

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$1,782,072	\$3,850,387	\$2,068,315	116%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$27,453,944	\$30,704,847	\$3,250,903	12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$17,008,322	\$5,021,620	(\$11,986,702)	-70%
5	Due From Affiliates	\$1,645,518	\$210,170	(\$1,435,348)	-87%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,056,206	\$1,389,353	\$333,147	32%
8	Prepaid Expenses	\$1,268,255	\$1,369,327	\$101,072	8%
9	Other Current Assets	\$8,439,997	\$7,945,948	(\$494,049)	-6%
	<b>Total Current Assets</b>	<b>\$58,654,314</b>	<b>\$50,491,652</b>	<b>(\$8,162,662)</b>	<b>-14%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$79,200,328	\$82,885,871	\$3,685,543	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$79,200,328</b>	<b>\$82,885,871</b>	<b>\$3,685,543</b>	<b>5%</b>
5	Interest in Net Assets of Foundation	\$97,605,124	\$104,410,463	\$6,805,339	7%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$16,103,813	\$20,804,754	\$4,700,941	29%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$200,246,497	\$236,256,698	\$36,010,201	18%
2	Less: Accumulated Depreciation	\$104,192,282	\$118,311,796	\$14,119,514	14%
	<b>Property, Plant and Equipment, Net</b>	<b>\$96,054,215</b>	<b>\$117,944,902</b>	<b>\$21,890,687</b>	<b>23%</b>
3	Construction in Progress	\$29,060,602	\$16,921,791	(\$12,138,811)	-42%
	<b>Total Net Fixed Assets</b>	<b>\$125,114,817</b>	<b>\$134,866,693</b>	<b>\$9,751,876</b>	<b>8%</b>
	<b>Total Assets</b>	<b>\$376,678,396</b>	<b>\$393,459,433</b>	<b>\$16,781,037</b>	<b>4%</b>

## CT CHILDREN'S MEDICAL CENTER

## TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

## REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$32,601,731	\$40,922,726	\$8,320,995	26%
2	Salaries, Wages and Payroll Taxes	\$11,973,983	\$12,269,133	\$295,150	2%
3	Due To Third Party Payers	\$9,819,700	\$27,554,100	\$17,734,400	181%
4	Due To Affiliates	\$1,178,794	\$7,733,907	\$6,555,113	556%
5	Current Portion of Long Term Debt	\$1,280,000	\$1,350,000	\$70,000	5%
6	Current Portion of Notes Payable	\$5,435,264	\$6,175,949	\$740,685	14%
7	Other Current Liabilities	\$50,298	\$49,938	(\$360)	-1%
	<b>Total Current Liabilities</b>	<b>\$62,339,770</b>	<b>\$96,055,753</b>	<b>\$33,715,983</b>	<b>54%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$38,035,000	\$36,685,000	(\$1,350,000)	-4%
2	Notes Payable (Net of Current Portion)	\$25,153,377	\$22,795,917	(\$2,357,460)	-9%
	<b>Total Long Term Debt</b>	<b>\$63,188,377</b>	<b>\$59,480,917</b>	<b>(\$3,707,460)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$8,357,282	\$11,770,096	\$3,412,814	41%
4	Other Long Term Liabilities	\$23,660,838	\$25,550,702	\$1,889,864	8%
	<b>Total Long Term Liabilities</b>	<b>\$95,206,497</b>	<b>\$96,801,715</b>	<b>\$1,595,218</b>	<b>2%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$101,387,989	\$74,193,342	(\$27,194,647)	-27%
2	Temporarily Restricted Net Assets	\$21,637,126	\$26,184,898	\$4,547,772	21%
3	Permanently Restricted Net Assets	\$96,107,014	\$100,223,725	\$4,116,711	4%
	<b>Total Net Assets</b>	<b>\$219,132,129</b>	<b>\$200,601,965</b>	<b>(\$18,530,164)</b>	<b>-8%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$376,678,396</b>	<b>\$393,459,433</b>	<b>\$16,781,037</b>	<b>4%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$574,813,438	\$596,674,847	\$21,861,409	4%
2	Less: Allowances	\$323,934,980	\$334,897,306	\$10,962,326	3%
3	Less: Charity Care	\$1,431,441	\$1,302,183	(\$129,258)	-9%
4	Less: Other Deductions	\$5,586,749	\$4,097,497	(\$1,489,252)	-27%
	<b>Total Net Patient Revenue</b>	<b>\$243,860,268</b>	<b>\$256,377,861</b>	<b>\$12,517,593</b>	<b>5%</b>
5	Provision for Bad Debts	\$4,545,394	\$3,419,884	(\$1,125,510)	-25%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$239,314,874</b>	<b>\$252,957,977</b>	<b>\$13,643,103</b>	<b>6%</b>
6	Other Operating Revenue	\$3,079,721	\$3,092,774	\$13,053	0%
7	Net Assets Released from Restrictions	\$14,927,504	\$13,260,718	(\$1,666,786)	-11%
	<b>Total Operating Revenue</b>	<b>\$257,322,099</b>	<b>\$269,311,469</b>	<b>\$11,989,370</b>	<b>5%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$107,630,278	\$109,870,644	\$2,240,366	2%
2	Fringe Benefits	\$31,288,195	\$30,164,094	(\$1,124,101)	-4%
3	Physicians Fees	\$11,600,355	\$11,370,358	(\$229,997)	-2%
4	Supplies and Drugs	\$17,770,696	\$22,486,989	\$4,716,293	27%
5	Depreciation and Amortization	\$11,801,840	\$14,745,956	\$2,944,116	25%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,294,274	\$1,231,379	(\$62,895)	-5%
8	Malpractice Insurance Cost	\$870,596	\$4,328,239	\$3,457,643	397%
9	Other Operating Expenses	\$85,537,607	\$85,901,821	\$364,214	0%
	<b>Total Operating Expenses</b>	<b>\$267,793,841</b>	<b>\$280,099,480</b>	<b>\$12,305,639</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$10,471,742)</b>	<b>(\$10,788,011)</b>	<b>(\$316,269)</b>	<b>3%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$10,804,821	\$9,192,566	(\$1,612,255)	-15%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$10,804,821</b>	<b>\$9,192,566</b>	<b>(\$1,612,255)</b>	<b>-15%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$333,079</b>	<b>(\$1,595,445)</b>	<b>(\$1,928,524)</b>	<b>-579%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$333,079</b>	<b>(\$1,595,445)</b>	<b>(\$1,928,524)</b>	<b>-579%</b>
	Principal Payments	\$4,463,925	\$6,975,651	\$2,511,726	56%

