	HARTFORD HOS	SPITAL			
	TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEA	R 2011			
	REPORT 100 - HOSPITAL BALANC	E SHEET INFOR	MATION	ı	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<u>ASSETS</u>				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$33,536,251	\$60,477,778	\$26,941,527	80%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$116,439,803	\$123,703,917	\$7,264,114	6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,304,570	\$3,902,820	(\$401,750)	-9%
5	Due From Affiliates	\$8,221,672	\$16,276,475	\$8,054,803	98%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$10,906,251	\$11,054,903	\$148,652	1%
8	Prepaid Expenses	\$11,166,296	\$10,118,833	(\$1,047,463)	-9%
9	Other Current Assets	\$18,731,666	\$14,438,542	(\$4,293,124)	-23%
	Total Current Assets	\$203,306,509	\$239,973,268	\$36,666,759	18%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$95,521,928	\$92,291,655	(\$3,230,273)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$54,673,488	\$54,673,488	0%
4	Other Noncurrent Assets Whose Use is Limited	\$289,276,135	\$282,945,295	(\$6,330,840)	-2%
	Total Noncurrent Assets Whose Use is Limited:	\$384,798,063	\$429,910,438	\$45,112,375	12%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$40,644,646	\$81,481,163	\$40,836,517	100%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$797,924,023	\$874,183,913	\$76,259,890	10%
2	Less: Accumulated Depreciation	\$552,907,136	\$592,931,534	\$40,024,398	7%
	Property, Plant and Equipment, Net	\$245,016,887	\$281,252,379	\$36,235,492	15%
3	Construction in Progress	\$36,889,362	\$28,120,510	(\$8,768,852)	-24%
	Total Net Fixed Assets	\$281,906,249	\$309,372,889	\$27,466,640	10%
	Total Assets	\$910,655,467	\$1,060,737,758	\$150,082,291	16%

	HARTFO	ORD HOSPITAL					
	TWELVE MON	NTHS ACTUAL FILING					
	FISCAL YEAR 2011						
	REPORT 100 - HOSPITAL	BALANCE SHEET INFOR	MATION				
(1)	(2) (3) (4) (5)						
		FY 2010	FY 2011	AMOUNT	(6) %		
LINE	<u>DESCRIPTION</u>	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE		
II.	LIABILITIES AND NET ASSETS						
A.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$41,856,450	\$19,542,101	(\$22,314,349)	-53%		
	Salaries, Wages and Payroll Taxes	\$21,592,183	\$18,445,257	(\$3,146,926)	-15%		
	Due To Third Party Payers	\$1,980,663	\$6,850,045	\$4,869,382	246%		
4	Due To Affiliates	\$0	\$0	\$0	0%		
	Current Portion of Long Term Debt	\$0	\$0	\$0	0%		
	Current Portion of Notes Payable	\$32,944,225	\$16,971,544	(\$15,972,681)	-48%		
7	Other Current Liabilities	\$35,247,080	\$57,523,250	\$22,276,170	63%		
	Total Current Liabilities	\$133,620,601	\$119,332,197	(\$14,288,404)	-11%		
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$44,750,200	\$169,208,339	\$124,458,139	278%		
2	Notes Payable (Net of Current Portion)	\$16,216,676	\$22,380,467	\$6,163,791	38%		
	Total Long Term Debt	\$60,966,876	\$191,588,806	\$130,621,930	214%		
3	Accrued Pension Liability	\$279,113,923	\$340,366,785	\$61,252,862	22%		
4	Other Long Term Liabilities	\$9,234,293	\$6,957,786	(\$2,276,507)	-25%		
	Total Long Term Liabilities	\$349,315,092	\$538,913,377	\$189,598,285	54%		
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$178,313,676	\$163,006,762	(\$15,306,914)	-9%		
2	Temporarily Restricted Net Assets	\$89,881,759	\$82,502,856	(\$7,378,903)	-8%		
	Permanently Restricted Net Assets	\$159,524,339	\$156,982,566	(\$2,541,773)	-2%		
	Total Net Assets	\$427,719,774	\$402,492,184	(\$25,227,590)	-6%		
		_					
	Total Liabilities and Net Assets	\$910,655,467	\$1,060,737,758	\$150,082,291	16%		

	HARTFOI	RD HOSPITAL			
	TWELVE MONT	HS ACTUAL FILING			
	FISCA	AL YEAR 2011			
	REPORT 150 - HOSPITAL STATEM	MENT OF OPERATIO	NS INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LIIVE	<u>SECONII TION</u>	ACTORE	AOTOAL	DITTERCENCE	DITTERENOL
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$1,901,719,123	\$2,049,319,284	\$147,600,161	8%
2	Less: Allowances	\$1,077,109,384	\$1,175,001,400	\$97,892,016	9%
3 4	Less: Charity Care Less: Other Deductions	\$29,803,690 \$0	\$20,358,606 \$0	(\$9,445,084) \$0	-32% 0%
4	Total Net Patient Revenue	\$794,806,049	\$853,959,278	\$59,153,229	7%
5	Other Operating Revenue	\$129,170,425	\$121,645,764	(\$7,524,661)	-6%
6	Net Assets Released from Restrictions	\$8,623,312	\$9,161,084	\$537,772	-0%
	Total Operating Revenue	\$932,599,786	\$984,766,126	\$52,166,340	6%
	Total Operating Nevertue	\$332,333,700	φ90 4 ,700,120	\$32,100,340	070
В.	Operating Expenses:				
1	Salaries and Wages	\$398,505,926	\$433,339,431	\$34,833,505	9%
2	Fringe Benefits	\$100,636,264	\$128,868,720	\$28,232,456	28%
3	Physicians Fees	\$36,006,766	\$39,912,214	\$3,905,448	11%
4	Supplies and Drugs	\$126,188,219	\$125,251,978	(\$936,241)	-1%
5	Depreciation and Amortization	\$42,312,460	\$43,450,600	\$1,138,140	3%
6	Bad Debts	\$37,824,767	\$12,915,771	(\$24,908,996)	-66%
7	Interest	\$614,483	\$1,556,400	\$941,917	153%
8	Malpractice	\$14,000,101	\$13,661,983	(\$338,118)	-2%
9	Other Operating Expenses	\$163,912,169	\$164,969,944	\$1,057,775	1%
	Total Operating Expenses	\$920,001,155	\$963,927,041	\$43,925,886	5%
	Income/(Loss) From Operations	\$12,598,631	\$20,839,085	\$8,240,454	65%
C.	Non-Operating Revenue:				
1	Income from Investments	\$4,526,884	\$1,540,621	(\$2,986,263)	-66%
2	Gifts, Contributions and Donations	\$995,454	\$650,919	(\$344,535)	-35%
3	Other Non-Operating Gains/(Losses)	(\$309,659)	\$6,501,349	\$6,811,008	-2200%
	Total Non-Operating Revenue	\$5,212,679	\$8,692,889	\$3,480,210	67%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$17,811,310	\$29,531,974	\$11,720,664	66%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$15,769,108	(\$10,212,490)	(\$25,981,598)	-165%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$15,769,108	(\$10,212,490)	(\$25,981,598)	-165%
	Excess/(Deficiency) of Revenue Over Expenses	\$33,580,418	\$19,319,484	(\$14,260,934)	-42%
	Principal Payments	\$2,363,100	\$99,924,420	\$97,561,320	4129%

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

(1)	(2)	(3)	(4)	(5)	(6)
	, ,	FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
					,
I.	GROSS REVENUE BY PAYER				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$555,399,320	\$561,941,659	\$6,542,339	1%
2	MEDICARE MANAGED CARE	\$99,625,478	\$110,630,965	\$11,005,487	11%
3	MEDICAID	\$152,660,482	\$198,704,049		30%
4	MEDICAID MANAGED CARE	\$44,897,566	\$49,257,525	\$4,359,959	10%
5	CHAMPUS/TRICARE	\$4,791,123	\$8,638,310	\$3,847,187	80%
6	COMMERCIAL INSURANCE	\$13,465,554	\$10,582,882	(\$2,882,672)	-21%
7	NON-GOVERNMENT MANAGED CARE	\$405,793,355	\$425,100,286	\$19,306,931	5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$19,801,383	\$13,165,053	(\$6,636,330)	-34%
10	SAGA	\$27,257,124	\$0	(\$27,257,124)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$1,323,691,385	\$1,378,020,729	\$54,329,344	4%
B.	OUTPATIENT GROSS REVENUE	#450.040.504	£404.000.507	#00 000 040	470/
1	MEDICARE TRADITIONAL	\$158,340,524	\$184,630,567	\$26,290,043	17%
2	MEDICARE MANAGED CARE	\$28,489,561	\$41,982,330	\$13,492,769	47%
3	MEDICAID MEDICAID MANAGED CARE	\$58,016,080 \$38,190,798	\$91,876,361 \$39,772,454	\$33,860,281	58%
		. , ,	. , ,	\$1,581,656	4% -11%
5 6	CHAMPUS/TRICARE COMMERCIAL INSURANCE	\$2,317,387 \$7,584,781	\$2,057,294	(\$260,093)	10%
7	NON-GOVERNMENT MANAGED CARE	\$245,724,993	\$8,341,556	\$756,775 \$31,252,378	13%
8	WORKER'S COMPENSATION	<u>' ' ' . </u>	\$276,977,371 \$0	\$31,252,376	0%
9	SELF- PAY/UNINSURED	\$0 \$27,329,396	\$25,660,622	(\$1,668,774)	-6%
10	SAGA	\$12,034,218	\$25,000,022	(\$12,034,218)	-100%
11	OTHER	\$0	\$0 \$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$578,027,738	\$671,298,555	\$93,270,817	16%
	TOTAL COTT ATILITY CROSS REVERSE	Ψ310,021,130	ψ07 1,230,333	ψ33,210,011	1070
c.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$713,739,844	\$746,572,226	\$32,832,382	5%
2	MEDICARE MANAGED CARE	\$128,115,039	\$152,613,295	\$24,498,256	19%
3	MEDICAID	\$210,676,562	\$290,580,410	\$79,903,848	38%
4	MEDICAID MANAGED CARE	\$83,088,364	\$89,029,979		7%
5	CHAMPUS/TRICARE	\$7,108,510	\$10,695,604		50%
6	COMMERCIAL INSURANCE	\$21,050,335	\$18,924,438	(\$2,125,897)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$651,518,348	\$702,077,657	\$50,559,309	8%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9		\$47,130,779	\$38,825,675	(\$8,305,104)	-18%
10	SAGA	\$39,291,342	\$0	(\$39,291,342)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,901,719,123	\$2,049,319,284	\$147,600,161	8%
II.	NET REVENUE BY PAYER				
<u> </u>					
	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$223,202,415	\$226,095,092	\$2,892,677	1%
2	MEDICARE MANAGED CARE	\$37,739,964	\$42,578,442	\$4,838,478	13%
3	MEDICAID	\$48,119,130	\$58,154,029	\$10,034,899	21%
4	MEDICAID MANAGED CARE	\$18,369,872	\$17,341,773	(\$1,028,099)	-6%
5	CHAMPUS/TRICARE	\$897,963	\$3,030,139	\$2,132,176	237%
6	COMMERCIAL INSURANCE	\$11,018,539	\$10,060,022	(\$958,517)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$206,393,940	\$232,295,530	\$25,901,590	13%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,057,043	\$3,336,937	\$2,279,894	216%
10	SAGA	\$7,279,004	\$0 \$0	(\$7,279,004)	
11	OTHER	\$0	\$0	\$0	0%

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

TOTAL INPATIENT NET REVENUE \$554,077,670 \$592,891,964 \$38,814,094 7%	(1)	(2)	(3)	(4)	(5)	(6)
DESCRIPTION		()				· · · ·
B. OUTPATIENT NET REVENUE	LINE	DESCRIPTION				DIFFERENCE
B. OUTPATIENT NET REVENUE						
MEDICARE TRADITIONAL \$52,319,090 \$58,033,661 \$5,714,571 11%		TOTAL INPATIENT NET REVENUE	\$554,077,870	\$592,891,964	\$38,814,094	7%
MEDICARE MANAGED CARE \$8,741,023	B.	OUTPATIENT NET REVENUE				
MEDICAID \$12,214,103 \$26,241,779 \$14,027,676 119% 119	1	MEDICARE TRADITIONAL	\$52,319,090	\$58,033,661	\$5,714,571	11%
MEDICAID MANAGED CARE \$11,224,417 \$12,420,216 \$1,195,799 11% 5 CHAMPUSTRICARE \$1,001,020 \$861,357 \$230,563) 21% 6 COMMERCIAL INSURANCE \$6,206,443 \$7,929,430 \$1,722,987 28% 7 NON-GOVERNMENT MANAGED CARE \$124,926,731 \$145,689,072 \$20,762,341 17% 8 WORKER'S COMPENSATION \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	2	MEDICARE MANAGED CARE	\$8,741,023	\$12,728,190	\$3,987,167	46%
5 CHAMPUSTRICARE	3	MEDICAID	\$12,214,103	\$26,241,779	\$14,027,676	115%
COMMERCIAL INSURANCE	4	MEDICAID MANAGED CARE	\$11,224,417	\$12,420,216	\$1,195,799	11%
Tongovernment managed care						-21%
			· · · · · · · · · · · · · · · · · · ·		·	
9 SELF-PAYJUNINSURED						
10 SAGA \$2,632,027 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$						
11 OTHER						
C. TOTAL OUTPATIENT NET REVENUE 1 MEDICARE TRADITIONAL 275,521,505 3284,128,753 3 MEDICAID 3 MEDICARE MANAGED CARE 346,480,997 3 MEDICAID MANAGED CARE 326,042,289 3 MEDICAID MANAGED CARE 329,761,989 5 167,700 1 % 5 CHAMPUS/TRICARE 31,989,883 33,381,495,989 5 167,700 1 % 5 CHAMPUS/TRICARE 31,989,883 33,381,495,980 5 167,700 1 % 6 COMMERCIAL INSURANCE 51,224,982 51,799,452 7 NON-GOVERNMENT MANAGED CARE 32,515,949 9 SELE-PAYUNINSURED 32,515,949 39,841,115 57,325,166 291% 10 SAGA 3 \$9,911,031 50 (\$9,911,031) 100 360 30 \$0 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 30 \$0 40 40 MEDICARE TRADITIONAL 31,542 13,321 1(221) -2% 31 MEDICARE MANAGED CARE 32,777 2,474 197 9% 3 MEDICAID MANAGED CARE 33,341 3,241 1(202) 3 MEDICARE MANAGED CARE 3,341 3,241 1(202) 3 MEDICARE MANAGED CARE 3,341 3,241 1(3,241 1,3,241 1,3,241 1(3,241 1,3,241 1,3,241 1(3,241 1,3,241				**	(, , , , ,	
C. TOTAL NET REVENUE 1 MEDICARE TRADITIONAL \$275,521,505 \$284,128,753 \$8,607,248 3% 2 MEDICARE MANAGED CARE \$46,480,987 \$55,306,632 \$8,825,645 19% 3 MEDICAID \$60,333,233 \$84,395,608 \$24,062,575 40% 4 MEDICAID MANAGED CARE \$29,594,289 \$29,761,989 \$167,700 1% 5 CHAMPUSTRICARE \$1,989,883 \$3,891,496 \$1,901,613 96% 6 COMMERCIAL INSURANCE \$17,224,982 \$17,989,452 \$764,470 4% 7 NON-GOVERNMENT MANAGED CARE \$331,320,671 \$377,94,602 \$46,663,931 14% 8 WORKER'S COMPENSATION \$0 \$0 \$0 \$0 \$0 9 SELF- PAYUNINSURED \$2,515,949 \$9,841,115 \$7,325,166 291% 10 SAGA \$9,911,031 \$0 \$9,911,031 \$0 \$9 11 OTHER \$9 \$0 \$0 \$0 \$0 \$0<	11		7 -	* -		
MEDICARE TRADITIONAL \$275,521,505 \$284,128,753 \$8,607,248 3% MEDICAID \$40,480,987 \$55,308,632 \$8,825,645 19% 3 MEDICAID \$60,333,233 \$84,395,808 \$24,062,575 40% 4 MEDICAID MANAGED CARE \$29,594,289 \$29,761,989 \$167,700 1% 5 CHAMPUS/TRICARE \$1,988,883 \$3,891,495 \$167,700 1% 5 CHAMPUS/TRICARE \$1,724,982 \$17,989,452 \$764,470 4% 7 NON-GOVERNMENT MANAGED CARE \$331,320,671 \$377,984,602 \$376,470 4% 8 WORKER'S COMPENSATION \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		TOTAL OUTPATIENT NET REVENUE	\$220,814,660	\$270,407,883	\$49,593,223	22%
MEDICARE TRADITIONAL \$275,521,505 \$284,128,753 \$8,607,248 3% MEDICAID \$40,480,987 \$55,308,632 \$8,825,645 19% 3 MEDICAID \$60,333,233 \$84,395,808 \$24,062,575 40% 4 MEDICAID MANAGED CARE \$29,594,289 \$29,761,989 \$167,700 1% 5 CHAMPUS/TRICARE \$1,988,883 \$3,891,495 \$167,700 1% 5 CHAMPUS/TRICARE \$1,724,982 \$17,989,452 \$764,470 4% 7 NON-GOVERNMENT MANAGED CARE \$331,320,671 \$377,984,602 \$376,470 4% 8 WORKER'S COMPENSATION \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		TOTAL NET DEVENUE				
MEDICARE MANAGED CARE	_		\$27E EQ4 EQE	\$20.4.400.7E0	¢0 C07 040	20/
3 MEDICAID \$60,332,233 \$84,395,808 \$24,062,575 40% 4 MEDICAID MANAGED CARE \$29,594,289 \$29,761,898 \$167,700 11% 5 CHAMPUSITRICARE \$1,983,883 \$3,391,496 \$1,901,613 96% 6 COMMERCIAL INSURANCE \$17,224,982 \$17,389,452 \$764,470 44% 7 NON-GOVERNMENT MANAGED CARE \$331,320,671 \$377,984,602 \$46,663,931 14% 8 WORKER'S COMPENSATION \$0 \$0 \$0 0% 9 SELF- PAY/UNINSURED \$2,515,949 \$9,841,115 \$7,325,166 291% 10 SAGA \$9,911,031 \$0 \$9,941,031 -100% 11 OTHER \$0 \$0 \$0 0% TOTAL NET REVENUE \$774,892,530 \$863,299,847 \$88,407,317 111% III. STATISTICS BY PAYER						
MEDICAID MANAGED CARE \$29,594,289 \$29,761,989 \$167,700 1% 5 CHAMPUSTRICARE \$1,989,883 \$3,981,496 \$1,901,613 96% \$1,7224,982 \$17,989,452 \$764,470 4% 7 NON-GOVERNMENT MANAGED CARE \$331,320,671 \$377,984,602 \$46,663,931 14% \$8 WORKER'S COMPENSATION \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
5 CHAMPUSTRICARE \$1,989,883 \$3,891,496 \$1,901,613 96% 6 COMMERCIAL INSURANCE \$17,224,982 \$17,989,4502 \$46,470 4% 7 NON-GOVERNMENT MANAGED CARE \$331,320,671 \$377,984,602 \$46,663,931 14% 8 WORKER'S COMPENSATION \$0 \$0 \$0 \$0 0% 9 SELF-PAYJUNINSURED \$2,515,949 \$9,841,115 \$7,325,166 291% 10 SAGA \$9,911,031 \$0 (\$9,911,031) -100% 11 OTHER \$0 \$0 \$0 0% TOTAL NET REVENUE \$774,892,530 \$863,299,847 \$88,407,317 11% III. STATISTICS BY PAYER \$774,892,530 \$863,299,847 \$88,407,317 11% III. STATISTICS BY PAYER \$774,892,530 \$863,299,847 \$88,407,317 11% III. STATISTICS BY PAYER \$1 MEDICARE RADITIONAL \$13,542 \$13,321 (221) -2% 2 MEDICARE MANAGED CARE \$2,277 \$2,474 197 9% <t< td=""><td>_</td><td></td><td></td><td></td><td></td><td></td></t<>	_					
6 COMMERCIAL INSURANCE \$17,224,982 \$17,989,452 \$764,470 4% 7 NON-GVERNMENT MANAGED CARE \$331,320,671 \$337,984,602 \$46,663,931 14% 8 WORKER'S COMPENSATION \$0 \$0 \$0 \$0 9 SELF-PAYJUNINSURED \$2,515,949 \$9,841,115 \$7,325,166 291% 10 SAGA \$9,911,031 \$0 \$9.0 50 50 0% 11 OTHER \$0 \$0 \$0 50 50 0% TOTAL NET REVENUE \$774,892,530 \$863,299,847 \$88,407,317 11% III. STATISTICS BY PAYER \$74,892,530 \$863,299,847 \$88,407,317 11% III. STATISTICS BY PAYER \$3 \$3 \$2 \$3 \$4 \$3 \$2 \$2 \$2 \$2 \$2 \$2 \$2			. , ,	+ -, - ,		
Total Discharges	_					
B WORKER'S COMPENSATION \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$				+ //		
SELF-PAY/UNINSURED \$2,515,949 \$9,841,115 \$7,325,166 291% SAGA \$9,911,031 \$0 \$0,911,031 -100% \$0 0 % \$0 0 % \$0 0 % \$0 0 % \$0 0 % \$0 0 % \$0 0 % \$0 0 % \$0 \$0						
10 SAGA \$9,911,031 \$0 (\$9,911,031) -100% 11 OTHER \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	_					
TOTAL NET REVENUE						
TOTAL NET REVENUE						
III. STATISTICS BY PAYER			7 -	* -	4 -	
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11 OTHER 0 0 0 0% TOTAL PATIENT DAYS 220,114 223,555 3,441 2%	10					-100%
	11			0		0%
		TOTAL PATIENT DAYS	220,114	223,555	3,441	2%
	C.	OUTPATIENT VISITS				

