	DANBURY HOSP	ITAL			
	TWELVE MONTHS ACT	UAL FILING			
	FISCAL YEAR	2009			
	REPORT 100 - HOSPITAL BALANCE	SHEET INFORM	ATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE
١.	ASSETS				
Α.	Current Assets:				
1		\$29,827,344	\$38,643,022	\$8,815,678	200/
	Cash and Cash Equivalents Short Term Investments				30%
2		\$113,069,804	\$144,958,291	\$31,888,487	28%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts) Current Assets Whose Use is Limited for Current Liabilities	\$47,038,786	\$41,637,724 \$1,756,854	(\$5,401,062)	-11%
4 5	Due From Affiliates	\$18,149,728		(\$20,380)	-1%
6	Due From Third Party Payers	\$10,149,720	\$3,777,584	(\$14,372,144)	-79%
7	Inventories of Supplies	\$7,241,633	\$7,249,038	\$7,405	0%
8	Prepaid Expenses	\$3,901,143	\$3,805,773	(\$95,370)	-2%
9	Other Current Assets	\$0,301,143	\$0	(\$95,570)	0%
9	Total Current Assets	\$221,005,672	\$241,828,286	\$20,822,614	<u> </u>
		<i>\</i>	¥211,020,200	<i>\</i> 20,022,011	
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$161,403,365	\$146,734,669	(\$14,668,696)	-9%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$382,976,014	\$410,335,554	\$27,359,540	7%
2	Less: Accumulated Depreciation	\$229,167,870	\$251,993,763	\$22,825,893	10%
	Property, Plant and Equipment, Net	\$153,808,144	\$158,341,791	\$4,533,647	3%
3	Construction in Progress	\$13,442,247	\$12,550,101	(\$892,146)	-7%
	Total Net Fixed Assets	\$167,250,391	\$170,891,892	\$3,641,501	2%
	Total Assots	\$540,650,409	\$550 A54 947	¢0 705 440	20/
	Total Assets	\$549,659,428	\$559,454,847	\$9,795,419	2%

	DANBURY	HOSPITAL				
	TWELVE MONTH	S ACTUAL FILING				
	FISCAL YEAR 2009					
	REPORT 100 - HOSPITAL BA	LANCE SHEET INFORM	ATION	1		
(1)	(2) (3) (4) (5)					
LINE	DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE	
			AUTOAL	DITTERENCE		
II.	LIABILITIES AND NET ASSETS					
Α.	Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$18,157,125	\$19,951,815	\$1,794,690	10%	
2	Salaries, Wages and Payroll Taxes	\$11,911,101	\$14,142,886	\$2,231,785	19%	
3	Due To Third Party Payers	\$2,891,698	\$8,646,835	\$5,755,137	199%	
4	Due To Affiliates	\$0	\$0	\$0	0%	
5	Current Portion of Long Term Debt	\$2,425,000	\$2,460,000	\$35,000	1%	
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%	
7	Other Current Liabilities	\$4,317,763	\$4,422,852	\$105,089	2%	
	Total Current Liabilities	\$39,702,687	\$49,624,388	\$9,921,701	25%	
В.	Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%	
2	Notes Payable (Net of Current Portion)	\$117,135,000	\$114,675,000	(\$2,460,000)	-2%	
	Total Long Term Debt	\$117,135,000	\$114,675,000	(\$2,460,000)	-2%	
3	Accrued Pension Liability	\$0	\$0	\$0	0%	
4	Other Long Term Liabilities	\$16,419,555	\$14,488,471	(\$1,931,084)	-12%	
	Total Long Term Liabilities	\$133,554,555	\$129,163,471	(\$4,391,084)	-3%	
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%	
C.	Net Assets:					
1	Unrestricted Net Assets or Equity	\$348,481,186	\$325,008,268	(\$23,472,918)	-7%	
2	Temporarily Restricted Net Assets	\$11,956,452	\$28,552,625	\$16,596,173	139%	
3	Permanently Restricted Net Assets	\$15,964,548	\$27,106,095	\$11,141,547	70%	
	Total Net Assets	\$376,402,186	\$380,666,988	\$4,264,802	1%	
	Total Liabilities and Net Assets	\$549,659,428	\$559,454,847	\$9,795,419	2%	

	DANBUR	Y HOSPITAL			
	TWELVE MONT	HS ACTUAL FILING			
	FISCA	L YEAR 2009			
	REPORT 150 - HOSPITAL STATEM	IENT OF OPERATIO	NS INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$895,354,474	\$1,002,343,396	\$106,988,922	12%
2	Less: Allowances	\$457,760,229	\$532,363,949	\$74,603,720	16%
3	Less: Charity Care	\$9,657,765	\$12,266,705	\$2,608,940	27%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$427,936,480	\$457,712,742	\$29,776,262	7%
5	Other Operating Revenue	\$10,028,673	\$9,727,398	(\$301,275)	-3%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$437,965,153	\$467,440,140	\$29,474,987	7%
В.	Operating Expenses:				
1	Salaries and Wages	\$171,408,163	\$181,966,926	\$10,558,763	6%
2	Fringe Benefits	\$44,879,055	\$52,044,322	\$7,165,267	16%
3	Physicians Fees	\$36,821,249	\$38,638,408	\$1,817,159	5%
4	Supplies and Drugs	\$56,477,469	\$62,523,555	\$6,046,086	11%
5	Depreciation and Amortization	\$20,324,444	\$23,125,624	\$2,801,180	14%
6	Bad Debts	\$15,597,793	\$16,695,481	\$1,097,688	7%
7	Interest	\$5,680,738	\$4,667,920	(\$1,012,818)	-18%
8	Malpractice	\$8,982,578	\$5,917,298	(\$3,065,280)	-34%
9	Other Operating Expenses	\$55,749,680	\$57,009,210	\$1,259,530	2%
	Total Operating Expenses	\$415,921,169	\$442,588,744	\$26,667,575	6%
	Income/(Loss) From Operations	\$22,043,984	\$24,851,396	\$2,807,412	13%
C.	Non-Operating Revenue:				
1	Income from Investments	(\$20,514,055)	\$13,449,795	\$33,963,850	-166%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$8,808,260)	\$213,448	\$9,021,708	-102%
	Total Non-Operating Revenue	(\$29,322,315)	\$13,663,243	\$42,985,558	-147%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$7,278,331)	\$38,514,639	\$45,792,970	-629%
	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	(\$7,278,331)	\$38,514,639	\$45,792,970	-629%
	Principal Payments	\$0	\$2,425,000	\$2,425,000	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Ι.	GROSS REVENUE BY PAYER				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$219,610,512	\$235,751,310	\$16,140,798	7%
2	MEDICARE MANAGED CARE	\$6,851,803	\$13,851,610	\$6,999,807	102%
3	MEDICAID	\$22,357,574	\$29,093,781	\$6,736,207	30%
4	MEDICAID MANAGED CARE	\$9,354,437	\$12,785,459	\$3,431,022	37%
5	CHAMPUS/TRICARE	\$254,600	\$392,783	\$138,183	54%
6	COMMERCIAL INSURANCE	\$97,475,199	\$106,864,426	\$9,389,227	10%
7	NON-GOVERNMENT MANAGED CARE	\$78,071,738	\$80,006,057	\$1,934,319	2%
8	WORKER'S COMPENSATION	\$3,819,148	\$3,203,393	(\$615,755)	-16%
9	SELF- PAY/UNINSURED	\$7,642,339	\$6,683,450	(\$958,889)	-13%
10	SAGA	\$8,870,935	\$10,110,940	\$1,240,005	14%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$454,308,285	\$498,743,209	\$44,434,924	10%
В.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$147,643,095	\$168,732,326	\$21,089,231	14%
2	MEDICARE MANAGED CARE	\$4,532,818	\$9,238,802	\$4,705,984	104%
3	MEDICAID	\$11,084,658	\$15,484,988	\$4,400,330	40%
4	MEDICAID MANAGED CARE	\$19,068,180	\$24,134,850	\$5,066,670	27%
5	CHAMPUS/TRICARE	\$441,361	\$617,917	\$176,556	40%
6	COMMERCIAL INSURANCE	\$130,959,185	\$143,184,851	\$12,225,666	9%
7	NON-GOVERNMENT MANAGED CARE	\$94,568,256	\$107,016,662	\$12,448,406	13%
8	WORKER'S COMPENSATION	\$4,236,460	\$4,010,454	(\$226,006)	-5%
9	SELF- PAY/UNINSURED	\$18,319,996	\$20,881,628	\$2,561,632	14%
10	SAGA	\$10,192,179	\$10,297,709	\$105,530	1%
11		\$0	\$0 \$6500 497	\$0 \$C2 EE2 000	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$441,046,188	\$503,600,187	\$62,553,999	14%
с.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$367,253,607	\$404,483,636	\$37,230,029	10%
2	MEDICARE MANAGED CARE	\$11,384,621	\$23,090,412	\$11,705,791	103%
3		\$33,442,232	\$44,578,769	\$11,136,537	33%
4	MEDICAID MANAGED CARE	\$28,422,617	\$36,920,309	\$8,497,692	30%
5	CHAMPUS/TRICARE	\$695,961	\$1,010,700	\$314,739	45%
6	COMMERCIAL INSURANCE	\$228,434,384	\$250,049,277	\$21,614,893	9%
7	NON-GOVERNMENT MANAGED CARE	\$172,639,994	\$187,022,719	\$14,382,725	8%
8	WORKER'S COMPENSATION	\$8,055,608	\$7,213,847	(\$841,761)	-10%
9	SELF- PAY/UNINSURED	\$25,962,335	\$27,565,078	\$1,602,743	6%
10	SAGA	\$19,063,114	\$20,408,649	\$1,345,535	7%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$895,354,473	\$1,002,343,396	\$106,988,923	12%
П.	NET REVENUE BY PAYER			Г	
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$78,961,698	\$81,519,835	\$2,558,137	3%
2	MEDICARE MANAGED CARE	\$2,985,480	\$4,899,403	\$1,913,923	64%
3	MEDICAID	\$8,992,983	\$9,863,299	\$870,316	10%
4	MEDICAID MANAGED CARE	\$2,914,478	\$3,367,724	\$453,246	16%
<u> </u>		<i>\$2,011,110</i>	<i>q</i> 0,001,121	<i>↓</i> 100, ∠ 10	.070

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
		# 70,400	¢450.000	#00.000	4470/
5		\$70,102	\$152,328	\$82,226	117%
6		\$67,286,100	\$70,320,610	\$3,034,510	5%
7	NON-GOVERNMENT MANAGED CARE	\$39,426,748	\$41,363,560	\$1,936,812	5%
8	WORKER'S COMPENSATION	\$2,921,678	\$2,204,255	(\$717,423)	
9	SELF- PAY/UNINSURED	\$1,367,744	\$677,729	(\$690,015)	-50%
10	SAGA	\$1,548,040	\$1,058,628	(\$489,412)	-32%
11		\$0	\$0	\$0	0%
P	TOTAL INPATIENT NET REVENUE OUTPATIENT NET REVENUE	\$206,475,051	\$215,427,371	\$8,952,320	4%
B. 1	MEDICARE TRADITIONAL	\$53,085,571	\$58,345,514	\$5,259,943	10%
2 3	MEDICARE MANAGED CARE MEDICAID	\$1,975,049	\$3,267,824	\$1,292,775	65%
3 4		\$2,956,279	\$3,363,838	\$407,559	14%
4 5		\$5,940,901	\$6,357,184	\$416,283	7%
-		\$113,713	\$141,290	\$27,577	24%
6 7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	\$82,934,380	\$87,182,001	\$4,247,621	5% 16%
8		\$53,485,450	\$62,018,020	\$8,532,570	
	WORKER'S COMPENSATION	\$3,241,545	\$2,734,484	(\$507,061)	-16%
9	SELF- PAY/UNINSURED	\$3,278,718	\$2,117,482	(\$1,161,236)	-35%
10	SAGA	\$1,823,202	\$2,585,492	\$762,290	42%
11		\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$208,834,808	\$228,113,129	\$19,278,321	9%
c					
	TOTAL NET REVENUE	¢400.047.000	¢420.005.240	¢7.040.000	C0/
1		\$132,047,269	\$139,865,349	\$7,818,080	6%
2	MEDICARE MANAGED CARE MEDICAID	\$4,960,529	\$8,167,227	\$3,206,698	65% 11%
4	MEDICAID MANAGED CARE	\$11,949,262	\$13,227,137	\$1,277,875	10%
4	CHAMPUS/TRICARE	\$8,855,379	\$9,724,908	\$869,529	
5 6	COMMERCIAL INSURANCE	\$183,815	\$293,618	\$109,803	60% 5%
0 7	NON-GOVERNMENT MANAGED CARE	\$150,220,480	\$157,502,611	\$7,282,131	5% 11%
8	WORKER'S COMPENSATION	\$92,912,198	\$103,381,580	\$10,469,382	-20%
0 9	SELF- PAY/UNINSURED	\$6,163,223	\$4,938,739	(\$1,224,484) (\$1,851,251)	-20%
	SAGA	\$4,646,462	\$2,795,211 \$3,644,120	(\$1,851,251) \$272,878	-40%
10 11	OTHER	\$3,371,242	\$3,644,120 \$0	\$272,078	0%
	TOTAL NET REVENUE	\$415,309,859	\$443,540,500	\$0 \$28,230,641	7%
	IOTAL NET REVENUE	\$415,509,659	\$443,340,300	φ20,230,04 Ι	1 70
III.	STATISTICS BY PAYER				
Α.	DISCHARGES				
А. 1	MEDICARE TRADITIONAL	8,127	8,118	(9)	0%
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	255	448	(9)	0%
2	MEDICARE MANAGED CARE	1,451	1,386	(65)	-4%
3	MEDICAID MANAGED CARE	819	926	(65)	-4%
4 5	CHAMPUS/TRICARE	14	926	107	79%
	COMMERCIAL INSURANCE		-	175	
6		4,527	4,702		4%
7	NON-GOVERNMENT MANAGED CARE	4,296	3,920	(376)	
8 9		143 345	<u> </u>	(38)	-27%
	SELF- PAY/UNINSURED			. ,	
10	SAGA	486	545	59	12%
11	OTHER TOTAL DISCHARCES	0	0	0	0%
	TOTAL DISCHARGES	20,463	20,497	34	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
B					[
	PATIENT DAYS	44 770	44 445	2 220	<u> </u>
1		41,776	44,115	2,339	6%
2		1,192	2,296	1,104	93%
3	MEDICAID MEDICAID MANAGED CARE	6,290	6,734	444	7%
4 5	CHAMPUS/TRICARE	2,596 51	2,921 102	325 51	13% 100%
6	COMMERCIAL INSURANCE	16,524	17,793	1,269	8%
7	NON-GOVERNMENT MANAGED CARE	15,241	13,913	(1,328)	-9%
8	WORKER'S COMPENSATION	490	279	(1,328)	-9%
9					
9 10	SELF- PAY/UNINSURED SAGA	1,298 2,186	1,041	(257)	-20% 19%
11	OTHER		2,600	414	
	TOTAL PATIENT DAYS	0	0 91,794	0 4,150	0% 5%
<u> </u>		87,644	91,794	4,150	3%
C .		50.050	F4 777	(004)	-2%
	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	52,658	51,777	(881)	
2		1,647	3,125	1,478	90%
3		6,510	6,326	(184)	-3%
4		17,741	19,664	1,923	11%
5		203	242	39	19%
6		50,168	48,838	(1,330)	-3%
7		38,162	37,649	(513)	-1%
8		1,901	1,542	(359)	-19%
9	SELF- PAY/UNINSURED	12,993	13,183	190	1%
10	SAGA	5,261	5,892	631	12%
11		0	0	0	0%
	TOTAL OUTPATIENT VISITS	187,244	188,238	994	1%
ıv.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
Α.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVE	NUE			
1	MEDICARE TRADITIONAL	\$15,664,362	\$17,170,608	\$1,506,246	10%
2	MEDICARE MANAGED CARE	\$566,507	\$1,215,866	\$649,359	115%
3	MEDICAID	\$3,846,417	\$5,045,658	\$1,199,241	31%
4	MEDICAID MANAGED CARE	\$9,204,541	\$11,723,566	\$2,519,025	27%
5	CHAMPUS/TRICARE	\$195,875	\$252,365	\$56,490	29%
6	COMMERCIAL INSURANCE	\$26,696,106	\$28,938,269	\$2,242,163	8%
7	NON-GOVERNMENT MANAGED CARE	\$19,708,792	\$20,916,565	\$1,207,773	6%
8	WORKER'S COMPENSATION	\$2,197,385	\$1,906,124	(\$291,261)	-13%
9	SELF- PAY/UNINSURED	\$9,519,121	\$10,844,087	\$1,324,966	14%
10	SAGA	\$3,657,894	\$4,235,982	\$578,088	16%
11	OTHER	\$0	\$0	\$0	0%
<u> </u>	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	φu	40	ΨŬ	0,0
	GROSS REVENUE	\$91,257,000	\$102,249,090	\$10,992,090	12%
В.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU			. , -	
1	MEDICARE TRADITIONAL	\$3,793,855	\$3,598,350	(\$195,505)	-5%
2	MEDICARE MANAGED CARE	\$109,087	\$292,886	\$183,799	168%
3	MEDICAID	\$871,085	\$1,301,767	\$430,682	49%
4	MEDICAID MANAGED CARE	\$2,124,155	\$2,870,842	\$746,687	35%
5	CHAMPUS/TRICARE	\$32,398	\$37,265	\$4,867	15%
			\$19,150,902	\$1,130,551	6%
6	COMMERCIAL INSURANCE	\$18,020,351	ψ13,130,30Z	$\psi_{1,100,001}$	070