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b><u>GROSS REVENUE BY PAYER</u></b>				
<b>A.</b>	<b><u>INPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$776,456	\$344,532	(\$431,924)	-56%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$181,180,463	\$185,270,770	\$4,090,307	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,138,152	\$1,121,594	(\$3,016,558)	-73%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$158,463,264	\$146,643,271	(\$11,819,993)	-7%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,678,321	\$1,436,919	(\$241,402)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$346,236,656</b>	<b>\$334,817,086</b>	<b>(\$11,419,570)</b>	<b>-3%</b>
<b>B.</b>	<b><u>OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$267,448	\$364,729	\$97,281	36%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$115,542,605	\$135,423,585	\$19,880,980	17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,309,026	\$1,798,331	\$489,305	37%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$108,761,195	\$122,220,639	\$13,459,444	12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,696,509	\$2,050,876	(\$645,633)	-24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$228,576,783</b>	<b>\$261,858,160</b>	<b>\$33,281,377</b>	<b>15%</b>
<b>C.</b>	<b><u>TOTAL GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$1,043,904	\$709,261	(\$334,643)	-32%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$296,723,068	\$320,694,355	\$23,971,287	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$5,447,178	\$2,919,925	(\$2,527,253)	-46%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$267,224,459	\$268,863,910	\$1,639,451	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$4,374,830	\$3,487,795	(\$887,035)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$574,813,439</b>	<b>\$596,675,246</b>	<b>\$21,861,807</b>	<b>4%</b>
<b>II.</b>	<b><u>NET REVENUE BY PAYER</u></b>				
<b>A.</b>	<b><u>INPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$2,018,068	\$1,402,653	(\$615,415)	-30%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$52,573,260	\$51,354,904	(\$1,218,356)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,721,748	\$383,011	(\$1,338,737)	-78%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$95,358,999	\$91,177,775	(\$4,181,224)	-4%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$373,932	\$362,139	(\$11,793)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$152,046,007</b>	<b>\$144,680,482</b>	<b>(\$7,365,525)</b>	<b>-5%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$773,310	\$1,375,898	\$602,588	78%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$24,040,484	\$29,766,970	\$5,726,486	24%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$863,957	\$822,388	(\$41,569)	-5%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$54,037,620	\$63,007,064	\$8,969,444	17%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$452,476	\$1,095,326	\$642,850	142%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$80,167,847</b>	<b>\$96,067,646</b>	<b>\$15,899,799</b>	<b>20%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,791,378	\$2,778,551	(\$12,827)	0%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$76,613,744	\$81,121,874	\$4,508,130	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,585,705	\$1,205,399	(\$1,380,306)	-53%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$149,396,619	\$154,184,839	\$4,788,220	3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$826,408	\$1,457,465	\$631,057	76%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$232,213,854</b>	<b>\$240,748,128</b>	<b>\$8,534,274</b>	<b>4%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	20	9	(11)	-55%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	3,357	3,153	(204)	-6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	70	43	(27)	-39%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	2,928	2,564	(364)	-12%
8	WORKER'S COMPENSATION	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
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9	SELF- PAY/UNINSURED	47	34	(13)	-28%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>6,422</b>	<b>5,803</b>	<b>(619)</b>	<b>-10%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	83	46	(37)	-45%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	24,204	23,813	(391)	-2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	597	137	(460)	-77%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	21,034	18,351	(2,683)	-13%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	189	177	(12)	-6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>46,107</b>	<b>42,524</b>	<b>(3,583)</b>	<b>-8%</b>
<b>C.</b>	<b><u>OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	117	249	132	113%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	83,489	97,994	14,505	17%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	925	1,146	221	24%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	77,827	90,821	12,994	17%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,761	1,528	(233)	-13%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>164,119</b>	<b>191,738</b>	<b>27,619</b>	<b>17%</b>
<b>IV.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u></b>				
<b>A.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$33,787	\$102,388	\$68,601	203%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$50,563,947	\$59,549,055	\$8,985,108	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$458,456	\$631,820	\$173,364	38%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$31,639,009	\$30,836,344	(\$802,665)	-3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,438,339	\$1,083,777	(\$354,562)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$84,133,538</b>	<b>\$92,203,384</b>	<b>\$8,069,846</b>	<b>10%</b>
<b>B.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$14,191	\$42,333	\$28,142	198%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$10,348,424	\$10,839,741	\$491,317	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$302,581	\$417,001	\$114,420	38%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$18,950,202	\$21,646,469	\$2,696,267	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$779,957	\$601,354	(\$178,603)	-23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$30,395,355</b>	<b>\$33,546,898</b>	<b>\$3,151,543</b>	<b>10%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	11	16	5	45%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	35,126	35,042	(84)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	285	252	(33)	-12%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	15,773	15,355	(418)	-3%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,146	773	(373)	-33%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>52,341</b>	<b>51,438</b>	<b>(903)</b>	<b>-2%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$29,967,685	\$29,168,523	(\$799,162)	-3%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$77,662,593	\$80,702,121	\$3,039,528	4%
	<b>Total Salaries &amp; Wages</b>	<b>\$107,630,278</b>	<b>\$109,870,644</b>	<b>\$2,240,366</b>	<b>2%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$8,711,626	\$8,007,981	(\$703,645)	-8%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$22,576,569	\$22,156,113	(\$420,456)	-2%
	<b>Total Fringe Benefits</b>	<b>\$31,288,195</b>	<b>\$30,164,094</b>	<b>(\$1,124,101)</b>	<b>-4%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$11,600,355	\$11,370,358	(\$229,997)	-2%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$11,600,355</b>	<b>\$11,370,358</b>	<b>(\$229,997)</b>	<b>-2%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$11,311,205	\$13,998,634	\$2,687,429	24%
2	Pharmaceutical Costs	\$6,459,491	\$8,488,355	\$2,028,864	31%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$17,770,696</b>	<b>\$22,486,989</b>	<b>\$4,716,293</b>	<b>27%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$4,723,283	\$4,935,636	\$212,353	4%
2	Depreciation-Equipment	\$6,698,458	\$9,585,531	\$2,887,073	43%
3	Amortization	\$380,099	\$224,789	(\$155,310)	-41%
	<b>Total Depreciation and Amortization</b>	<b>\$11,801,840</b>	<b>\$14,745,956</b>	<b>\$2,944,116</b>	<b>25%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$1,294,274	\$1,231,379	(\$62,895)	-5%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$870,596	\$4,328,239	\$3,457,643	397%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$146,604	\$147,197	\$593	0%
2	Natural Gas	\$584,708	\$467,979	(\$116,729)	-20%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,549,906	\$1,509,213	(\$40,693)	-3%
5	Telephone	\$284,059	\$324,006	\$39,947	14%
6	Other Utilities	\$42,515	\$53,901	\$11,386	27%
	<b>Total Utilities</b>	<b>\$2,607,792</b>	<b>\$2,502,296</b>	<b>(\$105,496)</b>	<b>-4%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$308,923	\$340,809	\$31,886	10%
2	Legal Fees	\$825,362	\$477,936	(\$347,426)	-42%
3	Consulting Fees	\$4,804,853	\$8,798,522	\$3,993,669	83%
4	Dues and Membership	\$950,559	\$966,259	\$15,700	2%
5	Equipment Leases	\$628,079	\$689,507	\$61,428	10%
6	Building Leases	\$7,908,358	\$9,658,370	\$1,750,012	22%
7	Repairs and Maintenance	\$2,317,322	\$2,343,178	\$25,856	1%
8	Insurance	\$467,389	\$361,089	(\$106,300)	-23%
9	Travel	\$222,349	\$202,428	(\$19,921)	-9%
10	Conferences	\$564,441	\$584,129	\$19,688	3%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$52,739	\$113,059	\$60,320	114%
12	General Supplies	\$2,786,930	\$2,292,824	(\$494,106)	-18%
13	Licenses and Subscriptions	\$111,647	\$107,229	(\$4,418)	-4%
14	Postage and Shipping	\$121,114	\$159,825	\$38,711	32%
15	Advertising	\$1,043,566	\$895,504	(\$148,062)	-14%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	<b>Total Business Expenses</b>	<b>\$23,113,631</b>	<b>\$27,990,668</b>	<b>\$4,877,037</b>	<b>21%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$59,816,184	\$55,408,857	(\$4,407,327)	-7%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$267,793,841</b>	<b>\$280,099,480</b>	<b>\$12,305,639</b>	<b>5%</b>
	<b>*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$24,409,170	\$33,739,789	\$9,330,619	38%
2	General Accounting	\$2,349,300	\$2,357,721	\$8,421	0%
3	Patient Billing & Collection	\$3,071,206	\$2,935,478	(\$135,728)	-4%
4	Admitting / Registration Office	\$2,025,762	\$2,359,924	\$334,162	16%
5	Data Processing	\$6,640,231	\$10,703,485	\$4,063,254	61%
6	Communications	\$817,414	\$482,090	(\$335,324)	-41%
7	Personnel	\$3,144,580	\$2,615,925	(\$528,655)	-17%
8	Public Relations	\$1,506,722	\$1,401,803	(\$104,919)	-7%
9	Purchasing	\$796,958	\$1,385,602	\$588,644	74%
10	Dietary and Cafeteria	\$3,127,120	\$3,093,160	(\$33,960)	-1%
11	Housekeeping	\$2,794,551	\$2,633,100	(\$161,451)	-6%
12	Laundry & Linen	\$6,333	\$3,191	(\$3,142)	-50%
13	Operation of Plant	\$6,467,858	\$6,135,441	(\$332,417)	-5%
14	Security	\$2,708,372	\$3,800,890	\$1,092,518	40%
15	Repairs and Maintenance	\$502,799	\$480,157	(\$22,642)	-5%
16	Central Sterile Supply	\$690,423	\$688,316	(\$2,107)	0%
17	Pharmacy Department	\$8,965,278	\$10,356,291	\$1,391,013	16%
18	Other General Services	\$1,771,706	\$5,180,532	\$3,408,826	192%
	<b>Total General Services</b>	<b>\$71,795,783</b>	<b>\$90,352,895</b>	<b>\$18,557,112</b>	<b>26%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$4,364,272	\$4,469,460	\$105,188	2%
2	Residency Program	\$11,709,928	\$10,404,110	(\$1,305,818)	-11%
3	Nursing Services Administration	\$1,587,136	\$1,709,557	\$122,421	8%
4	Medical Records	\$2,206,022	\$2,378,641	\$172,619	8%
5	Social Service	\$2,169,316	\$1,916,675	(\$252,641)	-12%
6	Other Professional Services	\$0	\$1,459,600	\$1,459,600	0%
	<b>Total Professional Services</b>	<b>\$22,036,674</b>	<b>\$22,338,043</b>	<b>\$301,369</b>	<b>1%</b>
<b>C.</b>	<b>Special Services:</b>				

