	HARTFORD HO	SPITAL			
	TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEA	AR 2009			
	REPORT 100 - HOSPITAL BALAN	CE SHEET INFORM	MATION		
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
l.	ASSETS				
Α.	Current Assets:				
		£40.244.770	\$40.0EZ.0ZE	P2 742 200	200/
1	Cash and Cash Equivalents	\$10,244,779	\$13,957,075	\$3,712,296	36%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$105,442,656	\$115,042,880	\$9,600,224	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	(\$2,897,629)	(\$4,120,386)	(\$1,222,757)	42%
6	Due From Third Party Payers	\$10,926,483	\$6,972,476	(\$3,954,007)	-36%
7	Inventories of Supplies	\$9,266,981	\$10,595,678	\$1,328,697	14%
8	Prepaid Expenses	\$11,283,164	\$14,983,134	\$3,699,970	33%
9	Other Current Assets	\$18,436,552	\$17,976,669	(\$459,883)	-2%
	Total Current Assets	\$162,702,986	\$175,407,526	\$12,704,540	8%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$93,960,992	\$91,129,918	(\$2,831,074)	-3%
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	\$307,691,482	\$270,851,312	(\$36,840,170)	-12%
	Total Noncurrent Assets Whose Use is Limited:	\$401,652,474	\$361,981,230	(\$39,671,244)	-10%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$66,613,642	\$15,708,815	(\$50,904,827)	-76%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$702,316,326	\$750,450,223	\$48,133,897	7%
2	Less: Accumulated Depreciation	\$472,739,018	\$512,321,937	\$39,582,919	8%
	Property, Plant and Equipment, Net	\$229,577,308	\$238,128,286	\$8,550,978	4%
3	Construction in Progress	\$25,617,273	\$28,598,070	\$2,980,797	12%
	Total Net Fixed Assets	\$255,194,581	\$266,726,356	\$11,531,775	5%
	Total Assets	\$886,163,683	\$819,823,927	(\$66,339,756)	-7%
	1 VIIII 123513	φυσυ, 103,003	φυ 13,023,321	(400,338,730)	-1%

	HARTI	FORD HOSPITAL			
	TWELVE MO	NTHS ACTUAL FILING			
	FIS	SCAL YEAR 2009			
	REPORT 100 - HOSPITA	L BALANCE SHEET INFORM	MATION		
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$31,559,937	\$44,618,325	\$13,058,388	41%
2	Salaries, Wages and Payroll Taxes	\$35,498,221	\$37,105,008	\$1,606,787	5%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$27,020,912	\$27,020,912	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$49,895,406	\$20,856,731	(\$29,038,675)	-58%
	Total Current Liabilities	\$116,953,564	\$129,600,976	\$12,647,412	11%
В.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$45,940,000	\$45,940,000	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$45,940,000	\$45,940,000	\$0	0%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$75,134,637	\$240,294,553	\$165,159,916	220%
	Total Long Term Liabilities	\$121,074,637	\$286,234,553	\$165,159,916	136%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	\$393,127,114	\$164,603,489	(\$228,523,625)	-58%
2	Temporarily Restricted Net Assets	\$98,261,075	\$85,669,294	(\$12,591,781)	-13%
3	Permanently Restricted Net Assets	\$156,747,293	\$153,715,615	(\$3,031,678)	-2%
	Total Net Assets	\$648,135,482	\$403,988,398	(\$244,147,084)	-38%
	Total Net Assets	\$040,133,462	Ψ403,900,390	(\$244,147,004)	-30 /6
	Total Liabilities and Net Assets	\$886,163,683	\$819,823,927	(\$66,339,756)	-7%

	HARTFO	RD HOSPITAL					
	TWELVE MONT	THS ACTUAL FILING					
		AL YEAR 2009					
	REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION						
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %		
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE		
A.	Operating Revenue:						
1	Total Gross Patient Revenue	\$1,555,871,786	\$1,714,431,648	\$158,559,862	109		
2	Less: Allowances	\$875,779,690	\$983,019,176	\$107,239,486	12%		
3	Less: Charity Care	\$40,528,885	\$30,242,441	(\$10,286,444)	-25%		
4	Less: Other Deductions	\$0	\$0	\$0	0%		
	Total Net Patient Revenue	\$639,563,211	\$701,170,031	\$61,606,820	10%		
5	Other Operating Revenue	\$104,519,399	\$118,186,189	\$13,666,790	13%		
6	Net Assets Released from Restrictions	\$29,276,120	\$10,184,161	(\$19,091,959)	-65%		
	Total Operating Revenue	\$773,358,730	\$829,540,381	\$56,181,651	7%		
В.	Operating Expenses:						
1	Salaries and Wages	\$347,974,449	\$365,409,670	\$17,435,221	5%		
2	Fringe Benefits	\$67,042,821	\$77,134,756	\$10,091,935	15%		
3	Physicians Fees	\$29,323,777	\$32,848,360	\$3,524,583	129		
4	Supplies and Drugs	\$103,341,919	\$114,234,925	\$10,893,006	119		
5	Depreciation and Amortization	\$39,305,209	\$40,686,788	\$1,381,579	4%		
6	Bad Debts	\$30,682,007	\$23,850,530	(\$6,831,477)	-22%		
7	Interest	\$1,552,169	\$607,197	(\$944,972)	-61%		
8	Malpractice	\$13,027,602	\$13,503,692	\$476,090	49		
9	Other Operating Expenses	\$146,879,475	\$155,901,950	\$9,022,475	6%		
	Total Operating Expenses	\$779,129,428	\$824,177,868	\$45,048,440	6%		
	Income/(Loss) From Operations	(\$5,770,698)	\$5,362,513	\$11,133,211	-193%		
C.	Non-Operating Revenue:						
1	Income from Investments	\$12,723,660	\$2,751,825	(\$9,971,835)	-78%		
2	Gifts, Contributions and Donations	\$740,258	\$629,981	(\$110,277)	-15%		
3	Other Non-Operating Gains/(Losses)	(\$47,793,839)	(\$16,940,434)	\$30,853,405	-65%		
	Total Non-Operating Revenue	(\$34,329,921)	(\$13,558,628)	\$20,771,293	-61%		
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$40,100,619)	(\$8,196,115)	\$31,904,504	-809		
	Other Adjustments:						
	Unrealized Gains/(Losses)	\$0	\$2,583,404	\$2,583,404	0%		
	All Other Adjustments	\$0	\$1,371,904	\$1,371,904	0%		
	Total Other Adjustments	\$0	\$3,955,308	\$3,955,308	09		
	Excess/(Deficiency) of Revenue Over Expenses	(\$40,100,619)	(\$4,240,807)	\$35,859,812	-89%		
	Principal Payments	\$0	\$2,363,100	\$2,363,100	0%		

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	GROSS REVENUE BY PAYER				T
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$505,473,065	\$501,557,333	(\$3,915,732)	-1%
2	MEDICARE MANAGED CARE	\$54,344,972	\$82,023,000	\$27,678,028	51%
3	MEDICAID	\$91,599,225	\$114,044,139	\$22,444,914	25%
4	MEDICAID MANAGED CARE	\$32,379,591	\$37,601,071	\$5,221,480	16%
5	CHAMPUS/TRICARE	\$4,755,733	\$6,679,660	\$1,923,927	40%
6 7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	\$14,606,514 \$346,202,319	\$12,730,071 \$397,393,317	(\$1,876,443) \$51,190,998	-13% 15%
8	WORKER'S COMPENSATION	\$346,202,319	\$397,393,317	\$51,190,996	0%
9	SELF- PAY/UNINSURED	\$17,429,715	\$19,069,035	\$1,639,320	9%
10	SAGA	\$48,381,580	\$49,341,390	\$959.810	2%
11	OTHER	\$0	\$0 \$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$1,115,172,714	\$1,220,439,016	\$105,266,302	9%
B.	OUTPATIENT GROSS REVENUE	<b>↓</b> 1,11 <b>€</b> ,11 <b>±</b> ,111	<b>V</b> 1,220,100,010	<b>4</b> 100,200,002	<b>-</b>
1	MEDICARE TRADITIONAL	\$130,548,640	\$145,126,884	\$14,578,244	11%
2	MEDICARE MANAGED CARE	\$13,856,141	\$20,223,644	\$6,367,503	46%
3	MEDICAID	\$31,129,351	\$39,083,390	\$7,954,039	26%
4	MEDICAID MANAGED CARE	\$27,791,313	\$32,361,841	\$4,570,528	16%
5	CHAMPUS/TRICARE	\$996,082	\$1,586,174	\$590,092	59%
6	COMMERCIAL INSURANCE	\$6,384,062	\$6,093,498	(\$290,564)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$184,860,336	\$201,646,470	\$16,786,134	9%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$27,708,063	\$26,654,052	(\$1,054,011)	-4%
10	SAGA	\$17,425,084	\$21,216,679	\$3,791,595	22%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$440,699,072	\$493,992,632	\$53,293,560	12%
c.	TOTAL GROSS REVENUE				
-	MEDICARE TRADITIONAL	\$636,021,705	\$646,684,217	\$10,662,512	2%
	MEDICARE MANAGED CARE	\$68,201,113	\$102,246,644	\$34,045,531	50%
	MEDICAID	\$122,728,576	\$153,127,529	\$30,398,953	25%
	MEDICAID MANAGED CARE	\$60,170,904	\$69,962,912	\$9,792,008	16%
5	CHAMPUS/TRICARE	\$5,751,815	\$8,265,834	\$2,514,019	44%
6	COMMERCIAL INSURANCE	\$20,990,576	\$18,823,569	(\$2,167,007)	-10%
	NON-GOVERNMENT MANAGED CARE	\$531,062,655	\$599,039,787	\$67,977,132	13%
	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$45,137,778	\$45,723,087	\$585,309	1%
10	SAGA	\$65,806,664	\$70,558,069	\$4,751,405	7%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,555,871,786	\$1,714,431,648	\$158,559,862	10%
II.	NET REVENUE BY PAYER				ı
Α.	INPATIENT NET REVENUE				
<b>A.</b> 1	MEDICARE TRADITIONAL	\$204,217,981	\$198,225,476	(\$5,992,505)	-3%
2	MEDICARE MANAGED CARE	\$19,526,215	\$30,464,729	\$10,938,514	56%
3	MEDICAID	\$33,680,799	\$36,029,227	\$2,348,428	7%
4	MEDICAID MANAGED CARE	\$12,287,486	\$14,812,276	\$2,524,790	21%
5	CHAMPUS/TRICARE	\$2,278,226	\$1,922,241	(\$355,985)	-16%
6	COMMERCIAL INSURANCE	\$14,222,456	\$12,568,320	(\$1,654,136)	
7	NON-GOVERNMENT MANAGED CARE	\$159,155,032	\$194,993,402	\$35,838,370	23%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,388,594	\$1,264,171	(\$124,423)	-9%
10	SAGA	\$8,347,112	\$7,516,434	(\$830,678)	
11	OTHER	\$0,347,112	\$0	(\$830,678) \$0	0%
1.1	OTHER.	Φ0	φυ	ΦU	1 09

REPORT 165 4 of 57 9/20/2010,3:29 PM

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

(1)	(2)	(3)	(4)	(5)	(6)
\.,	(-/	FY 2008	FY 2009	AMOUNT	(0)
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$455,103,901	\$497,796,276	\$42,692,375	9%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$47,304,476	\$48,089,348	\$784,872	2%
2	MEDICARE MANAGED CARE	\$4,040,103	\$6,256,075	\$2,215,972	55%
3	MEDICAID	\$11,455,624	\$11,469,865	\$14,241	0%
4	MEDICAID MANAGED CARE	\$9,031,545	\$9,496,635	\$465,090	5%
5	CHAMPUS/TRICARE	\$655,809	\$517,232	(\$138,577)	-21%
6	COMMERCIAL INSURANCE	\$6,216,202	\$6,016,073	(\$200,129)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$88,829,461	\$102,774,265	\$13,944,804	16%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,207,452	\$1,767,017	(\$440,435)	-20%
10	SAGA	\$4,251,509	\$4,336,291	\$84,782	2%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$173,992,181	\$190,722,801	\$16,730,620	10%
	TOTAL NET DEVENUE				
	TOTAL NET REVENUE	\$254 522 457	\$246 244 024	(\$E 207 622)	20/
1	MEDICARE TRADITIONAL	\$251,522,457	\$246,314,824	(\$5,207,633)	-2%
3	MEDICARE MANAGED CARE MEDICAID	\$23,566,318	\$36,720,804	\$13,154,486	56% 5%
_		\$45,136,423	\$47,499,092	\$2,362,669	
4	MEDICAID MANAGED CARE	\$21,319,031	\$24,308,911	\$2,989,880 (\$494,562)	14%
<u>5</u>	CHAMPUS/TRICARE COMMERCIAL INSURANCE	\$2,934,035	\$2,439,473	(+ - /- /	-17% -9%
7	NON-GOVERNMENT MANAGED CARE	\$20,438,658 \$247,984,493	\$18,584,393 \$297,767,667	(\$1,854,265) \$49,783,174	20%
8	WORKER'S COMPENSATION	\$247,964,493		. ,	0%
9			\$0	\$0 (\$504.959)	
	SELF- PAY/UNINSURED	\$3,596,046	\$3,031,188	(\$564,858)	-16%
10	SAGA OTHER	\$12,598,621 \$0	\$11,852,725 \$0	(\$745,896) \$0	-6% 0%
	TOTAL NET REVENUE	\$629,096,082	\$688,519,077	\$59,422,995	9%
		7020,000,002	<del>+ + + + + + + + + + + + + + + + + + + </del>	<del>+00,1==,000</del>	0,0
III.	STATISTICS BY PAYER				
	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	13,897	13,575	(322)	-2%
2	MEDICARE MANAGED CARE	1,391	1,958	567	41%
3	MEDICAID	3,352	3,707	355	11%
4	MEDICAID MANAGED CARE	2,904	3,235	331	11%
5	CHAMPUS/TRICARE	160	186	26	16%
6	COMMERCIAL INSURANCE	368	345	(23)	
7	NON-GOVERNMENT MANAGED CARE	15,186	15,600	414	3%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	664	694	30	5%
10	SAGA	1,918	1,888	(30)	-2%
11	OTHER	0	0	0	0%
<u></u>	TOTAL DISCHARGES	39,840	41,188	1,348	3%
	PATIENT DAYS	22.2:=		/=	5.51
1	MEDICARE TRADITIONAL	89,647	84,415	(5,232)	-6%
2	MEDICARE MANAGED CARE	8,807	12,351	3,544	40%
3	MEDICAID MANAGER CARE	24,584	26,628	2,044	8%
4	MEDICAID MANAGED CARE	8,964	9,943	979	11%
5	CHAMPUS/TRICARE	859	1,211	352	41%
6	COMMERCIAL INSURANCE	2,124	1,623	(501)	-24%
7	NON-GOVERNMENT MANAGED CARE	63,341	66,209	2,868	5%
8	WORKER'S COMPENSATION	0 770	0	0	0%
9	SELF- PAY/UNINSURED	2,770	3,053	283	10%
10	SAGA	10,917	10,525	(392)	-4%
11	OTHER	0	0	0	0%
C.	TOTAL PATIENT DAYS OUTPATIENT VISITS	212,013	215,958	3,945	2%
	IUUTEATIENI VISITS	i			

