

MANCHESTER MEMORIAL 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	\$5,266,042	\$1,270,245	(\$3,995,797)	-76%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$25,143,982	\$17,615,410	(\$7,528,572)	-30%
4	Current Assets Whose Use is Limited for Current Liabilities	\$646,423	\$0	(\$646,423)	-100%
5	Due From Affiliates	\$393,192	\$0	(\$393,192)	-100%
6	Due From Third Party Payers	\$2,821,878	\$1,655,706	(\$1,166,172)	-41%
7	Inventories of Supplies	\$4,086,699	\$4,155,414	\$68,715	2%
8	Prepaid Expenses	\$1,678,056	\$1,302,449	(\$375,607)	-22%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$40,036,272	\$25,999,224	(\$14,037,048)	-35%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,300,151	\$9,138,025	(\$3,162,126)	-26%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$11,071,609	\$3,129,380	(\$7,942,229)	-72%
	Total Noncurrent Assets Whose Use is Limited:	\$23,371,760	\$12,267,405	(\$11,104,355)	-48%
5	Interest in Net Assets of Foundation	\$8,751,305	\$1,288,702	(\$7,462,603)	-85%
6	Long Term Investments	\$5,520,613	\$3,907,359	(\$1,613,254)	-29%
7	Other Noncurrent Assets	\$25,049,405	\$22,375,244	(\$2,674,161)	-11%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$201,000,000	\$205,032,669	\$4,032,669	2%
2	Less: Accumulated Depreciation	\$148,400,155	\$154,099,076	\$5,698,921	4%
	Property, Plant and Equipment, Net	\$52,599,845	\$50,933,593	(\$1,666,252)	-3%
3	Construction in Progress	\$973,285	\$198,207	(\$775,078)	-80%
	Total Net Fixed Assets	\$53,573,130	\$51,131,800	(\$2,441,330)	-5%
	Total Assets	\$156,302,485	\$116,969,734	(\$39,332,751)	-25%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounts Payable and Accrued Expenses	\$18,303,326	\$16,507,276	(\$1,796,050)	-10%
2	Salaries, Wages and Payroll Taxes	\$3,347,027	\$3,193,255	(\$153,772)	-5%
3	Due To Third Party Payers	\$1,603,251	\$3,033,355	\$1,430,104	89%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,347,947	\$0	(\$1,347,947)	-100%
6	Current Portion of Notes Payable	\$7,244,596	\$2,583,699	(\$4,660,897)	-64%
7	Other Current Liabilities	\$1,925,908	\$21,217,401	\$19,291,493	1002%
	Total Current Liabilities	\$33,772,055	\$46,534,986	\$12,762,931	38%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$38,119,850	\$0	(\$38,119,850)	-100%
2	Notes Payable (Net of Current Portion)	\$11,375,025	\$6,129,334	(\$5,245,691)	-46%
	Total Long Term Debt	\$49,494,875	\$6,129,334	(\$43,365,541)	-88%
3	Accrued Pension Liability	\$48,438,669	\$52,063,611	\$3,624,942	7%
4	Other Long Term Liabilities	\$9,591,427	\$16,737,813	\$7,146,386	75%
	Total Long Term Liabilities	\$107,524,971	\$74,930,758	(\$32,594,213)	-30%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$2,829,380	(\$16,517,740)	(\$19,347,120)	-684%
2	Temporarily Restricted Net Assets	\$494,603	\$3,678	(\$490,925)	-99%
3	Permanently Restricted Net Assets	\$11,681,476	\$12,018,052	\$336,576	3%
	Total Net Assets	\$15,005,459	(\$4,496,010)	(\$19,501,469)	-130%
	Total Liabilities and Net Assets	\$156,302,485	\$116,969,734	(\$39,332,751)	-25%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$599,046,490	\$671,695,797	\$72,649,307	12%
2	Less: Allowances	\$415,506,442	\$485,706,333	\$70,199,891	17%
3	Less: Charity Care	\$441,285	\$505,744	\$64,459	15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$183,098,763	\$185,483,720	\$2,384,957	1%
5	Provision for Bad Debts	\$6,806,310	\$15,681,778	\$8,875,468	130%
	Net Patient Service Revenue less provision for bad debts	\$176,292,453	\$169,801,942	(\$6,490,511)	-4%
6	Other Operating Revenue	\$11,796,424	\$9,635,436	(\$2,160,988)	-18%
7	Net Assets Released from Restrictions	\$590,724	\$455,138	(\$135,586)	-23%
	Total Operating Revenue	\$188,679,601	\$179,892,516	(\$8,787,085)	-5%
B. Operating Expenses:					
1	Salaries and Wages	\$81,709,452	\$80,127,591	(\$1,581,861)	-2%
2	Fringe Benefits	\$25,569,480	\$29,121,613	\$3,552,133	14%
3	Physicians Fees	\$10,079,421	\$9,966,849	(\$112,572)	-1%
4	Supplies and Drugs	\$25,592,839	\$26,267,990	\$675,151	3%
5	Depreciation and Amortization	\$7,116,439	\$7,214,356	\$97,917	1%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,358,063	\$2,266,813	(\$91,250)	-4%
8	Malpractice Insurance Cost	\$2,115,210	\$6,915,619	\$4,800,409	227%
9	Other Operating Expenses	\$25,183,419	\$30,830,067	\$5,646,648	22%
	Total Operating Expenses	\$179,724,323	\$192,710,898	\$12,986,575	7%
	Income/(Loss) From Operations	\$8,955,278	(\$12,818,382)	(\$21,773,660)	-243%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,638,670)	(\$3,154,786)	(\$1,516,116)	93%
	Total Non-Operating Revenue	(\$1,638,670)	(\$3,154,786)	(\$1,516,116)	93%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$7,316,608	(\$15,973,168)	(\$23,289,776)	-318%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$7,316,608	(\$15,973,168)	(\$23,289,776)	-318%
	Principal Payments	\$6,201,186	\$52,327,385	\$46,126,199	744%

MANCHESTER MEMORIAL 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	\$90,215,368	\$100,288,177	\$10,072,809	11%
2	MEDICARE MANAGED CARE	\$27,193,044	\$29,286,264	\$2,093,220	8%
3	MEDICAID	\$45,897,932	\$53,860,591	\$7,962,659	17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,605,652	\$1,102,245	(\$503,407)	-31%
6	COMMERCIAL INSURANCE	\$2,940,111	\$4,112,897	\$1,172,786	40%
7	NON-GOVERNMENT MANAGED CARE	\$50,629,928	\$57,775,680	\$7,145,752	14%
8	WORKER'S COMPENSATION	\$217,879	\$363,389	\$145,510	67%
9	SELF- PAY/UNINSURED	\$1,236,061	\$1,860,366	\$624,305	51%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$219,935,975	\$248,649,609	\$28,713,634	13%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$98,600,537	\$110,819,369	\$12,218,832	12%
2	MEDICARE MANAGED CARE	\$41,061,130	\$47,307,863	\$6,246,733	15%
3	MEDICAID	\$85,970,911	\$92,970,433	\$6,999,522	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,722,468	\$1,712,326	(\$10,142)	-1%
6	COMMERCIAL INSURANCE	\$5,553,869	\$7,582,792	\$2,028,923	37%
7	NON-GOVERNMENT MANAGED CARE	\$134,361,286	\$149,661,598	\$15,300,312	11%
8	WORKER'S COMPENSATION	\$4,536,273	\$4,688,149	\$151,876	3%
9	SELF- PAY/UNINSURED	\$7,304,045	\$8,303,646	\$999,601	14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$379,110,519	\$423,046,176	\$43,935,657	12%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$188,815,905	\$211,107,546	\$22,291,641	12%
2	MEDICARE MANAGED CARE	\$68,254,174	\$76,594,127	\$8,339,953	12%
3	MEDICAID	\$131,868,843	\$146,831,024	\$14,962,181	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,328,120	\$2,814,571	(\$513,549)	-15%
6	COMMERCIAL INSURANCE	\$8,493,980	\$11,695,689	\$3,201,709	38%
7	NON-GOVERNMENT MANAGED CARE	\$184,991,214	\$207,437,278	\$22,446,064	12%
8	WORKER'S COMPENSATION	\$4,754,152	\$5,051,538	\$297,386	6%
9	SELF- PAY/UNINSURED	\$8,540,106	\$10,164,012	\$1,623,906	19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$599,046,494	\$671,695,785	\$72,649,291	12%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$28,371,324	\$23,207,770	(\$5,163,554)	-18%
2	MEDICARE MANAGED CARE	\$7,255,653	\$7,999,832	\$744,179	10%
3	MEDICAID	\$13,073,310	\$12,202,801	(\$870,509)	-7%

MANCHESTER MEMORIAL 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
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$345,852	\$397,107	\$51,255	15%
6	COMMERCIAL INSURANCE	\$1,457,410	\$2,118,268	\$660,858	45%
7	NON-GOVERNMENT MANAGED CARE	\$25,514,170	\$26,431,714	\$917,544	4%
8	WORKER'S COMPENSATION	\$153,971	\$205,909	\$51,938	34%
9	SELF- PAY/UNINSURED	\$43,966	\$0	(\$43,966)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$76,215,656	\$72,563,401	(\$3,652,255)	-5%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$19,801,007	\$20,768,952	\$967,945	5%
2	MEDICARE MANAGED CARE	\$7,798,078	\$10,354,621	\$2,556,543	33%
3	MEDICAID	\$16,314,131	\$18,481,746	\$2,167,615	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$369,044	\$508,217	\$139,173	38%
6	COMMERCIAL INSURANCE	\$2,660,688	\$4,180,897	\$1,520,209	57%
7	NON-GOVERNMENT MANAGED CARE	\$55,877,949	\$59,077,072	\$3,199,123	6%
8	WORKER'S COMPENSATION	\$2,279,533	\$1,863,710	(\$415,823)	-18%
9	SELF- PAY/UNINSURED	\$305,620	\$0	(\$305,620)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$105,406,050	\$115,235,215	\$9,829,165	9%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$48,172,331	\$43,976,722	(\$4,195,609)	-9%
2	MEDICARE MANAGED CARE	\$15,053,731	\$18,354,453	\$3,300,722	22%
3	MEDICAID	\$29,387,441	\$30,684,547	\$1,297,106	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$714,896	\$905,324	\$190,428	27%
6	COMMERCIAL INSURANCE	\$4,118,098	\$6,299,165	\$2,181,067	53%
7	NON-GOVERNMENT MANAGED CARE	\$81,392,119	\$85,508,786	\$4,116,667	5%
8	WORKER'S COMPENSATION	\$2,433,504	\$2,069,619	(\$363,885)	-15%
9	SELF- PAY/UNINSURED	\$349,586	\$0	(\$349,586)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$181,621,706	\$187,798,616	\$6,176,910	3%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	2,576	2,547	(29)	-1%
2	MEDICARE MANAGED CARE	777	929	152	20%
3	MEDICAID	2,269	2,586	317	14%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	76	45	(31)	-41%
6	COMMERCIAL INSURANCE	205	214	9	4%
7	NON-GOVERNMENT MANAGED CARE	2,830	2,958	128	5%
8	WORKER'S COMPENSATION	9	9	0	0%
9	SELF- PAY/UNINSURED	64	77	13	20%
10	SAGA	0	0	0	0%