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$10,277,316	\$11,150,711	\$873,395	8%
2	Recovery Room	\$3,306,835	\$2,796,168	(\$510,667)	-15%
3	Anesthesiology	\$875,479	\$820,664	(\$54,815)	-6%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,290,204	\$2,495,150	(\$795,054)	-24%
6	Diagnostic Ultrasound	\$732,544	\$707,610	(\$24,934)	-3%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$740,329	\$736,703	(\$3,626)	0%
10	Laboratory	\$5,443,189	\$5,153,004	(\$290,185)	-5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$587,058	\$506,821	(\$80,237)	-14%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$478,511	\$383,396	(\$95,115)	-20%
15	Occupational Therapy	\$1,343,449	\$1,038,773	(\$304,676)	-23%
16	Speech Pathology	\$1,313,075	\$1,073,967	(\$239,108)	-18%
17	Audiology	\$1,361,301	\$1,277,849	(\$83,452)	-6%
18	Respiratory Therapy	\$3,435,678	\$3,116,107	(\$319,571)	-9%
19	Pulmonary Function	\$412,618	\$378,310	(\$34,308)	-8%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,697,581	\$1,698,012	\$431	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$7,969,205	\$7,778,170	(\$191,035)	-2%
25	MRI	\$696,901	\$724,132	\$27,231	4%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$265,549	\$224,329	(\$41,220)	-16%
29	Sleep Center	\$285,172	\$428,506	\$143,334	50%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$628,217	\$629,439	\$1,222	0%
32	Occupational Therapy / Physical Therapy	\$3,012,586	\$2,364,101	(\$648,485)	-22%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,896,408	\$4,438,377	\$541,969	14%
	<b>Total Special Services</b>	<b>\$52,049,205</b>	<b>\$49,920,299</b>	<b>(\$2,128,906)</b>	<b>-4%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$5,803,919	\$5,588,078	(\$215,841)	-4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$15,199,975	\$13,819,643	(\$1,380,332)	-9%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$28,622,619	\$26,232,760	(\$2,389,859)	-8%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$544,931	\$2,397,590	\$1,852,659	340%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$51,949	\$51,949	0%
	<b>Total Routine Services</b>	<b>\$50,171,444</b>	<b>\$48,090,020</b>	<b>(\$2,081,424)</b>	<b>-4%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$71,740,735	\$69,398,223	(\$2,342,512)	-3%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$267,793,841</b>	<b>\$280,099,480</b>	<b>\$12,305,639</b>	<b>5%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$231,197,635	\$239,314,874	\$252,957,977
2	Other Operating Revenue	19,775,990	18,007,225	16,353,492
3	Total Operating Revenue	\$250,973,625	\$257,322,099	\$269,311,469
4	Total Operating Expenses	251,662,045	267,793,841	280,099,480
5	Income/(Loss) From Operations	(\$688,420)	(\$10,471,742)	(\$10,788,011)
6	Total Non-Operating Revenue	19,597,315	10,804,821	9,192,566
7	Excess/(Deficiency) of Revenue Over Expenses	\$18,908,895	\$333,079	(\$1,595,445)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-0.25%	-3.91%	-3.87%
2	Hospital Non Operating Margin	7.24%	4.03%	3.30%
3	Hospital Total Margin	6.99%	0.12%	-0.57%
4	Income/(Loss) From Operations	(\$688,420)	(\$10,471,742)	(\$10,788,011)
5	Total Operating Revenue	\$250,973,625	\$257,322,099	\$269,311,469
6	Total Non-Operating Revenue	\$19,597,315	\$10,804,821	\$9,192,566
7	Total Revenue	\$270,570,940	\$268,126,920	\$278,504,035
8	Excess/(Deficiency) of Revenue Over Expenses	\$18,908,895	\$333,079	(\$1,595,445)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$96,684,590	\$101,387,989	\$74,193,342
2	Hospital Total Net Assets	\$209,337,925	\$219,132,129	\$200,601,965
3	Hospital Change in Total Net Assets	\$22,327,508	\$9,794,204	(\$18,530,164)
4	Hospital Change in Total Net Assets %	111.9%	4.7%	-8.5%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.47</b>	<b>0.44</b>	<b>0.45</b>
2	Total Operating Expenses	\$251,662,045	\$267,793,841	\$280,099,480
3	Total Gross Revenue	\$506,581,501	\$574,813,439	\$596,675,246
4	Total Other Operating Revenue	\$29,826,230	\$28,586,425	\$31,932,692
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.21</b>	<b>1.26</b>	<b>1.29</b>
6	Total Non-Government Payments	\$131,440,212	\$150,223,027	\$155,642,304
7	Total Uninsured Payments	\$1,403,315	\$826,408	\$1,457,465
8	Total Non-Government Charges	\$233,914,960	\$271,599,289	\$272,351,705
9	Total Uninsured Charges	\$4,594,219	\$4,374,830	\$3,487,795
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>12.66</b>	<b>6.03</b>	<b>8.79</b>
11	Total Medicare Payments	\$2,951,503	\$2,791,378	\$2,778,551
12	Total Medicare Charges	\$496,956	\$1,043,904	\$709,261
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.67</b>	<b>0.58</b>	<b>0.57</b>
14	Total Medicaid Payments	\$84,346,091	\$76,613,744	\$81,121,874
15	Total Medicaid Charges	\$267,133,909	\$296,723,068	\$320,694,355
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,467,230</b>	<b>\$2,652,569</b>	<b>\$2,104,091</b>
17	Charity Care	\$710,025	\$1,431,441	\$1,302,183
18	Bad Debts	\$4,548,779	\$4,545,394	\$3,419,884
19	Total Uncompensated Care	\$5,258,804	\$5,976,835	\$4,722,067
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.0%</b>	<b>1.0%</b>	<b>0.8%</b>

<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b><u>FY 2012</u></b>	<b><u>FY 2013</u></b>	<b><u>FY 2014</u></b>
21	Total Operating Expenses	\$251,662,045	\$267,793,841	\$280,099,480
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1</b>	<b>1</b>	<b>1</b>
2	Total Current Assets	\$60,993,234	\$58,654,314	\$50,491,652
3	Total Current Liabilities	\$46,020,767	\$62,339,770	\$96,055,753
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>1</b>	<b>3</b>	<b>5</b>
5	Cash and Cash Equivalents	\$482,737	\$1,782,072	\$3,850,387
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$482,737	\$1,782,072	\$3,850,387
8	Total Operating Expenses	\$251,662,045	\$267,793,841	\$280,099,480
9	Depreciation Expense	\$10,408,276	\$11,801,840	\$14,745,956
10	Operating Expenses less Depreciation Expense	\$241,253,769	\$255,992,001	\$265,353,524
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>49</b>	<b>27</b>	<b>5</b>
12	Net Patient Accounts Receivable	\$29,412,780	\$27,453,944	\$30,704,847
13	Due From Third Party Payers	\$4,899,895	\$0	\$0
14	Due To Third Party Payers	\$2,965,182	\$9,819,700	\$27,554,100
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$31,347,493	\$17,634,244	\$3,150,747
16	Total Net Patient Revenue	\$231,197,635	\$239,314,874	\$252,957,977
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>70</b>	<b>89</b>	<b>132</b>
18	Total Current Liabilities	\$46,020,767	\$62,339,770	\$96,055,753
19	Total Operating Expenses	\$251,662,045	\$267,793,841	\$280,099,480
20	Depreciation Expense	\$10,408,276	\$11,801,840	\$14,745,956

<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
21	Total Operating Expenses less Depreciation Expense	\$241,253,769	\$255,992,001	\$265,353,524
<b>F. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>58.1</b>	<b>58.2</b>	<b>51.0</b>
2	Total Net Assets	\$209,337,925	\$219,132,129	\$200,601,965
3	Total Assets	\$360,227,630	\$376,678,396	\$393,459,433
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>28.8</b>	<b>9.7</b>	<b>8.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$18,908,895	\$333,079	(\$1,595,445)
6	Depreciation Expense	\$10,408,276	\$11,801,840	\$14,745,956
7	Excess of Revenues Over Expenses and Depreciation Expense	\$29,317,171	\$12,134,919	\$13,150,511
8	Total Current Liabilities	\$46,020,767	\$62,339,770	\$96,055,753
9	Total Long Term Debt	\$55,943,802	\$63,188,377	\$59,480,917
10	Total Current Liabilities and Total Long Term Debt	\$101,964,569	\$125,528,147	\$155,536,670
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>21.1</b>	<b>22.4</b>	<b>22.9</b>
12	Total Long Term Debt	\$55,943,802	\$63,188,377	\$59,480,917
13	Total Net Assets	\$209,337,925	\$219,132,129	\$200,601,965
14	Total Long Term Debt and Total Net Assets	\$265,281,727	\$282,320,506	\$260,082,882
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>5.6</b>	<b>2.3</b>	<b>1.8</b>
16	Excess Revenues over Expenses	18,908,895	\$333,079	(\$1,595,445)
17	Interest Expense	910,866	\$1,294,274	\$1,231,379
18	Depreciation and Amortization Expense	10,408,276	\$11,801,840	\$14,745,956
19	Principal Payments	4,530,551	\$4,463,925	\$6,975,651
<b>G. <u>Other Financial Ratios</u></b>				

<b>CT CHILDREN'S MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>20</b>	<b>Average Age of Plant</b>	<b>9.0</b>	<b>8.8</b>	<b>8.0</b>
21	Accumulated Depreciation	93,582,827	104,192,282	118,311,796
22	Depreciation and Amortization Expense	10,408,276	11,801,840	14,745,956
<b>H. Utilization Measures Summary</b>				
1	Patient Days	44,449	46,107	42,524
2	Discharges	6,642	6,422	5,803
3	ALOS	6.7	7.2	7.3
4	Staffed Beds	182	182	182
5	Available Beds	-	187	187
6	Licensed Beds	187	187	187
7	Occupancy of Staffed Beds	66.9%	69.4%	64.0%
8	Occupancy of Available Beds	65.1%	67.6%	62.3%
9	Full Time Equivalent Employees	1,331.9	1,429.7	1,454.4
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	45.3%	46.5%	45.1%
2	Medicare Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
3	Medicaid Gross Revenue Payer Mix Percentage	52.7%	51.6%	53.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.9%	0.8%	0.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	1.0%	0.9%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$229,320,741	\$267,224,459	\$268,863,910
9	Medicare Gross Revenue (Charges)	\$496,956	\$1,043,904	\$709,261
10	Medicaid Gross Revenue (Charges)	\$267,133,909	\$296,723,068	\$320,694,355
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$4,594,219	\$4,374,830	\$3,487,795
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$5,035,676	\$5,447,178	\$2,919,925
14	Total Gross Revenue (Charges)	\$506,581,501	\$574,813,439	\$596,675,246
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	58.8%	64.3%	64.0%
2	Medicare Net Revenue Payer Mix Percentage	1.3%	1.2%	1.2%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	38.2%	33.0%	33.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.4%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	1.0%	1.1%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$130,036,897	\$149,396,619	\$154,184,839
9	Medicare Net Revenue (Payments)	\$2,951,503	\$2,791,378	\$2,778,551
10	Medicaid Net Revenue (Payments)	\$84,346,091	\$76,613,744	\$81,121,874
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$1,403,315	\$826,408	\$1,457,465
13	CHAMPUS / TRICARE Net Revenue Payments)	\$2,265,955	\$2,585,705	\$1,205,399
14	Total Net Revenue (Payments)	\$221,003,761	\$232,213,854	\$240,748,128
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	3,194	2,975	2,598
2	Medicare	3	20	9
3	Medical Assistance	3,392	3,357	3,153
4	Medicaid	3,392	3,357	3,153
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	53	70	43
7	Uninsured (Included In Non-Government)	72	47	34
8	Total	6,642	6,422	5,803
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.55250	1.67780	1.88270
2	Medicare	2.55410	1.75450	1.03800
3	Medical Assistance	1.56580	1.57760	1.70530
4	Medicaid	1.56580	1.57760	1.70530
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.80800	1.42130	1.10350
7	Uninsured (Included In Non-Government)	0.94810	1.22210	1.04010
8	Total Case Mix Index	1.56178	1.62287	1.77923
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	3,365	3,299	2,972
2	Emergency Room - Treated and Discharged	52,613	52,341	51,438
3	Total Emergency Room Visits	55,978	55,640	54,410