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

(1)	(2)	(3)	(4)	(5)	(6)
	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1	MEDICARE TRADITIONAL	72,329	69,947	(2,382)	-3%
2	MEDICARE MANAGED CARE	8,959	11,683	2,724	30%
3	MEDICAID	56,665	75,025	18,360	32%
4	MEDICAID MANAGED CARE	62,651	51,338	(11,313)	-18%
5	CHAMPUS/TRICARE	475	622	147	31%
6	COMMERCIAL INSURANCE	11,069	15,307	4,238	38%
7	NON-GOVERNMENT MANAGED CARE	79,774	93,386	13,612	17%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	35,449	31,471	(3,978)	-11%
10	SAGA	11,763	0	(11,763)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	339,134	348,779	9,645	3%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER	3			
Α.	EMERGENCY DEPARTMENT OUTPATIENT GROSS R			A	_
1	MEDICARE TRADITIONAL	\$25,253,004	\$26,962,960	\$1,709,956	7%
2	MEDICARE MANAGED CARE	\$5,658,118	\$7,620,874	\$1,962,756	35%
3	MEDICAID	\$20,041,271	\$34,576,394	\$14,535,123	73%
4	MEDICAID MANAGED CARE	\$18,183,797	\$17,034,343	(\$1,149,454)	-6%
5	CHAMPUS/TRICARE	\$568,660	\$892,802	\$324,142	57%
6	COMMERCIAL INSURANCE	\$3,932,948	\$3,953,244	\$20,296	1%
7	NON-GOVERNMENT MANAGED CARE	\$37,583,382	\$37,781,495	\$198,113	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$22,410,799	\$21,263,585	(\$1,147,214)	-5%
10	SAGA	\$10,200,153	\$0	(\$10,200,153)	
11	OTHER TOTAL EMERGENCY DEPARTMENT	\$0	\$0	\$0	0%
	OUTPATIENT GROSS REVENUE	\$143,832,132	\$150,085,697	\$6,253,565	4%
В.	EMERGENCY DEPARTMENT OUTPATIENT NET REVE		ψ130,003,037	ψ0,233,303	770
1	MEDICARE TRADITIONAL	\$6,010,215	\$6,417,184	\$406,969	7%
2	MEDICARE MANAGED CARE	\$1,324,000	\$1,783,285	\$459,285	35%
3	MEDICAID	\$4,078,399	\$7,036,296	\$2,957,897	73%
4	MEDICAID MANAGED CARE	\$4,000,435	\$3,747,555	(\$252,880)	-6%
5	CHAMPUS/TRICARE	\$164,911	\$258,913	\$94,002	57%
6	COMMERCIAL INSURANCE	\$3,897,551	\$3,917,665	\$20.114	1%
7	NON-GOVERNMENT MANAGED CARE	\$16,857,577	\$16,944,508	\$86,931	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$20,640,346	\$19,583,762	(\$1,056,584)	
10	SAGA	\$1,938,029	\$0	(\$1,938,029)	
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT	·	,	·	
	OUTPATIENT NET REVENUE	\$58,911,463	\$59,689,168	\$777,705	1%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	10,283	10,559	276	3%
2	MEDICARE MANAGED CARE	2,301	2,682	381	17%
3	MEDICAID	12,524	21,579	9,055	72%
4	MEDICAID MANAGED CARE	13,592	12,334	(1,258)	-9%
5	CHAMPUS/TRICARE	228	325	97	43%
6	COMMERCIAL INSURANCE	2,157	2,115	(42)	-2%
7	NON-GOVERNMENT MANAGED CARE	16,266	15,570	(696)	-4%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	14,151	13,389	(762)	-5%
10	SAGA	7,168	0	(7,168)	-100%
11	OTHER TOTAL FUED OF NOV DEPARTMENT	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	78,670	78,553	(117)	0%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
	<u>9. 20.0000</u>				
A.	Salaries & Wages:				
1	Nursing Salaries	\$133,233,307	\$140,350,779	\$7,117,472	5%
2	Physician Salaries	\$38,244,961	\$42,066,899	\$3,821,938	10%
3	Non-Nursing, Non-Physician Salaries Total Salaries & Wages	\$227,027,658 \$398,505,926	\$250,921,753 \$433,339,431	\$23,894,095 \$34,833,505	11% 9%
	Total Salaries & Wayes	\$396,303,920	\$433,339,431	\$34,633,303	970
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$33,209,967	\$41,738,240	\$8,528,273	26%
2	Physician Fringe Benefits	\$10,063,626	\$12,510,072	\$2,446,446	24%
3	Non-Nursing, Non-Physician Fringe Benefits	\$57,362,671	\$74,620,408	\$17,257,737	30%
	Total Fringe Benefits	\$100,636,264	\$128,868,720	\$28,232,456	28%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$2,429,188	\$2,302,827	(\$126,361)	-5%
2	Physician Fees	\$36,006,766	\$39,912,214	\$3,905,448	11%
3	Non-Nursing, Non-Physician Fees	\$21,104,575	\$15,659,253	(\$5,445,322)	-26%
	Total Contractual Labor Fees	\$59,540,529	\$57,874,294	(\$1,666,235)	-3%
_	Madian Counting and Pharman and all Contr				
D .	Medical Supplies and Pharmaceutical Cost: Medical Supplies	¢07.557.660	¢00 270 507	\$820,928	1%
2	Pharmaceutical Costs	\$97,557,669 \$28,630,550	\$98,378,597 \$26,873,381	(\$1,757,169)	-6%
	Total Medical Supplies and Pharmaceutical Cost	\$126,188,219	\$125,251,978	(\$936,241)	-1%
		* ,	¥ :==,==:,e:=	(+,,	
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$18,740,725	\$19,270,420	\$529,695	3%
2	Depreciation-Equipment	\$23,571,735	\$24,180,180	\$608,445	3%
3	Amortization	\$0	\$0	\$0	0% 3%
	Total Depreciation and Amortization	\$42,312,460	\$43,450,600	\$1,138,140	3%
F.	Bad Debts:				
1	Bad Debts	\$37,824,767	\$12,915,771	(\$24,908,996)	-66%
				,	
G.	Interest Expense:				
1	Interest Expense	\$614,483	\$1,556,400	\$941,917	153%
Н.	Malpractice Insurance Cost:				
<u>п.</u> 1	Malpractice Insurance Cost	\$14.000.101	\$13,661,983	(\$338,118)	-2%
	iwaipractice insurance cost	\$14,000,101	ψ13,001,903	(ψ550,110)	-2 /0
I.	Utilities:				
1	Water	\$469,003	\$630,535	\$161,532	34%
2	Natural Gas	\$4,338,309	\$4,134,740	(\$203,569)	-5%
3	Oil	\$129,396	\$124,007	(\$5,389)	-4%
<u>4</u> 5	Electricity Telephone	\$10,426,891 \$2,848,597	\$8,552,415 \$2,886,953	(\$1,874,476) \$38,356	-18% 1%
6	Other Utilities	\$1,267,609	\$1,516,995	\$249,386	20%
	Total Utilities	\$19,479,805	\$17,845,645	(\$1,634,160)	-8%
J.	Business Expenses:				
1	Accounting Fees	\$334,524	\$305,094	(\$29,430)	-9%
2	Legal Fees	\$1,255,344	\$1,654,111	\$398,767	32%
<u>3</u> 4	Consulting Fees Dues and Membership	\$8,738,301 \$11,269,309	\$6,133,505 \$10,697,075	(\$2,604,796) (\$572,234)	-30% -5%
5	Equipment Leases	\$15,703,464	\$10,697,075	\$1,487,168	-5% 9%
6	Building Leases	\$7,196,711	\$8,342,987	\$1,146,276	16%
7	Repairs and Maintenance	\$15,474,074	\$16,825,197	\$1,351,123	9%
8	Insurance	\$1,617,798	\$1,734,370	\$116,572	7%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	<u>DIFFERENCE</u>
	T	Φ4 504 005	£4.040.005	\$000.040	4.40/
9 10	Travel	\$1,591,295	\$1,819,905	\$228,610	14%
11	Conferences Property Tax	\$346,324 \$243,968	\$360,583 \$252,030	\$14,259 \$8,062	4% 3%
12	General Supplies	\$6,049,238	\$6,037,862	(\$11,376)	0%
13	Licenses and Subscriptions	\$628,302	\$646,334	\$18,032	3%
14	Postage and Shipping	\$826,302	\$821,130	(\$5,172)	-1%
15	Advertising	\$2,882,371	\$2,005,561	(\$876,810)	-30%
16	Other Business Expenses	\$17,146,996	\$24,007,940	\$6,860,944	40%
	Total Business Expenses	\$91,304,321	\$98,834,316	\$7,529,995	8%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$29,594,280	\$30,327,903	\$733,623	2%
	Total Operating Expenses - All Expense Categories*	\$920,001,155	\$963,927,041	\$43,925,886	5%
	*A K. The total operating expenses amount above	e must agree with	the total operatir	ng expenses amou	nt on Report 150
					•
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
A.	General Administration	\$139,054,997	\$169,606,144	\$30,551,147	22%
2	General Accounting	\$49,619,297	\$24,031,527	(\$25,587,770)	-52%
3	Patient Billing & Collection	\$14,796,433	\$18,882,689	\$4,086,256	28%
4	Admitting / Registration Office	\$2,859,278	\$4,417,706	\$1,558,428	55%
5	Data Processing	\$29,748,206	\$31,521,297	\$1,773,091	6%
6	Communications	\$5,741,733	\$6,023,111	\$281,378	5%
7	Personnel	\$9,868,081	\$16,567,665	\$6,699,584	68%
8	Public Relations	\$6,302,590	\$5,817,513	(\$485,077)	-8%
9	Purchasing	\$3,215,790	\$3,632,243	\$416,453	13%
10	Dietary and Cafeteria	\$12,410,739	\$12,292,896	(\$117,843)	-1%
11	Housekeeping	\$11,098,298	\$11,514,097	\$415,799	4%
12	Laundry & Linen	\$4,086,437	\$4,245,600	\$159,163	4%
13	Operation of Plant	\$21,384,032	\$19,534,995	(\$1,849,037)	-9%
14	Security	\$5,597,728	\$5,563,969	(\$33,759)	-1%
15	Repairs and Maintenance	\$13,192,943	\$13,930,170	\$737,227	6%
16	Central Sterile Supply	\$4,230,953	\$4,129,884	(\$101,069)	-2%
17	Pharmacy Department	\$34,084,350	\$32,467,533	(\$1,616,817)	-5%
18	Other General Services Total General Services	\$10,608,624 \$377,900,509	\$12,034,026 \$306,343,065	\$1,425,402 \$18,312,556	13% 5%
	Total General Services	\$377,900,509	\$396,213,065	\$10,312,330	370
В.	Professional Services:				
1	Medical Care Administration	\$5,133,754	\$5,777,752	\$643,998	13%
2	Residency Program	\$23,846,129	\$26,446,592	\$2,600,463	11%
3	Nursing Services Administration	\$15,732,757	\$16,987,017	\$1,254,260	8%
4	Medical Records	\$6,982,434	\$7,649,367	\$666,933	10%
5	Social Service	\$1,403,081	\$1,473,751	\$70,670	5%
6	Other Professional Services	\$2,560,544	\$2,443,481	(\$117,063)	-5%
	Total Professional Services	\$55,658,699	\$60,777,960	\$5,119,261	9%
C.	Special Services:				
1	Operating Room	\$68,649,259	\$70,357,013	\$1,707,754	2%
2	Recovery Room	\$3,216,806	\$3,289,130	\$72,324	2%
3	Anesthesiology	\$4,366,100	\$4,264,788	(\$101,312)	-2%
4	Delivery Room	\$10,371,580	\$10,521,679	\$150,099	1%
5	Diagnostic Radiology	\$18,967,946	\$19,090,967	\$123,021	1%
6	Diagnostic Ultrasound	\$883,636	\$893,803	\$10,167	1%
7	Radiation Therapy	\$10,889,854	\$11,084,471	\$194,617	2%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
8	Radioisotopes	\$3,308,506	\$3,155,942	(\$152,564)	-5%
9	CT Scan	\$3,290,823	\$2,687,257	(\$603,566)	-18%
10	Laboratory	\$28,816,247	\$24,773,238	(\$4,043,009)	-14%
11	Blood Storing/Processing	\$10,490,220	\$9,491,732	(\$998,488)	-10%
12	Cardiology	\$2,491,495	\$3,587,694	\$1,096,199	44%
13	Electrocardiology	\$1,432,785	\$1,382,011	(\$50,774)	-4%
14	Electroencephalography	\$303,103	\$321,431	\$18,328	6%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$413,000	\$510,149	\$97,149	24%
17	Audiology	\$78,356	\$96,691	\$18,335	23%
18	Respiratory Therapy	\$7,554,165	\$7,657,653	\$103,488	1%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$1,488,067	\$1,583,550	\$95,483	6%
21	Shock Therapy	\$682,490	\$707,116	\$24,626	4%
22	Psychiatry / Psychology Services	\$14,946,702	\$14,810,203	(\$136,499)	-1%
23	Renal Dialysis	\$7,472,651	\$7,142,708	(\$329,943)	-4%
24	Emergency Room	\$23,953,158	\$25,151,802	\$1,198,644	5%
25	MRI	\$2,404,554	\$2,319,433	(\$85,121)	-4%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$485,083	\$366,405	(\$118,678)	-24%
28	Endoscopy	\$4,435,017	\$4,523,081	\$88,064	2%
29	Sleep Center	\$2,125,253	\$2,150,069	\$24,816	1%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$22,428,677	\$24,003,555	\$1,574,878	7%
32	Occupational Therapy / Physical Therapy	\$21,330,909	\$22,291,507	\$960,598	5%
33	Dental Clinic	\$1,074,995	\$973,564	(\$101,431)	-9%
34	Other Special Services	\$16,065,867	\$16,811,772	\$745,905	5%
	Total Special Services	\$294,417,304	\$296,000,414	\$1,583,110	1%
D.	Routine Services:				
1	Medical & Surgical Units	\$93,628,120	\$103,736,856	\$10,108,736	11%
2	Intensive Care Unit	\$22,933,260	\$24,373,267	\$1,440,007	6%
3	Coronary Care Unit	\$4,404,193	\$4,548,621	\$144,428	3%
4	Psychiatric Unit	\$18,878,486	\$19,697,621	\$819,135	4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$5,434,876	\$4,215,820	(\$1,219,056)	-22%
7	Newborn Nursery Unit	\$2,791,405	\$3,880,086	\$1,088,681	39%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$6,441,052	\$11,020,299	\$4,579,247	71%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$12,459,006	\$1	(\$12,459,005)	-100%
13	Other Routine Services	\$0	\$13,413,783	\$13,413,783	0%
	Total Routine Services	\$166,970,398	\$184,886,354	\$17,915,956	11%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$25,054,245	\$26,049,248	\$995,003	4%
		, -,,10	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , . 	.,,
	Total Operating Expenses - All Departments*	\$920,001,155	\$963,927,041	\$43,925,886	5%
	Ferming =: Periodo / III populationido	+	+, ,	Ţ.5,0 2 5,030	370
	*A 0. The total operating expenses amount abo	ve must aaree with	the total operating	nd expenses amou	nt on Report 150
	A. O. The total operating expenses amount abo	To must agree with	ine total operatii	ig expenses aniou	in on Nepoli 130
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	HAR	TFORD HOSPITAL											
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS												
									(1)	(2)	(3)	(4)	(5)
											ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2009	FY 2010	<u>FY 2011</u>									
A.	Statement of Operations Summary												
1	Total Net Patient Revenue	\$717,211,741	794,806,049	\$853,959,278									
2	Other Operating Revenue	112,328,640	137,793,737	130,806,848									
3	Total Operating Revenue	\$829,540,381	\$932,599,786	\$984,766,126									
4	Total Operating Expenses	824,454,105	920,001,155	963,927,041									
5	Income/(Loss) From Operations	\$5,086,276	\$12,598,631	\$20,839,085									
6	Total Non-Operating Revenue	(9,327,083)	20,981,787	(1,519,601)									
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,240,807)	\$33,580,418	\$19,319,484									
В.	Profitability Summary												
1	Hospital Operating Margin	0.62%	1.32%	2.12%									
2	Hospital Non Operating Margin	-1.14%	2.20%	-0.15%									
3	Hospital Total Margin	-0.52%	3.52%	1.96%									
4	Income/(Loss) From Operations	\$5,086,276	\$12,598,631	\$20,839,085									
5	Total Operating Revenue	\$829,540,381	\$932,599,786	\$984,766,126									
6	Total Non-Operating Revenue	(\$9,327,083)	\$20,981,787	(\$1,519,601)									
7	Total Revenue	\$820,213,298	\$953,581,573	\$983,246,525									
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,240,807)	\$33,580,418	\$19,319,484									
C.	Net Assets Summary												
1	Hospital Unrestricted Net Assets	\$164,603,489	\$178,313,676	\$163,006,762									
2	Hospital Total Net Assets	\$403,988,398	\$427,719,774	\$402,492,184									
3	Hospital Change in Total Net Assets	(\$244,147,084)	\$23,731,376	(\$25,227,590)									
4	Hospital Change in Total Net Assets %	62.3%	5.9%	-5.9%									
D.	Cost Data Summary												
1	Ratio of Cost to Charges	0.45	0.45	0.44									
2	Total Operating Expenses	\$824,454,105	\$920,001,155	\$963,927,041									
3	Total Gross Revenue	\$1,714,431,648	\$1,901,719,123	\$2,049,319,284									
4	Total Other Operating Revenue	\$122,550,875	\$129,170,425	\$121,645,764									
5	Private Payment to Cost Ratio	1.14	1.14	1.24									
6	Total Non-Government Payments	\$319,383,248	\$351,061,602	\$405,815,169									