MANCHESTER MEMORIAL 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
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	8,806	9,365	559	6%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	14,522	15,268	746	5%
2	MEDICARE MANAGED CARE	4,130	5,205	1,075	26%
3	MEDICAID	10,980	11,673	693	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	369	173	(196)	-53%
6	COMMERCIAL INSURANCE	683	556	(127)	-19%
7	NON-GOVERNMENT MANAGED CARE	9,770	11,495	1,725	18%
8	WORKER'S COMPENSATION	30	49	19	63%
9	SELF- PAY/UNINSURED	208	357	149	72%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	40,692	44,776	4,084	10%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	73,707	65,893	(7,814)	-11%
2	MEDICARE MANAGED CARE	28,872	30,319	1,447	5%
3	MEDICAID	42,173	25,125	(17,048)	-40%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	1,022	746	(276)	-27%
6	COMMERCIAL INSURANCE	3,270	3,390	120	4%
7	NON-GOVERNMENT MANAGED CARE	89,388	73,722	(15,666)	-18%
8	WORKER'S COMPENSATION	1,360	316	(1,044)	-77%
9	SELF- PAY/UNINSURED	5,985	1,244	(4,741)	-79%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	245,777	200,755	(45,022)	-18%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$22,188,222	\$23,477,999	\$1,289,777	6%
2	MEDICARE MANAGED CARE	\$8,439,296	\$9,098,767	\$659,471	8%
3	MEDICAID	\$44,526,571	\$46,043,769	\$1,517,198	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$535,868	\$653,668	\$117,800	22%
6	COMMERCIAL INSURANCE	\$2,930,581	\$2,568,298	(\$362,283)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$34,436,846	\$36,214,556	\$1,777,710	5%
8	WORKER'S COMPENSATION	\$1,802,831	\$1,656,927	(\$145,904)	-8%
9	SELF- PAY/UNINSURED	\$3,682,610	\$5,593,855	\$1,911,245	52%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$118,542,825	\$125,307,839	\$6,765,014	6%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$3,395,553	\$3,154,523	(\$241,030)	-7%
2	MEDICARE MANAGED CARE	\$1,330,534	\$1,254,124	(\$76,410)	-6%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$4,953,207	\$4,942,653	(\$10,554)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$96,287	\$86,984	(\$9,303)	-10%
6	COMMERCIAL INSURANCE	\$1,431,460	\$1,049,903	(\$381,557)	-27%
7	NON-GOVERNMENT MANAGED CARE	\$15,084,910	\$14,714,209	(\$370,701)	-2%
8	WORKER'S COMPENSATION	\$956,815	\$616,231	(\$340,584)	-36%
9	SELF- PAY/UNINSURED	\$149,010	\$126,903	(\$22,107)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$27,397,776	\$25,945,530	(\$1,452,246)	-5%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	5,471	5,366	(105)	-2%
2	MEDICARE MANAGED CARE	1,991	2,197	206	10%
3	MEDICAID	14,944	14,287	(657)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	163	189	26	16%
6	COMMERCIAL INSURANCE	851	706	(145)	-17%
7	NON-GOVERNMENT MANAGED CARE	9,043	9,016	(27)	0%
8	WORKER'S COMPENSATION	705	620	(85)	-12%
9	SELF- PAY/UNINSURED	1,704	1,790	86	5%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,872	34,171	(701)	-2%

MANCHESTER MEMORIAL 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
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$25,962,525	\$26,061,010	\$98,485	0%
2	Physician Salaries	\$9,859,566	\$10,119,503	\$259,937	3%
3	Non-Nursing, Non-Physician Salaries	\$45,887,361	\$43,947,078	(\$1,940,283)	-4%
	Total Salaries & Wages	\$81,709,452	\$80,127,591	(\$1,581,861)	-2%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$8,928,385	\$9,496,373	\$567,988	6%
2	Physician Fringe Benefits	\$3,184,698	\$3,687,446	\$502,748	16%
3	Non-Nursing, Non-Physician Fringe Benefits	\$13,456,397	\$15,937,794	\$2,481,397	18%
	Total Fringe Benefits	\$25,569,480	\$29,121,613	\$3,552,133	14%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$10,079,421	\$9,966,849	(\$112,572)	-1%
3	Non-Nursing, Non-Physician Fees	\$0	\$1,785,280	\$1,785,280	0%
	Total Contractual Labor Fees	\$10,079,421	\$11,752,129	\$1,672,708	17%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$19,547,401	\$19,305,414	(\$241,987)	-1%
2	Pharmaceutical Costs	\$6,045,438	\$6,962,576	\$917,138	15%
	Total Medical Supplies and Pharmaceutical Cost	\$25,592,839	\$26,267,990	\$675,151	3%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$3,258,494	\$2,165,090	(\$1,093,404)	-34%
2	Depreciation-Equipment	\$3,774,426	\$4,965,748	\$1,191,322	32%
3	Amortization	\$83,519	\$83,518	(\$1)	0%
	Total Depreciation and Amortization	\$7,116,439	\$7,214,356	\$97,917	1%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$2,358,063	\$2,266,813	(\$91,250)	-4%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$2,115,210	\$6,915,619	\$4,800,409	227%
I.	<u>Utilities:</u>				
1	Water	\$197,852	\$219,183	\$21,331	11%
2	Natural Gas	\$465,343	\$345,908	(\$119,435)	-26%
3	Oil	\$55,056	\$19,570	(\$35,486)	-64%
4	Electricity	\$1,427,747	\$1,464,386	\$36,639	3%
5	Telephone	\$636,360	\$567,285	(\$69,075)	-11%
6	Other Utilities	\$25,037	\$25,575	\$538	2%
	Total Utilities	\$2,807,395	\$2,641,907	(\$165,488)	-6%
J.	<u>Business Expenses:</u>				

MANCHESTER MEMORIAL 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
1	Accounting Fees	\$149,165	\$350,166	\$201,001	135%
2	Legal Fees	\$342,790	\$314,838	(\$27,952)	-8%
3	Consulting Fees	\$1,211,427	\$2,122,663	\$911,236	75%
4	Dues and Membership	\$293,088	\$252,298	(\$40,790)	-14%
5	Equipment Leases	\$337,100	\$308,877	(\$28,223)	-8%
6	Building Leases	\$1,322,298	\$1,485,667	\$163,369	12%
7	Repairs and Maintenance	\$693,040	\$631,653	(\$61,387)	-9%
8	Insurance	\$391,167	\$397,965	\$6,798	2%
9	Travel	\$98,659	\$90,129	(\$8,530)	-9%
10	Conferences	\$4,330	\$1,554	(\$2,776)	-64%
11	Property Tax	\$0	\$170,007	\$170,007	0%
12	General Supplies	\$1,102,196	\$1,206,705	\$104,509	9%
13	Licenses and Subscriptions	\$101,694	\$110,561	\$8,867	9%
14	Postage and Shipping	\$125,903	\$100,380	(\$25,523)	-20%
15	Advertising	\$347,425	\$326,932	(\$20,493)	-6%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$3,532,898	\$3,445,805	(\$87,093)	-2%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$1,771,180	\$1,730,991	(\$40,189)	-2%
20	Lab Fees / Red Cross charges	\$714,804	\$829,538	\$114,734	16%
21	Billing & Collection / Bank Fees	\$849,675	\$792,320	(\$57,355)	-7%
22	Recruiting / Employee Education & Recognition	\$555,609	\$450,533	(\$105,076)	-19%
23	Laundry / Linen	\$754,456	\$0	(\$754,456)	-100%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$193,996	\$181,231	(\$12,765)	-7%
26	Purchased Services - Medical	\$2,590,050	\$4,061,093	\$1,471,043	57%
27	Purchased Services - Non Medical	\$4,015,198	\$5,101,042	\$1,085,844	27%
28	Other Business Expenses	\$694,805	\$1,939,932	\$1,245,127	179%
	Total Business Expenses	\$22,192,953	\$26,402,880	\$4,209,927	19%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$183,071	\$0	(\$183,071)	-100%
	Total Operating Expenses - All Expense Categories*	\$179,724,323	\$192,710,898	\$12,986,575	7%
*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	\$3,242,807	\$5,908,450	\$2,665,643	82%
2	General Accounting	\$2,119,965	\$2,318,909	\$198,944	9%
3	Patient Billing & Collection	\$1,584,068	\$1,682,376	\$98,308	6%
4	Admitting / Registration Office	\$1,540,301	\$1,783,920	\$243,619	16%
5	Data Processing	\$6,096,534	\$6,299,930	\$203,396	3%
6	Communications	\$744,116	\$788,336	\$44,220	6%
7	Personnel	\$19,352,065	\$28,260,114	\$8,908,049	46%
8	Public Relations	\$452,036	\$334,473	(\$117,563)	-26%
9	Purchasing	\$1,749,627	\$1,127,282	(\$622,345)	-36%
10	Dietary and Cafeteria	\$3,282,962	\$3,114,583	(\$168,379)	-5%

MANCHESTER MEMORIAL 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
11	Housekeeping	\$2,039,517	\$1,994,613	(\$44,904)	-2%
12	Laundry & Linen	\$890,861	\$833,962	(\$56,899)	-6%
13	Operation of Plant	\$2,230,716	\$2,100,398	(\$130,318)	-6%
14	Security	\$990,196	\$741,052	(\$249,144)	-25%
15	Repairs and Maintenance	\$1,678,438	\$1,588,218	(\$90,220)	-5%
16	Central Sterile Supply	\$979,916	\$1,064,364	\$84,448	9%
17	Pharmacy Department	\$7,899,204	\$8,956,637	\$1,057,433	13%
18	Other General Services	\$22,922,267	\$22,762,759	(\$159,508)	-1%
	Total General Services	\$79,795,596	\$91,660,376	\$11,864,780	15%
B.	Professional Services:				
1	Medical Care Administration	\$8,679,164	\$8,271,208	(\$407,956)	-5%
2	Residency Program	\$2,371,421	\$2,965,931	\$594,510	25%
3	Nursing Services Administration	\$2,060,346	\$1,417,546	(\$642,800)	-31%
4	Medical Records	\$2,150,645	\$1,941,720	(\$208,925)	-10%
5	Social Service	\$125,877	\$213,362	\$87,485	70%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$15,387,453	\$14,809,767	(\$577,686)	-4%
C.	Special Services:				
1	Operating Room	\$12,025,114	\$12,572,274	\$547,160	5%
2	Recovery Room	\$1,009,720	\$943,399	(\$66,321)	-7%
3	Anesthesiology	\$372,293	\$410,104	\$37,811	10%
4	Delivery Room	\$4,392,741	\$4,084,448	(\$308,293)	-7%
5	Diagnostic Radiology	\$2,875,688	\$4,370,341	\$1,494,653	52%
6	Diagnostic Ultrasound	\$683,801	\$636,882	(\$46,919)	-7%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$557,272	\$493,059	(\$64,213)	-12%
9	CT Scan	\$792,258	\$818,221	\$25,963	3%
10	Laboratory	\$11,618,066	\$12,149,919	\$531,853	5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,773,894	\$1,737,806	(\$36,088)	-2%
13	Electrocardiology	\$193,223	\$201,424	\$8,201	4%
14	Electroencephalography	\$121,449	\$91,295	(\$30,154)	-25%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$92,241	\$91,770	(\$471)	-1%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,809,944	\$4,248,391	(\$561,553)	-12%
23	Renal Dialysis	\$174,970	\$228,987	\$54,017	31%
24	Emergency Room	\$10,001,468	\$10,109,265	\$107,797	1%
25	MRI	\$253,322	\$268,796	\$15,474	6%
26	PET Scan	\$348,507	\$285,863	(\$62,644)	-18%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,163,668	\$2,137,126	(\$26,542)	-1%
29	Sleep Center	\$575,985	\$599,002	\$23,017	4%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$217,865	\$217,865	0%