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. CIGNA HEALTHCARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
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%

**CT CHILDREN'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2014  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$3,643,185	\$6,660,856	\$3,017,671	83%
2	Short Term Investments	\$4,292,988	\$11,232,933	\$6,939,945	162%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$35,721,547	\$39,656,117	\$3,934,570	11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$17,008,322	\$5,021,620	(\$11,986,702)	-70%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,094,287	\$1,389,353	\$295,066	27%
8	Prepaid Expenses	\$1,664,752	\$1,710,411	\$45,659	3%
9	Other Current Assets	\$14,844,181	\$12,153,939	(\$2,690,242)	-18%
	<b>Total Current Assets</b>	<b>\$78,269,262</b>	<b>\$77,825,229</b>	<b>(\$444,033)</b>	<b>-1%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$79,200,328	\$82,885,871	\$3,685,543	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$79,200,328</b>	<b>\$82,885,871</b>	<b>\$3,685,543</b>	<b>5%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$118,334,089	\$115,153,581	(\$3,180,508)	-3%
7	Other Noncurrent Assets	\$23,134,374	\$30,495,913	\$7,361,539	32%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$208,941,289	\$247,665,809	\$38,724,520	19%
2	Less: Accumulated Depreciation	\$108,858,277	\$123,858,803	\$15,000,526	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$100,083,012</b>	<b>\$123,807,006</b>	<b>\$23,723,994</b>	<b>24%</b>
3	Construction in Progress	\$29,060,602	\$16,921,791	(\$12,138,811)	-42%
	<b>Total Net Fixed Assets</b>	<b>\$129,143,614</b>	<b>\$140,728,797</b>	<b>\$11,585,183</b>	<b>9%</b>
	<b>Total Assets</b>	<b>\$428,081,667</b>	<b>\$447,089,391</b>	<b>\$19,007,724</b>	<b>4%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$40,018,124	\$46,888,207	\$6,870,083	17%
2	Salaries, Wages and Payroll Taxes	\$18,099,416	\$19,785,007	\$1,685,591	9%
3	Due To Third Party Payers	\$13,394,804	\$33,564,770	\$20,169,966	151%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,280,000	\$1,350,000	\$70,000	5%
6	Current Portion of Notes Payable	\$5,447,651	\$6,189,100	\$741,449	14%
7	Other Current Liabilities	\$307,335	\$64,013	(\$243,322)	-79%
	<b>Total Current Liabilities</b>	<b>\$78,547,330</b>	<b>\$107,841,097</b>	<b>\$29,293,767</b>	<b>37%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$38,035,000	\$36,685,000	(\$1,350,000)	-4%
2	Notes Payable (Net of Current Portion)	\$25,226,326	\$22,855,716	(\$2,370,610)	-9%
	<b>Total Long Term Debt</b>	<b>\$63,261,326</b>	<b>\$59,540,716</b>	<b>(\$3,720,610)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$8,357,282	\$11,770,096	\$3,412,814	41%
4	Other Long Term Liabilities	\$32,203,191	\$35,250,131	\$3,046,940	9%
	<b>Total Long Term Liabilities</b>	<b>\$103,821,799</b>	<b>\$106,560,943</b>	<b>\$2,739,144</b>	<b>3%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$127,634,615	\$106,219,054	(\$21,415,561)	-17%
2	Temporarily Restricted Net Assets	\$21,970,909	\$26,244,572	\$4,273,663	19%
3	Permanently Restricted Net Assets	\$96,107,014	\$100,223,725	\$4,116,711	4%
	<b>Total Net Assets</b>	<b>\$245,712,538</b>	<b>\$232,687,351</b>	<b>(\$13,025,187)</b>	<b>-5%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$428,081,667</b>	<b>\$447,089,391</b>	<b>\$19,007,724</b>	<b>4%</b>

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$676,878,020	\$702,777,015	\$25,898,995	4%
2	Less: Allowances	\$377,012,973	\$387,252,545	\$10,239,572	3%
3	Less: Charity Care	\$1,613,807	\$1,531,966	(\$81,841)	-5%
4	Less: Other Deductions	\$5,803,703	\$4,573,990	(\$1,229,713)	-21%
	<b>Total Net Patient Revenue</b>	<b>\$292,447,537</b>	<b>\$309,418,514</b>	<b>\$16,970,977</b>	<b>6%</b>
5	Provision for Bad Debts	\$5,933,509	\$4,813,073	(\$1,120,436)	-19%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$286,514,028</b>	<b>\$304,605,441</b>	<b>\$18,091,413</b>	<b>6%</b>
6	Other Operating Revenue	\$21,891,523	\$19,385,792	(\$2,505,731)	-11%
7	Net Assets Released from Restrictions	\$16,410,503	\$13,856,995	(\$2,553,508)	-16%
	<b>Total Operating Revenue</b>	<b>\$324,816,054</b>	<b>\$337,848,228</b>	<b>\$13,032,174</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$174,652,632	\$176,241,523	\$1,588,891	1%
2	Fringe Benefits	\$45,276,368	\$44,093,788	(\$1,182,580)	-3%
3	Physicians Fees	\$10,667,380	\$10,590,399	(\$76,981)	-1%
4	Supplies and Drugs	\$22,426,746	\$27,198,087	\$4,771,341	21%
5	Depreciation and Amortization	\$12,798,412	\$15,884,013	\$3,085,601	24%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,314,300	\$1,242,337	(\$71,963)	-5%
8	Malpractice Insurance Cost	\$3,777,589	\$7,156,393	\$3,378,804	89%
9	Other Operating Expenses	\$87,588,797	\$90,082,509	\$2,493,712	3%
	<b>Total Operating Expenses</b>	<b>\$358,502,224</b>	<b>\$372,489,049</b>	<b>\$13,986,825</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$33,686,170)</b>	<b>(\$34,640,821)</b>	<b>(\$954,651)</b>	<b>3%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$10,255,795	\$15,468,829	\$5,213,034	51%
2	Gifts, Contributions and Donations	\$6,356,113	\$2,073,903	(\$4,282,210)	-67%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$16,611,908</b>	<b>\$17,542,732</b>	<b>\$930,824</b>	<b>6%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$17,074,262)</b>	<b>(\$17,098,089)</b>	<b>(\$23,827)</b>	<b>0%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$17,074,262)</b>	<b>(\$17,098,089)</b>	<b>(\$23,827)</b>	<b>0%</b>

<b>CCMC CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$277,604,755	\$286,514,028	\$304,605,441
2	Other Operating Revenue	37,320,565	38,302,026	33,242,787
3	Total Operating Revenue	\$314,925,320	\$324,816,054	\$337,848,228
4	Total Operating Expenses	332,275,513	358,502,224	372,489,049
5	Income/(Loss) From Operations	(\$17,350,193)	(\$33,686,170)	(\$34,640,821)
6	Total Non-Operating Revenue	24,593,006	16,611,908	17,542,732
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,242,813	(\$17,074,262)	(\$17,098,089)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-5.11%	-9.87%	-9.75%
2	Parent Corporation Non-Operating Margin	7.24%	4.87%	4.94%
3	Parent Corporation Total Margin	2.13%	-5.00%	-4.81%
4	Income/(Loss) From Operations	(\$17,350,193)	(\$33,686,170)	(\$34,640,821)
5	Total Operating Revenue	\$314,925,320	\$324,816,054	\$337,848,228
6	Total Non-Operating Revenue	\$24,593,006	\$16,611,908	\$17,542,732
7	Total Revenue	\$339,518,326	\$341,427,962	\$355,390,960
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,242,813	(\$17,074,262)	(\$17,098,089)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$125,254,332	\$127,634,615	\$106,219,054
2	Parent Corporation Total Net Assets	\$239,549,631	\$245,712,538	\$232,687,351
3	Parent Corporation Change in Total Net Assets	\$27,392,686	\$6,162,907	(\$13,025,187)
4	Parent Corporation Change in Total Net Assets %	112.9%	2.6%	-5.3%

