	WINDHAM COMMUNITY MEMO						
	TWELVE MONTHS ACTU						
	FISCAL YEAR 2010						
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION						
(1) LINE	(2) DESCRIPTION	(3) FY 2009 <u>ACTUAL</u>	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE		
		71010/12	7.01.07.12	DITTERCITOE	DITTERCENCE		
l.	<u>ASSETS</u>						
A.	Current Assets:						
1	Cash and Cash Equivalents	\$3,357,508	\$3,314,081	(\$43,427)	-1%		
2	Short Term Investments	\$0	\$0	\$0	0%		
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,116,037	\$14,090,656	\$974,619	7%		
4	Current Assets Whose Use is Limited for Current Liabilities	\$798,482	\$677,311	(\$121,171)	-15%		
5	Due From Affiliates	\$0	\$105,104	\$105,104	0%		
6	Due From Third Party Payers	\$1,258,523	\$1,585,717	\$327,194	26%		
7	Inventories of Supplies	\$1,175,255	\$1,175,285	\$30	0%		
8	Prepaid Expenses	\$671,383	\$280,392	(\$390,991)	-58%		
9	Other Current Assets	\$3,626,731	\$1,524,302	(\$2,102,429)	-58%		
	Total Current Assets	\$24,003,919	\$22,752,848	(\$1,251,071)	-5%		
В.	Noncurrent Assets Whose Use is Limited:						
1	Held by Trustee	\$1,752,149	\$2,607,805	\$855,656	49%		
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%		
3	Funds Held in Escrow	\$1,674,179	\$1,673,374	(\$805)	0%		
4	Other Noncurrent Assets Whose Use is Limited	\$2,749,514	\$1,885,179	(\$864,335)	-31%		
	Total Noncurrent Assets Whose Use is Limited:	\$6,175,842	\$6,166,358	(\$9,484)	0%		
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%		
6	Long Term Investments	\$322,070	\$347,049	\$24,979	8%		
7	Other Noncurrent Assets	\$2,297,615	\$2,339,911	\$42,296	2%		
C.	Net Fixed Assets:						
1	Property, Plant and Equipment	\$94,462,346	\$98,445,867	\$3,983,521	4%		
2	Less: Accumulated Depreciation	\$57,981,855	\$62,488,848	\$4,506,993	8%		
	Property, Plant and Equipment, Net	\$36,480,491	\$35,957,019	(\$523,472)	-1%		
3	Construction in Progress	\$428,448	\$270,392	(\$158,056)	-37%		
	Total Net Fixed Assets	\$36,908,939	\$36,227,411	(\$681,528)	-2%		
	Total Assets	\$69,708,385	\$67,833,577	(\$1,874,808)	-3%		

	WINDHAM COMMUNIT	Y MEMORIAL HOSPITAL					
	TWELVE MONTH	IS ACTUAL FILING					
	FISCAL YEAR 2010						
	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3)	(4)	(5)	(6)		
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE		
II.	LIABILITIES AND NET ASSETS						
A.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$3,370,047	\$3,465,207	\$95,160	3%		
2	Salaries, Wages and Payroll Taxes	\$1,276,413	\$840,849	(\$435,564)	-34%		
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	\$325,901	\$263,466	(\$62,435)	-19%		
6	Current Portion of Notes Payable	\$530,010	\$440,019	(\$89,991)	-17%		
7	Other Current Liabilities	\$3,625,641	\$5,800,501	\$2,174,860	60%		
	Total Current Liabilities	\$9,128,012	\$10,810,042	\$1,682,030	18%		
В.	Long Term Debt:						
		¢40,600,057	¢40,425,020	(\$262.240)	40/		
1	Bonds Payable (Net of Current Portion)	\$19,698,257	\$19,435,038	(\$263,219) \$0	-1% 0%		
2	Notes Payable (Net of Current Portion) Total Long Term Debt	\$0 \$19,698,257	\$0 \$19,435,038	(\$263,219)	-1%		
	Total Long Term Debt	\$19,090,237	\$19,435,036	(\$203,219)	-170		
3	Accrued Pension Liability	\$57,389,912	\$53,726,319	(\$3,663,593)	-6%		
4	Other Long Term Liabilities	\$3,663,526	\$3,797,901	\$134,375	4%		
	Total Long Term Liabilities	\$80,751,695	\$76,959,258	(\$3,792,437)	-5%		
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	(\$25,502,905)	(\$25,203,815)	\$299,090	-1%		
2	Temporarily Restricted Net Assets	\$2,104,204	\$1,538,289	(\$565,915)	-27%		
3	Permanently Restricted Net Assets	\$3,227,379	\$3,729,803	\$502,424	16%		
	Total Net Assets	(\$20,171,322)	(\$19,935,723)	\$235,599	-1%		
	Total Liabilities and Net Assets	\$69,708,385	\$67,833,577	(\$1,874,808)	-3%		

	WINDHAM COMMUNIT	Y MEMORIAL HOSP	PITAL		
	TWELVE MONTH	IS ACTUAL FILING			
		L YEAR 2010			
	REPORT 150 - HOSPITAL STATEM				
(1)	(2)	(3) FY 2009	(4) FY 2010	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$190,183,873	\$193,955,564	\$3,771,691	2%
2	Less: Allowances	\$104,418,812	\$104,466,765	\$47,953	0%
3	Less: Charity Care	\$2,159,913	\$2,546,093	\$386,180	18%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$83,605,148	\$86,942,706	\$3,337,558	4%
5	Other Operating Revenue	\$2,401,877	\$2,622,664	\$220,787	9%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$86,007,025	\$89,565,370	\$3,558,345	4%
В.	Operating Expenses:				
1	Salaries and Wages	\$37,098,685	\$39,301,133	\$2,202,448	6%
2	Fringe Benefits	\$12,646,534	\$14,575,223	\$1,928,689	15%
3	Physicians Fees	\$910,707	\$932,425	\$21,718	2%
4	Supplies and Drugs	\$9,286,201	\$7,995,028	(\$1,291,173)	-14%
5	Depreciation and Amortization	\$4,418,804	\$4,522,902	\$104,098	2%
6	Bad Debts	\$4,595,065	\$5,459,445	\$864,380	19%
7	Interest	\$1,483,430	\$1,557,105	\$73,675	5%
8	Malpractice	\$980,763	\$635,157	(\$345,606)	-35%
9	Other Operating Expenses	\$13,980,968	\$16,523,400	\$2,542,432	18%
	Total Operating Expenses	\$85,401,157	\$91,501,818	\$6,100,661	7%
	Income/(Loss) From Operations	\$605,868	(\$1,936,448)	(\$2,542,316)	-420%
C.	Non-Operating Revenue:				
1	Income from Investments	\$152,507	\$96,303	(\$56,204)	-37%
2	Gifts, Contributions and Donations	\$205,897	\$252,482	\$46,585	23%
3	Other Non-Operating Gains/(Losses)	(\$2,151,268)	(\$95,417)	\$2,055,851	-96%
	Total Non-Operating Revenue	(\$1,792,864)	\$253,368	\$2,046,232	-114%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,186,996)	(\$1,683,080)	(\$496,084)	42%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$1,992	\$20,260	\$18,268	917%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$1,992	\$20,260	\$18,268	917%
	Excess/(Deficiency) of Revenue Over Expenses	(\$1,185,004)	(\$1,662,820)	(\$477,816)	40%
	Principal Payments	\$1,681,042	\$886,449	(\$794,593)	-47%

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

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	GROSS REVENUE BY PAYER				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$38,791,771	\$38,718,930	(\$72,841)	0%
2	MEDICARE MANAGED CARE	\$2,867,764	\$4,682,719	\$1,814,955	63%
3	MEDICAID	\$5,369,993	\$5,417,337	\$47,344	1%
4	MEDICAID MANAGED CARE	\$3,427,253	\$4,618,852	\$1,191,599	35%
5	CHAMPUS/TRICARE	\$176,391	\$136,260	(\$40,131)	-23%
6	COMMERCIAL INSURANCE	\$17,563,881	\$16,018,356	(\$1,545,525)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$322,444	\$254,774	(\$67,670)	-21%
9	SELF- PAY/UNINSURED	\$921,311	\$1,567,998	\$646,687	70%
10	SAGA	\$2,722,254	\$1,854,887	(\$867,367)	-32%
11	OTHER	\$283,149	\$214,667	(\$68,482)	-24%
	TOTAL INPATIENT GROSS REVENUE	\$72,446,211	\$73,484,780	\$1,038,569	1%
В.	OUTPATIENT GROSS REVENUE	000 444 044	#20.740.044	#007.000	407
1	MEDICARE TRADITIONAL	\$30,441,041	\$30,748,244	\$307,203	1%
3	MEDICARE MANAGED CARE MEDICAID	\$3,879,268	\$4,957,041	\$1,077,773	28%
4	MEDICAID MEDICAID MANAGED CARE	\$5,626,178	\$8,393,726	\$2,767,548	49% 11%
5	CHAMPUS/TRICARE	\$11,612,879	\$12,861,669	\$1,248,790 \$60,645	15%
6	COMMERCIAL INSURANCE	\$412,560 \$53.425.394	\$473,205		0%
7	NON-GOVERNMENT MANAGED CARE	+, -,	\$53,167,559	(\$257,835) \$0	0%
8	WORKER'S COMPENSATION	\$0 \$2,236,807	\$0 \$2,240,081	\$3,274	0%
9	SELF- PAY/UNINSURED	\$3,276,135	\$3,290,522	\$14,387	0%
10	SAGA	\$6,749,180	\$4,127,519	(\$2,621,661)	-39%
11	OTHER	\$78,219	\$211,217	\$132,998	170%
	TOTAL OUTPATIENT GROSS REVENUE	\$117,737,661	\$120,470,783	\$2,733,122	2%
	TOTAL GOTT ATTENT GROOG REVERGE	Ψ117,737,001	Ψ120,470,703	ΨΣ,1 33,122	270
C.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$69,232,812	\$69,467,174	\$234,362	0%
2	MEDICARE MANAGED CARE	\$6,747,032	\$9,639,760	\$2,892,728	43%
3	MEDICAID	\$10,996,171	\$13,811,063	\$2,814,892	26%
4	MEDICAID MANAGED CARE	\$15,040,132	\$17,480,521	\$2,440,389	16%
5	CHAMPUS/TRICARE	\$588,951	\$609,465	\$20,514	3%
6	COMMERCIAL INSURANCE	\$70,989,275	\$69,185,915	(\$1,803,360)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,559,251	\$2,494,855	(\$64,396)	-3%
9	SELF- PAY/UNINSURED	\$4,197,446	\$4,858,520	\$661,074	16%
	SAGA	\$9,471,434	\$5,982,406	(\$3,489,028)	-37%
11	OTHER	\$361,368	\$425,884	\$64,516	18%
	TOTAL GROSS REVENUE	\$190,183,872	\$193,955,563	\$3,771,691	2%
II.	NET REVENUE BY PAYER			T	ı
_	INDATIONT NET DEVENUE				
A.	INPATIENT NET REVENUE	\$00.004.040	04.070.00	040 07 5	20/
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$23,264,310 \$1,433,336	\$24,076,685 \$2,531,836	\$812,375 \$1,098,500	3% 77%
3	MEDICARE MANAGED CARE MEDICAID	\$1,433,336	\$2,531,836	(\$49,221)	-2%
4	MEDICAID MEDICAID MANAGED CARE	\$2,741,277	\$2,692,056	(\$49,221) \$568,272	32%
5	CHAMPUS/TRICARE	\$1,783,647	\$2,351,919	(\$4,956)	-8%
6	COMMERCIAL INSURANCE	\$9,808,537	\$8,698,382	(\$1,110,155)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$9,606,537	\$0,090,362 \$0	(\$1,110,155)	0%
8	WORKER'S COMPENSATION	\$189,440	\$151,797	(\$37,643)	-20%
9	SELF- PAY/UNINSURED	\$74,458	\$147,158	\$72,700	98%
10	SAGA	\$571,030	\$582,283	\$11,253	2%
11	OTHER	\$118,212	\$63,718	(\$54,494)	
	OTHER.	Ψ110,212	ψυυ,τ 10	(ψυτ,τυ4)	-40 /0

