physicians Fees	\$10,436,943	\$141,028,000	\$130,591,057	1251%
4	Supplies and Drugs	\$51,195,100	\$626,422,203	\$575,227,103	1124%
5	Depreciation and Amortization	\$25,119,000	\$191,544,000	\$166,425,000	663%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$314,000	\$28,912,000	\$28,598,000	9108%
8	Malpractice Insurance Cost	\$1,279,220	\$81,093,078	\$79,813,858	6239%
9	Other Operating Expenses	\$104,628,737	\$674,315,719	\$569,686,982	544%
	Total Operating Expenses	\$346,728,000	\$3,647,566,000	\$3,300,838,000	952%
	Income/(Loss) From Operations	\$26,650,000	\$139,338,000	\$112,688,000	423%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,937,000	\$14,692,000	\$12,755,000	658%
2	Gifts, Contributions and Donations	\$2,760,000	\$0	(\$2,760,000)	-100%
3	Other Non-Operating Gains/(Losses)	(\$5,702,000)	\$208,476,000	\$214,178,000	-3756%
	Total Non-Operating Revenue	(\$1,005,000)	\$223,168,000	\$224,173,000	-22306%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$25,645,000	\$362,506,000	\$336,861,000	1314%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$7,035,000)	\$97,402,000	\$104,437,000	-1485%
	All Other Adjustments	(\$1,430,000)	\$0	\$1,430,000	-100%
	Total Other Adjustments	(\$8,465,000)	\$97,402,000	\$105,867,000	-1251%
	Excess/(Deficiency) of Revenue Over Expenses	\$17,180,000	\$459,908,000	\$442,728,000	2577%

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)				
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
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$349,008,000	\$359,652,000	\$3,579,271,000
2	Other Operating Revenue	12,533,000	13,726,000	207,633,000
3	Total Operating Revenue	\$361,541,000	\$373,378,000	\$3,786,904,000
4	Total Operating Expenses	336,407,000	346,728,000	3,647,566,000
5	Income/(Loss) From Operations	\$25,134,000	\$26,650,000	\$139,338,000
6	Total Non-Operating Revenue	534,000	(9,470,000)	320,570,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$25,668,000	\$17,180,000	\$459,908,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	6.94%	7.32%	3.39%
2	Parent Corporation Non-Operating Margin	0.15%	-2.60%	7.80%
3	Parent Corporation Total Margin	7.09%	4.72%	11.20%
4	Income/(Loss) From Operations	\$25,134,000	\$26,650,000	\$139,338,000
5	Total Operating Revenue	\$361,541,000	\$373,378,000	\$3,786,904,000
6	Total Non-Operating Revenue	\$534,000	(\$9,470,000)	\$320,570,000
7	Total Revenue	\$362,075,000	\$363,908,000	\$4,107,474,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$25,668,000	\$17,180,000	\$459,908,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$367,460,000	\$373,318,000	\$2,147,552,000
2	Parent Corporation Total Net Assets	\$434,782,000	\$438,694,000	\$2,421,056,000
3	Parent Corporation Change in Total Net Assets	\$24,644,000	\$3,912,000	\$1,982,362,000
4	Parent Corporation Change in Total Net Assets %	106.0%	0.9%	451.9%

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.49	2.92	2.85
2	Total Current Assets	\$147,313,000	\$165,464,000	\$2,046,853,000
3	Total Current Liabilities	\$59,278,000	\$56,719,000	\$718,708,000
4	<u>Days Cash on Hand</u>	94	118	163
5	Cash and Cash Equivalents	\$47,945,000	\$31,360,000	\$169,479,000
6	Short Term Investments	\$31,934,000	\$72,659,000	\$1,371,905,000
7	Total Cash and Short Term Investments	\$79,879,000	\$104,019,000	\$1,541,384,000
8	Total Operating Expenses	\$336,407,000	\$346,728,000	\$3,647,566,000
9	Depreciation Expense	\$26,218,000	\$25,119,000	\$191,544,000
10	Operating Expenses less Depreciation Expense	\$310,189,000	\$321,609,000	\$3,456,022,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	42	41	38
12	Net Patient Accounts Receivable	\$ 40,615,000	\$ 41,279,000	\$ 370,868,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$930,766	\$462,435	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,684,234	\$ 40,816,565	\$ 370,868,000
16	Total Net Patient Revenue	\$349,008,000	\$359,652,000	\$3,579,271,000
17	<u>Average Payment Period</u>	70	64	76
18	Total Current Liabilities	\$59,278,000	\$56,719,000	\$718,708,000
19	Total Operating Expenses	\$336,407,000	\$346,728,000	\$3,647,566,000
20	Depreciation Expense	\$26,218,000	\$25,119,000	\$191,544,000
20	Total Operating Expenses less Depreciation Expense	\$310,189,000	\$321,609,000	\$3,456,022,000

YALE NEW HAVEN HEALTH SERVICES CORP (YNHHSC)				
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
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	71.9	72.1	47.6
2	Total Net Assets	\$434,782,000	\$438,694,000	\$2,421,056,000
3	Total Assets	\$605,050,000	\$608,747,000	\$5,087,796,000
4	<u>Cash Flow to Total Debt Ratio</u>	55.0	47.4	37.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$25,668,000	\$17,180,000	\$459,908,000
6	Depreciation Expense	\$26,218,000	\$25,119,000	\$191,544,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$51,886,000	\$42,299,000	\$651,452,000
8	Total Current Liabilities	\$59,278,000	\$56,719,000	\$718,708,000
9	Total Long Term Debt	\$35,105,000	\$32,430,000	\$1,008,665,000
10	Total Current Liabilities and Total Long Term Debt	\$94,383,000	\$89,149,000	\$1,727,373,000
11	<u>Long Term Debt to Capitalization Ratio</u>	7.5	6.9	29.4
12	Total Long Term Debt	\$35,105,000	\$32,430,000	\$1,008,665,000
13	Total Net Assets	\$434,782,000	\$438,694,000	\$2,421,056,000
14	Total Long Term Debt and Total Net Assets	\$469,887,000	\$471,124,000	\$3,429,721,000