<b>CCMC CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.41</b>	<b>1.00</b>	<b>0.72</b>
2	Total Current Assets	\$84,374,611	\$78,269,262	\$77,825,229
3	Total Current Liabilities	\$59,982,351	\$78,547,330	\$107,841,097
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>21</b>	<b>8</b>	<b>18</b>
5	Cash and Cash Equivalents	\$2,579,733	\$3,643,185	\$6,660,856
6	Short Term Investments	\$15,988,872	\$4,292,988	\$11,232,933
7	Total Cash and Short Term Investments	\$18,568,605	\$7,936,173	\$17,893,789
8	Total Operating Expenses	\$332,275,513	\$358,502,224	\$372,489,049
9	Depreciation Expense	\$11,252,462	\$12,798,412	\$15,884,013
10	Operating Expenses less Depreciation Expense	\$321,023,051	\$345,703,812	\$356,605,036
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>48</b>	<b>28</b>	<b>7</b>
12	Net Patient Accounts Receivable	\$ 36,132,652	\$ 35,721,547	\$ 39,656,117
13	Due From Third Party Payers	\$4,899,895	\$0	\$0
14	Due To Third Party Payers	\$4,526,428	\$13,394,804	\$33,564,770
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,506,119	\$ 22,326,743	\$ 6,091,347
16	Total Net Patient Revenue	\$277,604,755	\$286,514,028	\$304,605,441
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>68</b>	<b>83</b>	<b>110</b>
18	Total Current Liabilities	\$59,982,351	\$78,547,330	\$107,841,097
19	Total Operating Expenses	\$332,275,513	\$358,502,224	\$372,489,049
20	Depreciation Expense	\$11,252,462	\$12,798,412	\$15,884,013
20	Total Operating Expenses less Depreciation Expense	\$321,023,051	\$345,703,812	\$356,605,036

<b>CCMC CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2014</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>57.9</b>	<b>57.4</b>	<b>52.0</b>
2	Total Net Assets	\$239,549,631	\$245,712,538	\$232,687,351
3	Total Assets	\$413,877,933	\$428,081,667	\$447,089,391
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>15.9</b>	<b>(3.0)</b>	<b>(0.7)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,242,813	(\$17,074,262)	(\$17,098,089)
6	Depreciation Expense	\$11,252,462	\$12,798,412	\$15,884,013
7	Excess of Revenues Over Expenses and Depreciation Expense	\$18,495,275	(\$4,275,850)	(\$1,214,076)
8	Total Current Liabilities	\$59,982,351	\$78,547,330	\$107,841,097
9	Total Long Term Debt	\$56,029,138	\$63,261,326	\$59,540,716
10	Total Current Liabilities and Total Long Term Debt	\$116,011,489	\$141,808,656	\$167,381,813
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>19.0</b>	<b>20.5</b>	<b>20.4</b>
12	Total Long Term Debt	\$56,029,138	\$63,261,326	\$59,540,716
13	Total Net Assets	\$239,549,631	\$245,712,538	\$232,687,351
14	Total Long Term Debt and Total Net Assets	\$295,578,769	\$308,973,864	\$292,228,067

CT CHILDREN'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	0	0	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,354	152	706	18	18	66.3%	66.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0	0	0.0%	0.0%
8	Neonatal ICU	18,306	758	810	72	72	69.7%	69.7%
9	Pediatric	19,864	5,045	4,211	92	97	59.2%	56.1%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>42,524</b>	<b>5,803</b>	<b>5,727</b>	<b>182</b>	<b>187</b>	<b>64.0%</b>	<b>62.3%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>42,524</b>	<b>5,803</b>	<b>5,727</b>	<b>182</b>	<b>187</b>	<b>64.0%</b>	<b>62.3%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>42,524</b>	<b>5,803</b>	<b>5,727</b>	<b>182</b>	<b>187</b>	<b>64.0%</b>	<b>62.3%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>46,107</b>	<b>6,422</b>	<b>6,347</b>	<b>182</b>	<b>187</b>	<b>69.4%</b>	<b>67.6%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-3,583</b>	<b>-619</b>	<b>-620</b>	<b>0</b>	<b>0</b>	<b>-5.4%</b>	<b>-5.2%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-8%</b>	<b>-10%</b>	<b>-10%</b>	<b>0%</b>	<b>0%</b>	<b>-8%</b>	<b>-8%</b>
	Total Licensed Beds and Bassinets	187						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,137	1,093	-44	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,168	1,827	659	56%
3	Emergency Department Scans	841	603	-238	-28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>3,146</b>	<b>3,523</b>	<b>377</b>	<b>12%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	650	626	-24	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,345	3,990	645	19%
3	Emergency Department Scans	111	73	-38	-34%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>4,106</b>	<b>4,689</b>	<b>583</b>	<b>14%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	17	20	3	18%
2	Outpatient Procedures	40	46	6	15%
	<b>Total Cardiac Catheterization Procedures</b>	<b>57</b>	<b>66</b>	<b>9</b>	<b>16%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	5	3	-2	-40%
2	Elective Procedures	1	1	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>6</b>	<b>4</b>	<b>-2</b>	<b>-33%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	14	13	-1	-7%
2	Outpatient Studies	16	43	27	169%
	<b>Total Electrophysiology Studies</b>	<b>30</b>	<b>56</b>	<b>26</b>	<b>87%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,118	1,921	-197	-9%
2	Outpatient Surgical Procedures	8,138	8,308	170	2%
	<b>Total Surgical Procedures</b>	<b>10,256</b>	<b>10,229</b>	<b>-27</b>	<b>0%</b>
<b>J. Endoscopy Procedures</b>					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	144	102	-42	-29%
2	Outpatient Endoscopy Procedures	1,607	1,396	-211	-13%
	<b>Total Endoscopy Procedures</b>	<b>1,751</b>	<b>1,498</b>	<b>-253</b>	<b>-14%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	3,299	2,972	-327	-10%
2	Emergency Room Visits: Treated and Discharged	52,341	51,438	-903	-2%
	<b>Total Emergency Room Visits</b>	<b>55,640</b>	<b>54,410</b>	<b>-1,230</b>	<b>-2%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	52,076	50,871	-1,205	-2%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	1,720	2,196	476	28%
4	Gastroenterology	2,353	2,407	54	2%
5	Other Outpatient Visits	49,762	50,489	727	1%
	<b>Total Other Hospital Outpatient Visits</b>	<b>105,911</b>	<b>105,963</b>	<b>52</b>	<b>0%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	329.6	327.3	-2.3	-1%
2	Total Physician FTEs	43.6	44.4	0.8	2%
3	Total Non-Nursing and Non-Physician FTEs	1,056.5	1,082.7	26.2	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,429.7</b>	<b>1,454.4</b>	<b>24.7</b>	<b>2%</b>

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital OR Suite	8,138	6,923	-1,215	-15%
2	Farmington ASC	0	1,385	1,385	0%
<b>Total Outpatient Surgical Procedures(A)</b>		<b>8,138</b>	<b>8,308</b>	<b>170</b>	<b>2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital ENDO Suite	1,607	1,396	-211	-13%
<b>Total Outpatient Endoscopy Procedures(B)</b>		<b>1,607</b>	<b>1,396</b>	<b>-211</b>	<b>-13%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital Emergency Department	52,341	51,438	-903	-2%
<b>Total Outpatient Hospital Emergency Room Visits(C)</b>		<b>52,341</b>	<b>51,438</b>	<b>-903</b>	<b>-2%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

<b>CT CHILDREN'S MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2014</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$776,456	\$344,532	(\$431,924)	-56%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,018,068	\$1,402,653	(\$615,415)	-30%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	259.91%	407.12%	147.21%	57%
4	DISCHARGES	20	9	(11)	-55%
5	CASE MIX INDEX (CMI)	1.75450	1.03800	(0.71650)	-41%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	35.09000	9.34200	(25.74800)	-73%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$57,511.20	\$150,144.83	\$92,633.63	161%
8	PATIENT DAYS	83	46	(37)	-45%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$24,314.07	\$30,492.46	\$6,178.38	25%
10	AVERAGE LENGTH OF STAY	4.2	5.1	1.0	23%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$267,448	\$364,729	\$97,281	36%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$773,310	\$1,375,898	\$602,588	78%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	289.14%	377.24%	88.09%	30%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	34.44%	105.86%	71.42%	207%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6.88894	9.52759	2.63865	38%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$112,253.82	\$144,411.91	\$32,158.09	29%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$1,043,904	\$709,261	(\$334,643)	-32%
18	TOTAL ACCRUED PAYMENTS	\$2,791,378	\$2,778,551	(\$12,827)	0%
19	TOTAL ALLOWANCES	(\$1,747,474)	(\$2,069,290)	(\$321,816)	18%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b><u>NON-GOVERNMENT INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$160,141,585	\$148,080,190	(\$12,061,395)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$95,732,931	\$91,539,914	(\$4,193,017)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	59.78%	61.82%	2.04%	3%
4	DISCHARGES	2,975	2,598	(377)	-13%
5	CASE MIX INDEX (CMI)	1.67780	1.88270	0.20490	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,991.45500	4,891.25460	(100.20040)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$19,179.36	\$18,715.02	(\$464.35)	-2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$38,331.84	\$131,429.81	\$93,097.98	243%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$191,331,635	\$642,856,675	\$451,525,041	236%
10	PATIENT DAYS	21,223	18,528	(2,695)	-13%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,510.81	\$4,940.63	\$429.82	10%
12	AVERAGE LENGTH OF STAY	7.1	7.1	(0.0)	0%
<b><u>NON-GOVERNMENT OUTPATIENT</u></b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$111,457,704	\$124,271,515	\$12,813,811	11%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$54,490,096	\$64,102,390	\$9,612,294	18%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	48.89%	51.58%	2.69%	6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	69.60%	83.92%	14.32%	21%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,070.58441	2,180.28756	109.70315	5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$26,316.29	\$29,400.89	\$3,084.60	12%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$85,937.53	\$115,011.02	\$29,073.49	34%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$177,940,912	\$250,757,091	\$72,816,179	41%
<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>					
21	TOTAL ACCRUED CHARGES	\$271,599,289	\$272,351,705	\$752,416	0%
22	TOTAL ACCRUED PAYMENTS	\$150,223,027	\$155,642,304	\$5,419,277	4%
23	TOTAL ALLOWANCES	\$121,376,262	\$116,709,401	(\$4,666,861)	-4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$369,272,547	\$893,613,767	\$524,341,220	142%
<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$267,224,459	\$272,351,705	\$5,127,246	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$150,463,835	\$155,642,304	\$5,178,469	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,760,624	\$116,709,401	(\$51,223)	0%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.69%	42.85%	-0.84%	