REPORT 165 4 of 56 8/8/2011,1:07 PM

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

TOTAL INPATIENT NET REVENUE	(1)	(2)	(3)	(4)	(5)	(6)
TOTAL INPATIENT NET REVENUE						
MEDICARE TRADITIONAL S7,886,579 S8,157,216 S29,637	LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
B. OUTPATIENT NET REVENUE						
MEDICARE TRADITIONAL			\$40,046,261	\$41,352,892	\$1,306,631	3%
MEDICARE MANAGED CARE	_		*	* 0.455.040	****	40/
MEDICAID \$1,464,493 \$1,873,675 \$419,182						4%
MEDICAID MANAGED CARE \$3,570,678 \$3,870,021 \$299,343	-			, , ,		32%
5 CHAMPUSTRICARE \$167,114 \$170,563 \$3,439 6 COMMERCIAL INSURANCE \$22,354,842 \$23,328,960 \$974,118 7 NON-GOVERNMENT MANAGED CARE \$0 \$0 \$0 \$80 8 WORKER'S COMPENSATION \$1,369,960 \$1,523,255 \$153,749 9 SELE-PAYUNINSURED \$176,601 \$155,395 \$12,151 10 SAGA \$929,303 \$566,708 \$(272,596) 11 OTHER \$16,035 \$598,397 \$42,302 TOTAL OUTPATIENT NET REVENUE \$38,922,476 \$41,135,175 \$2,212,699 1 MEDICARE TRADITIONAL \$31,30,889 \$32,233,901 \$1,103,012 2 MEDICARE MANAGED CARE \$2,450,661 \$3,872,900 \$1,422,239 3 MEDICARE MANAGED CARE \$2,450,661 \$3,872,900 \$1,422,239 4 MEDICAID MANAGED CARE \$5,554,325 \$6,221,940 \$867,615 5 CHAMPUSTRICARE \$5,254,225 \$6,221,940 \$867,615 6 COMMERCIAL INSURANCE \$32,163,379 \$302,544 \$51,603,779 \$30,500 \$30,000 8 WORKER'S COMPENSATION \$1,559,946 \$1,675,062 \$116,106 9 SELE-PAYUNINSURED \$251,059 \$302,544 \$51,485 10 SAGA \$1,503,333 \$1,239,991 \$1,610,600 10 SAGA \$1,503,333 \$1,239,991 \$1,610,600 10 SAGA \$1,503,333 \$1,239,991 \$1,610,600 10 SCHARGES \$1,675,062 \$116,106 10 SCHARGES \$1,675,062 \$116,106 10 SCHARGES \$1,675,062 \$116,106 2 MEDICARE MANAGED CARE \$1,675,062 \$116,106 3 MEDICARE MANAGED CARE \$1,675,062 \$116,106 3 MEDICARE MANAGED CARE \$1,497 \$1,260 \$237,100 10 TOTAL NET REVENUE \$78,968,737 \$82,488,067 \$3,519,330 III. STATISTICS BY PAYER \$1,497 \$1,260 \$237,100 1 MEDICARE MANAGED CARE \$1,497 \$1,260 \$237,100 2 MEDICARE MANAGED CARE \$1,497 \$1,260 \$237,100 3 MEDICARE MANAGED CARE \$1,497 \$1,260 \$237,100 4 MEDICARD MANAGED CARE \$1,497 \$1,260 \$237,100 5 MEDICARE MANAGED CARE \$1,497 \$1,260 \$237,100 6 COMMERCIAL INSURANCE \$1,497 \$1,26						29% 8%
COMMERCIAL INSURANCE	$\overline{}$					2%
Tolang			7 - 1		1 - 7	4%
	$\overline{}$					0%
9 SELF-PAYJUNINSURED \$176,601 \$155,386 (\$21,215) 10 SAGA \$929,303 \$666,708 (\$272,595) 11 OTHER \$16,035 \$508,337 \$42,302 12 TOTAL OUTPATIENT NET REVENUE \$38,922,476 \$41,135,175 \$2,212,699 13 MEDICARE TRADITIONAL \$31,130,889 \$32,233,901 \$1,103,012 14 MEDICARE MANAGED CARE \$2,450,661 \$3.872,900 \$1,422,239 15 MEDICARE MANAGED CARE \$2,450,661 \$3.872,900 \$1,422,239 16 MEDICARE MANAGED CARE \$52,354,325 \$6,221,940 \$867,615 17 CHAMPUS/TRICARE \$229,128 \$227,7342 \$369,961 18 MEDICAID MANAGED CARE \$529,128 \$227,7342 \$369,961 19 CHAMPUS/TRICARE \$229,128 \$227,7342 \$367,615 10 COMMERCIAL INSURANCE \$32,163,379 \$302,207,342 \$367,615 10 COMMERCIAL INSURANCE \$32,163,379 \$302,207,342 \$369,961 10 SAGA \$1,675,052 \$116,106 10 SAGA \$1,675,052 \$116,106 10 SAGA \$1,580,333 \$1,238,991 (\$261,342) 11 OTHER \$134,247 \$122,055 (\$12,192) 10 TOTAL NET REVENUE \$78,968,737 \$82,488,067 \$3,519,330 III. STATISTICS BY PAYER \$140,000 \$10						11%
10 SAGA \$929.303 \$656.708 \$(\$272.595)						-12%
11 OTHER						-29%
C. TOTAL OUTPATIENT NET REVENUE 1 MEDICARE TRADITIONAL 2 MEDICARE TRADITIONAL 31,130,889 \$32,233,901 \$1,103,012 2 MEDICARE MANAGED CARE 52,450,661 \$3,872,900 \$1,422,239 3 MEDICAID 34,195,770 \$4,565,731 \$369,961 4 MEDICAID \$4,195,770 \$4,565,731 \$369,961 5 CHAMPUS/TRICARE 5 \$229,128 \$227,611 \$(\$1,517) 6 COMMERCIAL INSURANCE 5 \$229,128 \$227,611 \$(\$1,517) 7 NON-GOVERNMENT MANAGED CARE 8 WORKER'S COMPENSATION 9 SELF- PAY/UNINSURED 5 SCHAMPUS/TRICARE 10 SAGA 11 OTHER 11 OTHER 15 STATISTICS BY PAYER A DISCHARGES 1 MEDICARE MANAGED CARE 1 MEDICARE TRADITIONAL 1 COMMERCIAL INSURANCE 1 MEDICARE MANAGED CARE 1 MEDICARE TRADITIONAL 1 COMMERCIAL INSURANCE 1 MEDICARE MANAGED CARE 1 MEDICARE TRADITIONAL 1 COMMERCIAL INSURANCE 1 L497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 1 MEDICARE MANAGED CARE 1					, , , , , , , , , , , , , , , , , , , ,	264%
MEDICARE TRADITIONAL \$31,130,889						6%
MEDICARE TRADITIONAL \$31,130,889 \$32,233,901 \$1,103,012 MEDICARE MANAGED CARE \$2,450,661 \$3,872,900 \$1,422,239 MEDICAID MANAGED CARE \$2,450,661 \$3,872,900 \$4,422,239 MEDICAID MANAGED CARE \$5,354,325 \$6,221,940 \$867,615 CHAMPUS/TRICARE \$2,256,121 \$227,611 \$(1,517) G. COMMERCIAL INSURANCE \$32,163,379 \$32,027,342 \$(\$136,037) T. NON-GOVERNMENT MANAGED CARE \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		TOTAL MET DEVENUE				
MEDICARE MANAGED CARE \$2,450,661 \$3,872,900 \$1,422,239 3 MEDICAID MANAGED CARE \$4,195,770 \$4,565,731 \$369,961 4 MEDICAID MANAGED CARE \$5,354,325 \$6,221,940 \$867,615 5 CHAMPUS/TRICARE \$229,128 \$227,611 \$(\$1,517) 6 COMMERCIAL INSURANCE \$32,163,379 \$32,027,342 \$(\$136,037) 7 NON-GOVERNMENT MANAGED CARE \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0			\$24.420.000	¢33 333 004	¢1 102 042	4%
MEDICAID						58%
MEDICAID MANAGED CARE \$5,354,325 \$6,221,940 \$867,615						9%
6 CHAMPUSTRICARE \$229,128 \$227,611 (\$1,517) 6 COMMERCIAL INSURANCE \$32,027,342 (\$136,037) 7 NON-GOVERNMENT MANAGED CARE \$0 \$0 \$0 8 WORKER'S COMPENSATION \$1,558,946 \$1,675,052 \$116,106 9 SELF-PAY/UNINSURED \$251,059 \$302,544 \$51,485 10 SAGA \$1,500,933 \$1,238,9991 (\$261,342) 11 OTHER \$134,247 \$122,055 (\$12,192) TOTAL NET REVENUE \$78,968,737 \$82,488,067 \$3,519,330 III. STATISTICS BY PAYER A. DISCHARGES 1 MEDICARE TRADITIONAL 2,345 2,256 (89) 2 MEDICARE MANAGED CARE 189 261 72 3 MEDICARE MANAGED CARE 189 261 72 3 MEDICARE MANAGED CARE 1497 1,260 (237) ONDAGE CARE 1497 1						16%
COMMERCIAL INSURANCE \$32,163,379 \$32,027,342 (\$136,037)						
NON-GOVERNMENT MANAGED CARE \$0	_					
B WORKER'S COMPENSATION \$1,558,946 \$1,675,052 \$116,106 9 SELF-PAYUNINSURED \$251,059 \$302,544 \$51,485 \$10 SAGA \$1,500,333 \$1,238,991 (\$261,342) 11 OTHER \$134,247 \$122,055 (\$12,192) TOTAL NET REVENUE \$78,968,737 \$82,488,067 \$3,519,330			. , ,	1 - /- /-		0%
9 SELF- PAY/UNINSURED \$251,059 \$302,544 \$51,485 10 SAGA \$1,500,333 \$1,238,991 (\$261,342) 11 OTHER \$134,247 \$122,055 (\$12,192) TOTAL NET REVENUE \$78,968,737 \$82,488,067 \$3,519,330 III. STATISTICS BY PAYER A. DISCHARGES	-		Ŧ -	7 -		7%
10 SAGA						21%
TOTAL NET REVENUE				. ,		-17%
III. STATISTICS BY PAYER						
STATISTICS BY PAYER	- 11	-				4%
1 MEDICARE TRADITIONAL 2,345 2,256 (89) 2 MEDICAID 420 428 8 4 MEDICAID MANAGED CARE 541 633 92 5 CHAMPUS/TRICARE 13 14 1 6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF-PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) (87) 11 OTHER 32 12 (20) 11 OTHER 32 12 (20) (243) EXTENDITIONAL 11,210 11,040 (170) (170) MEDICARE TRADITIONAL 11,210 11,040 (170) 12 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282	III.		, , , , , , , , , , , , , , , , , , ,	* , ·, ·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 MEDICARE TRADITIONAL 2,345 2,256 (89) 2 MEDICAID 420 428 8 4 MEDICAID MANAGED CARE 541 633 92 5 CHAMPUS/TRICARE 13 14 1 6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF-PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) (87) 11 OTHER 32 12 (20) 11 OTHER 32 12 (20) (243) EXTENDITIONAL 11,210 11,040 (170) (170) MEDICARE TRADITIONAL 11,210 11,040 (170) 12 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282	Δ.	DISCHARGES				
2 MEDICARE MANAGED CARE 189 261 72 3 MEDICAID 420 428 8 4 MEDICAID MANAGED CARE 541 633 92 5 CHAMPUS/TRICARE 13 14 1 6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF-PAY/UNINSURED 87 106 19 9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) 115 (87) 11 11 OTHER 32 12 (20) 12 120 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 16 16 16 16			2.345	2,256	(89)	-4%
3 MEDICAID 420 428 8 8 4 MEDICAID MANAGED CARE 541 633 92 5 CHAMPUS/TRICARE 13 14 1 1 6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF-PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) 15 (243) 8 PATIENT DAYS 5,343 5,100 (243) 5 17 17 17 18 18 18 19 19 19 19 10 10 10 10					\ /	38%
4 MEDICAID MANAGED CARE 541 633 92 5 CHAMPUS/TRICARE 13 14 1 6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 (87) 11 OTHER 32 12 (20) 12 (20) 17 TOTAL DISCHARGES 5,343 5,100 (243) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 (20) 12 12 (20) 12 12 (20)						2%
5 CHAMPUS/TRICARE 13 14 1 6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) 11 OTHER 32 12 (20) 1 TOTAL DISCHARGES 5,343 5,100 (243) 8. PATIENT DAYS 1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10	$\overline{}$					17%
6 COMMERCIAL INSURANCE 1,497 1,260 (237) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS	5					8%
7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 17 15 (2) 9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS 2 1 1,040 (170) 1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) <td>6</td> <td>COMMERCIAL INSURANCE</td> <td></td> <td>1.260</td> <td>(237)</td> <td>-16%</td>	6	COMMERCIAL INSURANCE		1.260	(237)	-16%
8 WORKER'S COMPENSATION 17 15 (2) 9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS	7					0%
9 SELF- PAY/UNINSURED 87 106 19 10 SAGA 202 115 (87) 11 OTHER 32 12 (20) TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS						
10 SAGA 202 115 (87) 11 OTHER 32 12 (20) TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS (1,040 (170) 1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL	-					22%
11 OTHER 32 12 (20) TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS PATIENT DAYS 1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154					_	-43%
TOTAL DISCHARGES 5,343 5,100 (243) B. PATIENT DAYS 1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	11	OTHER				-63%
B. PATIENT DAYS 1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154		TOTAL DISCHARGES	5,343	5,100		-5%
1 MEDICARE TRADITIONAL 11,210 11,040 (170) 2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	B.			•	, -,	
2 MEDICARE MANAGED CARE 783 1,300 517 3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154			11,210	11,040	(170)	-2%
3 MEDICAID 1,772 1,733 (39) 4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	2			,	`	66%
4 MEDICAID MANAGED CARE 1,282 1,626 344 5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154				·		-2%
5 CHAMPUS/TRICARE 28 38 10 6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	4	MEDICAID MANAGED CARE		·	344	27%
6 COMMERCIAL INSURANCE 4,545 4,043 (502) 7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	5					36%
7 NON-GOVERNMENT MANAGED CARE 0 0 0 8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	6		4,545	4,043	(502)	-11%
8 WORKER'S COMPENSATION 57 50 (7) 9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	7			0		0%
9 SELF- PAY/UNINSURED 242 398 156 10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	8		57	50	(7)	-12%
10 SAGA 704 568 (136) 11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	9					64%
11 OTHER 73 54 (19) TOTAL PATIENT DAYS 20,696 20,850 154	10					-19%
TOTAL PATIENT DAYS 20,696 20,850 154	11		73			-26%
			20,696	20,850	\ /	1%
O. IOUTIATIENT VIOLES	C.	OUTPATIENT VISITS	-,	-,		73

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1	MEDICARE TRADITIONAL	42,896	42,252	(644)	-2%
2	MEDICARE MANAGED CARE	5,167	6,519	1,352	26%
3	MEDICAID	6,720	8,661	1,941	29%
4	MEDICAID MEDICAID MANAGED CARE	15,088	17,673	2,585	17%
5	CHAMPUS/TRICARE	450	535	85	19%
6	COMMERCIAL INSURANCE	74.757	73,175	(1,582)	-2%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,037	1,851	(186)	-9%
9	SELF- PAY/UNINSURED	4,847	4,982	135	3%
10	SAGA	6,777	4,005	(2,772)	-41%
11	OTHER	102	181	79	77%
	TOTAL OUTPATIENT VISITS	158,841	159,834	993	1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
_					
	EMERGENCY DEPARTMENT OUTPATIENT GROSS RE		AF 470 703	#	
1	MEDICARE TRADITIONAL	\$4,487,155	\$5,173,583	\$686,428	15%
2	MEDICARE MANAGED CARE	\$496,648	\$718,141	\$221,493	45%
3	MEDICAID MANAGER CARE	\$2,686,678	\$4,284,511	\$1,597,833	59%
5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	\$6,520,795	\$6,808,915	\$288,120	4%
6		\$218,499	\$280,812	\$62,313 \$1.126.468	29%
7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	\$10,283,821 \$0	\$11,410,289 \$0	\$1,126,468	11% 0%
8	WORKER'S COMPENSATION	\$485,797	\$502,722	\$16,925	3%
9	SELF- PAY/UNINSURED	\$2,166,838	\$2,236,098	\$69,260	3%
10	SAGA	\$3,598,286	\$2,237,938	(\$1,360,348)	-38%
11	OTHER	\$287,107	\$141,946	(\$145,161)	-51%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	Ψ201,101	Ψ141,040	(ψ140,101)	0170
	GROSS REVENUE	\$31,231,624	\$33,794,955	\$2,563,331	8%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVEN	NUE			
1	MEDICARE TRADITIONAL	\$1,286,713	\$1,476,535	\$189,822	15%
2	MEDICARE MANAGED CARE	\$145,098	\$202,837	\$57,739	40%
3	MEDICAID	\$729,990	\$988,662	\$258,672	35%
4	MEDICAID MANAGED CARE	\$2,013,165	\$2,008,891	(\$4,274)	0%
5	CHAMPUS/TRICARE	\$107,984	\$100,362	(\$7,622)	-7%
6	COMMERCIAL INSURANCE	\$4,511,234	\$5,149,839	\$638,605	14%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$322,561	\$386,758	\$64,197	20%
9	SELF- PAY/UNINSURED	\$69,764	\$65,233	(\$4,531)	
10	SAGA	\$492,111	\$381,059	(\$111,052)	-23%
11	OTHER	\$59,389	\$36,011	(\$23,378)	-39%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	¢0 739 000	¢10 706 407	\$4 0E0 470	440/
	NET REVENUE EMERGENCY DEPARTMENT OUTPATIENT VISITS	\$9,738,009	\$10,796,187	\$1,058,178	11%
C.	MEDICARE TRADITIONAL	3,190	3,606	416	13%
2	MEDICARE MANAGED CARE	3,190	504	145	40%
3	MEDICAID	1,979	3.025	1,046	53%
4	MEDICAID MEDICAID MANAGED CARE	5,811	7,185	1,374	24%
5	CHAMPUS/TRICARE	212	266	54	25%
6	COMMERCIAL INSURANCE	8,757	9,316	559	6%
7	NON-GOVERNMENT MANAGED CARE	0,737	9,310	0	0%
8	WORKER'S COMPENSATION	717	698	(19)	-3%
9	SELF- PAY/UNINSURED	2,304	2,313	9	0%
10	SAGA	2,679	1,670	(1,009)	-38%
11	OTHER	2,679	1,670	(1,009)	-60%
		200	117	(171)	0070
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	l l			

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
T	ODED ATIMO EVDENCE DV CATECODY				
I.	OPERATING EXPENSE BY CATEGORY				
Α.	Salaries & Wages:				
1	Nursing Salaries	\$15,137,005	\$12,409,863	(\$2,727,142)	-18%
2	Physician Salaries	\$127,711	\$887,642	\$759,931	595%
3	Non-Nursing, Non-Physician Salaries	\$21,833,969	\$26,003,628	\$4,169,659	19%
	Total Salaries & Wages	\$37,098,685	\$39,301,133	\$2,202,448	6%
В.	Fringe Benefits:	ΦE 450 004	#4.000.000	(\$550,000)	440/
2	Nursing Fringe Benefits Physician Fringe Benefits	\$5,158,691 \$43,524	\$4,602,323 \$329,191	(\$556,368) \$285,667	-11% 656%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,444,319	\$9,643,709	\$2,199,390	30%
	Total Fringe Benefits	\$12,646,534	\$14,575,223	\$1,928,689	15%
	Total Finige Benefits	Ψ12,040,004	ψ1+,010,220	ψ1,020,000	1070
C.	Contractual Labor Fees:				
1	Nursing Fees	\$663,417	\$592,337	(\$71,080)	-11%
2	Physician Fees	\$910,707	\$932,425	\$21,718	2%
3	Non-Nursing, Non-Physician Fees	\$5,514,297	\$5,853,147	\$338,850	6%
	Total Contractual Labor Fees	\$7,088,421	\$7,377,909	\$289,488	4%
_	Medical Supplies and Pharmaceutical Cost:				
D.	Medical Supplies and Pharmaceutical Cost: Medical Supplies	\$7,012,568	\$5,671,740	(\$1,340,828)	-19%
2	Pharmaceutical Costs	\$2,273,633	\$2,323,288	\$49.655	2%
	Total Medical Supplies and Pharmaceutical Cost	\$9,286,201	\$7.995.028	(\$1,291,173)	-14%
	Total modical cappings and i harmassatisal cook	40,200,20 .	ψ. ,000,020	(\$1,201,110)	1170
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$1,556,957	\$1,663,918	\$106,961	7%
2	Depreciation-Equipment	\$2,861,847	\$2,843,074	(\$18,773)	-1%
3	Amortization	\$0	\$15,910	\$15,910	0%
	Total Depreciation and Amortization	\$4,418,804	\$4,522,902	\$104,098	2%
F.	Bad Debts:				
1	Bad Debts	\$4,595,065	\$5,459,445	\$864,380	19%
'	Dad Debig	ψ+,555,665	ψο,του,ττο	ψου+,οου	1370
G.	Interest Expense:				
1	Interest Expense	\$1,483,430	\$1,557,105	\$73,675	5%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$980,763	\$635,157	(\$345,606)	-35%
-	Utilities:				
I. 1	Water	\$97,451	\$81,761	(\$15,690)	-16%
2	Natural Gas	\$706,731	\$848,236	\$141,505	20%
3	Oil	\$18,761	\$2,488	(\$16,273)	-87%
4	Electricity	\$780,780	\$670,559	(\$110,221)	-14%
5	Telephone	\$125,087	\$139,052	\$13,965	11%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$1,728,810	\$1,742,096	\$13,286	1%
J.	Business Expenses:	¢450,202	¢406.00F	¢46.440	240/
2	Accounting Fees Legal Fees	\$150,392 \$365,969	\$196,835 \$311,514	\$46,443 (\$54,455)	31% -15%
3	Consulting Fees	\$248,583	\$149,511	(\$99,072)	-15% -40%
4	Dues and Membership	\$419,385	\$371,726	(\$47,659)	-11%
5	Equipment Leases	\$602,604	\$686,518	\$83,914	14%
6	Building Leases	\$119,718	\$175,865	\$56,147	47%
7	Repairs and Maintenance	\$2,385,947	\$2,642,551	\$256,604	11%
8	Insurance	\$220,231	\$408,819	\$188,588	86%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
		***	* ======	A- 0- 1	==:
9	Travel	\$67,447	\$72,501	\$5,054	7%
10	Conferences	\$164,847	\$148,574	(\$16,273)	-10%
11 12	Property Tax General Supplies	\$77,698 \$209,391	\$71,179 \$1,401,737	(\$6,519) \$1,192,346	-8% 569%
13	Licenses and Subscriptions	\$73,436	\$65,091	(\$8,345)	-11%
14	Postage and Shipping	\$129,497	\$138,053	\$8,556	7%
15	Advertising	\$180,847	\$267,748	\$86,901	48%
16	Other Business Expenses	\$574,630	\$281,781	(\$292,849)	-51%
-10	Total Business Expenses	\$5,990,622	\$7,390,003	\$1,399,381	23%
	Total Duomoco Exponeco	\$0,000,022	41,000,000	+ 1,000,001	
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$83,822	\$945,817	\$861,995	1028%
-		¥00,0==	40.1010.11	+ + + + + + + + + + + + + + + + + + +	
	Total Operating Expenses - All Expense Categories*	\$85,401,157	\$91,501,818	\$6,100,661	7%
	*A K. The total operating expenses amount above	e must agree with	the total operatin	ng expenses amou	int on Report 150
	74 THE LOCAL OPERATING EXPENSES WHITE WAS	o maet agree ma	· ···o total opolati	ig expenses amea	incon repert 100
II.	OPERATING EXPENSE BY DEPARTMENT				
11.	OF ENATING EXPENSE BY DEFAITMENT				
A.	General Services:				
1	General Administration	\$1,580,099	\$2,779,388	\$1,199,289	76%
2	General Accounting	\$739,808	\$754,250	\$14,442	2%
3	Patient Billing & Collection	\$589,955	\$604,333	\$14,378	2%
4	Admitting / Registration Office	\$1,833,396	\$1,466,725	(\$366,671)	-20%
5	Data Processing	\$1,999,012	\$2,121,519	\$122,507	6%
6	Communications	\$151,269	\$160,250	\$8,981	6%
7	Personnel	\$742,139	\$880,984	\$138,845	19%
8	Public Relations	\$398,768	\$456,998	\$58,230	15%
9	Purchasing	\$162,822	\$226,382	\$63,560	39%
10	Dietary and Cafeteria Housekeeping	\$1,977,147	\$1,966,012	(\$11,135)	-1%
11		\$1,180,973	\$1,155,350	(\$25,623)	-2%
12 13	Laundry & Linen Operation of Plant	\$461,189 \$1,334,725	\$523,697 \$1,258,211	\$62,508 (\$76,514)	14% -6%
14	Security	\$462,262	\$465,258	\$2,996	1%
15	Repairs and Maintenance	\$1,844,471	\$1,873,714	\$29,243	2%
16	Central Sterile Supply	\$384,688	\$416,757	\$32,069	8%
17	Pharmacy Department	\$3,355,073	\$3,403,240	\$48,167	1%
18	Other General Services	\$472,523	\$436,302	(\$36,221)	-8%
	Total General Services	\$19,670,319	\$20,949,370	\$1,279,051	7%
		. , ,	. , ,	, , ,	
B.	Professional Services:				
1	Medical Care Administration	\$119,603	\$156,136	\$36,533	31%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$2,438,186	\$2,597,521	\$159,335	7%
4	Medical Records	\$951,548	\$1,048,330	\$96,782	10%
5	Social Service	\$372	\$0	(\$372)	-100%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,509,709	\$3,801,987	\$292,278	8%
C.	Special Services:				
1	Operating Room	\$4,672,343	\$4,314,508	(\$357,835)	-8%
2	Recovery Room	\$253,547	\$255,510	\$1,963	1%
3	Anesthesiology	\$0	\$0	\$0	0%
4	Delivery Room	\$878,596	\$935,002	\$56,406	6%
5	Diagnostic Radiology	\$2,226,186	\$2,501,319	\$275,133	12%
6	Diagnostic Ultrasound	\$460,333	\$499,392	\$39,059	8%
7	Radiation Therapy	\$0	\$0	\$0	0%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
8	Radioisotopes	\$700,776	\$644,383	(\$56,393)	-8%
9	CT Scan	\$474,812	\$465,624	(\$9,188)	-2%
10	Laboratory	\$4,403,555	\$4,545,022	\$141,467	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$494,736	\$542,447	\$47,711	10%
13	Electrocardiology	\$224,325	\$215,038	(\$9,287)	-4%
14	Electroencephalography	\$99,003	\$125,451	\$26,448	27%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$981,487	\$1,063,357	\$81,870	8%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,170,508	\$5,221,387	\$50,879	1%
25	MRI	\$538,321	\$513,348	(\$24,973)	-5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$583,509	\$642,737	\$59,228	10%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,701,527	\$1,579,624	(\$121,903)	-7%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,412,320	\$2,594,367	\$1,182,047	84%
	Total Special Services	\$25,275,884	\$26,658,516	\$1,382,632	5%
D.	Routine Services:				
1	Medical & Surgical Units	\$6,520,881	\$6,826,418	\$305,537	5%
2	Intensive Care Unit	\$2,224,780	\$2,246,988	\$22,208	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$516,821	\$550,119	\$33,298	6%
7	Newborn Nursery Unit	\$327,320	\$348,409	\$21,089	6%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,118,723	\$1,130,930	\$12,207	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$836,205	\$694,052	(\$142,153)	-17%
13	Other Routine Services	\$571,413	\$660,090	\$88,677	16%
	Total Routine Services	\$12,116,143	\$12,457,006	\$340,863	3%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$24,829,102	\$27,634,939	\$2,805,837	11%
	Total Operating Expenses - All Departments*	\$85,401,157	\$91,501,818	\$6,100,661	7%
	*A 0. The total operating expenses amount ab	ove must agree with	the total operating	g expenses amou	nt on Report 150
			-	-	