GREENWICH HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	34,000	7,148	7,387	124	124	75.1%	75.1%
2	ICU/CCU (Excludes Neonatal ICU)	2,107	164	0	10	10	57.7%	57.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	9,101	2,873	2,866	30	30	83.1%	83.1%
7	Newborn	6,512	2,519	2,516	22	22	81.1%	81.1%
8	Neonatal ICU	2,553	242	0	10	10	69.9%	69.9%
9	Pediatric	554	295	305	10	10	15.2%	15.2%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	48,315	10,558	10,558	184	184	71.9%	71.9%
	TOTAL INPATIENT BED UTILIZATION	54,827	13,077	13,074	206	206	72.9%	72.9%
	TOTAL INPATIENT REPORTED YEAR	54,827	13,077	13,074	206	206	72.9%	72.9%
	TOTAL INPATIENT PRIOR YEAR	53,840	13,296	12,998	206	206	71.6%	71.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	987	-219	76	0	0	1.3%	1.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	-2%	1%	0%	0%	2%	2%
	Total Licensed Beds and Bassinets	206						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

GREENWICH HOSPITAL					
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
A. CT Scans (A)					
1	Inpatient Scans	5,877	5,430	-447	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,328	5,276	-52	-1%
3	Emergency Department Scans	7,298	7,166	-132	-2%
4	Other Non-Hospital Providers' Scans (A)	564	292	-272	-48%
	Total CT Scans	19,067	18,164	-903	-5%
B. MRI Scans (A)					
1	Inpatient Scans	1,164	1,114	-50	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,583	5,944	361	6%
3	Emergency Department Scans	133	144	11	8%
4	Other Non-Hospital Providers' Scans (A)	1,739	1,501	-238	-14%
	Total MRI Scans	8,619	8,703	84	1%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	3	2	-1	-33%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	3	2	-1	-33%
D. PET/CT Scans (A)					
1	Inpatient Scans	16	10	-6	-38%
2	Outpatient Scans (Excluding Emergency Department Scans)	661	628	-33	-5%
3	Emergency Department Scans	0	1	1	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	677	639	-38	-6%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	266	232	-34	-13%
2	Outpatient Procedures	5,216	4,784	-432	-8%
	Total Linear Accelerator Procedures	5,482	5,016	-466	-9%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	165	170	5	3%
2	Outpatient Procedures	84	109	25	30%
	Total Cardiac Catheterization Procedures	249	279	30	12%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	36	44	8	22%
2	Elective Procedures	6	0	-6	-100%
	Total Cardiac Angioplasty Procedures	42	44	2	5%
H. Electrophysiology Studies					
1	Inpatient Studies	4	2	-2	-50%
2	Outpatient Studies	2	2	0	0%
	Total Electrophysiology Studies	6	4	-2	-33%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,429	2,287	-142	-6%
2	Outpatient Surgical Procedures	4,939	5,484	545	11%
	Total Surgical Procedures	7,368	7,771	403	5%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	190	152	-38	-20%

GREENWICH HOSPITAL					
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
2	Outpatient Endoscopy Procedures	2,371	1,734	-637	-27%
	Total Endoscopy Procedures	2,561	1,886	-675	-26%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	7,846	8,665	819	10%
2	Emergency Room Visits: Treated and Discharged	31,400	30,295	-1,105	-4%
	Total Emergency Room Visits	39,246	38,960	-286	-1%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	2,643	3,249	606	23%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	6,822	7,162	340	5%
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	9,244	9,144	-100	-1%
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	2,902	3,090	188	6%
	Total Hospital Clinic Visits	21,611	22,645	1,034	5%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	44,772	46,963	2,191	5%
2	Cardiac Rehabilitation	1,934	2,160	226	12%
3	Chemotherapy	10,524	10,227	-297	-3%
4	Gastroenterology	3,920	3,106	-814	-21%
5	Other Outpatient Visits	170,973	164,871	-6,102	-4%
	Total Other Hospital Outpatient Visits	232,123	227,327	-4,796	-2%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	389.0	465.1	76.1	20%
2	Total Physician FTEs	47.8	45.8	-2.0	-4%
3	Total Non-Nursing and Non-Physician FTEs	1,038.9	1,009.3	-29.6	-3%
	Total Hospital Full Time Equivalent Employees	1,475.7	1,520.2	44.5	3%

GREENWICH HOSPITAL					
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)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	at Greenwich Hospital Campus	3,820	4,328	508	13%
2	Helmsley Surgical Center	1,119	1,156	37	3%
	Total Outpatient Surgical Procedures(A)	4,939	5,484	545	11%
B. Outpatient Endoscopy Procedures					
1	at Greenwich Hospital Campus	115	124	9	8%
2	G Hosp @500 W Putnam St.	2,256	1,610	-646	-29%
	Total Outpatient Endoscopy Procedures(B)	2,371	1,734	-637	-27%
C. Outpatient Hospital Emergency Room Visits					
1	At Greenwich Hospital Campus	31,400	30,295	-1,105	-4%
	Total Outpatient Hospital Emergency Room Visits(C)	31,400	30,295	-1,105	-4%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

GREENWICH HOSPITAL					
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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$239,886,253	\$232,331,615	(\$7,554,638)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$56,506,049	\$56,247,005	(\$259,044)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.56%	24.21%	0.65%	3%
4	DISCHARGES	4,713	4,330	(383)	-8%
5	CASE MIX INDEX (CMI)	1.56705	1.66913	0.10208	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,385.50665	7,227.33290	(158.17375)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,650.94	\$7,782.54	\$131.60	2%
8	PATIENT DAYS	25,317	25,826	509	2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,231.94	\$2,177.92	(\$54.02)	-2%
10	AVERAGE LENGTH OF STAY	5.4	6.0	0.6	11%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$248,501,261	\$257,285,408	\$8,784,147	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$38,538,948	\$44,453,699	\$5,914,751	15%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.51%	17.28%	1.77%	11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	103.59%	110.74%	7.15%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,882.25744	4,795.06767	(87.18976)	-2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,893.67	\$9,270.71	\$1,377.04	17%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$488,387,514	\$489,617,023	\$1,229,509	0%
18	TOTAL ACCRUED PAYMENTS	\$95,044,997	\$100,700,704	\$5,655,707	6%
19	TOTAL ALLOWANCES	\$393,342,517	\$388,916,319	(\$4,426,198)	-1%