	HAR	FORD HOSPITAL											
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS												
									(1)	(2)	(3)	(4)	(5)
											ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	<u>FY 2009</u>	FY 2010	FY 2011									
7	Total Uninsured Payments	\$3,031,188	\$2,515,949	\$9,841,115									
8	Total Non-Government Charges	\$663,586,443	\$719,699,462	\$759,827,770									
9	Total Uninsured Charges	\$45,723,087	\$47,130,779	\$38,825,675									
10	Medicare Payment to Cost Ratio	0.84	0.84	0.85									
11	Total Medicare Payments	\$283,035,628	\$322,002,492	\$339,435,385									
12	Total Medicare Charges	\$748,930,861	\$841,854,883	\$899,185,521									
13	Medicaid Payment to Cost Ratio	0.72	0.68	0.68									
14	Total Medicaid Payments	\$71,808,003	\$89,927,522	\$114,157,797									
15	Total Medicaid Charges	\$223,090,441	\$293,764,926	\$379,610,389									
16	Uncompensated Care Cost	\$21,468,858	\$29,595,623	\$13,838,056									
17	Charity Care	\$23,984,656	\$27,507,152	\$18,246,408									
18	Bad Debts	\$23,850,531	\$37,824,767	\$12,919,784									
19	Total Uncompensated Care	\$47,835,187	\$65,331,919	\$31,166,192									
20	Uncompensated Care % of Total Expenses	2.6%	3.2%	1.4%									
21	Total Operating Expenses	\$824,454,105	\$920,001,155	\$963,927,041									
E.	Liquidity Measures Summary												
1	Current Ratio	1.35	1.52	2.01									
2	Total Current Assets	\$175,407,526	\$203,306,509	\$239,973,268									
3	Total Current Liabilities	\$129,600,976	\$133,620,601	\$119,332,197									
4	Days Cash on Hand	6	14	24									
5	Cash and Cash Equivalents	\$13,957,075	\$33,536,251	\$60,477,778									
6	Short Term Investments	0	0	0									
7	Total Cash and Short Term Investments	\$13,957,075	\$33,536,251	\$60,477,778									
8	Total Operating Expenses	\$824,454,105	\$920,001,155	\$963,927,041									
9	Depreciation Expense	\$40,686,788	\$42,312,460	\$43,450,600									
10	Operating Expenses less Depreciation Expense	\$783,767,317	\$877,688,695	\$920,476,441									
11	Days Revenue in Patient Accounts Receivable	63.07	52.56	49.95									

	HARTFORD HOSPITAL								
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011								
	REPORT 185 - HOSPITAL FINANCIA	L AND STATISTICAL	DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011					
12	Net Patient Accounts Receivable	\$ 116,952,445	\$ 116,439,803						
13	Due From Third Party Payers	\$6,972,476	\$0						
14	Due To Third Party Payers	\$0	\$1,980,663	\$6,850,045					
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 123,924,921	\$ 114,459,140	\$ 116,853,872					
16	Total Net Patient Revenue	\$717,211,741	\$ 794,806,049	\$ 853,959,278					
17	Average Payment Period	60.36	55.57	47.32					
18	Total Current Liabilities	\$129,600,976	\$133,620,601	\$119,332,197					
19	Total Operating Expenses	\$824,454,105	\$920,001,155	\$963,927,041					
20	Depreciation Expense	\$40,686,788							
21	Total Operating Expenses less Depreciation Expense	\$783,767,317	\$877,688,695	\$920,476,441					
F.	Solvency Measures Summary								
1	Equity Financing Ratio	49.3	47.0	37.9					
2	Total Net Assets	\$403,988,398	\$427,719,774	\$402,492,184					
3	Total Assets	\$819,823,927	\$910,655,467	\$1,060,737,758					
4	Cash Flow to Total Debt Ratio	20.8	39.0	20.2					
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,240,807)	\$33,580,418	\$19,319,484					
6	Depreciation Expense	\$40,686,788	\$42,312,460	\$43,450,600					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$36,445,981	\$75,892,878	\$62,770,084					
8	Total Current Liabilities	\$129,600,976	\$133,620,601	\$119,332,197					
9	Total Long Term Debt	\$45,940,000	\$60,966,876	\$191,588,806					
10	Total Current Liabilities and Total Long Term Debt	\$175,540,976	\$194,587,477	\$310,921,003					
11	Long Term Debt to Capitalization Ratio	10.2	12.5	32.2					
12	Total Long Term Debt	\$45,940,000	\$60,966,876	\$191,588,806					
13	Total Net Assets	\$403,988,398	\$427,719,774	\$402,492,184					
14	Total Long Term Debt and Total Net Assets	\$449,928,398	\$488,686,650	\$594,080,990					
15	Debt Service Coverage Ratio	12.5	25.7	0.6					
16	Excess Revenues over Expenses	(\$4,240,807)	\$33,580,418	\$19,319,484					
17	Interest Expense	\$607,197	\$614,483	\$1,556,400					
18	Depreciation and Amortization Expense	\$40,686,788	\$42,312,460	\$43,450,600					

	HARTFORI) HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2011 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
									(1)
(1)	(2)	(3) ACTUAL	(4) ACTUAL	ACTUAL					
LINE	DECORIDATION								
<u>LINE</u>	DESCRIPTION	FY 2009	FY 2010	<u>FY 2011</u>					
19	Principal Payments	\$2,363,100	\$2,363,100	\$99,924,420					
G.	Other Financial Ratios								
20	Average Age of Plant	12.6	13.1	13.6					
21	Accumulated Depreciation	\$512,321,937	\$552,907,136	\$592,931,534					
22	Depreciation and Amortization Expense	\$40,686,788	\$42,312,460	\$43,450,600					
н.	Utilization Measures Summary								
1	Patient Days	215,958	220,114	223,555					
2	Discharges	41,188	41,265	40,674					
3	ALOS	5.2	5.3	5.5					
4	Staffed Beds	595	630	640					
5	Available Beds	_	760	796					
6	Licensed Beds	867	867	867					
6	Occupancy of Staffed Beds	99.4%	95.7%	95.7%					
7	Occupancy of Available Beds	78.7%	79.3%	76.9%					
8	Full Time Equivalent Employees	5,396.3	5,648.0	5,838.3					
I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	36.0%	35.4%	35.2%					
2	Medicare Gross Revenue Payer Mix Percentage	43.7%	44.3%	43.9%					
3	Medicaid Gross Revenue Payer Mix Percentage	13.0%	15.4%	18.5%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.1%	2.1%	0.0%					
<u>5</u> 6	Uninsured Gross Revenue Payer Mix Percentage CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	2.7% 0.5%	2.5% 0.4%	1.9% 0.5%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$617,863,356	\$672,568,683	\$721,002,095					
9	Medicare Gross Revenue (Charges)	\$748,930,861	\$841,854,883	\$899,185,521					
10	Medicaid Gross Revenue (Charges)	\$223,090,441	\$293,764,926	\$379,610,389					
11	Other Medical Assistance Gross Revenue (Charges)	\$70,558,069	\$39,291,342	\$0					
12	Uninsured Gross Revenue (Charges)	\$45,723,087	\$47,130,779	\$38,825,675					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$8,265,834	\$7,108,510	\$10,695,604					
14	Total Gross Revenue (Charges)	\$1,714,431,648	\$1,901,719,123	\$2,049,319,284					
J.	Hospital Net Revenue Payer Mix Percentage	45.00/	45.00/	45.00					
1	Non-Government Net Revenue Payer Mix Percentage	45.9%	45.0%	45.9%					

	HARTFORD	HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2009	FY 2010	FY 2011					
2	Medicare Net Revenue Payer Mix Percentage	41.1%	41.6%	39.3%					
3	Medicaid Net Revenue Payer Mix Percentage	10.4%	11.6%	13.2%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.7%	1.3%	0.0%					
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.3%	1.1%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.3%	0.5%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Net Revenue (Payments)	\$316,352,060	\$348,545,653	\$395,974,054					
9	Medicare Net Revenue (Payments)	\$283,035,628	\$322,002,492	\$339,435,385					
10	Medicaid Net Revenue (Payments)	\$71,808,003	\$89,927,522	\$114,157,797					
11	Other Medical Assistance Net Revenue (Payments)	\$11,852,725	\$9,911,031	\$0					
12	Uninsured Net Revenue (Payments)	\$3,031,188	\$2,515,949	\$9,841,115					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$2,439,473	\$1,989,883	\$3,891,496					
14	Total Net Revenue (Payments)	\$688,519,077	\$774,892,530	\$863,299,847					
K.	<u>Discharges</u>								
1	Non-Government (Including Self Pay / Uninsured)	16,639	16,050	15,149					
2	Medicare	15,533	15,819	15,795					
3	Medical Assistance	8,830	9,230	9,492					
4	Medicaid	6,942	7,923	9,492					
5	Other Medical Assistance	1,888	1,307	-					
6	CHAMPUS / TRICARE	186	166	238					
7	Uninsured (Included In Non-Government)	694	690	359					
8	Total	41,188	41,265	40,674					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	1.337800	1.372200	1.420200					
2	Medicare	1.659100	1.817300	1.861300					
3	Medical Assistance	1.107894	1.125900	1.206000					
4	Medicaid	1.079200	1.106600	1.206000					
5	Other Medical Assistance	1.213400	1.242900	0.000000					
6	CHAMPUS / TRICARE	1.240000	1.067800	1.179000					
7	Uninsured (Included In Non-Government)	1.310900	1.352200	1.391300					
8	Total Case Mix Index	1.409240	1.486513	1.540094					
М.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	16,393	16,735	17,014					
2	Emergency Room - Treated and Discharged	73,715	78,670	78,553					
3	Total Emergency Room Visits	90,108	95,405	95,567					

(1)	(2)	(3)	(4)	(5)	(6)
	` `	FY 2010	FY 2011	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$3,451,523	\$5,975,230	\$2,523,707	73%
	Inpatient Payments	\$1,102,810	\$2,032,807	\$929,997	84%
3	Outpatient Charges	\$1,361,485	\$1,433,402	\$71,917	5%
4	Outpatient Payments	\$618,504	\$611,341	(\$7,163)	-1%
5	Discharges	81	103	22	27%
6	Patient Days	478	640	162	34%
7	Outpatient Visits (Excludes ED Visits)	376	200	(176)	-47%
8	Emergency Department Outpatient Visits	54	64	10	19%
9	Emergency Department Inpatient Admissions	32	37	5	16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,813,008	\$7,408,632	\$2,595,624	54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,721,314	\$2,644,148	\$922,834	54%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$18,180,742	\$31,721,755	\$13,541,013	74%
2	Inpatient Payments	\$7,138,190	\$13,351,516	\$6,213,326	87%
	Outpatient Charges	\$5,260,844	\$13,015,999	\$7,755,155	147%
4	Outpatient Payments	\$1,306,846	\$4,457,054	\$3,150,208	241%
5	Discharges	404	671	267	66%
6	Patient Days	2,297	4,010	1,713	75%
7	Outpatient Visits (Excludes ED Visits)	993	2,282	1,289	130%
8	Emergency Department Outpatient Visits	209	243	34	16%
9	Emergency Department Inpatient Admissions	202	226	24	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,441,586	\$44,737,754	\$21,296,168	91%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,445,036	\$17,808,570	\$9,363,534	111%