	WINDHAM COMM	JUNITY MEMORIAL HOSPI	TAL							
	TWELVE M	IONTHS ACTUAL FILING								
	FISCAL YEAR 2010									
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)						
(.,	(-)	ACTUAL	ACTUAL	ACTUAL						
<u>LINE</u>	DESCRIPTION	FY 2008	FY 2009	FY 2010						
A.	Statement of Operations Summary									
1	Total Net Patient Revenue	\$81,011,511	\$ 83,605,148	\$86,942,706						
2	Other Operating Revenue	4,257,607	2,401,877	2,622,664						
3	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370						
4	Total Operating Expenses	83,487,134	85,401,157	91,501,818						
5	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)						
6	Total Non-Operating Revenue	310,467	(1,790,872)	273,628						
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)						
В.	Profitability Summary									
1	Hospital Operating Margin	2.08%	0.72%	-2.16%						
2	Hospital Non Operating Margin	0.36%	-2.13%	0.30%						
3	Hospital Total Margin	2.45%	-1.41%	-1.85%						
4	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)						
5	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370						
6	Total Non-Operating Revenue	\$310,467	(\$1,790,872)	\$273,628						
7	Total Revenue	\$85,579,585	\$84,216,153	\$89,838,998						
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)						
C.	Net Assets Summary									
1	Hospital Unrestricted Net Assets	\$10,143,299	(\$25,502,905)	(\$25,203,815)						
2	Hospital Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)						
3	Hospital Change in Total Net Assets	\$579,689	(\$33,443,309)	\$235,599						
4	Hospital Change in Total Net Assets %	104.6%	-252.0%	-1.2%						
D.	Cost Data Summary									
1	Ratio of Cost to Charges	0.39	0.45	0.47						
2	Total Operating Expenses	\$74,979,824	\$85,401,157	\$91,501,818						
3	Total Gross Revenue	\$193,794,864	\$190,183,873	\$193,955,564						
4	Total Other Operating Revenue	\$0	\$0	\$2,622,664						
5	Private Payment to Cost Ratio	1.10	1.02	1.01						
6	Total Non-Government Payments	\$32,730,912	\$33,973,384	\$34,004,938						

	WINDHAM COMM	UNITY MEMORIAL HOSPITA	<u>L</u>						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(4)	(2)	(2)	(4)	(E)					
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5)					
	DECORIDETION			ACTUAL					
LINE	<u>DESCRIPTION</u>	FY 2008	<u>FY 2009</u>	<u>FY 2010</u>					
7	Total Uninsured Payments	\$431,230	\$251,059	\$302,544					
8	Total Non-Government Charges	\$81,460,726	\$77,745,972	\$76,539,290					
9	Total Uninsured Charges	\$5,508,163	\$4,197,446	\$4,858,520					
10	Medicare Payment to Cost Ratio	1.12	0.98	0.98					
11	Total Medicare Payments	\$33,210,428	\$33,581,550	\$36,106,801					
12	Total Medicare Charges	\$76,686,686	\$75,979,844	\$79,106,934					
13	Medicaid Payment to Cost Ratio	0.85	0.82	0.74					
14	Total Medicaid Payments	\$8,593,760	\$9,550,095	\$10,787,671					
15	Total Medicaid Charges	\$25,981,058	\$26,036,303	\$31,291,584					
16	Uncompensated Care Cost	\$2,644,909	\$2,800,025	\$2,938,954					
17	Charity Care	\$2,586,401	\$2,094,259	\$2,446,867					
18	Bad Debts	\$4,249,703	\$4,141,249	\$3,867,045					
19	Total Uncompensated Care	\$6,836,104	\$6,235,508	\$6,313,912					
20	Uncompensated Care % of Total Expenses	3.5%	3.3%	3.2%					
21	Total Operating Expenses	\$74,979,824	\$85,401,157	\$91,501,818					
E.	<u>Liquidity Measures Summary</u>								
1	Current Ratio	2.57	2.63	2.10					
2	Total Current Assets	\$24,271,629	\$24,003,919	\$22,752,848					
3	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042					
4	Days Cash on Hand	13	15	14					
5	Cash and Cash Equivalents	\$2,778,004	\$3,357,508	\$3,314,081					
6	Short Term Investments	0	0	0					
7	Total Cash and Short Term Investments	\$2,778,004	\$3,357,508	\$3,314,081					
8	Total Operating Expenses	\$83,487,134	\$85,401,157	\$91,501,818					
9	Depreciation Expense	\$4,033,781	\$4,418,804	\$4,522,902					
10	Operating Expenses less Depreciation Expense	\$79,453,353	\$80,982,353	\$86,978,916					
			_						
11	Days Revenue in Patient Accounts Receivable	63.81	62.76	65.81					

	WINDHAM COMMUNIT	ГҮ МЕ	MORIAL HOSPI	TAL						
	TWELVE MONTHS ACTUAL FILING									
	FISCA	L YEA	AR 2010							
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS									
40			(2)				/= \			
(1)	(2)		(3)		(4)		(5)			
	DESCRIPTION		ACTUAL		ACTUAL		ACTUAL			
LINE	DESCRIPTION	<u>-</u>	FY 2008	_	FY 2009		FY 2010			
12	Net Patient Accounts Receivable	\$	11,996,552	\$	13,116,037	\$	14,090,656			
13	Due From Third Party Payers		\$2,166,694		\$1,258,523		\$1,585,717			
14	Due To Third Party Payers		\$0		\$0		\$0			
	Total Net Patient Accounts Receivable and Third Party Payer						4- 0-0 0-0			
15	Activity	\$	14,163,246	\$	14,374,560	\$	15,676,373			
16	Total Net Patient Revenue		\$81,011,511	\$	83,605,148	\$	86,942,706			
17	Average Payment Period		43.37		41.14		45.36			
18	Total Current Liabilities		\$9,440,760		\$9,128,012		\$10,810,042			
19	Total Operating Expenses		\$83,487,134		\$85,401,157		\$91,501,818			
20	Depreciation Expense		\$4,033,781		\$4,418,804		\$4,522,902			
21	Total Operating Expenses less Depreciation Expense		\$79,453,353		\$80,982,353		\$86,978,916			
F.	Solvency Measures Summary									
1	Equity Financing Ratio		18.9		(28.9)		(29.4)			
2	Total Net Assets		\$13,271,987		(\$20,171,322)		(\$19,935,723)			
3	Total Assets		\$70,121,163		\$69,708,385		\$67,833,577			
4	Cash Flow to Total Debt Ratio		20.8		11.2		9.5			
5	Excess/(Deficiency) of Revenues Over Expenses		\$2,092,451		(\$1,185,004)		(\$1,662,820)			
6	Depreciation Expense		\$4,033,781		\$4,418,804		\$4,522,902			
7	Excess of Revenues Over Expenses and Depreciation Expense		\$6,126,232		\$3,233,800		\$2,860,082			
8	Total Current Liabilities		\$9,440,760		\$9,128,012		\$10,810,042			
9	Total Long Term Debt		\$20,021,887		\$19,698,257		\$19,435,038			
10	Total Current Liabilities and Total Long Term Debt		\$29,462,647		\$28,826,269		\$30,245,080			
11	Long Term Debt to Capitalization Ratio		60.1		(4,164.0)		(3,881.7)			
12	Total Long Term Debt		\$20,021,887		\$19,698,257		\$19,435,038			
13	Total Net Assets		\$13,271,987		(\$20,171,322)		(\$19,935,723)			
14	Total Long Term Debt and Total Net Assets		\$33,293,874		(\$473,065)		(\$500,685)			
15	Debt Service Coverage Ratio		6.0		1.5		1.8			
16	Excess Revenues over Expenses		\$2,092,451		(\$1,185,004)		(\$1,662,820)			
17	Interest Expense		\$1,218,189		\$1,483,430		\$1,557,105			
18	Depreciation and Amortization Expense		\$4,033,781		\$4,418,804		\$4,522,902			

	WINDHAM COMMUNIT	Y MEMORIAL HOSPITA	L					
	TWELVE MONTH	S ACTUAL FILING						
	FISCAL	YEAR 2010						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2008	FY 2009	<u>FY 2010</u>				
19	Principal Payments	\$0	\$1,681,042	\$886,449				
G.	Other Financial Ratios							
20	Average Age of Plant	13.1	13.1	13.8				
21	Accumulated Depreciation	\$52,772,521	\$57,981,855	\$62,488,848				
22	Depreciation and Amortization Expense	\$4,033,781	\$4,418,804	\$4,522,902				
Н.	Utilization Measures Summary							
1	Patient Days	21,050	20,696	20,850				
2	Discharges	5,744	5,343	5,100				
3	ALOS	3.7	3.9	4.1				
4	Staffed Beds	87	87	87				
5	Available Beds	-	144	144				
6	Licensed Beds	144	144	144				
6	Occupancy of Staffed Beds	66.3%	65.2%	65.7%				
7	Occupancy of Available Beds	40.0%	39.4%	39.7%				
8	Full Time Equivalent Employees	594.8	608.0	603.4				
	Tall Tillo Equitation Employees	00 1.0	000.0	000.1				
I.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	39.2%	38.7%	37.0%				
2	Medicare Gross Revenue Payer Mix Percentage	39.6%	40.0%	40.8%				
3	Medicaid Gross Revenue Payer Mix Percentage	13.4%	13.7%	16.1%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.7%	5.2%	3.3%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.8%	2.2%	2.5%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Gross Revenue (Charges)	\$75,952,563	\$73,548,526	\$71,680,770				
9	Medicare Gross Revenue (Charges)	\$76,686,686	\$75,979,844	\$79,106,934				
10	Medicaid Gross Revenue (Charges)	\$25,981,058	\$26,036,303	\$31,291,584				
11	Other Medical Assistance Gross Revenue (Charges)	\$9,119,296	\$9,832,803	\$6,408,291				
12	Uninsured Gross Revenue (Charges)	\$5,508,163	\$4,197,446	\$4,858,520				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$547,098 \$103,704,864	\$588,951 \$100,483,873	\$609,465				
14	Total Gross Revenue (Charges)	\$193,794,864	\$190,183,873	\$193,955,564				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	42.4%	42.7%	40.9%				

	WINDHAM COMMUNITY	Y MEMORIAL HOSPITA	L						
	TWELVE MONTH	S ACTUAL FILING							
	FISCAL YEAR 2010								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	<u>FY 2008</u>	FY 2009	<u>FY 2010</u>					
2	Medicare Net Revenue Payer Mix Percentage	43.6%	42.5%	43.8%					
3	Medicaid Net Revenue Payer Mix Percentage	11.3%	12.1%	13.1%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.9%	2.1%	1.6%					
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.3%	0.4%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.3%	0.3%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Net Revenue (Payments)	\$32,299,682	\$33,722,325	\$33,702,394					
9	Medicare Net Revenue (Payments)	\$33,210,428	\$33,581,550	\$36,106,801					
10	Medicaid Net Revenue (Payments)	\$8,593,760	\$9,550,095	\$10,787,671					
11	Other Medical Assistance Net Revenue (Payments)	\$1,484,773	\$1,634,585	\$1,361,046					
12	Uninsured Net Revenue (Payments)	\$431,230	\$251,059	\$302,544					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$219,551	\$229,128	\$227,611					
14	Total Net Revenue (Payments)	\$76,239,424	\$78,968,742	\$82,488,067					
K.	<u>Discharges</u>	4 = 0 =	4.004						
1	Non-Government (Including Self Pay / Uninsured)	1,707	1,601	1,381					
2	Medicare	2,628	2,534	2,517					
3	Medical Assistance	1,397	1,195	1,188					
4	Medicaid	1,144	961	1,061					
5	Other Medical Assistance	253	234	127					
6	CHAMPUS / TRICARE	12	13	14					
7 8	Uninsured (Included In Non-Government) Total	5,744	5,343	106 5,100					
	Total	0,744	3,043	3,100					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	0.944900	0.942000	0.926300					
2	Medicare	1.169000	1.183200	1.179900					
3	Medical Assistance	0.800269	0.779513	0.862090					
4	Medicaid	0.756300	0.748900	0.816400					
5	Other Medical Assistance	0.999090	0.905240	1.243800					
6	CHAMPUS / TRICARE	1.047300	0.955000	0.991300					
7	Uninsured (Included In Non-Government)	1.051000	0.836000	0.727000					
8	Total Case Mix Index	1.012468	1.020083	1.036680					
М.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	3,890	3,721	3,665					
2	Emergency Room - Treated and Discharged	24,778	26,293	28,697					
3	Total Emergency Room Visits	28,668	30,014	32,362					

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE			T	
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
	Inpatient Charges	\$77,922	\$242,370	\$164,448	211%
2	Inpatient Payments	\$56,022	\$162,233	\$104,448	190%
3	Outpatient Charges	\$53,246	\$43,570	(\$9,676)	-18%
4	Outpatient Charges Outpatient Payments	\$13,032	\$10,696	(\$2,336)	-18%
5	Discharges	7	12	(ψ2,330)	71%
6	Patient Days	25	88	63	252%
7	Outpatient Visits (Excludes ED Visits)	56	75	19	34%
8	Emergency Department Outpatient Visits	10	9	(1)	-10%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	4	8	4	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$131,168	\$285,940	\$154,772	118%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$69,054	\$172,929	\$103,875	150%
		ψ00,004	ψ17 2 ,020	ψ100,010	10070
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$666	\$0	(\$666)	-100%
4	Outpatient Payments	\$252	\$0	(\$252)	-100%
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	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$666	\$0	(\$666)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$252	\$0	(\$252)	-100%
C.	CONNECTICARE, INC.	4			
1	Inpatient Charges	\$524,897	\$730,696	\$205,799	39%
2	Inpatient Payments	\$212,880	\$479,117	\$266,237	125%
3	Outpatient Charges	\$1,122,069	\$1,279,414	\$157,345	14%
4	Outpatient Payments	\$299,950	\$336,582	\$36,632	12%
5	Discharges	33	52	19	58%
6	Patient Days	126	220	94	75%
7	Outpatient Visits (Excludes ED Visits)	1,391	1,636	245	18%
8	Emergency Department Outpatient Visits	70	84	14	20%
9	Emergency Department Inpatient Admissions	23	32	9	39%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,646,966	\$2,010,110	\$363,144	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$512,830	\$815,699	\$302,869	59%