REPORT 165 5 of 57 9/20/2010,3:29 PM

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	38,197	47,268	9,071	24%
2	MEDICARE MANAGED CARE	1,621	3,691	2,070	128%
3	MEDICAID	43,689	47,909	4,220	10%
4	MEDICAID MANAGED CARE	49,344	49,675	331	1%
5	CHAMPUS/TRICARE	627	390	(237)	-38%
6	COMMERCIAL INSURANCE	3,108	2,659	(449)	-14%
7	NON-GOVERNMENT MANAGED CARE	26,627	34,637	8,010	30%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	35,690	28,104	(7,586)	-21%
10	SAGA	10,796	14,900	4,104	38%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	209,699	229,233	19,534	9%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVE		<b>A</b>		
1	MEDICARE TRADITIONAL	\$21,892,988	\$20,967,786	(\$925,202)	-4%
2	MEDICARE MANAGED CARE	\$3,002,517	\$4,119,951	\$1,117,434	37%
3	MEDICAID	\$10,142,734	\$12,750,993	\$2,608,259	26%
4	MEDICAID MANAGED CARE	\$12,485,448	\$16,348,457	\$3,863,009	31%
5	CHAMPUS/TRICARE	\$843,472	\$560,817	(\$282,655)	-34%
6	COMMERCIAL INSURANCE	\$4,253,334	\$3,538,765	(\$714,569)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$33,297,502	\$36,624,069	\$3,326,567	10%
9	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
10	SELF- PAY/UNINSURED	\$22,123,530	\$16,995,384	(\$5,128,146)	-23%
11	SAGA OTHER	\$9,916,552 \$0	\$12,762,621 \$0	\$2,846,069 \$0	29% 0%
11	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	Φυ	Φυ	Φ0	0%
	GROSS REVENUE	\$117,958,077	\$124,668,843	\$6,710,766	6%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENU		<b>*</b>	+0,110,100	
1	MEDICARE TRADITIONAL	\$5,206,153	\$5,195,674	(\$10,479)	0%
2	MEDICARE MANAGED CARE	\$811,881	\$1,020,043	\$208,162	26%
3	MEDICAID	\$2,237,487	\$2,816,514	\$579,027	26%
4	MEDICAID MANAGED CARE	\$3,248,714	\$3,839,769	\$591,055	18%
5	CHAMPUS/TRICARE	\$266,115	\$189,550	(\$76,565)	-29%
6	COMMERCIAL INSURANCE	\$4,253,334	\$3,538,765	(\$714,569)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$13,857,336	\$15,747,393	\$1,890,057	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$22,123,530	\$15,682,984	(\$6,440,546)	-29%
10	SAGA	\$1,858,362	\$2,415,617	\$557,255	30%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT		<b>4</b>	(*** *** ****	
	NET REVENUE	\$53,862,912	\$50,446,309	(\$3,416,603)	-6%
	EMERGENCY DEPARTMENT OUTPATIENT VISITS	0.440	2.222	E00	60/
1	MEDICARE TRADITIONAL	9,419	9,999	580	6%
2	MEDICAID	1,296	1,813	517	40%
3	MEDICAID MANAGED CARE	6,241	8,186	1,945	31%
4	MEDICAID MANAGED CARE	9,742	12,421	2,679	27%
5	CHAMPUS/TRICARE	497	274	(223)	-45%
6 7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	2,552	1,779	(773)	-30%
8		15,476	18,060 0	2,584 0	17% 0%
	WORKER'S COMPENSATION				-16%
9	SELF- PAY/UNINSURED	13,789	11,519	(2,270)	
11	SAGA OTHER	7,443	9,664	2,221 0	30% 0%
11	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	0	0	0	0%
	VISITS	66,455	73,715	7,260	11%
		30,733	13,113	1,200	11/0

REPORT 165 6 of 57 9/20/2010,3:29 PM

#### REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
	ODED ATING EVENUE BY CATEGORY				
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
	Nursing Salaries	\$129,019,458	\$121,405,571	(\$7,613,887)	-6%
	Physician Salaries	\$34,042,782	\$36,421,774	\$2,378,992	7%
	Non-Nursing, Non-Physician Salaries	\$184,912,209	\$207,582,325	\$22,670,116	12%
	Total Salaries & Wages	\$347,974,449	\$365,409,670	\$17,435,221	5%
	Fringe Benefits:				
	Nursing Fringe Benefits	\$24,857,654	\$26,442,571	\$1,584,917	6%
	Physician Fringe Benefits	\$6,558,884	\$7,932,794	\$1,373,910	21%
3	Non-Nursing, Non-Physician Fringe Benefits  Total Fringe Benefits	\$35,626,283 <b>\$67,042,821</b>	\$42,759,391 <b>\$77,134,756</b>	\$7,133,108 <b>\$10,091,935</b>	20% <b>15%</b>
	Total Fringe Bellents	\$07,U42,021	\$77,134,730	\$10,091,933	15%
C.	Contractual Labor Fees:				
	Nursing Fees	\$950,698	\$387,389	(\$563,309)	-59%
	Physician Fees	\$29,323,777	\$32,848,360	\$3,524,583	12%
	Non-Nursing, Non-Physician Fees	\$21,490,585	\$23,335,390	\$1,844,805	9%
	Total Contractual Labor Fees	\$51,765,060	\$56,571,139	\$4,806,079	9%
	Medical Supplies and Pharmaceutical Cost:				
	Medical Supplies	\$79,021,856	\$88,271,164	\$9,249,308	12%
2	Pharmaceutical Costs Total Medical Supplies and Pharmaceutical Cost	\$24,320,063 \$103,341,010	\$25,963,761 \$444,234,035	\$1,643,698 \$10,803,006	7% <b>11%</b>
	Total Medical Supplies and Pharmaceutical Cost	\$103,341,919	\$114,234,925	\$10,893,006	1170
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$18,132,691	\$18,063,736	(\$68,955)	0%
	Depreciation-Equipment	\$20,855,245	\$22,364,637	\$1,509,392	7%
	Amortization	\$317,273	\$258,415	(\$58,858)	-19%
	Total Depreciation and Amortization	\$39,305,209	\$40,686,788	\$1,381,579	4%
	Bad Debts:			(\$2.221.1)	
1	Bad Debts	\$30,682,007	\$23,850,530	(\$6,831,477)	-22%
G.	Interest Expense:				
	Interest Expense	\$1,552,169	\$607,197	(\$944,972)	-61%
'	Interest Expense	ψ1,002,100	ψουτ,131	(ψ3++,372)	0170
H.	Malpractice Insurance Cost:				
	Malpractice Insurance Cost	\$13,027,602	\$13,503,692	\$476,090	4%
				· ·	
	Utilities:				
	Water	\$501,566	\$544,535	\$42,969	9%
	Natural Gas	\$6,540,988	\$5,724,195	(\$816,793)	-12%
3	Oil Electricity	\$143,917	\$86,451	(\$57,466) (\$40,027)	-40%
	Telephone	\$10,634,047 \$2,337,440	\$10,594,020 \$2,411,589	(\$40,027) \$74,149	0% 3%
6	Other Utilities	\$969,320	\$1,069,761	\$100,441	10%
	Total Utilities	\$21,127,278	\$20,430,551	(\$696,727)	-3%
		. , , ,	. ,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
J.	Business Expenses:				
	Accounting Fees	\$381,596	\$443,549	\$61,953	16%
	Legal Fees	\$1,135,639	\$1,129,534	(\$6,105)	-1%
	Consulting Fees	\$7,840,474	\$7,465,609	(\$374,865)	-5%
	Dues and Membership	\$6,497,444	\$10,841,346	\$4,343,902	67%
5	Equipment Leases	\$15,045,018	\$14,973,281	(\$71,737)	0%
	Duilding Lance				
6	Building Leases Repairs and Maintenance	\$4,850,432 \$12,879,330	\$5,854,711 \$14,520,485	\$1,004,279 \$1,641,155	21% 13%

### 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	<b>DIFFERENCE</b>	DIFFERENCE
9	Travel	\$1,003,804	\$1,231,655	\$227,851	23%
10	Conferences	\$325,885	\$352,291	\$26,406	8%
11	Property Tax	\$95,904	\$151,871	\$55,967	58%
12	General Supplies	\$5,649,594	\$5,751,997	\$102,403	2%
13	Licenses and Subscriptions	\$531,595	\$592,608	\$61,013	11%
14	Postage and Shipping	\$753,094	\$834,451	\$81,357	11%
15	Advertising	\$2,600,945	\$2,075,173	(\$525,772)	-20%
16	Other Business Expenses	\$14,425,810	\$16,048,485	\$1,622,675	11%
	Total Business Expenses	\$76,051,015	\$84,362,947	\$8,311,932	11%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$27,259,899	\$27,385,673	\$125,774	0%
	Total Operating Expenses - All Expense Categories*	\$779,129,428	\$824,177,868	\$45,048,440	6%
	*A K. The total operating expenses amount above	e must agree with	the total operating	g expenses amour	t on Report 150.
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$150,054,136	\$162,701,762	\$12,647,626	8%
2	General Accounting	\$7,375,687	\$9,193,973	\$1,818,286	25%
3	Patient Billing & Collection	\$13,158,472	\$14,342,249	\$1,183,777	9%
4	Admitting / Registration Office	\$201,233	\$800,423	\$599,190	298%
5	Data Processing	\$20,424,985	\$21,764,505	\$1,339,520	7%
6	Communications	\$4,814,042	\$5,020,945	\$206,903	4%
7	Personnel	\$7,688,848	\$7,413,535	(\$275,313)	-4%
8	Public Relations	\$4,432,208	\$4,167,656	(\$264,552)	-6%
9	Purchasing	\$2,525,326	\$2,760,875	\$235,549	9%
10	Dietary and Cafeteria	\$11,594,686	\$11,189,837	(\$404,849)	-3%
11	Housekeeping	\$9,261,213	\$9,850,355	\$589,142	6%
12	Laundry & Linen	\$3,954,906	\$3,836,271	(\$118,635)	-3%
13	Operation of Plant	\$20,538,762	\$19,816,221	(\$722,541)	-4%
14 15	Security Repairs and Maintenance	\$4,922,614	\$5,043,056	\$120,442 \$1,354,471	2% 12%
		\$10,863,156	\$12,217,627	\$1,354,471 \$51,985	2%
16 17	Central Sterile Supply Pharmacy Department	\$3,369,282 \$29,120,517	\$3,421,267 \$31,017,068	\$1,896,551	7%
18	Other General Services	\$40,182,099	\$33,389,939	(\$6,792,160)	-17%
10	Total General Services	\$344,482,172	\$357,947,564	\$13,465,392	4%
	Total General General	ψ044,402,172	Ψ551,541,564	ψ10,400,332	770
B.	Professional Services:				
1	Medical Care Administration	\$4,791,209	\$4,937,421	\$146,212	3%
2	Residency Program	\$19,266,542	\$21,207,694	\$1,941,152	10%
3	Nursing Services Administration	\$12,193,821	\$13,078,970	\$885,149	7%
4	Medical Records	\$5,780,321	\$6,889,649	\$1,109,328	19%
5	Social Service	\$1,251,272	\$1,331,675	\$80,403	6%
6	Other Professional Services	\$2,817,924	\$3,052,704	\$234,780	8%
-	Total Professional Services	\$46,101,089	\$50,498,113	\$4,397,024	10%
		. , . , . ,	. ,,	. , ,	
C.	Special Services:				
1	Operating Room	\$52,432,374	\$57,785,656	\$5,353,282	10%
2	Recovery Room	\$2,730,658	\$2,967,093	\$236,435	9%
3	Anesthesiology	\$2,840,012	\$3,203,985	\$363,973	13%
4	Delivery Room	\$8,788,860	\$9,369,335	\$580,475	7%
5	Diagnostic Radiology	\$16,444,502	\$16,261,735	(\$182,767)	-1%
6	Diagnostic Ultrasound	\$765,143	\$766,756	\$1,613	0%
7	Radiation Therapy	\$7,582,140	\$8,753,534	\$1,171,394	15%

#### 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>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
8	Radioisotopes	\$3,121,090	\$3,264,774	\$143,684	5%
9	CT Scan	\$2,995,164	\$2,776,856	(\$218,308)	-7%
10	Laboratory	\$24,676,665	\$27,232,999	\$2,556,334	10%
11	Blood Storing/Processing	\$8,673,535	\$9,778,112	\$1,104,577	13%
12	Cardiology	\$769,418	\$1,080,109	\$310,691	40%
13	Electrocardiology	\$1,299,434	\$1,345,068	\$45,634	4%
14	Electroencephalography	\$1,212,144	\$207,375	(\$1,004,769)	-83%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$474,065	\$568,885	\$94,820	20%
17	Audiology	\$53,141	\$60,761	\$7,620	14%
18	Respiratory Therapy	\$6,688,049	\$6,816,176	\$128,127	2%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$1,256,728	\$1,282,804	\$26,076	2%
21	Shock Therapy	\$501,881	\$490,812	(\$11,069)	-2%
22	Psychiatry / Psychology Services	\$14,485,953	\$14,769,543	\$283,590	2%
23	Renal Dialysis	\$6,901,701	\$7,059,615	\$157,914	2%
24	Emergency Room	\$21,426,984	\$22,851,894	\$1,424,910	7%
25	MRI	\$1,848,867	\$2,021,391	\$172,524	9%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$625,233	\$472,607	(\$152,626)	-24%
28	Endoscopy	\$3,658,679	\$4,251,665	\$592,986	16%
29	Sleep Center	\$0	\$1,787,728	\$1,787,728	0%
30	Lithotripsy Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0 (\$047.500)	0%
31		\$19,335,828	\$18,418,232	(\$917,596)	-5%
32	Occupational Therapy / Physical Therapy	\$4,752,647	\$5,694,722	\$942,075	20%
33 34	Dental Clinic	\$854,338	\$902,444	\$48,106	6%
34	Other Special Services Total Special Services	\$13,671,606 <b>\$230,866,839</b>	\$14,405,358 <b>\$246,648,024</b>	\$733,752 <b>\$15,781,185</b>	5% <b>7%</b>
	Total Special Services	\$230,000,039	<b>\$240,040,024</b>	\$15,761,165	1 70
D.	Routine Services:				
	Medical & Surgical Units	\$75,259,185	\$81,145,159	\$5,885,974	8%
2	Intensive Care Unit	\$18,624,163	\$19,309,469	\$685,306	4%
3	Coronary Care Unit	\$4,110,081	\$4,208,110	\$98,029	2%
4	Psychiatric Unit	\$16,741,986	\$17,273,626	\$531,640	3%
5	Pediatric Unit	\$10,741,980	\$17,273,020	\$331,040	0%
6	Maternity Unit	\$6,057,307	\$6,040,188	(\$17,119)	0%
7	Newborn Nursery Unit	\$2,912,733	\$2,959,887	\$47,154	2%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0 \$0	\$0	0%
10	Ambulatory Surgery	\$4,168,885	\$5,239,661	\$1,070,776	26%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$8,762,836	\$9,979,087	\$1,216,251	14%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$136,637,176	\$146,155,187	\$9,518,011	7%
		Ţ.55,001,110	Ţ,,,,,,,	+=,0:0,0:1	170
E.	Other Departments:				
1	Miscellaneous Other Departments	\$21,042,152	\$22,928,980	\$1,886,828	9%
<del>- '</del>	This condition of the Departments	Ψ21,072,102	Ψ22,020,000	ψ1,000,020	970
	Total Operating Expenses - All Departments*	\$779,129,428	\$824,177,868	\$45,048,440	6%
		ψ , : <u>Σ</u> υ, τ <u>Σ</u> υ	Ψ0 <u>2</u> ., 177,000	¥ 10,010,110	370
	*A 0. The total operating expenses amount abo	ve must agree with	the total operating	expenses amoun	t on Report 150
	or the total operating expenses amount abo	I made agree mui	ioiai opoiailii	5 Expenses amoun	
	1	1			i

	НАБ	RTFORD HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009								
(1)	(2)	(3)	(4)	(5)					
	, -, -, -, -, -, -, -, -, -, -, -, -, -,	ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u>FY 2007</u>	FY 2008	FY 2009					
Α.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$617,507,812	\$ 639,563,211	\$701,170,031					
2	Other Operating Revenue	124,479,380	133,795,519	128,370,350					
3	Total Operating Revenue	\$741,987,192	\$773,358,730	\$829,540,381					
4	Total Operating Expenses	745,010,396	779,129,428	824,177,868					
5	Income/(Loss) From Operations	(\$3,023,204)	(\$5,770,698)	\$5,362,513					
6	Total Non-Operating Revenue	19,205,014	(34,329,921)	(9,603,320)					
7	Excess/(Deficiency) of Revenue Over Expenses	\$16,181,810	(\$40,100,619)	(\$4,240,807)					
В.	Profitability Summary								
1	Hospital Operating Margin	-0.40%	-0.78%	0.65%					
2	Hospital Non Operating Margin	2.52%	-4.65%	-1.17%					
3	Hospital Total Margin	2.13%	-5.43%	-0.52%					
4	Income/(Loss) From Operations	(\$3,023,204)	(\$5,770,698)	\$5,362,513					
5	Total Operating Revenue	\$741,987,192	\$773,358,730	\$829,540,381					
6	Total Non-Operating Revenue	\$19,205,014	(\$34,329,921)	(\$9,603,320)					
7	Total Revenue	\$761,192,206	\$739,028,809	\$819,937,061					
8	Excess/(Deficiency) of Revenue Over Expenses	\$16,181,810	(\$40,100,619)	(\$4,240,807)					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$556,983,489	\$393,127,114	\$164,603,489					
2	Hospital Total Net Assets	\$884,570,192	\$648,135,482	\$403,988,398					
3	Hospital Change in Total Net Assets	\$884,570,192	(\$236,434,710)	(\$244,147,084)					
4	Hospital Change in Total Net Assets %	0.0%	-26.7%	-37.7%					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.47	0.48	0.45					
2	Total Operating Expenses	\$719,784,977	\$803,829,428	\$824,177,868					
3	Total Gross Revenue	\$1,452,206,238	\$1,555,871,786	\$1,714,431,648					
4	Total Other Operating Revenue	\$94,315,844	\$123,220,701	\$122,550,875					
5	Private Payment to Cost Ratio	1.01	1.02	1.14					
6	Total Non-Government Payments	\$253,907,296	\$272,019,197	\$319,383,248					