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$1,678,321	\$1,436,919	(\$241,402)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$373,932	\$362,139	(\$11,793)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.28%	25.20%	2.92%	13%
4	DISCHARGES	47	34	(13)	-28%
5	CASE MIX INDEX (CMI)	1.22210	1.04010	(0.18200)	-15%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	57.43870	35.36340	(22.07530)	-38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,510.11	\$10,240.50	\$3,730.40	57%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$12,669.26	\$8,474.51	(\$4,194.74)	-33%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$51,001.09	\$139,904.33	\$88,903.23	174%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,929,437	\$4,947,493	\$2,018,056	69%
11	PATIENT DAYS	189	177	(12)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,978.48	\$2,045.98	\$67.51	3%
13	AVERAGE LENGTH OF STAY	4.0	5.2	1.2	29%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,696,509	\$2,050,876	(\$645,633)	-24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$452,476	\$1,095,326	\$642,850	142%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.78%	53.41%	36.63%	218%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	160.67%	142.73%	-17.94%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	75.51352	48.52729	(26.98623)	-36%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,991.99	\$22,571.34	\$16,579.35	277%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$20,324.30	\$6,829.55	(\$13,494.75)	-66%
21	MEDICARE - UNINSURED OP PMT / OPED	\$106,261.83	\$121,840.56	\$15,578.73	15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,024,205	\$5,912,592	(\$2,111,612)	-26%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$4,374,830	\$3,487,795	(\$887,035)	-20%
24	TOTAL ACCRUED PAYMENTS	\$826,408	\$1,457,465	\$631,057	76%
25	TOTAL ALLOWANCES	\$3,548,422	\$2,030,330	(\$1,518,092)	-43%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,953,641	\$10,860,085	(\$93,556)	-1%

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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 2013	FY 2014	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$181,180,463	\$185,270,770	\$4,090,307	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,573,260	\$51,354,904	(\$1,218,356)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.02%	27.72%	-1.30%	-4%
4	DISCHARGES	3,357	3,153	(204)	-6%
5	CASE MIX INDEX (CMI)	1.57760	1.70530	0.12770	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,296.00320	5,376.81090	80.80770	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,926.97	\$9,551.18	(\$375.79)	-4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$9,252.39	\$9,163.83	(\$88.56)	-1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$47,584.23	\$140,593.65	\$93,009.42	195%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$252,006,238	\$755,945,453	\$503,939,215	200%
11	PATIENT DAYS	24,204	23,813	(391)	-2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,172.09	\$2,156.59	(\$15.50)	-1%
13	AVERAGE LENGTH OF STAY	7.2	7.6	0.3	5%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$115,542,605	\$135,423,585	\$19,880,980	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,040,484	\$29,766,970	\$5,726,486	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.81%	21.98%	1.17%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	63.77%	73.09%	9.32%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,140.82975	2,304.68391	163.85417	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,229.52	\$12,915.86	\$1,686.34	15%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$15,086.77	\$16,485.03	\$1,398.26	9%
21	MEDICARE - MEDICAID OP PMT / OPED	\$101,024.30	\$131,496.05	\$30,471.75	30%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$216,275,832	\$303,056,826	\$86,780,995	40%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$296,723,068	\$320,694,355	\$23,971,287	8%
24	TOTAL ACCRUED PAYMENTS	\$76,613,744	\$81,121,874	\$4,508,130	6%
25	TOTAL ALLOWANCES	\$220,109,324	\$239,572,481	\$19,463,157	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$468,282,070	\$1,059,002,280	\$590,720,210	126%

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<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$19,179.36	\$18,715.02	(\$464.35)	-2%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$57,511.20	\$150,144.83	\$92,633.63	161%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$26,316.29	\$29,400.89	\$3,084.60	12%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$112,253.82	\$144,411.91	\$32,158.09	29%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$181,180,463	\$185,270,770	\$4,090,307	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,573,260	\$51,354,904	(\$1,218,356)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.02%	27.72%	-1.30%	-4%
4	DISCHARGES	3,357	3,153	(204)	-6%
5	CASE MIX INDEX (CMI)	1.57760	1.70530	0.12770	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,296.00320	5,376.81090	80.80770	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,926.97	\$9,551.18	(\$375.79)	-4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$9,252.39	\$9,163.83	(\$88.56)	-1%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$47,584.23	\$140,593.65	\$93,009.42	195%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$252,006,238	\$755,945,453	\$503,939,215	200%
11	PATIENT DAYS	24,204	23,813	(391)	-2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,172.09	\$2,156.59	(\$15.50)	-1%
13	AVERAGE LENGTH OF STAY	7.2	7.6	0.3	5%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$115,542,605	\$135,423,585	\$19,880,980	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,040,484	\$29,766,970	\$5,726,486	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.81%	21.98%	1.17%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	63.77%	73.09%	9.32%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,140.82975	2,304.68391	163.85417	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,229.52	\$12,915.86	\$1,686.34	15%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$15,086.77	\$16,485.03	\$1,398.26	9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$101,024.30	\$131,496.05	\$30,471.75	30%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$216,275,832	\$303,056,826	\$86,780,995	40%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$296,723,068	\$320,694,355	\$23,971,287	8%
24	TOTAL ACCRUED PAYMENTS	\$76,613,744	\$81,121,874	\$4,508,130	6%
25	TOTAL ALLOWANCES	\$220,109,324	\$239,572,481	\$19,463,157	9%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$4,138,152	\$1,121,594	(\$3,016,558)	-73%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,721,748	\$383,011	(\$1,338,737)	-78%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.61%	34.15%	-7.46%	-18%
4	DISCHARGES	70	43	(27)	-39%
5	CASE MIX INDEX (CMI)	1.42130	1.10350	(0.31780)	-22%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	99.49100	47.45050	(52.04050)	-52%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$17,305.57	\$8,071.80	(\$9,233.76)	-53%
8	PATIENT DAYS	597	137	(460)	-77%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,884.00	\$2,795.70	(\$88.30)	-3%
10	AVERAGE LENGTH OF STAY	8.5	3.2	(5.3)	-63%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,309,026	\$1,798,331	\$489,305	37%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$863,957	\$822,388	(\$41,569)	-5%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$5,447,178	\$2,919,925	(\$2,527,253)	-46%
14	TOTAL ACCRUED PAYMENTS	\$2,585,705	\$1,205,399	(\$1,380,306)	-53%
15	TOTAL ALLOWANCES	\$2,861,473	\$1,714,526	(\$1,146,947)	-40%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$28,586,425	\$31,932,692	\$3,346,267	12%
2	TOTAL OPERATING EXPENSES	\$267,793,841	\$280,099,480	\$12,305,639	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$1,431,441	\$1,302,183	(\$129,258)	-9%
5	BAD DEBTS (CHARGES)	\$4,545,394	\$3,419,884	(\$1,125,510)	-25%
6	UNCOMPENSATED CARE (CHARGES)	\$5,976,835	\$4,722,067	(\$1,254,768)	-21%
7	COST OF UNCOMPENSATED CARE	\$2,400,376	\$1,867,902	(\$532,474)	-22%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$296,723,068	\$320,694,355	\$23,971,287	8%
9	TOTAL ACCRUED PAYMENTS	\$76,613,744	\$81,121,874	\$4,508,130	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$119,167,897	\$126,856,654	\$7,688,757	6%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$42,554,153	\$45,734,780	\$3,180,627	7%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$346,236,656	\$334,817,086	(\$11,419,570)	-3%
2	TOTAL INPATIENT PAYMENTS	\$152,046,007	\$144,680,482	(\$7,365,525)	-5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.91%	43.21%	-0.70%	-2%
4	TOTAL DISCHARGES	6,422	5,803	(619)	-10%
5	TOTAL CASE MIX INDEX	1.62287	1.77923	0.15636	10%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,422.03920	10,324.85800	(97.18120)	-1%
7	TOTAL OUTPATIENT CHARGES	\$228,576,783	\$261,858,160	\$33,281,377	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	66.02%	78.21%	12.19%	18%
9	TOTAL OUTPATIENT PAYMENTS	\$80,167,847	\$96,067,646	\$15,899,799	20%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.07%	36.69%	1.61%	5%
11	TOTAL CHARGES	\$574,813,439	\$596,675,246	\$21,861,807	4%
12	TOTAL PAYMENTS	\$232,213,854	\$240,748,128	\$8,534,274	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.40%	40.35%	-0.05%	0%
14	PATIENT DAYS	46,107	42,524	(3,583)	-8%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$186,095,071	\$186,736,896	\$641,825	0%
2	INPATIENT PAYMENTS	\$56,313,076	\$53,140,568	(\$3,172,508)	-6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	30.26%	28.46%	-1.80%	-6%
4	DISCHARGES	3,447	3,205	(242)	-7%
5	CASE MIX INDEX	1.57545	1.69535	0.11990	8%
6	CASE MIX ADJUSTED DISCHARGES	5,430.58420	5,433.60340	3.01920	0%
7	OUTPATIENT CHARGES	\$117,119,079	\$137,586,645	\$20,467,566	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	62.94%	73.68%	10.74%	17%
9	OUTPATIENT PAYMENTS	\$25,677,751	\$31,965,256	\$6,287,505	24%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.92%	23.23%	1.31%	6%
11	TOTAL CHARGES	\$303,214,150	\$324,323,541	\$21,109,391	7%
12	TOTAL PAYMENTS	\$81,990,827	\$85,105,824	\$3,114,997	4%
13	TOTAL PAYMENTS / CHARGES	27.04%	26.24%	-0.80%	-3%
14	PATIENT DAYS	24,884	23,996	(888)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$221,223,323	\$239,217,717	\$17,994,394	8%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.2	5.1	1.0	23%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.1	7.1	(0.0)	0%
3	UNINSURED	4.0	5.2	1.2	29%
4	MEDICAID	7.2	7.6	0.3	5%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	8.5	3.2	(5.3)	-63%
7	TOTAL AVERAGE LENGTH OF STAY	7.2	7.3	0.1	2%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$574,813,439	\$596,675,246	\$21,861,807	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$221,223,323	\$239,217,717	\$17,994,394	8%
3	UNCOMPENSATED CARE	\$5,976,835	\$4,722,067	(\$1,254,768)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,760,624	\$116,709,401	(\$51,223)	0%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$343,960,782	\$360,649,185	\$16,688,403	5%
7	TOTAL ACCRUED PAYMENTS	\$230,852,657	\$236,026,061	\$5,173,404	2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$230,852,657	\$236,026,061	\$5,173,404	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4016131867	0.3955687161	(0.0060444706)	-2%
11	COST OF UNCOMPENSATED CARE	\$2,400,376	\$1,867,902	(\$532,474)	-22%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$42,554,153	\$45,734,780	\$3,180,627	7%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$44,954,529	\$47,602,682	\$2,648,154	6%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$216,275,832	\$303,056,826	\$86,780,995	40%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,953,641	\$10,860,085	(\$93,556)	-1%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$227,229,473	\$313,916,911	\$86,687,438	38%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$7,101,022	\$12,209,849	\$5,108,827	71.94%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$239,314,874	\$252,957,977	\$13,643,103	5.70%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$574,813,439	\$596,674,847	\$21,861,408	3.80%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,570,481	\$1,622,972	\$52,491	3.34%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,547,316	\$6,345,039	(\$1,202,277)	-15.93%