(1)	(2)	(3)	(4)	(5)	(6)
(-)	(-)	FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$1,332,767	\$2,324,660	\$991,893	74%
	Inpatient Payments	\$743,143	\$1,275,079	\$531,936	72%
3	Outpatient Charges	\$1,515,059	\$2,142,255	\$627,196	41%
	Outpatient Payments	\$403,639	\$619,431	\$215,792	53%
5	Discharges	94	125	31	33%
	Patient Days	384	650	266	69%
	Outpatient Visits (Excludes ED Visits)	1,786	2,405	619	35%
	Emergency Department Outpatient Visits	103	174	71	69%
9	Emergency Department Inpatient Admissions	63	69	6	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,847,826	\$4,466,915	\$1,619,089	57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,146,782	\$1,894,510	\$747,728	65%
E.	OTHER MEDICARE MANAGED CARE				
	Inpatient Charges	\$106,305	\$140,508	\$34,203	32%
	Inpatient Payments	\$43,536	\$84,581	\$41,045	94%
3	Outpatient Charges	\$99,732	\$457,540	\$357,808	359%
4	Outpatient Payments	\$25,387	\$121,578	\$96,191	379%
	Discharges	5	14	9	180%
6	Patient Days	18	39	21	117%
	Outpatient Visits (Excludes ED Visits)	94	551	457	486%
	Emergency Department Outpatient Visits	27	69	42	156%
9	Emergency Department Inpatient Admissions	3	8	5	167%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$206,037	\$598,048	\$392,011	190%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$68,923	\$206,159	\$137,236	199%
	OVEODD HEALTH DLANG ING MEDICARE ADVI	NEAGE			
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVA		*-	*-	
	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%
	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
	· · ·	FY 2009	FY 2010	AMOÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$22,195	\$0	(\$22,195)	-100%
2	Inpatient Payments	\$18,146	\$0	(\$18,146)	-100%
3	Outpatient Charges	\$44,371	\$0	(\$44,371)	-100%
4	Outpatient Payments	\$7,447	\$0	(\$7,447)	-100%
5	Discharges	3	0	(3)	-100%
6	Patient Days	6	0	(6)	-100%
7	Outpatient Visits (Excludes ED Visits)	164	0	(164)	-100%
8	Emergency Department Outpatient Visits	3	0	(3)	-100%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$66,566	\$0	(\$66,566)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$25,593	\$0	(\$25,593)	-100%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$688	\$0	(\$688)	-100%
4	Outpatient Payments	\$199	\$0	(\$199)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$688	\$0	(\$688)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$199	\$0	(\$199)	-100%
l.	AETNA	AC.	^	/ 	
1	Inpatient Charges	\$94,717	\$75,200	(\$19,517)	-21%
2	Inpatient Payments	\$46,677	\$46,233	(\$444)	-1%
3	Outpatient Charges	\$99,676	\$95,724	(\$3,952)	-4%
4	Outpatient Payments	\$27,011	\$25,025	(\$1,986)	-7%
5	Discharges	6	4	(2)	-33%
6	Patient Days	21	23	2	10%
7	Outpatient Visits (Excludes ED Visits)	164	181	17	10%
8	Emergency Department Outpatient Visits	8	10	2	25%
9	Emergency Department Inpatient Admissions	5	4	(1)	-20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$194,393	\$170,924	(\$23,469)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$73,688	\$71,258	(\$2,430)	-3%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMÒÚNT	%
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	\$18,467	\$19,141	\$674	4%
4	Outpatient Payments	\$5,233	\$4,252	(\$981)	-19%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	13	19	6	46%
8	Emergency Department Outpatient Visits	3	4	1	33%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,467	\$19,141	\$674	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,233	\$4,252	(\$981)	-19%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,987	\$0	(\$1,987)	-100%
4	Outpatient Payments	\$378	\$0	(\$378)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	8	0	(8)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,987	\$0	(\$1,987)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$378	\$0	(\$378)	-100%
.	LINIOADE LIEE O LIEALTUINOUDANOE				
L.	UNICARE LIFE & HEALTH INSURANCE	00	Φ.	Φ.	00/
1	Inpatient Charges	\$0 \$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0 \$0	\$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%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
				T	
М.	UNIVERSAL AMERICAN	00	40	# 0	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	\$0 0	0% 0%
5	Discharges Patient Days	0		0	0%
6 7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Unpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0	0%
	TOTAL INI ATILINI & COTT ATILINI I ATINILINIO	\$0	φυ	φ0	0 /0
N.	EVERCARE				
1	Inpatient Charges	\$708,961	\$1,169,285	\$460,324	65%
2	Inpatient Payments	\$312,932	\$484,593	\$171,661	55%
3	Outpatient Charges	\$923,307	\$919,397	(\$3,910)	0%
4	Outpatient Payments	\$234,797	\$223,500	(\$11,297)	-5%
5	Discharges	41	54	13	32%
6	Patient Days	203	280	77	38%
7	Outpatient Visits (Excludes ED Visits)	1,131	1,148	17	2%
8	Emergency Department Outpatient Visits	133	154	21	16%
9	Emergency Department Inpatient Admissions	30	33	3	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,632,268	\$2,088,682	\$456,414	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$547,729	\$708,093	\$160,364	29%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$2,867,764	\$4,682,719	\$1,814,955	63%
	TOTAL INPATIENT PAYMENTS	\$1,433,336	\$2,531,836	\$1,098,500	77%
	TOTAL OUTPATIENT CHARGES	\$3,879,268	\$4,957,041	\$1,077,773	28%
	TOTAL OUTPATIENT PAYMENTS	\$1,017,325	\$1,341,064	\$323,739	32%
	TOTAL DISCHARGES	189	261	72	38%
	TOTAL PATIENT DAYS	783	1,300	517	66%
	TOTAL OUTPATIENT VISITS (EXCLUDES				
	ED VISITS)	4,808	6,015	1,207	25%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	359	504	145	40%
	TOTAL EMERGENCY DEPARTMENT			_	
	INPATIENT ADMISSIONS	130	154	24	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,747,032	\$9,639,760	\$2,892,728	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,450,661	\$3,872,900	\$1,422,239	58%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICAID MANAGED CARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD				
A.	OF CONNECTICUT				
1	Inpatient Charges	\$640,297	\$0	(\$640,297)	-100%
2	Inpatient Payments	\$336,188	\$0	(\$336,188)	-100%
3	Outpatient Charges	\$1,802,280	\$1,203	(\$1,801,077)	-100%
4	Outpatient Payments	\$543,897	\$0	(\$543,897)	-100%
5	Discharges	98	0	(98)	-100%
6	Patient Days	249	0	(249)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,380	0	(1,380)	-100%
8	Emergency Department Outpatient Visits	856	1	(855)	-100%
9	Emergency Department Inpatient Admissions	56	0	(56)	-100%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$2,442,577	\$1,203	(\$2,441,374)	-100%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$880,085	\$0	(\$880,085)	-100%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$1,894,746	\$2,824,552	\$929,806	49%
2	Inpatient Payments	\$961,674	\$1,472,503	\$510,829	53%
3	Outpatient Charges	\$7,286,923	\$9,145,109	\$1,858,186	26%
4	Outpatient Payments	\$2,212,226	\$2,833,589	\$621,363	28%
5	Discharges	302	402	100	33%
6	Patient Days	669	1,000	331	49%
7	Outpatient Visits (Excludes ED Visits)	6,069	7,595	1,526	25%
8	Emergency Department Outpatient Visits	3,588	4,902	1,314	37%
9	Emergency Department Inpatient Admissions	220	113	(107)	-49%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$9,181,669	\$11,969,661	\$2,787,992	30%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$3,173,900	\$4,306,092	\$1,132,192	36%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$443	\$443	0%
4	Outpatient Payments	\$0	\$69	\$69	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	2	2	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$443	\$443	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$69	\$69	0%
	LUMPIAIA	φυ	φυθ	Ф 09	U%

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2009	FY 2010	AMÒÚNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
_					
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0 \$0	\$0	0%
3	Outpatient Charges	\$0 \$0	\$0 \$0	\$0	0%
4	Outpatient Onlinges 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%
Э	TOTAL INPATIENT & OUTPATIENT	0	0	U	0 76
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	ΨΟ	ΨΟ	Ψ	0 70
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,	Ψ¢.	4 0	ŢŪ.	070
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%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT		**	•	20/
	CHARGES TOTAL INPATIENT & OUTPATIENT	\$0	\$0	\$0	0%
	PAYMENTS	\$0	\$0	\$0	0%
	PATMENTS	Ψ0	Φυ	ΨU	U /0
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$314,972	\$744,455	\$429,483	136%
2	Inpatient Payments	\$177,416	\$384,941	\$207,525	117%
3	Outpatient Charges	\$942,995	\$1,545,435	\$602,440	64%
4	Outpatient Payments	\$276,409	\$452,294	\$175,885	64%
5	Discharges	51	110	59	116%
6	Patient Days	136	264	128	94%
7	Outpatient Visits (Excludes ED Visits)	769	1,298	529	69%
8	Emergency Department Outpatient Visits	552	1,050	498	90%
9	Emergency Department Inpatient Admissions	30	18	(12)	-40%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$1,257,967	\$2,289,890	\$1,031,923	82%
	TOTAL INPATIENT & OUTPATIENT	_			
	PAYMENTS	\$453,825	\$837,235	\$383,410	84%
Н.	AETNA	4577.000	* * * * * * * * * *	* 470 007	200/
1	Inpatient Charges	\$577,238	\$1,049,845	\$472,607	82%
2	Inpatient Payments	\$308,369	\$494,475	\$186,106	60%
<u>3</u>	Outpatient Charges Outpatient Payments	\$1,580,681 \$538,146	\$2,169,479 \$584,069	\$588,798 \$45,923	37% 9%
5	Discharges	90	\$364,009	φ 4 5,923	34%
6	Patient Days	228	362	134	59%
7	Outpatient Visits (Excludes ED Visits)	1,059	1,593	534	50%
8	Emergency Department Outpatient Visits	815	1,232	417	51%
9	Emergency Department Inpatient Admissions	57	30	(27)	-47%
	TOTAL INPATIENT & OUTPATIENT	0.		(=-)	,0
	CHARGES	\$2,157,919	\$3,219,324	\$1,061,405	49%
	TOTAL INPATIENT & OUTPATIENT	. , ,	. , ,	. , ,	
	PAYMENTS	\$846,515	\$1,078,544	\$232,029	27%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$3,427,253	\$4,618,852	\$1,191,599	35%
	TOTAL INPATIENT PAYMENTS	\$1,783,647	\$2,351,919	\$568,272	32%
	TOTAL OUTPATIENT CHARGES	\$11,612,879	\$12,861,669	\$1,248,790	11%
	TOTAL DISCHARGES	\$3,570,678	\$3,870,021	\$299,343	8%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	541	633	92 344	17%
	TOTAL PATIENT DATS TOTAL OUTPATIENT VISITS	1,282	1,626	344	27%
	(EXCLUDES ED VISITS)	9,277	10,488	1,211	13%
	TOTAL EMERGENCY DEPARTMENT	3,211	10,400	1,211	13/0
	OUTPATIENT VISITS	5,811	7,185	1,374	24%
	TOTAL EMERGENCY DEPARTMENT	3,011	7,100	1,074	2-7/0
	INPATIENT ADMISSIONS	363	161	(202)	-56%
	TOTAL INPATIENT & OUTPATIENT	330	.51	(=32)	2370
	CHARGES	\$15,040,132	\$17,480,521	\$2,440,389	16%
	TOTAL INPATIENT & OUTPATIENT			•	
	PAYMENTS	\$5,354,325	\$6,221,940	\$867,615	16%

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE

	WINDHAM COM	MMUNITY MEMORIAL H	OSPITAL		
	TWELVE	MONTHS ACTUAL FILI	NG		
		FISCAL YEAR 2010			
	REPORT 300 - HOSP	ITAL BALANCE SHEET	INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE		AOTOAL	AOTOAL	DITTERENCE	DITTERENCE
l.	<u>ASSETS</u>				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,357,508	\$3,314,081	(\$43,427)	-1%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,116,037	\$14,090,656	\$974,619	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$798,482	\$677,311	(¢121 171)	-15%
4 5	Due From Affiliates	\$798,482	\$105,104	(\$121,171) \$105,104	-15%
6	Due From Third Party Payers	\$1,258,523	\$1,585,717	\$105,104	26%
7	, ,	\$1,256,525			0%
	Inventories of Supplies		\$1,175,285	(\$300,004)	-58%
8	Prepaid Expenses	\$671,383	\$280,392	(\$390,991)	
9	Other Current Assets	\$3,626,731	\$1,524,302	(\$2,102,429)	-58%
	Total Current Assets	\$24,003,919	\$22,752,848	(\$1,251,071)	-5%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$1,752,149	\$2,607,805	\$855,656	49%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,674,179	\$1,673,374	(\$805)	0%
4	Other Noncurrent Assets Whose Use is	₽0.740.544	¢4 005 470	(\$004.225)	240/
4	Limited Total Noncurrent Assets Whose Use is	\$2,749,514	\$1,885,179	(\$864,335)	-31%
	Limited:	\$6,175,842	\$6,166,358	(\$9,484)	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,268,569	\$347,049	(\$921,520)	-73%
7	Other Noncurrent Assets	\$1,351,116	\$2,339,911	\$988,795	73%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$94,462,346	\$98,445,867	\$3,983,521	4%
2	Less: Accumulated Depreciation	\$57,981,855	\$62,488,848	\$4,506,993	\$0
	Property, Plant and Equipment, Net	\$36,480,491	\$35,957,019	(\$523,472)	-1%
3	Construction in Progress	\$428,448	\$270,392	(\$158,056)	-37%
	Total Net Fixed Assets	\$36,908,939	\$36,227,411	(\$681,528)	-2%
	Total Assets	\$69,708,385	\$67,833,577	(\$1,874,808)	-3%

	WINDHAM CON	MUNITY MEMORIAL HO	SPITAL				
	TWELVE	MONTHS ACTUAL FILIN	IG				
	FISCAL YEAR 2010 REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION						
(1)	(2)	(3) FY 2009	(4) FY 2010	(5) AMOUNT	(6) %		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE		
II.	LIABILITIES AND NET ASSETS						
A.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$3,370,047	\$3,465,207	\$95,160	3%		
2	Salaries, Wages and Payroll Taxes	\$1,276,413	\$840,849	(\$435,564)	-34%		
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	\$325,901	\$263,466	(\$62,435)	-19%		
6	Current Portion of Notes Payable	\$530,009	\$440,019	(\$89,990)	-17%		
7	Other Current Liabilities	\$3,625,642	\$5,800,501	\$2,174,859	60%		
	Total Current Liabilities	\$9,128,012	\$10,810,042	\$1,682,030	18%		
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$19,698,257	\$19,435,038	(\$263,219)	-1%		
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%		
	Total Long Term Debt	\$19,698,257	\$19,435,038	(\$263,219)	-1%		
3	Accrued Pension Liability	\$57,389,912	\$53,726,319	(\$3,663,593)	-6%		
4	Other Long Term Liabilities	\$3,663,526	\$3,797,901	\$134,375	4%		
	Total Long Term Liabilities	\$80,751,695	\$76,959,258	(\$3,792,437)	-5%		
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	(\$25,502,905)	(\$25,203,815)	\$299,090	-1%		
2	Temporarily Restricted Net Assets	\$2,104,204	\$1,538,289	(\$565,915)	-27%		
3	Permanently Restricted Net Assets	\$3,227,379	\$3,729,803	\$502,424	16%		
	Total Net Assets	(\$20,171,322)	(\$19,935,723)	\$235,599	-1%		
	Total Liabilities and Net Assets	\$69,708,385	\$67,833,577	(\$1,874,808)	-3%		

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2010 REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION** (1) (2) (3) (6)**AMOUNT** FY 2009 FY 2010 LINE DESCRIPTION **ACTUAL** <u>ACTUAL</u> DIFFERENCE DIFFERENCE **Operating Revenue:** Α. Total Gross Patient Revenue \$190,183,873 \$193,955,564 \$3,771,691 2% 1 2 Less: Allowances \$104,418,812 \$104,466,765 \$47,953 0% 3 Less: Charity Care \$2,159,913 \$2,546,093 \$386,180 18% Less: Other Deductions \$0 \$0 \$0 0% **Total Net Patient Revenue** 4% \$83,605,148 \$86,942,706 \$3,337,558 5 Other Operating Revenue \$2,401,877 \$2,622,664 \$220,787 9% Net Assets Released from Restrictions \$0 \$0 0% \$86,007,025 **Total Operating Revenue** \$89,565,370 \$3,558,345 4% В. **Operating Expenses:** 6% Salaries and Wages \$37,098,685 \$39,301,133 \$2,202,448 1 2 Fringe Benefits \$12,646,534 \$14,575,223 \$1,928,689 15% \$910,707 2% 3 Physicians Fees \$932,425 \$21,718 -16% 4 Supplies and Drugs \$9,495,592 \$7,995,028 (\$1,500,564)Depreciation and Amortization \$4,418,804 \$4,522,902 \$104,098 2% 5 **Bad Debts** \$864,380 19% 6 \$4,595,065 \$5,459,445 7 Interest \$1,483,430 \$1,557,105 \$73,675 5% -35% 8 Malpractice \$980,763 \$635,157 (\$345,606)Other Operating Expenses \$13,771,577 \$16,523,400 \$2,751,823 20% **Total Operating Expenses** 7% \$85,401,157 \$91,501,818 \$6,100,661 Income/(Loss) From Operations \$605,868 (\$1,936,448) (\$2,542,316) -420% C. Non-Operating Revenue: 1 Income from Investments \$152,507 \$96,303 -37% (\$56,204)\$252,482 23% 2 Gifts, Contributions and Donations \$205,897 \$46,585 Other Non-Operating Gains/(Losses) -96% (\$2,149,276)(\$95,417)\$2,053,859 **Total Non-Operating Revenue** -114% (\$1,790,872) \$253,368 \$2,044,240 Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments) (\$1,185,004) (\$1,683,080) (\$498,076) 42% Other Adjustments: \$20,260 Unrealized Gains/(Losses) \$0 \$20,260 0% All Other Adjustments \$0 \$0 \$0 0% 0% **Total Other Adjustments** \$0 \$20,260 \$20,260 Excess/(Deficiency) of Revenue Over Expenses (\$1,185,004) (\$1,662,820) (\$477,816) 40%

WINDHAM COMMUNITY MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
LINE	DESCRIPTION	<u>FY 2008</u>	FY 2009	FY 2010	
A.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$81,011,511	\$83,605,148	\$86,942,706	
2	Other Operating Revenue	4,257,607	2,401,877	2,622,664	
3	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370	
4	Total Operating Expenses	83,487,134	85,401,157	91,501,818	
5	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)	
6	Total Non-Operating Revenue	310,467	(1,790,872)	273,628	
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.08%	0.72%	-2.16%	
2	Parent Corporation Non-Operating Margin	0.36%	-2.13%	0.30%	
3	Parent Corporation Total Margin	2.45%	-1.41%	-1.85%	
4	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)	
5	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370	
6	Total Non-Operating Revenue	\$310,467	(\$1,790,872)	\$273,628	
7	Total Revenue	\$85,579,585	\$84,216,153	\$89,838,998	
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$10,143,299	(\$25,502,905)	-\$25,203,815	
2	Parent Corporation Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)	
3	Parent Corporation Change in Total Net Assets	\$579,689	(\$33,443,309)	\$235,599	
4	Parent Corporation Change in Total Net Assets %	104.6%	-252.0%	-1.2%	

WINDHAM COMMUNITY MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)		(3)	(4)		(5)		
		A	CTUAL		ACTUAL	ACTUAL		
LINE	DESCRIPTION		FY 2008		FY 2009	<u> </u>	FY 2010	
D.	<u>Liquidity Measures Summary</u>							
1	Current Ratio		2.57		2.63		2.10	
2	Total Current Assets	\$	24,271,629		\$24,003,919		\$22,752,848	
3	Total Current Liabilities		\$9,440,760		\$9,128,012		\$10,810,042	
4	Days Cash on Hand		13		15		14	
5	Cash and Cash Equivalents		\$2,778,004		\$3,357,508		\$3,314,081	
6	Short Term Investments		0		0		0	
7	Total Cash and Short Term Investments		\$2,778,004		\$3,357,508		\$3,314,081	
8	Total Operating Expenses	9	83,487,134		\$85,401,157		\$91,501,818	
9	Depreciation Expense		\$4,033,780		\$4,418,804		\$4,522,902	
10	Operating Expenses less Depreciation Expense		79,453,354		\$80,982,353		\$86,978,916	
11	Days Revenue in Patient Accounts Receivable		64		63		66	
12	Net Patient Accounts Receivable	\$	11,996,552	\$	13,116,037	\$	14,090,656	
13	Due From Third Party Payers		\$2,166,694		\$1,258,523		\$1,585,717	
14	Due To Third Party Payers		\$0		\$0		\$0	
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$	14,163,246	\$	14,374,560	\$	15,676,373	
16	Total Net Patient Revenue		81,011,511		\$83,605,148		\$86,942,706	
17	Average Payment Period		43		41		45	
18	Total Current Liabilities		\$9,440,760		\$9,128,012		\$10,810,042	
19	Total Operating Expenses	9	83,487,134		\$85,401,157		\$91,501,818	
20	Depreciation Expense		\$4,033,780		\$4,418,804		\$4,522,902	
21	Total Operating Expenses less Depreciation Expense	9	79,453,354		\$80,982,353		\$86,978,916	