	HAR	TFORD HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009							
	REPORT 185 - HOSPITAL FINA	NCIAL AND STATISTICAL DA	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2007	FY 2008	<u>FY 2009</u>				
7	Total Uninsured Payments	\$4,020,691	\$3,596,046	\$3,031,188				
8	Total Non-Government Charges	\$569,502,301	\$597,191,009	\$663,586,443				
9	Total Uninsured Charges	\$39,596,682	\$45,137,778	\$45,723,087				
10	Medicare Payment to Cost Ratio	0.89	0.82	0.84				
11	Total Medicare Payments	\$268,991,542	\$275,088,775	\$283,035,628				
12	Total Medicare Charges	\$650,732,525	\$704,222,818	\$748,930,861				
13	Medicaid Payment to Cost Ratio	0.70	0.76	0.72				
14	Total Medicaid Payments	\$53,468,266	\$66,455,454	\$71,808,003				
15	Total Medicaid Charges	\$163,011,742	\$182,899,480	\$223,090,441				
16	Uncompensated Care Cost	\$22,272,022	\$25,355,190	\$21,461,664				
17	Charity Care	\$21,870,985	\$22,281,604	\$23,984,656				
18	Bad Debts	\$25,982,437	\$30,682,007	\$23,850,531				
19	Total Uncompensated Care	\$47,853,422	\$52,963,611	\$47,835,187				
20	Uncompensated Care % of Total Expenses	3.1%	3.2%	2.6%				
21	Total Operating Expenses	\$719,784,977	\$803,829,428	\$824,177,868				
E.	Liquidity Measures Summary							
1	Current Ratio	2.05	1.39	1.35				
2	Total Current Assets	\$162,933,217	\$162,702,986	\$175,407,526				
3	Total Current Liabilities	\$79,595,617	\$116,953,564	\$129,600,976				
4	Days Cash on Hand	1	5	7				
5	Cash and Cash Equivalents	\$2,175,179	\$10,244,779	\$13,957,075				
6	Short Term Investments	0	0	0				
7	Total Cash and Short Term Investments	\$2,175,179	\$10,244,779	\$13,957,075				
8	Total Operating Expenses	\$745,010,396	\$779,129,428	\$824,177,868				
9	Depreciation Expense	\$37,822,162	\$39,305,209	\$40,686,788				
10	Operating Expenses less Depreciation Expense	\$707,188,234	\$739,824,219	\$783,491,080				
11	Days Revenue in Patient Accounts Receivable	70.43	66.41	63.52				

	HARTFORD HOSPITAL								
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINANCIA	AL AND STATISTICAL	DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009					
12	Net Patient Accounts Receivable	\$ 109,603,419	\$ 105,442,656	\$ 115,042,880					
13	Due From Third Party Payers	\$9,548,081	\$10,926,483	, , ,					
14	Due To Third Party Payers	\$0		\$0,372,470					
14	Total Net Patient Accounts Receivable and Third Party Payer	φ0	φ0	φι					
15	Activity	\$ 119,151,500	\$ 116,369,139	\$ 122,015,356					
16	Total Net Patient Revenue	\$617,507,812	\$ 639,563,211	\$ 701,170,031					
17	Average Payment Period	41.08	57.70	60.38					
18	Total Current Liabilities	\$79,595,617	\$116,953,564	\$129,600,976					
19	Total Operating Expenses	\$745,010,396	\$779,129,428	\$824,177,868					
20	Depreciation Expense	\$37,822,162							
21	Total Operating Expenses less Depreciation Expense	\$707,188,234	\$739,824,219	\$783,491,080					
F.	Solvency Measures Summary								
1	Equity Financing Ratio	80.9	73.1	49.3					
2	Total Net Assets	\$884,570,192	\$648,135,482	\$403,988,398					
3	Total Assets	\$1,094,051,925	\$886,163,683	\$819,823,927					
4	Cash Flow to Total Debt Ratio	43.0	(0.5)	20.8					
5	Excess/(Deficiency) of Revenues Over Expenses	\$16,181,810	(\$40,100,619)	(\$4,240,807					
6	Depreciation Expense	\$37,822,162	\$39,305,209	\$40,686,788					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$54,003,972	(\$795,410)						
8	Total Current Liabilities	\$79,595,617	\$116,953,564	\$129,600,976					
9	Total Long Term Debt	\$45,940,000							
10	Total Current Liabilities and Total Long Term Debt	\$125,535,617	\$162,893,564	\$175,540,976					
11	Long Term Debt to Capitalization Ratio	4.9	6.6	10.2					
12	Total Long Term Debt	\$45,940,000	\$45,940,000	\$45,940,000					
13	Total Net Assets	\$884,570,192	\$648,135,482	\$403,988,398					
14	Total Long Term Debt and Total Net Assets	\$930,510,192	\$694,075,482	\$449,928,398					
15	Debt Service Coverage Ratio	26.0	0.5	12.5					
16	Excess Revenues over Expenses	\$16,181,810	(\$40,100,619)						
17	Interest Expense	\$2,156,689	\$1,552,169	\$607,197					
18	Depreciation and Amortization Expense	\$37,822,162	\$39,305,209	\$40,686,788					

	HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2009								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
(')	(2)	ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	<u>FY 2007</u>	FY 2008	<u>FY 2009</u>					
19	Principal Payments	\$0	\$0	\$2,363,100					
G.	Other Financial Ratios								
20	Average Age of Plant	11.5	12.0 \$473,730,048	12.6					
21 22	Accumulated Depreciation  Depreciation and Amortization Expense	\$434,452,931 \$37,822,162	\$472,739,018 \$39.305,209	\$512,321,937 \$40,686,788					
	Depreciation and Amontzation Expense	ψ37,022,102	ψ39,303,209	Ψ40,000,700					
н.	Utilization Measures Summary								
1	Patient Days	211,887	212,013	215,958					
2	Discharges	39,621	39,840	41,188					
3	ALOS	5.3	5.3	5.2					
4	Staffed Beds	749	583	595					
	Available Beds	743	303						
5		- 007	710	752					
6	Licensed Beds	867	749	867					
6	Occupancy of Staffed Beds	77.5%	99.6%	99.4%					
7	Occupancy of Available Beds	67.0%	77.6%	78.7%					
8	Full Time Equivalent Employees	5,207.0	5,331.3	5,396.3					
I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	36.5%	35.5%	36.0%					
2	Medicare Gross Revenue Payer Mix Percentage	44.8%	45.3%	43.7%					
3	Medicaid Gross Revenue Payer Mix Percentage	11.2%	11.8%	13.0%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.4%	4.2%	4.1%					
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.9%	2.7%					
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.4%	0.5%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$529,905,619	\$552,053,231	\$617,863,356					
9	Medicare Gross Revenue (Charges)	\$650,732,525	\$704,222,818	\$748,930,861					
10	Medicaid Gross Revenue (Charges)	\$163,011,742	\$182,899,480	\$223,090,441					
11	Other Medical Assistance Gross Revenue (Charges)	\$63,286,492	\$65,806,664	\$70,558,069					
12	Uninsured Gross Revenue (Charges)	\$39,596,682	\$45,137,778	\$45,723,087					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$5,673,178	\$5,751,815	\$8,265,834					
14	Total Gross Revenue (Charges)	\$1,452,206,238	\$1,555,871,786	\$1,714,431,648					
J.	Hospital Net Revenue Payer Mix Percentage								
1	Non-Government Net Revenue Payer Mix Percentage	41.9%	42.7%	45.9%					

	HARTFORD	HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL	YEAR 2009							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(4)		(0)	(0)	<b>(5)</b>					
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL					
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009					
2	Medicare Net Revenue Payer Mix Percentage	45.1%	43.7%	41.1%					
3	Medicaid Net Revenue Payer Mix Percentage	9.0%	10.6%	10.49					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.5%	2.0%	1.79					
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	0.6%	0.4%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.7%	0.5%	0.49					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Net Revenue (Payments)	\$249,886,605	\$268,423,151	\$316,352,060					
9	Medicare Net Revenue (Payments)	\$268,991,542	\$275,088,775	\$283,035,628					
10	Medicaid Net Revenue (Payments)	\$53,468,266	\$66,455,454	\$71,808,003					
11	Other Medical Assistance Net Revenue (Payments)	\$15,026,814	\$12,598,621	\$11,852,725					
12	Uninsured Net Revenue (Payments)	\$4,020,691	\$3,596,046	\$3,031,188					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$4,402,185	\$2,934,035	\$2,439,473					
14	Total Net Revenue (Payments)	\$595,796,103	\$629,096,082	\$688,519,077					
K.	<u>Discharges</u>								
1	Non-Government (Including Self Pay / Uninsured)	16,407	16,218	16,639					
2	Medicare	15,219	15,288	15,533					
3	Medical Assistance	7,859	8,174	8,830					
4	Medicaid	5,940	6,256	6,942					
5	Other Medical Assistance	1,919	1,918	1,888					
6	CHAMPUS / TRICARE	136	160	186					
7	Uninsured (Included In Non-Government)	500	664	694					
8	Total	39,621	39,840	41,188					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	1.317900	1.301100	1.337800					
2	Medicare	1.655900	1.681600	1.659100					
3	Medical Assistance	1.031489	1.054799	1.107894					
4	Medicaid	0.965000	1.020400	1.079200					
5	Other Medical Assistance	1.237300	1.167000	1.213400					
6	CHAMPUS / TRICARE	1.093700	1.301100	1.240000					
7	Uninsured (Included In Non-Government)	1.376800	1.367600	1.310900					
8	Total Case Mix Index	1.390150	1.396577	1.409240					
M.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	15,141	15,872	16,393					
2	Emergency Room - Treated and Discharged	65,128	66,455	73,715					
3	Total Emergency Room Visits	80,269	82,327	90,108					

#### REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT	<b>A</b> 2 1 2 1 2 2 7	<b>*</b>	<b>*</b> • • • • • • • • • • • • • • • • • • •	
	Inpatient Charges	\$2,404,397	\$4,306,199	\$1,901,802	79%
	Inpatient Payments	\$1,150,681	\$1,369,631	\$218,950	19%
	Outpatient Charges	\$632,032	\$961,453	\$329,421	52%
	Outpatient Payments	\$247,441	\$317,229	\$69,788	28%
	Discharges	58	91	33	57%
	Patient Days	396	631	235	59%
	Outpatient Visits (Excludes ED Visits)	6	54	48	800%
	Emergency Department Outpatient Visits	29	41	12	41%
	Emergency Department Inpatient Admissions	27	39	12	44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,036,429	\$5,267,652	\$2,231,223	73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,398,122	\$1,686,860	\$288,738	21%
B.	CIGNA HEALTHCARE				
	Inpatient Charges	\$0	\$0	\$0	0%
	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%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
	Inpatient Charges	\$1,889,779	\$13,031,309	\$11,141,530	590%
	Inpatient Payments	\$764,873	\$5,429,118	\$4,664,245	610%
3	Outpatient Charges	\$639,042	\$3,363,135	\$2,724,093	426%
	Outpatient Payments	\$261,094	\$1,694,641	\$1,433,547	549%
5	Discharges	47	321	274	583%
6	Patient Days	265	1,774	1,509	569%
7	Outpatient Visits (Excludes ED Visits)	12	261	249	2075%
	Emergency Department Outpatient Visits	27	149	122	452%
	Emergency Department Inpatient Admissions	26	153	127	488%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,528,821	\$16,394,444	\$13,865,623	548%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,025,967	\$7,123,759	\$6,097,792	594%
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , ., .,	, -, ,·- <u>-</u>	

REPORT 200 15 of 57 9/20/2010,3:29 PM

#### REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
` '	\	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$24,565,771	\$28,523,373	\$3,957,602	16%
2	Inpatient Payments	\$8,745,949	\$11,248,079	\$2,502,130	29%
3	Outpatient Charges	\$5,497,775	\$6,761,528	\$1,263,753	23%
4	Outpatient Payments	\$1,392,330	\$1,931,938	\$539,608	39%
5	Discharges	581	626	45	8%
6	Patient Days	3,665	4,216	551	15%
7	Outpatient Visits (Excludes ED Visits)	92	148	56	61%
8	Emergency Department Outpatient Visits	259	284	25	10%
9	Emergency Department Inpatient Admissions	248	309	61	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,063,546	\$35,284,901	\$5,221,355	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,138,279	\$13,180,017	\$3,041,738	30%
					_
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$7,263,409	\$10,670,460	\$3,407,051	47%
2	Inpatient Payments	\$2,714,009	\$3,370,964	\$656,955	24%
3	Outpatient Charges	\$1,956,146	\$1,807,120	(\$149,026)	-8%
4	Outpatient Payments	\$626,140	\$256,360	(\$369,780)	-59%
5	Discharges	189	200	11	6%
6	Patient Days	1,330	1,744	414	31%
7	Outpatient Visits (Excludes ED Visits)	53	120	67	126%
8	Emergency Department Outpatient Visits	542	424	(118)	-22%
9	Emergency Department Inpatient Admissions	151	148	(3)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,219,555	\$12,477,580	\$3,258,025	35%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,340,149	\$3,627,324	\$287,175	9%
_	AVEODD HEALTH DI AND IND MEDICADE ADVAN	17.05			
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVAN		Φ.	Φ0	00/
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%

REPORT 200 16 of 57 9/20/2010,3:29 PM

#### REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(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				20/
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%
٦.	AETNA				
1	Inpatient Charges	\$9,299,704	\$11,563,008	\$2,263,304	24%
2	Inpatient Charges Inpatient Payments	\$2,787,172	\$3,853,748	\$1,066,576	38%
3	Outpatient Charges	\$2,184,093	\$3,373,932	\$1,189,839	54%
4	Outpatient Charges Outpatient Payments	\$550,837	\$1,058,347	\$507,510	92%
5	Discharges	250	327	\$507,510 77	31%
6	Patient Days	1,535	1,828	293	19%
7	Outpatient Visits (Excludes ED Visits)	94	210	116	123%
8	Emergency Department Outpatient Visits	135	202	67	50%
9	Emergency Department Outpatient Visits  Emergency Department Inpatient Admissions	155	202	56	36%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,483,797	\$14,936,940	\$3,453,143	30%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,338,009	\$4,912,095	\$1,574,086	30% 47%
	TOTAL INI ATIENT & COTTATIENT FATMENTS	<b>\$3,330,009</b>	<b>Φ4,912,09</b> 3	\$1,574,000	41%
L					

REPORT 200 17 of 57 9/20/2010,3:29 PM

#### REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(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%
K.	SECURE HORIZONS				
		¢o.	<u>фо</u>	<b>#</b> 0	00/
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% 0%
6	Patient Days	0	0	0	
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
			+	***	• 7,0

REPORT 200 18 of 57 9/20/2010,3:29 PM

#### REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
l		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
M.	UNIVERSAL AMERICAN			Ι	
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$8,921,912	\$13,928,651	\$5,006,739	56%
2	Inpatient Payments	\$3,363,531	\$5,193,189	\$1,829,658	54%
3	Outpatient Charges	\$2,947,053	\$3,956,476	\$1,009,423	34%
4	Outpatient Payments	\$962,261	\$997,560	\$35,299	4%
5	Discharges	266	393	127	48%
6	Patient Days	1,616	2,158	542	34%
7	Outpatient Visits (Excludes ED Visits)	68	1,085	1,017	1496%
8	Emergency Department Outpatient Visits	304	713	409	135%
9	Emergency Department Inpatient Admissions	140	250	110	79%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,868,965	\$17,885,127	\$6,016,162	51%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,325,792	\$6,190,749	\$1,864,957	43%
II.	TOTAL MEDICARE MANAGED CARE		<u> </u>		<u> </u>
		<b>*</b> 54.044.070	**** **** ****	\$07.070.000	F40/
	TOTAL INPATIENT CHARGES TOTAL INPATIENT PAYMENTS	\$54,344,972 \$19,526,215	\$82,023,000 \$30,464,729	\$27,678,028 \$10,938,514	51% 56%
	TOTAL INPATIENT PAYMENTS  TOTAL OUTPATIENT CHARGES	\$13,856,141	\$20,223,644	\$6,367,503	46%
	TOTAL OUTPATIENT CHARGES  TOTAL OUTPATIENT PAYMENTS	\$4,040,103	\$6,256,075	\$2,215,972	55%
	TOTAL DISCHARGES	1,391	1,958	567	41%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	8,807	12,351	3,544	40%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED	0,007	12,331	3,344	+0 /0
	VISITS)	325	1,878	1,553	478%
	TOTAL EMERGENCY DEPARTMENT	520	.,	.,550	
	OUTPATIENT VISITS	1,296	1,813	517	40%
	TOTAL EMERGENCY DEPARTMENT	,	,		
	INPATIENT ADMISSIONS	747	1,110	363	49%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$68,201,113	\$102,246,644	\$34,045,531	50%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,566,318	\$36,720,804	\$13,154,486	56%