GREENWICH HOSPITAL					
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. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$207,197,243	\$210,553,104	\$3,355,861	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$90,006,753	\$103,046,628	\$13,039,875	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.44%	48.94%	5.50%	13%
4	DISCHARGES	7,654	7,782	128	2%
5	CASE MIX INDEX (CMI)	0.90550	0.93523	0.02973	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,930.69700	7,277.95986	347.26286	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,986.68	\$14,158.72	\$1,172.04	9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$5,335.74)	(\$6,376.18)	(\$1,040.44)	19%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$36,980,424)	(\$46,405,617)	(\$9,425,193)	25%
10	PATIENT DAYS	24,989	25,199	210	1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,601.85	\$4,089.31	\$487.46	14%
12	AVERAGE LENGTH OF STAY	3.3	3.2	(0.0)	-1%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$391,634,088	\$398,658,983	\$7,024,895	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$155,932,250	\$154,067,872	(\$1,864,378)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.82%	38.65%	-1.17%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	189.02%	189.34%	0.32%	0%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,467.21620	14,734.35512	267.13892	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,778.32	\$10,456.37	(\$321.95)	-3%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,884.64)	(\$1,185.66)	\$1,698.99	-59%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$41,732,763)	(\$17,469,886)	\$24,262,878	-58%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$598,831,331	\$609,212,087	\$10,380,756	2%
22	TOTAL ACCRUED PAYMENTS	\$245,939,003	\$257,114,500	\$11,175,497	5%
23	TOTAL ALLOWANCES	\$352,892,328	\$352,097,587	(\$794,741)	0%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$78,713,188)	(\$63,875,503)	\$14,837,685	-19%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$550,833,535	\$558,998,809	\$8,165,274	1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$232,113,196	\$246,654,632	\$14,541,436	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,720,339	\$312,344,177	(\$6,376,162)	-2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.86%	55.88%	-1.99%	

GREENWICH HOSPITAL					
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
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$4,393,306	\$4,743,689	\$350,383	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,420,412	\$1,088,297	(\$1,332,115)	-55%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	55.09%	22.94%	-32.15%	-58%
4	DISCHARGES	234	246	12	5%
5	CASE MIX INDEX (CMI)	0.98981	0.99142	0.00161	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	231.61554	243.88932	12.27378	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,450.13	\$4,462.26	(\$5,987.87)	-57%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$2,536.55	\$9,696.47	\$7,159.91	282%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$2,799.19)	\$3,320.28	\$6,119.47	-219%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$648,336)	\$809,781	\$1,458,117	-225%
11	PATIENT DAYS	716	749	33	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,380.46	\$1,453.00	(\$1,927.46)	-57%
13	AVERAGE LENGTH OF STAY	3.1	3.0	(0.0)	0%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,491,778	\$31,595,880	\$7,104,102	29%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,721,063	\$2,341,069	\$620,006	36%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.03%	7.41%	0.38%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	557.48%	666.06%	108.58%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,304.50191	1,638.51097	334.00907	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,319.33	\$1,428.78	\$109.45	8%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,458.99	\$9,027.59	(\$431.40)	-5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,574.35	\$7,841.94	\$1,267.59	19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,576,250	\$12,849,097	\$4,272,847	50%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$28,885,084	\$36,339,569	\$7,454,485	26%
24	TOTAL ACCRUED PAYMENTS	\$4,141,475	\$3,429,366	(\$712,109)	-17%
25	TOTAL ALLOWANCES	\$24,743,609	\$32,910,203	\$8,166,594	33%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,927,914	\$13,658,878	\$5,730,965	72%

GREENWICH HOSPITAL					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$14,294,353	\$15,286,849	\$992,496	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,546,966	\$3,143,611	\$596,645	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.82%	20.56%	2.75%	15%
4	DISCHARGES	470	515	45	10%
5	CASE MIX INDEX (CMI)	1.00794	1.03688	0.02894	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	473.73180	533.99320	60.26140	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,376.39	\$5,886.99	\$510.60	9%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$7,610.29	\$8,271.74	\$661.44	9%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,274.55	\$1,895.55	(\$379.00)	-17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,077,526	\$1,012,212	(\$65,314)	-6%
11	PATIENT DAYS	1,861	2,053	192	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,368.60	\$1,531.23	\$162.63	12%
13	AVERAGE LENGTH OF STAY	4.0	4.0	0.0	1%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,932,154	\$35,446,769	\$514,615	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,682,064	\$5,624,228	(\$57,836)	-1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.27%	15.87%	-0.40%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	244.38%	231.88%	-12.50%	-5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,148.57331	1,194.16932	45.59600	4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,947.06	\$4,709.74	(\$237.32)	-5%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,831.26	\$5,746.63	(\$84.63)	-1%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,946.61	\$4,560.97	\$1,614.36	55%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,384,399	\$5,446,574	\$2,062,175	61%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$49,226,507	\$50,733,618	\$1,507,111	3%
24	TOTAL ACCRUED PAYMENTS	\$8,229,030	\$8,767,839	\$538,809	7%
25	TOTAL ALLOWANCES	\$40,997,477	\$41,965,779	\$968,302	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,461,925	\$6,458,786	\$1,996,860	45%

GREENWICH HOSPITAL					
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
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$13,046,673	\$13,321,672	\$274,999	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,855,625	\$3,500,630	\$645,005	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.89%	26.28%	4.39%	20%
4	DISCHARGES	443	438	(5)	-1%
5	CASE MIX INDEX (CMI)	1.00548	1.03122	0.02574	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	445.42764	451.67436	6.24672	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,410.97	\$7,750.34	\$1,339.37	21%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$6,575.71	\$6,408.38	(\$167.32)	-3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,239.96	\$32.20	(\$1,207.76)	-97%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$552,314	\$14,544	(\$537,770)	-97%
11	PATIENT DAYS	1,607	1,698	91	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,776.99	\$2,061.62	\$284.63	16%
13	AVERAGE LENGTH OF STAY	3.6	3.9	0.2	7%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,742,228	\$17,523,088	(\$219,140)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,429,597	\$2,187,545	(\$242,052)	-10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.69%	12.48%	-1.21%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	135.99%	131.54%	-4.45%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	602.43765	576.13733	(26.30032)	-4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,032.94	\$3,796.92	(\$236.03)	-6%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$6,745.37	\$6,659.45	(\$85.92)	-1%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,860.73	\$5,473.80	\$1,613.07	42%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,325,849	\$3,153,659	\$827,810	36%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$30,788,901	\$30,844,760	\$55,859	0%
24	TOTAL ACCRUED PAYMENTS	\$5,285,222	\$5,688,175	\$402,953	8%
25	TOTAL ALLOWANCES	\$25,503,679	\$25,156,585	(\$347,094)	-1%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,878,163	\$3,168,203	\$290,039	10%