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2010 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL** ACTUAL LINE DESCRIPTION FY 2008 FY 2009 FY 2010 E. Solvency Measures Summary 18.9 **Equity Financing Ratio** (28.9)(29.4)Total Net Assets \$13,271,987 (\$20,171,322)(\$19,935,723)Total Assets \$70,121,163 \$69,708,385 \$67,833,577 4 **Cash Flow to Total Debt Ratio** 20.8 11.2 9.5 5 Excess/(Deficiency) of Revenues Over Expenses \$2,092,451 (\$1,185,004)(\$1,662,820)6 Depreciation Expense \$4,033,780 \$4,418,804 \$4,522,902 Excess of Revenues Over Expenses and Depreciation Expense \$6,126,231 \$3,233,800 \$2,860,082 Total Current Liabilities \$9,440,760 \$9,128,012 \$10,810,042 Total Long Term Debt \$20,021,887 \$19,698,257 \$19,435,038 10 Total Current Liabilities and Total Long Term Debt \$29,462,647 \$28,826,269 \$30,245,080 11 Long Term Debt to Capitalization Ratio 60.1 (4,164.0)(3,881.7)12 Total Long Term Debt \$20,021,887 \$19,435,038 \$19,698,257 13 Total Net Assets \$13,271,987 (\$20,171,322)(\$19,935,723)

\$33,293,874

(\$500,685)

(\$473,065)

14 Total Long Term Debt and Total Net Assets

			MUNITY MEMORIA					
			MONTHS ACTUAL					
			FISCAL YEAR 2010					
	REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT							
(1)	(2)	(3)	(4)	(5)	(6)	(7)		
					OCCUPANCY	OCCUPANCY		
		PATIENT	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE		
<u>LINE</u>	DESCRIPTION	<u>DAYS</u>	BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>		
		40.050		404	0.4.50/	10.10		
1	Adult Medical/Surgical	16,350	53	104	84.5%	43.1%		
2	ICU/CCU (Excludes Neonatal ICU)	2,334	12	12	53.3%	53.3%		
	ICO/CCO (Excludes Neonalai ICO)	2,334	12	12	53.3%	53.3%		
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%		
	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%		
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%		
		-	-	-				
5	Rehabilitation	0	0	0	0.0%	0.0%		
6	Maternity	1,184	14	14	23.2%	23.2%		
7	Newborn	982	8	14	33.6%	19.2%		
8	Neonatal ICU	0	0	0	0.0%	0.0%		
9	Pediatric	0	0	0	0.0%	0.0%		
9	Pediatric	U	U	U	0.0%	0.0%		
10	Other	0	0	0	0.0%	0.0%		
10	Culci	0	O	O O	0.070	0.070		
	TOTAL EXCLUDING NEWBORN	19,868	79	130	68.9%	41.9%		
		10,000			00.070			
	TOTAL INPATIENT BED UTILIZATION	20,850	87	144	65.7%	39.7%		
		,						
	TOTAL INPATIENT REPORTED YEAR	20,850	87	144	65.7%	39.7%		
	TOTAL INPATIENT PRIOR YEAR	20,696	87	144	65.2%	39.4%		
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	154	0	0	0.5%	0.3%		
		_						
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	1%	0%	0%	1%	1%		
	Total Licensed Beds and Bassinets	144						
(A) T	his number may not exceed the number of available	beds for each departi	ment or in total.					

		MMUNITY MEMORIA MONTHS ACTUAL			
	DEDORT (FO. HOODITAL INDATIFALT AN	FISCAL YEAR 2010		IZATION AND ETC.	
	REPORT 450 - HOSPITAL INPATIENT AN	ID OUTPATIENT OTF	IER SERVICES UTIL	IZATION AND FTE	<u> </u>
(1)	(2)	(3)	(4)	(5)	(6)
LINE	<u>DESCRIPTION</u>	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% <u>DIFFERENCE</u>
A .	CT Scans (A)	3,816	3,523	-293	-8%
	Outpatient Scans (Excluding Emergency Department	0,010	0,020	200	070
2	Scans)	4,457	4,463	6	0%
3 4	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	3,816	5,071 0	1,255	33% 0%
4	Total CT Scans	12,089	13,057	968	8%
		12,000	10,001	553	
	MRI Scans (A)				
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	438	572	134	31%
2	Scans)	3,493	3,806	313	9%
3	Emergency Department Scans	82	59	-23	-28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,013	4,437	424	11%
C.	PET Scans (A)				
	Inpatient Scans	0	0	0	0%
•	Outpatient Scans (Excluding Emergency Department				00/
3	Scans) Emergency Department Scans	0	0	0	0% 0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
_	DET(07.0 (4))				
D.	PET/CT Scans (A) Inpatient Scans	5	7	2	40%
-	Outpatient Scans (Excluding Emergency Department	3	,	2	40 /0
2	Scans)	101	104	3	3%
	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0 106	0 111	0 5	0% 5%
	Total 1 2 1/0 1 Count	100			570
	(A) If the Hospital is not the primary provider of the			scal year	
	volume of each of these types of scans from the	e primary provider of	the scans.		
E.	Linear Accelerator Procedures				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F.	Cardiac Catheterization Procedures				
	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G.	Cardiac Angioplasty Procedures				
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
Н.	Electrophysiology Studies				
<u>п.</u> 1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
1	Surgical Procedures	l l			
I.	Surgical Procedures Inpatient Surgical Procedures	1.356	1.249	-107	-8%
	Inpatient Surgical Procedures Outpatient Surgical Procedures	1,356 5,916	1,249 6,058	-107 142	-8% 2%
1	Inpatient Surgical Procedures				

2

3

Total Physician FTEs

Total Non-Nursing and Non-Physician FTEs

Total Hospital Full Time Equivalent Employees

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING WINDHAM COMMUNITY MEMORIAL HOSPITAL WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES (1) (2) (3) (4) (5) (6) AMOUNT ACTUAL ACTUAL % LINE DESCRIPTION FY 2009 FY 2010 **DIFFERENCE DIFFERENCE** Inpatient Endoscopy Procedures 1,055 1,213 158 15% 4,608 4,515 2 Outpatient Endoscopy Procedures -93 -2% **Total Endoscopy Procedures** 5,663 5,728 65 1% **Hospital Emergency Room Visits** K. Emergency Room Visits: Treated and Admitted 1 3,721 3,665 -56 -2% 28,697 2 Emergency Room Visits: Treated and Discharged 26,293 2,404 9% **Total Emergency Room Visits** 30,014 32,362 2,348 8% L. **Hospital Clinic Visits** Substance Abuse Treatment Clinic Visits 0 0 0 0% 0% 0 0 **Dental Clinic Visits** 0 2 3 Psychiatric Clinic Visits 0 0 0 0% 4 Medical Clinic Visits 0 0 0 0% -2.556 Specialty Clinic Visits -46% 5 5.554 2.998 **Total Hospital Clinic Visits** 5,554 2,998 -2,556 -46% М. Other Hospital Outpatient Visits Rehabilitation (PT/OT/ST) 11,960 15,550 30% 1 3,590 2 Cardiology 8,518 1.665 -6,853 -80% 3 Chemotherapy 1,355 156 -1,199-88% 4 0% Gastroenterology 0 5 Other Outpatient Visits 5.143 103.765 98.622 1918% **Total Other Hospital Outpatient Visits** 26,976 121,136 94,160 349% Hospital Full Time Equivalent Employees N. Total Nursing FTEs 219.0 215.4 -2%

1.1

387.9

608.0

4.5

383.5

603.4

3.4

-4.4

-4.6

309%

-1%

-1%

	WINDHAM COMMUNITY	MEMORIAL HO	OSPITAL		
	TWELVE MONTH	S ACTUAL FILIN	NG		
	FISCAL	YEAR 2010			
REP	ORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOS	SCOPY AND EM	IERGENCY RO	OM SERVICES	BY LOCATION
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
A.	Outpatient Surgical Procedures				
1	Windham Hospital	5,916	6,058	142	2%
	Total Outpatient Surgical Procedures(A)	5,916	6,058	142	2%
B.	Outpatient Endoscopy Procedures				
1	Windham Hospital	4,608	4,515	-93	-2%
	Total Outpatient Endoscopy Procedures(B)	4,608	4,515	-93	-2%
C.	Outpatient Hospital Emergency Room Visits				
1	Windham Hospital	26,293	28,697	2,404	9%
	Total Outpatient Hospital Emergency Room Visits	26,293	28,697	2,404	9%
	(A) Must agree with Total Outpatient Surgical Procedu	res on Report 4	150.		
	(B) Must agree with Total Outpatient Endoscopy Proce	edures on Repo	ort 450.		
	(C) Must agree with Emergency Room Visits Treated a	nd Discharged	on Report 450		

FISCAL YEAR 2010 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS							
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE			
I.	DATA BY MAJOR PAYER CATEGORY							
A.	MEDICARE							
	MEDICARE INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$41,659,535	\$43,401,649	\$1,742,114	4%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$24,697,646	\$26,608,521	\$1,910,875	8%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	59.28%	61.31%	2.02%	3%			
4	DISCHARGES	2,534	2,517	(17)	-1%			
5	CASE MIX INDEX (CMI)	1.18320	1.17990	(0.00330)	0%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,998.22880	2,969.80830	(28.42050)	-1%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,237.41	\$8,959.68	\$722.26	9%			
_	PATIENT DAYS	11,993	12,340	347	3%			
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,059.34	\$2,156.28	\$96.94	5%			
10	AVERAGE LENGTH OF STAY	4.7	4.9	0.2	4%			
	MEDICARE OUTPATIENT							
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,320,309	\$35,705,285	\$1,384,976	4%			
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,883,904	\$9,498,280	\$614,376	7%			
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.89%	26.60%	0.72%	3%			
14	OUTPATIENT CHARGES / INPATIENT CHARGES	82.38%	82.27%	-0.12%	0%			
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,087.58122	2,070.66331	(16.91791)	-1%			
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,255.60	\$4,587.07	\$331.47	8%			
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)							
17	TOTAL ACCRUED CHARGES	\$75,979,844	\$79,106,934	\$3,127,090	4%			
18	TOTAL ACCRUED PAYMENTS	\$33,581,550	\$36,106,801	\$2,525,251	8%			
19	TOTAL ALLOWANCES	\$42,398,294	\$43,000,133	\$601,839	1%			

REPORT 500 34 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010

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

		ACTUAL	AOTHAL	AMOUNT	0/
		ACTUAL	ACTUAL	AMOUNT	<u>%</u>
LINE DES	<u>SCRIPTION</u>	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NO	N-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
NON-	-GOVERNMENT INPATIENT				
1 INPA	TIENT ACCRUED CHARGES	\$18,807,636	\$17,841,128	(\$966,508)	-5%
2 INPA	TIENT ACCRUED PAYMENTS (IP PMT)	\$10,072,435	\$8,997,337	(\$1,075,098)	-119
3 INPA	TIENT PAYMENTS / INPATIENT CHARGES	53.56%	50.43%	-3.12%	-69
4 DISCI	CHARGES	1,601	1,381	(220)	-149
5 CASE	E MIX INDEX (CMI)	0.94200	0.92630	(0.01570)	-29
6 CASE	E MIX ADJUSTED DISCHARGES (CMAD)	1,508.14200	1,279.22030	(228.92170)	-159
7 INPA	TIENT ACCRUED PAYMENT / CMAD	\$6,678.70	\$7,033.45	\$354.75	5%
8 MEDI	ICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,558.71	\$1,926.22	\$367.52	249
9 INPA	TIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,350,752	\$2,464,063	\$113,311	5%
10 PATIE	ENT DAYS	4,844	4,491	(353)	-79
11 INPA	TIENT ACCRUED PAYMENT / PATIENT DAY	\$2,079.36	\$2,003.42	(\$75.95)	-4
12 AVER	RAGE LENGTH OF STAY	3.0	3.3	0.2	79
NON-	-GOVERNMENT OUTPATIENT				
13 OUTF	PATIENT ACCRUED CHARGES (OP CHGS)	\$58,938,336	\$58,698,162	(\$240,174)	09
14 OUTF	PATIENT ACCRUED PAYMENTS (OP PMT)	\$23,900,949	\$25,007,601	\$1,106,652	59
15 OUTF	PATIENT PAYMENTS / OUTPATIENT CHARGES	40.55%	42.60%	2.05%	59
16 OUTF	PATIENT CHARGES / INPATIENT CHARGES	313.37%	329.00%	15.63%	59
17 OUTF	PATIENT EQUIVALENT DISCHARGES (OPED)	5,017.12581	4,543.55586	(473.56994)	-99
18 OUTF	PATIENT ACCRUED PAYMENTS / OPED	\$4,763.87	\$5,503.97	\$740.10	169
19 MEDI	ICARE- NON-GOVERNMENT OP PMT / OPED	(\$508.28)	(\$916.90)	(\$408.62)	809
20 OUTF	PATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,550,084)	(\$4,165,987)	(\$1,615,902)	639
NON-	-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
	AL ACCRUED CHARGES	\$77,745,972	\$76,539,290	(\$1,206,682)	-29
	AL ACCRUED PAYMENTS	\$33,973,384	\$34,004,938	\$31,554	0°
	AL ALLOWANCES	\$43,772,588	\$42,534,352	(\$1,238,236)	-3
-		, ,, ,,,,	, , , , , , , , , ,	(4 ,,,	
24 TOTA	AL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$199,332)	(\$1,701,924)	(\$1,502,592)	7549
	· · · · · · · · · · · · · · · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · /	\	
NON-	-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25 ACCF	RUED CHARGES ASSOCIATED WITH NGCA	\$68,498,602	\$67,897,196	(\$601,406)	-19
	RUED PAYMENTS ASSOCIATED WITH NGCA	\$32,953,588	\$33,702,394	\$748,806	29
	OR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
27 TOTA	AL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)	-4%
28 TOTA	AL ACTUAL DISCOUNT PERCENTAGE	51.89%	50.36%	(, , , ,	

REPORT 500 35 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT INPATIENT ACCRUED CHARGES	\$204.044	64 507 000	#0.40.00 7	700
		\$921,311	\$1,567,998	\$646,687	709
	INPATIENT ACCRUED PAYMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES	\$74,458	\$147,158	\$72,700	989
		8.08%	9.39%	1.30%	16%
4	DISCHARGES	87	106	19	229
	CASE MIX INDEX (CMI)	0.83600	0.72700	(0.10900)	-13%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	72.73200	77.06200	4.33000	6%
	INPATIENT ACCRUED PAYMENT / CMAD	\$1,023.73	\$1,909.61	\$885.87	87%
	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,654.97	\$5,123.85	(\$531.13)	-9%
	MEDICARE - UNINSURED IP PMT / CMAD	\$7,213.68	\$7,050.07	(\$163.61)	-2%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$524,665	\$543,293	\$18,627	4%
	PATIENT DAYS	242	398	156	64%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$307.68	\$369.74	\$62.07	20%
13	AVERAGE LENGTH OF STAY	2.8	3.8	1.0	35%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,276,135	\$3,290,522	\$14,387	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$176,601	\$155,386	(\$21,215)	-129
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.39%	4.72%	-0.67%	-129
17	OUTPATIENT CHARGES / INPATIENT CHARGES	355.59%	209.85%	-145.74%	-419
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	309.36757	222.44629	(86.92128)	-28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$570.85	\$698.53	\$127.69	229
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,193.03	\$4,805.44	\$612.41	15%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,684.75	\$3,888.54	\$203.79	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,139,943	\$864,991	(\$274,952)	-24%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$4,197,446	\$4,858,520	\$661,074	16%
24	TOTAL ACCRUED PAYMENTS	\$251,059	\$302,544	\$51,485	219
25	TOTAL ALLOWANCES	\$3,946,387	\$4,555,976	\$609,589	15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,664,608	\$1,408,284	(\$256,325)	-15%

REPORT 500 36 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$8,797,246	\$10,036,189	\$1,238,943	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,524,924	\$5,043,975	\$519,051	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.44%	50.26%	-1.18%	-2%
4	DISCHARGES	961	1,061	100	10%
5	CASE MIX INDEX (CMI)	0.74890	0.81640	0.06750	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	719.69290	866.20040	146.50750	20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,287.30	\$5,823.10	(\$464.19)	-7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$391.41	\$1,210.35	\$818.94	209%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,950.11	\$3,136.57	\$1,186.46	61%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,403,483	\$2,716,900	\$1,313,417	94%
11	PATIENT DAYS	3,054	3,359	305	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,481.64	\$1,501.63	\$19.99	1%
13	AVERAGE LENGTH OF STAY	3.2	3.2	(0.0)	0%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,239,057	\$21,255,395	\$4,016,338	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,025,171	\$5,743,696	\$718,525	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.15%	27.02%	-2.13%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	195.96%	211.79%	15.83%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,883.17273	2,247.06550	363.89277	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,668.46	\$2,556.09	(\$112.37)	-4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,095.41	\$2,947.88	\$852.47	41%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,587.14	\$2,030.98	\$443.85	28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,988,853	\$4,563,753	\$1,574,901	53%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$26,036,303	\$31,291,584	\$5,255,281	20%
24	TOTAL ACCRUED PAYMENTS	\$9,550,095	\$10,787,671	\$1,237,576	13%
25	TOTAL ALLOWANCES	\$16,486,208	\$20,503,913	\$4,017,705	24%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,392,336	\$7,280,654	\$2.888.318	66%

REPORT 500 37 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
	INPATIENT ACCRUED CHARGES	\$3,005,404	\$2,069,554	(\$935,850)	-31%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$689,247	\$646,001	(\$43,246)	-6%
	INPATIENT PAYMENTS / INPATIENT CHARGES	22.93%	31.21%	8.28%	36%
	DISCHARGES	234	127	(107)	-46%
5	CASE MIX INDEX (CMI)	0.90524	1.24380	0.33856	37%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	211.82616	157.96260	(53.86356)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,253.83	\$4,089.58	\$835.75	26%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$3,424.87	\$2,943.87	(\$481.00)	-14%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,983.58	\$4,870.09	(\$113.48)	-2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,055,652	\$769,293	(\$286,360)	-27%
11	PATIENT DAYS	777	622	(155)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$887.06	\$1,038.59	\$151.53	17%
13	AVERAGE LENGTH OF STAY	3.3	4.9	1.6	47%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,827,399	\$4,338,737	(\$2,488,662)	-36%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$945,338	\$715,045	(\$230,293)	-24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.85%	16.48%	2.63%	19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	227.17%	209.65%	-17.52%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	531.57957	266.25041	(265.32916)	-50%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,778.36	\$2,685.61	\$907.25	51%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$2,985.52	\$2,818.36	(\$167.16)	-6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,477.24	\$1,901.46	(\$575.78)	-23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,316,850	\$506,265	(\$810,586)	-62%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$9,832,803	\$6,408,291	(\$3,424,512)	-35%
24	TOTAL ACCRUED PAYMENTS	\$1,634,585	\$1,361,046	(\$273,539)	-17%
25	TOTAL ALLOWANCES	\$8,198,218	\$5,047,245	(\$3,150,973)	-38%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,372,503	\$1,275,557	(\$1,096,945)	-46%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,372,503	\$1,275,557	(\$1,096,945)	