REPORT 200 19 of 57 9/20/2010,3:29 PM

#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
Α.	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
1	Inpatient Charges	\$20,836,219	\$6,416,648	(\$14,419,571)	-69%
2	Inpatient Payments	\$8,447,582	\$1,930,649	(\$6,516,933)	-77%
3	Outpatient Charges	\$18,580,333	\$5,451,481	(\$13,128,852)	-71%
4	Outpatient Payments	\$5,461,382	\$1,057,016	(\$4,404,366)	-81%
5	Discharges	1,929	503	(1,426)	-74%
6	Patient Days	5,939	1,593	(4,346)	-73%
7	Outpatient Visits (Excludes ED Visits)	23,388	5,572	(17,816)	-76%
8	Emergency Department Outpatient Visits	6,811	2,045	(4,766)	-70%
9	Emergency Department Inpatient Admissions	268	81	(187)	-70%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$39,416,552	\$11,868,129	(\$27,548,423)	-70%
	TOTAL INPATIENT & OUTPATIENT	<del>+++++++++++++++++++++++++++++++++++++</del>	<b>VIII,000,120</b>	(421,010,120)	1070
	PAYMENTS	\$13,908,964	\$2,987,665	(\$10,921,299)	-79%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$6,855,791	\$16,549,469	\$9,693,678	141%
2	Inpatient Payments	\$2,186,066	\$6,224,540	\$4,038,474	185%
3	Outpatient Charges	\$5,717,631	\$15,608,615	\$9,890,984	173%
4	Outpatient Payments	\$2,064,211	\$4,975,169	\$2,910,958	141%
5	Discharges	583	1,342	759	130%
6	Patient Days	1,896	4,200	2,304	122%
7	Outpatient Visits (Excludes ED Visits)	12,586	19,666	7,080	56%
8	Emergency Department Outpatient Visits	1,641	5,362	3,721	227%
9	Emergency Department Inpatient Admissions	73	233	160	219%
	TOTAL INPATIENT & OUTPATIENT CHARGES	¢42 572 422	¢22.459.094	\$10 E94 662	4560/
	TOTAL INPATIENT & OUTPATIENT	\$12,573,422	\$32,158,084	\$19,584,662	156%
	PAYMENTS	\$4,250,277	\$11,199,709	\$6,949,432	164%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$2,732,770	\$0	(\$2,732,770)	-100%
	Inpatient Payments	\$791,222	\$0	(\$791,222)	
3	Outpatient Charges	\$1,265,364	\$0	(\$1,265,364)	-100%
4	Outpatient Payments	\$357,175	\$0	(\$357,175)	-100%
5	Discharges	195	0	(195)	
6	Patient Days	710	0	(710)	-100%
7	Outpatient Visits (Excludes ED Visits)	905	0	(905)	-100%
8	Emergency Department Outpatient Visits	430	0	(430)	-100%
9	Emergency Department Inpatient Admissions	31	0	(31)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,998,134	\$0	(\$3,998,134)	-100%
	TOTAL INPATIENT & OUTPATIENT	Ţ-,,·-·	70	(+=,000,101)	1.5070
	PAYMENTS	\$1,148,397	\$0	(\$1,148,397)	-100%

REPORT 250 20 of 57 9/20/2010,3:29 PM

#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
					I
D.	OTHER MEDICAID MANAGER CARE				
<u>D.</u>	OTHER MEDICAID MANAGED CARE Inpatient Charges	\$1,954,811	\$2,016,191	\$61,380	3%
2	Inpatient Charges Inpatient Payments	\$862,616	\$944,602	\$81,986	10%
3	Outpatient Charges	\$2,227,985	\$1,106,280	(\$1,121,705)	-50%
4	Outpatient Charges Outpatient Payments	\$1,148,777	\$22,967	(\$1,125,810)	-98%
5	Discharges	197	195	(2)	-1%
6	Patient Days	419	521	(2) 102	24%
7	Outpatient Visits (Excludes ED Visits)	2,723	1,370	(1,353)	-50%
8	Emergency Department Outpatient Visits	860	536	(324)	-38%
9		33		(324)	-36%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT	33	21	(12)	-30%
	CHARGES	£4.400.70C	¢0.400.474	(\$4,000,00E)	250/
	TOTAL INPATIENT & OUTPATIENT	\$4,182,796	\$3,122,471	(\$1,060,325)	-25%
		<b>60 044 000</b>	¢007 500	(64 042 004)	F00/
	PAYMENTS	\$2,011,393	\$967,569	(\$1,043,824)	-52%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Charges Outpatient Payments	\$0	\$0 \$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 Outpatient Visits  Emergency Department Inpatient Admissions	0	0	0	0%
9	TOTAL INPATIENT & OUTPATIENT	U	U	0	0 /0
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	φυ	Φ0	φυ	U /0
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,	Ψ	Ψ	Ψ	0 70
F.	PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

REPORT 250 21 of 57 9/20/2010,3:29 PM

#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
	LINUTED LIE AL TUOADE				
<b>G</b> .	UNITED HEALTHCARE	\$0	\$3,937,392	\$3,937,392	0%
2	Inpatient Charges Inpatient Payments	\$0	\$1,887,408	\$1,887,408	0%
3	Outpatient Charges	\$0	\$3,241,529	\$3,241,529	0%
4	Outpatient Charges Outpatient Payments	\$0	\$1,002,350	\$1,002,350	0%
5	Discharges	0	393	\$1,002,330 393	0%
6	Patient Days	0		1,186	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,186 3,517	3,517	0%
8	Emergency Department Outpatient Visits	0	1,387	1,387	0%
9		0		,	
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT	U	61	61	0%
		<b>*</b> 0	¢7 470 004	¢7 470 004	00/
	CHARGES TOTAL INPATIENT & OUTPATIENT	\$0	\$7,178,921	\$7,178,921	0%
	PAYMENTS	\$0	\$2,889,758	\$2,889,758	0%
	FATMENTS	\$0	\$2,009,730	\$2,009, <i>1</i> 30	0 /6
Н.	AETNA				
1	Inpatient Charges	\$0	\$8,681,371	\$8,681,371	0%
2	Inpatient Payments	\$0	\$3,825,077	\$3,825,077	0%
3	Outpatient Charges	\$0	\$6,953,936	\$6,953,936	0%
4	Outpatient Payments	\$0	\$2,439,133	\$2,439,133	0%
5	Discharges	0	802	802	0%
6	Patient Days	0	2,443	2,443	0%
7	Outpatient Visits (Excludes ED Visits)	0	7,129	7,129	0%
8	Emergency Department Outpatient Visits	0	3,091	3,091	0%
9	Emergency Department Inpatient Admissions	0	117	117	0%
	TOTAL INPATIENT & OUTPATIENT	Ŭ			0 70
	CHARGES	\$0	\$15,635,307	\$15,635,307	0%
	TOTAL INPATIENT & OUTPATIENT	70	<b>4</b> 10,000,001	<b>4</b> 10,000,001	0.0
	PAYMENTS	\$0	\$6,264,210	\$6,264,210	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$32,379,591	\$37,601,071	\$5,221,480	16%
	TOTAL INPATIENT CHARGES TOTAL INPATIENT PAYMENTS	\$12,287,486	\$14,812,276	\$2,524,790	21%
	TOTAL INFATIENT PATMENTS  TOTAL OUTPATIENT CHARGES	\$27,791,313	\$32,361,841	\$4,570,528	16%
	TOTAL OUTPATIENT CHARGES  TOTAL OUTPATIENT PAYMENTS	\$9,031,545	\$9,496,635	\$465,090	5%
	TOTAL OUTPATIENT PATMENTS  TOTAL DISCHARGES		3,235	331	11%
	TOTAL DISCHARGES  TOTAL PATIENT DAYS	2,904		979	
	TOTAL PATIENT DATS  TOTAL OUTPATIENT VISITS	8,964	9,943	919	11%
	(EXCLUDES ED VISITS)	39,602	37,254	(2,348)	-6%
	TOTAL EMERGENCY DEPARTMENT	33,002	31,204	(2,340)	-070
	OUTPATIENT VISITS	9,742	12,421	2,679	27%
	TOTAL EMERGENCY DEPARTMENT	9,742	12,421	2,079	21%
	INPATIENT ADMISSIONS	405	513	108	27%
	TOTAL INPATIENT & OUTPATIENT	400	313	108	2170
	CHARGES	\$60.170.004	\$60.062.042	¢0 702 000	460/
	TOTAL INPATIENT & OUTPATIENT	\$60,170,904	\$69,962,912	\$9,792,008	16%
	PAYMENTS	\$24.240.024	\$24 200 044	¢2 000 000	14%
	FAIMENIS	\$21,319,031	\$24,308,911	\$2,989,880	14%

#### **REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

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

REPORT 250 23 of 57 9/20/2010,3:29 PM

	HARTFORD	HEALTH CARE CORPOR	RATION			
	TWELVE	MONTHS ACTUAL FILI	NG			
		FISCAL YEAR 2009				
	REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)	
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE	
l.	ASSETS					
A.	Current Assets:					
1	Cash and Cash Equivalents	\$80,257,000	\$82,561,000	\$2,304,000	3%	
2	Short Term Investments	\$0	\$0	\$0	0%	
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$163,557,000	\$173,216,000	\$9,659,000	6%	
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%	
5	Due From Affiliates	\$0	\$0	\$0	0%	
6	Due From Third Party Payers	\$11,484,000	\$6,060,000	(\$5,424,000)	-47%	
7	Inventories of Supplies	\$12,676,000	\$14,119,000	\$1,443,000	11%	
8	Prepaid Expenses	\$17,922,000	\$21,884,000	\$3,962,000	22%	
9	Other Current Assets	\$30,002,000	\$26,861,000	(\$3,141,000)	-10%	
	Total Current Assets	\$315,898,000	\$324,701,000	\$8,803,000	3%	
В.	Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$129,868,000	\$124,401,000	(\$5,467,000)	-4%	
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	\$432,949,000	\$385,567,000	(\$47,382,000)	-11%	
	Total Noncurrent Assets Whose Use is Limited:	\$562,817,000	\$509,968,000	(\$52,849,000)	-9%	
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%	
6	Long Term Investments	\$0	\$0	\$0	0%	
7	Other Noncurrent Assets	\$115,052,000	\$48,280,000	(\$66,772,000)	-58%	
C.	Net Fixed Assets:					
1	Property, Plant and Equipment	\$1,129,334,000	\$1,202,351,000	\$73,017,000	6%	
2	Less: Accumulated Depreciation	\$706,242,000	\$765,929,000	\$59,687,000	\$0	
	Property, Plant and Equipment, Net	\$423,092,000	\$436,422,000	\$13,330,000	3%	
3	Construction in Progress	\$39,973,000	\$64,533,000	\$24,560,000	61%	
	Total Net Fixed Assets	\$463,065,000	\$500,955,000	\$37,890,000	8%	
	Total Assets	\$1,456,832,000	\$1,383,904,000	(\$72,928,000)	-5%	

	HARTFORD I	HEALTH CARE CORPOR	ATION			
	TWELVE	MONTHS ACTUAL FILI	NG			
	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	
II.	LIABILITIES AND NET ASSETS					
A.	Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$46,885,000	\$61,651,000	\$14,766,000	31%	
2	Salaries, Wages and Payroll Taxes	\$52,454,000	\$54,547,000	\$2,093,000	4%	
3	Due To Third Party Payers	\$0	\$0	\$0	0%	
4	Due To Affiliates	\$0	\$0	\$0	0%	
5	Current Portion of Long Term Debt	\$5,018,000	\$5,157,000	\$139,000	3%	
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%	
7	Other Current Liabilities	\$73,554,000	\$72,509,000	(\$1,045,000)	-1%	
	Total Current Liabilities	\$177,911,000	\$193,864,000	\$15,953,000	9%	
В.	Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$169,436,000	\$165,631,000	(\$3,805,000)	-2%	
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%	
	Total Long Term Debt	\$169,436,000	\$165,631,000	(\$3,805,000)	-2%	
3	Accrued Pension Liability	\$0	\$0	\$0	0%	
4	Other Long Term Liabilities	\$137,157,000	\$363,364,000	\$226,207,000	165%	
	Total Long Term Liabilities	\$306,593,000	\$528,995,000	\$222,402,000	73%	
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%	
C.	Net Assets:					
1	Unrestricted Net Assets or Equity	\$640,110,000	\$350,486,000	(\$289,624,000)	-45%	
2	Temporarily Restricted Net Assets	\$121,896,000	\$107,425,000	(\$14,471,000)	-12%	
3	Permanently Restricted Net Assets	\$210,322,000	\$203,134,000	(\$7,188,000)	-3%	
	Total Net Assets	\$972,328,000	\$661,045,000	(\$311,283,000)	-32%	
	Total Liabilities and Net Assets	\$1,456,832,000	\$1,383,904,000	(\$72,928,000)	-5%	

	HARTFORD I	IEALTH CARE COF	RPORATION		
	TWELVE	MONTHS ACTUAL	FILING		
		FISCAL YEAR 200			
	REPORT 350 - HOSPITAL S				
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	Operating Revenue:				
1	Total Gross Patient Revenue	\$2,314,121,000	\$2,533,111,000	\$218,990,000	9%
2	Less: Allowances	\$1,239,407,000	\$1,376,028,000	\$136,621,000	11%
3	Less: Charity Care	\$48,645,000	\$38,297,000	(\$10,348,000)	-21%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,026,069,000	\$1,118,786,000	\$92,717,000	9%
5	Other Operating Revenue	\$155,261,000	\$162,215,000	\$6,954,000	4%
6	Net Assets Released from Restrictions	\$29,941,000	\$10,942,000	(\$18,999,000)	-63%
	Total Operating Revenue	\$1,211,271,000	\$1,291,943,000	\$80,672,000	7%
	On and the District				
	Operating Expenses:				
	Salaries and Wages	\$560,718,000	\$593,414,000	\$32,696,000	6%
	Fringe Benefits	\$122,042,000	\$135,037,000	\$12,995,000	11%
	Physicians Fees	\$32,765,000	\$39,806,000	\$7,041,000	21%
	Supplies and Drugs	\$137,668,000	\$154,679,000	\$17,011,000	12%
	Depreciation and Amortization	\$59,909,000	\$60,718,000	\$809,000	1%
	Bad Debts	\$48,643,000	\$46,405,000	(\$2,238,000)	-5%
	Interest	\$5,602,000	\$4,609,000	(\$993,000)	-18%
	Malpractice	\$20,731,000	\$21,253,000	\$522,000	3%
	Other Operating Expenses	\$223,943,000	\$225,290,000	\$1,347,000	1%
	Total Operating Expenses	\$1,212,021,000	\$1,281,211,000	\$69,190,000	6%
	Income/(Loss) From Operations	(\$750,000)	\$10,732,000	\$11,482,000	-1531%
C.	Non-Operating Revenue:				
1	Income from Investments	\$16,978,000	(\$8,861,000)	(\$25,839,000)	-152%
2	Gifts, Contributions and Donations	\$1,134,000	\$1,004,000	(\$130,000)	-11%
3	Other Non-Operating Gains/(Losses)	(\$66,760,000)	(\$11,525,000)	\$55,235,000	-83%
	Total Non-Operating Revenue	(\$48,648,000)	(\$19,382,000)	\$29,266,000	-60%
	Excess/(Deficiency) of Revenue Over Expenses	(\$40,000,000)	(\$0.050.00C)	¢40.740.000	0001
	(Before Other Adjustments)	(\$49,398,000)	(\$8,650,000)	\$40,748,000	-82%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$2,052,000	\$2,052,000	0%
	All Other Adjustments	\$0	(\$276,000)	(\$276,000)	0%
	Total Other Adjustments	\$0	\$1,776,000	\$1,776,000	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$49,398,000)	(\$6,874,000)	\$42,524,000	-86%