GREENWICH HOSPITAL					
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
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$27,341,026	\$28,608,521	\$1,267,495	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,402,591	\$6,644,241	\$1,241,650	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.76%	23.22%	3.46%	18%
4	DISCHARGES	913	953	40	4%
5	CASE MIX INDEX (CMI)	1.00675	1.03428	0.02753	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	919.15944	985.66756	66.50812	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,877.75	\$6,740.85	\$863.10	15%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$7,108.93	\$7,417.87	\$308.94	4%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,773.19	\$1,041.69	(\$731.50)	-41%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,629,840	\$1,026,756	(\$603,084)	-37%
11	PATIENT DAYS	3,468	3,751	283	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,557.84	\$1,771.33	\$213.48	14%
13	AVERAGE LENGTH OF STAY	3.8	3.9	0.1	4%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$52,674,382	\$52,969,857	\$295,475	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,111,661	\$7,811,773	(\$299,888)	-4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.40%	14.75%	-0.65%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.66%	185.15%	-7.50%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,751.01096	1,770.30665	19.29569	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,632.56	\$4,412.67	(\$219.89)	-5%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,145.76	\$6,043.70	(\$102.06)	-2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,261.12	\$4,858.05	\$1,596.93	49%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,710,248	\$8,600,233	\$2,889,984	51%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$80,015,408	\$81,578,378	\$1,562,970	2%
24	TOTAL ACCRUED PAYMENTS	\$13,514,252	\$14,456,014	\$941,762	7%
25	TOTAL ALLOWANCES	\$66,501,156	\$67,122,364	\$621,208	1%

GREENWICH HOSPITAL					
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
G. <u>CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$435,071	\$279,021	(\$156,050)	-36%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$64,687	\$40,426	(\$24,261)	-38%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.87%	14.49%	-0.38%	-3%
4	DISCHARGES	16	12	(4)	-25%
5	CASE MIX INDEX (CMI)	0.90333	0.68313	(0.22020)	-24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14.45328	8.19756	(6.25572)	-43%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,475.59	\$4,931.47	\$455.87	10%
8	PATIENT DAYS	66	51	(15)	-23%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$980.11	\$792.67	(\$187.44)	-19%
10	AVERAGE LENGTH OF STAY	4.1	4.3	0.1	3%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$707,594	\$760,032	\$52,438	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$180,036	\$126,261	(\$53,775)	-30%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$1,142,665	\$1,039,053	(\$103,612)	-9%
14	TOTAL ACCRUED PAYMENTS	\$244,723	\$166,687	(\$78,036)	-32%
15	TOTAL ALLOWANCES	\$897,942	\$872,366	(\$25,576)	-3%
H. <u>OTHER DATA</u>					
1	OTHER OPERATING REVENUE	\$20,320,014	\$21,109,490	\$789,476	4%
2	TOTAL OPERATING EXPENSES	\$328,168,956	\$342,552,775	\$14,383,819	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$20,529,798	\$25,342,402	\$4,812,604	23%
5	BAD DEBTS (CHARGES)	\$12,337,894	\$15,919,399	\$3,581,505	29%
6	UNCOMPENSATED CARE (CHARGES)	\$32,867,692	\$41,261,801	\$8,394,109	26%
7	COST OF UNCOMPENSATED CARE	\$9,750,760	\$12,715,647	\$2,964,887	30%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$80,015,408	\$81,578,378	\$1,562,970	2%
9	TOTAL ACCRUED PAYMENTS	\$13,514,252	\$14,456,014	\$941,762	7%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$23,737,932	\$25,140,004	\$1,402,071	6%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,223,680	\$10,683,990	\$460,309	5%

GREENWICH HOSPITAL					
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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$474,859,593	\$471,772,261	(\$3,087,332)	-1%
2	TOTAL INPATIENT PAYMENTS	\$151,980,080	\$165,978,300	\$13,998,220	9%
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.01%	35.18%	3.18%	10%
4	TOTAL DISCHARGES	13,296	13,077	(219)	-2%
5	TOTAL CASE MIX INDEX	1.14695	1.18522	0.03828	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,249.81637	15,499.15788	249.34151	2%
7	TOTAL OUTPATIENT CHARGES	\$693,517,325	\$709,674,280	\$16,156,955	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	146.05%	150.43%	4.38%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$202,762,895	\$206,459,605	\$3,696,710	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.24%	29.09%	-0.14%	0%
11	TOTAL CHARGES	\$1,168,376,918	\$1,181,446,541	\$13,069,623	1%
12	TOTAL PAYMENTS	\$354,742,975	\$372,437,905	\$17,694,930	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.36%	31.52%	1.16%	4%
14	PATIENT DAYS	53,840	54,827	987	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$267,662,350	\$261,219,157	(\$6,443,193)	-2%
2	INPATIENT PAYMENTS	\$61,973,327	\$62,931,672	\$958,345	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	23.15%	24.09%	0.94%	4%
4	DISCHARGES	5,642	5,295	(347)	-6%
5	CASE MIX INDEX	1.47450	1.55263	0.07814	5%
6	CASE MIX ADJUSTED DISCHARGES	8,319.11937	8,221.19802	(97.92135)	-1%
7	OUTPATIENT CHARGES	\$301,883,237	\$311,015,297	\$9,132,060	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	112.79%	119.06%	6.28%	6%
9	OUTPATIENT PAYMENTS	\$46,830,645	\$52,391,733	\$5,561,088	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.51%	16.85%	1.33%	9%
11	TOTAL CHARGES	\$569,545,587	\$572,234,454	\$2,688,867	0%
12	TOTAL PAYMENTS	\$108,803,972	\$115,323,405	\$6,519,433	6%
13	TOTAL PAYMENTS / CHARGES	19.10%	20.15%	1.05%	5%
14	PATIENT DAYS	28,851	29,628	777	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$460,741,615	\$456,911,049	(\$3,830,566)	-1%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.4	6.0	0.6	11%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.0)	-1%
3	UNINSURED	3.1	3.0	(0.0)	0%
4	MEDICAID	4.0	4.0	0.0	1%
5	OTHER MEDICAL ASSISTANCE	3.6	3.9	0.2	7%
6	CHAMPUS / TRICARE	4.1	4.3	0.1	3%
7	TOTAL AVERAGE LENGTH OF STAY	4.0	4.2	0.1	4%