(1)	(2)	(3)	(4)	(5)	(6)
	()	FY 2010	FY 2011	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$34,172,100	\$10,738,675	(\$23,433,425)	-69%
2	Inpatient Payments	\$12,412,747	\$4,082,401	(\$8,330,346)	-67%
3	Outpatient Charges	\$8,824,461	\$2,471,988	(\$6,352,473)	-72%
4	Outpatient Payments	\$2,984,167	\$133,350	(\$2,850,817)	-96%
5	Discharges	712	190	(522)	-73%
6	Patient Days	4,691	1,332	(3,359)	-72%
7	Outpatient Visits (Excludes ED Visits)	1,289	478	(811)	-63%
8	Emergency Department Outpatient Visits	330	384	54	16%
9	Emergency Department Inpatient Admissions	339	380	41	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$42,996,561	\$13,210,663	(\$29,785,898)	-69%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,396,914	\$4,215,751	(\$11,181,163)	-73%
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$9,832,593	\$7,462,055	(\$2,370,538)	-24%
2	Inpatient Payments	\$4,129,156	\$1,794,238	(\$2,334,918)	-57%
3	Outpatient Charges	\$2,282,009	\$3,167,690	\$885,681	39%
4	Outpatient Payments	\$661,359	\$662,271	\$912	0%
5	Discharges	200	202	2	1%
6	Patient Days	1,549	1,035	(514)	-33%
	Outpatient Visits (Excludes ED Visits)	385	633	248	64%
8	Emergency Department Outpatient Visits	607	707	100	16%
9	Emergency Department Inpatient Admissions	297	333	36	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,114,602	\$10,629,745	(\$1,484,857)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,790,515	\$2,456,509	(\$2,334,006)	-49%
	OVERDE LIE AL TIL DI ANO, INC. MEDICADE ADVAN	174.05			
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVAN		Φ0	Φ0	201
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
``	ζ,	FY 2010	FY 2011	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$18,850,085	\$41,998,848	\$23,148,763	123%
2	Inpatient Payments	\$6,796,969	\$16,434,328	\$9,637,359	142%
3	Outpatient Charges	\$5,856,722	\$16,642,215	\$10,785,493	184%
4	Outpatient Payments	\$1,371,517	\$5,455,224	\$4,083,707	298%
5	Discharges	505	975	470	93%
6	Patient Days	2,920	6,275	3,355	115%
7	Outpatient Visits (Excludes ED Visits)	2,707	4,585	1,878	69%
8	Emergency Department Outpatient Visits	837	976	139	17%
9	Emergency Department Inpatient Admissions	299	335	36	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,706,807	\$58,641,063	\$33,934,256	137%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,168,486	\$21,889,552	\$13,721,066	168%
Н.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L					
l.	AETNA	0.5.155.155		(40 (51 55)	
	Inpatient Charges	\$15,138,435	\$12,734,402	(\$2,404,033)	-16%
	Inpatient Payments	\$6,160,092	\$4,883,152	(\$1,276,940)	-21%
3	Outpatient Charges	\$4,904,040	\$5,251,036	\$346,996	7%
4	Outpatient Payments	\$1,798,630	\$1,408,950	(\$389,680)	-22%
5	Discharges	375	333	(42)	-11%
	Patient Days	2,287	2,017	(270)	-12%
7	Outpatient Visits (Excludes ED Visits)	908	823	(85)	-9%
8	Emergency Department Outpatient Visits	264	308	44	17%
9	Emergency Department Inpatient Admissions	225	252	27	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,042,475	\$17,985,438	(\$2,057,037)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,958,722	\$6,292,102	(\$1,666,620)	-21%

(2)	(3)	(4)	(5)	(6)
	FY 2010	FY 2011	AMÒÚNT	%
E DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
HUMANA				
Inpatient Charges	\$0	\$0	\$0	0%
Inpatient Payments	\$0	\$0	\$0	0%
Outpatient Charges	\$0	\$0	\$0	0%
Outpatient Payments	\$0	\$0	\$0	0%
Discharges	0	0	0	0%
Patient Days	0	0	0	0%
Outpatient Visits (Excludes ED Visits)	0	0	0	0%
Emergency Department Outpatient Visits	0	0	0	0%
Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
SECURE HORIZONS				
Inpatient Charges	\$0	\$0	\$0	0%
Inpatient Payments	\$0	\$0	\$0	0%
Outpatient Charges	\$0	\$0	\$0	0%
Outpatient Payments	\$0	\$0	\$0	0%
Discharges	0	0	0	0%
Patient Days	0	0	0	0%
Outpatient Visits (Excludes ED Visits)	0	0	0	0%
Emergency Department Outpatient Visits	0	0	0	0%
Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
UNICARE LIFE & HEALTH INSURANCE				
Inpatient Charges	\$0	\$0	\$0	0%
Inpatient Payments	\$0	\$0	\$0	0%
Outpatient Charges	\$0	\$0	\$0	0%
Outpatient Payments	\$0	\$0	\$0	0%
Discharges	0	0	0	0%
Patient Days	0	0	0	0%
Outpatient Visits (Excludes ED Visits)	0	0	0	0%
Emergency Department Outpatient Visits	0	0	0	0%
Emergency Department Inpatient Admissions	_			0%
TOTAL INPATIENT & OUTPATIENT CHARGES				0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Emerge	ncy Department Inpatient Admissions	ncy Department Inpatient Admissions 0 INPATIENT & OUTPATIENT CHARGES \$0	ncy Department Inpatient Admissions 0 0 INPATIENT & OUTPATIENT CHARGES \$0 \$0	ncy Department Inpatient Admissions 0 0 0 INPATIENT & OUTPATIENT CHARGES \$0 \$0

(1)	(2)	(3)	(4)	(5)	(6)
	DESCRIPTION	FY 2010	FY 2011	AMOUNT	% DIFFEDENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
М.	UNIVERSAL AMERICAN		T		
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 TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL MEDICARE MANAGER CARE				l
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$99,625,478	\$110,630,965	\$11,005,487	11%
	TOTAL INPATIENT PAYMENTS	\$37,739,964	\$42,578,442	\$4,838,478	13%
	TOTAL OUTPATIENT CHARGES	\$28,489,561	\$41,982,330	\$13,492,769	47%
	TOTAL OUTPATIENT PAYMENTS	\$8,741,023	\$12,728,190	\$3,987,167	46%
	TOTAL DISCHARGES	2,277	2,474	197	9%
	TOTAL PATIENT DAYS	14,222	15,309	1,087	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	6,658	9,001	2,343	35%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	2,301	2,682	381	17%
	TOTAL EMERGENCY DEPARTMENT	4 004	4.500	400	4007
	INPATIENT ADMISSIONS	1,394	1,563	169	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$128,115,039	\$152,613,295 \$55,306,633	\$24,498,256	19%
	I O I AL INPATIENT & OUTPATIENT PATMENTS	\$46,480,987	\$55,306,632	\$8,825,645	19%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICAID MANAGED CARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD				
Α.	OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$24,454,088	\$27,196,435	\$2,742,347	11%
2	Inpatient Payments	\$9,698,271	\$7,406,664	(\$2,291,607)	-24%
3	Outpatient Charges	\$21,017,953	\$21,744,971	\$727,018	3%
4	Outpatient Payments	\$6,380,219	\$6,986,241	\$606,022	9%
5	Discharges	1,712	1,716	4	0%
6	Patient Days	5,387	5,302	(85)	-2%
7	Outpatient Visits (Excludes ED Visits)	27,117	20,544	(6,573)	-24%
8	Emergency Department Outpatient Visits	7,106	6,464	(642)	-9%
9	Emergency Department Inpatient Admissions	302	262	(40)	-13%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$45,472,041	\$48,941,406	\$3,469,365	8%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$16,078,490	\$14,392,905	(\$1,685,585)	-10%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				3,0
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT		-		
	PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$171,070	\$0	(\$171,070)	-100%
2	Inpatient Charges Inpatient Payments	\$165,927	\$0	(\$165,927)	-100%
3	Outpatient Charges	\$38,337	\$0	(\$38,337)	-100%
4	Outpatient Charges Outpatient Payments	\$31,110	\$0 \$0	(\$31,110)	-100%
5	Discharges	0	0	(ψ31,110)	0%
6	Patient Days	190	0	(190)	-100%
7	Outpatient Visits (Excludes ED Visits)	10	0	(10)	-100%
8	Emergency Department Outpatient Visits	17	0	(17)	-100%
9		0	0	\ /	
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT	0	U	0	0%
		\$000 40 7	**	(\$000,407)	4000/
	CHARGES	\$209,407	\$0	(\$209,407)	-100%
	TOTAL INPATIENT & OUTPATIENT	\$407.00 7	**	(6407.007)	4000/
	PAYMENTS	\$197,037	\$0	(\$197,037)	-100%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT	•	<u> </u>	<u> </u>	0 70
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT	Ψ0	Ψ	Ψ0	0 70
	PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT,	44			570
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 2010	FY 2011	AMÒÚNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$0	\$0	\$0	0%
_					
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$6,212,249	\$7,694,578	\$1,482,329	24%
2	Inpatient Payments	\$2,735,907	\$3,512,597	\$776,690	28%
3	Outpatient Charges	\$5,567,336	\$6,021,112	\$453,776	8%
4	Outpatient Payments	\$1,551,703	\$1,837,407	\$285,704	18%
5	Discharges	554	535	(19)	-3%
6	Patient Days	1,651	1,617	(34)	-2%
7	Outpatient Visits (Excludes ED Visits)	7,807	6,319	(1,488)	-19%
8	Emergency Department Outpatient Visits	2,240	2,033	(207)	-9%
9	Emergency Department Inpatient Admissions	78	82	4	5%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$11,779,585	\$13,715,690	\$1,936,105	16%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$4,287,610	\$5,350,004	\$1,062,394	25%
Н.	AETNA				
1	Inpatient Charges	\$14,060,159	\$14,366,512	\$306,353	2%
2	Inpatient Payments	\$5,769,767	\$6,422,512	\$652,745	11%
3	Outpatient Charges	\$11,567,172	\$12,006,371	\$439,199	4%
4	Outpatient Payments	\$3,261,385	\$3,596,568	\$335,183	10%
5	Discharges	1,075	990	(85)	-8%
6	Patient Days	3,344	3,062	(282)	-8%
7	Outpatient Visits (Excludes ED Visits)	14,125	12,141	(1,984)	-14%
8	Emergency Department Outpatient Visits	4,229	3,837	(392)	-9%
o,	Emergency Department Inpatient Admissions	207	156	(51)	-25%
	TOTAL INPATIENT & OUTPATIENT				
	CHARGES	\$25,627,331	\$26,372,883	\$745,552	3%
	TOTAL INPATIENT & OUTPATIENT				
	PAYMENTS	\$9,031,152	\$10,019,080	\$987,928	11%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INDATIONS ON A DOCO	A 4 4 22 7 2 2 2 2 2 2 2 2 2 2	A 40 000 000	44.000.000	4.00/
	TOTAL INPATIENT CHARGES	\$44,897,566	\$49,257,525	\$4,359,959	10%
	TOTAL INPATIENT PAYMENTS	\$18,369,872	\$17,341,773	(\$1,028,099)	-6%
	TOTAL OUTPATIENT CHARGES	\$38,190,798	\$39,772,454	\$1,581,656	4%
	TOTAL OUTPATIENT PAYMENTS	\$11,224,417	\$12,420,216	\$1,195,799	11%
	TOTAL DISCHARGES	3,341	3,241	(100)	-3%
	TOTAL PATIENT DAYS	10,572	9,981	(591)	-6%
	TOTAL OUTPATIENT VISITS				
	(EXCLUDES ED VISITS)	49,059	39,004	(10,055)	-20%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	13,592	12,334	(1,258)	-9%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	587	500	(87)	-15%
ł	TOTAL INPATIENT & OUTPATIENT				_
	CHARGES	\$83,088,364	\$89,029,979	\$5,941,615	7%
İ	TOTAL INPATIENT & OUTPATIENT		***		
	PAYMENTS	\$29,594,289	\$29,761,989	\$167,700	1%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE

	HARTFORD H	IEALTH CARE CORPO	RATION		
	TWELVE	MONTHS ACTUAL FIL	ING		
		FISCAL YEAR 2011			
	REPORT 300 - HOSP	TAL BALANCE SHEE	T INFORMATION		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE		ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<u>ASSETS</u>				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$90,044,000	\$139,631,000	\$49,587,000	55%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$177,076,000	\$241,722,000	\$64,646,000	37%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,305,000	\$5,903,000	\$1,598,000	37%
5	Due From Affiliates	\$4,303,000	\$5,903,000	\$1,398,000	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$15,055,000	\$21,927,000	\$6,872,000	46%
8	Prepaid Expenses	\$17,543,000	\$22,667,000	\$5,124,000	29%
9	Other Current Assets	\$29,897,000	\$30,390,000	\$493,000	2%
	Total Current Assets	\$333,920,000	\$462,240,000	\$128,320,000	38%
	Total Guitelli Assets	\$333,320,000	Ψ+02,2+0,000	Ψ120,320,000	3070
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$139,270,000	\$148,185,000	\$8,915,000	6%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$87,044,000	\$87,044,000	0%
4	Other Noncurrent Assets Whose Use is Limited	\$416,021,000	\$571,651,000	\$155,630,000	37%
4	Total Noncurrent Assets Whose Use is	\$410,021,000	\$371,031,000	\$155,650,000	31 %
	Limited:	\$555,291,000	\$806,880,000	\$251,589,000	45%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$74,274,000	\$122,878,000	\$48,604,000	65%
C.	Net Fixed Assets:				
		¢1 311 020 000	\$1.85 <i>\</i> /.571.000	\$542,642,000	440/
1	Property, Plant and Equipment	\$1,311,929,000	\$1,854,571,000		41% \$0
2	Less: Accumulated Depreciation Property, Plant and Equipment, Net	\$825,327,000	\$1,160,721,000	\$335,394,000 \$307,348,000	\$0 43%
	rroperty, riant and Equipment, Net	\$486,602,000	\$693,850,000	\$207,248,000	43%
3	Construction in Progress	\$45,615,000	\$37,713,000	(\$7,902,000)	-17%
	Total Net Fixed Assets	\$532,217,000	\$731,563,000	\$199,346,000	37%
	Total Assets	\$1,495,702,000	\$2,123,561,000	\$627,859,000	42%

	HARTFORD H	IEALTH CARE CORPOR	RATION				
	TWELVE	MONTHS ACTUAL FILI	NG				
	FISCAL YEAR 2011						
	REPORT 300 - HOSP	TAL BALANCE SHEET	INFORMATION				
(1)	(2)	(3) FY 2010	(4) FY 2011	(5) AMOUNT	(6) %		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE		
II.	LIABILITIES AND NET ASSETS						
A.	Current Liabilities:						
1	Accounts Payable and Accrued Expenses	\$60,856,000	\$51,242,000	(\$9,614,000)	-16%		
2	Salaries, Wages and Payroll Taxes	\$41,733,000	\$50,662,000	\$8,929,000	21%		
3	Due To Third Party Payers	\$2,610,000	\$34,065,000	\$31,455,000	1205%		
4	Due To Affiliates	\$0	\$0	\$0	0%		
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%		
6	Current Portion of Notes Payable	\$44,621,000	\$25,230,000	(\$19,391,000)	-43%		
7	Other Current Liabilities	\$61,301,000	\$114,112,000	\$52,811,000	86%		
	Total Current Liabilities	\$211,121,000	\$275,311,000	\$64,190,000	30%		
В.	Long Term Debt:						
1	Bonds Payable (Net of Current Portion)	\$130,790,000	\$375,815,000	\$245,025,000	187%		
2	Notes Payable (Net of Current Portion)	\$37,742,000	\$37,512,000	(\$230,000)	-1%		
	Total Long Term Debt	\$168,532,000	\$413,327,000	\$244,795,000	145%		
3	Accrued Pension Liability	\$390,628,000	\$544,500,000	\$153,872,000	39%		
4	Other Long Term Liabilities	\$16,272,000	\$42,466,000	\$26,194,000	161%		
	Total Long Term Liabilities	\$575,432,000	\$1,000,293,000	\$424,861,000	74%		
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%		
C.	Net Assets:						
1	Unrestricted Net Assets or Equity	\$376,306,000	\$491,087,000	\$114,781,000	31%		
2	Temporarily Restricted Net Assets	\$113,708,000	\$121,465,000	\$7,757,000	7%		
3	Permanently Restricted Net Assets	\$219,135,000	\$235,405,000	\$16,270,000	7%		
	Total Net Assets	\$709,149,000	\$847,957,000	\$138,808,000	20%		
	Total Liabilities and Net Assets	\$1,495,702,000	\$2,123,561,000	\$627,859,000	42%		

		IEALTH CARE COF							
	IWLLVL	FISCAL YEAR 201							
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION									
(1)	(2)	(3)	(4)	(5)	(6)				
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT	%				
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	<u>DIFFERENCE</u>				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$2,779,860,000	\$3,624,354,000	\$844,494,000	30%				
2	Less: Allowances	\$1,498,919,000	\$1,965,691,000	\$466,772,000	31%				
3	Less: Charity Care	\$38,556,000	\$42,675,000	\$4,119,000	11%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$1,242,385,000	\$1,615,988,000	\$373,603,000	30%				
5	Other Operating Revenue	\$174,247,000	\$177,014,000	\$2,767,000	2%				
6	Net Assets Released from Restrictions	\$9,859,000	\$10,961,000	\$1,102,000	11%				
	Total Operating Revenue	\$1,426,491,000	\$1,803,963,000	\$377,472,000	26%				
В.	Operating Expenses:								
1	Salaries and Wages	\$630,357,000	\$803,824,000	\$173,467,000	28%				
2	Fringe Benefits	\$166,567,000	\$244,010,000	\$77,443,000	46%				
3	Physicians Fees	\$43,233,000	\$58,095,000	\$14,862,000	34%				
4	Supplies and Drugs	\$167,158,000	\$228,530,000	\$61,372,000	37%				
5	Depreciation and Amortization	\$64,992,000	\$81,701,000	\$16,709,000	26%				
6	Bad Debts	\$64,021,000	\$35,420,000	(\$28,601,000)	-45%				
7	Interest	\$4,462,000	\$6,487,000	\$2,025,000	45%				
8	Malpractice	\$21,810,242	\$27,495,000	\$5,684,758	26%				
9	Other Operating Expenses	\$245,748,758	\$274,868,000	\$29,119,242	12%				
	Total Operating Expenses	\$1,408,349,000	\$1,760,430,000	\$352,081,000	25%				
	Income/(Loss) From Operations	\$18,142,000	\$43,533,000	\$25,391,000	140%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$5,713,000	\$5,348,000	(\$365,000)	-6%				
2	Gifts, Contributions and Donations	\$1,274,000	\$1,368,000	\$94,000	7%				
3	Other Non-Operating Gains/(Losses)	(\$427,000)	\$4,352,000	\$4,779,000	-1119%				
	Total Non-Operating Revenue	\$6,560,000	\$11,068,000	\$4,508,000	69%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$24,702,000	\$54,601,000	\$29,899,000	121%				
	Other Adjustments:								
	Unrealized Gains/(Losses)	\$25,285,000	(\$18,574,000)	(\$43,859,000)	-173%				
	All Other Adjustments	\$0	\$184,862,000	\$184,862,000	0%				
	Total Other Adjustments	\$25,285,000	\$166,288,000	\$141,003,000	558%				
	Excess/(Deficiency) of Revenue Over Expenses	\$49,987,000	\$220,889,000	\$170,902,000	342%				