MANCHESTER MEMORIAL 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
32	Occupational Therapy / Physical Therapy	\$1,907,656	\$1,988,824	\$81,168	4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$6,554,323	\$5,678,519	(\$875,804)	-13%
	Total Special Services	\$63,297,603	\$64,363,580	\$1,065,977	2%
D.	Routine Services:				
1	Medical & Surgical Units	\$6,092,325	\$6,066,304	(\$26,021)	0%
2	Intensive Care Unit	\$7,016,464	\$6,307,305	(\$709,159)	-10%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,235,497	\$4,635,523	\$400,026	9%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,463,305	\$1,657,471	\$194,166	13%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,262,025	\$1,292,037	\$30,012	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,174,055	\$1,104,706	(\$69,349)	-6%
	Total Routine Services	\$21,243,671	\$21,063,346	(\$180,325)	-1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$813,829	\$813,829	0%
	Total Operating Expenses - All Departments*	\$179,724,323	\$192,710,898	\$12,986,575	7%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$172,204,267	\$176,292,453	\$169,801,942
2	Other Operating Revenue	17,340,796	12,387,148	10,090,574
3	Total Operating Revenue	\$189,545,063	\$188,679,601	\$179,892,516
4	Total Operating Expenses	185,309,559	179,724,323	192,710,898
5	Income/(Loss) From Operations	\$4,235,504	\$8,955,278	(\$12,818,382)
6	Total Non-Operating Revenue	(1,743,322)	(1,638,670)	(3,154,786)
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,492,182	\$7,316,608	(\$15,973,168)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.26%	4.79%	-7.25%
2	Hospital Non Operating Margin	-0.93%	-0.88%	-1.79%
3	Hospital Total Margin	1.33%	3.91%	-9.04%
4	Income/(Loss) From Operations	\$4,235,504	\$8,955,278	(\$12,818,382)
5	Total Operating Revenue	\$189,545,063	\$188,679,601	\$179,892,516
6	Total Non-Operating Revenue	(\$1,743,322)	(\$1,638,670)	(\$3,154,786)
7	Total Revenue	\$187,801,741	\$187,040,931	\$176,737,730
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,492,182	\$7,316,608	(\$15,973,168)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$11,344,473	\$2,829,380	(\$16,517,740)
2	Hospital Total Net Assets	\$24,798,417	\$15,005,459	(\$4,496,010)
3	Hospital Change in Total Net Assets	(\$12,933,323)	(\$9,792,958)	(\$19,501,469)
4	Hospital Change in Total Net Assets %	65.7%	-39.5%	-130.0%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.30	0.29	0.28
2	Total Operating Expenses	\$185,309,559	\$179,724,323	\$192,710,898

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
3	Total Gross Revenue	\$601,959,668	\$599,046,494	\$671,695,785
4	Total Other Operating Revenue	\$17,340,796	\$12,387,148	\$10,090,574
5	<u>Private Payment to Cost Ratio</u>	1.37	1.51	1.48
6	Total Non-Government Payments	\$85,464,345	\$88,293,307	\$93,877,570
7	Total Uninsured Payments	\$408,998	\$349,586	\$0
8	Total Non-Government Charges	\$216,312,756	\$206,779,452	\$234,348,517
9	Total Uninsured Charges	\$8,547,887	\$8,540,106	\$10,164,012
10	<u>Medicare Payment to Cost Ratio</u>	0.82	0.84	0.77
11	Total Medicare Payments	\$62,692,532	\$63,226,062	\$62,331,175
12	Total Medicare Charges	\$256,625,637	\$257,070,079	\$287,701,673
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.76	0.74
14	Total Medicaid Payments	\$27,287,201	\$29,387,441	\$30,684,547
15	Total Medicaid Charges	\$126,425,691	\$131,868,843	\$146,831,024
16	<u>Uncompensated Care Cost</u>	\$2,463,730	\$2,457,364	\$3,663,048
17	Charity Care	\$2,411,263	\$1,553,798	\$2,297,057
18	Bad Debts	\$5,822,470	\$6,806,310	\$10,662,336
19	Total Uncompensated Care	\$8,233,733	\$8,360,108	\$12,959,393
20	<u>Uncompensated Care % of Total Expenses</u>	1.3%	1.4%	1.9%
21	Total Operating Expenses	\$185,309,559	\$179,724,323	\$192,710,898
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$44,942,062	\$40,036,272	\$25,999,224
3	Total Current Liabilities	\$39,522,136	\$33,772,055	\$46,534,986

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
4	<u>Days Cash on Hand</u>	19	11	2
5	Cash and Cash Equivalents	\$9,361,439	\$5,266,042	\$1,270,245
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$9,361,439	\$5,266,042	\$1,270,245
8	Total Operating Expenses	\$185,309,559	\$179,724,323	\$192,710,898
9	Depreciation Expense	\$7,116,905	\$7,116,439	\$7,214,356
10	Operating Expenses less Depreciation Expense	\$178,192,654	\$172,607,884	\$185,496,542
11	<u>Days Revenue in Patient Accounts Receivable</u>	51	55	35
12	Net Patient Accounts Receivable	\$25,099,884	\$25,143,982	\$17,615,410
13	Due From Third Party Payers	\$3,454,150	\$2,821,878	\$1,655,706
14	Due To Third Party Payers	\$4,285,117	\$1,603,251	\$3,033,355
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$24,268,917	\$26,362,609	\$16,237,761
16	Total Net Patient Revenue	\$172,204,267	\$176,292,453	\$169,801,942
17	<u>Average Payment Period</u>	81	71	92
18	Total Current Liabilities	\$39,522,136	\$33,772,055	\$46,534,986
19	Total Operating Expenses	\$185,309,559	\$179,724,323	\$192,710,898
20	Depreciation Expense	\$7,116,905	\$7,116,439	\$7,214,356
21	Total Operating Expenses less Depreciation Expense	\$178,192,654	\$172,607,884	\$185,496,542
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	15.3	9.6	(3.8)
2	Total Net Assets	\$24,798,417	\$15,005,459	(\$4,496,010)
3	Total Assets	\$161,754,391	\$156,302,485	\$116,969,734
4	<u>Cash Flow to Total Debt Ratio</u>	10.7	17.3	(16.6)

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,492,182	\$7,316,608	(\$15,973,168)
6	Depreciation Expense	\$7,116,905	\$7,116,439	\$7,214,356
7	Excess of Revenues Over Expenses and Depreciation Expense	\$9,609,087	\$14,433,047	(\$8,758,812)
8	Total Current Liabilities	\$39,522,136	\$33,772,055	\$46,534,986
9	Total Long Term Debt	\$50,421,027	\$49,494,875	\$6,129,334
10	Total Current Liabilities and Total Long Term Debt	\$89,943,163	\$83,266,930	\$52,664,320
11	<u>Long Term Debt to Capitalization Ratio</u>	67.0	76.7	375.3
12	Total Long Term Debt	\$50,421,027	\$49,494,875	\$6,129,334
13	Total Net Assets	\$24,798,417	\$15,005,459	(\$4,496,010)
14	Total Long Term Debt and Total Net Assets	\$75,219,444	\$64,500,334	\$1,633,324
15	<u>Debt Service Coverage Ratio</u>	1.8	2.0	(0.1)
16	Excess Revenues over Expenses	2,492,182	\$7,316,608	(\$15,973,168)
17	Interest Expense	2,589,201	\$2,358,063	\$2,266,813
18	Depreciation and Amortization Expense	7,116,905	\$7,116,439	\$7,214,356
19	Principal Payments	4,145,905	\$6,201,186	\$52,327,385
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	19.9	20.9	21.4
21	Accumulated Depreciation	141,480,889	148,400,155	154,099,076
22	Depreciation and Amortization Expense	7,116,905	7,116,439	7,214,356
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	44,106	40,692	44,776
2	Discharges	9,110	8,806	9,365
3	ALOS	4.8	4.6	4.8
4	Staffed Beds	171	181	174
5	Available Beds	-	283	283

MANCHESTER MEMORIAL 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	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
6	Licensed Beds	283	283	283
7	Occupancy of Staffed Beds	70.7%	61.6%	70.5%
8	Occupancy of Available Beds	42.7%	39.4%	43.3%
9	Full Time Equivalent Employees	1,152.7	1,134.6	1,081.5
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	34.5%	33.1%	33.4%
2	Medicare Gross Revenue Payer Mix Percentage	42.6%	42.9%	42.8%
3	Medicaid Gross Revenue Payer Mix Percentage	21.0%	22.0%	21.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.4%	1.4%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.6%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$207,764,869	\$198,239,346	\$224,184,505
9	Medicare Gross Revenue (Charges)	\$256,625,637	\$257,070,079	\$287,701,673
10	Medicaid Gross Revenue (Charges)	\$126,425,691	\$131,868,843	\$146,831,024
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$8,547,887	\$8,540,106	\$10,164,012
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$2,595,584	\$3,328,120	\$2,814,571
14	Total Gross Revenue (Charges)	\$601,959,668	\$599,046,494	\$671,695,785
J.	<u>Hospital Net Revenue Payer Mix Percentage</u>			
1	Non-Government Net Revenue Payer Mix Percentage	48.3%	48.4%	50.0%
2	Medicare Net Revenue Payer Mix Percentage	35.6%	34.8%	33.2%
3	Medicaid Net Revenue Payer Mix Percentage	15.5%	16.2%	16.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$85,055,347	\$87,943,721	\$93,877,570
9	Medicare Net Revenue (Payments)	\$62,692,532	\$63,226,062	\$62,331,175
10	Medicaid Net Revenue (Payments)	\$27,287,201	\$29,387,441	\$30,684,547
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0

MANCHESTER MEMORIAL 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
12	Uninsured Net Revenue (Payments)	\$408,998	\$349,586	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$657,098	\$714,896	\$905,324
14	Total Net Revenue (Payments)	\$176,101,176	\$181,621,706	\$187,798,616
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	3,214	3,108	3,258
2	Medicare	3,676	3,353	3,476
3	Medical Assistance	2,180	2,269	2,586
4	Medicaid	2,180	2,269	2,586
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	40	76	45
7	Uninsured (Included In Non-Government)	101	64	77
8	Total	9,110	8,806	9,365
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	1.00062	1.02108	1.05870
2	Medicare	1.46454	1.48956	1.51990
3	Medical Assistance	1.01117	1.02108	1.03370
4	Medicaid	1.01117	1.02108	1.03370
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.12610	1.08090	1.00260
7	Uninsured (Included In Non-Government)	1.01880	1.08679	1.12030
8	Total Case Mix Index	1.19089	1.19998	1.22271
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	5,484	4,907	5,341
2	Emergency Room - Treated and Discharged	35,557	34,872	34,171
3	Total Emergency Room Visits	41,041	39,779	39,512