#### HARTFORD HEALTH CARE CORPORATION

#### TWELVE MONTHS ACTUAL FILING

### FISCAL YEAR 2009

### **REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS**

(1)	(2)	(3)	(4)	(5)	
-	··	ACTUAL	ACTUAL	ACTUAL	
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009	
A.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$916,486,000	\$1,026,069,000	\$1,118,786,000	
2	Other Operating Revenue	157,647,000	185,202,000	173,157,000	
3	Total Operating Revenue	\$1,074,133,000	\$1,211,271,000	\$1,291,943,000	
4	Total Operating Expenses	1,070,059,000	1,212,021,000	1,281,211,000	
5	Income/(Loss) From Operations	\$4,074,000	(\$750,000)	\$10,732,000	
6	Total Non-Operating Revenue	34,736,000	(48,648,000)	(17,606,000)	
7	Excess/(Deficiency) of Revenue Over Expenses	\$38,810,000	(\$49,398,000)	(\$6,874,000)	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.37%	-0.06%	0.84%	
2	Parent Corporation Non-Operating Margin	3.13%	-4.18%	-1.38%	
3	Parent Corporation Total Margin	3.50%	-4.25%	-0.54%	
4	Income/(Loss) From Operations	\$4,074,000	(\$750,000)	\$10,732,000	
5	Total Operating Revenue	\$1,074,133,000	\$1,211,271,000	\$1,291,943,000	
6	Total Non-Operating Revenue	\$34,736,000	(\$48,648,000)	(\$17,606,000)	
7	Total Revenue	\$1,108,869,000	\$1,162,623,000	\$1,274,337,000	
8	Excess/(Deficiency) of Revenue Over Expenses	\$38,810,000	(\$49,398,000)	(\$6,874,000)	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$811,623,000	\$640,110,000	\$350,486,000	
2	Parent Corporation Total Net Assets	\$1,222,946,000	\$972,328,000	\$661,045,000	
3	Parent Corporation Change in Total Net Assets	\$1,222,946,000	(\$250,618,000)	(\$311,283,000)	
4	Parent Corporation Change in Total Net Assets %	0.0%	-20.5%	-32.0%	

REPORT 385 PAGE 27 of 57 9/20/2010, 3:29 PM

#### HARTFORD HEALTH CARE CORPORATION

#### TWELVE MONTHS ACTUAL FILING

### FISCAL YEAR 2009

### **REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS**

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D.	Liquidity Measures Summary			
1	Current Ratio	2.34	1.78	1.67
2	Total Current Assets	\$279,420,000	\$315,898,000	\$324,701,000
3	Total Current Liabilities	\$119,488,000	\$177,911,000	\$193,864,000
4	Days Cash on Hand	22	25	25
5	Cash and Cash Equivalents	\$61,985,000	\$80,257,000	\$82,561,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$61,985,000	\$80,257,000	\$82,561,000
8	Total Operating Expenses	\$1,070,059,000	\$1,212,021,000	\$1,281,211,000
9	Depreciation Expense	\$53,601,000	\$59,909,000	\$60,718,000
10	Operating Expenses less Depreciation Expense	\$1,016,458,000	\$1,152,112,000	\$1,220,493,000
11	Days Revenue in Patient Accounts Receivable	66	62	58
12	Net Patient Accounts Receivable	\$ 156,780,000	\$ 163,557,000	\$ 173,216,000
13	Due From Third Party Payers	\$8,121,000	\$11,484,000	\$6,060,000
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 164,901,000	\$ 175,041,000	\$ 179,276,000
16	Total Net Patient Revenue	\$916,486,000	\$1,026,069,000	\$1,118,786,000
17	Average Payment Period	43	56	58
18	Total Current Liabilities	\$119,488,000	\$177,911,000	\$193,864,000
19	Total Operating Expenses	\$1,070,059,000	\$1,212,021,000	\$1,281,211,000
20	Depreciation Expense	\$53,601,000	\$59,909,000	\$60,718,000
21	Total Operating Expenses less Depreciation Expense	\$1,016,458,000	\$1,152,112,000	\$1,220,493,000

REPORT 385 PAGE 28 of 57 9/20/2010, 3:29 PM

#### HARTFORD HEALTH CARE CORPORATION **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2007 FY 2008 FY 2009 **Solvency Measures Summary Equity Financing Ratio** 77.4 66.7 47.8 \$661,045,000 Total Net Assets \$1,222,946,000 \$972,328,000 \$1,580,581,000 \$1,456,832,000 \$1,383,904,000 3 Total Assets 4 Cash Flow to Total Debt Ratio 38.1 3.0 15.0 Excess/(Deficiency) of Revenues Over Expenses \$38,810,000 (\$49,398,000)(\$6,874,000)Depreciation Expense \$53,601,000 \$59,909,000 \$60,718,000 6 Excess of Revenues Over Expenses and Depreciation Expense \$92,411,000 \$10,511,000 \$53,844,000 **Total Current Liabilities** \$119,488,000 \$177,911,000 \$193,864,000 Total Long Term Debt \$122,826,000 \$169,436,000 \$165,631,000 10 Total Current Liabilities and Total Long Term Debt \$242,314,000 \$347,347,000 \$359,495,000 11 Long Term Debt to Capitalization Ratio 20.0 9.1 14.8 \$165,631,000 12 Total Long Term Debt \$122,826,000 \$169,436,000

\$1,222,946,000

\$1,345,772,000

\$972,328,000

\$1,141,764,000

\$661,045,000

\$826,676,000

13 Total Net Assets

14 Total Long Term Debt and Total Net Assets

		TWELVE	RTFORD HOSPITAL MONTHS ACTUAL F	FILING		
	FISCAL YEAR 2009  REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY OF STAFFED	OCCUPANCY OF AVAILABLE
LINE	DESCRIPTION	DAYS	BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
1	Adult Medical/Surgical	137,102	376	472	99.9%	79.6%
2	ICU/CCU (Excludes Neonatal ICU)	22,275	62	66	98.4%	92.5%
3	Psychiatric: Ages 0 to 17	8,655	24	29	98.8%	81.8%
4	Psychiatric: Ages 18+ TOTAL PSYCHIATRIC	26,399 <b>35,054</b>	73 <b>97</b>	94 <b>123</b>	99.1% <b>99.0%</b>	76.9% <b>78.1%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	11,683	33	43	97.0%	74.4%
7	Newborn	9,844	27	48	99.9%	56.2%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	206,114	568	704	99.4%	80.2%
	TOTAL INPATIENT BED UTILIZATION	215,958	595	752	99.4%	78.7%
	TOTAL INPATIENT REPORTED YEAR	215,958	595	752	99.4%	78.7%
	TOTAL INPATIENT PRIOR YEAR DIFFERENCE #: REPORTED VS. PRIOR YEAR	212,013 3,945	583 12	749 3	99.6% -0.2%	77.6% 1.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	2%	0%	0%	1%
	Total Licensed Beds and Bassinets	867				
(A) T	his number may not exceed the number of available	beds for each departn	nent or in total.			

		ARTFORD HOSPITAL			
	TWELVI	E MONTHS ACTUAL			
	REPORT 450 - HOSPITAL INPATIENT AN	FISCAL YEAR 2009		IZATION AND ETE	e
	REPORT 450 - HOSFITAL INFATIENT AT	ID COTPATIENT OT	TER SERVICES OTTE	IZATION AND FIE	3
(1)	(2)	(3)	(4)	(5)	(6)
. ,	, ,		` ,	` '	` ,
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2008</u>	<u>FY 2009</u>	<u>DIFFERENCE</u>	DIFFERENCE
Α.	CT Scans (A)				
1 1	Inpatient Scans	26,355	27,915	1,560	6%
'	Outpatient Scans (Excluding Emergency Department	20,000	27,515	1,500	070
2	Scans)	3,017	3,617	600	20%
3	Emergency Department Scans	15,793	17,787	1,994	13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	45,165	49,319	4,154	9%
В.	MDI Sana (A)				
1	MRI Scans (A) Inpatient Scans	3,107	3,601	494	16%
<u> </u>	Outpatient Scans (Excluding Emergency Department	3,107	5,501	734	1070
2	Scans)	3,692	4,695	1,003	27%
3	Emergency Department Scans	421	460	39	9%
4	Other Non-Hospital Providers' Scans (A)	0	0 750	0	0%
	Total MRI Scans	7,220	8,756	1,536	21%
C.	PET Scans (A)				
1	Inpatient Scans	761	202	-559	-73%
	Outpatient Scans (Excluding Emergency Department	701	202	000	1070
2	Scans)	1,907	167	-1,740	-91%
3	Emergency Department Scans	212	19	-193	-91%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0% -87%
	Total PET Scans	2,880	388	-2,492	-87%
D.	PET/CT Scans (A)				
1	Inpatient Scans	240	296	56	23%
	Outpatient Scans (Excluding Emergency Department	= .•			
2	Scans)	1,354	1,207	-147	-11%
3	Emergency Department Scans	150	134	-16	-11%
4	Other Non-Hospital Providers' Scans (A)  Total PET/CT Scans	0 1,744	0 1,637	<u>0</u> -107	0% - <b>6%</b>
	Total FEI/OT Scalis	1,144	1,037	-107	-070
	(A) If the Hospital is not the primary provider of the	se scans, the Hospit	al must obtain the fi	scal year	
	volume of each of these types of scans from the			•	
E.	Linear Accelerator Procedures				
2	Inpatient Procedures Outpatient Procedures	794 20,523	845 23.923	51 3,400	6% 17%
	Total Linear Accelerator Procedures	20,523	23,923 <b>24,768</b>	3,400 3,451	16%
	Total Ellion Addition 1 Todadics	21,017	24,100	0,401	1070
F.	Cardiac Catheterization Procedures				
1	Inpatient Procedures	2,205	1,837	-368	-17%
2	Outpatient Procedures	1,287	1,131	-156	-12%
	Total Cardiac Catheterization Procedures	3,492	2,968	-524	-15%
_	Cardina Angianlasty Presedures				
<b>G</b> .	Cardiac Angioplasty Procedures Primary Procedures	2,183	1,027	-1,156	-53%
	Elective Procedures	12	5	-1,130	-58%
	Total Cardiac Angioplasty Procedures	2,195	1,032	-1,163	-53%
Н.	Electrophysiology Studies				
1	Inpatient Studies	406	295	-111	-27%
2	Outpatient Studies Total Electrophysiology Studies	364 <b>770</b>	309 <b>604</b>	-55 <b>-166</b>	-15% <b>-22%</b>
	Total Electrophysiology Studies	170	004	-100	-22%
I.	Surgical Procedures				
1	Inpatient Surgical Procedures	11,735	12,538	803	7%
2	Outpatient Surgical Procedures	13,103	13,566	463	4%
	Total Surgical Procedures	24,838	26,104	1,266	5%
1	1	i I		i l	

#### HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2009** REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES (1) (2) (3) (6) (4) (5) ACTUAL ACTUAL **AMOUNT** % LINE DESCRIPTION **DIFFERENCE DIFFERENCE** FY 2008 FY 2009 Endoscopy Procedures J. Inpatient Endoscopy Procedures 3,039 3,059 20 1% 2 Outpatient Endoscopy Procedures 10,714 10,855 141 1% 13,753 13,914 161 1% **Total Endoscopy Procedures** K. **Hospital Emergency Room Visits** Emergency Room Visits: Treated and Admitted 15,872 16,393 521 3% 2 Emergency Room Visits: Treated and Discharged 66,455 73,715 7,260 11% 82,327 **Total Emergency Room Visits** 7,781 90,108 9% **Hospital Clinic Visits** Substance Abuse Treatment Clinic Visits 0% 0 0 0 16.144 15.712 -432 -3% 2 **Dental Clinic Visits** 3 Psychiatric Clinic Visits 13,864 13,783 -81 -1% Medical Clinic Visits 13,308 21 0% 4 13,329 5 Specialty Clinic Visits 39.979 44,612 4,633 12% Total Hospital Clinic Visits 83,295 87,436 4,141 5% Μ. Other Hospital Outpatient Visits 9% Rehabilitation (PT/OT/ST) 5,863 6,396 533 2 Cardiology 10.246 12,086 1,840 18% 3 Chemotherapy 2,315 2,707 392 17% 4 Gastroenterology 12,825 11,633 -1,192-9% 23% 5 Other Outpatient Visits 28,700 35,259 6,559 **Total Other Hospital Outpatient Visits** 59,949 68,081 8,132 14% **Hospital Full Time Equivalent Employees** N. Total Nursing FTEs 1.406.4 -42.6 -3% 1.449.0 2 Total Physician FTEs 202.7 209.4 3% 6.7 Total Non-Nursing and Non-Physician FTEs 3 3,679.6 3,780.5 100.9 3% Total Hospital Full Time Equivalent Employees 5,331.3 5,396.3 65.0 1%

	HOSPITAL			
TWELVE MONTHS	ACTUAL FILIN	G		
FISCAL `	YEAR 2009			
PITAL OUTPATIENT SURGICAL, ENDOS	COPY AND EM	ERGENCY RO	OM SERVICES	BY LOCATION
(2)	(3)	(4)	(5)	(6)
	ACTUAL	ACTUAL	AMOUNT	%
	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
	1 1 2000	1 1 2003	DITTERENCE	DITTERLINGE
ical Procedures				
	11,661	11,238	-423	-4%
rgery Center	1,442	2,328	886	61%
ient Surgical Procedures(A)	13,103	13,566	463	4%
scopy Procedures				
	1,117	9,770	8,653	775%
rgery Center	9,597	1,085	-8,512	-89%
ient Endoscopy Procedures(B)	10,714	10,855	141	1%
vital Emergency Room Visits				
	66,455	73.715	7.260	11%
ient Hospital Emergency Room Visits(	66,455	73,715	7,260	11%
 vith Total Outpatient Surgical Procedure	es on Report 45	0.		
with Total Outpatient Endoscopy Proced	lures on Report	450		
Titli Total Outpatient Endoscopy Proced	idios on Report	700.		
vith Emergency Room Visits Treated and	d Discharged o	n Report 450.		
	ient Hospital Emergency Room Visits( vith Total Outpatient Surgical Procedure vith Total Outpatient Endoscopy Procedure	vital Emergency Room Visits  66,455 ient Hospital Emergency Room Visits( 66,455  vith Total Outpatient Surgical Procedures on Report 45  vith Total Outpatient Endoscopy Procedures on Report	oital Emergency Room Visits 66,455 73,715	ient Hospital Emergency Room Visits  66,455 73,715 7,260 ient Hospital Emergency Room Visits( 66,455 73,715 7,260  with Total Outpatient Surgical Procedures on Report 450.

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND DAGLLINE ONDER! A	INILITI DATA. OOMI AKA	IIVE ANALIC		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
Α.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$559,818,037	\$583,580,333	\$23,762,296	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$223,744,196	\$228,690,205	\$4,946,009	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.97%	39.19%	-0.78%	-2%
4	DISCHARGES	15,288	15,533	245	2%
5	CASE MIX INDEX (CMI)	1.68160	1.65910	(0.02250)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	25,708.30080	25,770.80030	62.49950	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,703.19	\$8,874.00	\$170.82	2%
8	PATIENT DAYS	98,454	96,766	(1,688)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,272.58	\$2,363.33	\$90.76	4%
10	AVERAGE LENGTH OF STAY	6.4	6.2	(0.2)	-3%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$144,404,781	\$165.350.528	\$20,945,747	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$51,344,579	\$54,345,423	\$3,000,844	6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.56%	32.87%	-2.69%	-8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	25.79%	28.33%	2.54%	10%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,943.53191	4,401.09031	457.55841	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,019.95	\$12,348.17	(\$671.78)	-5%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$704,222,818	\$748,930,861	\$44,708,043	6%
18	TOTAL ACCRUED PAYMENTS	\$275.088.775	\$283.035.628	\$7.946.853	3%
19	TOTAL ALLOWANCES	\$429,134,043	\$465,895,233	\$36,761,190	9%

REPORT 500 34 of 57 9/20/2010, 3:29 PM

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$378,238,548	\$429,192,423	\$50,953,875	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$174,766,082	\$208,825,893	\$34,059,811	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.21%	48.66%	2.45%	5%
4	DISCHARGES	16,218	16,639	421	3%
5	CASE MIX INDEX (CMI)	1.30110	1.33780	0.03670	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	21,101.23980	22,259.65420	1,158.41440	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,282.27	\$9,381.36	\$1,099.10	13%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$420.92	(\$507.36)	(\$928.28)	-221%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,881,992	(\$11,293,615)	(\$20,175,607)	-227%
10	PATIENT DAYS	68,235	70,885	2,650	4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,561.24	\$2,945.98	\$384.74	15%
12	AVERAGE LENGTH OF STAY	4.2	4.3	0.1	1%
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$218,952,461	\$234,394,020	\$15,441,559	7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$97,253,115	\$110,557,355	\$13,304,240	14%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.42%	47.17%	2.75%	6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	57.89%	54.61%	-3.27%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,388.17852	9,087.02458	(301.15394)	-3%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,359.10	\$12,166.51	\$1,807.40	17%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$2,660.84	\$181.66	(\$2,479.18)	-93%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,980,478	\$1,650,793	(\$23,329,685)	-93%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$597,191,009	\$663,586,443	\$66,395,434	11%
22	TOTAL ACCRUED PAYMENTS	\$272,019,197	\$319,383,248	\$47,364,051	17%
23	TOTAL ALLOWANCES	\$325,171,812	\$344,203,195	\$19,031,383	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$33,862,470	(\$9,642,822)	(\$43,505,292)	-128%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$513,306,904	\$599,039,787	\$85,732,883	17%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$250,590,927	\$302,671,779	\$52,080,852	21%
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$262,715,977	\$296,368,008	\$33,652,031	13%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.18%	49.47%	-1.71%	