GREENWICH HOSPITAL					
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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,168,376,918	\$1,181,446,541	\$13,069,623	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$460,741,615	\$456,911,049	(\$3,830,566)	-1%
3	UNCOMPENSATED CARE	\$32,867,692	\$41,261,801	\$8,394,109	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,720,339	\$312,344,177	(\$6,376,162)	-2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,428,381	\$6,843,208	(\$2,585,173)	-27%
6	TOTAL ADJUSTMENTS	\$821,758,027	\$817,360,235	(\$4,397,792)	-1%
7	TOTAL ACCRUED PAYMENTS	\$346,618,891	\$364,086,306	\$17,467,415	5%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$346,618,891	\$364,086,306	\$17,467,415	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2966670136	0.3081699369	0.0115029233	4%
11	COST OF UNCOMPENSATED CARE	\$9,750,760	\$12,715,647	\$2,964,887	30%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,223,680	\$10,683,990	\$460,309	5%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$19,974,440	\$23,399,636	\$3,425,196	17%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,384,399	\$5,446,574	\$2,062,175	61%
2	OTHER MEDICAL ASSISTANCE	\$2,878,163	\$3,168,203	\$290,039	10%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,927,914	\$13,658,878	\$5,730,965	72%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,190,476	\$22,273,655	\$8,083,179	57%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,112,712	\$13,873,710	(\$5,239,002)	-27.41%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$14,005,763)	(\$19,131,678)	(\$5,125,915)	36.60%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$340,737,210	\$353,306,227	\$12,569,017	3.69%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,168,376,920	\$1,181,446,542	\$13,069,622	1.12%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$33,353	\$3,978	(\$29,375)	-88.07%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$32,901,045	\$41,265,779	\$8,364,734	25.42%

GREENWICH HOSPITAL				
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
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$207,197,243	\$210,553,104	\$3,355,861
2	MEDICARE	\$239,886,253	232,331,615	(\$7,554,638)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,341,026	28,608,521	\$1,267,495
4	MEDICAID	\$14,294,353	15,286,849	\$992,496
5	OTHER MEDICAL ASSISTANCE	\$13,046,673	13,321,672	\$274,999
6	CHAMPUS / TRICARE	\$435,071	279,021	(\$156,050)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,393,306	4,743,689	\$350,383
	TOTAL INPATIENT GOVERNMENT CHARGES	\$267,662,350	\$261,219,157	(\$6,443,193)
	TOTAL INPATIENT CHARGES	\$474,859,593	\$471,772,261	(\$3,087,332)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$391,634,088	\$398,658,983	\$7,024,895
2	MEDICARE	\$248,501,261	257,285,408	\$8,784,147
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$52,674,382	52,969,857	\$295,475
4	MEDICAID	\$34,932,154	35,446,769	\$514,615
5	OTHER MEDICAL ASSISTANCE	\$17,742,228	17,523,088	(\$219,140)
6	CHAMPUS / TRICARE	\$707,594	760,032	\$52,438
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$24,491,778	31,595,880	\$7,104,102
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$301,883,237	\$311,015,297	\$9,132,060
	TOTAL OUTPATIENT CHARGES	\$693,517,325	\$709,674,280	\$16,156,955
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$598,831,331	\$609,212,087	\$10,380,756
2	TOTAL MEDICARE	\$488,387,514	\$489,617,023	\$1,229,509
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$80,015,408	\$81,578,378	\$1,562,970
4	TOTAL MEDICAID	\$49,226,507	\$50,733,618	\$1,507,111
5	TOTAL OTHER MEDICAL ASSISTANCE	\$30,788,901	\$30,844,760	\$55,859
6	TOTAL CHAMPUS / TRICARE	\$1,142,665	\$1,039,053	(\$103,612)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$28,885,084	\$36,339,569	\$7,454,485
	TOTAL GOVERNMENT CHARGES	\$569,545,587	\$572,234,454	\$2,688,867
	TOTAL CHARGES	\$1,168,376,918	\$1,181,446,541	\$13,069,623
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$90,066,753	\$103,046,628	\$13,039,875
2	MEDICARE	\$56,506,049	56,247,005	(\$259,044)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,402,591	6,644,241	\$1,241,650
4	MEDICAID	\$2,546,966	3,143,611	\$596,645
5	OTHER MEDICAL ASSISTANCE	\$2,855,625	3,500,630	\$645,005
6	CHAMPUS / TRICARE	\$64,687	40,426	(\$24,261)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,420,412	1,088,297	(\$1,332,115)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$61,973,327	\$62,931,672	\$958,345
	TOTAL INPATIENT PAYMENTS	\$151,980,080	\$165,978,300	\$13,998,220
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$155,932,250	\$154,067,872	(\$1,864,378)
2	MEDICARE	\$38,538,948	44,453,699	\$5,914,751
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,111,661	7,811,773	(\$299,888)
4	MEDICAID	\$5,682,064	5,624,228	(\$57,836)
5	OTHER MEDICAL ASSISTANCE	\$2,429,597	2,187,545	(\$242,052)
6	CHAMPUS / TRICARE	\$180,036	126,261	(\$53,775)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,721,063	2,341,069	\$620,006
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$46,830,645	\$52,391,733	\$5,561,088
	TOTAL OUTPATIENT PAYMENTS	\$202,762,895	\$206,459,605	\$3,696,710
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$245,939,003	\$257,114,500	\$11,175,497
2	TOTAL MEDICARE	\$95,044,997	\$100,700,704	\$5,655,707
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,514,252	\$14,456,014	\$941,762
4	TOTAL MEDICAID	\$8,229,030	\$8,767,839	\$538,809
5	TOTAL OTHER MEDICAL ASSISTANCE	\$5,285,222	\$5,688,175	\$402,953
6	TOTAL CHAMPUS / TRICARE	\$244,723	\$166,687	(\$78,036)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,141,475	\$3,429,366	(\$712,109)
	TOTAL GOVERNMENT PAYMENTS	\$108,803,972	\$115,323,405	\$6,519,433
	TOTAL PAYMENTS	\$354,742,975	\$372,437,905	\$17,694,930