MANCHESTER MEMORIAL 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	\$961,627	\$1,751,052	\$789,425	82%
2	Inpatient Payments	\$219,976	\$655,013	\$435,037	198%
3	Outpatient Charges	\$1,467,290	\$4,296,177	\$2,828,887	193%
4	Outpatient Payments	\$269,112	\$773,287	\$504,175	187%
5	Discharges	29	97	68	234%
6	Patient Days	161	744	583	362%
7	Outpatient Visits (Excludes ED Visits)	772	2,233	1,461	189%
8	Emergency Department Outpatient Visits	81	293	212	262%
9	Emergency Department Inpatient Admissions	24	122	98	408%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,428,917	\$6,047,229	\$3,618,312	149%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$489,088	\$1,428,300	\$939,212	192%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,999	\$0	(\$2,999)	-100%
4	Outpatient Payments	\$302	\$0	(\$302)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	4	0	(4)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,999	\$0	(\$2,999)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$302	\$0	(\$302)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$10,655,866	\$9,852,628	(\$803,238)	-8%
2	Inpatient Payments	\$3,048,860	\$2,965,987	(\$82,873)	-3%
3	Outpatient Charges	\$18,135,690	\$17,882,636	(\$253,054)	-1%
4	Outpatient Payments	\$3,603,998	\$4,482,925	\$878,927	24%
5	Discharges	303	335	32	11%
6	Patient Days	1,475	1,587	112	8%
7	Outpatient Visits (Excludes ED Visits)	13,265	11,938	(1,327)	-10%
8	Emergency Department Outpatient Visits	661	686	25	4%
9	Emergency Department Inpatient Admissions	245	407	162	66%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,791,556	\$27,735,264	(\$1,056,292)	-4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,652,858	\$7,448,912	\$796,054	12%
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

MANCHESTER MEMORIAL 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
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	\$341,627	\$408,815	\$67,188	20%
2	Inpatient Payments	\$122,781	\$100,209	(\$22,572)	-18%
3	Outpatient Charges	\$222,187	\$217,282	(\$4,905)	-2%
4	Outpatient Payments	\$28,812	\$28,142	(\$670)	-2%
5	Discharges	8	10	2	25%
6	Patient Days	66	39	(27)	-41%
7	Outpatient Visits (Excludes ED Visits)	47	54	7	15%
8	Emergency Department Outpatient Visits	42	36	(6)	-14%
9	Emergency Department Inpatient Admissions	7	14	7	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$563,814	\$626,097	\$62,283	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$151,593	\$128,351	(\$23,242)	-15%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$8,531,593	\$8,773,187	\$241,594	3%
2	Inpatient Payments	\$2,087,981	\$1,951,827	(\$136,154)	-7%
3	Outpatient Charges	\$9,863,230	\$12,844,547	\$2,981,317	30%
4	Outpatient Payments	\$1,742,836	\$2,559,015	\$816,179	47%
5	Discharges	223	260	37	17%
6	Patient Days	1,344	1,577	233	17%
7	Outpatient Visits (Excludes ED Visits)	6,078	7,435	1,357	22%
8	Emergency Department Outpatient Visits	575	582	7	1%
9	Emergency Department Inpatient Admissions	180	313	133	74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,394,823	\$21,617,734	\$3,222,911	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,830,817	\$4,510,842	\$680,025	18%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$2,622,958	\$3,768,118	\$1,145,160	44%
2	Inpatient Payments	\$735,613	\$1,115,297	\$379,684	52%
3	Outpatient Charges	\$4,345,750	\$3,524,233	(\$821,517)	-19%
4	Outpatient Payments	\$795,987	\$724,763	(\$71,224)	-9%
5	Discharges	94	91	(3)	-3%
6	Patient Days	451	612	161	36%
7	Outpatient Visits (Excludes ED Visits)	2,371	1,630	(741)	-31%

MANCHESTER MEMORIAL 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
8	Emergency Department Outpatient Visits	303	251	(52)	-17%
9	Emergency Department Inpatient Admissions	81	104	23	28%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,968,708	\$7,292,351	\$323,643	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,531,600	\$1,840,060	\$308,460	20%
I.	AETNA				
1	Inpatient Charges	\$3,915,112	\$4,732,464	\$817,352	21%
2	Inpatient Payments	\$1,002,685	\$1,211,499	\$208,814	21%
3	Outpatient Charges	\$6,834,471	\$8,435,542	\$1,601,071	23%
4	Outpatient Payments	\$1,316,971	\$1,709,257	\$392,286	30%
5	Discharges	117	136	19	16%
6	Patient Days	605	646	41	7%
7	Outpatient Visits (Excludes ED Visits)	4,266	4,744	478	11%
8	Emergency Department Outpatient Visits	312	339	27	9%
9	Emergency Department Inpatient Admissions	101	181	80	79%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,749,583	\$13,168,006	\$2,418,423	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,319,656	\$2,920,756	\$601,100	26%
J.	HUMANA				
1	Inpatient Charges	\$164,261	\$0	(\$164,261)	-100%
2	Inpatient Payments	\$37,757	\$0	(\$37,757)	-100%
3	Outpatient Charges	\$189,513	\$107,446	(\$82,067)	-43%
4	Outpatient Payments	\$40,060	\$77,232	\$37,172	93%
5	Discharges	3	0	(3)	-100%
6	Patient Days	28	0	(28)	-100%
7	Outpatient Visits (Excludes ED Visits)	78	88	10	13%
8	Emergency Department Outpatient Visits	17	10	(7)	-41%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$353,774	\$107,446	(\$246,328)	-70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$77,817	\$77,232	(\$585)	-1%
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%

MANCHESTER MEMORIAL 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
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
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	\$27,193,044	\$29,286,264	\$2,093,220	8%
	TOTAL INPATIENT PAYMENTS	\$7,255,653	\$7,999,832	\$744,179	10%
	TOTAL OUTPATIENT CHARGES	\$41,061,130	\$47,307,863	\$6,246,733	15%
	TOTAL OUTPATIENT PAYMENTS	\$7,798,078	\$10,354,621	\$2,556,543	33%
	TOTAL DISCHARGES	777	929	152	20%
	TOTAL PATIENT DAYS	4,130	5,205	1,075	26%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	26,881	28,122	1,241	5%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,991	2,197	206	10%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	641	1,141	500	78%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$68,254,174	\$76,594,127	\$8,339,953	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,053,731	\$18,354,453	\$3,300,722	22%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% 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%
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%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
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%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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	\$16,286,829	\$5,362,866	(\$10,923,963)	-67%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$41,607,499	\$31,004,506	(\$10,602,993)	-25%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,097,599	\$0	(\$1,097,599)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,573,134	\$2,964,558	(\$608,576)	-17%
7	Inventories of Supplies	\$5,553,809	\$5,584,352	\$30,543	1%
8	Prepaid Expenses	\$6,653,091	\$3,462,351	(\$3,190,740)	-48%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$74,771,961	\$48,378,633	(\$26,393,328)	-35%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,981,754	\$11,228,269	(\$4,753,485)	-30%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$47,693,344	\$9,032,688	(\$38,660,656)	-81%
	Total Noncurrent Assets Whose Use is Limited:	\$63,675,098	\$20,260,957	(\$43,414,141)	-68%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$25,309,242	\$17,345,211	(\$7,964,031)	-31%
7	Other Noncurrent Assets	\$8,567,926	\$6,399,218	(\$2,168,708)	-25%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$316,413,058	\$325,090,116	\$8,677,058	3%
2	Less: Accumulated Depreciation	\$229,410,757	\$241,887,388	\$12,476,631	\$0
	Property, Plant and Equipment, Net	\$87,002,301	\$83,202,728	(\$3,799,573)	-4%
3	Construction in Progress	\$1,273,117	\$267,414	(\$1,005,703)	-79%
	Total Net Fixed Assets	\$88,275,418	\$83,470,142	(\$4,805,276)	-5%
	Total Assets	\$260,599,645	\$175,854,161	(\$84,745,484)	-33%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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	\$27,642,500	\$24,001,637	(\$3,640,863)	-13%
2	Salaries, Wages and Payroll Taxes	\$5,787,051	\$4,741,513	(\$1,045,538)	-18%
3	Due To Third Party Payers	\$3,124,803	\$7,647,932	\$4,523,129	145%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,562,000	\$0	(\$2,562,000)	-100%
6	Current Portion of Notes Payable	\$8,256,708	\$3,555,381	(\$4,701,327)	-57%
7	Other Current Liabilities	\$4,324,901	\$25,600,675	\$21,275,774	492%
	Total Current Liabilities	\$51,697,963	\$65,547,138	\$13,849,175	27%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$66,995,612	\$0	(\$66,995,612)	-100%
2	Notes Payable (Net of Current Portion)	\$13,126,634	\$11,436,337	(\$1,690,297)	-13%
	Total Long Term Debt	\$80,122,246	\$11,436,337	(\$68,685,909)	-86%
3	Accrued Pension Liability	\$62,407,379	\$66,741,076	\$4,333,697	7%
4	Other Long Term Liabilities	\$7,664,508	\$15,286,252	\$7,621,744	99%
	Total Long Term Liabilities	\$150,194,133	\$93,463,665	(\$56,730,468)	-38%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$42,167,565	(\$353,131)	(\$42,520,696)	-101%
2	Temporarily Restricted Net Assets	\$1,486,536	\$4,260	(\$1,482,276)	-100%
3	Permanently Restricted Net Assets	\$15,053,448	\$17,192,229	\$2,138,781	14%
	Total Net Assets	\$58,707,549	\$16,843,358	(\$41,864,191)	-71%
	Total Liabilities and Net Assets	\$260,599,645	\$175,854,161	(\$84,745,484)	-33%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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	\$919,633,538	\$992,353,011	\$72,719,473	8%
2	Less: Allowances	\$609,939,044	\$686,142,055	\$76,203,011	12%
3	Less: Charity Care	\$1,650,100	\$1,917,782	\$267,682	16%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$308,044,394	\$304,293,174	(\$3,751,220)	-1%
5	Provision for Bad Debts	\$10,899,289	\$20,615,864	\$9,716,575	89%
	Net Patient Service Revenue less provision for bad debts	\$297,145,105	\$283,677,310	(\$13,467,795)	-5%
6	Other Operating Revenue	\$17,589,913	\$13,283,878	(\$4,306,035)	-24%
7	Net Assets Released from Restrictions	\$832,608	\$736,110	(\$96,498)	-12%
	Total Operating Revenue	\$315,567,626	\$297,697,298	(\$17,870,328)	-6%
B. Operating Expenses:					
1	Salaries and Wages	\$156,774,464	\$150,100,277	(\$6,674,187)	-4%
2	Fringe Benefits	\$44,024,084	\$46,795,665	\$2,771,581	6%
3	Physicians Fees	\$15,492,872	\$17,072,828	\$1,579,956	10%
4	Supplies and Drugs	\$34,144,873	\$36,562,383	\$2,417,510	7%
5	Depreciation and Amortization	\$11,920,720	\$18,925,240	\$7,004,520	59%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,445,934	\$3,293,007	(\$152,927)	-4%
8	Malpractice Insurance Cost	\$3,396,254	\$2,930,631	(\$465,623)	-14%
9	Other Operating Expenses	\$46,648,875	\$55,878,453	\$9,229,578	20%
	Total Operating Expenses	\$315,848,076	\$331,558,484	\$15,710,408	5%
	Income/(Loss) From Operations	(\$280,450)	(\$33,861,186)	(\$33,580,736)	11974%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,235,410)	(\$5,136,276)	(\$2,900,866)	130%
	Total Non-Operating Revenue	(\$2,235,410)	(\$5,136,276)	(\$2,900,866)	130%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$2,515,860)	(\$38,997,462)	(\$36,481,602)	1450%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,515,860)	(\$38,997,462)	(\$36,481,602)	1450%