REPORT 500 35 of 57 9/20/2010, 3:29 PM

### REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	<u>DIFFERENCE</u>
C.	UNINSURED				
	UNINSURED INPATIENT				
	INPATIENT ACCRUED CHARGES	\$17,429,715	\$19,069,035	\$1,639,320	9%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,388,594	\$1,264,171	(\$124,423)	-9%
•	INPATIENT PAYMENTS / INPATIENT CHARGES	7.97%	6.63%	-1.34%	-17%
	DISCHARGES	664	694	30	5%
	CASE MIX INDEX (CMI)	1.36760	1.31090	(0.05670)	-49
	CASE MIX ADJUSTED DISCHARGES (CMAD)	908.08640	909.76460	1.67820	09
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,529.14	\$1,389.56	(\$139.58)	-9%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,753.12	\$7,991.80	\$1,238.68	189
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,174.05	\$7,484.45	\$310.40	49
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,514,653	\$6,809,084	\$294,431	59
11	PATIENT DAYS	2,770	3,053	283	109
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$501.30	\$414.08	(\$87.22)	-179
13	AVERAGE LENGTH OF STAY	4.2	4.4	0.2	5%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,708,063	\$26,654,052	(\$1,054,011)	-49
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,207,452	\$1,767,017	(\$440,435)	-20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.97%	6.63%	-1.34%	-179
17	OUTPATIENT CHARGES / INPATIENT CHARGES	158.97%	139.78%	-19.19%	-129
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,055.56252	970.04972	(85.51280)	-89
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,091.26	\$1,821.57	(\$269.68)	-139
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,267.85	\$10,344.93	\$2,077.09	25%
21	MEDICARE - UNINSURED OP PMT / OPED	\$10,928.69	\$10,526.60	(\$402.09)	-49
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,535,917	\$10,211,324	(\$1,324,592)	-119
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$45,137,778	\$45,723,087	\$585,309	19
24	TOTAL ACCRUED PAYMENTS	\$3,596,046	\$3,031,188	(\$564,858)	-16%
25	TOTAL ALLOWANCES	\$41,541,732	\$42,691,899	\$1,150,167	3%
		Ψ1,041,702	ψ. <u>2,001,000</u>	\$1,100,107	07
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,050,570	\$17,020,409	(\$1,030,161)	-6%

REPORT 500 36 of 57 9/20/2010, 3:29 PM

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$123,978,816	\$151,645,210	\$27,666,394	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$45,968,285	\$50,841,503	\$4,873,218	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.08%	33.53%	-3.55%	-10%
4	DISCHARGES	6,256	6,942	686	11%
5	CASE MIX INDEX (CMI)	1.02040	1.07920	0.05880	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,383.62240	7,491.80640	1,108.18400	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,200.97	\$6,786.28	(\$414.69)	-6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,081.29	\$2,595.08	\$1,513.79	140%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,502.22	\$2,087.72	\$585.51	39%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,589,586	\$15,640,823	\$6,051,237	63%
11	PATIENT DAYS	33,548	36,571	3,023	9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,370.22	\$1,390.21	\$19.99	1%
13	AVERAGE LENGTH OF STAY	5.4	5.3	(0.1)	-2%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$58,920,664	\$71,445,231	\$12,524,567	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,487,169	\$20,966,500	\$479,331	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.77%	29.35%	-5.42%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	47.52%	47.11%	-0.41%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,973.15046	3,270.61299	297.46253	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,890.73	\$6,410.57	(\$480.16)	-7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,468.38	\$5,755.94	\$2,287.56	66%
21	MEDICARE - MEDICAID OP PMT / OPED	\$6,129.22	\$5,937.60	(\$191.62)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,223,094	\$19,419,594	\$1,196,499	7%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$182,899,480	\$223,090,441	\$40,190,961	22%
24	TOTAL ACCRUED PAYMENTS	\$66,455,454	\$71,808,003	\$5,352,549	8%
25	TOTAL ALLOWANCES	\$116,444,026	\$151,282,438	\$34,838,412	30%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$27,812,680	\$35,060,417	\$7,247,736	26%

REPORT 500 37 of 57 9/20/2010, 3:29 PM

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
	DECODIDATION				
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$48,381,580	\$49,341,390	\$959,810	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,347,112	\$7,516,434	(\$830,678)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.25%	15.23%	-2.02%	-12%
4	DISCHARGES	1,918	1,888	(30)	-2%
5	CASE MIX INDEX (CMI)	1.16700	1.21340	0.04640	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,238.30600	2,290.89920	52.59320	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,729.21	\$3,281.00	(\$448.21)	-12%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$4,553.06	\$6,100.37	\$1,547.31	34%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,973.98	\$5,593.01	\$619.03	12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,133,288	\$12,813,016	\$1,679,729	15%
11	PATIENT DAYS	10,917	10,525	(392)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$764.60	\$714.15	(\$50.45)	-7%
13	AVERAGE LENGTH OF STAY	5.7	5.6	(0.1)	-2%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,425,084	\$21,216,679	\$3,791,595	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,251,509	\$4,336,291	\$84,782	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.40%	20.44%	-3.96%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	36.02%	43.00%	6.98%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	690.78586	811.83546	121.04960	18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,154.60	\$5,341.34	(\$813.26)	-13%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$4,204.51	\$6.825.17	\$2.620.66	62%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,865.35	\$7,006.83	\$141.48	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,742,487	\$5,688,393	\$945,907	20%
	OTHER MEDICAL ACCIOTANCE TOTAL C (INDATIENT, CHERATIENT)		<u> </u>		
00	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)	005.000.001	A70 FF0 000	A 754 105	=0.7
23	TOTAL ACCRUED CHARGES TOTAL ACCRUED PAYMENTS	\$65,806,664	\$70,558,069	\$4,751,405	7%
24		\$12,598,621	\$11,852,725	(\$745,896)	-6%
25	TOTAL ALLOWANCES	\$53,208,043	\$58,705,344	\$5,497,301	10%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$15,875,774	\$18,501,410	\$2,625,635	17%

REPORT 500 38 of 57 9/20/2010, 3:29 PM

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERFATIVIENT L	ATA. CONIFARA	IIVE ANALIS	10	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	<u>DIFFERENCE</u>
_	TOTAL MEDICAL ACCIDENANCE (MEDICALD - OTHER MEDICAL	ACCICTANCE)			
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL	ASSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$172,360,396	\$200,986,600	\$28,626,204	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$54,315,397	\$58,357,937	\$4,042,540	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.51%	29.04%	-2.48%	-8%
4	DISCHARGES	8.174	8,830	656	8%
5	CASE MIX INDEX (CMI)	1.05480	1.10789	0.05310	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,621.92840	9,782.70560	1,160.77720	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,299.68	\$5,965.42	(\$334.26)	-5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,982.59	\$3,415.94	\$1,433,36	72%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,403.51	\$2,908.59	\$505.08	21%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,722,874	\$28,453,839	\$7,730,965	37%
11	PATIENT DAYS	44,465	47,096	2,631	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,221.53	\$1,239.13	\$17.60	1%
13	AVERAGE LENGTH OF STAY	5.4	5.3	(0.1)	-2%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$76,345,748	\$92,661,910	\$16,316,162	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,738,678	\$25,302,791	\$564,113	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.40%	27.31%	-5.10%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	44.29%	46.10%	1.81%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,663.93632	4,082.44845	418.51213	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,751.94	\$6,197.95	(\$553.99)	-8%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,607.16	\$5,968.56	\$2,361.40	65%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,268.01	\$6,150.23	(\$117.78)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$22,965,581	\$25,107,987	\$2,142,406	9%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$248,706,144	\$293,648,510	\$44,942,366	18%
24	TOTAL ACCRUED PAYMENTS	\$79,054,075	\$83,660,728	\$4,606,653	6%
25	TOTAL ALLOWANCES	\$169,652,069	\$209,987,782	\$40,335,713	24%

REPORT 500 39 of 57 9/20/2010, 3:29 PM

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$4,755,733	\$6,679,660	\$1,923,927	40%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,278,226	\$1,922,241	(\$355,985)	-16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.90%	28.78%	-19.13%	-40%
4	DISCHARGES	160	186	26	16%
5	CASE MIX INDEX (CMI)	1.30110	1.24000	(0.06110)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	208.17600	230.64000	22.46400	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,943.75	\$8,334.38	(\$2,609.37)	-24%
8	PATIENT DAYS	859	1,211	352	41%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,652.18	\$1,587.32	(\$1,064.87)	-40%
10	AVERAGE LENGTH OF STAY	5.4	6.5	1.1	21%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$996,082	\$1,586,174	\$590,092	59%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$655,809	\$517,232	(\$138,577)	-21%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$5,751,815	\$8,265,834	\$2,514,019	44%
14	TOTAL ACCRUED PAYMENTS	\$2,934,035	\$2,439,473	(\$494,562)	-17%
15	TOTAL ALLOWANCES	\$2,817,780	\$5,826,361	\$3,008,581	107%
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$123,220,701	\$122,550,875	(\$669,826)	-1%
2	TOTAL OPERATING EXPENSES	\$803,829,428	\$824,177,868	\$20,348,440	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$4,894,491	\$4,364,687	(\$529,804)	-11%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$22,281,604	\$23,984,656	\$1,703,052	8%
5	BAD DEBTS (CHARGES)	\$30,682,007	\$23,850,531	(\$6,831,476)	-22%
6	UNCOMPENSATED CARE (CHARGES)	\$52,963,611	\$47,835,187	(\$5,128,424)	-10%
7	COST OF UNCOMPENSATED CARE	\$21,581,746	\$19,043,979	(\$2,537,767)	-12%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)				
8	TOTAL ACCRUED CHARGES	\$248,706,144	\$293,648,510	\$44,942,366	18%
9	TOTAL ACCRUED PAYMENTS	\$79,054,075	\$83,660,728	\$4,606,653	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$101,343,409	\$116,906,329	\$15,562,920	15%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,289,334	\$33,245,601	\$10,956,267	49%

REPORT 500 40 of 57 9/20/2010, 3:29 PM

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		AOTHAL	AOTHAL	AMOUNT	0/
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	<u>DIFFERENCE</u>	DIFFERENCE
II.	AGGREGATE DATA				
	TOTALO ALL BAYERO				
Α.	TOTALS - ALL PAYERS TOTAL INPATIENT CHARGES	P4 445 470 744	<b>#</b> 4 000 400 040	#40F 000 000	9%
2	TOTAL INPATIENT CHARGES TOTAL INPATIENT PAYMENTS	\$1,115,172,714 \$455,103,901	\$1,220,439,016 \$497,796,276	\$105,266,302 \$42,692,375	9%
3	TOTAL INPATIENT PAYMENTS / CHARGES	40.81%	40.79%	-0.02%	9%
4	TOTAL DISCHARGES	39,840	40.79%	1,348	3%
5	TOTAL CASE MIX INDEX	1,39658	1,40924	0.01266	1%
	TOTAL CASE MIX ADJUSTED DISCHARGES				1%
6 7	TOTAL OUTPATIENT CHARGES	55,639.64500	58,043.80010	2,404.15510	12%
	OUTPATIENT CHARGES / INPATIENT CHARGES	\$440,699,072	\$493,992,632	\$53,293,560	
9	TOTAL OUTPATIENT PAYMENTS	39.52%	40.48%	0.96%	2% 10%
10	OUTPATIENT PAYMENTS OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	\$173,992,181	\$190,722,801	\$16,730,620	-2%
	TOTAL CHARGES	39.48%	38.61%	-0.87%	
11	TOTAL PAYMENTS	\$1,555,871,786	\$1,714,431,648	\$158,559,862	10%
12		\$629,096,082	\$688,519,077	\$59,422,995	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.43%	40.16%	-0.27%	-1%
14	PATIENT DAYS	212,013	215,958	3,945	2%
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$736,934,166	\$791,246,593	\$54,312,427	7%
2	INPATIENT PAYMENTS	\$280,337,819	\$288,970,383	\$8,632,564	3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.04%	36.52%	-1.52%	-4%
4	DISCHARGES	23,622	24,549	927	4%
5	CASE MIX INDEX	1,46213	1.45766	(0.00447)	0%
6	CASE MIX ADJUSTED DISCHARGES	34,538.40520	35,784.14590	1,245.74070	4%
7	OUTPATIENT CHARGES	\$221,746,611	\$259,598,612	\$37,852,001	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	30.09%	32.81%	2.72%	9%
9	OUTPATIENT PAYMENTS	\$76,739,066	\$80,165,446	\$3,426,380	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.61%	30.88%	-3.73%	-11%
11	TOTAL CHARGES	\$958.680.777	\$1,050,845,205	\$92,164,428	10%
12	TOTAL PAYMENTS	\$357.076.885	\$369.135.829	\$12.058.944	3%
13	TOTAL PAYMENTS / CHARGES	37.25%	35.13%	-2.12%	-6%
14	PATIENT DAYS	143,778	145,073	1,295	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$601,603,892	\$681,709,376	\$80,105,484	13%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	6.4	6.2	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.2	4.3	0.1	1%
3	UNINSURED	4.2	4.4	0.2	5%
4	MEDICAID	5.4	5.3	(0.1)	-2%
5	OTHER MEDICAL ASSISTANCE	5.7	5.6	(0.1)	-2%
6	CHAMPUS / TRICARE	5.4	6.5	1.1	21%
7	TOTAL AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-1%

REPORT 500 41 of 57 9/20/2010, 3:29 PM

## REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$1,555,871,786	\$1,714,431,648	\$158,559,862	10%
2	TOTAL GOVERNMENT DEDUCTIONS	\$601,603,892	\$681,709,376	\$80,105,484	13%
3	UNCOMPENSATED CARE	\$52,963,611	\$47,835,187	(\$5,128,424)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$262,715,977	\$296,368,008	\$33,652,031	13%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,492,224	\$10,340,167	\$847.943	9%
6	TOTAL ADJUSTMENTS	\$926,775,704	\$1.036,252,738	\$109,477,034	12%
7	TOTAL ACCRUED PAYMENTS	\$629,096,082	\$678,178,910	\$49,082,828	8%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$4,894,491	\$4,364,687	(\$529,804)	-11%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$633,990,573	\$682,543,597	\$48.553.024	8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4074825308	0.3981165407	(0.0093659901)	-2%
11	COST OF UNCOMPENSATED CARE	\$21,581,746	\$19,043,979	(\$2,537,767)	-12%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,289,334	\$33,245,601	\$10,956,267	49%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND	Ų.	Ψ0	Ψ	0,0
	MEDICAL ASSISTANCE UNDERPAYMENT	\$43,871,080	\$52,289,580	\$8,418,500	19%
		ψ 10,01 1,000	ψ02,200,000	ψο, 110,000	1070
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
	CALCOLATED ONDER! ATMENT (OF ER EMILT METHODOLOGY)				
1	MEDICAID	\$18,223,094	\$19,419,594	\$1,196,499	7%
2	OTHER MEDICAL ASSISTANCE	\$15,875,774	\$18,501,410	\$2,625,635	17%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18.050.570	\$17,020,409	(\$1,030,161)	-6%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$52,149,439	\$54,941,412	\$2,791,974	5%
		, , , , , ,		7 / - /-	
٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$17,755,751	\$19,836,452	\$2,080,701	11.72%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$11,571,337	\$14,296,570	\$2,725,233	23.55%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$645,561,910	\$707,180,334	\$61,618,424	9.54%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,555,871,786	\$1,714,431,648	\$158,559,862	10.19%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$18,247,281	\$6,257,785	(\$11,989,496)	-65.71%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$71,210,892	\$54,092,972	(\$17,117,920)	-24.04%