HARTFORD HEALTH CARE CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011	
A.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$1,118,786,000	\$1,242,385,000	\$1,615,988,000	
2	Other Operating Revenue	173,157,000	184,106,000	187,975,000	
3	Total Operating Revenue	\$1,291,943,000	\$1,426,491,000	\$1,803,963,000	
4	Total Operating Expenses	1,281,487,000	1,408,349,000	1,760,430,000	
5	Income/(Loss) From Operations	\$10,456,000	\$18,142,000	\$43,533,000	
6	Total Non-Operating Revenue	(17,330,000)	31,845,000	177,356,000	
7	Excess/(Deficiency) of Revenue Over Expenses	(\$6,874,000)	\$49,987,000	\$220,889,000	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.82%	1.24%	2.20%	
2	Parent Corporation Non-Operating Margin	-1.36%	2.18%	8.95%	
3	Parent Corporation Total Margin	-0.54%	3.43%	11.15%	
4	Income/(Loss) From Operations	\$10,456,000	\$18,142,000	\$43,533,000	
5	Total Operating Revenue	\$1,291,943,000	\$1,426,491,000	\$1,803,963,000	
6	Total Non-Operating Revenue	(\$17,330,000)	\$31,845,000	\$177,356,000	
7	Total Revenue	\$1,274,613,000	\$1,458,336,000	\$1,981,319,000	
8	Excess/(Deficiency) of Revenue Over Expenses	(\$6,874,000)	\$49,987,000	\$220,889,000	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$350,486,000	\$376,306,000	\$491,087,000	
2	Parent Corporation Total Net Assets	\$661,045,000	\$709,149,000	\$847,957,000	
3	Parent Corporation Change in Total Net Assets	(\$311,283,000)	\$48,104,000	\$138,808,000	
4	Parent Corporation Change in Total Net Assets %	68.0%	7.3%	19.6%	

HARTFORD HEALTH CARE CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)		(4)	(5)	
		ACTUAL		ACTUAL	ACTUAL	
LINE	DESCRIPTION	FY 2009	9	FY 2010	FY 2011	
D.	<u>Liquidity Measures Summary</u>					
1	Current Ratio	,	1.67	1.58	1.68	
2	Total Current Assets	\$324,701,	,000	\$333,920,000	\$462,240,000	
3	Total Current Liabilities	\$193,864,	,000	\$211,121,000	\$275,311,000	
4	Days Cash on Hand		25	24	30	
5	Cash and Cash Equivalents	\$82,561,	,000	\$90,044,000	\$139,631,000	
6	Short Term Investments		0	0	0	
7	Total Cash and Short Term Investments	\$82,561,	,000	\$90,044,000	\$139,631,000	
8	Total Operating Expenses	\$1,281,487,	,000	\$1,408,349,000	\$1,760,430,000	
9	Depreciation Expense	\$60,718,	,000	\$64,992,000	\$81,701,000	
10	Operating Expenses less Depreciation Expense	\$1,220,769,	,000	\$1,343,357,000	\$1,678,729,000	
11	Days Revenue in Patient Accounts Receivable		58	51	47	
12	Net Patient Accounts Receivable	\$ 173,216,	,000	\$ 177,076,000	\$ 241,722,000	
13	Due From Third Party Payers	\$6,060,	,000	\$0	\$0	
14	Due To Third Party Payers		\$0	\$2,610,000	\$34,065,000	
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 179,276,	,000	\$ 174,466,000	\$ 207,657,000	
16	Total Net Patient Revenue	\$1,118,786,	,000	\$1,242,385,000	\$1,615,988,000	
17	Average Payment Period		58	57	60	
18	Total Current Liabilities	\$193,864,	,000	\$211,121,000	\$275,311,000	
19	Total Operating Expenses	\$1,281,487,	,000	\$1,408,349,000	\$1,760,430,000	
20	Depreciation Expense	\$60,718	3,000	\$64,992,000	\$81,701,000	
21	Total Operating Expenses less Depreciation Expense	\$1,220,769,	,000	\$1,343,357,000	\$1,678,729,000	

HARTFORD HEALTH CARE CORPORATION **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL** ACTUAL LINE DESCRIPTION FY 2009 FY 2010 FY 2011 E. Solvency Measures Summary 47.8 47.4 39.9 **Equity Financing Ratio** \$661,045,000 \$847,957,000 Total Net Assets \$709,149,000 Total Assets \$1,383,904,000 \$1,495,702,000 \$2,123,561,000 4 Cash Flow to Total Debt Ratio 15.0 30.3 43.9 5 Excess/(Deficiency) of Revenues Over Expenses (\$6,874,000)\$49,987,000 \$220,889,000 \$81,701,000 6 Depreciation Expense \$60,718,000 \$64,992,000 Excess of Revenues Over Expenses and Depreciation Expense \$53,844,000 \$114,979,000 \$302,590,000 Total Current Liabilities \$193,864,000 \$211,121,000 \$275,311,000 Total Long Term Debt \$165,631,000 \$168,532,000 \$413,327,000 10 Total Current Liabilities and Total Long Term Debt \$359,495,000 \$379,653,000 \$688,638,000 11 Long Term Debt to Capitalization Ratio 20.0 19.2 32.8 12 Total Long Term Debt \$165,631,000 \$168,532,000 \$413,327,000 13 Total Net Assets \$661,045,000 \$709,149,000 \$847,957,000

\$826,676,000

\$1,261,284,000

\$877,681,000

14 Total Long Term Debt and Total Net Assets

		H <i>A</i>	ARTFORD HOSPITA	AL				
		TWELVE	MONTHS ACTUAL	FILING				
			FISCAL YEAR 20	11				
	REPORT 40	0 - HOSPITAL IN	PATIENT BED UTIL	IZATION BY DEF	PARTMENT			
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	<u>DESCRIPTION</u>	<u>DAYS</u>	# PATIENT		BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
1	Adult Medical/Surgical	142,205	28,888	28,771	415	508	93.9%	76.7%
_	1011/0011/5	22.222	4.554		22	7.4	20.40/	00.00/
2	ICU/CCU (Excludes Neonatal ICU)	23,938	4,554	0	66	74	99.4%	88.6%
2	Psychiatric: Ages 0 to 17	8,493	1,102	1,083	24	29	97.0%	80.2%
	Psychiatric: Ages 16 17	28,341	3,140	3,085	78	94	99.5%	82.6%
	TOTAL PSYCHIATRIC	36,834	4,242	4,168	102	123	98.9%	82.0%
	TOTALTOTOMATRIO	00,004	7,2-72	4,100	102	120	30.370	02.070
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
	Tronasmation	J.	J	Ŭ	Ü		0.070	0.070
6	Maternity	11,222	3,683	3,902	31	43	99.2%	71.5%
		,	,	,				
7	Newborn	9,356	3,861	3,862	26	48	98.6%	53.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
40	Other	0	0	0	0	0	0.00/	0.00/
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	214,199	36,813	36,841	614	748	95.6%	78.5%
	TOTAL EXCLUDING NEWBORN	214,199	30,013	30,041	014	740	93.0%	70.3%
	TOTAL INPATIENT BED UTILIZATION	223,555	40,674	40,703	640	796	95.7%	76.9%
	TOTAL INFATIENT BED OTILIZATION	223,333	40,074	40,703	040	790	33.1 /0	70.570
	TOTAL INPATIENT REPORTED YEAR	223,555	40,674	40,703	640	796	95.7%	76.9%
	TOTAL INPATIENT PRIOR YEAR	220,114	10,074	0	630	760	95.7%	79.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	3,441	40,674	40,703	10	36	0.0%	-2.4%
	S	0 , + 1 1	40,014	40,100	10	30	0.070	2.470
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	0%	0%	2%	5%	0%	-3%
			270	370		370	2,0	270
	Total Licensed Beds and Bassinets	867						
(A) T	his number may not exceed the number of avail	able beds for each	ch department or in	total.				
` '			•					
	,							

		ARTFORD HOSPITAL MONTHS ACTUAL I			
	IWELVE	FISCAL YEAR 2011			
	REPORT 450 - HOSPITAL INPATIENT AN			IZATION AND FTE	5
- (4)	(0)	(0)	(0)	(5)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
A.	CT Scans (A) Inpatient Scans	27,233	19.547	-7.686	-28%
'	Outpatient Scans (Excluding Emergency Department	21,255	19,541	-1,000	-2070
2	Scans)	3,748	3,154	-594	-16%
	Emergency Department Scans	18,431	15,510	-2,921	-16%
4	Other Non-Hospital Providers' Scans (A) Total CT Scans	0 49,412	0 38,211	- 11,201	
	Total CT Scans	49,412	30,211	-11,201	-23%
В.	MRI Scans (A)				
1	Inpatient Scans	3,380	3,527	147	4%
_	Outpatient Scans (Excluding Emergency Department	4.504	0.000	005	450/
3	Scans) Emergency Department Scans	4,501 441	3,836 379	-665 -62	-15% -14%
	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	8,322	7,742	-580	-7%
	DET 0 (4)				
<u>C.</u>	PET Scans (A) Inpatient Scans	317	239	-78	-25%
- '	Outpatient Scans (Excluding Emergency Department	317	239	-10	-25/0
2	Scans)	427	280	-147	-34%
	Emergency Department Scans	48	31	-17	-35%
4	Other Non-Hospital Providers' Scans (A) Total PET Scans	0 792	<u>0</u> 550	0 - 242	0% -31%
	Total i E i ocalis	732	330	-2-72	-3170
D.	PET/CT Scans (A)				
1	Inpatient Scans	253	289	36	14%
2	Outpatient Scans (Excluding Emergency Department Scans)	969	1,000	31	3%
	Emergency Department Scans	108	111	3	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,330	1,400	70	5%
	(A) If the Hospital is not the primary provider of the	se scans, the Hosnit	al must obtain the fi	scal vear	
	volume of each of these types of scans from the	e primary provider of	the scans.	scar year	
	7.	, ,,			
E.	Linear Accelerator Procedures				
2	Inpatient Procedures Outpatient Procedures	775 25,567	1,279 26,537	504 970	65% 4%
	Total Linear Accelerator Procedures	26,342	20,557	1,474	6%
		,		.,	
F.	Cardiac Catheterization Procedures				
2	Inpatient Procedures	2,040	2,096	56 -204	3%
	Outpatient Procedures Total Cardiac Catheterization Procedures	1,252 3,292	1,048 3,144	-204 -148	-16% -4%
	Total Garaido Gariotorization i 1000da 00	0,202	0,	0	.,,
G.	Cardiac Angioplasty Procedures				
	Primary Procedures	1,230	1,247	17	1%
2	Elective Procedures Total Cardiac Angioplasty Procedures	8 1,238	1, 269	14 31	175% 3%
	Total Gardiao Aligiopiasty i Toocaares	1,200	1,200	01	0 70
H.	Electrophysiology Studies				
1	Inpatient Studies	226	232	6	3%
2	Outpatient Studies Total Electrophysiology Studies	394 620	475 707	81 87	21% 14%
		020	101	31	1770
I.	Surgical Procedures				
1	Inpatient Surgical Procedures	12,539	12,103	-436	-3%
2	Outpatient Surgical Procedures Total Surgical Procedures	13,903 26,442	20,955 33,058	7,052 6,616	51% 25%
	Total Surgical Frocedules	20,442	JJ,UJ8	0,010	25%
J.	Endoscopy Procedures				

	TWELVE	MONTHS ACTUAL FIL	ING		
		FISCAL YEAR 2011			
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTHE	R SERVICES UTILI	ZATION AND FTES	i
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	<u>DIFFERENCE</u>
	Inpatient Endoscopy Procedures	2,897	3,069	172	6%
2	Outpatient Endoscopy Procedures	11,252	11,099	-153	-1%
	Total Endoscopy Procedures	14,149	14,168	19	0%
K.	Hospital Emergency Room Visits				
	Emergency Room Visits: Treated and Admitted	16,735	17,014	279	2%
	Emergency Room Visits: Treated and Discharged	78,670	78,553	-117	0%
	Total Emergency Room Visits	95,405	95,567	162	0%
	Total Emorgoney noom viene	00,100	00,001		
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
	Dental Clinic Visits	14,699	12,963	-1,736	-12%
	Psychiatric Clinic Visits	11,730	10,206	-1,524	-13%
	Medical Clinic Visits	12,777	12,875	98	1%
	Specialty Clinic Visits	45,539	48,958	3,419	8%
	Total Hospital Clinic Visits	84,745	85,002	257	0%
	Other Heavitel Outpetient Visite				
	Other Hospital Outpatient Visits Rehabilitation (PT/OT/ST)	113,900	121.005	0.005	70/
	Cardiology	12,294	121,905 13,365	8,005 1.071	7% 9%
	Chemotherapy	1,299	1,628	329	25%
	Gastroenterology	10,229	10,090	-139	-1%
5	Other Outpatient Visits	37,997	38,236	239	1%
<u> </u>	Total Other Hospital Outpatient Visits	175,719	185,224	9,505	5%
	Total Other Hospital Outpatient Visits	175,719	105,224	9,505	370
	Harrisol Full Time Frankrich of Frankrich				
	Hospital Full Time Equivalent Employees	4.400.0	4.507.4	00.4	E0/
	Total Nursing FTEs Total Physician FTEs	1,499.0 210.0	1,567.4 226.2	68.4 16.2	5% 8%
3	Total Physician FTEs Total Non-Nursing and Non-Physician FTEs	3,939.0	4,044.7	105.7	3%
3	Total Hospital Full Time Equivalent Employees	3,939.0 5,648.0	5,838.3	105.7	3%
	Total Hospital Full Tille Equivalent Employees	5,046.0	5,030.3	190.3	აა

HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011** REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION (1) (2) (3) (4) (5) (6) ACTUAL ACTUAL **AMOUNT** % DIFFERENCE DIFFERENCE LINE DESCRIPTION FY 2010 FY 2011 A. **Outpatient Surgical Procedures** 11,380 Hartford Hospital 12,103 723 6% West Hartford Surgery Center 2,523 -8% 2 2,311 -212 Eye Surgery Center 6,541 6,541 0% 3 Total Outpatient Surgical Procedures(A) 13,903 20,955 7,052 51% **Outpatient Endoscopy Procedures** В. Hartford Hospital 9,958 9,883 -75 -1% West Hartford Surgery Center 1,294 1,216 -78 -6% Total Outpatient Endoscopy Procedures(B) 11,252 11,099 -153 -1% **Outpatient Hospital Emergency Room Visits** C. 1 Hartford Hospital 78,670 78,553 -117 0% Total Outpatient Hospital Emergency Room Visits 78,670 78,553 -117 0% (A) Must agree with Total Outpatient Surgical Procedures on Report 450. (B) Must agree with Total Outpatient Endoscopy Procedures on Report 450. (C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.