GREENWICH HOSPITAL				
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
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.73%	17.82%	0.09%
2	MEDICARE	20.53%	19.67%	-0.87%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.34%	2.42%	0.08%
4	MEDICAID	1.22%	1.29%	0.07%
5	OTHER MEDICAL ASSISTANCE	1.12%	1.13%	0.01%
6	CHAMPUS / TRICARE	0.04%	0.02%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38%	0.40%	0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.91%	22.11%	-0.80%
	TOTAL INPATIENT PAYER MIX	40.64%	39.93%	-0.71%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.52%	33.74%	0.22%
2	MEDICARE	21.27%	21.78%	0.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.51%	4.48%	-0.02%
4	MEDICAID	2.99%	3.00%	0.01%
5	OTHER MEDICAL ASSISTANCE	1.52%	1.48%	-0.04%
6	CHAMPUS / TRICARE	0.06%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.10%	2.67%	0.58%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.84%	26.32%	0.49%
	TOTAL OUTPATIENT PAYER MIX	59.36%	60.07%	0.71%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.37%	27.67%	2.30%
2	MEDICARE	15.93%	15.10%	-0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.52%	1.78%	0.26%
4	MEDICAID	0.72%	0.84%	0.13%
5	OTHER MEDICAL ASSISTANCE	0.80%	0.94%	0.13%
6	CHAMPUS / TRICARE	0.02%	0.01%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.68%	0.29%	-0.39%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	17.47%	16.90%	-0.57%
	TOTAL INPATIENT PAYER MIX	42.84%	44.57%	1.72%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.96%	41.37%	-2.59%
2	MEDICARE	10.86%	11.94%	1.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.29%	2.10%	-0.19%
4	MEDICAID	1.60%	1.51%	-0.09%
5	OTHER MEDICAL ASSISTANCE	0.68%	0.59%	-0.10%
6	CHAMPUS / TRICARE	0.05%	0.03%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.49%	0.63%	0.14%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.20%	14.07%	0.87%
	TOTAL OUTPATIENT PAYER MIX	57.16%	55.43%	-1.72%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GREENWICH HOSPITAL				
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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,654	7,782	128
2	MEDICARE	4,713	4,330	(383)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	913	953	40
4	MEDICAID	470	515	45
5	OTHER MEDICAL ASSISTANCE	443	438	(5)
6	CHAMPUS / TRICARE	16	12	(4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	234	246	12
	TOTAL GOVERNMENT DISCHARGES	5,642	5,295	(347)
	TOTAL DISCHARGES	13,296	13,077	(219)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,989	25,199	210
2	MEDICARE	25,317	25,826	509
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,468	3,751	283
4	MEDICAID	1,861	2,053	192
5	OTHER MEDICAL ASSISTANCE	1,607	1,698	91
6	CHAMPUS / TRICARE	66	51	(15)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	716	749	33
	TOTAL GOVERNMENT PATIENT DAYS	28,851	29,628	777
	TOTAL PATIENT DAYS	53,840	54,827	987
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.0)
2	MEDICARE	5.4	6.0	0.6
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	3.9	0.1
4	MEDICAID	4.0	4.0	0.0
5	OTHER MEDICAL ASSISTANCE	3.6	3.9	0.2
6	CHAMPUS / TRICARE	4.1	4.3	0.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	3.0	(0.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.1	5.6	0.5
	TOTAL AVERAGE LENGTH OF STAY	4.0	4.2	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.90550	0.93523	0.02973
2	MEDICARE	1.56705	1.66913	0.10208
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.00675	1.03428	0.02753
4	MEDICAID	1.00794	1.03688	0.02894
5	OTHER MEDICAL ASSISTANCE	1.00548	1.03122	0.02574
6	CHAMPUS / TRICARE	0.90333	0.68313	(0.22020)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98981	0.99142	0.00161
	TOTAL GOVERNMENT CASE MIX INDEX	1.47450	1.55263	0.07814
	TOTAL CASE MIX INDEX	1.14695	1.18522	0.03828
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$550,833,535	\$558,998,809	\$8,165,274
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,113,196	\$246,654,632	\$14,541,436
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,720,339	\$312,344,177	(\$6,376,162)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.86%	55.88%	-1.99%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,112,712	\$13,873,710	(\$5,239,002)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,428,381	\$6,843,208	(\$2,585,173)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$20,529,798	\$25,342,402	\$4,812,604
9	BAD DEBTS	\$12,337,894	\$15,919,399	\$3,581,505
10	TOTAL UNCOMPENSATED CARE	\$32,867,692	\$41,261,801	\$8,394,109
11	TOTAL OTHER OPERATING REVENUE	\$20,320,014	\$21,109,490	\$789,476
12	TOTAL OPERATING EXPENSES	\$328,168,956	\$342,552,775	\$14,383,819

GREENWICH HOSPITAL				
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
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,930.69700	7,277.95986	347.26286
2	MEDICARE	7,385.50665	7,227.33290	(158.17375)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	919.15944	985.66756	66.50812
4	MEDICAID	473.73180	533.99320	60.26140
5	OTHER MEDICAL ASSISTANCE	445.42764	451.67436	6.24672
6	CHAMPUS / TRICARE	14.45328	8.19756	(6.25572)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	231.61554	243.88932	12.27378
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	8,319.11937	8,221.19802	(97.92135)
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,249.81637	15,499.15788	249.34151
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,467.21620	14,734.35512	267.13892
2	MEDICARE	4,882.25744	4,795.06767	-87.18976
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,751.01096	1,770.30665	19.29569
4	MEDICAID	1,148.57331	1,194.16932	45.59600
5	OTHER MEDICAL ASSISTANCE	602.43765	576.13733	-26.30032
6	CHAMPUS / TRICARE	26.02220	32.68709	6.66489
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,304.50191	1,638.51097	334.00907
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,659.29060	6,598.06141	-61.22919
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	21,126.50679	21,332.41653	205.90973
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,986.68	\$14,158.72	\$1,172.04
2	MEDICARE	\$7,650.94	\$7,782.54	\$131.60
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,877.75	\$6,740.85	\$863.10
4	MEDICAID	\$5,376.39	\$5,886.99	\$510.60
5	OTHER MEDICAL ASSISTANCE	\$6,410.97	\$7,750.34	\$1,339.37
6	CHAMPUS / TRICARE	\$4,475.59	\$4,931.47	\$455.87
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,450.13	\$4,462.26	(\$5,987.87)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,449.51	\$7,654.81	\$205.30
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,966.03	\$10,708.86	\$742.83
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,778.32	\$10,456.37	(\$321.95)
2	MEDICARE	\$7,893.67	\$9,270.71	\$1,377.04
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,632.56	\$4,412.67	(\$219.89)
4	MEDICAID	\$4,947.06	\$4,709.74	(\$237.32)
5	OTHER MEDICAL ASSISTANCE	\$4,032.94	\$3,796.92	(\$236.03)
6	CHAMPUS / TRICARE	\$6,918.55	\$3,862.72	(\$3,055.84)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,319.33	\$1,428.78	\$109.45
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,032.38	\$7,940.47	\$908.10
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,597.56	\$9,678.21	\$80.65