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
		·			
8	WORKER'S COMPENSATION	\$1,679,688	\$1,306,954	(\$372,734)	-22%
9	SELF- PAY/UNINSURED	\$2,094,736	\$2,392,099	\$297,363	14%
10	SAGA	\$809,781	\$57,913	(\$751,868)	-93%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$42,172,702	\$43,728,195	\$1,555,493	4%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,741	7,762	21	0%
2	MEDICARE MANAGED CARE	291	548	257	88%
3	MEDICAID	2,356	2,340	(16)	-1%
4	MEDICAID MANAGED CARE	8,056	9,421	1,365	17%
5	CHAMPUS/TRICARE	126	149	23	18%
6	COMMERCIAL INSURANCE	15,089	14,600	(489)	-3%
7	NON-GOVERNMENT MANAGED CARE	10,985	10,668	(317)	-3%
8	WORKER'S COMPENSATION	1,612	1,260	(352)	-22%
9	SELF- PAY/UNINSURED	5,900	6,064	164	3%
10	SAGA	2,309	2,885	576	25%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	54,465	55,697	1,232	2%

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(2)	(3)	(4)	(5)	(6)
	FY 2008	FY 2009	AMOUNT	%
DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
OPERATING EXPENSE BY CATEGORY				
Salaries & Wages:				
	\$47.873.276	\$52.331.167	\$4,457,891	9%
Physician Salaries				3%
Non-Nursing, Non-Physician Salaries	\$117,695,891	\$123,640,954	\$5,945,063	5%
Total Salaries & Wages	\$171,408,163	\$181,966,926	\$10,558,763	6%
	* + * - * + + * *	* 4 4 9 9 7 9 9 9	A A 400 4	
			ŧ / - /	19%
				<u>12%</u> 15%
				<u>16%</u>
	ψ++,07 3,033	\$52,044,522	ψ1,103,201	1070
Contractual Labor Fees:				
Nursing Fees	\$894,176	\$277,783	(\$616,393)	-69%
Physician Fees	\$36,821,249	\$38,638,408	\$1,817,159	5%
Non-Nursing, Non-Physician Fees	\$545,768	\$418,269	(\$127,499)	-23%
Total Contractual Labor Fees	\$38,261,193	\$39,334,460	\$1,073,267	3%
	¢ 40, 0, 47, 000	¢ 45 000 004	¢0,000,050	50/
				5%
				<u> </u>
	\$30,477,409	\$02,523,555	\$0,040,000	1170
Depreciation and Amortization:				
	\$8.021.207	\$8.341.864	\$320.657	4%
				20%
Amortization	\$81,646	\$92,718	\$11,072	14%
Total Depreciation and Amortization	\$20,324,444	\$23,125,624	\$2,801,180	14%
	¢45 507 700	¢40.005.404	¢4.007.000	70/
	\$15,597,793	\$16,695,481	\$1,097,688	7%
Interest Expense:				
	\$5,680,738	\$4 667 920	(\$1 012 818)	-18%
	\$0,000,100	\$ 1,001,020	(\$1,012,010)	10,0
Malpractice Insurance Cost:				
Malpractice Insurance Cost	\$8,982,578	\$5,917,298	(\$3,065,280)	-34%
Utilities:				
				28%
				-1%
				<u>21%</u> -1%
				-1%
				9%
				4%
	+ - , ,	<i>v v v v v v v v v v v</i>	+	
Business Expenses:				
Accounting Fees	\$284,987	\$472,468	\$187,481	66%
Legal Fees	\$1,291,709	\$889,278	(\$402,431)	-31%
Consulting Fees	\$3,390,012	\$3,125,847	(\$264,165)	-8%
Dues and Membership	\$993,040	\$1,056,563	\$63,523	6%
		W2 060 777	\$376,669	11%
Equipment Leases	\$3,584,108	\$3,960,777		
Equipment Leases Building Leases Repairs and Maintenance	\$3,584,108 \$0 \$6,592,512	\$3,900,777 \$0 \$7,208,401	\$0 \$615,889	0% 9%
	Non-Nursing, Non-Physician Salaries Total Salaries & Wages Fringe Benefits: Nursing Fringe Benefits Non-Nursing, Non-Physician Fringe Benefits Total Fringe Benefits Non-Nursing, Non-Physician Fringe Benefits Total Fringe Benefits Nursing Fees Physician Fees Non-Nursing, Non-Physician Fees Total Contractual Labor Fees Medical Supplies and Pharmaceutical Cost: Medical Supplies Pharmaceutical Costs Total Medical Supplies and Pharmaceutical Cost Depreciation-Building Depreciation-Building Depreciation-Building Depreciation-Building Bad Debts: Bad Debts: Bad Debts: Malpractice Insurance Cost: Malpractice Insurance Cost: Matural Gas Oil Electricity Telephone Other Utilities Total Utilities Accounting Fees Legal Fees	OPERATING EXPENSE BY CATEGORY Salaries Nursing Salaries Physician Salaries Physician Salaries Starses Stringe Banefits: Nursing, Non-Physician Salaries Sing Fringe Benefits Nursing, Fringe Benefits Non-Nursing, Non-Physician Fringe Benefits Sing Fringe Benefits Non-Nursing, Non-Physician Fringe Benefits Sing Frees Physician Frees Nursing Fees Substraing Fees Shaket, 768 Total Contractual Labor Fees: Nursing, Non-Physician Fees Non-Nursing, Non-Physician Fees Sige State Yoral Contractual Labor Fees Sige State Physician Fees Non-Nursing, Non-Physician Fees Sige State Total Contractual Labor Fees Sige State Pharmaceutical Costs Sige State State Pater State Pharmaceutical Supplies and Pharmaceutical Cost Sige State State State Total Medical Supplies a	OPERATING EXPENSE BY CATEGORY Salaries \$47,873,276 Staries & Wages: \$5,838,996 Nursing Salaries \$5,838,996 Physician Salaries \$171,408,163 Nursing, Non-Physician Salaries \$117,695,891 Total Salaries & Wages \$117,695,891 Wursing Fringe Benefits \$12,534,452 Nursing Fringe Benefits \$15,28,799 Non-Nursing, Non-Physician Fringe Benefits \$30,815,804 Solaries & Wages \$171,408,163 Total Fringe Benefits \$12,528,799 Non-Nursing, Non-Physician Fringe Benefits \$30,815,804 Solaries & \$36,821,249 \$38,638,408 Non-Nursing, Non-Physician Fees \$36,821,249 Nursing Fees \$36,821,249 Non-Nursing, Non-Physician Fees \$36,821,249 Non-Nursing, Non-Physician Fees \$36,821,249 Non-Nursing, Non-Physician Fees \$36,821,249 Physician Fees \$36,821,249 Nursing Fees \$36,821,249 Systant Fees \$36,821,207 Pharmaceutical Costs \$117,484,621 Total Con	OPERATING EXPENSE BY CATEGORY Image: Construct of the second

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	Travel	\$597,123	\$421,397	(\$175,726)	-29%
10	Conferences	\$539,600	\$328,109	(\$211,491)	-39%
11	Property Tax	\$68,871	\$78,688	\$9,817	14%
12	General Supplies	\$8,429,433	\$9,045,513	\$616,080	7%
13	Licenses and Subscriptions	\$308,753	\$324,412	\$15,659	5%
14	Postage and Shipping	\$718,426	\$903,136	\$184,710	26%
15	Advertising	\$3,085,438	\$833,286	(\$2,252,152)	-73%
16	Other Business Expenses	\$17,193,300	\$20,082,616	\$2,889,316	17%
	Total Business Expenses	\$47,652,142	\$49,398,411	\$1,746,269	4%
К.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$415,921,169	\$442,588,744	\$26,667,575	6%
	*A K. The total operating expenses amount above	e must agree with	the total operatin	g expenses amour	t on Report 150.
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$34,596,275	\$40,033,821	\$5,437,546	16%
2	General Accounting	\$1,125,954	\$1,092,875	(\$33,079)	-3%
3	Patient Billing & Collection	\$6,003,865	\$5,738,570	(\$265,295)	-4%
4	Admitting / Registration Office	\$3,165,749	\$3,193,211	\$27,462	1%
5	Data Processing	\$16,010,197	\$19,523,561	\$3,513,364	22%
6	Communications	\$2,011,342	\$1,670,305	(\$341,037)	-17%
7	Personnel	\$4,763,026	\$6,067,997	\$1,304,971	27%
8	Public Relations	\$1,103,314	\$386,757	(\$716,557)	-65%
9	Purchasing	\$1,220,056	\$1,299,825	\$79,769	7%
10	Dietary and Cafeteria	\$6,068,154	\$6,465,466	\$397,312	7%
11	Housekeeping	\$5,922,256	\$6,293,663	\$371,407	6%
12	Laundry & Linen	\$13,661	\$0	(\$13,661)	-100%
13	Operation of Plant	\$9,265,691	\$9,821,542	\$555,851	6%
14	Security	\$5,360,987	\$4,662,004	(\$698,983)	-13%
15	Repairs and Maintenance	\$1,828,456	\$1,901,427	\$72,971	4%
16	Central Sterile Supply	\$2,319,961	\$2,329,072	\$9,111	0%
17	Pharmacy Department	\$11,387,589	\$12,206,540	\$818,951	7%
18	Other General Services	\$492,278	\$227,529	(\$264,749)	-54%
	Total General Services	\$112,658,811	\$122,914,165	\$10,255,354	9%
В.	Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$8,182,836	\$7,821,644	(\$361,192)	-4%
3	Nursing Services Administration	\$7,074,040	\$7,013,862	(\$60,178)	-1%
4	Medical Records	\$3,462,680	\$3,897,308	\$434,628	13%
5	Social Service	\$4,166,420	\$3,868,175	(\$298,245)	-7%
6	Other Professional Services	\$464,206	\$526,209	\$62,003	13%
	Total Professional Services	\$23,350,182	\$23,127,198	(\$222,984)	-1%
C.	Special Services:				
1	Operating Room	\$37,023,491	\$38,213,169	\$1,189,678	3%
2	Recovery Room	\$2,770,107	\$3,624,615	\$854,508	31%
3	Anesthesiology	\$3,375,918	\$2,881,136	(\$494,782)	-15%
4	Delivery Room	\$4,457,389	\$4,763,886	\$306,497	7%
5	Diagnostic Radiology	\$9,446,114	\$9,070,248	(\$375,866)	-4%
6	Diagnostic Ultrasound	\$1,264,056	\$1,566,868	\$302,812	24%
-	Radiation Therapy	\$4,247,082	\$4,403,332	\$156,250	4%

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
8	Radioisotopes	\$2,223,803	\$2,365,112	\$141,309	6%
9	CT Scan	\$2,223,803	\$2,418,877	\$207,207	9%
10	Laboratory	\$25,879,865	\$27,301,671	\$1,421,806	5%
11	Blood Storing/Processing	\$0	\$27,501,071	\$0	0%
12	Cardiology	\$15,864,749	\$17,977,359	\$2,112,610	13%
13	Electrocardiology	\$660,213	\$329,951	(\$330,262)	-50%
14	Electroencephalography	\$116,033	\$130,369	\$14,336	12%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0 \$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,790,708	\$2,978,274	\$187,566	7%
19	Pulmonary Function	\$1,022,854	\$653,727	(\$369,127)	-36%
20	Intravenous Therapy	\$8,448,609	\$11,853,739	\$3,405,130	40%
21	Shock Therapy	\$53,906	\$74,512	\$20,606	38%
22	Psychiatry / Psychology Services	\$3,494,149	\$3,764,297	\$270,148	8%
23	Renal Dialysis	\$3,840,686	\$4,008,930	\$168,244	4%
24	Emergency Room	\$21,874,210	\$23,022,731	\$1,148,521	5%
25	MRI	\$2,418,101	\$2,611,494	\$193,393	8%
26	PET Scan	\$844,027	\$1,135,289	\$291,262	35%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$4,817,411	\$4,785,724	(\$31,687)	-1%
29	Sleep Center	\$1,022,170	\$1,343,938	\$321,768	31%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$847,805	\$751,948	(\$95,857)	-11%
32	Occupational Therapy / Physical Therapy	\$8,126,638	\$8,460,960	\$334,322	4%
33	Dental Clinic	\$1,669,341	\$1,718,946	\$49,605	3%
34	Other Special Services	\$9,030,725	\$11,155,428	\$2,124,703	24%
04	Total Special Services	\$179,841,830	\$193,366,530	\$13,524,700	8%
D.	Routine Services:				
1	Medical & Surgical Units	\$40,784,434	\$46,073,340	\$5,288,906	13%
2	Intensive Care Unit	\$6,055,093	\$6,765,306	\$710,213	12%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,467,454	\$4,920,582	\$453,128	10%
5	Pediatric Unit	\$2,362,483	\$2,704,021	\$341,538	14%
6	Maternity Unit	\$4,528,047	\$4,567,645	\$39,598	1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$3,534,178	\$4,351,018	\$816,840	23%
9	Rehabilitation Unit	\$3,093,502	\$3,151,496	\$57,994	2%
10	Ambulatory Surgery	\$3,453,688	\$3,710,991	\$257,303	7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$9,238,065	\$6,675,615	(\$2,562,450)	-28%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$77,516,944	\$82,920,014	\$5,403,070	7%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$22,553,402	\$20,260,837	(\$2,292,565)	-10%
<u> </u>		÷==,000,102		(\$2,202,000)	
	Total Operating Expenses - All Departments*	\$415,921,169	\$442,588,744	\$26,667,575	6%
	*A O The total encycling over a second of the				t on Domost 450
	*A 0. The total operating expenses amount ab	ove must agree with t	the total operating	g expenses amoun	t on

	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(4)	(0)	(2)	(1)	(5)					
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL					
LINE	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009					
Α.	Statement of Operations Summary								
1	Total Net Patient Revenue		\$ 427,936,480	\$457,712,742					
2	Other Operating Revenue	9,051,658	10,028,673	9,727,398					
3	Total Operating Revenue	\$402,542,765	\$437,965,153	\$467,440,140					
4	Total Operating Expenses	378,387,622	415,921,169	442,588,744					
5	Income/(Loss) From Operations	\$24,155,143	\$22,043,984	\$24,851,396					
6	Total Non-Operating Revenue	27,798,903	(29,322,315)	13,663,243					
7	Excess/(Deficiency) of Revenue Over Expenses	\$51,954,046	(\$7,278,331)	\$38,514,639					
В.	Profitability Summary								
1	Hospital Operating Margin	5.61%	5.39%	5.17%					
2	Hospital Non Operating Margin	6.46%	-7.18%	2.84%					
3	Hospital Total Margin	12.07%	-1.78%	8.01%					
4	Income/(Loss) From Operations	\$24,155,143	\$22,043,984	\$24,851,396					
5	Total Operating Revenue	\$402,542,765	\$437,965,153	\$467,440,140					
6	Total Non-Operating Revenue	\$27,798,903	(\$29,322,315)	\$13,663,243					
7	Total Revenue	\$430,341,668	\$408,642,838	\$481,103,383					
8	Excess/(Deficiency) of Revenue Over Expenses	\$51,954,046	(\$7,278,331)	\$38,514,639					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$355,513,444	\$348,481,186	\$325,008,268					
2	Hospital Total Net Assets	\$382,105,019	\$376,402,186	\$380,666,988					
3	Hospital Change in Total Net Assets	\$382,105,019	(\$5,702,833)	\$4,264,802					
4	Hospital Change in Total Net Assets %	0.0%	-1.5%	1.1%					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.43	0.42	0.44					
2	Total Operating Expenses	\$349,138,962	\$381,506,727	\$442,588,744					
3	Total Gross Revenue	\$806,304,946	\$895,354,473	\$1,002,343,396					
4	Total Other Operating Revenue	\$5,981,952	\$7,209,183	\$7,344,217					
5	Private Payment to Cost Ratio	1.47	1.44	1.36					
6	Total Non-Government Payments	\$239,696,335	\$253,942,363	\$268,618,141					