FISCAL YEAR 2010 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMEN	NT DATA: COMPARAT	IVE ANALYS	IS	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MED	ICAL ASSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
	INPATIENT ACCRUED CHARGES	\$11,802,650	\$12,105,743	\$303,093	3%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,214,171	\$5,689,976	\$475,805	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.18%	47.00%	2.82%	6%
4	DISCHARGES	1,195	1,188	(7)	-1%
	CASE MIX INDEX (CMI)	0.77951	0.86209	0.08258	11%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	931.51906	1,024.16300	92.64394	10%
	INPATIENT ACCRUED PAYMENT / CMAD	\$5,597.49	\$5,555.73	(\$41.76)	-1%
	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,081.21	\$1,477.72	\$396.51	37%
	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,639.92	\$3,403.94	\$764.02	29%
_	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,459,135	\$3,486,193	\$1,027,058	42%
	PATIENT DAYS	3,831	3,981	150	4%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,361.05	\$1,429.28	\$68.24	5%
13	AVERAGE LENGTH OF STAY	3.2	3.4	0.1	5%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,066,456	\$25,594,132	\$1,527,676	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,970,509	\$6,458,741	\$488,232	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.81%	25.24%	0.43%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	203.91%	211.42%	7.51%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,414.75230	2,513.31591	98.56361	4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,472.51	\$2,569.81	\$97.29	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,291.36	\$2,934.16	\$642.80	28%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,783.08	\$2,017.26	\$234.18	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,305,703	\$5,070,018	\$764,315	18%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$35,869,106	\$37,699,875	\$1,830,769	5%
24	TOTAL ACCRUED PAYMENTS	\$11,184,680	\$12,148,717	\$964,037	9%
25	TOTAL ALLOWANCES	\$24,684,426	\$25,551,158	\$866,732	4%

REPORT 500 39 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010

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

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		4071141	AOTUAL	AMOUNT	0/		
L		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE		
G.	CHAMPUS / TRICARE						
	CHAMPUS / TRICARE INPATIENT						
	INPATIENT ACCRUED CHARGES	\$176,391	\$136,260	(\$40,131)	-23%		
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$62,014	\$57,058	(\$4,956)	-8%		
	INPATIENT PAYMENTS / INPATIENT CHARGES	35,16%	41.87%	6.72%	19%		
4	DISCHARGES	13	14	1	8%		
5	CASE MIX INDEX (CMI)	0.95500	0.99130	0.03630	4%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12.41500	13.87820	1.46320	12%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,995.09	\$4,111.34	(\$883.75)	-18%		
8	PATIENT DAYS	28	38	10	36%		
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,214.79	\$1,501.53	(\$713.26)	-32%		
10	AVERAGE LENGTH OF STAY	2.2	2.7	0.6	26%		
	CHAMPUS / TRICARE OUTPATIENT						
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$412,560	\$473,205	\$60,645	15%		
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$167,114	\$170,553	\$3,439	2%		
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)						
	TOTAL ACCRUED CHARGES	\$588,951	\$609,465	\$20,514	3%		
14	TOTAL ACCRUED PAYMENTS	\$229,128	\$227,611	(\$1,517)	-1%		
15	TOTAL ALLOWANCES	\$359,823	\$381,854	\$22,031	6%		
Н.	OTHER DATA						
1	OTHER OPERATING REVENUE	\$0	\$2,622,664	\$2,622,664	0%		
	TOTAL OPERATING EXPENSES	\$85,401,157	\$91,501,818	\$6,100,661	7%		
	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$494,828	\$587,594	\$92,766	19%		
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)						
	CHARITY CARE (CHARGES)	\$2,094,259	\$2,446,867	\$352,608	17%		
	BAD DEBTS (CHARGES)	\$4,141,249	\$3,867,045	(\$274,204)	-7%		
	UNCOMPENSATED CARE (CHARGES)	\$6,235,508	\$6,313,912	\$78,404	1%		
	COST OF UNCOMPENSATED CARE	\$2,607,503	\$2,715,770	\$108,266	4%		
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)						
	TOTAL ACCRUED CHARGES	\$35,869,106	\$37,699,875	\$1,830,769	5%		
-	TOTAL ACCRUED PAYMENTS	\$11,184,680	\$12,148,717	\$964,037	9%		
	COST OF TOTAL MEDICAL ASSISTANCE	\$14,999,390	\$16,215,649	\$1,216,259	8%		
	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,814,710	\$4,066,932	\$252,222	7%		

REPORT 500 40 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
LIIVL	DESCRIPTION	112003	11 2010	DIFFERENCE	DIFFERENCE
	ACCRECATE DATA				
II.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$72,446,212	\$73,484,780	\$1,038,568	19
2	TOTAL INPATIENT PAYMENTS	\$40,046,266	\$41,352,892	\$1,306,626	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	55.28%	56.27%	1.00%	2%
4	TOTAL DISCHARGES	5.343	5.100	(243)	-5%
5	TOTAL CASE MIX INDEX	1.02008	1.03668	0.01660	29
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5.450.30486	5.287.06980	(163.23506)	-3%
7	TOTAL OUTPATIENT CHARGES	\$117,737,661	\$120,470,784	\$2,733,123	29
8	OUTPATIENT CHARGES / INPATIENT CHARGES	162.52%	163.94%	1.42%	19
9	TOTAL OUTPATIENT PAYMENTS	\$38.922.476	\$41,135,175	\$2,212,699	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.06%	34.15%	1.09%	3%
11	TOTAL CHARGES	\$190,183,873	\$193,955,564	\$3,771,691	2%
12	TOTAL PAYMENTS	\$78,968,742	\$82,488,067	\$3,519,325	49
13	TOTAL PAYMENTS / TOTAL CHARGES	41.52%	42.53%	1.01%	29
14	PATIENT DAYS	20.696	20.850	154	19
	TANIEM SATE	20,030	20,000	104	
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$53,638,576	\$55,643,652	\$2,005,076	49
2	INPATIENT PAYMENTS	\$29,973,831	\$32,355,555	\$2,381,724	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	55.88%	58.15%	2.27%	49
4	DISCHARGES	3,742	3,719	(23)	-19
5	CASE MIX INDEX	1.05349	1.07767	0.02418	2%
6	CASE MIX ADJUSTED DISCHARGES	3,942.16286	4,007.84950	65.68664	2%
7	OUTPATIENT CHARGES	\$58,799,325	\$61,772,622	\$2,973,297	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	109.62%	111.01%	1.39%	19
9	OUTPATIENT PAYMENTS	\$15,021,527	\$16,127,574	\$1,106,047	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.55%	26.11%	0.56%	2%
11	TOTAL CHARGES	\$112,437,901	\$117,416,274	\$4,978,373	49
12	TOTAL PAYMENTS	\$44,995,358	\$48,483,129	\$3,487,771	89
13	TOTAL PAYMENTS / CHARGES	40.02%	41.29%	1.27%	3%
14	PATIENT DAYS	15,852	16,359	507	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$67,442,543	\$68,933,145	\$1,490,602	2%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	4.7	4.9	0.2	49
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.3	0.2	7%
3	UNINSURED	2.8	3.8	1.0	35%
4	MEDICAID	3.2	3.2	(0.0)	0%
5	OTHER MEDICAL ASSISTANCE	3.3	4.9	1.6	47%
6	CHAMPUS / TRICARE	2.2	2.7	0.6	26%
7	TOTAL AVERAGE LENGTH OF STAY	3.9	4.1	0.2	6%

REPORT 500 41 of 56 8/8/2011, 1:07 PM

FISCAL YEAR 2010

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

AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
	ACTUAL	ACTUAL	AMOUNT	%		
DECCRIPTION						
DESCRIPTION	F 1 2009	F 1 2010	DIFFERENCE	DIFFERENCE		
DATA LISED IN BASELINE LINDERDAYMENT CALCULATION						
DATA OSED IN BASELINE UNDERFATMENT CALCULATION						
TOTAL CHARGES	\$100 192 972	\$102 055 564	\$2 771 601	2%		
				2%		
				270		
				-4%		
			(, , , ,	-13%		
			(, , ,	0%		
				5%		
				19%		
, , , ,				5%		
				3%		
				4%		
		* / -/ -	4,	7%		
, ,				0%		
,	φυ	Ψ0	φυ	0 78		
	\$6.422.21.4	¢6 792 702	¢360 499	6%		
WIEDIOAE AGGIOTANGE GNOEIN ATWIEN	\$0,422,214	\$0,702,702	\$300,400	078		
CALCIII ATED LINDEDDAVMENT (LIDDED LIMIT METHODOLOGY)						
CALCOLATED ONDER! ATMIENT (OF LER EIMIT MIETHODOLOGY)						
ALEDIOAUD	00.000.050	A4 500 750	A. 574.004	E00/		
				53%		
				-46%		
			(, , ,	-15%		
TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,025,964	\$7,247,594	\$221,631	3%		
DATA HOED IN DECONOR IATIONS IN DEPORTS FEE AND SEE						
DATA USED IN RECONCILIATIONS IN REPORTS 330 AND 600						
			(, , ,	-9.25%		
				-6.62%		
	\$83,605,148	\$86,942,706	\$3,337,558	3.99%		
	\$0	\$0	\$0	0.00%		
GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$190,183,873	\$193,955,564	\$3,771,691	1.98%		
PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$519,470	\$1,691,625	\$1,172,155	225.64%		
UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,754,978	\$8,005,538	\$1,250,560	18.51%		
	DESCRIPTION DATA USED IN BASELINE UNDERPAYMENT CALCULATION TOTAL CHARGES TOTAL GOVERNMENT DEDUCTIONS UNCOMPENSATED CARE TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES EMPLOYEE SELF INSURANCE ALLOWANCE TOTAL ADJUSTMENTS TOTAL ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. RATIO OF NET REVENUE TO TOTAL CHARGES COST OF UNCOMPENSATED CARE MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT PLUS OHCA ADJUSTMENT (OHCA INPUT) TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT CALCULATED UNDERPAYMENT MEDICAL ASSISTANCE UNDERPAYMENT CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAID OTHER MEDICAL ASSISTANCE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600 EMPLOYEE SELF INSURANCE GROSS REVENUE PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	DATA USED IN BASELINE UNDERPAYMENT CALCULATION TOTAL CHARGES \$190,183,873 TOTAL CHARGES \$190,183,873 TOTAL GOVERNMENT DEDUCTIONS \$67,442,543 UNCOMPENSATED CARE \$62,235,508 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$35,545,014 EMPLOYEE SELF INSURANCE ALLOWANCE \$1,926,412 TOTAL ADJUSTMENTS \$111,1149,717 TOTAL ACCRUED PAYMENTS \$79,034,396 UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input) \$494,828 RET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS. \$79,529,224 RATIO OF NET REVENUE TO TOTAL CHARGES \$2,607,503 MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$6,422,214 CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAL ASSISTANCE UNDERPAYMENT \$2,988,853 OTHER MEDICAL ASSISTANCE \$2,988,853 OTHER MEDICAL ASSISTANCE \$2,988,853 OTHER MEDICAL ASSISTANCE \$2,372,503 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$1,664,608 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600 EMPLOYEE SELF INSURANCE GROSS REVENUE \$3,496,497 PLUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$3,496,497 PLUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$3,496,497 PLUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$3,605,148 PLUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$3,605,147 PUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$3,90,183,873 PUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$5,90,183,873 PUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$5,90,183,873 PUSMINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$5,90,183,873 PUSMINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE \$519,470	DESCRIPTION	ACTUAL ACTUAL ACTUAL AMOUNT		

REPORT 500 42 of 56 8/8/2011, 1:07 PM

	WINDHAM COMMUNITY MEMORIAL H			
	TWELVE MONTHS ACTUAL FILI	NG		
	FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER P	AVMENT I IMIT AND		
	BASELINE UNDERPAYMENT DA			
	DAGLERE GROEN ATMENT DA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
I INE	DESCRIPTION	FY 2009	FY 2010	AMOUNT DIFFERENCE
LIIVL	<u>DESCRIPTION</u>	11 2009	1 1 2010	DITTERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
	INDATIFNE ACCOUNT CHARGE			
	INON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,807,636	\$17,841,128	(\$966,508)
	MEDICARE	\$41,659,535	43,401,649	\$1,742,114
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,802,650	12,105,743	\$303,093
	MEDICAID OTHER MEDICAL ASSISTANCE	\$8,797,246 \$3,005,404	10,036,189 2,069,554	\$1,238,943 (\$935,850)
	CHAMPUS / TRICARE	\$176,391	136,260	(\$40,131)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$921,311	1,567,998	\$646,687
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$53,638,576 \$72,446,212	\$55,643,652 \$73,484,780	\$2,005,076 \$1,038,568
	I OTAL INI ATIENT GHANGES	Ψ12,440,212	φ13,404,160	φ1,030,308
В.	OUTPATIENT ACCRUED CHARGES			
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$58,938,336 \$34,330,300	\$58,698,162	(\$240,174) \$1.384.976
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,320,309 \$24,066,456	35,705,285 25,594,132	\$1,384,976 \$1,527,676
4	MEDICAID	\$17,239,057	21,255,395	\$4,016,338
	OTHER MEDICAL ASSISTANCE	\$6,827,399	4,338,737	(\$2,488,662)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$412,560 \$3,276,135	473,205 3,290,522	\$60,645 \$14,387
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$58,799,325	\$61,772,622	\$2,973,297
	TOTAL OUTPATIENT CHARGES	\$117,737,661	\$120,470,784	\$2,733,123
<u> </u>	TOTAL ACCRUED CHARCES			
	TOTAL ACCRUED CHARGES TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,745,972	\$76,539,290	(\$1,206,682)
2	TOTAL MEDICARE	\$75,979,844	\$79,106,934	\$3,127,090
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,869,106	\$37,699,875	\$1,830,769
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$26,036,303 \$9,832,803	\$31,291,584 \$6,408,291	\$5,255,281 (\$3,424,512)
6	TOTAL CHAMPUS / TRICARE	\$588,951	\$609,465	\$20,514
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,197,446	\$4,858,520	\$661,074
	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$112,437,901 \$190,183,873	\$117,416,274 \$193,955,564	\$4,978,373 \$3,771,691
	TOTAL CHARGES	\$190,103,073	\$193,955,564	\$3,771,091
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,072,435	\$8,997,337	(\$1,075,098)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,697,646 \$5,214,171	26,608,521 5,689,976	\$1,910,875 \$475,805
	MEDICAID	\$4,524,924	5,043,975	\$519,051
	OTHER MEDICAL ASSISTANCE	\$689,247	646,001	(\$43,246)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$62,014 \$74,458	57,058 147,158	(\$4,956) \$72,700
<u> </u>	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$29,973,831	\$32,355,555	\$2,381,724
	TOTAL INPATIENT PAYMENTS	\$40,046,266	\$41,352,892	\$1,306,626
<u> </u>	OUTDATIENT ACCOURD DAYMENTS			
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,900,949	\$25,007,601	\$1,106,652
	MEDICARE	\$8,883,904	9,498,280	\$614,376
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,970,509	6,458,741	\$488,232
	MEDICAID OTHER MEDICAL ASSISTANCE	\$5,025,171 \$945,338	5,743,696 715,045	\$718,525 (\$230,293)
	CHAMPUS / TRICARE	\$167,114	170,553	\$3,439
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$176,601	155,386	(\$21,215)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,021,527	\$16,127,574	\$1,106,047
-	TOTAL OUTPATIENT PAYMENTS	\$38,922,476	\$41,135,175	\$2,212,699
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,973,384	\$34,004,938	\$31,554
3	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$33,581,550 \$11,184,680	\$36,106,801 \$12,148,717	\$2,525,251 \$964,037
4	TOTAL MEDICAID	\$9,550,095	\$10,787,671	\$1,237,576
	TOTAL OTHER MEDICAL ASSISTANCE	\$1,634,585	\$1,361,046	(\$273,539)
6 7	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$229,128 \$251,059	\$227,611 \$302,544	(\$1,517) \$51,485
	TOTAL GIVINGGRED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PAYMENTS	\$44,995,358	\$48,483,129	\$3,487,771
	TOTAL PAYMENTS	\$78,968,742	\$82,488,067	\$3,519,325
	i de la companya de	1		

	WINDHAM COMMUNITY MEMORIAL HOSPI	TAL	·	
	TWELVE MONTHS ACTUAL FILING	-		·
	FISCAL YEAR 2010			
	REPORT 550 - CALCULATION OF DSH UPPER PAYME	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(0)	(2)	(4)	/F\
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE
II.	PAYER MIX			
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
7				
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.89%	9.20%	-0.69%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.90%	22.38% 6.24%	0.47% 0.04%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.21% 4.63%	5.17%	0.55%
	OTHER MEDICAL ASSISTANCE	1.58%	1.07%	-0.51%
	CHAMPUS / TRICARE	0.09%	0.07%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	0.81%	0.32%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	28.20% 38.09%	28.69% 37.89%	0.49% -0.21%
	TOTAL INI ATLENTI ATLEN MIX	30.0376	37.0976	-0.2170
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON COVERNMENT (INCLUDING OFFER DAY / HAIMOUDED)	20.000/	20.26%	0.720/
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	30.99% 18.05%	30.26% 18.41%	-0.73% 0.36%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.65%	13.20%	0.54%
	MEDICAID	9.06%	10.96%	1.89%
	OTHER MEDICAL ASSISTANCE	3.59%	2.24%	-1.35%
	CHAMPUS / TRICARE	0.22% 1.72%	0.24% 1.70%	0.03%
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	30.92%	31.85%	-0.03% 0.93%
	TOTAL OUTPATIENT PAYER MIX	61.91%	62.11%	0.21%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
<u> </u>	THE THE WINN BAGES ON AGONGES TATMENTO			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.75%	10.91%	-1.85%
	MEDICARE	31.28%	32.26%	0.98%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	6.60% 5.73%	6.90% 6.11%	0.30% 0.38%
	OTHER MEDICAL ASSISTANCE	0.87%	0.78%	-0.09%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.18%	0.08%
-	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	37.96% 50.71%	39.22% 50.13%	1.27% -0.58%
	TOTAL INFATIENT PATER WILL	30.7 1 /6	30.13 /6	-0.36 /6
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
	NON COVERNMENT (MOLLIDING OF F. DAV. / ININIOLIDED)	00.070/	00.000/	0.050/
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	30.27% 11.25%	30.32% 11.51%	0.05% 0.26%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.56%	7.83%	0.27%
4	MEDICAID	6.36%	6.96%	0.60%
	OTHER MEDICAL ASSISTANCE	1.20%	0.87%	-0.33%
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21% 0.22%	0.21%	0.00%
7	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	0.22% 1 9.02%	0.19% 19.55%	-0.04% 0.53%
	TOTAL OUTPATIENT PAYER MIX	49.29%	49.87%	0.58%
<u> </u>	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