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
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. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$299,755,216	\$297,145,105	\$283,677,310
2	Other Operating Revenue	29,000,109	18,422,521	14,019,988
3	Total Operating Revenue	\$328,755,325	\$315,567,626	\$297,697,298
4	Total Operating Expenses	326,582,604	315,848,076	331,558,484
5	Income/(Loss) From Operations	\$2,172,721	(\$280,450)	(\$33,861,186)
6	Total Non-Operating Revenue	(2,125,751)	(2,235,410)	(5,136,276)
7	Excess/(Deficiency) of Revenue Over Expenses	\$46,970	(\$2,515,860)	(\$38,997,462)
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	0.67%	-0.09%	-11.57%
2	Parent Corporation Non-Operating Margin	-0.65%	-0.71%	-1.76%
3	Parent Corporation Total Margin	0.01%	-0.80%	-13.33%
4	Income/(Loss) From Operations	\$2,172,721	(\$280,450)	(\$33,861,186)
5	Total Operating Revenue	\$328,755,325	\$315,567,626	\$297,697,298
6	Total Non-Operating Revenue	(\$2,125,751)	(\$2,235,410)	(\$5,136,276)
7	Total Revenue	\$326,629,574	\$313,332,216	\$292,561,022
8	Excess/(Deficiency) of Revenue Over Expenses	\$46,970	(\$2,515,860)	(\$38,997,462)
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$59,544,873	\$42,167,565	(\$353,131)
2	Parent Corporation Total Net Assets	\$77,693,789	\$58,707,549	\$16,843,358
3	Parent Corporation Change in Total Net Assets	(\$8,155,360)	(\$18,986,240)	(\$41,864,191)
4	Parent Corporation Change in Total Net Assets %	90.5%	-24.4%	-71.3%
D. <u>Liquidity Measures Summary</u>				
1	Current Ratio	1.33	1.45	0.74

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
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
2	Total Current Assets	\$81,233,895	\$74,771,961	\$48,378,633
3	Total Current Liabilities	\$60,952,992	\$51,697,963	\$65,547,138
4	<u>Days Cash on Hand</u>	24	20	6
5	Cash and Cash Equivalents	\$20,733,601	\$16,286,829	\$5,362,866
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$20,733,601	\$16,286,829	\$5,362,866
8	Total Operating Expenses	\$326,582,604	\$315,848,076	\$331,558,484
9	Depreciation Expense	\$12,196,877	\$11,920,720	\$18,925,240
10	Operating Expenses less Depreciation Expense	\$314,385,727	\$303,927,356	\$312,633,244
11	<u>Days Revenue in Patient Accounts Receivable</u>	52	52	34
12	Net Patient Accounts Receivable	\$ 44,610,272	\$ 41,607,499	\$ 31,004,506
13	Due From Third Party Payers	\$3,602,585	\$3,573,134	\$2,964,558
14	Due To Third Party Payers	\$5,743,160	\$3,124,803	\$7,647,932
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 42,469,697	\$ 42,055,830	\$ 26,321,132
16	Total Net Patient Revenue	\$299,755,216	\$297,145,105	\$283,677,310
17	<u>Average Payment Period</u>	71	62	77
18	Total Current Liabilities	\$60,952,992	\$51,697,963	\$65,547,138
19	Total Operating Expenses	\$326,582,604	\$315,848,076	\$331,558,484
20	Depreciation Expense	\$12,196,877	\$11,920,720	\$18,925,240
20	Total Operating Expenses less Depreciation Expense	\$314,385,727	\$303,927,356	\$312,633,244
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	28.1	22.5	9.6
2	Total Net Assets	\$77,693,789	\$58,707,549	\$16,843,358

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
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
3	Total Assets	\$276,087,189	\$260,599,645	\$175,854,161
4	<u>Cash Flow to Total Debt Ratio</u>	8.5	7.1	(26.1)
5	Excess/(Deficiency) of Revenues Over Expenses	\$46,970	(\$2,515,860)	(\$38,997,462)
6	Depreciation Expense	\$12,196,877	\$11,920,720	\$18,925,240
7	Excess of Revenues Over Expenses and Depreciation Expense	\$12,243,847	\$9,404,860	(\$20,072,222)
8	Total Current Liabilities	\$60,952,992	\$51,697,963	\$65,547,138
9	Total Long Term Debt	\$82,595,414	\$80,122,246	\$11,436,337
10	Total Current Liabilities and Total Long Term Debt	\$143,548,406	\$131,820,209	\$76,983,475
11	<u>Long Term Debt to Capitalization Ratio</u>	51.5	57.7	40.4
12	Total Long Term Debt	\$82,595,414	\$80,122,246	\$11,436,337
13	Total Net Assets	\$77,693,789	\$58,707,549	\$16,843,358
14	Total Long Term Debt and Total Net Assets	\$160,289,203	\$138,829,795	\$28,279,695

MANCHESTER MEMORIAL 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)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	19,192	4,918	4,993	75	158	70.1%	33.3%
2	ICU/CCU (Excludes Neonatal ICU)	5,050	548	0	22	25	62.9%	55.3%
3	Psychiatric: Ages 0 to 17	1,761	224	230	5	10	96.5%	48.2%
4	Psychiatric: Ages 18+	9,412	1,180	230	26	26	99.2%	99.2%
	TOTAL PSYCHIATRIC	11,173	1,404	460	31	36	98.7%	85.0%
5	Rehabilitation	0	0	1,177	0	0	0.0%	0.0%
6	Maternity	4,523	1,522	1,521	20	30	62.0%	41.3%
7	Newborn	4,838	1,521	1,524	26	34	51.0%	39.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	39,938	7,844	8,151	148	249	73.9%	43.9%
	TOTAL INPATIENT BED UTILIZATION	44,776	9,365	9,675	174	283	70.5%	43.3%
	TOTAL INPATIENT REPORTED YEAR	44,776	9,365	9,675	174	283	70.5%	43.3%
	TOTAL INPATIENT PRIOR YEAR	40,692	8,806	8,803	181	283	61.6%	39.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	4,084	559	872	-7	0	8.9%	4.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	10%	6%	10%	-4%	0%	14%	10%
	Total Licensed Beds and Bassinets	283						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	3,677	4,068	391	11%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,216	9,282	66	1%
3	Emergency Department Scans	3,408	3,433	25	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	16,301	16,783	482	3%
B. MRI Scans (A)					
1	Inpatient Scans	513	607	94	18%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,218	2,124	-94	-4%
3	Emergency Department Scans	45	43	-2	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,776	2,774	-2	0%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	1	1	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	331	337	6	2%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	331	338	7	2%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					

MANCHESTER MEMORIAL 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
1	Inpatient Studies	73	97	24	33%
2	Outpatient Studies	190	209	19	10%
	Total Electrophysiology Studies	263	306	43	16%
I.	<u>Surgical Procedures</u>				
1	Inpatient Surgical Procedures	1,117	1,222	105	9%
2	Outpatient Surgical Procedures	5,153	5,774	621	12%
	Total Surgical Procedures	6,270	6,996	726	12%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	474	348	-126	-27%
2	Outpatient Endoscopy Procedures	3,767	3,776	9	0%
	Total Endoscopy Procedures	4,241	4,124	-117	-3%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	4,907	5,341	434	9%
2	Emergency Room Visits: Treated and Discharged	34,872	34,171	-701	-2%
	Total Emergency Room Visits	39,779	39,512	-267	-1%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	70,908	62,848	-8,060	-11%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	Total Hospital Clinic Visits	70,908	62,848	-8,060	-11%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	81,129	74,624	-6,505	-8%
2	Cardiac Rehabilitation	7,540	8,943	1,403	19%
3	Chemotherapy	657	264	-393	-60%
4	Gastroenterology	5,863	3,776	-2,087	-36%
5	Other Outpatient Visits	39,902	41,952	2,050	5%
	Total Other Hospital Outpatient Visits	135,091	129,559	-5,532	-4%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	313.7	308.1	-5.6	-2%
2	Total Physician FTEs	51.9	63.6	11.7	23%
3	Total Non-Nursing and Non-Physician FTEs	769.0	709.8	-59.2	-8%
	Total Hospital Full Time Equivalent Employees	1,134.6	1,081.5	-53.1	-5%

MANCHESTER MEMORIAL 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)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A.	<u>Outpatient Surgical Procedures</u>				
1	Hospital Operating Room	5,153	5,774	621	12%
	Total Outpatient Surgical Procedures(A)	5,153	5,774	621	12%
B.	<u>Outpatient Endoscopy Procedures</u>				
1	Hospital Operating Room	3,767	3,776	9	0%
	Total Outpatient Endoscopy Procedures(B)	3,767	3,776	9	0%
C.	<u>Outpatient Hospital Emergency Room Visits</u>				
1	Hospital Emergency Room	34,872	34,171	-701	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	34,872	34,171	-701	-2%
(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.					

MANCHESTER MEMORIAL 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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$117,408,412	\$129,574,441	\$12,166,029	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$35,626,977	\$31,207,602	(\$4,419,375)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.34%	24.08%	-6.26%	-21%
4	DISCHARGES	3,353	3,476	123	4%
5	CASE MIX INDEX (CMI)	1.48956	1.51990	0.03034	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,994.49468	5,283.17240	288.67772	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,133.25	\$5,906.98	(\$1,226.27)	-17%
8	PATIENT DAYS	18,652	20,473	1,821	10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,910.09	\$1,524.33	(\$385.76)	-20%
10	AVERAGE LENGTH OF STAY	5.6	5.9	0.3	6%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,661,667	\$158,127,232	\$18,465,565	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,599,085	\$31,123,573	\$3,524,488	13%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.76%	19.68%	-0.08%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	118.95%	122.04%	3.08%	3%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,988.51804	4,241.96511	253.44707	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,919.63	\$7,337.06	\$417.43	6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$257,070,079	\$287,701,673	\$30,631,594	12%
18	TOTAL ACCRUED PAYMENTS	\$63,226,062	\$62,331,175	(\$894,887)	-1%
19	TOTAL ALLOWANCES	\$193,844,017	\$225,370,498	\$31,526,481	16%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$55,023,979	\$64,112,332	\$9,088,353	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$27,169,517	\$28,755,891	\$1,586,374	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.38%	44.85%	-4.53%	-9%
4	DISCHARGES	3,108	3,258	150	5%
5	CASE MIX INDEX (CMI)	1.02108	1.05870	0.03762	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,173.51664	3,449.24460	275.72796	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,561.33	\$8,336.87	(\$224.46)	-3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,428.08)	(\$2,429.88)	(\$1,001.81)	70%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,532,031)	(\$8,381,267)	(\$3,849,236)	85%
10	PATIENT DAYS	10,691	12,457	1,766	17%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,541.34	\$2,308.41	(\$232.93)	-9%
12	AVERAGE LENGTH OF STAY	3.4	3.8	0.4	11%
NON-GOVERNMENT OUTPATIENT					