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

	AND BAGELINE ONDER! ATI	ILITI DATA. OOMII AKA	IVE ANALIO	10	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	F1 2010	FT ZUII	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
A.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$655,024,798	\$672,572,624	\$17,547,826	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$260,942,379	\$268,673,534	\$7,731,155	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.84%	39.95%	0.11%	0%
4	DISCHARGES	15,819	15,795	(24)	0%
5	CASE MIX INDEX (CMI)	1.81730	1.86130	0.04400	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	28,747.86870	29,399.23350	651.36480	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,076.93	\$9,138.79	\$61.86	1%
8	PATIENT DAYS	101,294	103,335	2,041	2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,576.09	\$2,600.02	\$23.94	1%
10	AVERAGE LENGTH OF STAY	6.4	6.5	0.1	2%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$186,830,085	\$226,612,897	\$39,782,812	21%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,060,113	\$70,761,851	\$9,701,738	16%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.68%	31.23%	-1.46%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	28.52%	33.69%	5.17%	18%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,511.98966	5,321.87987	809.89021	18%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,532.86	\$13,296.40	(\$236.46)	-2%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)		-		
17	TOTAL ACCRUED CHARGES	\$841,854,883	\$899,185,521	\$57,330,638	7%
18	TOTAL ACCRUED PAYMENTS	\$322,002,492	\$339,435,385	\$17,432,893	5%
19	TOTAL ALLOWANCES	\$519,852,391	\$559,750,136	\$39,897,745	8%

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

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS								
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE				
LIIVL	DEGOKII TION	1 1 2010	11 2011	DITTERENCE	DITTERCE				
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)								
	NON-GOVERNMENT INPATIENT								
1	INPATIENT ACCRUED CHARGES	\$439,060,292	\$448,848,221	\$9,787,929	2%				
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$218,469,522	\$245,692,489	\$27,222,967	12%				
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.76%	54.74%	4.98%	10%				
4	DISCHARGES	16,050	15,149	(901)	-6%				
5	CASE MIX INDEX (CMI)	1.37220	1.42020	0.04800	3%				
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	22,023.81000	21,514.60980	(509.20020)	-2%				
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,919.70	\$11,419.80	\$1,500.10	15%				
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$842.77)	(\$2,281.00)	(\$1,438.24)	171%				
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,560,950)	(\$49,074,905)	(\$30,513,955)	164%				
10	PATIENT DAYS	68,370	67,703	(667)	-1%				
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,195.40	\$3,628.97	\$433.57	14%				
12	AVERAGE LENGTH OF STAY	4.3	4.5	0.2	5%				
	NON-GOVERNMENT OUTPATIENT								
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$280,639,170	\$310,979,549	\$30,340,379	11%				
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$132,592,080	\$160,122,680	\$27,530,600	21%				
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47,25%	51.49%	4.24%	9%				
16	OUTPATIENT CHARGES / INPATIENT CHARGES	63.92%	69.28%		8%				
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,258.86139	10,495.81789	236.95650	2%				
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,924.64	\$15,255.86	\$2,331.22	18%				
	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$608.22	(\$1,959.45)	(\$2,567.67)	-422%				
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,239,629	(\$20,566,072)	(\$26,805,701)	-430%				
20	OCT / TIENT OF EXCENSIFY ONDERLY / TIMENT	ψ0,233,023	(ψ20,300,072)	(ψ20,003,701)	-43070				
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)								
21	TOTAL ACCRUED CHARGES	\$719,699,462	\$759,827,770	\$40,128,308	6%				
22	TOTAL ACCRUED PAYMENTS	\$351,061,602	\$405,815,169	\$54,753,567	16%				
23	TOTAL ALLOWANCES	\$368,637,860	\$354,012,601	(\$14,625,259)	-4%				
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,321,321)	(\$69,640,978)	(\$57,319,657)	465%				
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA								
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$651,518,348	\$702,077,657	\$50,559,309	8%				
	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$348,212,407	\$379,231,248	\$31,018,841	9%				
20	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	Φ340,∠1∠,407	φ318,231,248	φ31,010,841	9%				
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$303,305,941	\$322,846,409	\$19,540,468	6%				
	TOTAL NON-GOVERNIMENT CONTRACTORL ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE	46.55%	45.98%	\$19,540,468 -0.57%	0%				
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.55%	45.98%	-0.57%					

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
	INPATIENT ACCRUED CHARGES	\$19,801,383	\$13,165,053	(\$6,636,330)	-34%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,057,043	\$3,336,937	\$2,279,894	216%
	INPATIENT PAYMENTS / INPATIENT CHARGES	5.34%	25.35%	20.01%	375%
4	DISCHARGES	690	359	(331)	-48%
5	CASE MIX INDEX (CMI)	1.35220	1.39130	0.03910	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	933.01800	499,47670	(433.54130)	-46%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1.132.93	\$6.680.87	\$5.547.94	490%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,786.77	\$4,738.93	(\$4,047.84)	-46%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,944.00	\$2,457,93	(\$5,486.07)	-69%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,411,896	\$1,227,678	(\$6,184,218)	-83%
11	PATIENT DAYS	2,939	1,992	(947)	-32%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$359.66	\$1,675.17	\$1,315.51	366%
13	AVERAGE LENGTH OF STAY	4.3	5.5	1.3	30%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,329,396	\$25,660,622	(\$1.668.774)	-6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,458,906	\$6,504,178	\$5.045.272	346%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.34%	25.35%	20.01%	375%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	138.02%	194.91%	56.90%	41%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	952.32152	699.74373	(252.57779)	-27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,531.95	\$9,295.09	\$7,763.14	507%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,392.69	\$5,960.77	(\$5,431.92)	-48%
21	MEDICARE - UNINSURED OP PMT / OPED	\$12,000.91	\$4,001.32	(\$7,999.59)	-67%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,428,725	\$2,799,896	(\$8,628,830)	-76%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$47,130,779	\$38,825,675	(\$8,305,104)	-18%
24	TOTAL ACCRUED PAYMENTS	\$2,515,949	\$9.841.115	\$7,325,166	291%
25	TOTAL ALLOWANCES	\$44,614,830	\$28,984,560	(\$15,630,270)	-35%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,840,621	\$4,027,573	(\$14,813,048)	-79%

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
	INPATIENT ACCRUED CHARGES	\$197,558,048	\$247,961,574	\$50,403,526	26%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$66,489,002	\$75,495,802	\$9,006,800	14%
	INPATIENT PAYMENTS / INPATIENT CHARGES	33.66%	30.45%	-3.21%	-10%
4	DISCHARGES	7,923	9,492	1,569	20%
5	CASE MIX INDEX (CMI)	1.10660	1.20600	0.09940	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,767.59180	11,447.35200	2,679.76020	31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,583.50	\$6,595.05	(\$988.45)	-13%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,336.20	\$4,824.75	\$2,488.55	107%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,493.43	\$2,543.75	\$1,050.32	70%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,093,811	\$29,119,188	\$16,025,377	122%
11	PATIENT DAYS	42,046	50,852	8,806	21%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,581.34	\$1,484.62	(\$96.72)	-6%
13	AVERAGE LENGTH OF STAY	5.3	5.4	0.1	1%
	MEDICAID OUTPATIENT	****	****	005 444 007	070/
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$96,206,878	\$131,648,815	\$35,441,937	37%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,438,520	\$38,661,995	\$15,223,475	65%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.36%	29.37%	5.00%	21%
	OUTPATIENT CHARGES / INPATIENT CHARGES	48.70%	53.09%	4.39%	9%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED) OUTPATIENT ACCRUED PAYMENTS / OPED	3,858.34494	5,039.53307	1,181.18813	31%
	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,074.76	\$7,671.74	\$1,596.98	26%
-	MEDICARE - MEDICAID OP PMT / OPED	\$6,849.88	\$7,584.11	\$734.24	11%
-		\$7,458.10	\$5,624.66	(\$1,833.44)	-25%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$28,775,912	\$28,345,660	(\$430,253)	-1%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$293,764,926	\$379,610,389	\$85,845,463	29%
24	TOTAL ACCRUED PAYMENTS	\$89,927,522	\$114,157,797	\$24,230,275	27%
25	TOTAL ALLOWANCES	\$203,837,404	\$265,452,592	\$61,615,188	30%
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26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$41,869,723	\$57,464,848	\$15,595,124	37%
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	<u>DIFFERENCE</u>
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$27,257,124	\$0	(\$27,257,124)	-100%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,279,004	\$0	(\$7,279,004)	-100%
_	INPATIENT PAYMENTS / INPATIENT CHARGES	26.70%	0.00%	-26.70%	-100%
-	DISCHARGES	1.307	- 0.0070	(1,307)	-100%
-	CASE MIX INDEX (CMI)	1,24290	0.00000	(1,24290)	-100%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,624.47030	0.00000	(1,624.47030)	-100%
	INPATIENT ACCRUED PAYMENT / CMAD	\$4,480.85	\$0.00	(\$4,480.85)	-100%
	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,438.85	\$11,419.80	\$5,980,95	110%
	MEDICARE - O.M.A. IP PMT / CMAD	\$4,596.08	\$9,138.79	\$4,542.71	99%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,466,198	\$0	(\$7,466,198)	-100%
	PATIENT DAYS	7,453	0	(7,453)	-100%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$976.65	\$0.00	(\$976.65)	-100%
	AVERAGE LENGTH OF STAY	5.7	-	(5.7)	-100%
		5		(0.1)	10070
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,034,218	\$0	(\$12,034,218)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,632,027	\$0	(\$2,632,027)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.87%	0.00%	-21.87%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	44.15%	0.00%	-44.15%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	577.04998	0.00000	(577.04998)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,561.18	\$0.00	(\$4,561.18)	-100%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$8,363.46	\$15,255.86	\$6,892.39	82%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,971.68	\$13,296.40	\$4,324.72	48%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,177,108	\$0	(\$5,177,108)	-100%
	·		•		
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
	TOTAL ACCRUED CHARGES	\$39,291,342	\$0	(\$39,291,342)	-100%
24	TOTAL ACCRUED PAYMENTS	\$9,911,031	\$0	(\$9,911,031)	-100%
25	TOTAL ALLOWANCES	\$29,380,311	\$0	(\$29,380,311)	-100%
			•		
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$12,643,307	\$0	(\$12,643,307)	-100%

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

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL AS	SSISTANCE)			
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$224,815,172	\$247,961,574	\$23,146,402	10%
	INPATIENT ACCRUED CHARGES INPATIENT ACCRUED PAYMENTS (IP PMT)	\$73,768,006		\$1,727,796	
	INPATIENT ACCROED PATMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES	32.81%	\$75,495,802 30.45%	-2.37%	2%
-	DISCHARGES			-2.37% 262	-7% 3%
•	CASE MIX INDEX (CMI)	9,230 1,12590	9,492	0.08010	3% 7%
			1.20600		
	CASE MIX ADJUSTED DISCHARGES (CMAD)	10,392.06210	11,447.35200	1,055.28990	10%
	INPATIENT ACCRUED PAYMENT / CMAD	\$7,098.50	\$6,595.05	(\$503.45)	-7%
	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,821.20	\$4,824.75	\$2,003.55	71%
-	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,978.43	\$2,543.75	\$565.31	29%
	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,560,010	\$29,119,188	\$8,559,178	42%
	PATIENT DAYS	49,499	50,852	1,353	3%
	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,490.29	\$1,484.62	(\$5.67)	0%
13	AVERAGE LENGTH OF STAY	5.4	5.4	(0.0)	0%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$108,241,096	\$131,648,815	\$23,407,719	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,070,547	\$38,661,995	\$12,591,448	48%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.09%	29.37%	5.28%	22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	48.15%	53.09%	4.95%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,435.39492	5,039.53307	604.13815	14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5.877.84	\$7,671.74	\$1,793,90	31%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,046.80	\$7,584.11	\$537.32	8%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,655,02	\$5,624.66	(\$2,030.36)	-27%
	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$33,953,020	\$28,345,660	(\$5,607,361)	-17%
	1 - 1 -	711,111,020	+	(+1,111,001)	,0
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$333,056,268	\$379,610,389	\$46,554,121	14%
24	TOTAL ACCRUED PAYMENTS	\$99,838,553	\$114,157,797	\$14,319,244	14%
25	TOTAL ALLOWANCES	\$233,217,715	\$265,452,592	\$32,234,877	14%
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
	INPATIENT ACCRUED CHARGES	\$4,791,123	\$8,638,310	\$3,847,187	80%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$897,963	\$3,030,139	\$2,132,176	237%
	INPATIENT PAYMENTS / INPATIENT CHARGES	18.74%	35.08%	16.34%	87%
4	DISCHARGES	166	238	72	43%
	CASE MIX INDEX (CMI)	1.06780	1,17900	0.11120	10%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	177.25480	280.60200	103.34720	58%
	INPATIENT ACCRUED PAYMENT / CMAD	\$5,065.94	\$10,798.71	\$5,732.76	113%
	PATIENT DAYS	951	1,665	714	75%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$944.23	\$1,819.90	\$875.67	93%
	AVERAGE LENGTH OF STAY	5.7	7.0	1.3	22%
	ALLANDIA (TRIALE)				
	CHAMPUS / TRICARE OUTPATIENT	00.047.007	A0 057 004	(0000.000)	4404
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,317,387	\$2,057,294	(\$260,093)	-11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,091,920	\$861,357	(\$230,563)	-21%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$7,108,510	\$10,695,604	\$3,587,094	50%
14	TOTAL ACCRUED PAYMENTS	\$1,989,883	\$3,891,496	\$1,901,613	96%
15	TOTAL ALLOWANCES	\$5,118,627	\$6,804,108	\$1,685,481	33%
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$129,170,425	\$121,645,764	(\$7,524,661)	-6%
2	TOTAL OPERATING EXPENSES	\$920,001,155	\$963,927,041	\$43,925,886	5%
	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$3,946,217	\$0	(\$3,946,217)	-100%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)			(*	
4	CHARITY CARE (CHARGES)	\$27,507,152	\$18,246,408	(\$9,260,744)	-34%
	BAD DEBTS (CHARGES)	\$37,824,767	\$12,919,784	(\$24,904,983)	-66%
	UNCOMPENSATED CARE (CHARGES)	\$65,331,919	\$31,166,192	(\$34,165,727)	-52%
7	COST OF UNCOMPENSATED CARE	\$26,329,428	\$12,918,784	(\$13,410,644)	-51%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)				
8	TOTAL ACCRUED CHARGES	\$333,056,268	\$379,610,389	\$46,554,121	14%
9	TOTAL ACCRUED PAYMENTS	\$99,838,553	\$114,157,797	\$14,319,244	14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$134,225,064	\$157,353,344	\$23,128,280	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$34,386,511	\$43,195,547	\$8,809,036	26%

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
			•		
II.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$1,323,691,385	\$1,378,020,729	\$54,329,344	4%
2	TOTAL INPATIENT PAYMENTS	\$554,077,870	\$592,891,964	\$38,814,094	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	41.86%	43.02%	1.17%	3%
4	TOTAL DISCHARGES	41,265	40,674	(591)	-1%
5	TOTAL CASE MIX INDEX	1.48651	1.54009	0.05358	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	61,340.99560	62,641.79730	1,300.80170	2%
7	TOTAL OUTPATIENT CHARGES	\$578,027,738	\$671,298,555	\$93,270,817	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	43.67%	48.71%	5.05%	12%
9	TOTAL OUTPATIENT PAYMENTS	\$220,814,660	\$270,407,883	\$49,593,223	22%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.20%	40.28%	2.08%	5%
11	TOTAL CHARGES	\$1,901,719,123	\$2,049,319,284	\$147,600,161	8%
12	TOTAL PAYMENTS	\$774,892,530	\$863,299,847	\$88,407,317	11%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.75%	42.13%	1.38%	3%
14	PATIENT DAYS	220,114	223,555	3,441	2%
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B.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$884,631,093	\$929,172,508	\$44,541,415	5%
2	INPATIENT PAYMENTS	\$335,608,348	\$347,199,475	\$11,591,127	3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	37.94%	37.37%	-0.57%	-2%
4	DISCHARGES	25,215	25,525	310	1%
5	CASE MIX INDEX	1.55928	1.61125	0.05197	3%
6	CASE MIX ADJUSTED DISCHARGES	39,317.18560	41,127.18750	1,810.00190	5%
7	OUTPATIENT CHARGES	\$297,388,568	\$360,319,006	\$62,930,438	21%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	33.62%	38.78%	5.16%	15%
9	OUTPATIENT PAYMENTS	\$88,222,580	\$110,285,203	\$22,062,623	25%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.67%	30.61%	0.94%	3%
11	TOTAL CHARGES	\$1,182,019,661	\$1,289,491,514	\$107,471,853	9%
12	TOTAL PAYMENTS	\$423,830,928	\$457,484,678	\$33,653,750	8%
13	TOTAL PAYMENTS / CHARGES	35.86%	35.48%	-0.38%	-1%
14	PATIENT DAYS	151,744	155,852	4,108	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$758,188,733	\$832,006,836	\$73,818,103	10%
C.	AVERAGE LENGTH OF STAY				
	MEDICARE	6.4	6.5	0.1	2%
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.5	0.2	5%
-	UNINSURED	4.3	5.5	1.3	30%
	MEDICAID	5.3	5.4	0.1	1%
	OTHER MEDICAL ASSISTANCE	5.7	-	(5.7)	-100%
	CHAMPUS / TRICARE	5.7	7.0	1.3	22%
7	TOTAL AVERAGE LENGTH OF STAY	5.3	5.5	0.2	3%