	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINA								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	<u> </u>	<u>FY 2008</u>	FY 2009					
7	Total Uninsured Payments	\$6,115,158	\$4,646,462	\$2,795,211					
8	Total Non-Government Charges	\$395,955,811	\$435,092,321	\$471,850,921					
9	Total Uninsured Charges	\$25,326,186	\$25,962,335	\$27,565,078					
10	Medicare Payment to Cost Ratio	0.84	0.86	0.79					
11	Total Medicare Payments	\$122,845,037	\$137,007,798	\$148,032,576					
12	Total Medicare Charges	\$339,135,530	\$378,638,228	\$427,574,048					
13	Medicaid Payment to Cost Ratio	0.71	0.80	0.64					
14	Total Medicaid Payments	\$16,329,224	\$20,804,641	\$22,952,045					
15	Total Medicaid Charges	\$53,835,901	\$61,864,849	\$81,499,078					
16	Uncompensated Care Cost	\$9,919,306	\$10,675,330	\$12,695,350					
17	Charity Care	\$9,945,753	\$9,657,765	\$12,266,705					
18	Bad Debts	\$13,131,942	\$15,597,793	\$16,695,481					
19	Total Uncompensated Care	\$23,077,695	\$25,255,558	\$28,962,186					
20	Uncompensated Care % of Total Expenses	2.8%	2.8%	2.9%					
21	Total Operating Expenses	\$349,138,962	\$381,506,727	\$442,588,744					
E.	Liquidity Measures Summary								
1	Current Ratio	6.13	5.57	4.87					
2	Total Current Assets	\$229,880,319	\$221,005,672	\$241,828,286					
3	Total Current Liabilities	\$37,524,853	\$39,702,687	\$49,624,388					
4	Days Cash on Hand	168	132	160					
5	Cash and Cash Equivalents	\$7,241,033	\$29,827,344	\$38,643,022					
6	Short Term Investments	157,436,759	113,069,804	144,958,291					
7	Total Cash and Short Term Investments	\$164,677,792	\$142,897,148	\$183,601,313					
8	Total Operating Expenses	\$378,387,622	\$415,921,169	\$442,588,744					
9	Depreciation Expense	\$20,246,431	\$20,324,444	\$23,125,624					
10	Operating Expenses less Depreciation Expense	\$358,141,191	\$395,596,725	\$419,463,120					
11	Days Revenue in Patient Accounts Receivable	38.80	37.65	26.31					

	DANBURY HOSPITAL								
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
	REFORT 103 - HOSFITAL FINANCIA	AL AND STATISTICAL	DATA ANAL 1515						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u> </u>	<u>FY 2008</u>	<u>FY 2009</u>					
12	Net Patient Accounts Receivable	\$ 43,746,835	\$ 47,038,786	\$ 41,637,724					
13	Due From Third Party Payers	\$0	\$0	\$0					
14	Due To Third Party Payers	\$1,921,584	\$2,891,698	\$8,646,835					
4.5	Total Net Patient Accounts Receivable and Third Party Payer	• • • • • • • • • •		• • • • • • • • • • • • • • • • • • •					
15	Activity	\$ 41,825,251		\$ 32,990,889					
16	Total Net Patient Revenue	\$393,491,107	\$ 427,936,480	\$ 457,712,742					
17	Average Payment Period	38.24	36.63	43.18					
18	Total Current Liabilities	\$37,524,853	\$39,702,687	\$49,624,388					
19	Total Operating Expenses	\$378,387,622	\$415,921,169	\$442,588,744					
20	Depreciation Expense	\$20,246,431	\$20,324,444	\$23,125,624					
21	Total Operating Expenses less Depreciation Expense	\$358,141,191	\$395,596,725	\$419,463,120					
F.	Solvency Measures Summary								
1	Equity Financing Ratio	68.8	68.5	68.0					
2	Total Net Assets	\$382,105,019	\$376,402,186	\$380,666,988					
3	Total Assets	\$555,083,455	\$549,659,428	\$559,454,847					
4	Cash Flow to Total Debt Ratio	46.1	8.3	37.5					
5	Excess/(Deficiency) of Revenues Over Expenses	\$51,954,046	(\$7,278,331)	\$38,514,639					
6	Depreciation Expense	\$20,246,431	\$20,324,444	\$23,125,624					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$72,200,477	\$13,046,113	\$61,640,263					
8	Total Current Liabilities	\$37,524,853	\$39,702,687	\$49,624,388					
9	Total Long Term Debt	\$119,005,000	\$117,135,000	\$114,675,000					
10	Total Current Liabilities and Total Long Term Debt	\$156,529,853	\$156,837,687	\$164,299,388					
11	Long Term Debt to Capitalization Ratio	23.7	23.7	23.2					
12	Total Long Term Debt	\$119,005,000	\$117,135,000	\$114,675,000					
13	Total Net Assets	\$382,105,019	\$376,402,186	\$380,666,988					
14	Total Long Term Debt and Total Net Assets	\$501,110,019	\$493,537,186	\$495,341,988					
15	Debt Service Coverage Ratio	22.2	3.3	9.3					
16	Excess Revenues over Expenses	\$51,954,046	(\$7,278,331)	\$38,514,639					
17	Interest Expense	\$3,398,592	\$5,680,738	\$4,667,920					
18	Depreciation and Amortization Expense	\$20,246,431	\$20,324,444	\$23,125,624					

		(HOSPITAL IS ACTUAL FILING						
	FISCAL YEAR 2009 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	<u> </u>	FY 2008	FY 2009				
19	Principal Payments	\$0	\$0	\$2,425,000				
G.	Other Financial Ratios							
20	Average Age of Plant	10.4	11.3	10.9				
21	Accumulated Depreciation	\$210,405,117	\$229,167,870	\$251,993,763				
22	Depreciation and Amortization Expense	\$20,246,431	\$20,324,444	\$23,125,624				
Н.	Utilization Measures Summary							
1	Patient Days	88,139	87,644	91,794				
2	Discharges	20,752	20,459	20,49				
3	ALOS	4.2	4.3	4.				
4	Staffed Beds	246	248	27				
		240	240					
5	Available Beds	-	-	35				
6	Licensed Beds	371	347	37				
6	Occupancy of Staffed Beds	98.2%	96.8%	92.8				
7	Occupancy of Available Beds	65.1%	69.2%	71.6				
8	Full Time Equivalent Employees	2,345.9	2,448.1	2,448.0				
١.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	46.0%	45.7%	44.3				
2	Medicare Gross Revenue Payer Mix Percentage	42.1%	42.3%	42.7				
3	Medicaid Gross Revenue Payer Mix Percentage	6.7%	6.9%	8.1				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.1%	2.1%	2.09				
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	2.9%	2.8				
6 7	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage Total Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1				
8	Non-Government Gross Revenue (Charges)	\$370,629,625	\$409,129,986	\$444,285,843				
9	Medicare Gross Revenue (Charges)	\$339,135,530	\$378,638,228	\$427,574,04				
10	Medicaid Gross Revenue (Charges)	\$53,835,901	\$61,864,849	\$81,499,07				
11	Other Medical Assistance Gross Revenue (Charges)	\$16,821,163	\$19,063,114	\$20,408,649				
12	Uninsured Gross Revenue (Charges)	\$25,326,186	\$25,962,335	\$27,565,078				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$556,541	\$695,961	\$1,010,70				
14	Total Gross Revenue (Charges)	\$806,304,946	\$895,354,473	\$1,002,343,396				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	61.0%	60.0%	59.99				

	DANBURY	HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009					
2	Medicare Net Revenue Payer Mix Percentage	32.1%	33.0%	33.49					
3	Medicaid Net Revenue Payer Mix Percentage	4.3%	5.0%	5.2%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.8%	0.8%					
5	Uninsured Net Revenue Payer Mix Percentage	1.6%	1.1%	0.6%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.0%	0.1%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
0	Non-Government Net Revenue (Payments)	¢000 504 477	¢240.205.001	¢265 822 020					
8		\$233,581,177	\$249,295,901	\$265,822,930					
9	Medicare Net Revenue (Payments) Medicaid Net Revenue (Payments)	\$122,845,037	\$137,007,798 \$20,804,641	\$148,032,576					
10 11	Other Medical Assistance Net Revenue (Payments)	\$16,329,224 \$3,850,295	\$3,371,242	\$22,952,045 \$3,644,120					
12	Uninsured Net Revenue (Payments)	\$6,115,158							
12	CHAMPUS / TRICARE Net Revenue Payments)	\$191,326	\$4,646,462 \$183,815	\$2,795,211 \$293,618					
14	Total Net Revenue (Payments)	\$382,912,217	\$415,309,859	\$443,540,500					
К.	Discharges								
1	Non-Government (Including Self Pay / Uninsured)	9,712	9,311	9,049					
2	Medicare	8,306	8,382	8,566					
3	Medical Assistance	2,720	2,752	2,857					
4	Medicaid	2,232	2,270	2,312					
5	Other Medical Assistance	488	482	545					
6	CHAMPUS / TRICARE	14	14	25					
7	Uninsured (Included In Non-Government)	421	345	322					
8	Total	20,752	20,459	20,497					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	1.046100	1.150200	1.122600					
2	Medicare	1.444300	1.397000	1.371100					
3	Medical Assistance	0.821705	0.853932	0.927379					
4	Medicaid	0.743500	0.841900	0.941400					
5	Other Medical Assistance	1.179400	0.910600	0.867900					
6	CHAMPUS / TRICARE	0.943800	0.891200	0.813900					
7	Uninsured (Included In Non-Government)	1.137800	1.208700	1.033200					
8	Total Case Mix Index	1.175999	1.211284	1.198864					
М.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	11,986	13,088	13,885					
2	Emergency Room - Treated and Discharged	55,943	54,465	55,697					
3	Total Emergency Room Visits	67,929	67,553	69,582					

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT	¢44400	¢50.000	¢ 44,000	0000/
1	Inpatient Charges	\$14,160 \$5,572	\$56,088	\$41,928 \$18,447	296% 331%
2	Inpatient Payments Outpatient Charges	\$5,572	\$24,019 \$23,911		-64%
<u> </u>	Outpatient Charges	\$59,416	\$23,911 \$17,118	(\$41,884) (\$42,298)	-64%
4 5	Discharges	\$59,416 1	۵۱۲,۱۱۵ 2	(\$42,296)	100%
5 6	Patient Days	2	2	7	350%
7	Outpatient Visits (Excludes ED Visits)	20	9	(13)	-65%
8	Emergency Department Outpatient Visits	20	1	(13)	-65%
<u> </u>	Emergency Department Inpatient Admissions	4	2	(3)	100%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$79,955		\$44	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$64,988	\$41,137	(\$23,851)	-37%
	TOTAL INFATILITY & COTTATILITY TATMENTS	404,300	φ41,13 <i>1</i>	(\$23,651)	-37 /0
В.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$2,524,403	\$0	(\$2,524,403)	-100%
2	Inpatient Payments	\$1,096,538	\$0	(\$1,096,538)	-100%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	91	0	(91)	-100%
6	Patient Days	438	0	(438)	-100%
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	\$2,524,403	\$0	(\$2,524,403)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,096,538	\$0	(\$1,096,538)	-100%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$491,865	\$2,503,052	\$2,011,187	409%
2	Inpatient Payments	\$202,937	\$868,825	\$665,888	328%
3	Outpatient Charges	\$493,833	\$1,516,484	\$1,022,651	207%
4	Outpatient Payments	\$210,764	\$536,968	\$326,204	155%
5	Discharges	17	76	59	347%
6	Patient Days	103	392	289	281%
7	Outpatient Visits (Excludes ED Visits)	147	423	276	188%
8	Emergency Department Outpatient Visits	32	90	58	181%
9	Emergency Department Inpatient Admissions	12	55	43	358%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$985,698	\$4,019,536	\$3,033,838	308%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$413,701	\$1,405,793	\$992,092	240%