REPORT 500 42 of 57 9/20/2010, 3:29 PM

#### HARTFORD HOSPITAL TWELVE MONTHS ACTUAL 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 **FY 2008** FY 2009 **DIFFERENCE ACCRUED CHARGES AND PAYMENTS** INPATIENT ACCRUED CHARGES Α NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$378,238,548 \$429,192,423 \$50,953,875 1 \$559,818,037 583,580,333 \$23,762,296 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$172,360,396 200,986,600 \$28,626,204 MEDICAID 4 \$123.978.816 151.645.210 \$27,666,394 5 OTHER MEDICAL ASSISTANCE \$48,381,580 49,341,390 \$959,810 CHAMPUS / TRICARE \$4,755,733 6,679,660 \$1,923,927 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$17 429 715 19 069 035 \$1 639 320 TOTAL INPATIENT GOVERNMENT CHARGES \$736,934,166 \$791,246,593 \$54,312,427 TOTAL INPATIENT CHARGES \$1,115,172,714 \$1,220,439,016 \$105,266,302 **OUTPATIENT ACCRUED CHARGES** В. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$218,952,461 \$234,394,020 \$15,441,559 2 MEDICARE \$144.404.781 165.350.528 \$20.945.747 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 \$76,345,748 92,661,910 \$16,316,162 4 MEDICAID \$58,920,664 71,445,231 \$12,524,567 OTHER MEDICAL ASSISTANCE \$17,425,084 21,216,679 \$3,791,595 CHAMPUS / TRICARE 6 \$996,082 1,586,174 \$590,092 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$27,708,063 26,654,052 TOTAL OUTPATIENT GOVERNMENT CHARGES \$221,746,611 \$259,598,612 \$37,852,001 TOTAL OUTPATIENT CHARGES \$440,699,072 \$493,992,632 \$53,293,560 C. **TOTAL ACCRUED CHARGES** TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$597,191,009 \$663,586,443 \$66,395,434 TOTAL MEDICARE \$704,222,818 \$748,930,861 \$44,708,043 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$248,706,144 \$293,648,510 \$44,942,366 TOTAL MEDICAID \$40,190,961 \$182,899,480 \$223,090,441 4 5 TOTAL OTHER MEDICAL ASSISTANCE \$65,806,664 \$70,558,069 \$4,751,405 TOTAL CHAMPUS / TRICARE \$5,751,815 \$8,265,834 \$2,514,019 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$585,309 \$45 137 778 \$45,723,087 TOTAL GOVERNMENT CHARGES \$958,680,777 \$1,050,845,205 \$92,164,428 **TOTAL CHARGES** \$1,555,871,786 \$1,714,431,648 \$158,559,862 D. INPATIENT ACCRUED PAYMENTS \$174,766,082 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$208,825,893 \$34,059,811 MEDICARE \$223,744,196 228,690,205 \$4,946,009 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$54 315 397 58 357 937 \$4.042.540 4 MEDICAID \$45,968,285 50,841,503 \$4,873,218 OTHER MEDICAL ASSISTANCE 7,516,434 5 \$8,347,112 CHAMPUS / TRICARE 6 \$2 278 226 1.922.241 (\$355,985 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$1,388,594 1,264,171 (\$124,42 TOTAL INPATIENT GOVERNMENT PAYMENTS \$280,337,819 \$288,970,383 \$8,632,564 TOTAL INPATIENT PAYMENTS \$455.103.901 \$497,796,276 \$42,692,375 **OUTPATIENT ACCRUED PAYMENTS** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$97,253,115 \$110,557,355 \$13,304,240 MEDICARE 54,345,423 \$3,000,844 2 \$51,344,579 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$24,738,678 25,302,791 \$564,113 MEDICAID \$20,487,169 20,966,500 \$479,331 4 OTHER MEDICAL ASSISTANCE 5 \$4,251,509 4,336,291 \$84,782 CHAMPUS / TRICARE \$655,809 517,232 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$2,207,452 1,767,017 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$76,739,066 \$80,165,446 \$3,426,380 **TOTAL OUTPATIENT PAYMENTS** \$173,992,181 \$190,722,801 \$16,730,620 TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$272.019.197 \$319.383.248 1 \$47,364,051 2 TOTAL MEDICARE \$275,088,775 \$283,035,628 \$7,946,853 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$79,054,075 \$83,660,728 \$4,606,653 TOTAL MEDICAID \$66,455,454 \$71.808.003 \$5,352,549 4 5 TOTAL OTHER MEDICAL ASSISTANCE \$12,598,621 \$11,852,725 TOTAL CHAMPUS / TRICARE \$2,934,035 \$2,439,473 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) \$3,031,188 \$3,596,046 TOTAL GOVERNMENT PAYMENTS \$357,076,885 \$369,135,829 \$12,058,944

\$629,096,082

\$688,519,077

\$59,422,995

**TOTAL PAYMENTS** 

#### HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2009** REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND **BASELINE UNDERPAYMENT DATA** (2) (1) (3) (4)(5)**ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION **FY 2008** FY 2009 **DIFFERENCE PAYER MIX** INPATIENT PAYER MIX BASED ON ACCRUED CHARGES A. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 24.31% 25.03% 0.72% **MEDICARE** 35.98% 34.04% -1.94% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 11 08% 11 72% 0.65% 4 MEDICAID 7.97% 8.85% 0.88% OTHER MEDICAL ASSISTANCE 3.11% 2.88% -0.23% CHAMPUS / TRICARE 0.31% 0.39% 0.08% 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1.12% 1.11% -0.01% TOTAL INPATIENT GOVERNMENT PAYER MIX 47.36% 46.15% -1.21% TOTAL INPATIENT PAYER MIX 71.68% 71.19% -0.49% **OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES** В NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 14.07% 13.67% -0.40% 2 **MEDICARE** 9.28% 9.64% 0.36% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 4.91% 5.40% 0.50% 4 MEDICAID 3.79% 4.17% 0.38% OTHER MEDICAL ASSISTANCE 1.12% 1.24% 0.12% 6 CHAMPUS / TRICARE 0.06% 0.09% 0.03% UNINSURED (INCLUDED IN NON-GOVERNMENT) 1.78% 1.55% -0.23% TOTAL OUTPATIENT GOVERNMENT PAYER MIX 14.25% 15.14% 0.89% TOTAL OUTPATIENT PAYER MIX 28.32% 28.81% 0.49% TOTAL PAYER MIX BASED ON ACCRUED CHARGES 100.00% 100.00% 0.00% INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 27.78% 2.55% 30.33% 2 MEDICARE 35 57% 33 21% -2 35% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 8.63% 8.48% -0.16% 0.08% 4 MEDICAID 7.31% 7.38% 5 OTHER MEDICAL ASSISTANCE 1 33% 1 09% -0 24% 6 CHAMPUS / TRICARE 0.36% 0.28% -0.08% 0.18% UNINSURED (INCLUDED IN NON-GOVERNMENT) -0.04% 0.22% TOTAL INPATIENT GOVERNMENT PAYER MIX 44.56% 41.97% -2.59% TOTAL INPATIENT PAYER MIX 72.34% 72.30% -0.04% **OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS** D. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 15.46% 16.06% 0.60% 2 MEDICARE 8.16% 7.89% -0.27% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3.67% 3 3.93% -0.26% 4 3.05% -0.21% MEDICAID 3.26% 5 OTHER MEDICAL ASSISTANCE 0.68% 0.63% -0.05% CHAMPUS / TRICARE 0.10% 0.08% -0.03% 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) 0.35% 0.26% -0.09% TOTAL OUTPATIENT GOVERNMENT PAYER MIX 12.20% 11.64% -0.56%

27.66%

100.00%

27.70%

100.00%

0.04%

0.00%

TOTAL OUTPATIENT PAYER MIX

TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS

#### HARTFORD HOSPITAL TWELVE MONTHS ACTUAL 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 **FY 2008** FY 2009 **DIFFERENCE** DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA DISCHARGES Α. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 16,218 16,639 421 **MEDICARE** 15,288 15,533 245 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 8 174 656 8 830 4 MEDICAID 6,256 6,942 686 OTHER MEDICAL ASSISTANCE 1.918 1.888 (30)CHAMPUS / TRICARE 6 160 186 26 UNINSURED (INCLUDED IN NON-GOVERNMENT) 664 694 30 TOTAL GOVERNMENT DISCHARGES 23,622 24,549 927 TOTAL DISCHARGES 39.840 41.188 1,348 PATIENT DAYS В. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 68,235 70,88 2,650 2 **MEDICARE** 98,454 96,766 (1,688)3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 47,096 2,631 44.465 4 MEDICAID 33,548 36,571 3,023 10,917 OTHER MEDICAL ASSISTANCE 10,525 (392)6 CHAMPUS / TRICARE 1,211 352 859 UNINSURED (INCLUDED IN NON-GOVERNMENT) 2.770 3,053 283 TOTAL GOVERNMENT PATIENT DAYS 143,778 145,073 1,295 **TOTAL PATIENT DAYS** 212,013 215,958 3,945 С **AVERAGE LENGTH OF STAY (ALOS)** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 4.2 4.3 0.1 2 **MEDICARE** 6.4 6.2 (0.2)MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 5.4 5.3 (0.1)4 MEDICAID 54 5.3 (0.1) 5 OTHER MEDICAL ASSISTANCE 5.7 5.6 (0.1)CHAMPUS / TRICARE 6 5.4 6.5 1.1 UNINSURED (INCLUDED IN NON-GOVERNMENT) 4 4 0.2 42 TOTAL GOVERNMENT AVERAGE LENGTH OF STAY 6.1 5.9 (0.2)TOTAL AVERAGE LENGTH OF STAY 5.2 (0.1)5.3 CASE MIX INDEX D. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1.30110 1.33780 0.03670 MEDICARE 1.65910 1.68160 (0.02250)0 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 1.05480 1.10789 0.05310 4 MEDICAID 1.02040 1.07920 0.05880 OTHER MEDICAL ASSISTANCE 5 1.16700 1.21340 0.04640 CHAMPUS / TRICARE 1.24000 (0.06110) 1.30110 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1.36760 1.31090 (0.05670) TOTAL GOVERNMENT CASE MIX INDEX 1.46213 1.45766 (0.00447)**TOTAL CASE MIX INDEX** 1.39658 1.40924 0.01266 OTHER REQUIRED DATA E. TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$513,306,904 \$599,039,787 \$85,732,883 ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$250,590,927 \$302,671,779 \$52,080,852 (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$262,715,977 \$296,368,008 3 \$33.652.031 4 TOTAL ACTUAL DISCOUNT PERCENTAGE 51.18% 49.47% -1.71% \$17,<u>755,</u>751 5 EMPLOYEE SELF INSURANCE GROSS REVENUE \$19,836,452 \$2,080,701 EMPLOYEE SELF INSURANCE ALLOWANCE \$847,943 \$9.492.224 \$10.340.167 6 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT \$4,894,491 \$4,364,687 OHCA INPUT) CHARITY CARE \$22,281,604 \$23,984,656 \$1,703,052 8 9 BAD DEBTS \$30.682.007 \$23.850.531 (\$6,831,476 TOTAL UNCOMPENSATED CARE \$52,963,611 \$47,835,187 10 TOTAL OTHER OPERATING REVENUE \$513,306,904 \$599,039,787 \$85,732,883 11

\$803.829.428

\$824,177,868

\$20.348.440

TOTAL OPERATING EXPENSES

12

	HARTFORD HOSPITAL							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2009							
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND							
	BASELINE UNDERPAYME	NT DATA						
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	AMOUNT				
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	DIFFERENCE				

REPORT 550 PAGE 46 of 57 9/20/2010, 3:29 PM

#### HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2009** REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND **BASELINE UNDERPAYMENT DATA** (2) (1) (5) (3) (4)**ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION **FY 2008** FY 2009 **DIFFERENCE** IV. DSH UPPER PAYMENT LIMIT CALCULATIONS CASE MIX ADJUSTED DISCHARGES Α. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 21.101.23980 22.259.65420 1.158.41440 **MEDICARE** 25,708.30080 25,770.80030 62.49950 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 8,621.92840 1,160.77720 3 9.782.70560 4 MEDICAID 6,383.62240 7,491.80640 1,108.18400 OTHER MEDICAL ASSISTANCE 2,238.30600 2,290.89920 52.59320 CHAMPUS / TRICARE 208.17600 230.64000 22.46400 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) 908.08640 909.76460 1.67820 TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES 35,784.14590 1,245.74070 34,538.40520 55,639.64500 58,043.80010 2,404.15510 TOTAL CASE MIX ADJUSTED DISCHARGES OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY) NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 9,388.1785 9,087.02458 -301.15394 2 **MEDICARE** 3,943.53191 4,401.09031 457.55841 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 3,663.93632 4,082.44845 418.51213 4 MEDICAID 2,973.15046 3,270.61299 297.46253 811.83546 OTHER MEDICAL ASSISTANCE 690.78586 121.04960 6 CHAMPUS / TRICARE 33.51179 44.16817 10.65638 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1.055.56252 970.04972 -85.51280 TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES 7.640.98001 8,527.70693 886.72692 TOTAL OUTPATIENT EQUIVALENT DISCHARGES 17,029.15854 17,614.73152 585.57298 INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE C. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,282.27 \$1,099.10 \$9,381.36 2 MEDICARE \$8,703,19 \$8.874.00 \$170.82 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 \$6,299.68 \$5,965.42 \$7,200.97 \$6,786.28 4 MEDICAID (\$414.69 5 OTHER MEDICAL ASSISTANCE \$3,729.21 \$3,281.00 (\$448.21 CHAMPUS / TRICARE \$10,943.75 \$8,334.38 \$2,609.37 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$1.529.14 \$1,389.56 (\$139.58 TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE \$8,116.70 \$8,075.37 (\$41.32 TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE \$8,179.49 \$8,576.22 \$396.73 **OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE** D. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$10,359.10 \$12,166.51 \$1,807.40 MEDICARE \$13,019.95 \$12,348.17 (\$671.78 (\$553.99 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,751.94 \$6,197.95 4 MEDICAID \$6,890.73 \$6,410.57 (\$480.16 OTHER MEDICAL ASSISTANCE 5 \$6,154,60 \$5.341.34 (\$813.26 CHAMPUS / TRICARE \$19,569.50 \$11,710.51 (\$7,858.99 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$2,091.26 \$1,821.57 TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$10,043.09 \$9,400.59 (\$642.51 TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE \$10,217.31 \$10,827.46 \$610.15

#### HARTFORD HOSPITAL TWELVE MONTHS ACTUAL 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 **FY 2008** FY 2009 **DIFFERENCE** CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAID \$18,223,094 \$19,419,594 \$1,196,499 \$18,501,410 2 OTHER MEDICAL ASSISTANCE \$15,875,774 \$2,625,635 3 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$18,050,570 \$17,020,409 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$2,791,974 \$52,149,439 \$54,941,412 VI. | CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY) TOTAL CHARGES \$1,555,871,786 \$1,714,431,648 \$158,559,862 TOTAL GOVERNMENT DEDUCTIONS \$681,709,376 \$601,603,892 \$80,105,484 2 3 UNCOMPENSATED CARE \$52,963,611 \$47,835,187 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$296,368,008 \$33,652,031 \$262,715,977 4 EMPLOYEE SELF INSURANCE ALLOWANCE \$9,492,224 \$10,340,167 \$847,943 5 6 TOTAL ADJUSTMENTS \$926,775,704 \$1,036,252,738 \$109,477,034 TOTAL ACCRUED PAYMENTS \$629,096,082 \$678,178,910 \$49,082,828 UCP DSH PAYMENTS (OHCA INPUT) \$4.894.491 \$4,364,687 8 (\$529.804 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS 9 \$633,990,573 \$682,543,597 \$48,553,024 10 RATIO OF NET REVENUE TO TOTAL CHARGES 0.4074825308 0.3981165407 (0.0093659901) COST OF UNCOMPENSATED CARE \$21.581.746 \$19,043,979 (\$2,537,767) 11 12 MEDICAL ASSISTANCE UNDERPAYMENT \$22,289,334 \$33,245,601 \$10,956,267 13 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT \$43,871,080 \$52,289,580 \$8,418,500 14 VII. RATIOS RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES Α. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 46.21% 48.66% 2.45% 1 39.97% 39.19% -0.78% MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 31.51% 29.04% -2.48% 4 37.08% 33.53% MEDICAID -3.55% OTHER MEDICAL ASSISTANCE 17.25% 15.23% -2.02% 5 CHAMPUS / TRICARE 47.90% 28.78% -19.13% 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 7.97% 6.63% -1.34% TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 38.04% 36.52% -1.52% TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 40.81% 40.79% -0.02% RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES B. 44.42% 47.17% 2.75% NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 35.56% 32.87% -2.69% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 32.40% 27.31% -5.10% 34.77% 29.35% MEDICAID -5.42% OTHER MEDICAL ASSISTANCE 24.40% 20.44% -3.96% 5 6 CHAMPUS / TRICARE 65 84% 32 61% -33.23% UNINSURED (INCLUDED IN NON-GOVERNMENT) 7.97% 6.63% -1.34% TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 34.61% 30.88% -3.73% TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 39.48% 38.61% -0.87%