GREENWICH HOSPITAL				
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
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,384,399	\$5,446,574	\$2,062,175
2	OTHER MEDICAL ASSISTANCE	\$2,878,163	\$3,168,203	\$290,039
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,927,914	\$13,658,878	\$5,730,965
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,190,476	\$22,273,655	\$8,083,179
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,168,376,918	\$1,181,446,541	\$13,069,623
2	TOTAL GOVERNMENT DEDUCTIONS	\$460,741,615	\$456,911,049	(\$3,830,566)
3	UNCOMPENSATED CARE	\$32,867,692	\$41,261,801	\$8,394,109
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,720,339	\$312,344,177	(\$6,376,162)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,428,381	\$6,843,208	(\$2,585,173)
6	TOTAL ADJUSTMENTS	\$821,758,027	\$817,360,235	(\$4,397,792)
7	TOTAL ACCRUED PAYMENTS	\$346,618,891	\$364,086,306	\$17,467,415
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$346,618,891	\$364,086,306	\$17,467,415
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2966670136	0.3081699369	0.0115029233
11	COST OF UNCOMPENSATED CARE	\$9,750,760	\$12,715,647	\$2,964,887
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$10,223,680	\$10,683,990	\$460,309
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$19,974,440	\$23,399,636	\$3,425,196
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.44%	48.94%	5.50%
2	MEDICARE	23.56%	24.21%	0.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.76%	23.22%	3.46%
4	MEDICAID	17.82%	20.56%	2.75%
5	OTHER MEDICAL ASSISTANCE	21.89%	26.28%	4.39%
6	CHAMPUS / TRICARE	14.87%	14.49%	-0.38%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	55.09%	22.94%	-32.15%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	23.15%	24.09%	0.94%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.01%	35.18%	3.18%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.82%	38.65%	-1.17%
2	MEDICARE	15.51%	17.28%	1.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.40%	14.75%	-0.65%
4	MEDICAID	16.27%	15.87%	-0.40%
5	OTHER MEDICAL ASSISTANCE	13.69%	12.48%	-1.21%
6	CHAMPUS / TRICARE	25.44%	16.61%	-8.83%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.03%	7.41%	0.38%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	15.51%	16.85%	1.33%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.24%	29.09%	-0.14%

GREENWICH HOSPITAL				
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
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$354,742,975	\$372,437,905	\$17,694,930
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$354,742,975	\$372,437,905	\$17,694,930
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$14,005,763)	(\$19,131,678)	(\$5,125,915)
4	CALCULATED NET REVENUE	\$362,759,437	\$353,306,227	(\$9,453,210)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$340,737,210	\$353,306,227	\$12,569,017
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$22,022,227	\$0	(\$22,022,227)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,168,376,918	\$1,181,446,541	\$13,069,623
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,168,376,918	\$1,181,446,541	\$13,069,623
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,168,376,920	\$1,181,446,542	\$13,069,622
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)	(\$1)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$32,867,692	\$41,261,801	\$8,394,109
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$33,353	\$3,978	(\$29,375)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$32,901,045	\$41,265,779	\$8,364,734
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$32,901,045	\$41,265,779	\$8,364,734
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GREENWICH HOSPITAL		
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
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$210,553,104
2	MEDICARE	232,331,615
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,608,521
4	MEDICAID	15,286,849
5	OTHER MEDICAL ASSISTANCE	13,321,672
6	CHAMPUS / TRICARE	279,021
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,743,689
	TOTAL INPATIENT GOVERNMENT CHARGES	\$261,219,157
	TOTAL INPATIENT CHARGES	\$471,772,261
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$398,658,983
2	MEDICARE	257,285,408
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	52,969,857
4	MEDICAID	35,446,769
5	OTHER MEDICAL ASSISTANCE	17,523,088
6	CHAMPUS / TRICARE	760,032
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	31,595,880
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$311,015,297
	TOTAL OUTPATIENT CHARGES	\$709,674,280
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$609,212,087
2	TOTAL GOVERNMENT ACCRUED CHARGES	572,234,454
	TOTAL ACCRUED CHARGES	\$1,181,446,541
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,046,628
2	MEDICARE	56,247,005
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,644,241
4	MEDICAID	3,143,611
5	OTHER MEDICAL ASSISTANCE	3,500,630
6	CHAMPUS / TRICARE	40,426
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,088,297
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$62,931,672
	TOTAL INPATIENT PAYMENTS	\$165,978,300
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$154,067,872
2	MEDICARE	44,453,699
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,811,773
4	MEDICAID	5,624,228
5	OTHER MEDICAL ASSISTANCE	2,187,545
6	CHAMPUS / TRICARE	126,261
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,341,069
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$52,391,733
	TOTAL OUTPATIENT PAYMENTS	\$206,459,605
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$257,114,500
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	115,323,405
	TOTAL ACCRUED PAYMENTS	\$372,437,905

GREENWICH HOSPITAL		
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
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,782
2	MEDICARE	4,330
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	953
4	MEDICAID	515
5	OTHER MEDICAL ASSISTANCE	438
6	CHAMPUS / TRICARE	12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	246
	TOTAL GOVERNMENT DISCHARGES	5,295
	TOTAL DISCHARGES	13,077
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.93523
2	MEDICARE	1.66913
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.03428
4	MEDICAID	1.03688
5	OTHER MEDICAL ASSISTANCE	1.03122
6	CHAMPUS / TRICARE	0.68313
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.99142
	TOTAL GOVERNMENT CASE MIX INDEX	1.55263
	TOTAL CASE MIX INDEX	1.18522
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$558,998,809
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$246,654,632
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$312,344,177
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.88%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$13,873,710
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,843,208
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$25,342,402
9	BAD DEBTS	\$15,919,399
10	TOTAL UNCOMPENSATED CARE	\$41,261,801
11	TOTAL OTHER OPERATING REVENUE	\$21,109,490
12	TOTAL OPERATING EXPENSES	\$342,552,775