(1)	(2)	(3)	(4)	(5)	(6)
. ,		FY 2008	FY 2009	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$2,989,859	\$6,959,635	\$3,969,776	133%
2	Inpatient Payments	\$1,372,818	\$2,432,635	\$1,059,817	77%
3	Outpatient Charges	\$1,980,887	\$3,935,789	\$1,954,902	99%
4	Outpatient Payments	\$905,548	\$1,122,043	\$216,495	24%
5	Discharges	122	213	91	75%
6	Patient Days	503	1,140	637	127%
7	Outpatient Visits (Excludes ED Visits)	593	1,098	505	85%
8	Emergency Department Outpatient Visits	127	234	107	84%
9	Emergency Department Inpatient Admissions	81	145	64	79%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,970,746	\$10,895,424	\$5,924,678	119%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,278,366	\$3,554,678	\$1,276,312	56%
Ε.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$0	\$2,620,755	\$2,620,755	0%
2	Inpatient Payments	\$0	\$970,133	\$970,133	0%
3	Outpatient Charges	\$1,566,914	\$1,723,085	\$156,171	10%
4	Outpatient Payments	\$549,225	\$591,695	\$42,470	8%
5	Discharges	0	94	94	0%
6	Patient Days	0	455	455	0%
7	Outpatient Visits (Excludes ED Visits)	469	481	12	3%
8	Emergency Department Outpatient Visits	101	102	1	1%
9	Emergency Department Inpatient Admissions	70	82	12	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,566,914	\$4,343,840	\$2,776,926	177%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$549,225	\$1,561,828	\$1,012,603	184%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVAN		^	^	
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%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
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%
Н.	WELLCARE OF CONNECTICUT			*	
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I.	AETNA	\$740.454	#1 00 1 000	* 004.040	400/
	Inpatient Charges	\$740,151	\$1,034,999	\$294,848	40%
2	Inpatient Payments	\$276,584	\$384,459	\$107,875	39%
3	Outpatient Charges	\$277,779	\$1,176,172	\$898,393	323%
4	Outpatient Payments	\$158,816	\$676,208	\$517,392	326%
5	Discharges	20	38	18	90%
	Patient Days	123	177	54	44%
7	Outpatient Visits (Excludes ED Visits)	83	328	245	295%
	Emergency Department Outpatient Visits	18	70	52	289%
9	Emergency Department Inpatient Admissions	15	29	14	93%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,017,930	\$2,211,171	\$1,193,241	117%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$435,400	\$1,060,667	\$625,267	144%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
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%
Κ.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$55,128	\$55,128	0%
2	Inpatient Payments	\$0	\$23,601	\$23,601	0%
3	Outpatient Charges	\$0	\$73,015	\$73,015	0%
4	Outpatient Payments	\$0	\$21,568	\$21,568	0%
5	Discharges	0	3	3	0%
6	Patient Days	0	11	11	0%
7	Outpatient Visits (Excludes ED Visits)	0	20	20	0%
8	Emergency Department Outpatient Visits	0	4	4	0%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$128,143	\$128,143	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$45,169	\$45,169	0%
L.	UNICARE LIFE & HEALTH INSURANCE		* -	* *	
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
L	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
м.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
Ŭ	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE	¢04.005	¢004.050	¢500,500	5040/
1	Inpatient Charges	\$91,365	\$621,953	\$530,588	581%
2	Inpatient Payments	\$31,031	\$195,731	\$164,700	531%
3	Outpatient Charges	\$147,610	\$790,346	\$642,736	435%
4	Outpatient Payments	\$91,280	\$302,224	\$210,944	231%
5	Discharges	4	22	18	450%
6	Patient Days	23	112	89	387%
7	Outpatient Visits (Excludes ED Visits)	44	220	176	400%
8	Emergency Department Outpatient Visits	9	47	38	422%
9	Emergency Department Inpatient Admissions	4	15	11	275%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$238,975	\$1,412,299	\$1,173,324	491%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$122,311	\$497,955	\$375,644	307%
11.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$6,851,803	\$13,851,610	\$6,999,807	102%
	TOTAL INPATIENT PAYMENTS	\$2,985,480	\$4,899,403	\$1,913,923	64%
	TOTAL OUTPATIENT CHARGES	\$4,532,818	\$9,238,802	\$4,705,984	104%
	TOTAL OUTPATIENT PAYMENTS	\$1,975,049	\$3,267,824	\$1,292,775	65%
	TOTAL DISCHARGES	255	448	193	76%
	TOTAL PATIENT DAYS	1,192	2,296	1,104	93%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED	,	,		
	VISITS)	1,356	2,577	1,221	90%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	291	548	257	88%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	183	331	148	81%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,384,621	\$23,090,412	\$11,705,791	103%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,960,529	\$8,167,227	\$3,206,698	65%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
1.	MEDICAID MANAGED CARE				
_	ANTHEM BLUE CROSS AND BLUE SHIELD				
Α.	OF CONNECTICUT				
1	Inpatient Charges	\$5,781,666	\$1,939,426	(\$3,842,240)	-66%
2	Inpatient Payments	\$1,584,393	\$490,986	(\$1,093,407)	-69%
3	Outpatient Charges	\$13,188,793	\$3,775,471	(\$9,413,322)	
4	Outpatient Payments	\$4,026,653	\$1,012,314	(\$3,014,339)	
5	Discharges	488	150	(338)	
6	Patient Days	1,540	415	(1,125)	
7	Outpatient Visits (Excludes ED Visits)	6,699	1,602	(5,097)	-76%
8	Emergency Department Outpatient Visits	5,571	1,474	(4,097)	-74%
9	Emergency Department Inpatient Admissions	111	39	(72)	-65%
	TOTAL INPATIENT & OUTPATIENT				
		\$18,970,459	\$5,714,897	(\$13,255,562)	-70%
	TOTAL INPATIENT & OUTPATIENT	AF 044 040	A4 500 000		
	PAYMENTS	\$5,611,046	\$1,503,300	(\$4,107,746)	-73%
в.	COMMUNITY HEALTH NETWORK OF CT				
в. 1	Inpatient Charges	\$1,445,843	\$5,421,018	\$3,975,175	275%
	Inpatient Payments	\$644,380	\$1,502,416	\$858,036	133%
2 3	Outpatient Charges	\$2,397,261	\$10,403,657	\$8,006,396	334%
3	Outpatient Charges	\$796,452	\$2,774,930	\$1,978,478	248%
4 5	Discharges	۵/90,452 148	<u>\$2,774,930</u> 391	31,970,470 243	164%
6	Patient Days	447	1,275	828	185%
7	Outpatient Visits (Excludes ED Visits)	1,218	4,415	3,197	262%
8	Emergency Department Outpatient Visits	1,013	4,413	3,048	301%
9	Emergency Department Inpatient Admissions	22	77	55	250%
3	TOTAL INPATIENT & OUTPATIENT	22			23070
	CHARGES	\$3,843,104	\$15,824,675	\$11,981,571	312%
	TOTAL INPATIENT & OUTPATIENT	ψ 3,0 1 3,10 1	ψ13,02 4 ,073	ψ11,301,371	512/0
	PAYMENTS	\$1,440,832	\$4,277,346	\$2,836,514	197%
~					
C .	HEALTHNET OF THE NORTHEAST, INC. Inpatient Charges	\$1,581,777	\$0	(\$1,581,777)	-100%
-	Inpatient Charges				
2 3	Outpatient Charges	\$496,935 \$2,806,041	\$0 \$0	(\$496,935) (\$2,806,041)	
	Outpatient Payments	\$925,584	\$0 \$0	(\$925,584)	
4 5	Discharges	5925,584 152	ې 0 0	(\$925,584) (152)	-100%
6	Patient Days	458	0	(152)	
7	Outpatient Visits (Excludes ED Visits)	1,425	0	(436) (1,425)	
8	Emergency Department Outpatient Visits	1,425	0	(1,425)	
<u> </u>	Emergency Department Inpatient Admissions	35	0	(1,100) (35)	
J	TOTAL INPATIENT & OUTPATIENT	30	0	(33)	-100%
	CHARGES	\$4,387,818	\$0	(\$4,387,818)	-100%
	TOTAL INPATIENT & OUTPATIENT	<i><i><i>q</i></i> 1,007,010</i>	ΨŬ	(+ 1,001,010)	10070
	PAYMENTS	\$1,422,519	\$0	(\$1,422,519)	-100%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$545,151	\$491,958	(\$53,193)	-10%
2	Inpatient Payments	\$188,770	\$131,694	(\$57,076)	
3	Outpatient Charges	\$107,262	\$118,274	\$11,012	10%
4	Outpatient Payments	\$31,433	\$27,489	(\$3,944)	-13%
5	Discharges	31	22	(9)	-29%
6	Patient Days	151	118	(33)	-22%
7	Outpatient Visits (Excludes ED Visits)	54	50	(4)	-7%
8	Emergency Department Outpatient Visits	45	46	1	2%
9	Emergency Department Inpatient Admissions	5	15	10	200%
0	TOTAL INPATIENT & OUTPATIENT	0	10	10	20070
	CHARGES	\$652,413	\$610,232	(\$42,181)	-6%
	TOTAL INPATIENT & OUTPATIENT	4002 ,410	ψ010,202	(\\\\\.	070
	PAYMENTS	\$220,203	\$159,183	(\$61,020)	-28%
		<i>\\\\\\\\\\\\\</i>	ψ100,100	(\$01,020)	2070
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		1-		
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,		·	· · ·	
F.	PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$568,823	\$0	(\$568,823)	-100%
4	Outpatient Payments	\$160,779	\$0	(\$160,779)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	289	0	(289)	-100%
8	Emergency Department Outpatient Visits	203	0	(203)	-100%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
		_			1
9	Emergency Department Inpatient Admissions	16	0	(16)	-100%
	TOTAL INPATIENT & OUTPATIENT		••	(1	
	CHARGES	\$568,823	\$0	(\$568,823)	-100%
	TOTAL INPATIENT & OUTPATIENT	•	• -		
	PAYMENTS	\$160,779	\$0	(\$160,779)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$1,446,945	\$1,446,945	0%
2	Inpatient Payments	\$0	\$353,494	\$353,494	0%
3	Outpatient Charges	\$0	\$2,300,020	\$2,300,020	0%
4	Outpatient Payments	\$0	\$594,679	\$594,679	0%
5	Discharges	0	75	75	0%
6	Patient Days	0	316	316	0%
7	Outpatient Visits (Excludes ED Visits)	0	976	976	0%
8	Emergency Department Outpatient Visits	0	898	898	0%
9	Emergency Department Inpatient Admissions	0	24	24	0%
0	TOTAL INPATIENT & OUTPATIENT		21	21	070
	CHARGES	\$0	\$3,746,965	\$3,746,965	0%
	TOTAL INPATIENT & OUTPATIENT	+	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	<i>+</i> -,,,	
	PAYMENTS	\$0	\$948,173	\$948,173	0%
<u>H.</u>	AETNA	¢ 0	¢0,400,440	¢0,400,440	00/
1	Inpatient Charges	\$0	\$3,486,112	\$3,486,112	0%
2	Inpatient Payments	\$0	\$889,134	\$889,134	0%
3	Outpatient Charges	\$0	\$7,537,428	\$7,537,428	0%
4	Outpatient Payments	\$0	\$1,947,772	\$1,947,772	0%
5	Discharges	0	288	288	0%
6	Patient Days	0	797	797	0%
7	Outpatient Visits (Excludes ED Visits)	0	3,200	3,200	0%
8	Emergency Department Outpatient Visits	0	2,942	2,942	0%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT	0	66	66	0%
	CHARGES	\$0	\$11,023,540	\$11,023,540	0%
	TOTAL INPATIENT & OUTPATIENT	φU	\$11,023,340	ş11,023,340	0 /0
	PAYMENTS	\$0	\$2,836,906	\$2,836,906	0%
тт					
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$9,354,437	\$12,785,459	\$3,431,022	37%
	TOTAL INPATIENT PAYMENTS	\$2,914,478	\$3,367,724	\$453,246	16%
	TOTAL OUTPATIENT CHARGES	\$19,068,180	\$24,134,850	\$5,066,670	27%
	TOTAL OUTPATIENT PAYMENTS	\$5,940,901	\$6,357,184	\$416,283	7%
	TOTAL DISCHARGES	819	926	107	13%
	TOTAL PATIENT DAYS	2,596	2,921	325	13%
	TOTAL OUTPATIENT VISITS				
	(EXCLUDES ED VISITS)	9,685	10,243	558	6%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	8,056	9,421	1,365	17%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	189	221	32	17%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$28,422,617	\$36,920,309	\$8,497,692	30%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$8,855,379	\$9,724,908	\$869,529	10%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE

	DANBUR	Y HEALTH SYSTEMS, IN	С.				
	TWELVE	MONTHS ACTUAL FILIN	IG				
		FISCAL YEAR 2009					
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3)	(4)	(5)	(6)		
	(2)	FY 2008	FY 2009	AMOUNT	%		
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE		
I.	ASSETS						
Α.	Current Assets:						
1	Cash and Cash Equivalents	\$34,272,558	\$46,525,880	\$12,253,322	36%		
2	Short Term Investments	\$0	\$0	\$0	0%		
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)\$50,682,570\$45,303,281(\$5,379,289)		-11%				
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,777,234	\$1,756,854	(\$20,380)	-1%		
5	Due From Affiliates	\$14,922,412	\$12.947.858	(\$1,974,554)	-13%		
6	Due From Third Party Payers	\$0	\$0	\$0	0%		
7	Inventories of Supplies	\$8,432,437	\$8,410,999	(\$21,438)	0%		
8	Prepaid Expenses	\$5,033,441	\$6,615,531	\$1,582,090	31%		
9	Other Current Assets	\$582,774	\$1,136,440	\$553,666	95%		
	Total Current Assets	\$115,703,426	\$122,696,843	\$6,993,417	6%		
В.	Noncurrent Assets Whose Use is Limited:						
1	Held by Trustee	\$2,856,663	\$2,800,407	(\$56,256)	-2%		
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%		
3	Funds Held in Escrow	\$0	\$0	\$0	0%		
	Other Noncurrent Assets Whose Use is	¢04,000,007	¢04.004.440	\$0.050.450			
4	Limited Total Noncurrent Assets Whose Use is	\$61,002,697	\$64,261,149	\$3,258,452	5%		
	Limited:	\$63,859,360	\$67,061,556	\$3,202,196	5%		
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%		
6	Long Term Investments	\$164,418,176	\$198,001,685	\$33,583,509	20%		
7	Other Noncurrent Assets	\$16,398,783	\$14,295,188	(\$2,103,595)	-13%		
C.	Net Fixed Assets:						
1	Property, Plant and Equipment	\$402,589,860	\$430,173,950	\$27,584,090	7%		
2	Less: Accumulated Depreciation	\$236,178,706	\$261,006,951	\$24,828,245	\$0		
	Property, Plant and Equipment, Net	\$166,411,154	\$169,166,999	\$2,755,845	2%		
3	Construction in Progress	\$13,442,247	\$12,550,101	(\$892,146)	-7%		
	Total Net Fixed Assets	\$179,853,401	\$181,717,100	\$1,863,699	1%		
	Total Assets	¢540.000.446	\$500 770 070	¢12 520 220			
	1 Viai A33013	\$540,233,146	\$583,772,372	\$43,539,226	8%		

	DANBUF	RY HEALTH SYSTEMS, IN	IC.					
	TWELVE	MONTHS ACTUAL FILIN	١G					
		FISCAL YEAR 2009						
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION							
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %			
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE			
11.	LIABILITIES AND NET ASSETS							
Α.	Current Liabilities:							
1	Accounts Payable and Accrued Expenses	\$41,199,441	\$33,808,015	(\$7,391,426)	-18%			
2	Salaries, Wages and Payroll Taxes	\$12,531,989	\$14,768,602	\$2,236,613	18%			
3	Due To Third Party Payers	\$2,936,533	\$8,795,411	\$5,858,878	200%			
4	Due To Affiliates	\$0	\$0	\$0	0%			
5	Current Portion of Long Term Debt	\$3,388,547	\$3,966,139	\$577,592	17%			
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%			
7	Other Current Liabilities	\$0	\$0	\$0	0%			
	Total Current Liabilities	\$60,056,510	\$61,338,167	\$1,281,657	2%			
В.	Long Term Debt:							
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%			
2	Notes Payable (Net of Current Portion)	\$122,717,154	\$119,676,912	(\$3,040,242)	-2%			
	Total Long Term Debt	\$122,717,154	\$119,676,912	(\$3,040,242)	-2%			
3	Accrued Pension Liability	\$0	\$0	\$0	0%			
4	Other Long Term Liabilities	\$68,054,746	\$163,559,466	\$95,504,720	140%			
	Total Long Term Liabilities	\$190,771,900	\$283,236,378	\$92,464,478	48%			
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%			
C.	Net Assets:							
1	Unrestricted Net Assets or Equity	\$261,470,903	\$183,488,285	(\$77,982,618)	-30%			
2	Temporarily Restricted Net Assets	\$11,969,285	\$28,603,447	\$16,634,162	139%			
3	Permanently Restricted Net Assets	\$15,964,548	\$27,106,095	\$11,141,547	70%			
	Total Net Assets	\$289,404,736	\$239,197,827	(\$50,206,909)	-17%			
	Total Liabilities and Net Assets	\$540,233,146	\$583,772,372	\$43,539,226	8%			

		MONTHS ACTUAL	_						
		FISCAL YEAR 200	-						
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION (1) (2) (3) (4) (5) (6)									
(1)	(2)	(2) (3) (4) (5) FY 2008 FY 2009 AMOUNT			(6)				
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$955,033,783	\$1,063,362,218	\$108,328,435	11%				
2	Less: Allowances	\$475,480,123	\$550,978,662	\$75,498,539	16%				
3	Less: Charity Care	\$9,657,765	\$12,266,705	\$2,608,940	27%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$469,895,895	\$500,116,851	\$30,220,956	6%				
5	Other Operating Revenue	\$9,787,234	\$11,334,024	\$1,546,790	16%				
6	Net Assets Released from Restrictions	\$901,999	\$925,886	\$23,887	3%				
	Total Operating Revenue	\$480,585,128	\$512,376,761	\$31,791,633	7%				
в	Operating Expenses:								
В.		¢070457.000	¢000 504 070	¢45 000 000	<u> </u>				
1	Salaries and Wages	\$273,157,683	\$288,524,076	\$15,366,393	6%				
2	Fringe Benefits	\$0	\$0	\$0	0%				
3	Physicians Fees	\$0	\$0	\$0	0%				
4	Supplies and Drugs	\$0	\$0	\$0	0%				
5	Depreciation and Amortization	\$22,381,405	\$25,227,586	\$2,846,181	13%				
6	Bad Debts	\$15,900,244	\$17,033,519	\$1,133,275	7%				
7	Interest	\$6,169,732	\$5,130,485	(\$1,039,247)	-17%				
8	Malpractice	\$0	\$0	\$0	0%				
9	Other Operating Expenses Total Operating Expenses	\$146,807,507 \$464,416,571	\$150,097,175 \$486,012,841	\$3,289,668 \$21,596,270	2% 5%				
_	Income/(Loss) From Operations	\$16,168,557	\$26,363,920	\$10,195,363	63%				
С.	Non-Operating Revenue:	/*** / - / - · · ·	•	• • • • • • • • • •					
1	Income from Investments	(\$31,454,561)	\$7,298,367	\$38,752,928	-123%				
2	Gifts, Contributions and Donations	\$3,104,133	\$1,560,358	(\$1,543,775)	-50%				
3	Other Non-Operating Gains/(Losses)	(\$2,038,936)	\$2,916,925	\$4,955,861	-243%				
	Total Non-Operating Revenue	(\$30,389,364)	\$11,775,650	\$42,165,014	-139%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$14,220,807)	\$38,139,570	\$52,360,377	-368%				
	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	(\$14,220,807)	\$38,139,570	\$52,360,377	-368%				

	DANBURY HEALTH S	(STEMS, INC.		
	TWELVE MONTHS AC	TUAL FILING		
	FISCAL YEA	R 2009		
	REPORT 385 - PARENT CORPORATION CONSC	LIDATED FINANCIAL D	ATA ANALYSIS	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009
Α.	Parent Corporation Statement of Operations Summary			
1	Net Patient Revenue	\$432,273,480	\$469,895,895	\$500,116,851
2	Other Operating Revenue	10,206,542	10,689,233	12,259,910
3	Total Operating Revenue	\$442,480,022	\$480,585,128	\$512,376,761
4	Total Operating Expenses	412,025,358	464,416,571	486,012,841
5	Income/(Loss) From Operations	\$30,454,664	\$16,168,557	\$26,363,920
6	Total Non-Operating Revenue	18,249,365	(30,389,364)	11,775,650
7	Excess/(Deficiency) of Revenue Over Expenses	\$48,704,029	(\$14,220,807)	\$38,139,570
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	6.61%	3.59%	5.03%
2	Parent Corporation Non-Operating Margin	3.96%	-6.75%	2.25%
3	Parent Corporation Total Margin	10.57%	-3.16%	7.28%
4	Income/(Loss) From Operations	\$30,454,664	\$16,168,557	\$26,363,920
5	Total Operating Revenue	\$442,480,022	\$480,585,128	\$512,376,761
6	Total Non-Operating Revenue	\$18,249,365	(\$30,389,364)	\$11,775,650
7	Total Revenue	\$460,729,387	\$450,195,764	\$524,152,411
8	Excess/(Deficiency) of Revenue Over Expenses	\$48,704,029	(\$14,220,807)	\$38,139,570
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$306,702,430	\$261,470,903	\$183,488,28
2	Parent Corporation Total Net Assets	\$333,327,005	\$289,404,736	\$239,197,827
3	Parent Corporation Change in Total Net Assets	\$333,327,005	(\$43,922,269)	(\$50,206,909
4	Parent Corporation Change in Total Net Assets %	0.0%	-13.2%	-17.3%