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(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>						
<b>A. INPATIENT ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$160,141,585		\$148,080,190		(\$12,061,395)
2	MEDICARE	\$776,456		344,532		(\$431,924)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$181,180,463		185,270,770		\$4,090,307
4	MEDICAID	\$181,180,463		185,270,770		\$4,090,307
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$4,138,152		1,121,594		(\$3,016,558)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,678,321		1,436,919		(\$241,402)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$186,095,071</b>		<b>\$186,736,896</b>		<b>\$641,825</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$346,236,656</b>		<b>\$334,817,086</b>		<b>(\$11,419,570)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$111,457,704		\$124,271,515		\$12,813,811
2	MEDICARE	\$267,448		364,729		\$97,281
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$115,542,605		135,423,585		\$19,880,980
4	MEDICAID	\$115,542,605		135,423,585		\$19,880,980
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$1,309,026		1,798,331		\$489,305
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,696,509		2,050,876		(\$645,633)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$117,119,079</b>		<b>\$137,586,645</b>		<b>\$20,467,566</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$228,576,783</b>		<b>\$261,858,160</b>		<b>\$33,281,377</b>
<b>C. TOTAL ACCRUED CHARGES</b>						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$271,599,289		\$272,351,705		\$752,416
2	TOTAL MEDICARE	\$1,043,904		\$709,261		(\$334,643)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$296,723,068		\$320,694,355		\$23,971,287
4	TOTAL MEDICAID	\$296,723,068		\$320,694,355		\$23,971,287
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$5,447,178		\$2,919,925		(\$2,527,253)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,374,830		\$3,487,795		(\$887,035)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$303,214,150</b>		<b>\$324,323,541</b>		<b>\$21,109,391</b>
	<b>TOTAL CHARGES</b>	<b>\$574,813,439</b>		<b>\$596,675,246</b>		<b>\$21,861,807</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,732,931		\$91,539,914		(\$4,193,017)
2	MEDICARE	\$2,018,068		1,402,653		(\$615,415)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$52,573,260		51,354,904		(\$1,218,356)
4	MEDICAID	\$52,573,260		51,354,904		(\$1,218,356)
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$1,721,748		383,011		(\$1,338,737)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$373,932		362,139		(\$11,793)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$56,313,076</b>		<b>\$53,140,568</b>		<b>(\$3,172,508)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$152,046,007</b>		<b>\$144,680,482</b>		<b>(\$7,365,525)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,490,096		\$64,102,390		\$9,612,294
2	MEDICARE	\$773,310		1,375,898		\$602,588
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,040,484		29,766,970		\$5,726,486
4	MEDICAID	\$24,040,484		29,766,970		\$5,726,486
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$863,957		822,388		(\$41,569)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$452,476		1,095,326		\$642,850
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,677,751</b>		<b>\$31,965,256</b>		<b>\$6,287,505</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$80,167,847</b>		<b>\$96,067,646</b>		<b>\$15,899,799</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$150,223,027		\$155,642,304		\$5,419,277
2	TOTAL MEDICARE	\$2,791,378		\$2,778,551		(\$12,827)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$76,613,744		\$81,121,874		\$4,508,130
4	TOTAL MEDICAID	\$76,613,744		\$81,121,874		\$4,508,130
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$2,585,705		\$1,205,399		(\$1,380,306)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$826,408		\$1,457,465		\$631,057
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$81,990,827</b>		<b>\$85,105,824</b>		<b>\$3,114,997</b>
	<b>TOTAL PAYMENTS</b>	<b>\$232,213,854</b>		<b>\$240,748,128</b>		<b>\$8,534,274</b>

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LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.86%	24.82%	-3.04%
2	MEDICARE	0.14%	0.06%	-0.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.52%	31.05%	-0.47%
4	MEDICAID	31.52%	31.05%	-0.47%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.72%	0.19%	-0.53%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.29%	0.24%	-0.05%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>32.37%</b>	<b>31.30%</b>	<b>-1.08%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>60.23%</b>	<b>56.11%</b>	<b>-4.12%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.39%	20.83%	1.44%
2	MEDICARE	0.05%	0.06%	0.01%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.10%	22.70%	2.60%
4	MEDICAID	20.10%	22.70%	2.60%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.23%	0.30%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.47%	0.34%	-0.13%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>20.38%</b>	<b>23.06%</b>	<b>2.68%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>39.77%</b>	<b>43.89%</b>	<b>4.12%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.23%	38.02%	-3.20%
2	MEDICARE	0.87%	0.58%	-0.29%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.64%	21.33%	-1.31%
4	MEDICAID	22.64%	21.33%	-1.31%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.74%	0.16%	-0.58%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.16%	0.15%	-0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>24.25%</b>	<b>22.07%</b>	<b>-2.18%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>65.48%</b>	<b>60.10%</b>	<b>-5.38%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.47%	26.63%	3.16%
2	MEDICARE	0.33%	0.57%	0.24%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.35%	12.36%	2.01%
4	MEDICAID	10.35%	12.36%	2.01%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.37%	0.34%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.19%	0.45%	0.26%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>11.06%</b>	<b>13.28%</b>	<b>2.22%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>34.52%</b>	<b>39.90%</b>	<b>5.38%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,975	2,598	(377)
2	MEDICARE	20	9	(11)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,357	3,153	(204)
4	MEDICAID	3,357	3,153	(204)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	70	43	(27)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	47	34	(13)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,447</b>	<b>3,205</b>	<b>(242)</b>
	<b>TOTAL DISCHARGES</b>	<b>6,422</b>	<b>5,803</b>	<b>(619)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21,223	18,528	(2,695)
2	MEDICARE	83	46	(37)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,204	23,813	(391)
4	MEDICAID	24,204	23,813	(391)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	597	137	(460)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	189	177	(12)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>24,884</b>	<b>23,996</b>	<b>(888)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>46,107</b>	<b>42,524</b>	<b>(3,583)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.1	7.1	(0.0)
2	MEDICARE	4.2	5.1	1.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.2	7.6	0.3
4	MEDICAID	7.2	7.6	0.3
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	8.5	3.2	(5.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.0	5.2	1.2
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>7.2</b>	<b>7.5</b>	<b>0.3</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>7.2</b>	<b>7.3</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.67780	1.88270	0.20490
2	MEDICARE	1.75450	1.03800	(0.71650)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.57760	1.70530	0.12770
4	MEDICAID	1.57760	1.70530	0.12770
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.42130	1.10350	(0.31780)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22210	1.04010	(0.18200)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.57545</b>	<b>1.69535</b>	<b>0.11990</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.62287</b>	<b>1.77923</b>	<b>0.15636</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$267,224,459	\$272,351,705	\$5,127,246
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$150,463,835	\$155,642,304	\$5,178,469
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,760,624	\$116,709,401	(\$51,223)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.69%	42.85%	-0.84%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,431,441	\$1,302,183	(\$129,258)
9	BAD DEBTS	\$4,545,394	\$3,419,884	(\$1,125,510)
10	TOTAL UNCOMPENSATED CARE	\$5,976,835	\$4,722,067	(\$1,254,768)
11	TOTAL OTHER OPERATING REVENUE	\$28,586,425	\$31,932,692	\$3,346,267
12	TOTAL OPERATING EXPENSES	\$267,793,841	\$280,099,480	\$12,305,639