GREENWICH HOSPITAL		
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
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$372,437,905
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$372,437,905
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$19,131,678)
	CALCULATED NET REVENUE	\$353,306,227
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$353,306,227
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,181,446,541
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,181,446,541
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,181,446,542
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,261,801
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,978
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,265,779
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$41,265,779
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	3,953	4,296	343	9%
2	Number of Approved Applicants	3,953	4,296	343	9%
3	Total Charges (A)	\$20,529,798	\$25,342,402	\$4,812,604	23%
4	Average Charges	\$5,193	\$5,899	\$706	14%
5	Ratio of Cost to Charges (RCC)	0.271931	0.276075	0.004144	2%
6	Total Cost	\$5,582,688	\$6,996,404	\$1,413,715	25%
7	Average Cost	\$1,412	\$1,629	\$216	15%
8	Charity Care - Inpatient Charges	\$4,018,796	\$7,817,627	\$3,798,831	95%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,407,050	10,368,184	961,134	10%
10	Charity Care - Emergency Department Charges	7,103,952	7,156,591	52,639	1%
11	Total Charges (A)	\$20,529,798	\$25,342,402	\$4,812,604	23%
12	Charity Care - Number of Patient Days	1,076	2,583	1,507	140%
13	Charity Care - Number of Discharges	376	299	(77)	-20%
14	Charity Care - Number of Outpatient ED Visits	3,452	3,965	513	15%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	10,056	6,789	(3,267)	-32%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$3,903,217	\$5,471,717	\$1,568,500	40%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	5,279,396	6,106,890	827,494	16%
3	Bad Debts - Emergency Department	3,155,281	4,340,792	1,185,511	38%
4	Total Bad Debts (A)	\$12,337,894	\$15,919,399	\$3,581,505	29%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$20,529,798	\$25,342,402	\$4,812,604	23%
2	Bad Debts (A)	12,337,894	15,919,399	3,581,505	29%
3	Total Uncompensated Care (A)	\$32,867,692	\$41,261,801	\$8,394,109	26%
4	Uncompensated Care - Inpatient Services	\$7,922,013	\$13,289,344	\$5,367,331	68%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	14,686,446	16,475,074	1,788,628	12%
6	Uncompensated Care - Emergency Department	10,259,233	11,497,383	1,238,150	12%
7	Total Uncompensated Care (A)	\$32,867,692	\$41,261,801	\$8,394,109	26%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GREENWICH HOSPITAL					
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 NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$550,833,535	\$558,998,809	\$8,165,274	1%
2	Total Contractual Allowances	\$318,720,339	\$312,344,177	(\$6,376,162)	-2%
	Total Accrued Payments (A)	\$232,113,196	\$246,654,632	\$14,541,436	6%
	Total Discount Percentage	57.86%	55.88%	-1.99%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GREENWICH HOSPITAL				
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
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$469,569,283	\$474,859,593	\$471,772,261
2	Outpatient Gross Revenue	\$680,279,340	\$693,517,325	\$709,674,280
3	Total Gross Patient Revenue	\$1,149,848,623	\$1,168,376,918	\$1,181,446,541
4	Net Patient Revenue	\$332,207,000	\$340,737,210	\$353,306,227
B. Total Operating Expenses				
1	Total Operating Expense	\$317,854,000	\$328,168,956	\$342,552,775
C. Utilization Statistics				
1	Patient Days	54,509	53,840	54,827
2	Discharges	12,538	13,296	13,077
3	Average Length of Stay	4.3	4.0	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	133,478	132,472	137,302
0	Equivalent (Adjusted) Discharges (ED)	30,702	32,714	32,748
D. Case Mix Statistics				
1	Case Mix Index	1.15953	1.14695	1.18522
2	Case Mix Adjusted Patient Days (CMAPD)	63,205	61,752	64,982
3	Case Mix Adjusted Discharges (CMAD)	14,538	15,250	15,499
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	154,771	151,938	162,733
5	Case Mix Adjusted Equivalent Discharges (CMAED)	35,600	37,522	38,814
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$21,095	\$21,701	\$21,549
2	Total Gross Revenue per Discharge	\$91,709	\$87,874	\$90,345
3	Total Gross Revenue per EPD	\$8,615	\$8,820	\$8,605
4	Total Gross Revenue per ED	\$37,452	\$35,714	\$36,076
5	Total Gross Revenue per CMAEPD	\$7,429	\$7,690	\$7,260
6	Total Gross Revenue per CMAED	\$32,299	\$31,139	\$30,439
7	Inpatient Gross Revenue per EPD	\$3,518	\$3,585	\$3,436
8	Inpatient Gross Revenue per ED	\$15,294	\$14,515	\$14,406

GREENWICH HOSPITAL				
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
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$6,095	\$6,329	\$6,444
2	Net Patient Revenue per Discharge	\$26,496	\$25,627	\$27,017
3	Net Patient Revenue per EPD	\$2,489	\$2,572	\$2,573
4	Net Patient Revenue per ED	\$10,820	\$10,416	\$10,789
5	Net Patient Revenue per CMAEPD	\$2,146	\$2,243	\$2,171
6	Net Patient Revenue per CMAED	\$9,332	\$9,081	\$9,103
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,831	\$6,095	\$6,248
2	Total Operating Expense per Discharge	\$25,351	\$24,682	\$26,195
3	Total Operating Expense per EPD	\$2,381	\$2,477	\$2,495
4	Total Operating Expense per ED	\$10,353	\$10,031	\$10,460
5	Total Operating Expense per CMAEPD	\$2,054	\$2,160	\$2,105
6	Total Operating Expense per CMAED	\$8,928	\$8,746	\$8,825
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$39,440,686	\$33,844,899	\$37,843,295
2	Nursing Fringe Benefits Expense	\$12,951,118	\$10,584,076	\$9,365,981
3	Total Nursing Salary and Fringe Benefits Expense	\$52,391,804	\$44,428,975	\$47,209,276
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$8,035,783	\$9,115,648	\$10,099,530
2	Physician Fringe Benefits Expense	\$2,220,192	\$2,850,672	\$2,499,571
3	Total Physician Salary and Fringe Benefits Expense	\$10,255,975	\$11,966,320	\$12,599,101
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$65,742,531	\$73,765,140	\$71,036,464
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$21,831,690	\$23,068,051	\$17,581,086
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$87,574,221	\$96,833,191	\$88,617,550
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$113,219,000	\$116,725,687	\$118,979,289
2	Total Fringe Benefits Expense	\$37,003,000	\$36,502,799	\$29,446,638
3	Total Salary and Fringe Benefits Expense	\$150,222,000	\$153,228,486	\$148,425,927

GREENWICH HOSPITAL				
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
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	359.3	389.0	465.1
2	Total Physician FTEs	43.5	47.8	45.8
3	Total Non-Nursing, Non-Physician FTEs	1072.5	1038.9	1009.3
4	Total Full Time Equivalent Employees (FTEs)	1,475.3	1,475.7	1,520.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$109,771	\$87,005	\$81,366
2	Nursing Fringe Benefits Expense per FTE	\$36,045	\$27,208	\$20,138
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$145,816	\$114,213	\$101,503
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$184,731	\$190,704	\$220,514
2	Physician Fringe Benefits Expense per FTE	\$51,039	\$59,637	\$54,576
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$235,770	\$250,341	\$275,090
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$61,298	\$71,003	\$70,382
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,356	\$22,204	\$17,419
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$81,654	\$93,207	\$87,801
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$76,743	\$79,099	\$78,266
2	Total Fringe Benefits Expense per FTE	\$25,082	\$24,736	\$19,370
3	Total Salary and Fringe Benefits Expense per FTE	\$101,825	\$103,834	\$97,636
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,756	\$2,846	\$2,707
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,981	\$11,524	\$11,350
3	Total Salary and Fringe Benefits Expense per EPD	\$1,125	\$1,157	\$1,081
4	Total Salary and Fringe Benefits Expense per ED	\$4,893	\$4,684	\$4,532
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$971	\$1,008	\$912
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,220	\$4,084	\$3,824