	DANBURY HEALTH S	YSTEMS, INC.						
	TWELVE MONTHS A	CTUAL FILING						
	FISCAL YE	AR 2009						
	REPORT 385 - PARENT CORPORATION CONS		AL D	ATA ANALYSIS				
(1)	(2)	(3)		(4)	(5)			
		ACTUAL		ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2007		FY 2008	<u>FY 2009</u>			
D.	Liquidity Measures Summary							
1	Current Ratio	6.7	8	1.93	2.00			
2	Total Current Assets	\$363,784,95	4	\$115,703,426	\$122,696,843			
3	Total Current Liabilities	\$53,655,81	7	\$60,056,510	\$61,338,167			
4	Days Cash on Hand	26	9	28	37			
5	Cash and Cash Equivalents	\$12,759,05	8	\$34,272,558	\$46,525,880			
6	Short Term Investments	275,094,11	2	0	0			
7	Total Cash and Short Term Investments	\$287,853,17	0	\$34,272,558	\$46,525,880			
8	Total Operating Expenses	\$412,025,35	8	\$464,416,571	\$486,012,841			
9	Depreciation Expense	\$22,067,73	5	\$22,381,405	\$25,227,586			
10	Operating Expenses less Depreciation Expense	\$389,957,62	3	\$442,035,166	\$460,785,255			
11	Days Revenue in Patient Accounts Receivable		38	37	27			
12	Net Patient Accounts Receivable	\$ 47,164,24	2 \$	50,682,570	\$ 45,303,281			
13	Due From Third Party Payers		0	\$0	\$0			
14	Due To Third Party Payers	\$1,976,28	3	\$2,936,533	\$8,795,411			
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 45,187,95	9 \$	47,746,037	\$ 36,507,870			
16	Total Net Patient Revenue	\$432,273,48	0	\$469,895,895	\$500,116,851			
17	Average Payment Period		50	50	49			
18	Total Current Liabilities	\$53,655,81	7	\$60,056,510	\$61,338,167			
19	Total Operating Expenses	\$412,025,35	8	\$464,416,571	\$486,012,841			
20	Depreciation Expense	\$22,067,7	35	\$22,381,405	\$25,227,586			
21	Total Operating Expenses less Depreciation Expense	\$389,957,62	3	\$442,035,166	\$460,785,255			

	DANBURY HEALTH SYS	TEMS, INC.							
	TWELVE MONTHS ACTU								
	FISCAL YEAR	2009							
	REPORT 385 - PARENT CORPORATION CONSOLI		ATA ANALYSIS						
(1)	(2)	(4)	(5)						
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	FY 2009					
E.	Solvency Measures Summary								
	Equity Financing Datio	58.0	53.6	41.0					
1	Equity Financing Ratio								
2	Total Net Assets	\$333,327,005	\$289,404,736	\$239,197,827					
3	Total Assets	\$574,623,508	\$540,233,146	\$583,772,372					
4	Cash Flow to Total Debt Ratio	39.6	4.5	35.0					
5	Excess/(Deficiency) of Revenues Over Expenses	\$48,704,029	(\$14,220,807)	\$38,139,570					
6	Depreciation Expense	\$22,067,735	\$22,381,405	\$25,227,586					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$70,771,764	\$8,160,598	\$63,367,156					
8	Total Current Liabilities	\$53,655,817	\$60,056,510	\$61,338,167					
9	Total Long Term Debt	\$124,879,851	\$122,717,154	\$119,676,912					
10	Total Current Liabilities and Total Long Term Debt	\$178,535,668	\$182,773,664	\$181,015,079					
11	Long Term Debt to Capitalization Ratio	27.3	29.8	33.3					
12	Total Long Term Debt	\$124,879,851	\$122,717,154	\$119,676,912					
13	Total Net Assets	\$333,327,005	\$289,404,736	\$239,197,827					
14	Total Long Term Debt and Total Net Assets	\$458,206,856	\$412,121,890	\$358,874,739					

			NBURY HOSPITAL			
			MONTHS ACTUAL			
			FISCAL YEAR 2009			
	REPOR	T 400 - HOSPITAL INF	PATIENT BED UTILI	ZATION BY DEPART	MENT	
(4)		(0)	(1)	(5)	(0)	(=)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		DATIENT			OCCUPANCY OF STAFFED	OCCUPANCY OF AVAILABLE
	DESCRIPTION	PATIENT	STAFFED BEDS (A)	AVAILABLE		
LINE	DESCRIPTION	DAYS	<u>BEDS (A)</u>	<u>BEDS</u>	<u>BEDS (A)</u>	BEDS
1	Adult Medical/Surgical	56,942	166	202	94.0%	77.2%
1		30,342	100	202	34.070	11.270
2	ICU/CCU (Excludes Neonatal ICU)	4,180	13	20	88.1%	57.3%
		1	-	-		
3	Psychiatric: Ages 0 to 17	117	1	1	32.1%	32.1%
4	Psychiatric: Ages 18+	7,206	20	21	98.7%	94.0%
	TOTAL PSYCHIATRIC	7,323	21	22	95.5%	91.2%
5	Rehabilitation	4,563	13	14	96.2%	89.3%
		0.000	0.1	0.1	04.00/	50.00/
6	Maternity	6,993	21	34	91.2%	56.3%
7	Newborn	4,937	15	26	90.2%	52.0%
1	INEWDOITI	4,937	15	20	90.2%	52.0%
8	Neonatal ICU	3,128	11	15	77.9%	57.1%
0		0,120		10	11.070	01.170
9	Pediatric	3,728	11	18	92.9%	56.7%
				-		
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	86,857	256	325	93.0%	73.2%
	TOTAL INPATIENT BED UTILIZATION	91,794	271	351	92.8%	71.6%
						=1.00/
		91,794	271	351	92.8%	71.6%
		87,644	248	347	96.8%	69.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	4,150	23	4	-4.0%	2.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	5%	9%	1%	-4%	4%
	DIFFERENCE %. REFORTED VS. FRIOR TEAR	5%	3%	1%	-4%	4%
	Total Licensed Beds and Bassinets	371				
		571				
(A) T	his number may not exceed the number of available	beds for each departr	ment or in total			
(~) I						

		ANBURY HOSPITAL			
	IWELVE	E MONTHS ACTUAL F FISCAL YEAR 2009	ILING		
	REPORT 450 - HOSPITAL INPATIENT AN		ER SERVICES UTIL	ZATION AND FTE	6
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. 1	CT Scans (A) Inpatient Scans	11.010	12.046	1 004	100/
- 1	Outpatient Scans (Excluding Emergency Department	11,812	13,046	1,234	10%
2	Scans)	15,206	15,358	152	1%
3	Emergency Department Scans	9,090	10,842	1,752	19%
4	Other Non-Hospital Providers' Scans (A)	7,375	8,277	902	12%
	Total CT Scans	43,483	47,523	4,040	9%
В.	MRI Scans (A)				
1	Inpatient Scans	1,315	1,428	113	9%
~	Outpatient Scans (Excluding Emergency Department	0 700	7 070		
2	Scans)	6,789	7,073	284	4%
3	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	115 5,520	131 6,170	16 650	14% 12%
4	Total MRI Scans	13,739	14,802	1,063	8%
		10,700	14,002	1,000	570
C.	PET Scans (A)				
1	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	39	100	61	156%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	39	100	61	156%
D.	PET/CT Scans (A)				
1	Inpatient Scans	6	3	-3	-50%
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	697	747	50	7%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0 703	750	47	0% 7%
		105	750	47	170
	(A) If the Hospital is not the primary provider of the volume of each of these types of scans from the			scal year	
		prinary provider of	the scans.		
<u>E.</u>	Linear Accelerator Procedures	544	100	100	00%
1	Inpatient Procedures	541 11,118	432	-109 814	-20%
2	Outpatient Procedures Total Linear Accelerator Procedures	11,659	11,932 12,364	705	<u>7%</u> 6%
		11,000	12,004	100	0,0
F.	Cardiac Catheterization Procedures				
1	Inpatient Procedures	858	612	-246	-29%
2	Outpatient Procedures	564	688	124	22%
	Total Cardiac Catheterization Procedures	1,422	1,300	-122	-9%
G.	Cardiac Angioplasty Procedures				
1	Primary Procedures	65	83	18	28%
	Elective Procedures	276	368	92	33%
2		244	451	110	32%
2	Total Cardiac Angioplasty Procedures	341			
H.	Electrophysiology Studies				
H. 1	Electrophysiology Studies	9	12	3	
Н.	Electrophysiology Studies Inpatient Studies Outpatient Studies	9 40	53	13	33%
H. 1	Electrophysiology Studies	9			33%
H. 1 2 I.	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures	9 40 49	53 65	13 16	33% 33%
H. 1 2 I. 1	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures Inpatient Surgical Procedures	9 40 49 5,096	53 65 4,892	13 16 -204	33% 33% 33% -4%
H. 1 2 I.	Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures	9 40 49	53 65	13 16	33% 33%

	TWELVE		ING					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
(1)	(2)	(3)	(4)	(5)	(6)			
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE			
J.	Endoscopy Procedures							
		009	0.46	20	10			
					<u>49</u> 59			
2			- /					
		10,522	11,030	506	37			
	Hospital Emergency Room Visits	(2) (3) (4) (5) ACTUAL ACTUAL ACTUAL AMOUNT PTION						
	Emergency Room Visits: Treated and Admitted				6%			
2	Emergency Room Visits: Treated and Discharged		55,697	1,232	2%			
	Total Emergency Room Visits	67,553	69,582	2,029	3%			
L.	Hospital Clinic Visits							
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%			
2	Dental Clinic Visits	13,074	12,686	-388	-3%			
	Psychiatric Clinic Visits	22,522	22,772	250	19			
4	Medical Clinic Visits	43,910	43,139	-771	-2%			
5	Specialty Clinic Visits	2,729	3,052	323	12%			
	Total Hospital Clinic Visits	82,235	81,649	-586	-1%			
М.	Other Hospital Outpatient Visits							
1	Rehabilitation (PT/OT/ST)	42,704	42,532	-172	0%			
2	Cardiology	5,841	5,557	-284	-5%			
3	Chemotherapy	1,999	2,803	804	40%			
4	Gastroenterology	0	0	0	0%			
5	Other Outpatient Visits	0	0		0%			
	Total Other Hospital Outpatient Visits	50,544	50,892	348	1%			
N.	Hospital Full Time Equivalent Employees							
	Total Nursing FTEs	518.4	551.4	33.0	6%			
	Total Physician FTEs				-3%			
	Total Non-Nursing and Non-Physician FTEs			-31.0	-2%			
	Total Hospital Full Time Equivalent Employees			-0.1	0%			

	DANBURY	HOSPITAL							
	TWELVE MONTH	S ACTUAL FILIN	NG						
		YEAR 2009							
REP	REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION								
(1)	(2)	(3)	(4)	(5)	(6)				
			AOTUAL		%				
	DECODIDITION	ACTUAL	ACTUAL	AMOUNT	,,				
LINE	DESCRIPTION	<u> </u>	<u>FY 2009</u>	DIFFERENCE	DIFFERENCE				
Α.	Outpatient Surgical Procedures								
1	Hospital	8,293	7,902	-391	-5%				
	Total Outpatient Surgical Procedures(A)	8,293	7,902	-391	-5%				
В.	Outpatient Endoscopy Procedures								
1	Hospital	9,614	10,084	470	5%				
	Total Outpatient Endoscopy Procedures(B)	9,614	10,084	470	5%				
C.	Outpatient Hospital Emergency Room Visits								
1	Hospital	54,465	55,697	1,232					
	Total Outpatient Hospital Emergency Room Visits(54,465	55,697	1,232	2%				
	(A) Must agree with Total Outpatient Surgical Procedur	es on Report 45	50.						
	(,		-						
	(B) Must agree with Total Outpatient Endoscopy Proce	dures on Repor	t 450.						
	(C) Must agree with Emergency Room Visits Treated ar	nd Discharged c	on Report 450.						
					<u> </u>				

		URY HOSPITAL						
	FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYN	IENT DATA: COMPARA	TIVE ANALYS	SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
	DESCRIPTION							
LINE	DESCRIPTION	<u> </u>	FY 2009	<u>DIFFERENCE</u>	DIFFERENCE			
Ι.	DATA BY MAJOR PAYER CATEGORY							
Α.	MEDICARE							
1	INPATIENT ACCRUED CHARGES	\$226,462,315	\$249.602.920	\$23,140,605	10%			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$81,947,178	\$86,419,238	\$4,472,060	5%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.19%	34.62%	-1.56%	-4%			
4	DISCHARGES	8.382	8.566	184	2%			
5	CASE MIX INDEX (CMI)	1.39700	1.37110	(0.02590)	-2%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,709.65400	11,744.84260	35.18860	0%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,998.26	\$7,358.06	\$359.80	5%			
8	PATIENT DAYS	42,968	46,411	3,443	8%			
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,907.17	\$1,862.04	(\$45.13)	-2%			
10	AVERAGE LENGTH OF STAY	5.1	5.4	0.3	6%			
	MEDICARE OUTPATIENT							
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$152,175,913	\$177,971,128	\$25,795,215	17%			
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$55,060,620	\$61,613,338	\$6,552,718	12%			
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.18%	34.62%	-1.56%	-4%			
14	OUTPATIENT CHARGES / INPATIENT CHARGES	67.20%	71.30%	4.10%	6%			
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,632.45369	6,107.70372	475.25002	8%			
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,775.60	\$10,087.81	\$312.21	3%			
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)							
17	TOTAL ACCRUED CHARGES	\$378,638,228	\$427,574,048	\$48,935,820	13%			
18	TOTAL ACCRUED PAYMENTS	\$137,007,798	\$148,032,576	\$11,024,778	8%			
19	TOTAL ALLOWANCES	\$241,630,430	\$279,541,472	\$37,911,042	16%			

	DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009								
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS								
	AND BASELINE UNDERPAYMENT DA	ATA: COMPARAT	IVE ANALYS	515					
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE				
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)								
	NON-GOVERNMENT INPATIENT								
	INPATIENT ACCRUED CHARGES	\$187,008,424	\$196,757,326	\$9,748,902	5%				
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$111,002,270	\$114,566,154	\$3,563,884	3%				
-	INPATIENT PAYMENTS / INPATIENT CHARGES	59.36%	58.23%	-1.13%	-2%				
-	DISCHARGES	9,311	9,049	(262)	-3%				
-	CASE MIX INDEX (CMI)	1.15020	1.12260	(0.02760)	-2%				
	CASE MIX ADJUSTED DISCHARGES (CMAD) INPATIENT ACCRUED PAYMENT / CMAD	10,709.51220	10,158.40740	(551.10480)	-5%				
		\$10,364.83	\$11,277.96	\$913.13	9%				
	MEDICARE - NON-GOVERNMENT IP PMT / CMAD INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,366.57)	(\$3,919.91)	(\$553.33)	16%				
-	PATIENT DAYS	(\$36,054,342)	(\$39,819,999)	(\$3,765,657)	10%				
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	33,553	33,026	(527)	-2%				
	AVERAGE LENGTH OF STAY	\$3,308.27	\$3,468.97	\$160.70	5%				
12	AVERAGE LENGTH OF STAT	3.6	3.6	0.0	1%				
	NON-GOVERNMENT OUTPATIENT								
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$248,083,897	\$275,093,595	\$27,009,698	11%				
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$142,940,093	\$154,051,987	\$11,111,894	8%				
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	57.62%	56.00%	-1.62%	-3%				
16	OUTPATIENT CHARGES / INPATIENT CHARGES	132.66%	139.81%	7.15%	5%				
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	12,351.89900	12,651.73700	299.83800	2%				
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,572.32	\$12,176.35	\$604.03	5%				
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,796.72)	(\$2,088.54)	(\$291.83)	16%				
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$22,192,857)	(\$26,423,702)	(\$4,230,846)	19%				
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)								
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES	£425.000.004	£ 474 050 004	\$20 ZE0 000	00/				
	TOTAL ACCRUED PAYMENTS	\$435,092,321 \$253,942,363	\$471,850,921 \$268,618,141	\$36,758,600 \$14,675,778	<u> </u>				
	TOTAL ALLOWANCES	\$181,149,958	\$203,232,780	\$14,675,778	12%				
25		\$101,143,330	\$203,232,700	ΨZZ,00Z,0ZZ	1270				
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$58,247,199)	(\$66,243,701)	(\$7,996,502)	14%				
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA								
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$388,804,592	\$419,231,815	\$30,427,223	8%				
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$243,755,513	\$258,865,186	\$15,109,673	6%				
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)								
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$145,049,079	\$160,366,629	\$15,317,550	11%				
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.31%	38.25%	0.95%					

	DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009							
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYN	IENT DATA: COMPARA	FIVE ANALYS	SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE			
LINE	DESCRIPTION	<u>F1 2006</u>	<u>F1 2009</u>	DIFFERENCE	DIFFERENCE			
C.	UNINSURED							
0.	ONINGORED							
	UNINSURED INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$7,642,339	\$6,683,450	(\$958,889)	-13%			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,367,744	\$677,729	(\$690,015)	-50%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.90%	10.14%	-7.76%	-43%			
4	DISCHARGES	345	322	(23)	-7%			
5	CASE MIX INDEX (CMI)	1.20870	1.03320	(0.17550)	-15%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	417.00150	332.69040	(84.31110)	-20%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,279.95	\$2,037.12	(\$1,242.83)	-38%			
•	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,084.88	\$9,240.85	\$2,155.97	30%			
	MEDICARE - UNINSURED IP PMT / CMAD	\$3,718.31	\$5,320.94	\$1,602.63	43%			
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,550,540	\$1,770,226	\$219,686	14%			
	PATIENT DAYS	1,298	1,041	(257)	-20%			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,053.73	\$651.04	(\$402.70)	-38%			
13	AVERAGE LENGTH OF STAY	3.8	3.2	(0.5)	-14%			
	UNINSURED OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,319,996	\$20,881,628	\$2.561.632	14%			
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,278,718	\$2,117,482	(\$1,161,236)	-35%			
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.90%	10.14%	-7.76%	-43%			
	OUTPATIENT CHARGES / INPATIENT CHARGES	239.72%	312.44%	72.72%	30%			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	827.02411	1,006.04990	179.02579	22%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,964.48	\$2,104.75	(\$1,859.73)	-47%			
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,607.84	\$10,071.60	\$2,463.76	32%			
	MEDICARE - UNINSURED OP PMT / OPED	\$5,811.12	\$7,983.06	\$2,171.93	37%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,805,940	\$8,031,356	\$3,225,416	67%			
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)							
23	TOTAL ACCRUED CHARGES	\$25,962,335	\$27,565,078	\$1,602,743	6%			
24	TOTAL ACCRUED PAYMENTS	\$4,646,462	\$2,795,211	(\$1,851,251)	-40%			
25	TOTAL ALLOWANCES	\$21,315,873	\$24,769,867	\$3,453,994	16%			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,356,480	\$9,801,582	\$3,445,102	54%			

	DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009							
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAY	MENT DATA: COMPARAT	TIVE ANALYS	SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE			
D.	STATE OF CONNECTICUT MEDICAID							
	MEDICAID INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$31,712,011	\$41,879,240	\$10,167,229	32%			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,907,461	\$13,231,023	\$1,323,562	11%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.55%	31.59%	-5.96%	-16%			
4	DISCHARGES	2,270	2,312	42	2%			
5	CASE MIX INDEX (CMI)	0.84190	0.94140	0.09950	12%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,911.11300	2,176.51680	265.40380	14%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,230.64	\$6,078.99	(\$151.65)	-2%			
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,134.19	\$5,198.97	\$1,064.79	26%			
	MEDICARE - MEDICAID IP PMT / CMAD	\$767.62	\$1,279.07	\$511.45	67%			
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,467,001	\$2,783,915	\$1,316,914	90%			
11	PATIENT DAYS	8,886	9,655	769	9%			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,340.02	\$1,370.38	\$30.36	2%			
13	AVERAGE LENGTH OF STAY	3.9	4.2	0.3	7%			
	MEDICAID OUTPATIENT							
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$30,152,838	\$39,619,838	\$9,467,000	31%			
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,897,180	\$9,721,022	\$823,842	9%			
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.51%	24.54%	-4.97%	-17%			
	OUTPATIENT CHARGES / INPATIENT CHARGES	95.08%	94.60%	-0.48%	-1%			
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,158.39173	2,187.26666	28.87493	1%			
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,122.13	\$4,444.37	\$322.24	8%			
	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,450.18	\$7,731.98	\$281.80	4%			
	MEDICARE - MEDICAID OP PMT / OPED	\$5,653.47	\$5,643.44	(\$10.03)	0%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,202,396	\$12,343,703	\$141,306	1%			
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)							
	TOTAL ACCRUED CHARGES	\$61,864,849	\$81,499,078	\$19,634,229	32%			
24	TOTAL ACCRUED PAYMENTS	\$20,804,641	\$22,952,045	\$2,147,404	10%			
25	TOTAL ALLOWANCES	\$41,060,208	\$58,547,033	\$17,486,825	43%			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,669,397	\$15,127,617	\$1,458,220	11%			

	DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009							
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYMEN	DATA: COMPARAT		SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE			
LINE	DESCRIPTION	<u>F1 2000</u>	FT 2009	DIFFERENCE	DIFFERENCE			
Е.	OTHER MEDICAL ASSISTANCE (O.M.A.)							
	OTHER MEDICAL ASSISTANCE INPATIENT							
-	INPATIENT ACCRUED CHARGES	\$8,870,935	\$10,110,940	\$1,240,005	14%			
_	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,548,040	\$1,058,628	(\$489,412)	-32%			
-	INPATIENT PAYMENTS / INPATIENT CHARGES	17.45%	10.47%	-6.98%	-40%			
-	DISCHARGES	482	545	63	13%			
-	CASE MIX INDEX (CMI)	0.91060	0.86790	(0.04270)	-5%			
-	CASE MIX ADJUSTED DISCHARGES (CMAD) INPATIENT ACCRUED PAYMENT / CMAD	438.90920	473.00550	34.09630	8%			
		\$3,527.02	\$2,238.09	(\$1,288.93)	-37%			
	NON-GOVERNMENT - O.M.A. IP PMT / CMAD MEDICARE - O.M.A. IP PMT / CMAD	\$6,837.81 \$3,471.24	\$9,039.88 \$5,119.97	\$2,202.06 \$1,648.73	<u> </u>			
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,471.24	\$2,421,774	\$1,648.73	47%			
	PATIENT DAYS	2,186	\$2,421,774	\$090,214 414	19%			
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$708.16	\$407.16	(\$301.00)	-43%			
•	AVERAGE LENGTH OF STAY	4.5	4.8	0.2	5%			
	OTHER MEDICAL ASSISTANCE OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,192,179	\$10,297,709	\$105,530	1%			
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1.823.202	\$2,585,492	\$762.290	42%			
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.89%	25.11%	7.22%	40%			
17	OUTPATIENT CHARGES / INPATIENT CHARGES	114.89%	101.85%	-13.05%	-11%			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	553.78946	555.06722	1.27777	0%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,292.23	\$4,657.98	\$1,365.75	41%			
-	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$8,280.09	\$7,518.37	(\$761.72)	-9%			
	MEDICARE - O.M.A. OP PMT / CMAD	\$6,483.37	\$5,429.83	(\$1,053.54)	-16%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,590,423	\$3,013,919	(\$576,504)	-16%			
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)							
23	TOTAL ACCRUED CHARGES	\$19,063,114	\$20,408,649	\$1,345,535	7%			
24	TOTAL ACCRUED PAYMENTS	\$3,371,242	\$3,644,120	\$272,878	8%			
25	TOTAL ALLOWANCES	\$15,691,872	\$16,764,529	\$1,072,657	7%			
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$5,113,983	\$5,435,693	\$321,711	6%			

	DANBU	IRY HOSPITAL						
		THS ACTUAL FILING						
	FISCAL YEAR 2009							
	REPORT FORM 500 - CALCULA	TION OF DSH UPPER F	PAYMENT LIN	TIN				
	AND BASELINE UNDERPAYM	ENT DATA: COMPARAT	IVE ANALYS	SIS				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE	DIFFERENCE			
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEI	DICAL ASSISTANCE)						
1	TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES	\$40,582,946	\$51,990,180	\$11.407.234	289			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,455,501	\$14,289,651	\$11,407,234 \$834,150	69			
	INPATIENT PAYMENTS / INPATIENT CHARGES	33.16%	27.49%	-5.67%	-179			
•	DISCHARGES	2.752	2.857	-5.07 %	-175			
	CASE MIX INDEX (CMI)	0.85393	0.92738	0.07345	99			
	CASE MIX ADJUSTED DISCHARGES (CMAD)	2.350.02220	2.649.52230	299.50010	139			
	INPATIENT ACCRUED PAYMENT / CMAD	\$5,725.69	\$5.393.29	(\$332.40)	-6%			
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,639.14	\$5,884.67	\$1,245.53	279			
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,272.57	\$1,964.77	\$692.20	54%			
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,990,560	\$5,205,689	\$2,215,129	749			
11	PATIENT DAYS	11,072	12,255	1,183	119			
. –	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,215.27	\$1,166.03	(\$49.25)	-4%			
13	AVERAGE LENGTH OF STAY	4.0	4.3	0.3	7%			
	TOTAL MEDICAL ASSISTANCE OUTPATIENT							
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$40,345,017	\$49,917,547	\$9,572,530	24%			
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,720,382	\$12,306,514	\$1,586,132	15%			
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.57%	24.65%	-1.92%	-7%			
	OUTPATIENT CHARGES / INPATIENT CHARGES	99.41%	96.01%	-3.40%	-3%			
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,712.18119	2,742.33389	30.15270	19			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,952.68	\$4,487.61	\$534.93	149			
	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,619.64	\$7,688.74	\$69.11	19			
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,822.92	\$5,600.20	(\$222.72)	-40			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,792,819	\$15,357,622	(\$435,197)	-3%			
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)							
	TOTAL ACCRUED CHARGES	\$80,927,963	\$101,907,727	\$20,979,764	26%			
24	TOTAL ACCRUED PAYMENTS	\$24,175,883	\$26,596,165	\$2,420,282	109			
25	TOTAL ALLOWANCES	\$56,752,080	\$75,311,562	\$18,559,482	33%			

	DANBURY H	OSPITAL						
	TWELVE MONTHS A	CTUAL FILING						
	FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT							
	AND BASELINE UNDERPAYMENT D	ATA: COMPARAT	IVE ANALYS	515				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	DIFFERENCE			
_								
G.	<u>CHAMPUS / TRICARE</u>							
	CHAMPUS / TRICARE INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$254,600	\$392,783	\$138,183	54%			
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$70,102	\$152,328	\$82,226	117%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.53%	38.78%	11.25%	41%			
4	DISCHARGES	14	25	11	79%			
5	CASE MIX INDEX (CMI)	0.89120	0.81390	(0.07730)	-9%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12.47680	20.34750	7.87070	63%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,618.59	\$7,486.33	\$1,867.74	33%			
8	PATIENT DAYS	51	102	51	100%			
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,374.55	\$1,493.41	\$118.86	9%			
10	AVERAGE LENGTH OF STAY	3.6	4.1	0.4	12%			
	CHAMPUS / TRICARE OUTPATIENT							
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$441,361	\$617,917	\$176,556	40%			
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$113,713	\$141,290	\$27,577	24%			
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)							
13	TOTAL ACCRUED CHARGES	\$695,961	\$1,010,700	\$314,739	45%			
14	TOTAL ACCRUED PAYMENTS	\$183,815	\$293,618	\$109,803	60%			
	TOTAL ALLOWANCES	\$512,146	\$717,082	\$204,936	40%			
Н.	OTHER DATA							
1	OTHER OPERATING REVENUE	\$7,209,183	\$7,344,217	\$135,034	2%			
	TOTAL OPERATING EXPENSES	\$381,506,727	\$442,588,744	\$61,082,017	16%			
-	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,569,490	\$2,383,181	(\$186,309)	-7%			
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)							
4	CHARITY CARE (CHARGES)	\$9,657,765	\$12,266,705	\$2,608,940	27%			
	BAD DEBTS (CHARGES)	\$15,597,793	\$16,695,481	\$1,097,688	7%			
	UNCOMPENSATED CARE (CHARGES)	\$25,255,558	\$28,962,186	\$3,706,628	15%			
7	COST OF UNCOMPENSATED CARE	\$11,772,814	\$12,864,011	\$1,091,197	9%			
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)							
8	TOTAL ACCRUED CHARGES	\$80,927,963	\$101,907,727	\$20,979,764	26%			
	TOTAL ACCRUED PAYMENTS	\$24,175,883	\$26,596,165	\$2,420,282	10%			
10	COST OF TOTAL MEDICAL ASSISTANCE	\$37,724,364	\$45,263,921	\$7,539,558	20%			
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,548,481	\$18,667,756	\$5,119,276	38%			

		URY HOSPITAL NTHS ACTUAL FILING			
		SCAL YEAR 2009			
	REPORT FORM 500 - CALCUL	ATION OF DSH UPPER I	PAYMENT LII	ИГ	
	AND BASELINE UNDERPAYN	IENT DATA: COMPARA	TIVE ANALYS	SIS	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u> </u>	FY 2009	DIFFERENCE	DIFFERENCE
П.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$454,308,285	\$498,743,209	\$44,434,924	10%
2	TOTAL INPATIENT PAYMENTS	\$206,475,051	\$215,427,371	\$8,952,320	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	45.45%	43.19%	-2.25%	-5%
4	TOTAL DISCHARGES	20,459	20,497	38	0%
5	TOTAL CASE MIX INDEX	1.21128	1.19886	(0.01242)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	24,781.66520	24,573.11980	(208.54540)	-1%
7	TOTAL OUTPATIENT CHARGES	\$441,046,188	\$503,600,187	\$62,553,999	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	97.08%	100.97%	3.89%	4%
-	TOTAL OUTPATIENT PAYMENTS	\$208,834,808	\$228,113,129	\$19,278,321	9%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47.35%	45.30%	-2.05%	-4%
	TOTAL CHARGES	\$895,354,473	\$1,002,343,396	\$106,988,923	12%
12	TOTAL PAYMENTS	\$415,309,859	\$443,540,500	\$28,230,641	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.38%	44.25%	-2.13%	-5%
14	PATIENT DAYS	87,644	91,794	4,150	5%
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$267,299,861	\$301,985,883	\$34,686,022	13%
2	INPATIENT PAYMENTS	\$95,472,781	\$100,861,217	\$5,388,436	6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	35.72%	33.40%	-2.32%	-6%
4	DISCHARGES	11,148	11,448	300	3%
5	CASE MIX INDEX	1.26230	1.25915	(0.00316)	0%
6	CASE MIX ADJUSTED DISCHARGES	14,072.15300	14,414.71240	342.55940	2%
7	OUTPATIENT CHARGES	\$192,962,291	\$228,506,592	\$35,544,301	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.19%	75.67%	3.48%	5%
9	OUTPATIENT PAYMENTS OUTPATIENT CHARGES	\$65,894,715	\$74,061,142	\$8,166,427	12%
10	TOTAL CHARGES	34.15%	32.41%	-1.74%	-5%
		\$460,262,152	\$530,492,475	\$70,230,323	15%
	TOTAL PAYMENTS TOTAL PAYMENTS / CHARGES	\$161,367,496	\$174,922,359	\$13,554,863	8%
-	PATIENT DAYS	35.06%	32.97%	-2.09%	-6% 9%
		54,091	58,768	4,677	
15	TOTAL GOVERNMENT DEDUCTIONS	\$298,894,656	\$355,570,116	\$56,675,460	19%
	AVERAGE LENGTH OF STAY				
	MEDICARE	5.1	5.4	0.3	6%
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.6	0.3	6% 1%
	UNINSURED	3.6	3.0	(0.5)	-14%
•	MEDICAID	3.8	4.2	0.3	-14%
-	OTHER MEDICAL ASSISTANCE	4.5	4.2	0.3	5%
6	CHAMPUS / TRICARE	4.5	4.0	0.2	12%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.1	0.4	5%
- '		4.3	4.5	0.2	5%