MANCHESTER MEMORIAL 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
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$151,755,473	\$170,236,185	\$18,480,712	12%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,123,790	\$65,121,679	\$3,997,889	7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.28%	38.25%	-2.02%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	275.80%	265.53%	-10.27%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,571.82666	8,650.90184	79.07518	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,130.78	\$7,527.73	\$396.96	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$211.14)	(\$190.67)	\$20.48	-10%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,809,887)	(\$1,649,451)	\$160,435	-9%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$206,779,452	\$234,348,517	\$27,569,065	13%
22	TOTAL ACCRUED PAYMENTS	\$88,293,307	\$93,877,570	\$5,584,263	6%
23	TOTAL ALLOWANCES	\$118,486,145	\$140,470,947	\$21,984,802	19%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,341,918)	(\$10,030,718)	(\$3,688,800)	58%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$206,779,452	\$224,184,505	\$17,405,053	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$88,293,307	\$95,527,132	\$7,233,825	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$118,486,145	\$128,657,373	\$10,171,228	9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.30%	57.39%	0.09%	
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,236,061	\$1,860,366	\$624,305	51%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$43,966	\$0	(\$43,966)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	3.56%	0.00%	-3.56%	-100%
4	DISCHARGES	64	77	13	20%
5	CASE MIX INDEX (CMI)	1.08679	1.12030	0.03351	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	69.55456	86.26310	16.70854	24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$632.11	\$0.00	(\$632.11)	-100%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,929.22	\$8,336.87	\$407.65	5%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,501.14	\$5,906.98	(\$594.16)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$452,184	\$509,555	\$57,371	13%
11	PATIENT DAYS	208	357	149	72%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$211.38	\$0.00	(\$211.38)	-100%
13	AVERAGE LENGTH OF STAY	3.3	4.6	1.4	43%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,304,045	\$8,303,646	\$999,601	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$305,620	\$0	(\$305,620)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.18%	0.00%	-4.18%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	590.91%	446.34%	-144.57%	-24%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	378.18431	343.68546	(34.49885)	-9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$808.12	\$0.00	(\$808.12)	-100%

MANCHESTER MEMORIAL 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
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,322.65	\$7,527.73	\$1,205.08	19%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,111.51	\$7,337.06	\$1,225.56	20%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,311,277	\$2,521,642	\$210,365	9%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$8,540,106	\$10,164,012	\$1,623,906	19%
24	TOTAL ACCRUED PAYMENTS	\$349,586	\$0	(\$349,586)	-100%
25	TOTAL ALLOWANCES	\$8,190,520	\$10,164,012	\$1,973,492	24%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,763,461	\$3,031,197	\$267,736	10%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$45,897,932	\$53,860,591	\$7,962,659	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,073,310	\$12,202,801	(\$870,509)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.48%	22.66%	-5.83%	-20%
4	DISCHARGES	2,269	2,586	317	14%
5	CASE MIX INDEX (CMI)	1.02108	1.03370	0.01262	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,316.83052	2,673.14820	356.31768	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,642.76	\$4,564.95	(\$1,077.80)	-19%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,918.57	\$3,771.91	\$853.34	29%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,490.49	\$1,342.03	(\$148.47)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,453,220	\$3,587,436	\$134,216	4%
11	PATIENT DAYS	10,980	11,673	693	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,190.65	\$1,045.39	(\$145.26)	-12%
13	AVERAGE LENGTH OF STAY	4.8	4.5	(0.3)	-7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$85,970,911	\$92,970,433	\$6,999,522	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$16,314,131	\$18,481,746	\$2,167,615	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.98%	19.88%	0.90%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	187.31%	172.61%	-14.70%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,250.03891	4,463.77463	213.73572	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,838.58	\$4,140.39	\$301.80	8%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,292.19	\$3,387.35	\$95.15	3%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,081.05	\$3,196.68	\$115.63	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,094,583	\$14,269,258	\$1,174,675	9%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$131,868,843	\$146,831,024	\$14,962,181	11%
24	TOTAL ACCRUED PAYMENTS	\$29,387,441	\$30,684,547	\$1,297,106	4%
25	TOTAL ALLOWANCES	\$102,481,402	\$116,146,477	\$13,665,075	13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,547,803	\$17,856,694	\$1,308,891	8%

MANCHESTER MEMORIAL 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
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,561.33	\$8,336.87	(\$224.46)	-3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,133.25	\$5,906.98	(\$1,226.27)	-17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,130.78	\$7,527.73	\$396.96	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,919.63	\$7,337.06	\$417.43	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$45,897,932	\$53,860,591	\$7,962,659	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,073,310	\$12,202,801	(\$870,509)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.48%	22.66%	-5.83%	-20%
4	DISCHARGES	2,269	2,586	317	14%
5	CASE MIX INDEX (CMI)	1.02108	1.03370	0.01262	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,316.83052	2,673.14820	356.31768	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,642.76	\$4,564.95	(\$1,077.80)	-19%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,918.57	\$3,771.91	\$853.34	29%

MANCHESTER MEMORIAL 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
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,490.49	\$1,342.03	(\$148.47)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,453,220	\$3,587,436	\$134,216	4%
11	PATIENT DAYS	10,980	11,673	693	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,190.65	\$1,045.39	(\$145.26)	-12%
13	AVERAGE LENGTH OF STAY	4.8	4.5	(0.3)	-7%
<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$85,970,911	\$92,970,433	\$6,999,522	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$16,314,131	\$18,481,746	\$2,167,615	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.98%	19.88%	0.90%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	187.31%	172.61%	-14.70%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,250.03891	4,463.77463	213.73572	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,838.58	\$4,140.39	\$301.80	8%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,292.19	\$3,387.35	\$95.15	3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,081.05	\$3,196.68	\$115.63	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,094,583	\$14,269,258	\$1,174,675	9%
<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$131,868,843	\$146,831,024	\$14,962,181	11%
24	TOTAL ACCRUED PAYMENTS	\$29,387,441	\$30,684,547	\$1,297,106	4%
25	TOTAL ALLOWANCES	\$102,481,402	\$116,146,477	\$13,665,075	13%
<u>G. CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,605,652	\$1,102,245	(\$503,407)	-31%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$345,852	\$397,107	\$51,255	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.54%	36.03%	14.49%	67%
4	DISCHARGES	76	45	(31)	-41%
5	CASE MIX INDEX (CMI)	1.08090	1.00260	(0.07830)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	82.14840	45.11700	(37.03140)	-45%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,210.09	\$8,801.72	\$4,591.63	109%
8	PATIENT DAYS	369	173	(196)	-53%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$937.27	\$2,295.42	\$1,358.15	145%
10	AVERAGE LENGTH OF STAY	4.9	3.8	(1.0)	-21%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,722,468	\$1,712,326	(\$10,142)	-1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$369,044	\$508,217	\$139,173	38%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$3,328,120	\$2,814,571	(\$513,549)	-15%
14	TOTAL ACCRUED PAYMENTS	\$714,896	\$905,324	\$190,428	27%
15	TOTAL ALLOWANCES	\$2,613,224	\$1,909,247	(\$703,977)	-27%
<u>H. OTHER DATA</u>					

MANCHESTER MEMORIAL 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
1	OTHER OPERATING REVENUE	\$12,387,148	\$10,090,574	(\$2,296,574)	-19%
2	TOTAL OPERATING EXPENSES	\$179,724,323	\$192,710,898	\$12,986,575	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,553,798	\$2,297,057	\$743,259	48%
5	BAD DEBTS (CHARGES)	\$6,806,310	\$10,662,336	\$3,856,026	57%
6	UNCOMPENSATED CARE (CHARGES)	\$8,360,108	\$12,959,393	\$4,599,285	55%
7	COST OF UNCOMPENSATED CARE	\$2,417,985	\$3,601,194	\$1,183,209	49%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$131,868,843	\$146,831,024	\$14,962,181	11%
9	TOTAL ACCRUED PAYMENTS	\$29,387,441	\$30,684,547	\$1,297,106	4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$38,140,289	\$40,801,836	\$2,661,547	7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,752,848	\$10,117,289	\$1,364,441	16%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$219,935,975	\$248,649,609	\$28,713,634	13%
2	TOTAL INPATIENT PAYMENTS	\$76,215,656	\$72,563,401	(\$3,652,255)	-5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.65%	29.18%	-5.47%	-16%
4	TOTAL DISCHARGES	8,806	9,365	559	6%
5	TOTAL CASE MIX INDEX	1.19998	1.22271	0.02273	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,566.99024	11,450.68220	883.69196	8%
7	TOTAL OUTPATIENT CHARGES	\$379,110,519	\$423,046,176	\$43,935,657	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	172.37%	170.14%	-2.24%	-1%
9	TOTAL OUTPATIENT PAYMENTS	\$105,406,050	\$115,235,215	\$9,829,165	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.80%	27.24%	-0.56%	-2%
11	TOTAL CHARGES	\$599,046,494	\$671,695,785	\$72,649,291	12%
12	TOTAL PAYMENTS	\$181,621,706	\$187,798,616	\$6,176,910	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.32%	27.96%	-2.36%	-8%
14	PATIENT DAYS	40,692	44,776	4,084	10%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$164,911,996	\$184,537,277	\$19,625,281	12%
2	INPATIENT PAYMENTS	\$49,046,139	\$43,807,510	(\$5,238,629)	-11%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.74%	23.74%	-6.00%	-20%
4	DISCHARGES	5,698	6,107	409	7%
5	CASE MIX INDEX	1.29756	1.31021	0.01265	1%
6	CASE MIX ADJUSTED DISCHARGES	7,393.47360	8,001.43760	607.96400	8%
7	OUTPATIENT CHARGES	\$227,355,046	\$252,809,991	\$25,454,945	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	137.86%	137.00%	-0.87%	-1%
9	OUTPATIENT PAYMENTS	\$44,282,260	\$50,113,536	\$5,831,276	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.48%	19.82%	0.35%	2%
11	TOTAL CHARGES	\$392,267,042	\$437,347,268	\$45,080,226	11%

MANCHESTER MEMORIAL 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
12	TOTAL PAYMENTS	\$93,328,399	\$93,921,046	\$592,647	1%
13	TOTAL PAYMENTS / CHARGES	23.79%	21.48%	-2.32%	-10%
14	PATIENT DAYS	30,001	32,319	2,318	8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$298,938,643	\$343,426,222	\$44,487,579	15%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.6	5.9	0.3	6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.8	0.4	11%
3	UNINSURED	3.3	4.6	1.4	43%
4	MEDICAID	4.8	4.5	(0.3)	-7%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.9	3.8	(1.0)	-21%
7	TOTAL AVERAGE LENGTH OF STAY	4.6	4.8	0.2	3%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$599,046,494	\$671,695,785	\$72,649,291	12%
2	TOTAL GOVERNMENT DEDUCTIONS	\$298,938,643	\$343,426,222	\$44,487,579	15%
3	UNCOMPENSATED CARE	\$8,360,108	\$12,959,393	\$4,599,285	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$118,486,145	\$128,657,373	\$10,171,228	9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$425,784,896	\$485,042,988	\$59,258,092	14%
7	TOTAL ACCRUED PAYMENTS	\$173,261,598	\$186,652,797	\$13,391,199	8%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$173,261,598	\$186,652,797	\$13,391,199	8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2892289659	0.2778829362	(0.0113460297)	-4%
11	COST OF UNCOMPENSATED CARE	\$2,417,985	\$3,601,194	\$1,183,209	49%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,752,848	\$10,117,289	\$1,364,441	16%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$11,170,833	\$13,718,483	\$2,547,650	23%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$13,094,583	\$14,269,258	\$1,174,675	9%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,763,461	\$3,031,197	\$267,736	10%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,858,044	\$17,300,455	\$1,442,411	9%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$5,329,253)	(\$7,334,339)	(\$2,005,086)	37.62%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$176,292,453	\$180,464,287	\$4,171,834	2.37%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%