	WINDHAM COMMUNITY MEMORIAL HOSP	ITAL		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2010			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	
LINE	DESCRIPTION	FY 2009	FY 2010	AMOUNT DIFFERENCE
LINE	DESCRIPTION	<u>F1 2009</u>	<u>F1 2010</u>	DIFFERENCE
ш	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED) ΠΔΤΔ		
	DIGGITATION OF THE RESULT OF T	<u> </u>		
A.	DISCHARGES			
	NOV. COVERNMENT (NOV. URING CELE DAY (ARRIVOLUEED)			()
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1,601 2,534	1,381 2,517	(220) (17)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,195	1,188	(7)
	MEDICAID	961	1,061	100
	OTHER MEDICAL ASSISTANCE	234	127	(107)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	13	14	1
7	TOTAL GOVERNMENT DISCHARGES	87 3,742	106 3.719	19 (23)
	TOTAL DISCHARGES TOTAL DISCHARGES	5,343	5,100	(243)
		2,2 1	2,130	(= :•)
В.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,844	4.491	(353)
	MEDICARE	11,993	12,340	347
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,831	3,981	150
	MEDICAID	3,054	3,359	305
	OTHER MEDICAL ASSISTANCE	777	622	(155)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	28 242	38 398	10 156
<u> </u>	TOTAL GOVERNMENT PATIENT DAYS	15,852	16,359	507
	TOTAL PATIENT DAYS	20,696	20,850	154
		·		
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.3	0.2
	MEDICARE	4.7	4.9	0.2
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.2	3.4	0.1
	MEDICAID	3.2	3.2	(0.0)
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	3.3 2.2	4.9 2.7	1.6 0.6
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	3.8	1.0
<u> </u>	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.2	4.4	0.2
	TOTAL AVERAGE LENGTH OF STAY	3.9	4.1	0.2
<u> </u>	CASE MIX INDEX			
D.	CASE WIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.94200	0.92630	(0.01570)
	MEDICARE	1.18320	1.17990	(0.00330)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.77951	0.86209	0.08258
5	MEDICAID OTHER MEDICAL ASSISTANCE	0.74890 0.90524	0.81640 1.24380	0.06750 0.33856
	CHAMPUS / TRICARE	0.95500	0.99130	0.03630
_	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.83600	0.72700	(0.10900)
	TOTAL GOVERNMENT CASE MIX INDEX	1.05349	1.07767	0.02418
	TOTAL CASE MIX INDEX	1.02008	1.03668	0.01660
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,498,602	\$67,897,196	(\$601,406)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,953,588	\$33,702,394	\$748,806
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)
<u>4</u> 5	TOTAL ACTUAL DISCOUNT PERCENTAGE EMPLOYEE SELF INSURANCE GROSS REVENUE	51.89% \$3,496,497	50.36% \$3,173,244	-1.53% (\$323,253)
6	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,926,412	\$1,676,212	(\$250,200)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT	\$494,828	\$587,594	, ,
L	ADJUSTMENT- OHCA INPUT)			\$92,766
	CHARITY CARE	\$2,094,259	\$2,446,867	\$352,608
	BAD DEBTS TOTAL LINCOMPENSATED CARE	\$4,141,249	\$3,867,045	(\$274,204)
	TOTAL UNCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE	\$6,235,508 \$68,498,602	\$6,313,912 \$67,897,196	\$78,404 (\$601,406)
	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$85,401,157	\$91,501,818	\$6,100,661
<u> </u>		+,.0.,.01	+= :,001,010	, . , ,

	WINDHAM COMMUNITY MEMORIAL HOSP	ITAL		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2010			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(4)	(0)	(0)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2009</u>	ACTUAL <u>FY 2010</u>	AMOUNT <u>DIFFERENCE</u>
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
Α.	CASE MIX ADJUSTED DISCHARGES			
Д.	GAGE WITH ADDIOGNED DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,508.14200	1,279.22030	(228.92170
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,998.22880 931.51906	2,969.80830 1,024.16300	(28.4205) 92.64394
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	719.69290	866.20040	146.50750
	OTHER MEDICAL ASSISTANCE	211.82616	157.96260	(53.86356
6	CHAMPUS / TRICARE	12.41500	13.87820	1.46320
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72.73200	77.06200 4.007.84950	4.33000
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES TOTAL CASE MIX ADJUSTED DISCHARGES	3,942.16286 5,450.30486	5,287.06980	65.6866 (163.2350
		·	·	•
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,017.12581	4,543.55586	-473.5699
	MEDICARE	2,087.58122	2,070.66331	-16.9179
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,414.75230	2,513.31591	98.5636
	MEDICAID	1,883.17273	2,247.06550	363.8927
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	531.57957 30.40563	266.25041 48.61933	-265.3291 18.2137
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	309.36757	222.44629	-86.9212
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,532.73916	4,632.59856	99.8594
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,549.86496	9,176.15442	-373.7105
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,678.70	\$7,033.45	\$354.7
	MEDICARE	\$8,237.41	\$8,959.68	\$722.2
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,597.49	\$5,555.73	(\$41.7
	MEDICAID	\$6,287.30	\$5,823.10	(\$464.19
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$3,253.83 \$4,995.09	\$4,089.58 \$4,111.34	\$835.75 (\$883.75
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,023.73	\$1,909.61	\$885.87
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,603.40	\$8,073.05	\$469.6
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,347.53	\$7,821.51	\$473.99
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,763.87	\$5,503.97	\$740.10
	MEDICARE	\$4,255.60	\$4,587.07	\$331.4
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,472.51	\$2,569.81	\$97.29
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	\$2,668.46 \$1,778.36	\$2,556.09 \$2,685.61	(\$112.37 \$907.25
6	CHAMPUS / TRICARE	\$5,496.15	\$3,507.93	(\$1,988.23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$570.85	\$698.53	\$127.69
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
	TOTAL OUTDATIENT DAVMENT DED OUTDATIENT FOUNDALENT DISCUARGE	\$3,314.01 \$4,075.71	\$3,481.32 \$4,482.83	\$167.32 \$407.13
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,075.71	₽4,40∠.0 3	\$407.12

	WINDHAM COMMUNITY MEMORIAL HOS	PITAL		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2010			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	MENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		AOTHAI	4071141	
l,_		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2009</u>	FY 2010	DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	+		
<u> </u>	CALCULATED GROEKFATMILIST (OFFER LIMIT MILITIODOLOGY)	+		
1	MEDICAID	\$2,988,853	\$4,563,753	\$1,574,901
	OTHER MEDICAL ASSISTANCE	\$2,372,503	\$1,275,557	(\$1,096,945)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,664,608	\$1,408,284	(\$256,325)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,025,964	\$7,247,594	\$221,631
- 7T	A COMPANY OF THE PROPERTY OF T			
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO)LOGY)		
1	TOTAL CHARGES	\$190,183,873	\$193,955,564	\$3,771,691
2	TOTAL GOVERNMENT DEDUCTIONS	\$67,442,543	\$68,933,145	\$1,490,602
3	UNCOMPENSATED CARE	\$6,235,508	\$6,313,912	\$78,404
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,926,412	\$1,676,212	(\$250,200)
	TOTAL ACCOUNT PAYMENTS	\$111,149,477	\$111,118,071	(\$31,406)
7 8	TOTAL ACCRUED PAYMENTS UCP DSH PAYMENTS (OHCA INPUT)	\$79,034,396 \$494,828	\$82,837,493 \$587,594	\$3,803,097 \$92,766
	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$79,529,224	\$83,425,087	\$3,895,863
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4181701779	0.4301247424	0.0119545645
	COST OF UNCOMPENSATED CARE	\$2,607,503	\$2,715,770	\$108,266
	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,814,710	\$4,066,932	\$252,222
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,422,214	\$6,782,702	\$360,488
		Ψε,,	Ψο,. :=,. :	<u> </u>
VII.	<u>RATIOS</u>	T		
		 		
	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
_	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.56%	50.43%	-3.12%
	MEDICARE	59.28%	61.31%	2.02%
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	44.18% 51.44%	47.00% 50.26%	2.82% -1.18%
	OTHER MEDICAL ASSISTANCE	22.93%	31.21%	8.28%
6	CHAMPUS / TRICARE	35.16%	41.87%	6.72%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.08%	9.39%	1.30%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
		55.88%	58.15%	2.27%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	55.28%	56.27%	1.00%
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	+		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.55%	42.60%	2.05%
	MEDICARE	25.89%	26.60%	0.72%
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.81%	25.24%	0.43%
	MEDICAID	29.15%	27.02%	-2.13%
	OTHER MEDICAL ASSISTANCE	13.85%	16.48%	2.63%
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	40.51% 5.39%	36.04% 4.72%	-4.46% -0.67%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	J.J8 /0	4.12/0	-0.07 /0
	TOTAL GOVERNMENT RATIO OF COST ASSESSED TO COST ASSESSED	25.55%	26.11%	0.56%
\vdash	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	33.06%	34.15%	1.09%
	TOTAL NATION OF AN AMERICA TO SOME ATTENUATION OF THE STATE OF THE STA		0	

			Т	
	WINDHAM COMMUNITY MEMORIAL HOSP	ITAL		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2010			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
INE	DESCRIPTION	ACTUAL FY 2009	ACTUAL <u>FY 2010</u>	AMOUNT <u>DIFFERENCE</u>
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	TIONS		
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	S		-
1	TOTAL ACCRUED PAYMENTS	\$78,968,742	\$82,488,067	\$3,519,32
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)	φ10,900,14Z	φο∠,4δδ,∪δ/	\$3,519,32 \$92,76
_	(OHCA INPUT)	\$494,828	\$587,594	ψ02,70
	OHCA DEFINED NET REVENUE	\$79,463,570	\$83,075,661	\$3,612,09
	DIVIONATIVE AD INSTAURANCE TO SUCH DEFINED MET DEVENUE	*	A	/Ao= 1 00
<u>3</u>	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE CALCULATED NET REVENUE	\$4,141,249 \$83,604,819	\$3,867,045 \$86,942,706	(\$274,20 \$3,337,88
4	CALCULATED NET REVENUE	\$63,604,619	\$80,942,700	\$3,337,00
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$83,605,148	\$86,942,706	\$3,337,55
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$329)	\$0	\$32
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$190,183,873	\$193,955,564	\$3,771,69
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	φο, ττι, σο
	CALCULATED GROSS REVENUE	\$190,183,873	\$193,955,564	\$3,771,69
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$190,183,873	\$193,955,564	\$3,771,69
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	
4	VARIANCE (MOST BE LESS THAN OR EQUAL TO \$500)	φU	φυ	•
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	<u>TS</u>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,235,508	\$6,313,912	\$78,40
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$519,470	\$1,691,625	\$1,172,15
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,754,978	\$8,005,537	\$1,250,55
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,754,978	\$8,005,538	\$1,250,56
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(9

6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS \$25,007,601 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386			
TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2) (3) (3) LOUIS ACTUAL FY 2010 (4) (2) (3) ACTUAL FY 2010 (5) ACTUAL FY 2010 I. ACCRUED CHARGES AND PAYMENTS 1. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3. NEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4. CHAMMUS, TREATER OVERNMENT OF THE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6. CHAMMUS, TREATER OVERNMENT OHARGES 7. TOTAL INPATENT GOVERNMENT OHARGES 8. OUTPATIENT ACCRUED CHARGES 1. NON-GOVERNMENT INCLUDING SELF PAY / UNINSURED) 8. OUTPATIENT ACCRUED CHARGES 1. NON-GOVERNMENT INCLUDING SELF PAY / UNINSURED) 8. SOUTPATIENT ACCRUED CHARGES 1. NON-GOVERNMENT INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SSESSION SELF ACTUAL OF THE MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 9. SS		WINDHAM COMMUNITY MEMORIAL HOSPITAL	
FISCAL YEAR 2010 REPORT 600 - SUMMARY OF D8H UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES			
10 (2) (3) (3)		FISCAL YEAR 2010	
(1) (2) (3) ACTUAL LINE DESCRIPTION FY 2010 1. ACCRUED CHARGES AND PAYMENTS 1. NORTHON ACCRUED CHARGES 1. MENCOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1. ACCRUED CHARGES 1. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5. OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6. CHAMPUS / TRICARE 7. OTAL INPATIENT COVERNMENT CHARGES 7. OTAL INPATIENT CHARGES 7. OT		REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
ACTUAL FY 2010 FY 2010 FY 2010 FY 2010 FY 2010		BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
ACTUAL FY 2010 FY 2010 FY 2010 FY 2010 FY 2010			
ACTUAL FY 2010 FY 2010 FY 2010 FY 2010 FY 2010	(1)	(2)	(3)
A. INPATIENT ACCRUED CHARGES S17,841,785 1. INON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$17,841,785 2. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$1,005,743 3. MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$1,005,743 4. MEDICAL ASSISTANCE \$1,005,743 5. OTHER MEDICAL ASSISTANCE \$1,005,743 6. CHAMPUS / TRICARE \$1,362,200 7. UNINSURED (INCLUDED IN NON-GOVERNMENT) \$1,667,998 7. TOTAL IMPATIENT GOVERNMENT CHARGES \$15,644,562 8. OUTPATIENT CHARGES \$1,005,005 9. OUTPATIENT CHARGES \$1,005,005 10. OUTPATIENT CHARGES \$1,005,005 10.		, ,	ACTUAL
A. INPATIENT ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 3.401,649 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE (10,039,189 5 OTHER MEDICAL ASSISTANCE (10,039,189 5 OTHER MEDICAL ASSISTANCE (10,039,189 1 OTHER MEDICAL ASSISTANCE (10,039,189 1 INFAILED ASSISTANCE (10,039,189) 2 MEDICAL ASSISTANCE (10,039,189) 2 MEDICAL ASSISTANCE (10,039,189) 3 MEDICAL ASSISTANCE (10,039,189) 4 MEDICAL ASSISTANCE (10,039,189) 5 OTHER MEDICAL ASSISTANCE (10,039,189	LINE	DESCRIPTION	FY 2010
A. INPATIENT ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 3.401,649 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE (10,039,189 5 OTHER MEDICAL ASSISTANCE (10,039,189 5 OTHER MEDICAL ASSISTANCE (10,039,189 1 OTHER MEDICAL ASSISTANCE (10,039,189 1 INFAILED ASSISTANCE (10,039,189) 2 MEDICAL ASSISTANCE (10,039,189) 2 MEDICAL ASSISTANCE (10,039,189) 3 MEDICAL ASSISTANCE (10,039,189) 4 MEDICAL ASSISTANCE (10,039,189) 5 OTHER MEDICAL ASSISTANCE (10,039,189			
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	I.	ACCRUED CHARGES AND PAYMENTS	
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		INDATIENT ACCRUED CHARGES	
MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 12,105,743			\$17.8/1.128
MEDICAID			
5 OTHER MEDICAL ASSISTANCE 2,089,554 6 CHAMPUS / TRICARE 132,200 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1,667,938 TOTAL INPATIENT GOVERNMENT CHARGES \$55,614,525 8 OUTPATIENT ACCRUED CHARGES \$73,484,780 8 OUTPATIENT ACCRUED CHARGES \$73,484,780 9 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$58,809,162 2 MEDICARE 35,705,285 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 25,594,324 4 MEDICALD 4,333,707 5 OTHER MEDICAL ASSISTANCE 4,333,707 6 CHAMPUS / TRICARE 4,333,707 7 UNINSURED (INCLUDIED IN NON-GOVERNMENT) 3,299,527 1 UNINSURED (INCLUDED IN NON-GOVERNMENT) 3,299,527 1 UNINSURED (INCLUDED IN NON-GOVERNMENT) 3,299,728 2 TOTAL OUTPATIENT CHARGES \$61,772,622 3 TOTAL OUTPATIENT CHARGES \$120,470,784 1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$76,539,230 2 TOTAL GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$76,539,230 3 MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) \$8,897,337 4 MEDICARE			12,105,743
6 CHAMPUS / TRICARE 7 UNINSURDE (INCLUDED IN NON-GOVERNMENT) 1, 1567-398 TOTAL INPATIENT GOVERNMENT CHARGES 155,643,652 TOTAL INPATIENT CHARGES 55,643,652 TOTAL INPATIENT CHARGES 55,643,652 TOTAL INPATIENT CHARGES 8. OUTPATIENT ACCRUED CHARGES 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICARE 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 2 MEDICARE 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 4 MEDICAL ASSISTANCE (INCLUDED IN NON-GOVERNMENT) 5 MEDICARE 5 MEDICARE 5 MEDICARE 5 MEDICARE 6 MEDICAL ASSISTANCE (INCLUDED OTHER MEDICAL ASSISTANCE) 7 TOTAL OUTPATIENT OCCURED CHARGES (INCLUDING SELF PAY / UNINSURED) 7 TOTAL ACCRUED CHARGES 7 TOTAL ACCRUED CHA			
TOTAL INPATIENT GOVERNMENT (HARGES \$55,643,652			
TOTAL INPATIENT GOVERNMENT CHARGES \$55,643,682 \$73,484,780 \$8.		UNINSURED (INCLUDED IN NON-GOVERNMENT)	
B. DUTPATIENT ACCRUED CHARGES \$58.898.162 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$58.898.162 S58.898.162 MEDICARE 35.705.285 36.705.28			\$55,643,652
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$58,88,162 \$3,705,285 \$3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 25,594,132 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 22,255,395 \$0 OTHER MEDICAL ASSISTANCE 4,338,737 \$0 C CHAMPUS / TRICARE 4,338,737 \$0 C CHAMPUS / TRICARE 4,338,737 \$0 C C CHAMPUS / TRICARE 4,338,737 \$0 C C C C C C C C C C C C C C C C C C		TOTAL INPATIENT CHARGES	\$73,484,780
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$58,88,162 \$3,705,285 \$3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 25,594,132 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 22,255,395 \$0 OTHER MEDICAL ASSISTANCE 4,338,737 \$0 C CHAMPUS / TRICARE 4,338,737 \$0 C CHAMPUS / TRICARE 4,338,737 \$0 C C CHAMPUS / TRICARE 4,338,737 \$0 C C C C C C C C C C C C C C C C C C	B	OUTPATIENT ACCRUED CHARGES	
MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 25,594,132			\$58,698,162
4 MEDICAID 21,255,395 5 OTHER MEDICAI ASSISTANCE 4,338,737 6 CHAMPUS / TRICARE 473,205 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 3,290,525 7 TOTAL OUTPATIENT GOVERNMENT CHARGES \$1,772,622 TOTAL OUTPATIENT GOVERNMENT CHARGES \$1,772,622 TOTAL OUTPATIENT CHARGES \$1,772,622 TOTAL OUTPATIENT CHARGES \$1,726,622 TOTAL OVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$6,539,290 1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$1,7416,274 TOTAL ACCRUED CHARGES \$1,17,416,274 TOTAL COVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,997,337 2 MEDICARE \$2,608,521 1 NON-GOVERNMENT (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,608,521 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$5,608,521 4 MEDICAID \$5,043,975 5 OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) \$5,043,975 5 OTHER MEDICAL ASSISTANCE \$5,008,501 TOTAL INPATIENT GOVERNMENT PAYMENTS \$1,25,35,555 TOTAL INPATIENT GOVERNMENT PAYMENTS \$1,25,3695 TOTAL INPATIENT GOVERNMENT PAYMENTS \$1,352,892 E. OUTPATIENT ACCRUED PAYMENTS \$2,356,555 TOTAL INPATIENT GOVERNMENT MEDICAL ASSISTANCE) \$2,408,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$2,507,601 5 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL			
5 OTHER MEDICAL ASSISTANCE 4,338,737 6 CHAMPUS / TRICARE 472,205 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 3,290,522 TOTAL OUTPATIENT GOVERNMENT CHARGES \$61,772,622 1 TOTAL OUTPATIENT CHARGES \$120,470,784 C. TOTAL ACCRUED CHARGES 1 1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$76,539,290 2 TOTAL ACCRUED CHARGES 117,416,274 5 TOTAL ACCRUED CHARGES \$193,955,564 D. INPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,997,337 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,997,337 2 MEDICARE 26,608,521 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,689,976 4 MEDICAID 5,043,975 5 OTHER MEDICAL ASSISTANCE 646,001 6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$23,355,555 8 OUTPATIENT ACCRUED PAYMENTS \$25,007,601 9 MEDICARE 9,488,280 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$			-,,
6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 3.290,522 TOTAL OUTPATIENT GOVERNMENT CHARGES \$11,772,622 TOTAL OUTPATIENT CHARGES \$120,470,784 C. TOTAL OUTPATIENT CHARGES 1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED CHARGES 117,416,274 TOTAL COLUMN TACCRUED CHARGES 117,416,274 TOTAL ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 3 MEDICARE 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 5 OTHER MEDICAL ASSISTANCE 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 NON-GOVERNMENT FAYMENTS 1 S13,355,555 TOTAL INPATIENT FAYMENTS 1 NON-GOVERNMENT PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICARE 4 MEDICARE 5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICARE 5 OTHER MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) 5 OTHER MEDICAL CHARGES 6 CHAMPUS / TRICARE 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5 OTHER MEDICAL ASSISTANCE 6 CHAMPUS / TRICARE 7 TOTAL OUTPATIENT GOVERNMENT PAYMENTS 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1 15,536 6 CHAMPUS / TRICARE 7 TOTAL OUTPATIENT GOVERNMENT PAYMENTS 7 TOTAL OUTPATIENT FOYMENTS 7 TOTAL OUTPATIENT ACCRUED PAYMENTS 7 TOTAL OUTPATIENT FOYMENTS 7 TOTAL OUTPATIENT FOYMENTS 7 TOTAL OUTPATIENT ACCRUED PAYMENTS 7 TOTAL OUTPATIENT AC			
TOTAL OUTPATIENT GOVERNMENT CHARGES \$61,772,622			
TOTAL OUTPATIENT CHARGES \$120,470,784	7		
C. TOTAL ACCRUED CHARGES 1 TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$76,539,290 2 TOTAL GOVERNMENT ACCRUED CHARGES 117,416,274 TOTAL ACCRUED CHARGES \$193,955,564 D. INPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,997,337 2 MEDICALE ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,608,521 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,899,976 4 MEDICAL ASSISTANCE (INCLUDENCE ASSISTANCE) \$6,460,001 6 CHAMPUS / TRICARE \$7,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$147,158 7 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 1 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS \$25,007,601 2 MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,458,741 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,458,741			
TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) \$76,539,290		TOTAL GOTFATIENT CHARGES	\$120,470,764
TOTAL GOVERNMENT ACCRUED CHARGES \$193,955,564	C.		
TOTAL ACCRUED CHARGES \$193,955,564			
D. INPATIENT ACCRUED PAYMENTS \$8,997,337 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,997,337 2 MEDICARE 26,608,521 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,689,976 4 MEDICAID 5,043,975 5 OTHER MEDICAL ASSISTANCE 646,001 6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS \$25,007,601 2 MEDICAL ASSISTANCE (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS \$41,135,175 TOTAL OUTPATIENT PAYMENTS \$44,135,175 TOTAL OUTPATIENT PAYMENTS \$44,83,129 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 46,483,129 TOTAL	2		
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$8,997,337 2 MEDICARE 26,608,521 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,689,976 4 MEDICAL ASSISTANCE 646,001 5 OTHER MEDICAL ASSISTANCE 646,001 6 CHAMPUS / TRICARE 57,005 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS \$25,007,601 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,053 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$41,135,175 F.		TOTAL AGGRED GHARGES	\$133,333,304
2 MEDICARE 26,608,521 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,693,976 4 MEDICAID 5,043,975 5 OTHER MEDICAL ASSISTANCE 646,001 6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAL MEDICAL ASSISTANCE 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$41,135,175 F. TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL COUTPATIENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	D.		
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,689,976 4 MEDICAID 5,043,975 5 OTHER MEDICAL ASSISTANCE 646,001 6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 715,045 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$41,135,175 1 TOTAL ACCRUED PAYMENTS \$41,135,175 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2			
4 MEDICAID 5,043,975 5 OTHER MEDICAL ASSISTANCE 646,001 6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICARE 9,498,280 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 715,045 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 7 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938			
6 CHAMPUS / TRICARE 57,058 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS \$25,007,601 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 147,158 TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892 E. OUTPATIENT ACCRUED PAYMENTS 1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			646,001
TOTAL INPATIENT GOVERNMENT PAYMENTS \$32,355,555 TOTAL INPATIENT PAYMENTS \$41,352,892			
TOTAL INPATIENT PAYMENTS	- '-		,
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS 5 TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$25,007,601 2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS 5 TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
2 MEDICARE 9,498,280 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,458,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			\$25.007.604
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 6,455,741 4 MEDICAID 5,743,696 5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
5 OTHER MEDICAL ASSISTANCE 715,045 6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
6 CHAMPUS / TRICARE 170,553 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 155,386 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			,
TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$16,127,574 TOTAL OUTPATIENT PAYMENTS \$41,135,175 F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			
F. TOTAL ACCRUED PAYMENTS 1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129	Ė		\$16,127,574
1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129		TOTAL OUTPATIENT PAYMENTS	\$41,135,175
1 TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$34,004,938 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129	F	TOTAL ACCRUED PAYMENTS	
2 TOTAL GOVERNMENT ACCRUED PAYMENTS 48,483,129			\$34.004.938
TOTAL ACCRUED PAYMENTS \$82,488,067			
		TOTAL ACCRUED PAYMENTS	\$82,488,067