FISCAL YEA REPORT FORM 500 - CALCULATION OF AND BASELINE UNDERPAYMENT DAT DESCRIPTION DATA USED IN BASELINE UNDERPAYMENT CALCULATION OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES MPLOYEE SELF INSURANCE ALLOWANCE	A: COMPARAT A: COMPARAT ACTUAL FY 2008 \$895,354,473 \$298,894,656		AMOUNT DIFFERENCE	% <u>DIFFERENCE</u>
AND BASELINE UNDERPAYMENT DAT DESCRIPTION DATA USED IN BASELINE UNDERPAYMENT CALCULATION OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	A: COMPARAT ACTUAL FY 2008 \$895,354,473 \$298,894,656	FIVE ANALYS ACTUAL FY 2009 \$1,002,343,396	AMOUNT DIFFERENCE	
DESCRIPTION DATA USED IN BASELINE UNDERPAYMENT CALCULATION OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	ACTUAL FY 2008 \$895,354,473 \$298,894,656	ACTUAL FY 2009	AMOUNT DIFFERENCE	
DESCRIPTION DATA USED IN BASELINE UNDERPAYMENT CALCULATION OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	ACTUAL FY 2008 \$895,354,473 \$298,894,656	ACTUAL FY 2009	AMOUNT DIFFERENCE	
OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	FY 2008 \$895,354,473 \$298,894,656	FY 2009	DIFFERENCE	
OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	FY 2008 \$895,354,473 \$298,894,656	FY 2009	DIFFERENCE	
OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$895,354,473 \$298,894,656	\$1,002,343,396		DIFFERENCE
OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,894,656			
OTAL CHARGES OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,894,656			
OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,894,656			
OTAL GOVERNMENT DEDUCTIONS INCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,894,656			
NCOMPENSATED CARE OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$255 570 44C	\$106,988,923	12%
OTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	A	accee	\$56,675,460	19%
	\$25,255,558	\$28,962,186	\$3,706,628	
MPLOYEE SELF INSURANCE ALLOWANCE	\$145,049,079	\$160,366,629	\$15,317,550	11%
	\$11,357,466	\$14,621,048	\$3,263,582	29%
OTAL ADJUSTMENTS	\$480,556,759	\$559,519,979	\$78,963,220	16%
OTAL ACCRUED PAYMENTS	\$414,797,714	\$442,823,417	\$28,025,703	7%
UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$2,569,490	\$2,383,181	(\$186,309)	-7%
IET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$417,367,204	\$445,206,598	\$27,839,394	7%
ATIO OF NET REVENUE TO TOTAL CHARGES	0.4661474495	0.4441657418	(0.0219817077)	-5%
OST OF UNCOMPENSATED CARE	\$11,772,814	\$12,864,011	\$1,091,197	9%
IEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,548,481	\$18,667,756	\$5,119,276	38%
PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
OTAL COST OF UNCOMPENSATED CARE AND				
IEDICAL ASSISTANCE UNDERPAYMENT	\$25,321,294	\$31,531,767	\$6,210,472	25%
CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
	£40.000.00C	£40.040.700	£4.44.200	1%
			• 1	6%
				54%
				17%
	ψ23,072,033	ΨZ1,500,570	45,500,115	1770
DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
	\$20,237,123	\$25,103,550	\$4,866,427	24.05%
				12.24%
				6.87%
	· · ·			0.00%
	,,.,	1 1 1 1		11.95%
	· · ·			0.00%
INCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$25,255,558	\$28,962,186	\$3,706,628	14.68%
	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) ET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. ITIO OF NET REVENUE TO TOTAL CHARGES DST OF UNCOMPENSATED CARE EDICAL ASSISTANCE (OVER) / UNDERPAYMENT PLUS OHCA ADJUSTMENT (OHCA INPUT) DTAL COST OF UNCOMPENSATED CARE AND EDICAL ASSISTANCE UNDERPAYMENT	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$2,569,490 ET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. \$417,367,204 XTIO OF NET REVENUE TO TOTAL CHARGES 0.4661474495 SST OF UNCOMPENSATED CARE \$11,772,814 EDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$13,548,481 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 DTAL COST OF UNCOMPENSATED CARE AND \$25,321,294 ALCULATED UNDERPAYMENT \$25,321,294 ALCULATED UNDERPAYMENT \$25,321,294 EDICAL ASSISTANCE UNDERPAYMENT \$25,321,294 ALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$12,202,396 EDICAL ASSISTANCE UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$12,202,396 EDICAL ASSISTANCE UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$23,672,859 THER MEDICAL ASSISTANCE \$5,113,983 NINSURED (INCLUDED IN NON-GOVERNMENT) \$6,356,480 TAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$23,672,859 ATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600 \$22,672,859 MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE \$12,626,619 ST REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS \$430,505,970 US/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$0	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$2,569,490 \$2,383,181 TT REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. \$417,367,204 \$445,206,598 NTIO OF NET REVENUE TO TOTAL CHARGES 0.4661474495 0.4441657418 DST OF UNCOMPENSATED CARE \$11,772,814 \$12,864,011 EDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$13,548,481 \$18,667,756 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 OTAL COST OF UNCOMPENSATED CARE AND \$25,321,294 \$31,531,767 EDICAL ASSISTANCE UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$12,202,396 \$12,343,703 THER MEDICAL ASSISTANCE UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$0 \$23,3672,859 EDICAID \$12,202,396 \$12,343,703 THER MEDICAL ASSISTANCE \$5,113,983 \$5,435,693 NINSURED (INCLUDED IN NON-GOVERNMENT) \$6,356,480 \$9,801,582 DTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$23,672,859 \$27,580,978 MELCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$23,672,859 \$27,580,978 THER MEDICAL ASSISTANCE \$20,237,123 \$25,103,550 USTAL CALCULATED UNDERPAYMENT (UPPER LIMIT ME	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$2,569,490 \$2,383,181 (\$186,309) TR REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. \$417,367,204 \$445,206,598 \$27,833,394 NTIO OF NET REVENUE TO TOTAL CHARGES 0.4661474495 0.4441657418 (0.0219817077) SST OF UNCOMPENSATED CARE \$11,772,814 \$12,864,011 \$11,091,197 EDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$13,548,481 \$18,667,756 \$5,119,276 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 \$0 STAL COST OF UNCOMPENSATED CARE AND

	DANBURY HOSPITAL			
	TWELVE MONTHS ACTUAL FILIN	IG		
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PA			
	BASELINE UNDERPAYMENT DA	ТА		
(1)	(2)	(2)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
1.				
		¢4.97.009.494	¢406 757 226	¢0 749 000
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$187,008,424 \$226,462,315	\$196,757,326 249,602,920	\$9,748,902 \$23,140,605
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,582,946	51,990,180	\$11,407,234
	MEDICAID OTHER MEDICAL ASSISTANCE	\$31,712,011 \$8,870,935	41,879,240 10,110,940	\$10,167,229 \$1,240,005
	CHAMPUS / TRICARE	\$254,600	392,783	\$138,183
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,642,339	6,683,450	(\$958,889
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$267,299,861 \$454,308,285	\$301,985,883 \$498,743,209	\$34,686,022 \$44,434,924
		φ 4 04,300,285	φ 4 30,743,209	<u></u>
		0.10.000.05	075 000 505	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$248,083,897 \$152,175,913	\$275,093,595 177,971,128	\$27,009,698 \$25,795,215
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,345,017	49,917,547	\$9,572,530
	MEDICAID	\$30,152,838	39,619,838	\$9,467,000
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$10,192,179 \$441,361	10,297,709 617,917	\$105,530 \$176,556
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,319,996	20,881,628	\$2,561,632
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$192,962,291	\$228,506,592	\$35,544,301
	TOTAL OUTPATIENT CHARGES	\$441,046,188	\$503,600,187	\$62,553,999
C.	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$435,092,321	\$471,850,921	\$36,758,600
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$378,638,228 \$80,927,963	\$427,574,048 \$101,907,727	\$48,935,820 \$20,979,764
	TOTAL MEDICAID	\$61,864,849	\$81,499,078	\$19,634,229
	TOTAL OTHER MEDICAL ASSISTANCE	\$19,063,114	\$20,408,649	\$1,345,535
	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$695,961 \$25,962,335	\$1,010,700 \$27,565,078	\$314,739 \$1,602,743
,	TOTAL GOVERNMENT CHARGES	\$460,262,152	\$530,492,475	\$70,230,323
	TOTAL CHARGES	\$895,354,473	\$1,002,343,396	\$106,988,923
D.	INPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$111,002,270	\$114,566,154	\$3,563,884
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$81,947,178 \$13,455,501	86,419,238 14,289,651	\$4,472,060 \$834,150
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,455,501	13,231,023	\$1,323,562
5	OTHER MEDICAL ASSISTANCE	\$1,548,040	1,058,628	(\$489,412
-		\$70,102	152,328	\$82,226
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$1,367,744 \$95,472,781	677,729 \$100,861,217	<u>(\$690,015</u> \$5,388,436
	TOTAL INPATIENT PAYMENTS	\$206,475,051	\$215,427,371	\$8,952,320
-				
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$142,940,093	\$154,051,987	\$11,111,894
	MEDICARE	\$55,060,620	61,613,338	\$6,552,718
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,720,382	12,306,514	\$1,586,132
	MEDICAID OTHER MEDICAL ASSISTANCE	\$8,897,180 \$1,823,202	9,721,022 2,585,492	\$823,842 \$762,290
	CHAMPUS / TRICARE	\$1,823,202	2,585,492	\$762,290 \$27,577
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,278,718	2,117,482	(\$1,161,236
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$65,894,715 \$208,834,808	\$74,061,142 \$228,113,129	\$8,166,427
		φ200,034,008	φ220,113,129	\$19,278,321
		\$050 040 000	¢000.040.444	¢44.075.750
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$253,942,363 \$137,007,798	\$268,618,141 \$148,032,576	\$14,675,778 \$11,024,778
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,175,883	\$26,596,165	\$2,420,282
	TOTAL MEDICAID	\$20,804,641	\$22,952,045	\$2,147,404
	TOTAL OTHER MEDICAL ASSISTANCE	\$3,371,242	\$3,644,120	\$272,878
	TOTAL CHAMPLIS / TRICARE	C100 01E		
6	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$183,815 \$4,646,462	\$293,618 \$2,795,211	
6				\$109,803 (\$1,851,251 \$13,554,863 \$28,230,641

	TWELVE MONTHS ACTUA			
	FISCAL YEAR 20			
	REPORT 550 - CALCULATION OF DSH UPP	PER PAYMENT LIMIT AND		
	BASELINE UNDERPAYME	NT DATA		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE
II.	PAYER MIX			
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
		00.000/	40.000/	1.000
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	20.89%	19.63%	-1.269
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.29% 4.53%	24.90% 5.19%	-0.399
<u>3</u> 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.53%	4.18%	0.65
5	OTHER MEDICAL ASSISTANCE	0.99%	1.01%	0.04
6	CHAMPUS / TRICARE	0.03%	0.04%	0.01
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.85%	0.67%	-0.199
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.85%	30.13%	0.27
	TOTAL INPATIENT PAYER MIX	50.74%	49.76%	-0.989
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
-		07.740/	07.450/	0.000
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.71%	27.45%	-0.269
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.00% 4.51%	17.76% 4.98%	0.769
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.37%	3.95%	0.599
5	OTHER MEDICAL ASSISTANCE	1.14%	1.03%	-0.119
6	CHAMPUS / TRICARE	0.05%	0.06%	0.019
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.05%	2.08%	0.049
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.55%	22.80%	1.25
	TOTAL OUTPATIENT PAYER MIX	49.26%	50.24%	0.98
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.009
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.73%	25.83%	-0.909
2	MEDICARE	19.73%	19.48%	-0.30
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.24%	3.22%	-0.029
4	MEDICAID	2.87%	2.98%	0.129
5	OTHER MEDICAL ASSISTANCE	0.37%	0.24%	-0.139
6	CHAMPUS / TRICARE	0.02%	0.03%	0.029
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.33%	0.15%	-0.189
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.99%	22.74%	-0.25
	TOTAL INPATIENT PAYER MIX	49.72%	48.57%	-1.15
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.42%	34.73%	0.319
2	MEDICARE	13.26%	13.89%	0.639
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.58%	2.77%	0.199
4	MEDICAID	2.14%	2.19%	0.059
5	OTHER MEDICAL ASSISTANCE	0.44%	0.58%	0.149
6	CHAMPUS / TRICARE	0.03%	0.03%	0.00
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.79%	0.48%	-0.319
1	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.87%	16.70%	0.83
1		E0 200/	51.43%	1.15
1	TOTAL OUTPATIENT PAYER MIX	50.28%	51.43%	1.15
1	TOTAL OUTPATIENT PAYER MIX TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00

	DANBURY HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYME	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
		(1)	())	(-)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	DATA		
Α.	<u>DISCHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,311	9,049	(26
	MEDICARE	8,382	8,566	18
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,752	2,857	10
	MEDICAID OTHER MEDICAL ASSISTANCE	2,270 482	2,312 545	4
	CHAMPUS / TRICARE	482	25	0 1
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	345	322	(2
	TOTAL GOVERNMENT DISCHARGES	11,148	11,448	30
	TOTAL DISCHARGES	20,459	20,497	3
В.	PATIENT DAYS			
ю.				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33,553	33,026	(52
	MEDICARE	42,968	46,411	3,44
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,072	12,255	1,18
	MEDICAID OTHER MEDICAL ASSISTANCE	8,886 2,186	9,655 2,600	
	CHAMPUS / TRICARE	2,180	2,000	4
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,298	1,041	(25
	TOTAL GOVERNMENT PATIENT DAYS	54,091	58,768	4,67
	TOTAL PATIENT DAYS	87,644	91,794	4,15
~	AVERAGE LENGTH OF STAY (ALOS)			
C.	AVERAGE LENGTH OF STAT (ALOS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.6	0.
	MEDICARE	5.1	5.4	0.
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	4.3	0
	MEDICAID OTHER MEDICAL ASSISTANCE	3.9 4.5	4.2	0
	CHAMPUS / TRICARE	4.5	4.8	0
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	3.2	(0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.9	5.1	0
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.5	0
D.	CASE MIX INDEX			
<u>D.</u>				
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.15020	1.12260	(0.0276
	MEDICARE	1.39700	1.37110	(0.0259
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.85393	0.92738	0.0734
	MEDICAID OTHER MEDICAL ASSISTANCE	0.84190	0.94140 0.86790	0.0995
	CHAMPUS / TRICARE	0.91060	0.86790	(0.0427)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20870	1.03320	(0.1755
	TOTAL GOVERNMENT CASE MIX INDEX	1.26230	1.25915	(0.003
	TOTAL CASE MIX INDEX	1.21128	1.19886	(0.0124
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$388,804,592	\$419,231,815	\$30,427,22
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$243,755,513	\$258,865,186	\$15,109,67
3	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$145,049,079	\$160,366,629	\$15,317,55
	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.31%	38.25%	0.95
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$20,237,123	\$25,103,550	\$4,866,42
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,357,466	\$14,621,048	\$3,263,58
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT	\$2,569,490	\$2,383,181	
	OHCA INPUT)		A 4 -	(\$186,30
	CHARITY CARE	\$9,657,765 \$15,507,703	\$12,266,705	\$2,608,94
	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$15,597,793 \$25,255,558	\$16,695,481 \$28,962,186	\$1,097,68 \$3,706,62
	TOTAL UNCOMPENSATED CARE	\$388,804,592	\$419,231,815	\$30,427,22
		\$381,506,727	\$442,588,744	\$61,082,01

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	DANBURY HOS	SPITAL					
	TWELVE MONTHS AC	TUAL FILING					
	FISCAL YEAR 2009						
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
	BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	AMOUNT			
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE			

	DANBURY HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
	DECODIDITION			AMOUNT
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	DIFFERENCE
IV	DSH UPPER PAYMENT LIMIT CALCULATIONS			
111				
Α.	CASE MIX ADJUSTED DISCHARGES			
				/
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,709.51220	10,158.40740	(551.10480
		11,709.65400	11,744.84260	35.18860
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	2,350.02220 1,911.11300	2,649.52230 2,176.51680	299.50010 265.40380
	OTHER MEDICAL ASSISTANCE	438.90920	473.00550	265.40380 34.09630
-	CHAMPUS / TRICARE	12.47680	20.34750	7.87070
-	UNINSURED (INCLUDED IN NON-GOVERNMENT)	417.00150	332.69040	(84.31110)
-	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	14,072.15300	14,414.71240	342.55940
	TOTAL CASE MIX ADJUSTED DISCHARGES	24,781.66520	24,573.11980	(208.54540)
				•
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,351.89900	12,651.73700	299.83800
		5,632.45369	6,107.70372	475.25002
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,712.18119	2,742.33389	30.15270
	MEDICAID OTHER MEDICAL ASSISTANCE	2,158.39173 553.78946	2,187.26666 555.06722	28.87493
	CHAMPUS / TRICARE	24.26965	39.32941	15.05976
-	UNINSURED (INCLUDED IN NON-GOVERNMENT)	827.02411	1,006.04990	179.02579
1	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,368.90454	8,889.36702	520.46248
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,720.80353	21,541.10402	820.30048
		.,	,	
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,364.83	\$11,277.96	\$913.13
	MEDICARE	\$6,998.26	\$7,358.06	\$359.80
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,725.69	\$5,393.29	(\$332.40
	MEDICAID	\$6,230.64	\$6,078.99	(\$151.65
	OTHER MEDICAL ASSISTANCE	\$3,527.02	\$2,238.09	(\$1,288.93
6	CHAMPUS / TRICARE	\$5,618.59	\$7,486.33	\$1,867.74
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,279.95	\$2,037.12	(\$1,242.83)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,784.52	\$6,997.10	\$212.58
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,331.77	\$8,766.79	\$435.02
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
<i>D</i> .	UNITATIENT FATMENT FER UNITATIENT EQUIVALENT DISCHARGE			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,572.32	\$12,176.35	\$604.03
2	MEDICARE	\$9,775.60	\$10,087.81	\$312.21
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,952.68	\$4,487.61	\$534.93
	MEDICAID	\$4,122.13	\$4,444.37	\$322.24
	OTHER MEDICAL ASSISTANCE	\$3,292.23	\$4,657.98	\$1,365.75
	CHAMPUS / TRICARE	\$4,685.40	\$3,592.48	(\$1,092.92)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,964.48	\$2,104.75	(\$1,859.73
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	¢7 070 70	¢0 004 40	<i>¢ 4E7 ~7</i>
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,873.76 \$10,078.51	\$8,331.43 \$10,589.67	\$457.67 \$511.16