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

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS							
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE			
	DECORAL FICK	112010	112011	DITTERCHOL	DITTERCENCE			
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION							
1	TOTAL CHARGES	\$1,901,719,123	\$2,049,319,284	\$147,600,161	8%			
2	TOTAL GOVERNMENT DEDUCTIONS	\$758,188,733	\$832,006,836	\$73,818,103	10%			
3	UNCOMPENSATED CARE	\$65,331,919	\$31,166,192	(\$34,165,727)				
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$303,305,941	\$322,846,409	\$19,540,468	6%			
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,426,593	\$13,830,886	\$1,404,293	11%			
6	TOTAL ADJUSTMENTS	\$1,139,253,186	\$1,199,850,323	\$60,597,137	5%			
7	TOTAL ACCRUED PAYMENTS	\$762,465,937	\$849,468,961	\$87,003,024	11%			
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$3,946,217	\$0	(\$3,946,217)	-100%			
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$766,412,154	\$849,468,961	\$83,056,807	11%			
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4030101737	0.4145127446	0.0115025710	3%			
11	COST OF UNCOMPENSATED CARE	\$26,329,428	\$12,918,784	(\$13,410,644)	-51%			
	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$34,386,511	\$43,195,547	\$8,809,036	26%			
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%			
	TOTAL COST OF UNCOMPENSATED CARE AND	ΨΟ	ΨΟ	ΨΟ	070			
	MEDICAL ASSISTANCE UNDERPAYMENT	\$60,715,939	\$56,114,331	(\$4,601,608)	-8%			
		φοση τομοσο	φοσ,,σσ .	(ψ 1,00 1,000)	0,0			
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)							
IV.	CALCOLATED UNDERFATMENT (OFFER LIMIT METHODOLOGI)							
	MEDICAID	\$28,775,912	\$28,345,660	(\$430,253)	-1%			
2	OTHER MEDICAL ASSISTANCE	\$12,643,307	\$0	(\$12,643,307)	-100%			
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,840,621	\$4,027,573	(\$14,813,048)	-79%			
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$60,259,840	\$32,373,233	(\$27,886,607)	-46%			
٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600							
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,538,851	\$24,733,408	\$2.194.557	9.74%			
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$22,154,628	(\$9,340,569)	(\$31,495,197)	-142.16%			
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$800,993,375	\$853,959,278	\$52,965,903	6.61%			
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$800,993,375	\$853,959,278	\$52,965,903	0.00%			
	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,901,719,123	\$2,049,319,284	\$147,600,161	7.76%			
	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,901,719,123	\$2,049,319,284	(\$184,339)	-8.03%			
	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$2,296,537 \$67,628,456	\$33,278,390	(\$34,350,066)	-8.03%			
	ONODINI . ONILE I NOMITIOSETTAL AUDITLO I MANIONE STATEMENTS	φυ1,020,400	φου,∠10,390	(\$34,330,066)	-30.7976			

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<u> </u>	HARTFORD HOSPITAL			
├	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011			
 	REPORT 550 - CALCULATION OF DSH UPPER PAYN	JENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
	l	ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	<u>FY 2010</u>	<u>FY 2011</u>	DIFFERENCE
Ę	ACCUIED OUADOED AND DAVMENTO			
I.	ACCRUED CHARGES AND PAYMENTS	-		
A.	INPATIENT ACCRUED CHARGES	<u> </u>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$439,060,292	\$448,848,221	\$9,787,929
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$655,024,798 \$224,815,172	672,572,624	\$17,547,826 \$23,146,402
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$224,815,172 \$197,558,048	247,961,574 247,961,574	\$23,146,402 \$50,403,526
5	OTHER MEDICAL ASSISTANCE	\$27,257,124	0	(\$27,257,124)
	CHAMPUS / TRICARE	\$4,791,123	8,638,310	\$3,847,187
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT CHARGES	\$19,801,383 \$884,631,093	13,165,053 \$929,172,508	(\$6,636,330) \$44,541,415
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$1,323,691,385	\$1,378,020,729	\$54,329,344
	OUTPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$280,639,170	\$310,979,549	\$30,340,379
	MEDICARE	\$280,639,170 \$186,830,085	226,612,897	\$30,340,379
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$108,241,096	131,648,815	\$23,407,719
	MEDICAID	\$96,206,878	131,648,815	\$35,441,937
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$12,034,218 \$2,317,387	0 2,057,294	(\$12,034,218) (\$260,093)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,317,387	2,057,294	(\$260,093)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$297,388,568	\$360,319,006	\$62,930,438
\square	TOTAL OUTPATIENT CHARGES	\$578,027,738	\$671,298,555	\$93,270,817
C.	TOTAL ACCRUED CHARGES	+		
	TOTAL ACCRUED CHARGES TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$719,699,462	\$759,827,770	\$40,128,308
2	TOTAL MEDICARE	\$841,854,883	\$899,185,521	\$57,330,638
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$333,056,268	\$379,610,389	\$46,554,121
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$293,764,926 \$39,291,342	\$379,610,389 \$0	\$85,845,463 (\$39,291,342)
	TOTAL CHAMPUS / TRICARE	\$7,108,510	\$10,695,604	\$3,587,094
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$47,130,779	\$38,825,675	(\$8,305,104)
	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$1,182,019,661 \$1,901,719,123	\$1,289,491,514 \$2,049,319,284	\$107,471,853 \$147,600,161
$\vdash \vdash \vdash$	TOTAL CHARGES	\$1,301,713,123	₹2,043,313,207	φ147,000,101
	INPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$218,469,522	\$245,692,489	\$27,222,967 \$7,731,155
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$260,942,379 \$73,768,006	268,673,534 75,495,802	\$7,731,155 \$1,727,796
4	MEDICAID	\$66,489,002	75,495,802	\$9,006,800
	OTHER MEDICAL ASSISTANCE	\$7,279,004	0	(\$7,279,004)
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$897,963 \$1,057,043	3,030,139 3,336,937	\$2,132,176 \$2,279,894
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$335,608,348	\$347,199,475	\$2,279,894 \$11,591,127
	TOTAL INPATIENT PAYMENTS	\$554,077,870	\$592,891,964	\$38,814,094
Ļ₽	OUTDATIENT A CODUED DAVAIENTO	-		
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,592,080	\$160.122.680	\$27,530,600
2	MEDICARE	\$61,060,113	70,761,851	\$9,701,738
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,070,547	38,661,995	\$12,591,448
	MEDICAID OTHER MEDICAL ASSISTANCE	\$23,438,520	38,661,995 0	\$15,223,475 (\$2,632,027)
	CHAMPUS / TRICARE	\$2,632,027 \$1,091,920	861,357	(\$2,632,027)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,458,906	6,504,178	\$5,045,272
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$88,222,580	\$110,285,203	\$22,062,623
$\vdash \vdash$	TOTAL OUTPATIENT PAYMENTS	\$220,814,660	\$270,407,883	\$49,593,223
	TOTAL ACCRUED PAYMENTS			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$351,061,602	\$405,815,169	\$54,753,567
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$322,002,492 \$99,838,553	\$339,435,385 \$114,157,797	\$17,432,893 \$14,319,244
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$99,838,553	\$114,157,797	\$14,319,244 \$24,230,275
	TOTAL OTHER MEDICAL ASSISTANCE	\$9,911,031	\$0	(\$9,911,031)
	TOTAL CHAMPUS / TRICARE	\$1,989,883	\$3,891,496	\$1,901,613
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL COVERNMENT DAYMENTS	\$2,515,949 \$423,830,928	\$9,841,115 \$457,484,678	\$7,325,166 \$33,653,750
	TOTAL GOVERNMENT PAYMENTS TOTAL PAYMENTS	\$423,830,928 \$774,892,530	\$457,484,678 \$863,299,847	\$33,653,750 \$88,407,317
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	HARTFORD HOSPITAL		<u> </u>	
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
		FAIT I IMIT AND		
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENI LIMII AND		
	BASELINE UNDERPAYMENT DATA			
	(0)	(0)	40	(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
IINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE
LIIVL	DESCRIPTION	1 1 2010	112011	DITTERENOL
П.	PAYER MIX			
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.09%	21.90%	-1.19%
	MEDICARE	34.44%	32.82%	-1.62%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	11.82% 10.39%	12.10% 12.10%	0.28%
	OTHER MEDICAL ASSISTANCE	10.39%	0.00%	1.71% -1.43%
	CHAMPUS / TRICARE	0.25%	0.42%	0.17%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04%	0.42 %	-0.40%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	46.52%	45.34%	-1.18%
	TOTAL INPATIENT PAYER MIX	69.60%	67.24%	-2.36%
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.76%	15.17%	0.42%
	MEDICARE	9.82%	11.06%	1.23%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.69%	6.42%	0.73%
	MEDICAID	5.06%	6.42%	1.37%
5	OTHER MEDICAL ASSISTANCE	0.63%	0.00%	-0.63%
6	CHAMPUS / TRICARE	0.12%	0.10%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.44%	1.25%	-0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.64%	17.58%	1.94%
	TOTAL OUTPATIENT PAYER MIX	30.40%	32.76%	2.36%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
	TOTAL FATER WIX BASED ON ACCROED CHARGES	100.00%	100.00%	0.0076
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.19%	28.46%	0.27%
	MEDICARE	33.67%	31.12%	-2.55%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.52%	8.75%	-0.77%
	MEDICAID OTHER MEDICAL ASSISTANCE	8.58% 0.94%	8.75% 0.00%	0.16% -0.94%
	CHAMPUS / TRICARE	0.94%	0.00%	-0.94% 0.24%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.39%	0.24%
<u> </u>	TOTAL INPATIENT GOVERNMENT PAYER MIX	43.31%	40.22%	-3.09%
	TOTAL INPATIENT PAYER MIX	71.50%	68.68%	-2.83%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
_	NON COVEDNIMENT (NICH LIDING CELE DAY / LINUNGLEDED)	47.440/	40.550	4 4 4 0 7
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	17.11% 7.88%	18.55% 8.20%	1.44% 0.32%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.36%	8.20% 4.48%	1.11%
4	MEDICAL ASSISTANCE (INCESTING OTHER MEDICAL ASSISTANCE)	3.02%	4.48%	1.45%
5	OTHER MEDICAL ASSISTANCE	0.34%	0.00%	-0.34%
6	CHAMPUS / TRICARE	0.14%	0.10%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.19%	0.75%	0.57%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	11.39%	12.77%	1.39%
	TOTAL OUTPATIENT PAYER MIX	28.50%	31.32%	2.83%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.000/	100 000/	0.000/
	TOTAL LATER WIIA DAGED ON ACCRUED PATIMENTS	100.00%	100.00%	0.00%
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	HARTEORD HOSPITAL			
	HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(0)	(5)	40	(E)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	<u>DESCRIPTION</u>	<u>FY 2010</u>	FY 2011	DIFFERENCE
ш	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	Ο ΠΑΤΑ		
1111.	DIOTIANOLO, I ATIENT DATO, ALOO, OAGE MIX INDEX AND OTHER REGUIRE	DAIA		
A.	<u>DISCHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,050	15,149	(901)
2	MEDICARE	15,819	15,795	(24)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	9,230 7,923	9,492 9,492	262 1,569
	OTHER MEDICAL ASSISTANCE	1,307	0,432	(1,307)
	CHAMPUS / TRICARE	166	238	72
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT DISCHARGES	690 25,215	359 25,525	(331) 310
	TOTAL DISCHARGES	41,265	40,674	(591)
В.	PATIENT DAYS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	68,370 101,294	67,703 103,335	(667) 2,041
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	49,499	50,852	1,353
	MEDICAID	42,046	50,852	8,806
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	7,453 951	0 1,665	(7,453) 714
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,939	1,992	(947)
	TOTAL GOVERNMENT PATIENT DAYS TOTAL PATIENT DAYS	151,744 220,114	155,852 223,555	4,108 3,441
	TOTAL PATIENT DATS	220,114	223,555	3,441
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.3	4.5	0.2
2	MEDICARE	6.4	6.5	0.1
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	5.4 5.3	5.4 5.4	(0.0) 0.1
	OTHER MEDICAL ASSISTANCE	5.7	0.0	(5.7)
6	CHAMPUS / TRICARE	5.7	7.0	1.3
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.3 6.0	5.5 6.1	1.3 0.1
	TOTAL AVERAGE LENGTH OF STAY	5.3	5.5	0.2
D.	CASE MIX INDEX			
	GAGE MIX INDEX			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1.37220 1.81730	1.42020 1.86130	0.04800
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.81730	1.20600	0.04400 0.08010
	MEDICAID	1.10660	1.20600	0.09940
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	1.24290 1.06780	0.00000 1.17900	(1.24290) 0.11120
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.35220	1.39130	0.03910
	TOTAL GOVERNMENT CASE MIX INDEX	1.55928	1.61125	0.05197
	TOTAL CASE MIX INDEX	1.48651	1.54009	0.05358
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$651,518,348	\$702,077,657	\$50,559,309
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$348,212,407	\$379,231,248	\$31,018,841
<u> </u>	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$303,305,941	\$322,846,409	\$19,540,468
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.55%	45.98%	-0.57%
5 6	EMPLOYEE SELF INSURANCE GROSS REVENUE EMPLOYEE SELF INSURANCE ALLOWANCE	\$22,538,851 \$12,426,593	\$24,733,408 \$13,830,886	\$2,194,557 \$1,404,293
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT	\$3,946,217	\$0	ψ.,.οι,200
	ADJUSTMENT-OHCA INPUT)			(\$3,946,217)
	CHARITY CARE BAD DEBTS	\$27,507,152 \$37,824,767	\$18,246,408 \$12,919,784	(\$9,260,744) (\$24,904,983)
	TOTAL UNCOMPENSATED CARE	\$37,824,767	\$12,919,784	(\$34,165,727)
11	TOTAL OTHER OPERATING REVENUE	\$651,518,348	\$702,077,657	\$50,559,309
12	TOTAL OPERATING EXPENSES	\$920,001,155	\$963,927,041	\$43,925,886

	HARTEORN HOCRITAL			
	HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT I IMIT AND		
	BASELINE UNDERPAYMENT DATA	ENT LIMIT AND		
	BASELINE ONDERFATMENT DATA			
(1)	(2)	(3)	(4)	(5)
	, ,			
LINE	DESCRIPTION	ACTUAL <u>FY 2010</u>	ACTUAL <u>FY 2011</u>	AMOUNT <u>DIFFERENCE</u>
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22,023.81000	21,514.60980	(509.20020
	MEDICARE	28,747.86870	29,399.23350	651.36480
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,392.06210	11,447.35200	1,055.28990
	MEDICAID	8,767.59180	11,447.35200	2,679.76020
	OTHER MEDICAL ASSISTANCE	1,624.47030	0.00000	(1,624.47030
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	177.25480 933.01800	280.60200 499.47670	103.34720
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	39,317.18560	41,127.18750	1,810.00190
	TOTAL CASE MIX ADJUSTED DISCHARGES	61,340.99560	62,641.79730	1,300.80170
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,258.86139	10,495.81789	236.9565
	MEDICARE	4,511.98966	5,321.87987	809.8902
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,435.39492	5,039.53307	604.1381
	MEDICAID	3,858.34494	5,039.53307	1,181.1881
	OTHER MEDICAL ASSISTANCE	577.04998	0.00000	-577.0499
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	80.29146 952.32152	56.68192 699.74373	-23.6095 -252.5777
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	9,027.67603	10,418.09486	1,390.4188
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	19,286.53743	20,913.91274	1,627.3753
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,919.70	\$11,419.80	\$1,500.10
	MEDICARE	\$9,076.93	\$9,138.79	\$61.86
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,098.50	\$6,595.05	(\$503.45
	MEDICAID	\$7,583.50	\$6,595.05	(\$988.45
5	OTHER MEDICAL ASSISTANCE	\$4,480.85	\$0.00	(\$4,480.85
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,065.94 \$1,132.93	\$10,798.71 \$6.680.87	\$5,732.76 \$5,547.94
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,535.92	\$8,442.09	(\$93.83)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,032.75	\$9,464.80	\$432.05
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,924.64	\$15,255.86	\$2,331.22
2	MEDICARE	\$13,532.86	\$13,296.40	(\$236.46
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,877.84	\$7,671.74	\$1,793.90
4	MEDICAID	\$6,074.76	\$7,671.74	\$1,596.98
5	OTHER MEDICAL ASSISTANCE	\$4,561.18	\$0.00	(\$4,561.18
<u>6</u> 7	CHAMPUS / TRICARE	\$13,599.45 \$1,531.95	\$15,196.33 \$9,295.09	\$1,596.87 \$7,763.14
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			\$7,763.14
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,772.46 \$11,449.16	\$10,585.93 \$12,929.57	\$813.47 \$1,480.41
	TO THE TOTAL PROPERTY OF THE PROPERTY DISCUSSION OF	Ţ.1, 110 110	Ţ. <u></u> ,020.01	Ψ1,-001

01110	E OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING			ARTFORD HOSPIT
	HARTFORD HOSPITAL			
	TWELVE MONTHS ACTUAL FILING	<u> </u>		
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYI	MENT I IMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE
v.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$28,775,912	\$28,345,660	(\$430,253
	OTHER MEDICAL ASSISTANCE	\$12,643,307	\$0	(\$12,643,307
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,840,621	\$4,027,573	(\$14,813,048)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$60,259,840	\$32,373,233	(\$27,886,607)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO	OLOGY)		
7 2.	ONLOGENTED ONDER! ATMENT BEFORE OF ER EMIT (BAGELINE METHODS			
1	TOTAL CHARGES	\$1,901,719,123	\$2,049,319,284	\$147,600,161
2	TOTAL GOVERNMENT DEDUCTIONS	\$758,188,733	\$832,006,836	\$73,818,103
3	UNCOMPENSATED CARE	\$65,331,919	\$31,166,192	(\$34,165,727)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES EMPLOYEE SELF INSURANCE ALLOWANCE	\$303,305,941	\$322,846,409	\$19,540,468
5 6	TOTAL ADJUSTMENTS	\$12,426,593 \$1,139,253,186	\$13,830,886 \$1,199,850,323	\$1,404,293 \$60,597,137
7	TOTAL ADJUSTMENTS TOTAL ACCRUED PAYMENTS	\$762,465,937	\$849,468,961	\$87,003,024
8	UCP DSH PAYMENTS (OHCA INPUT)	\$3,946,217	\$0	(\$3,946,217)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$766,412,154	\$849,468,961	\$83,056,807
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4030101737	0.4145127446	0.0115025710
	COST OF UNCOMPENSATED CARE	\$26,329,428	\$12,918,784	(\$13,410,644)
	MEDICAL ASSISTANCE UNDERPAYMENT	\$34,386,511	\$43,195,547	\$8,809,036
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$60,715,939	\$56,114,331	(\$4,601,608)
VII	RATIOS			
V 11.	<u>KATIOO</u>			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.76%	54.74%	4.98%
	MEDICARE	39.84%	39.95%	0.11%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.81%	30.45%	-2.37%
	MEDICAID	33.66%	30.45%	-3.21%
5	OTHER MEDICAL ASSISTANCE	26.70%	0.00%	-26.70%
6	CHAMPUS / TRICARE	18.74%	35.08%	16.34%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.34%	25.35%	20.01%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
		37.94%	37.37%	-0.57%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	41.86%	43.02%	1.17%
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.25%	51.49%	4.24%
	MEDICARE	32.68%	31.23%	-1.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.09%	29.37%	5.28%
4	MEDICAID	24.36%	29.37%	5.00%
5	OTHER MEDICAL ASSISTANCE	21.87%	0.00%	-21.87%
	CHAMPUS / TRICARE	47.12%	41.87%	-5.25%
6		5.34%	25.35%	20.01%
6 7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.0170		
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.67% 38.20%	30.61% 40.28%	0.94% 2.08%