	WINDHAM COMMUNITY MEMORIAL HOSPITAL					
	TWELVE MONTHS ACTUAL FILING					
	FISCAL YEAR 2010					
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND					
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES					
	BASELINE ONDERFATIMENT DATA: AGREED-OF ON FROGEDORES					
(1)	(2)	(3)				
(')	\2/	ACTUAL				
IINE	DESCRIPTION	FY 2010				
LIINE	DESCRIPTION	1 1 2010				
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA					
Α.	ACCRUED DISCHARGES					
<u>1</u>	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1,38				
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,51 ⁻ 1,18				
<u>3</u>	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,100				
5	OTHER MEDICAL ASSISTANCE	12				
6	CHAMPUS / TRICARE	1.				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10				
	TOTAL GOVERNMENT DISCHARGES	3,71				
	TOTAL DISCHARGES	5,10				
B.	CASE MIX INDEX					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.9263				
2	MEDICARE	1.1799				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	0.8620				
<u>4</u> 5	OTHER MEDICAL ASSISTANCE	0.8164 1.2438				
6	CHAMPUS / TRICARE	0.9913				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.7270				
	TOTAL GOVERNMENT CASE MIX INDEX	1.0776				
	TOTAL CASE MIX INDEX	1.0366				
C.	OTHER REQUIRED DATA					
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,897,196				
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,702,394				
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,194,802				
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.36%				
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,173,244				
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,676,212				
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$587,594				
8	CHARITY CARE	\$2,446,867				
9	BAD DEBTS	\$3,867,045				
10	TOTAL UNCOMPENSATED CARE	\$6,313,912				
11	TOTAL OTHER OPERATING REVENUE	\$2,622,664				
12	TOTAL OPERATING EXPENSES	\$91,501,818				

	WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2010	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)	(0)	(0)
(1)	(2)	(3)
		ACTUAL
<u>INE</u>	DESCRIPTION	<u>FY 2010</u>
	NET DEVENUE ODGOODEVENUE AND UNCOMPENCATED CARE DECONOU IATIONS	
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
Λ.	RECONCILIATION OF OHICA DEFINED NET REVENUE TO HOSFITAL AUDITED TIM. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$82,488,06
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$587,59
	OHCA DEFINED NET REVENUE	\$83,075,66
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,867,04
	CALCULATED NET REVENUE	\$86,942,70
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$86,942,70
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$193,955,56
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$
	CALCULATED GROSS REVENUE	\$193,955,56
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$193,955,56
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,313,91
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,691,62
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,005,53
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,005,53
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(5

56

670

1,625

\$844,999

1,106,556

2,189,694

\$4,141,249

\$2,094,259

4,141,249

\$6,235,508

\$1,369,417

1,921,951

2,944,140

\$6,235,508

57

655

1,715

\$758,451

1,002,945

2,105,649

\$3,867,045

\$2,446,867

3,867,045

\$6,313,912

\$1,519,171

1,852,611

2,942,130

\$6,313,912

1

(15)

90

(\$86,548)

(103,611)

(84,045)

(\$274,204)

\$352,608

(274,204)

\$78,404

\$149.754

(69,340)

\$78,404

(2.010)

2%

-2%

6%

-10%

-9%

-4%

-7%

17%

-7%

1%

11%

-4%

0%

1%

13

14

15

В.

1

2

3

4

C.

1 2

3

4

5

6

7

Charity Care - Number of Discharges

Bad Debts - Inpatient Services

Total Bad Debts (A)

Charity Care (A)

Bad Debts (A)

Bad Debts - Emergency Department

Total Uncompensated Care (A)

Total Uncompensated Care (A)

Uncompensated Care - Inpatient Services

Uncompensated Care - Emergency Department

Charity Care - Number of Outpatient ED Visits

Hospital Bad Debts (from HRS Report 500)

Charity Care - Number of Outpatient Visits (Excludes ED Visits)

Bad Debts - Outpatient Services (Excludes ED Bad Debts)

Hospital Uncompensated Care (from HRS Report 500)

Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (5) (6)ACTUAL **ACTUAL AMOUNT** % LINE DESCRIPTION FY 2009 FY 2010 DIFFERENCE DIFFERENCE Hospital Charity Care (from HRS Report 500) A. 4,162 Number of Applicants 4,608 (446)-10% **Number of Approved Applicants** 4,094 2 (499)-11% 4,593 **Total Charges (A)** \$2,094,259 \$2,446,867 \$352,608 17% 3 4 **Average Charges** \$456 \$598 \$142 31% Ratio of Cost to Charges (RCC) 0.386903 0.449045 0.062142 16% 5 **Total Cost** \$288,478 \$810,275 \$1,098,753 36% 6 7 **Average Cost** \$176 \$268 \$92 52% 8 Charity Care - Inpatient Charges \$524,418 \$760,720 \$236,302 45% Charity Care - Outpatient Charges (Excludes ED Charges) 815,395 34,271 4% 9 849,666 Charity Care - Emergency Department Charges 10 754.446 836.481 82.035 11% 11 Total Charges (A) \$2,094,259 \$2,446,867 \$352,608 17% Charity Care - Number of Patient Days 212 42% 12 149 63

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

	Total Accrued Payments (A)	\$32,953,588	\$33,702,394	\$748,806	2
2	Total Contractual Allowances	\$35,545,014	\$34,194,802	(\$1,350,212)	-4
1	Total Gross Revenue	\$68,498,602	\$67,897,196	(\$601,406)	-1
	COMMERCIAL - ALL PAYERS				
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
		FY 2009	FY 2010		
(1)	(2)	(3)	(4)	(5)	(6)
	A	CCRUED PAYMENTS AND DISCO	UNI PERCENTAGE		
		L NON-GOVERNMENT GROSS RE	· · · · · · · · · · · · · · · · · · ·	ALLOWANCES,	
		FISCAL YEAR 2	2010		
		TWELVE MONTHS ACTUA			
		WINDHAM COMMUNITY MEMOR	RIAL HOSPITAL		

Inpatient Gross Revenue per ED

	WINDHAM COMMUNITY MEMORIAL H	OSPITAL			
	TWELVE MONTHS ACTUAL FILI	NG			
	FISCAL YEAR 2010				
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)	
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010	
Α.	Gross and Net Revenue				
1	Inpatient Gross Revenue	\$74,505,375	\$72,446,212	\$73,484,780	
2	Outpatient Gross Revenue	\$119,289,489	\$117,737,661	\$120,470,784	
3	Total Gross Patient Revenue	\$193,794,864	\$190,183,873	\$193,955,564	
4	Net Patient Revenue	\$81,011,511	\$83,605,148	\$86,942,706	
В.	Total Operating Expenses				
1	Total Operating Expense	\$83,487,134	\$85,401,157	\$91,501,818	
C.	Utilization Statistics				
1	Patient Days	21,050	20,696	20,850	
2	Discharges	5,744	5,343	5,100	
3	Average Length of Stay	3.7	3.9	4.1	
4	Equivalent (Adjusted) Patient Days (EPD)	54,753	54,331	55,031	
0	Equivalent (Adjusted) Discharges (ED)	14,941	14,026	13,461	
D.	Case Mix Statistics				
1	Case Mix Index	1.01247	1.02008	1.03668	
2	Case Mix Adjusted Patient Days (CMAPD)	21,312	21,112	21,615	
3	Case Mix Adjusted Discharges (CMAD)	5,816	5,450	5,287	
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	55,436	55,422	57,050	
5	Case Mix Adjusted Equivalent Discharges (CMAED)	15,127	14,308	13,955	
E.	Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$9,206	\$9,189	\$9,302	
2	Total Gross Revenue per l'alient bay Total Gross Revenue per Discharge	\$33,739	\$35,595	\$38,031	
3	Total Gross Revenue per EPD	\$3,539	\$3,500	\$3,524	
4	Total Gross Revenue per ED	\$12,971	\$13,559	\$14,409	
5	Total Gross Revenue per CMAEPD	\$3,496	\$3,432	\$3,400	
6	Total Gross Revenue per CMAED	\$12,811	\$13,292	\$13,899	
7	Inpatient Gross Revenue per EPD	\$1,361	\$1,333	\$1,335	
– ′	migation 5.300 Notonido por El D	ψ1,001	ψ1,000	ψ1,555	

\$5,165

\$5,459

\$4,987

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
F.	Net Revenue Per Statistic	• • • • • •		
1	Net Patient Revenue per Patient Day	\$3,849	\$4,040	\$4,170
2	Net Patient Revenue per Discharge	\$14,104	\$15,648	\$17,048
3	Net Patient Revenue per EPD	\$1,480	\$1,539	\$1,580
4	Net Patient Revenue per ED	\$5,422	\$5,961	\$6,459
5	Net Patient Revenue per CMAEPD	\$1,461	\$1,509	\$1,524
6	Net Patient Revenue per CMAED	\$5,355	\$5,843	\$6,230
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$3,966	\$4,126	\$4,389
2	Total Operating Expense per Discharge	\$14,535	\$15,984	\$17,942
3	Total Operating Expense per EPD	\$1,525	\$1,572	\$1,663
4	Total Operating Expense per ED	\$5,588	\$6,089	\$6,798
5	Total Operating Expense per CMAEPD	\$1,506	\$1,541	\$1,604
6	Total Operating Expense per CMAED	\$5,519	\$5,969	\$6,557
н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$12,315,908	\$15,137,005	\$12,409,863
2	Nursing Fringe Benefits Expense	\$4,171,693	\$5,158,691	\$4,602,323
3	Total Nursing Salary and Fringe Benefits Expense	\$16,487,601	\$20,295,696	\$17,012,186
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$2,978,184	\$127,711	\$887,642
2	Physician Fringe Benefits Expense	\$1,137,734	\$43,524	\$329,191
3	Total Physician Salary and Fringe Benefits Expense	\$4,115,918	\$171,235	\$1,216,833
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$21,514,168	\$21,833,969	\$26,003,628
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,332,066	\$7,444,319	\$9,643,709
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$28,846,234	\$29,278,288	\$35,647,337
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$36,808,260	\$37,098,685	\$39,301,133
2	Total Fringe Benefits Expense	\$12,641,493	\$12,646,534	\$14,575,223
3	Total Salary and Fringe Benefits Expense	\$49,449,753	\$49,745,219	\$53,876,356

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4) ACTUAL	(5) ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
L.	Total Full Time Equivalent Employees (ETEs)			
	Total Full Time Equivalent Employees (FTEs) Total Nursing FTEs	180.8	210.0	215.4
1			219.0	215.4
2	Total Physician FTEs	4.7	1.1	4.5
3	Total Non-Nursing, Non-Physician FTEs	409.3	387.9	383.5
4	Total Full Time Equivalent Employees (FTEs)	594.8	608.0	603.4
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$68,119	\$69,119	\$57,613
2	Nursing Fringe Benefits Expense per FTE	\$23,074	\$23,556	\$21,366
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$91,192	\$92,674	\$78,980
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$633,656	\$116,101	\$197,254
2	Physician Salary Expense per FTE Physician Fringe Benefits Expense per FTE	\$242,071	\$39,567	\$73,154
	Total Physician Salary and Fringe Benefits Expense per FTE			
3	Total Physician Salary and Phinge Benefits Expense per FTE	\$875,727	\$155,668	\$270,407
Ο.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expens	se per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$52,563	\$56,288	\$67,806
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,914	\$19,191	\$25,147
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$70,477	\$75,479	\$92,953
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$61,883	\$61,018	\$65,133
2	Total Fringe Benefits Expense per FTE	\$21,253	\$20,800	\$24,155
3	Total Salary and Fringe Benefits Expense per FTE	\$83,137	\$81,818	\$89,288
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,349	\$2,404	\$2,584
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,609	\$9,310	\$10,564
3	Total Salary and Fringe Benefits Expense per EPD	\$903	\$916	\$979
4	Total Salary and Fringe Benefits Expense per ED	\$3,310	\$3,547	\$4,002
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$892	\$898	\$944
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,269	\$3,477	\$3,86°