	DANBURY HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAY			
	BASELINE UNDERPAYMENT DATA			
	BASELINE ONDERN ATMENT DATA			
(4)	(2)	(2)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE
	DESCRIPTION	<u>FT 2000</u>	<u>FT 2009</u>	DIFFERENCE
X 7	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
۷.				
1	MEDICAID	\$12,202,396	\$12,343,703	\$141,306
2	OTHER MEDICAL ASSISTANCE	\$5,113,983	\$5,435,693	\$321,711
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,356,480	\$9,801,582	\$3,445,102
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$23,672,859	\$27,580,978	\$3,908,119
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VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO	LOGY)		
1	TOTAL CHARGES	\$895,354,473	\$1,002,343,396	\$106,988,923
2	TOTAL GOVERNMENT DEDUCTIONS	\$298,894,656	\$355,570,116	\$56,675,460
3	UNCOMPENSATED CARE	\$25,255,558	\$28,962,186	\$3,706,628
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$145,049,079	\$160,366,629	\$15,317,550
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,357,466	\$14,621,048	\$3,263,582
6	TOTAL ADJUSTMENTS	\$480,556,759	\$559,519,979	\$78,963,220
7	TOTAL ACCRUED PAYMENTS	\$414,797,714	\$442,823,417	\$28,025,703
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,569,490	\$2,383,181	(\$186,309
	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$417,367,204	\$445,206,598	\$27,839,394
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4661474495	0.4441657418 \$12,864,011	(0.0219817077
	COST OF UNCOMPENSATED CARE MEDICAL ASSISTANCE UNDERPAYMENT	\$11,772,814 \$13,548,481	\$12,864,011	\$1,091,197 \$5,119,276
12	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$13,546,461	\$18,007,736	
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$25,321,294	\$31,531,767	\$6,210,472
17		φ20,021,204	ψ01,001,707	ψ0,210,472
VII.	RATIOS			
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	59.36%	58.23%	-1.139
	MEDICARE	36.19%	34.62%	-1.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33.16%	27.49%	-5.67%
4	MEDICAID	37.55%	31.59%	-5.96%
	OTHER MEDICAL ASSISTANCE	17.45%	10.47%	-6.98%
	CHAMPUS / TRICARE	27.53%	38.78%	11.259
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17.90%	10.14%	-7.76%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
		35.72%	33.40%	-2.32%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	45.45%	43.19%	-2.25%
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	57.62%	56.00%	-1.62%
2		36.18%	34.62%	-1.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.57%	24.65%	-1.92%
4	MEDICAID OTHER MEDICAL ASSISTANCE	29.51% 17.89%	24.54% 25.11%	-4.97%
5 6	CHAMPUS / TRICARE	25.76%	25.11%	-2.909
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17.90%	10.14%	-2.907
1	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	17.50%	10.14%	-1.107
		04.45%	00 4404	4 - 44
	TOTAL DATIO OF OUTDATIENT DAVMENTS TO OUTDATIENT OUADOES	34.15%	32.41%	-1.749
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	47.35%	45.30%	-2.05%

	DANBURY HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(4)	(2)	(2)	(4)	(E)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	TIONS		
_	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT	-		
Α.	RECONCILIATION OF ORCA DEFINED NET REVENUE TO ROSPITAL AUDITED FIN. STATEMENTS	2		
1	TOTAL ACCRUED PAYMENTS	\$415,309,859	\$443,540,500	\$28,230,641
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)			(\$186,309)
	(OHCA INPUT) OHCA DEFINED NET REVENUE	\$2,569,490 \$417,879,349	\$2,383,181 \$445,923,681	\$28,044,332
<u> </u>		\$417,079,349	\$445,925,001	\$20,044,332
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,626,619	\$14,172,242	\$1,545,623
4	CALCULATED NET REVENUE	\$454,983,418	\$460,095,923	\$5,112,505
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$430,505,970	\$460,095,923	\$29,589,953
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$24,477,448	\$0	(\$24,477,448)
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTC		
	RECONCILIATION OF ORCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	N13		
1	OHCA DEFINED GROSS REVENUE	\$895,354,473	\$1,002,343,396	\$106,988,923
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$895,354,473	\$1,002,343,396	\$106,988,923
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$895,354,474	\$1,002,343,396	\$106,988,922
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1
		(Ψ)	ψυ	١Ų
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,255,558	\$28,962,186	\$3,706,628
	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$25,255,558 \$0	\$28,962,186	\$3,706,628
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$25,255,558	\$28,962,186	\$3,706,628
		005 055 555	000 000 10	0 7 0 0 0
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$25,255,558	\$28,962,186	\$3,706,628
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
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	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
(1)	(2)	ACTUAL
LINE	DESCRIPTION	FY 2009
I.	ACCRUED CHARGES AND PAYMENTS	
Α.	INPATIENT ACCRUED CHARGES	•····
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$196,757,326
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	249,602,920 51,990,180
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	41,879,240
5	OTHER MEDICAL ASSISTANCE	10.110.940
6	CHAMPUS / TRICARE	392.783
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,683,450
	TOTAL INPATIENT GOVERNMENT CHARGES	\$301,985,883
	TOTAL INPATIENT CHARGES	\$498,743,209
В.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$275,093,595
2	MEDICARE	177,971,128
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	49,917,547
4	MEDICAID	39,619,838
5	OTHER MEDICAL ASSISTANCE	10,297,709
6	CHAMPUS / TRICARE	617,917
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20,881,628
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$228,506,592 \$503,600,187
		\$503,600,187
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$471,850,921
2	TOTAL GOVERNMENT ACCRUED CHARGES	530,492,475
	TOTAL ACCRUED CHARGES	\$1,002,343,396
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$114,566,154
2	MEDICARE	86,419,238
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,289,651
4		13,231,023
-	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	1,058,628
6	UNINSURED (INCLUDED IN NON-GOVERNMENT)	152,328 677,729
/	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$100,861,217
	TOTAL INPATIENT PAYMENTS	\$215,427,371
F	OUTPATIENT ACCRUED PAYMENTS	
<u>Е.</u> 1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$154,051,987
	MEDICARE	61,613,338
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,306,514
2	MEDICAID	9,721,022
2 3 4	MEDIORID	
3	OTHER MEDICAL ASSISTANCE	2,585,492
3 4	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	141,290
3 4 5	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	141,290 2,117,482
3 4 5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS	141,290 2,117,482 \$74,061,142
3 4 5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	141,290 2,117,482
3 4 5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS	141,290 2,117,482 \$74,061,142
3 4 5 6 7	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL ACCRUED PAYMENTS TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	141,290 2,117,482 \$74,061,142
3 4 5 6 7 F .	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS TOTAL ACCRUED PAYMENTS	141,290 2,117,482 \$74,061,142 \$228,113,129

	DANBURY HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BASELINE UNDERPAIMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
(1)	(2)	ACTUAL
LINE	DESCRIPTION	<u>FY 2009</u>
II .	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
	ACCRUED DISCHARGES	0.040
	MEDICARE	9,049 8,566
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,857
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,057
	OTHER MEDICAL ASSISTANCE	545
	CHAMPUS / TRICARE	25
-	UNINSURED (INCLUDED IN NON-GOVERNMENT)	322
	TOTAL GOVERNMENT DISCHARGES	11,448
	TOTAL DISCHARGES	20,497
		20,101
В.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.12260
2	MEDICARE	1.37110
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92738
4	MEDICAID	0.94140
	OTHER MEDICAL ASSISTANCE	0.86790
	CHAMPUS / TRICARE	0.81390
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03320
	TOTAL GOVERNMENT CASE MIX INDEX	1.25915
	TOTAL CASE MIX INDEX	1.19886
<u>^</u>		
	OTHER REQUIRED DATA TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$419,231,815
	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTORE ALLOWANCES	\$258,865,186
2	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$250,005,100
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$160,366,629
	TOTAL NON-GOVERNMENT CONTRACTORE ALLOWANCES	38.25%
		50.2376
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,103,550
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,621,048
-		, .,
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,383,181
8	CHARITY CARE	\$12,266,705
	BAD DEBTS	\$16,695,481
10	TOTAL UNCOMPENSATED CARE	\$28,962,186
11	TOTAL OTHER OPERATING REVENUE	\$7,344,217
12	TOTAL OPERATING EXPENSES	\$442,588,744

	DANBURY HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)		(0)
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL <u>FY 2009</u>
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$443.540.500
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2.383.181
	OHCA DEFINED NET REVENUE	\$445,923,681
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$14,172,242
	CALCULATED NET REVENUE	\$460,095,923
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$460,095,923
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$1,002,343,396
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,002,343,396
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,002,343,396
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,962,186
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$28,962,186
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,962,186
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

	DANBURY HOS				
	TWELVE MONTHS ACT				
	FISCAL YEA				
	REPORT 650 - HOSPITAL UNC	OMPENSATED CAP	(E		
(1)	(2)	(3)	(4)	(5)	(6)
(.)	(4)	ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	2,153	2,630	477	22
2	Number of Approved Applicants	2,096	2,555	459	22
2		2,000	2,000		
3	Total Charges (A)	\$9,657,765	\$12,266,705	\$2,608,940	27
4	Average Charges	\$4,608	\$4,801	\$193	4
5	Datia of Coat to Charges (DCC)	0.429822	0.422692	(0.007120)	-2
5 6	Ratio of Cost to Charges (RCC) Total Cost	\$4,151,120	\$5,185,038	(0.007130) \$1,033,918	-2
7	Average Cost	\$1,980	\$2,029	\$1,033,918	23
1	Average Cost	\$1,900	\$2,029		2
8	Charity Care - Inpatient Charges	\$4,278,247	\$4,283,588	\$5,341	(
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,193,730	1,940,289	746,559	63
10	Charity Care - Emergency Department Charges	4,185,788	6,042,828	1,857,040	44
11	Total Charges (A)	\$9,657,765	\$12,266,705	\$2,608,940	27
12	Charity Care - Number of Patient Days	1,302	1,257	(45)	-3
13	Charity Care - Number of Discharges	169	281	112	66
14	Charity Care - Number of Outpatient ED Visits	869	1,374	505	58
15	Charity Care - Number of Outpatient LD Visits	4,083	7,933	3,850	94
10	onany bare - Number of Outpatient Visits (Excludes ED Visits)	4,000	1,000	3,000	
В.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$5,173,987	\$4,834,323	(\$339,664)	-7
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	8,282,169	9,732,723	1,450,554	18
3	Bad Debts - Emergency Department	2,141,637	2,128,435	(13,202)	-1
4	Total Bad Debts (A)	\$15,597,793	\$16,695,481	\$1,097,688	7
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$9,657,765	\$12,266,705	\$2,608,940	27
2	Bad Debts (A)	15,597,793	16,695,481	1,097,688	7
3	Total Uncompensated Care (A)	\$25,255,558	\$28,962,186	\$3,706,628	15
4	Uncompensated Care - Inpatient Services	\$9,452,234	\$9,117,911	(\$334,323)	-4
E	Uncompanyated Care, Outpatiant Services (Evaluate ED Unc. Care)	0 475 900	11 672 042	2 107 142	0
5 6	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care) Uncompensated Care - Emergency Department	9,475,899 6,327,425	11,673,012 8,171,263	2,197,113	23
6 7	Total Uncompensated Care - Emergency Department	\$25,255,558	, ,	, ,	29
1	rotai oncompensateu care (A)	⊅∠ 0,∠00,000	\$28,962,186	\$3,706,628	15

		DANBURY HOSPIT			
		TWELVE MONTHS ACTUA	-		
		FISCAL YEAR 2			
	REPORT 685 - HOSPITAL NON-	GOVERNMENT GROSS RE		ALLOWANCES,	
		D PATIVIENTS AND DISCO			
(1)	(2)	(3)	(4)	(5)	(6)
. ,		FY 2008	FY 2009		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$388,804,592	\$419,231,815	\$30,427,223	8%
2	Total Contractual Allowances	\$145,049,079	\$160,366,629	\$15,317,550	119
	Total Accrued Payments (A)	\$243,755,513	\$258,865,186	\$15,109,673	6%
	Total Discount Percentage	37.31%	38.25%	0.95%	3%
(A) /	Accrued Payments associated with Non-Governm	nent Contractual Allowance	es must exclude any redu	ction for Uncompen	sated (

	DANBURY HOSPITAL								
	TWELVE MONTHS ACTUAL	FILING							
	FISCAL YEAR 2009)							
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPIT	AL REVENUE AND	EXPENSE						
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL					
<u>LINE</u>	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>					
Α.	Gross and Net Revenue								
1	Inpatient Gross Revenue	\$432,872,109	\$454,308,285	\$498,743,209					
2	Outpatient Gross Revenue	\$373,432,837	\$441,046,188	\$503,600,187					
3	Total Gross Patient Revenue	\$806,304,946	\$895,354,473	\$1,002,343,396					
4	Net Patient Revenue	\$393,491,107	\$427,936,480	\$457,712,742					
В.	Total Operating Expenses								
1	Total Operating Expense	\$378,387,622	\$415,921,169	\$442,588,744					
C.	Utilization Statistics								
1	Patient Days	88,139	87,644	91,794					
2	Discharges	20,752	20,459	20,497					
3	Average Length of Stay	4.2	4.3	4.5					
4	Equivalent (Adjusted) Patient Days (EPD)	164,175	172,730	184,482					
0	Equivalent (Adjusted) Discharges (ED)	38,654	40,321	41,194					
D.	Case Mix Statistics								
1	Case Mix Index	1.17600	1.21128	1.19886					
2	Case Mix Adjusted Patient Days (CMAPD)	103,651	106,162	110,049					
3	Case Mix Adjusted Discharges (CMAD)	24,404	24,782	24,573					
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	193,070	209,225	221,169					
5	Case Mix Adjusted Equivalent Discharges (CMAED)	45,458	48,840	49,386					
E.	Gross Revenue Per Statistic								
1	Total Gross Revenue per Patient Day	\$9,148	\$10,216	\$10,919					
2	Total Gross Revenue per Discharge	\$38,854	\$43,763	\$48,902					
3	Total Gross Revenue per EPD	\$4,911	\$5,184	\$5,433					
4	Total Gross Revenue per ED	\$20,859	\$22,206	\$24,332					
5	Total Gross Revenue per CMAEPD	\$4,176	\$4,279	\$4,532					
6	Total Gross Revenue per CMAED	\$17,738	\$18,332	\$20,296					
7	Inpatient Gross Revenue per EPD	\$2,637	\$2,630	\$2,703					
8	Inpatient Gross Revenue per ED	\$11,199	\$11,267	\$12,107					

	DANBURY HOSPITAL						
	TWELVE MONTHS ACTUAL FIL	ING					
	FISCAL YEAR 2009						
-	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL	REVENUE AND	EXPENSE				
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL			
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>			
F.	Net Revenue Per Statistic						
1	Net Patient Revenue per Patient Day	\$4,464	\$4,883	\$4,986			
2	Net Patient Revenue per Discharge	\$18,962	\$20,917	\$22,331			
3	Net Patient Revenue per EPD	\$2,397	\$2,477	\$2,481			
4	Net Patient Revenue per ED	\$10,180	\$10,613	\$11,111			
5	Net Patient Revenue per CMAEPD	\$2,038	\$2,045	\$2,070			
6	Net Patient Revenue per CMAED	\$8,656	\$8,762	\$9,268			
_							
G.	Operating Expense Per Statistic	* 4.000	0 4 7 40	* 4.000			
1	Total Operating Expense per Patient Day	\$4,293	\$4,746	\$4,822			
2	Total Operating Expense per Discharge	\$18,234	\$20,329	\$21,593			
3	Total Operating Expense per EPD	\$2,305	\$2,408	\$2,399			
4	Total Operating Expense per ED	\$9,789	\$10,315	\$10,744			
5	Total Operating Expense per CMAEPD	\$1,960	\$1,988	\$2,001			
6	Total Operating Expense per CMAED	\$8,324	\$8,516	\$8,962			
н.	Nursing Salary and Fringe Benefits Expense						
1	Nursing Salary Expense	\$43,543,790	\$47,873,276	\$52,331,167			
2	Nursing Fringe Benefits Expense	\$12,906,405	\$12,534,452	\$14,967,226			
3	Total Nursing Salary and Fringe Benefits Expense	\$56,450,195	\$60,407,728	\$67,298,393			
I.	Physician Salary and Fringe Expense						
1	Physician Salary Expense	\$5,643,871	\$5,838,996	\$5,994,805			
2	Physician Fringe Benefits Expense	\$1,672,847	\$1,528,799	\$1,714,573			
3	Total Physician Salary and Fringe Benefits Expense	\$7,316,718	\$7,367,795	\$7,709,378			
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense						
1	Non-Nursing, Non-Physician Salary Expense	\$107,456,467	\$117,695,891	\$123,640,954			
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$31,849,272	\$30,815,804	\$35,362,523			
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$139,305,739	\$148,511,695	\$159,003,477			
К.	Total Salary and Fringe Benefits Expense						
1	Total Salary Expense	\$156,644,128	\$171,408,163	\$181,966,926			
2	Total Fringe Benefits Expense	\$46,428,524	\$44,879,055	\$52,044,322			
3	Total Salary and Fringe Benefits Expense	\$203,072,652	\$216,287,218	\$234,011,248			