	HARTFORD HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2009			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	FNT I IMIT AND		
	BASELINE UNDERPAYMENT DATA	LITT LIMIT AITD		
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
LINIE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
LINE	DESCRIPTION	F1 2006	<u>F1 2009</u>	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	TIONS		
,				
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT	S		
	TOTAL ACCOURT DAVAGENTO	#000 000 000	#000 510 0TT	ØFC 400 007
2	TOTAL ACCRUED PAYMENTS  PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)	\$629,096,082	\$688,519,077	\$59,422,995 (\$529,804)
	(OHCA INPUT)	\$4,894,491	\$4,364,687	(ψυ20,004)
	OHCA DEFINED NET REVENUE	\$633,990,573	\$692,883,764	\$58,893,191
2	DILLE (/MINILE) OTHER AD HISTMENTS TO OHICA DEFINITO NET DE VENILE	¢44 574 007	\$14,296,570	<b>\$0.705.000</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE  CALCULATED NET REVENUE	\$11,571,337 <b>\$684,507,444</b>	\$14,296,570 \$ <b>707,180,334</b>	\$2,725,233 <b>\$22,672,890</b>
	OALOGEATED HET REVENOE	ψουτ,σοι, τττ	. , ,	ΨΖΣ,012,030
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$645,561,910	\$707,180,334	\$61,618,424
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$38,945,534	\$0	(\$38,945,534)
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	ENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,555,871,786	\$1,714,431,648	\$158,559,862
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,555,871,786	\$1,714,431,648	\$158,559,862
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,555,871,786	\$1,714,431,648	\$158,559,862
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
		*	40	<u> </u>
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	TS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$52,963,611	\$47,835,187	(\$5,128,424)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$18,247,281	\$6,257,785	(\$11,989,496)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS	\$71,210,892	\$54,092,972	(\$17,117,920)
3	UNICOME CARE FROM LICCRITAL AUDITED FIN CTATEMENTS (FROM ANN	Ф74 040 000	ΦΕ4 000 070	(647.447.000)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$71,210,892	\$54,092,972	(\$17,117,920)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	HARTFORD HOSPITAL	
	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)
. ,		ACTUAL
LINE	DESCRIPTION	FY 2009
I.	ACCRUED CHARGES AND PAYMENTS	
A.	INPATIENT ACCRUED CHARGES  NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	¢420,402,422
2	MEDICARE	\$429,192,423 583,580,333
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	200,986,600
4	MEDICAID	151,645,210
5	OTHER MEDICAL ASSISTANCE	49,341,390
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,679,660 19,069,035
	TOTAL INPATIENT GOVERNMENT CHARGES	\$791.246.593
	TOTAL INPATIENT CHARGES	\$1,220,439,016
B.	OUTPATIENT ACCRUED CHARGES	#224 204 020
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  MEDICARE	\$234,394,020 165,350,528
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	92,661,910
4	MEDICAID	71,445,231
5	OTHER MEDICAL ASSISTANCE	21,216,679
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,586,174
7	TOTAL OUTPATIENT GOVERNMENT CHARGES	26,654,052 <b>\$259,598,612</b>
	TOTAL OUTPATIENT CHARGES	\$493,992,632
C.	TOTAL ACCRUED CHARGES	#200 F00 440
2	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)  TOTAL GOVERNMENT ACCRUED CHARGES	\$663,586,443 1,050,845,205
	TOTAL ACCRUED CHARGES	\$1,714,431,648
D.	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	#000 00F 000
2	MEDICARE	\$208,825,893 228,690,205
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	58,357,937
4	MEDICAID	50,841,503
	OTHER MEDICAL ASSISTANCE	7,516,434
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,922,241
	TOTAL INPATIENT GOVERNMENT PAYMENTS	1,264,171 <b>\$288,970,383</b>
	TOTAL INPATIENT PAYMENTS	\$497,796,276
E.	OUTPATIENT ACCRUED PAYMENTS NON COVERNMENT (NICLLIDING SELE DAY (LININGLIDED)	M440 EE7 0EE
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)  MEDICARE	\$110,557,355 54,345,423
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,302,791
4	MEDICAID	20,966,500
5	OTHER MEDICAL ASSISTANCE	4,336,291
6	CHAMPUS / TRICARE	517,232
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)  TOTAL OUTPATIENT GOVERNMENT PAYMENTS	1,767,017 <b>\$80,165,446</b>
	TOTAL OUTPATIENT GOVERNMENTS TOTAL OUTPATIENT PAYMENTS	\$190,722,801
		Ţ.00ji <u>ZZ</u> j001
F.	TOTAL ACCRUED PAYMENTS	
2	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) TOTAL GOVERNMENT ACCRUED PAYMENTS	\$319,383,248
	TOTAL ACCRUED PAYMENTS  TOTAL ACCRUED PAYMENTS	369,135,829 <b>\$688,519,077</b>
	The state of the s	Ψ000,013,011

	FIGE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING	TARTFORD HOSPITAL
	HARTFORD HOSPITAL	
	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)
INE	DESCRIPTION	ACTUAL FY 2009
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
	ACCRUED DISCHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,63
	MEDICARE	15,53
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,83
	MEDICAL ACCIOTANCE	6,94
	OTHER MEDICAL ASSISTANCE  CHAMPUS / TRICARE	1,88 18
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	69
	TOTAL GOVERNMENT DISCHARGES	24,54
	TOTAL DISCHARGES	41,18
В.	CASE MIX INDEX	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.3378
	MEDICARE	1.6591
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.1078
4	MEDICAID	1.0792
5	OTHER MEDICAL ASSISTANCE	1.2134
6	CHAMPUS / TRICARE	1.2400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.3109
	TOTAL GOVERNMENT CASE MIX INDEX	1.4576
	TOTAL CASE MIX INDEX	1.4092
	OTHER REQUIRED DATA	
	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$599,039,787
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$302,671,779
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$000,000,000
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$296,368,008
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.47%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,836,452
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$10,340,167
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$4,364,687
8	CHARITY CARE	\$23,984,656
9	BAD DEBTS	\$23,850,531
10	TOTAL UNCOMPENSATED CARE	\$47,835,187
11	TOTAL OTHER OPERATING REVENUE	\$122,550,875
12	TOTAL OPERATING EXPENSES	\$824,177,868
		i i

	HARTFORD HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2009	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	DAGLENE GROEN ATMENT DATA. AGREED OF GREEN ROGEDORES	
(1)	(2)	(3)
` '	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACTUAL
INE	DESCRIPTION	FY 2009
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
	TOTAL ACCRUED PAYMENTS	\$688,519,077
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$4,364,687
	OHCA DEFINED NET REVENUE	\$692,883,764
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$14,296,570
	CALCULATED NET REVENUE	\$707,180,334
		, , , , , , , , , , , , , , , , , , , ,
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$707,180,334
	VADIANCE (MIIST DE LESS THAN OD FOLIAL TO \$500)	¢0
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
	OHCA DEFINED GROSS REVENUE	\$1,714,431,648
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE  CALCULATED GROSS REVENUE	\$0 \$1,714,431,648
	CALCULATED GROSS REVENUE	\$1,714,431,040
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,714,431,648
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
О.	RECONCILIATION OF OTICA DEFINED ONCOME. CARE TO HOSFITAL ADDITED THE STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$47,835,187
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$6,257,785
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$54,092,972
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$54,092,972
J	CHOONIL ENGATED CARE I NOW HOOF HAE AUDITED HIM. STATEMENTS (I NOM ANNOAE REPORTING)	ψυ+,υσ2,σ12
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

REPORT 600 PAGE 52 of 57 9/20/2010, 3:29 PM

#### HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (6)**ACTUAL ACTUAL AMOUNT** % LINE DESCRIPTION FY 2008 FY 2009 DIFFERENCE DIFFERENCE **Hospital Charity Care (from HRS Report 500)** Α. Number of Applicants 13,059 12,382 (677)-5% 1 2 **Number of Approved Applicants** 12,406 11,763 (643)-5% 3 Total Charges (A) \$22,281,604 \$23,984,656 \$1,703,052 8% 4 **Average Charges** \$1,796 \$2,039 \$243 14% 0.478729 5 Ratio of Cost to Charges (RCC) 0.465400 0.013329 3% **Total Cost** \$10,369,859 \$11,482,150 \$1,112,292 11% 6 **Average Cost** \$836 \$976 \$140 17% 8 Charity Care - Inpatient Charges \$11,019,310 \$13,785,970 \$2,766,660 25% Charity Care - Outpatient Charges (Excludes ED Charges) 9 6,981,517 6,466,196 (515,321)-7% Charity Care - Emergency Department Charges 10 4.280.777 3.732.490 (548.287)-13% Total Charges (A) 11 \$22,281,604 \$23,984,656 \$1,703,052 8% 12 Charity Care - Number of Patient Days 1,420 2,139 719 51% 13 Charity Care - Number of Discharges 261 437 176 67% 7,139 14 Charity Care - Number of Outpatient ED Visits 9,905 (2,766)-28% 15 Charity Care - Number of Outpatient Visits (Excludes ED Visits) 14,897 11,953 (2,944)-20% Hospital Bad Debts (from HRS Report 500) В. Bad Debts - Inpatient Services \$13,581,738 -22% 1 \$10,541,182 (\$3,040,556)2 Bad Debts - Outpatient Services (Excludes ED Bad Debts) 7,892,618 4,135,605 (3,757,013)-48% 3 Bad Debts - Emergency Department 9,207,651 9,173,744 (33,907)0% Total Bad Debts (A) \$30,682,007 \$23,850,531 -22% 4 (\$6,831,476) C. Hospital Uncompensated Care (from HRS Report 500) Charity Care (A) \$22,281,604 \$23,984,656 \$1,703,052 8% 1 2 Bad Debts (A) 30,682,007 23,850,531 (6,831,476)-22% -10% 3 **Total Uncompensated Care (A)** \$52,963,611 \$47,835,187 (\$5,128,424) 4 **Uncompensated Care - Inpatient Services** \$24,601,048 \$24,327,152 (\$273,896)-1% 5 Uncompensated Care - Outpatient Services (Excludes ED Unc. Care) 14.874.135 (4,272,334)-29% 10.601.801 Uncompensated Care - Emergency Department (582, 194)6 13,488,428 12,906,234 -4% **Total Uncompensated Care (A)** \$52,963,611 \$47,835,187 (\$5,128,424) -10% (A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

		HARTFORD HOSPIT							
		TWELVE MONTHS ACTUA							
		FISCAL YEAR 2							
	REPORT 685 - HOSPITAL NON		·	ALLOWANCES,					
	ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE								
(1)	(2)	(3)	(4)	(5)	(6)				
. ,		FY 2008	FY 2009	( )	( )				
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%				
<u>LINE</u>	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>				
	COMMERCIAL - ALL PAYERS								
1	Total Gross Revenue	\$513,306,904	\$599,039,787	\$85,732,883	17%				
2	Total Contractual Allowances	\$262,715,977	\$296,368,008	\$33,652,031	13%				
	Total Accrued Payments (A)	\$250,590,927	\$302,671,779	\$52,080,852	21%				
	Total Discount Percentage	51.18%	49.47%	-1.71%	-3%				
/A\ A	Accrued Payments associated with Non-Govern	mont Contractual Allawara	as must evalude env div	ation for Uncompany	ostad Cara				

(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2009**

### REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
Α.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$1,045,320,939	\$1,115,172,714	\$1,220,439,016
2	Outpatient Gross Revenue	\$406,885,299	\$440,699,072	\$493,992,632
3	Total Gross Patient Revenue	\$1,452,206,238	\$1,555,871,786	\$1,714,431,648
4	Net Patient Revenue	\$617,507,812	\$639,563,211	\$701,170,031
В.	Total Operating Expenses			
1	Total Operating Expense	\$745,010,396	\$779,129,428	\$824,177,868
C.	Utilization Statistics			
1	Patient Days	211,887	212,013	215,958
2	Discharges	39,621	39,840	41,188
3	Average Length of Stay	5.3	5.3	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	294,363	295,797	303,371
0	Equivalent (Adjusted) Discharges (ED)	55,043	55,584	57,860
D.	Case Mix Statistics			
1	Case Mix Index	1.39015	1.39658	1.40924
2	Case Mix Adjusted Patient Days (CMAPD)	294,555	296,093	304,337
3	Case Mix Adjusted Discharges (CMAD)	55,079	55,640	58,044
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	409,209	413,104	427,522
5	Case Mix Adjusted Equivalent Discharges (CMAED)	76,518	77,628	81,538
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$6,854	\$7,339	\$7,939
2	Total Gross Revenue per Discharge	\$36,652	\$39,053	\$41,625
3	Total Gross Revenue per EPD	\$4,933	\$5,260	\$5,651
4	Total Gross Revenue per ED	\$26,383	\$27,991	\$29,631
5	Total Gross Revenue per CMAEPD	\$3,549	\$3,766	\$4,010
6	Total Gross Revenue per CMAED	\$18,979	\$20,043	\$21,026
7	Inpatient Gross Revenue per EPD	\$3,551	\$3,770	\$4,023
8	Inpatient Gross Revenue per ED	\$18,991	\$20,063	\$21,093

REPORT 700 PAGE 55 of 58 9/20/2010, 3:29 PM

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2009**

### REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$2,914	\$3,017	\$3,247
2	Net Patient Revenue per Discharge	\$15,585	\$16,053	\$17,024
3	Net Patient Revenue per EPD	\$2,098	\$2,162	\$2,311
4	Net Patient Revenue per ED	\$11,219	\$11,506	\$12,118
5	Net Patient Revenue per CMAEPD	\$1,509	\$1,548	\$1,640
6	Net Patient Revenue per CMAED	\$8,070	\$8,239	\$8,599
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$3,516	\$3,675	\$3,816
2	Total Operating Expense per Discharge	\$18,803	\$19,556	\$20,010
3	Total Operating Expense per EPD	\$2,531	\$2,634	\$2,717
4	Total Operating Expense per ED	\$13,535	\$14,017	\$14,244
5	Total Operating Expense per CMAEPD	\$1,821	\$1,886	\$1,928
6	Total Operating Expense per CMAED	\$9,736	\$10,037	\$10,108
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$107,836,707	\$129,019,458	\$121,405,571
2	Nursing Fringe Benefits Expense	\$29,708,788	\$24,857,654	\$26,442,571
3	Total Nursing Salary and Fringe Benefits Expense	\$137,545,495	\$153,877,112	\$147,848,142
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$31,082,291	\$34,042,782	\$36,421,774
2	Physician Fringe Benefits Expense	\$8,588,381	\$6,558,884	\$7,932,794
3	Total Physician Salary and Fringe Benefits Expense	\$39,670,672	\$40,601,666	\$44,354,568
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$179,111,518	\$184,912,209	\$207,582,325
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$49,339,373	\$35,626,283	\$42,759,391
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$228,450,891	\$220,538,492	\$250,341,716
K.	Total Salary and Fringe Benefits Expense			
11.	Total Salary Expense	\$318,030,516	\$347,974,449	\$365,409,670

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2009**

### REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2007</u>	ACTUAL <u>FY 2008</u>	ACTUAL <u>FY 2009</u>
2	Total Fringe Benefits Expense	\$87,636,542	\$67,042,821	\$77,134,756
3	Total Salary and Fringe Benefits Expense	\$405,667,058	\$415,017,270	\$442,544,426
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	1317.8	1449.0	1406.4
2	Total Physician FTEs	202.1	202.7	209.4
3	Total Non-Nursing, Non-Physician FTEs	3687.1	3679.6	3780.5
4	Total Full Time Equivalent Employees (FTEs)	5,207.0	5,331.3	5,396.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$81,831	\$89,040	\$86,324
2	Nursing Fringe Benefits Expense per FTE	\$22,544	\$17,155	\$18,802
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$104,375	\$106,195	\$105,125
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$153,797	\$167,947	\$173,934
2	Physician Fringe Benefits Expense per FTE	\$42,496	\$32,358	\$37,883
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$196,292	\$200,304	\$211,817
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expens	se per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$48,578	\$50,253	\$54,909
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,382	\$9,682	\$11,311
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$61,960	\$59,935	\$66,219
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$61,077	\$65,270	\$67,715
2	Total Fringe Benefits Expense per FTE	\$16,831	\$12,575	\$14,294
3	Total Salary and Fringe Benefits Expense per FTE	\$77,908	\$77,845	\$82,009
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,915	\$1,958	\$2,049
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,239	\$10,417	\$10,744

REPORT 700 PAGE 57 of 58 9/20/2010, 3:29 PM

### TWELVE MONTHS ACTUAL FILING

#### **FISCAL YEAR 2009**

### REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2007</u>	ACTUAL FY 2008	ACTUAL <u>FY 2009</u>
3	Total Salary and Fringe Benefits Expense per EPD	\$1,378	\$1,403	\$1,459
4	Total Salary and Fringe Benefits Expense per ED	\$7,370	\$7,466	\$7,649
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$991	\$1,005	\$1,035
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,302	\$5,346	\$5,427

REPORT 700 PAGE 58 of 58 9/20/2010, 3:29 PM