	HARTFORD HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2011			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	FNT I IMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
	, ,	` '	, ,	. ,
		ACTUAL	ACTUAL	AMOUNT
LINE	<u>DESCRIPTION</u>	FY 2010	FY 2011	DIFFERENCE
X 7 X X X	NET DEVENUE OROGO DEVENUE AND UNIONDENGATED CARE DECONOUT	TIONS		
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIA	<u> </u>		
	DECONORINATION OF OUGA DEFINED MET DEVENUE TO LICODITAL AUDITED FIN CTATEMENT	_		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENT:	5		
1	TOTAL ACCRUED PAYMENTS	\$774,892,530	\$863,299,847	\$88,407,317
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)		, /===,=	(\$3,946,217)
	(OHCA INPUT)	\$3,946,217	\$0	
	OHCA DEFINED NET REVENUE	\$778,838,747	\$863,299,847	\$84,461,100
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$22.154.628	(\$9.340.569)	(\$31,495,197
4	CALCULATED NET REVENUE	\$800,993,375	\$853,959,278	\$52,965,903
		V 000,000,000	***************************************	**=,***,***
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$800,993,375	\$853,959,278	\$52,965,903
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$1,901,719,123	\$2,049,319,284	\$147,600,161
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$1,901,719,123	\$2,049,319,284	\$147,600,161
	CALCULATED GROSS REVENUE	\$1,901,719,123	\$2,049,319,284	\$147,600,161
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,901,719,123	\$2,049,319,284	\$147,600,161
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
	THE THE PERSON BE LESS THAN ON EQUAL TO \$600)	Ψ	ΨŪ	Ψ0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	TS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$65,331,919	\$31,166,192	(\$34,165,727
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,296,537	\$2,112,198	(\$184,339
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$67,628,456	\$33,278,390	(\$34,350,066
			000	(00:
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$67,628,456	\$33,278,390	(\$34,350,066
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2011** REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND **BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES** (1) (2)(3) **ACTUAL** FY 2011 LINE DESCRIPTION ACCRUED CHARGES AND PAYMENTS **INPATIENT ACCRUED CHARGES** A. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1 \$448.848.221 **MEDICARE** 672,572,624 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 247,961,574 3 **MEDICAID** 247,961,574 OTHER MEDICAL ASSISTANCE 5 0 CHAMPUS / TRICARE 8,638,310 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 13,165,053 TOTAL INPATIENT GOVERNMENT CHARGES \$929,172,508 TOTAL INPATIENT CHARGES \$1,378,020,729 В. **OUTPATIENT ACCRUED CHARGES** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$310,979,549 **MEDICARE** 226,612,897 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 131,648,815 **MEDICAID** 4 131,648,815 OTHER MEDICAL ASSISTANCE 5 Ω CHAMPUS / TRICARE 2,057,294 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 25.660.622 TOTAL OUTPATIENT GOVERNMENT CHARGES \$360,319,006 TOTAL OUTPATIENT CHARGES \$671,298,555 C. TOTAL ACCRUED CHARGES TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED) 1 \$759,827,770 TOTAL GOVERNMENT ACCRUED CHARGES 2 1,289,491,514 **TOTAL ACCRUED CHARGES** \$2,049,319,284 INPATIENT ACCRUED PAYMENTS D. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$245,692,489 268,673,534 MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 75,495,802 **MEDICAID** 75,495,802 OTHER MEDICAL ASSISTANCE 5 0 6 CHAMPUS / TRICARE 3,030,139 UNINSURED (INCLUDED IN NON-GOVERNMENT) 7 3,336,937 TOTAL INPATIENT GOVERNMENT PAYMENTS \$347,199,475 **TOTAL INPATIENT PAYMENTS** \$592,891,964 **OUTPATIENT ACCRUED PAYMENTS** E NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$160,122,680 2 **MEDICARE** 70,761,851 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 38,661,995 **MEDICAID** 38,661,995 OTHER MEDICAL ASSISTANCE 5 0 CHAMPUS / TRICARE 6 861,357 UNINSURED (INCLUDED IN NON-GOVERNMENT) 6,504,178 7 TOTAL OUTPATIENT GOVERNMENT PAYMENTS \$110,285,203 TOTAL OUTPATIENT PAYMENTS \$270.407.883 TOTAL ACCRUED PAYMENTS F. TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) \$405,815,169 2 TOTAL GOVERNMENT ACCRUED PAYMENTS 457,484,678 TOTAL ACCRUED PAYMENTS \$863,299,847

HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2011** REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES (1) (2)(3) **ACTUAL** FY 2011 LINE **DESCRIPTION** II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA A. **ACCRUED DISCHARGES** NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 15,149 1 **MEDICARE** 15,795 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 9,492 **MEDICAID** 9,492 OTHER MEDICAL ASSISTANCE 5 CHAMPUS / TRICARE 238 UNINSURED (INCLUDED IN NON-GOVERNMENT) 359 7 **TOTAL GOVERNMENT DISCHARGES** 25,525 TOTAL DISCHARGES 40,674 В. CASE MIX INDEX NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 1.42020 1.86130 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 1.20600 **MEDICAID** 4 1.20600 OTHER MEDICAL ASSISTANCE 5 0.00000 CHAMPUS / TRICARE 1.17900 7 UNINSURED (INCLUDED IN NON-GOVERNMENT) 1.39130 **TOTAL GOVERNMENT CASE MIX INDEX** 1.61125 1.54009 TOTAL CASE MIX INDEX OTHER REQUIRED DATA C. TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES 1 \$702,077,657 ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES 2 \$379,231,248 (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) 3 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$322,846,409 TOTAL ACTUAL DISCOUNT PERCENTAGE 4 45.98% 5 EMPLOYEE SELF INSURANCE GROSS REVENUE \$24,733,408 6 EMPLOYEE SELF INSURANCE ALLOWANCE \$13,830,886 7 UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT) \$0 CHARITY CARE 8 \$18,246,408 9 **BAD DEBTS** \$12,919,784 \$31,166,192 10 TOTAL UNCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE 11 \$121,645,764 TOTAL OPERATING EXPENSES 12 \$963,927,041

	HARTFORD HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2011	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
INE	DESCRIPTION	FY 2011
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$863.299.84
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$603,299,64
	OHCA DEFINED NET REVENUE	\$863,299,84
		, , ,
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$9,340,56
	CALCULATED NET REVENUE	\$853,959,27
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$853,959,27
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	IOHCA DEFINED GROSS REVENUE	\$2,049,319,28
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$
	CALCULATED GROSS REVENUE	\$2,049,319,28
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,049,319,28
	VARIANCE (MUST DE LEGO TUAN OR FOUNT TO AFFOR	
	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)	\$31,166,19
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,112,19
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$33,278,39
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$33,278,39

HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING** FISCAL YEAR 2011 **REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (5) (6)**ACTUAL ACTUAL AMOUNT** % LINE DESCRIPTION FY 2010 FY 2011 DIFFERENCE DIFFERENCE Hospital Charity Care (from HRS Report 500) A. Number of Applicants 11,293 9,496 (1,797)-16% 2 Number of Approved Applicants 10,728 -16% 9,021 (1,707)**Total Charges (A)** \$27,507,152 \$18,246,408 (\$9,260,744) -34% 3 4 **Average Charges** \$2,023 -21% \$2,564 (\$541) Ratio of Cost to Charges (RCC) 5 0.448659 0.453004 0.004345 1% **Total Cost** \$12,341,331 \$8,265,696 (\$4,075,635) -33% 6 **Average Cost** 7 \$1,150 \$916 (\$234) -20% \$17,294,944 \$8,251,032 (\$9.043.912)-52% 8 Charity Care - Inpatient Charges Charity Care - Outpatient Charges (Excludes ED Charges) 9 6,588,371 5,446,471 (1,141,900)-17% 10 Charity Care - Emergency Department Charges 3,623,837 4,548,905 925,068 26% 11 **Total Charges (A)** \$27,507,152 \$18,246,408 (\$9,260,744) -34% Charity Care - Number of Patient Days -20% 12 2,425 1,939 (486)13 Charity Care - Number of Discharges -15% 408 345 (63)14 Charity Care - Number of Outpatient ED Visits 7,422 5,488 (1,934)-26% 15 Charity Care - Number of Outpatient Visits (Excludes ED Visits) 8,946 (2,961)-25% 11,907 Hospital Bad Debts (from HRS Report 500) В. **Bad Debts - Inpatient Services** \$17,445,641 \$4,826,727 (\$12,618,914) -72% Bad Debts - Outpatient Services (Excludes ED Bad Debts) -20% 2 6,280,347 5,017,695 (1,262,652)3 Bad Debts - Emergency Department 14.098.779 3,075,362 (11,023,417)-78% 4 **Total Bad Debts (A)** \$37,824,767 \$12,919,784 (\$24,904,983) -66% Hospital Uncompensated Care (from HRS Report 500) C. -34% 1 Charity Care (A) \$27,507,152 \$18,246,408 (\$9,260,744)2 Bad Debts (A) 12,919,784 -66% 37,824,767 (24,904,983)**Total Uncompensated Care (A)** 3 \$65,331,919 \$31,166,192 (\$34,165,727) -52% 4 **Uncompensated Care - Inpatient Services** -62% \$34,740,585 \$13,077,759 (\$21,662,826) 5 Uncompensated Care - Outpatient Services (Excludes ED Unc. Care) -19% 12,868,718 10,464,166 (2,404,552)(10,098,349)Uncompensated Care - Emergency Department 17,722,616 7,624,267 -57% 6 **Total Uncompensated Care (A)** \$65,331,919 \$31,166,192 (\$34,165,727) -52% (A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

		HARTFORD HOSPI	TAI		
		TWELVE MONTHS ACTUA			
		FISCAL YEAR 2			
	REPORT 685 - HOSPITA	L NON-GOVERNMENT GROSS RE	-	ALLOWANCES.	
		CCRUED PAYMENTS AND DISCO	·	,	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
<u>LINE</u>	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	<u>DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$651,518,348	\$702,077,657	\$50,559,309	8%
2	Total Contractual Allowances	\$303,305,941	\$322,846,409	\$19,540,468	6%
	Total Accrued Payments (A)	\$348,212,407	\$379,231,248	\$31,018,841	9%
	Total Discount Percentage	46.55%	45.98%	-0.57%	-1%
(A) A	│ Accrued Payments associated with Non-G	overnment Contractual Allowanc	es must exclude any redu	ction for Uncompen	sated Care.

HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (3) (4) (5) ACTUAL **ACTUAL** ACTUAL LINE **DESCRIPTION** FY 2009 FY 2010 FY 2011 **Gross and Net Revenue** A. Inpatient Gross Revenue \$1,220,439,016 \$1,323,691,385 \$1,378,020,729 1 2 Outpatient Gross Revenue \$493,992,632 \$578,027,738 \$671,298,555 3 Total Gross Patient Revenue \$1,714,431,648 \$1,901,719,123 \$2,049,319,284 Net Patient Revenue \$717,211,741 \$794,806,049 \$853,959,278 В. **Total Operating Expenses** 1 Total Operating Expense \$824,454,105 \$920,001,155 \$963,927,041 C. **Utilization Statistics** Patient Days 215,958 220,114 223,555 40,674 2 Discharges 41,188 41,265 3 Average Length of Stay 5.2 5.3 5.5 303,371 316,233 332,459 Equivalent (Adjusted) Patient Days (EPD) 4 Equivalent (Adjusted) Discharges (ED) 57,860 59,285 60,488 0 **Case Mix Statistics** D. 1.40924 1.48651 1.54009 1 Case Mix Index 344,296 304,337 327,203 2 Case Mix Adjusted Patient Days (CMAPD) 62,642 3 Case Mix Adjusted Discharges (CMAD) 58.044 61,341 Case Mix Adjusted Equivalent Patient Days (CMAEPD) 427,522 470,085 512,018 Case Mix Adjusted Equivalent Discharges (CMAED) 81,538 88,127 93,158 5 E. **Gross Revenue Per Statistic** 1 Total Gross Revenue per Patient Day \$7,939 \$8,640 \$9,167 2 Total Gross Revenue per Discharge \$41,625 \$46,086 \$50,384 Total Gross Revenue per EPD \$5,651 \$6,164 \$6,014 3 \$29,631 \$33,880 4 Total Gross Revenue per ED \$32,078 Total Gross Revenue per CMAEPD \$4,010 \$4,045 \$4,002 Total Gross Revenue per CMAED \$21,026 \$21,579 \$21,998 6 \$4,023

\$4,186

\$22,328

\$21,093

\$4,145

\$22,782

7

Inpatient Gross Revenue per EPD

Inpatient Gross Revenue per ED

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
(')	(2)	ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2009	FY 2010	<u>FY 2011</u>
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$3,321	\$3,611	\$3,820
2	Net Patient Revenue per Discharge	\$17,413	\$19.261	\$20,995
3	Net Patient Revenue per EPD	\$2,364	\$2,513	\$2,569
4	Net Patient Revenue per ED	\$12,396	\$13,407	\$14,118
5	Net Patient Revenue per CMAEPD	\$1,678	\$1,691	\$1,668
6	Net Patient Revenue per CMAED	\$8,796	\$9,019	\$9,167
		\$3,.33	φσ,σ.σ	ψο,
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$3,818	\$4,180	\$4,312
2	Total Operating Expense per Discharge	\$20,017	\$22,295	\$23,699
3	Total Operating Expense per EPD	\$2,718	\$2,909	\$2,899
4	Total Operating Expense per ED	\$14,249	\$15,518	\$15,936
5	Total Operating Expense per CMAEPD	\$1,928	\$1,957	\$1,883
6	Total Operating Expense per CMAED	\$10,111	\$10,439	\$10,347
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$121,405,571	\$133,233,307	\$140,350,779
2	Nursing Fringe Benefits Expense	\$26,537,268	\$33,209,967	\$41,738,240
3	Total Nursing Salary and Fringe Benefits Expense	\$147,942,839	\$166,443,274	\$182,089,019
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$36,421,774	\$38,244,961	\$42,066,899
2	Physician Fringe Benefits Expense	\$7,961,203	\$10,063,626	\$12,510,072
3	Total Physician Salary and Fringe Benefits Expense	\$44,382,977	\$48,308,587	\$54,576,971
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$207,582,325	\$227,027,658	\$250,921,753
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$42,912,522	\$57,362,671	\$74,620,408
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$250,494,847	\$284,390,329	\$325,542,161
	Total Non-Nuis., Non-r flys. Salary and Trifige Bell. Expense	\$230,434,047	\$204,330,329	φ323,342,101
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$365,409,670	\$398,505,926	\$433,339,431
2	Total Fringe Benefits Expense	\$77,410,993	\$100,636,264	\$128,868,720
3	Total Salary and Fringe Benefits Expense	\$442,820,663	\$499,142,190	\$562,208,151

HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2009	FY 2010	FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	1406.4	1499.0	1567.4
2	Total Physician FTEs	209.4	210.0	226.2
3	Total Non-Nursing, Non-Physician FTEs	3780.5	3939.0	4044.7
4	Total Full Time Equivalent Employees (FTEs)	5,396.3	5,648.0	5,838.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$86,324	\$88,881	\$89,544
2	Nursing Fringe Benefits Expense per FTE	\$18,869	\$22,155	\$26,629
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$105,193	\$111,036	\$116,173
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$173,934	\$182,119	\$185,972
2	Physician Fringe Benefits Expense per FTE	\$38,019	\$47,922	\$55,305
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$211,953	\$230,041	\$241,278
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expens	e per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$54,909	\$57,636	\$62,037
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$11,351	\$14,563	\$18,449
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$66,260	\$72,199	\$80,486
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$67,715	\$70,557	\$74,224
2	Total Fringe Benefits Expense per FTE	\$14,345	\$17,818	\$22,073
3	Total Salary and Fringe Benefits Expense per FTE	\$82,060	\$88,375	\$96,297
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,050	\$2,268	\$2,515
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,751	\$12,096	\$13,822
3	Total Salary and Fringe Benefits Expense per EPD	\$1,460	\$1,578	\$1,691
4	Total Salary and Fringe Benefits Expense per ED	\$7,653	\$8,419	\$9,295
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,036	\$1,062	\$1,098
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,431	\$5,664	\$6,035