MANCHESTER MEMORIAL 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
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$599,046,493	\$671,695,786	\$72,649,293	12.13%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,360,108	\$12,959,393	\$4,599,285	55.01%

MANCHESTER MEMORIAL 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)	\$55,023,979	\$64,112,332	\$9,088,353
2	MEDICARE	\$117,408,412	129,574,441	\$12,166,029
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$45,897,932	53,860,591	\$7,962,659
4	MEDICAID	\$45,897,932	53,860,591	\$7,962,659
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,605,652	1,102,245	(\$503,407)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,236,061	1,860,366	\$624,305
	TOTAL INPATIENT GOVERNMENT CHARGES	\$164,911,996	\$184,537,277	\$19,625,281
	TOTAL INPATIENT CHARGES	\$219,935,975	\$248,649,609	\$28,713,634
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,755,473	\$170,236,185	\$18,480,712
2	MEDICARE	\$139,661,667	158,127,232	\$18,465,565
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$85,970,911	92,970,433	\$6,999,522
4	MEDICAID	\$85,970,911	92,970,433	\$6,999,522
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,722,468	1,712,326	(\$10,142)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,304,045	8,303,646	\$999,601
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$227,355,046	\$252,809,991	\$25,454,945
	TOTAL OUTPATIENT CHARGES	\$379,110,519	\$423,046,176	\$43,935,657
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$206,779,452	\$234,348,517	\$27,569,065
2	TOTAL MEDICARE	\$257,070,079	\$287,701,673	\$30,631,594
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$131,868,843	\$146,831,024	\$14,962,181
4	TOTAL MEDICAID	\$131,868,843	\$146,831,024	\$14,962,181
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$3,328,120	\$2,814,571	(\$513,549)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,540,106	\$10,164,012	\$1,623,906
	TOTAL GOVERNMENT CHARGES	\$392,267,042	\$437,347,268	\$45,080,226
	TOTAL CHARGES	\$599,046,494	\$671,695,785	\$72,649,291
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,169,517	\$28,755,891	\$1,586,374
2	MEDICARE	\$35,626,977	31,207,602	(\$4,419,375)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,073,310	12,202,801	(\$870,509)
4	MEDICAID	\$13,073,310	12,202,801	(\$870,509)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$345,852	397,107	\$51,255
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$43,966	0	(\$43,966)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$49,046,139	\$43,807,510	(\$5,238,629)
	TOTAL INPATIENT PAYMENTS	\$76,215,656	\$72,563,401	(\$3,652,255)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,123,790	\$65,121,679	\$3,997,889
2	MEDICARE	\$27,599,085	31,123,573	\$3,524,488
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,314,131	18,481,746	\$2,167,615
4	MEDICAID	\$16,314,131	18,481,746	\$2,167,615
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$369,044	508,217	\$139,173
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$305,620	0	(\$305,620)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$44,282,260	\$50,113,536	\$5,831,276
	TOTAL OUTPATIENT PAYMENTS	\$105,406,050	\$115,235,215	\$9,829,165
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,293,307	\$93,877,570	\$5,584,263
2	TOTAL MEDICARE	\$63,226,062	\$62,331,175	(\$894,887)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,387,441	\$30,684,547	\$1,297,106
4	TOTAL MEDICAID	\$29,387,441	\$30,684,547	\$1,297,106

MANCHESTER MEMORIAL 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
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$714,896	\$905,324	\$190,428
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$349,586	\$0	(\$349,586)
	TOTAL GOVERNMENT PAYMENTS	\$93,328,399	\$93,921,046	\$592,647
	TOTAL PAYMENTS	\$181,621,706	\$187,798,616	\$6,176,910
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.19%	9.54%	0.36%
2	MEDICARE	19.60%	19.29%	-0.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.66%	8.02%	0.36%
4	MEDICAID	7.66%	8.02%	0.36%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.27%	0.16%	-0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.28%	0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.53%	27.47%	-0.06%
	TOTAL INPATIENT PAYER MIX	36.71%	37.02%	0.30%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.33%	25.34%	0.01%
2	MEDICARE	23.31%	23.54%	0.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.35%	13.84%	-0.51%
4	MEDICAID	14.35%	13.84%	-0.51%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.29%	0.25%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22%	1.24%	0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	37.95%	37.64%	-0.32%
	TOTAL OUTPATIENT PAYER MIX	63.29%	62.98%	-0.30%
	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)	14.96%	15.31%	0.35%
2	MEDICARE	19.62%	16.62%	-3.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.20%	6.50%	-0.70%
4	MEDICAID	7.20%	6.50%	-0.70%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.19%	0.21%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.00%	-0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.00%	23.33%	-3.68%
	TOTAL INPATIENT PAYER MIX	41.96%	38.64%	-3.33%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.65%	34.68%	1.02%
2	MEDICARE	15.20%	16.57%	1.38%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.98%	9.84%	0.86%
4	MEDICAID	8.98%	9.84%	0.86%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.20%	0.27%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.00%	-0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.38%	26.68%	2.30%
	TOTAL OUTPATIENT PAYER MIX	58.04%	61.36%	3.33%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				

MANCHESTER MEMORIAL 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
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,108	3,258	150
2	MEDICARE	3,353	3,476	123
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,269	2,586	317
4	MEDICAID	2,269	2,586	317
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	76	45	(31)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	64	77	13
	TOTAL GOVERNMENT DISCHARGES	5,698	6,107	409
	TOTAL DISCHARGES	8,806	9,365	559
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,691	12,457	1,766
2	MEDICARE	18,652	20,473	1,821
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,980	11,673	693
4	MEDICAID	10,980	11,673	693
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	369	173	(196)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	208	357	149
	TOTAL GOVERNMENT PATIENT DAYS	30,001	32,319	2,318
	TOTAL PATIENT DAYS	40,692	44,776	4,084
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.8	0.4
2	MEDICARE	5.6	5.9	0.3
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.8	4.5	(0.3)
4	MEDICAID	4.8	4.5	(0.3)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.9	3.8	(1.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.3	4.6	1.4
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.3	5.3	0.0
	TOTAL AVERAGE LENGTH OF STAY	4.6	4.8	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02108	1.05870	0.03762
2	MEDICARE	1.48956	1.51990	0.03034
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.02108	1.03370	0.01262
4	MEDICAID	1.02108	1.03370	0.01262
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.08090	1.00260	(0.07830)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08679	1.12030	0.03351
	TOTAL GOVERNMENT CASE MIX INDEX	1.29756	1.31021	0.01265
	TOTAL CASE MIX INDEX	1.19998	1.22271	0.02273
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$206,779,452	\$224,184,505	\$17,405,053
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,293,307	\$95,527,132	\$7,233,825
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$118,486,145	\$128,657,373	\$10,171,228
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.30%	57.39%	0.09%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0

MANCHESTER MEMORIAL 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
8	CHARITY CARE	\$1,553,798	\$2,297,057	\$743,259
9	BAD DEBTS	\$6,806,310	\$10,662,336	\$3,856,026
10	TOTAL UNCOMPENSATED CARE	\$8,360,108	\$12,959,393	\$4,599,285
11	TOTAL OTHER OPERATING REVENUE	\$12,387,148	\$10,090,574	(\$2,296,574)
12	TOTAL OPERATING EXPENSES	\$179,724,323	\$192,710,898	\$12,986,575
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,173.51664	3,449.24460	275.72796
2	MEDICARE	4,994.49468	5,283.17240	288.67772
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,316.83052	2,673.14820	356.31768
4	MEDICAID	2,316.83052	2,673.14820	356.31768
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	82.14840	45.11700	(37.03140)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	69.55456	86.26310	16.70854
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	7,393.47360	8,001.43760	607.96400
	TOTAL CASE MIX ADJUSTED DISCHARGES	10,566.99024	11,450.68220	883.69196
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,571.82666	8,650.90184	79.07518
2	MEDICARE	3,988.51804	4,241.96511	253.44707
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,250.03891	4,463.77463	213.73572
4	MEDICAID	4,250.03891	4,463.77463	213.73572
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	81.52923	69.90703	-11.62220
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	378.18431	343.68546	-34.49885
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,320.08618	8,775.64677	455.56059
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	16,891.91284	17,426.54861	534.63577
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,561.33	\$8,336.87	(\$224.46)
2	MEDICARE	\$7,133.25	\$5,906.98	(\$1,226.27)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,642.76	\$4,564.95	(\$1,077.80)
4	MEDICAID	\$5,642.76	\$4,564.95	(\$1,077.80)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,210.09	\$8,801.72	\$4,591.63
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$632.11	\$0.00	(\$632.11)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,633.71	\$5,474.95	(\$1,158.75)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,212.62	\$6,337.04	(\$875.58)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,130.78	\$7,527.73	\$396.96
2	MEDICARE	\$6,919.63	\$7,337.06	\$417.43
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,838.58	\$4,140.39	\$301.80
4	MEDICAID	\$3,838.58	\$4,140.39	\$301.80
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,526.52	\$7,269.90	\$2,743.37
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$808.12	\$0.00	(\$808.12)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,322.33	\$5,710.52	\$388.19
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,240.03	\$6,612.62	\$372.59
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$13,094,583	\$14,269,258	\$1,174,675
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0

MANCHESTER MEMORIAL 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
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,763,461	\$0	(\$2,763,461)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,858,044	\$14,269,258	(\$1,588,786)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$599,046,494	\$671,695,785	\$72,649,291
2	TOTAL GOVERNMENT DEDUCTIONS	\$298,938,643	\$343,426,222	\$44,487,579
3	UNCOMPENSATED CARE	\$8,360,108	\$12,959,393	\$4,599,285
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$118,486,145	\$128,657,373	\$10,171,228
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$425,784,896	\$485,042,988	\$59,258,092
7	TOTAL ACCRUED PAYMENTS	\$173,261,598	\$186,652,797	\$13,391,199
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$173,261,598	\$186,652,797	\$13,391,199
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2892289659	0.2778829362	(0.0113460297)
11	COST OF UNCOMPENSATED CARE	\$2,417,985	\$3,601,194	\$1,183,209
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$8,752,848	\$10,117,289	\$1,364,441
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$11,170,833	\$13,718,483	\$2,547,650
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.38%	44.85%	-4.53%
2	MEDICARE	30.34%	24.08%	-6.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.48%	22.66%	-5.83%
4	MEDICAID	28.48%	22.66%	-5.83%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	21.54%	36.03%	14.49%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.56%	0.00%	-3.56%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	29.74%	23.74%	-6.00%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.65%	29.18%	-5.47%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.28%	38.25%	-2.02%
2	MEDICARE	19.76%	19.68%	-0.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.98%	19.88%	0.90%
4	MEDICAID	18.98%	19.88%	0.90%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	21.43%	29.68%	8.25%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.18%	0.00%	-4.18%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	19.48%	19.82%	0.35%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.80%	27.24%	-0.56%
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	\$181,621,706	\$187,798,616	\$6,176,910
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$181,621,706	\$187,798,616	\$6,176,910
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$5,329,253)	(\$7,334,339)	(\$2,005,086)
4	CALCULATED NET REVENUE	\$183,098,763	\$180,464,277	(\$2,634,486)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$176,292,453	\$180,464,287	\$4,171,834

MANCHESTER MEMORIAL 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
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$6,806,310	(\$10)	(\$6,806,320)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$599,046,494	\$671,695,785	\$72,649,291
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$599,046,494	\$671,695,785	\$72,649,291
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$599,046,493	\$671,695,786	\$72,649,293
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	(\$1)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,360,108	\$12,959,393	\$4,599,285
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,360,108	\$12,959,393	\$4,599,285
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,360,108	\$12,959,393	\$4,599,285
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MANCHESTER MEMORIAL 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)	\$64,112,332
2	MEDICARE	129,574,441
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	53,860,591
4	MEDICAID	53,860,591
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,102,245
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,860,366
	TOTAL INPATIENT GOVERNMENT CHARGES	\$184,537,277
	TOTAL INPATIENT CHARGES	\$248,649,609
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$170,236,185
2	MEDICARE	158,127,232
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	92,970,433
4	MEDICAID	92,970,433
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,712,326
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,303,646
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$252,809,991
	TOTAL OUTPATIENT CHARGES	\$423,046,176
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$234,348,517
2	TOTAL GOVERNMENT ACCRUED CHARGES	437,347,268
	TOTAL ACCRUED CHARGES	\$671,695,785
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,755,891
2	MEDICARE	31,207,602
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,202,801
4	MEDICAID	12,202,801
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	397,107
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,807,510
	TOTAL INPATIENT PAYMENTS	\$72,563,401
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,121,679
2	MEDICARE	31,123,573
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,481,746
4	MEDICAID	18,481,746
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	508,217
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$50,113,536
	TOTAL OUTPATIENT PAYMENTS	\$115,235,215
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$93,877,570
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	93,921,046
	TOTAL ACCRUED PAYMENTS	\$187,798,616

MANCHESTER MEMORIAL 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)	3,258
2	MEDICARE	3,476
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,586
4	MEDICAID	2,586
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	45
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	77
	TOTAL GOVERNMENT DISCHARGES	6,107
	TOTAL DISCHARGES	9,365
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05870
2	MEDICARE	1.51990
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.03370
4	MEDICAID	1.03370
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.00260
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12030
	TOTAL GOVERNMENT CASE MIX INDEX	1.31021
	TOTAL CASE MIX INDEX	1.22271
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$224,184,505
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$95,527,132
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$128,657,373
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.39%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$2,297,057
9	BAD DEBTS	\$10,662,336
10	TOTAL UNCOMPENSATED CARE	\$12,959,393
11	TOTAL OTHER OPERATING REVENUE	\$10,090,574
12	TOTAL OPERATING EXPENSES	\$192,710,898
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	\$187,798,616
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$187,798,616
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$7,334,339)
	CALCULATED NET REVENUE	\$180,464,277
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$180,464,287

MANCHESTER MEMORIAL 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
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$10)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$671,695,785
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$671,695,785
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$671,695,786
	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)	\$12,959,393
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,959,393
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,959,393
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MANCHESTER MEMORIAL 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	891	985	94	11%
2	Number of Approved Applicants	808	921	113	14%
3	Total Charges (A)	\$1,553,798	\$2,297,057	\$743,259	48%
4	Average Charges	\$1,923	\$2,494	\$571	30%
5	Ratio of Cost to Charges (RCC)	0.299224	0.293939	(0.005285)	-2%
6	Total Cost	\$464,934	\$675,195	\$210,261	45%
7	Average Cost	\$575	\$733	\$158	27%
8	Charity Care - Inpatient Charges	\$305,958	\$462,091	\$156,133	51%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	828,535	339,046	(489,489)	-59%
10	Charity Care - Emergency Department Charges	419,305	1,495,920	1,076,615	257%
11	Total Charges (A)	\$1,553,798	\$2,297,057	\$743,259	48%
12	Charity Care - Number of Patient Days	503	569	66	13%
13	Charity Care - Number of Discharges	122	152	30	25%
14	Charity Care - Number of Outpatient ED Visits	626	1,142	516	82%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,153	1,879	726	63%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,811,158	\$2,144,905	\$333,747	18%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,069,638	1,573,762	(495,876)	-24%
3	Bad Debts - Emergency Department	2,925,514	6,943,669	4,018,155	137%
4	Total Bad Debts (A)	\$6,806,310	\$10,662,336	\$3,856,026	57%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$1,553,798	\$2,297,057	\$743,259	48%
2	Bad Debts (A)	6,806,310	10,662,336	3,856,026	57%
3	Total Uncompensated Care (A)	\$8,360,108	\$12,959,393	\$4,599,285	55%
4	Uncompensated Care - Inpatient Services	\$2,117,116	\$2,606,996	\$489,880	23%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,898,173	1,912,808	(985,365)	-34%
6	Uncompensated Care - Emergency Department	3,344,819	8,439,589	5,094,770	152%
7	Total Uncompensated Care (A)	\$8,360,108	\$12,959,393	\$4,599,285	55%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MANCHESTER MEMORIAL 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) FY 2015 ACTUAL TOTAL NON-GOVERNMENT	(4) FY 2016 ACTUAL TOTAL NON-GOVERNMENT	(5) AMOUNT DIFFERENCE	(6) %
<u>LINE</u>	<u>DESCRIPTION</u>				<u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$206,779,452	\$224,184,505	\$17,405,053	8%
2	Total Contractual Allowances	\$118,486,145	\$128,657,373	\$10,171,228	9%
	Total Accrued Payments (A)	\$88,293,307	\$95,527,132	\$7,233,825	8%
	Total Discount Percentage	57.30%	57.39%	0.09%	0%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MANCHESTER MEMORIAL 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	\$232,383,939	\$219,935,975	\$248,649,609
2	Outpatient Gross Revenue	\$369,575,729	\$379,110,519	\$423,046,176
3	Total Gross Patient Revenue	\$601,959,668	\$599,046,494	\$671,695,785
4	Net Patient Revenue	\$172,204,267	\$176,292,453	\$169,801,942
B. Total Operating Expenses				
1	Total Operating Expense	\$185,309,559	\$179,724,323	\$192,710,898
C. Utilization Statistics				
1	Patient Days	44,106	40,692	44,776
2	Discharges	9,110	8,806	9,365
3	Average Length of Stay	4.8	4.6	4.8
4	Equivalent (Adjusted) Patient Days (EPD)	114,251	110,834	120,957
0	Equivalent (Adjusted) Discharges (ED)	23,598	23,985	25,298
D. Case Mix Statistics				
1	Case Mix Index	1.19089	1.19998	1.22271
2	Case Mix Adjusted Patient Days (CMAPD)	52,526	48,829	54,748
3	Case Mix Adjusted Discharges (CMAD)	10,849	10,567	11,451
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	136,060	132,998	147,895
5	Case Mix Adjusted Equivalent Discharges (CMAED)	28,103	28,782	30,933
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$13,648	\$14,721	\$15,001
2	Total Gross Revenue per Discharge	\$66,077	\$68,027	\$71,724
3	Total Gross Revenue per EPD	\$5,269	\$5,405	\$5,553
4	Total Gross Revenue per ED	\$25,509	\$24,976	\$26,551
5	Total Gross Revenue per CMAEPD	\$4,424	\$4,504	\$4,542
6	Total Gross Revenue per CMAED	\$21,420	\$20,813	\$21,715

MANCHESTER MEMORIAL 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
7	Inpatient Gross Revenue per EPD	\$2,034	\$1,984	\$2,056
8	Inpatient Gross Revenue per ED	\$9,848	\$9,170	\$9,829
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,904	\$4,332	\$3,792
2	Net Patient Revenue per Discharge	\$18,903	\$20,020	\$18,132
3	Net Patient Revenue per EPD	\$1,507	\$1,591	\$1,404
4	Net Patient Revenue per ED	\$7,297	\$7,350	\$6,712
5	Net Patient Revenue per CMAEPD	\$1,266	\$1,326	\$1,148
6	Net Patient Revenue per CMAED	\$6,128	\$6,125	\$5,489
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,201	\$4,417	\$4,304
2	Total Operating Expense per Discharge	\$20,341	\$20,409	\$20,578
3	Total Operating Expense per EPD	\$1,622	\$1,622	\$1,593
4	Total Operating Expense per ED	\$7,853	\$7,493	\$7,618
5	Total Operating Expense per CMAEPD	\$1,362	\$1,351	\$1,303
6	Total Operating Expense per CMAED	\$6,594	\$6,244	\$6,230
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$27,777,193	\$25,962,525	\$26,061,010
2	Nursing Fringe Benefits Expense	\$9,385,872	\$8,928,385	\$9,496,373
3	Total Nursing Salary and Fringe Benefits Expense	\$37,163,065	\$34,890,910	\$35,557,383
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$8,493,290	\$9,859,566	\$10,119,503
2	Physician Fringe Benefits Expense	\$2,686,194	\$3,184,698	\$3,687,446
3	Total Physician Salary and Fringe Benefits Expense	\$11,179,484	\$13,044,264	\$13,806,949
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$47,335,814	\$45,887,361	\$43,947,078

MANCHESTER MEMORIAL 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
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$13,648,187	\$13,456,397	\$15,937,794
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$60,984,001	\$59,343,758	\$59,884,872
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$83,606,297	\$81,709,452	\$80,127,591
2	Total Fringe Benefits Expense	\$25,720,253	\$25,569,480	\$29,121,613
3	Total Salary and Fringe Benefits Expense	\$109,326,550	\$107,278,932	\$109,249,204
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	354.1	313.7	308.1
2	Total Physician FTEs	42.6	51.9	63.6
3	Total Non-Nursing, Non-Physician FTEs	756.0	769.0	709.8
4	Total Full Time Equivalent Employees (FTEs)	1,152.7	1,134.6	1,081.5
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$78,444	\$82,762	\$84,586
2	Nursing Fringe Benefits Expense per FTE	\$26,506	\$28,462	\$30,822
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$104,951	\$111,224	\$115,409
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$199,373	\$189,972	\$159,112
2	Physician Fringe Benefits Expense per FTE	\$63,056	\$61,362	\$57,979
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$262,429	\$251,335	\$217,090
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$62,614	\$59,671	\$61,915
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,053	\$17,499	\$22,454
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$80,667	\$77,170	\$84,369
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$72,531	\$72,016	\$74,089

MANCHESTER MEMORIAL 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
2	Total Fringe Benefits Expense per FTE	\$22,313	\$22,536	\$26,927
3	Total Salary and Fringe Benefits Expense per FTE	\$94,844	\$94,552	\$101,016
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,479	\$2,636	\$2,440
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,001	\$12,182	\$11,666
3	Total Salary and Fringe Benefits Expense per EPD	\$957	\$968	\$903
4	Total Salary and Fringe Benefits Expense per ED	\$4,633	\$4,473	\$4,318
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$804	\$807	\$739
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,890	\$3,727	\$3,532