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<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,991.45500	4,891.25460	(100.20040)
2	MEDICARE	35.09000	9.34200	(25.74800)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,296.00320	5,376.81090	80.80770
4	MEDICAID	5,296.00320	5,376.81090	80.80770
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	99.49100	47.45050	(52.04050)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	57.43870	35.36340	(22.07530)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>5,430.58420</b>	<b>5,433.60340</b>	<b>3.01920</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>10,422.03920</b>	<b>10,324.85800</b>	<b>(97.18120)</b>
<b>B.</b>	<b>OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,070.58441	2,180.28756	109.70315
2	MEDICARE	6.88894	9.52759	2.63865
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,140.82975	2,304.68391	163.85417
4	MEDICAID	2,140.82975	2,304.68391	163.85417
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	22.14317	68.94494	46.80177
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	75.51352	48.52729	-26.98623
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,169.86186</b>	<b>2,383.15645</b>	<b>213.29459</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,240.44627</b>	<b>4,563.44401</b>	<b>322.99773</b>
<b>C.</b>	<b>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,179.36	\$18,715.02	(\$464.35)
2	MEDICARE	\$57,511.20	\$150,144.83	\$92,633.63
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,926.97	\$9,551.18	(\$375.79)
4	MEDICAID	\$9,926.97	\$9,551.18	(\$375.79)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$17,305.57	\$8,071.80	(\$9,233.76)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,510.11	\$10,240.50	\$3,730.40
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$10,369.62</b>	<b>\$9,779.99</b>	<b>(\$589.63)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$14,588.89</b>	<b>\$14,012.83</b>	<b>(\$576.06)</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,316.29	\$29,400.89	\$3,084.60
2	MEDICARE	\$112,253.82	\$144,411.91	\$32,158.09
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,229.52	\$12,915.86	\$1,686.34
4	MEDICAID	\$11,229.52	\$12,915.86	\$1,686.34
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$39,016.85	\$11,928.18	(\$27,088.67)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,991.99	\$22,571.34	\$16,579.35
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$11,833.82</b>	<b>\$13,412.99</b>	<b>\$1,579.17</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$18,905.52</b>	<b>\$21,051.57</b>	<b>\$2,146.05</b>

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$216,275,832	\$303,056,826	\$86,780,995
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,953,641	\$10,860,085	(\$93,556)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$227,229,473</b>	<b>\$313,916,911</b>	<b>\$86,687,438</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$574,813,439	\$596,675,246	\$21,861,807
2	TOTAL GOVERNMENT DEDUCTIONS	\$221,223,323	\$239,217,717	\$17,994,394
3	UNCOMPENSATED CARE	\$5,976,835	\$4,722,067	(\$1,254,768)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,760,624	\$116,709,401	(\$51,223)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$343,960,782	\$360,649,185	\$16,688,403
7	TOTAL ACCRUED PAYMENTS	\$230,852,657	\$236,026,061	\$5,173,404
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$230,852,657	\$236,026,061	\$5,173,404
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4016131867	0.3955687161	(0.0060444706)
11	COST OF UNCOMPENSATED CARE	\$2,400,376	\$1,867,902	(\$532,474)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$42,554,153	\$45,734,780	\$3,180,627
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$44,954,529	\$47,602,682	\$2,648,154
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	59.78%	61.82%	2.04%
2	MEDICARE	259.91%	407.12%	147.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.02%	27.72%	-1.30%
4	MEDICAID	29.02%	27.72%	-1.30%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	41.61%	34.15%	-7.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22.28%	25.20%	2.92%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>30.26%</b>	<b>28.46%</b>	<b>-1.80%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>43.91%</b>	<b>43.21%</b>	<b>-0.70%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	48.89%	51.58%	2.69%
2	MEDICARE	289.14%	377.24%	88.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.81%	21.98%	1.17%
4	MEDICAID	20.81%	21.98%	1.17%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	66.00%	45.73%	-20.27%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.78%	53.41%	36.63%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>21.92%</b>	<b>23.23%</b>	<b>1.31%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>35.07%</b>	<b>36.69%</b>	<b>1.61%</b>

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
<b>VIII.</b>	<b>NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>			
<b>A.</b>	<b>RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>			
1	TOTAL ACCRUED PAYMENTS	\$232,213,854	\$240,748,128	\$8,534,274
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$232,213,854</b>	<b>\$240,748,128</b>	<b>\$8,534,274</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$7,101,022	\$12,209,849	\$5,108,827
4	<b>CALCULATED NET REVENUE</b>	<b>\$243,860,270</b>	<b>\$252,957,977</b>	<b>\$9,097,707</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$239,314,874	\$252,957,977	\$13,643,103
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$4,545,396</b>	<b>\$0</b>	<b>(\$4,545,396)</b>
<b>B.</b>	<b>RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>			
1	OHCA DEFINED GROSS REVENUE	\$574,813,439	\$596,675,246	\$21,861,807
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$574,813,439</b>	<b>\$596,675,246</b>	<b>\$21,861,807</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$574,813,439	\$596,674,847	\$21,861,408
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$399</b>	<b>\$399</b>
<b>C.</b>	<b>RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,976,835	\$4,722,067	(\$1,254,768)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,570,481	\$1,622,972	\$52,491
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,547,316</b>	<b>\$6,345,039</b>	<b>(\$1,202,277)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,547,316	\$6,345,039	(\$1,202,277)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>CT CHILDREN'S MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2014</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,080,190
2	MEDICARE	344,532
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	185,270,770
4	MEDICAID	185,270,770
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,121,594
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,436,919
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$186,736,896</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$334,817,086</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$124,271,515
2	MEDICARE	364,729
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	135,423,585
4	MEDICAID	135,423,585
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,798,331
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,050,876
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$137,586,645</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$261,858,160</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$272,351,705
2	TOTAL GOVERNMENT ACCRUED CHARGES	324,323,541
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$596,675,246</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,539,914
2	MEDICARE	1,402,653
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	51,354,904
4	MEDICAID	51,354,904
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	383,011
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	362,139
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$53,140,568</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$144,680,482</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,102,390
2	MEDICARE	1,375,898
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,766,970
4	MEDICAID	29,766,970
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	822,388
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,095,326
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$31,965,256</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$96,067,646</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$155,642,304
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	85,105,824
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$240,748,128</b>

<b>CT CHILDREN'S MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2014</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,598
2	MEDICARE	9
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,153
4	MEDICAID	3,153
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	43
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	34
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,205</b>
	<b>TOTAL DISCHARGES</b>	<b>5,803</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.88270
2	MEDICARE	1.03800
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.70530
4	MEDICAID	1.70530
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.10350
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04010
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.69535</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.77923</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$272,351,705
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$155,642,304
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,709,401
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.85%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,302,183
9	BAD DEBTS	\$3,419,884
10	TOTAL UNCOMPENSATED CARE	\$4,722,067
11	TOTAL OTHER OPERATING REVENUE	\$31,932,692
12	TOTAL OPERATING EXPENSES	\$280,099,480

<b>CT CHILDREN'S MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2014</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$240,748,128
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$240,748,128</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,209,849
	<b>CALCULATED NET REVENUE</b>	<b>\$252,957,977</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$252,957,977
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$596,675,246
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$596,675,246</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$596,674,847
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$399</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,722,067
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,622,972
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$6,345,039</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,345,039
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>CT CHILDREN'S MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2014</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	591	450	(141)	-24%
2	Number of Approved Applicants	492	419	(73)	-15%
3	<b>Total Charges (A)</b>	<b>\$1,431,441</b>	<b>\$1,302,183</b>	<b>(\$129,258)</b>	<b>-9%</b>
4	<b>Average Charges</b>	<b>\$2,909</b>	<b>\$3,108</b>	<b>\$198</b>	<b>7%</b>
5	Ratio of Cost to Charges (RCC)	0.469160	0.443808	(0.025352)	-5%
6	<b>Total Cost</b>	<b>\$671,575</b>	<b>\$577,919</b>	<b>(\$93,656)</b>	<b>-14%</b>
7	<b>Average Cost</b>	<b>\$1,365</b>	<b>\$1,379</b>	<b>\$14</b>	<b>1%</b>
8	Charity Care - Inpatient Charges	\$1,005,529	\$892,532	(\$112,997)	-11%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	132,833	53,800	(79,033)	-59%
10	Charity Care - Emergency Department Charges	293,079	355,851	62,772	21%
11	<b>Total Charges (A)</b>	<b>\$1,431,441</b>	<b>\$1,302,183</b>	<b>(\$129,258)</b>	<b>-9%</b>
12	Charity Care - Number of Patient Days	706	499	(207)	-29%
13	Charity Care - Number of Discharges	75	68	(7)	-9%
14	Charity Care - Number of Outpatient ED Visits	125	94	(31)	-25%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	321	258	(63)	-20%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$1,081,804	\$813,932	(\$267,872)	-25%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,499,979	1,128,562	(371,417)	-25%
3	Bad Debts - Emergency Department	1,963,611	1,477,390	(486,221)	-25%
4	<b>Total Bad Debts (A)</b>	<b>\$4,545,394</b>	<b>\$3,419,884</b>	<b>(\$1,125,510)</b>	<b>-25%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$1,431,441	\$1,302,183	(\$129,258)	-9%
2	Bad Debts (A)	4,545,394	3,419,884	(1,125,510)	-25%
3	<b>Total Uncompensated Care (A)</b>	<b>\$5,976,835</b>	<b>\$4,722,067</b>	<b>(\$1,254,768)</b>	<b>-21%</b>
4	Uncompensated Care - Inpatient Services	\$2,087,333	\$1,706,464	(\$380,869)	-18%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,632,812	1,182,362	(450,450)	-28%
6	Uncompensated Care - Emergency Department	2,256,690	1,833,241	(423,449)	-19%
7	<b>Total Uncompensated Care (A)</b>	<b>\$5,976,835</b>	<b>\$4,722,067</b>	<b>(\$1,254,768)</b>	<b>-21%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$298,461,735	\$346,236,656	\$334,817,086
2	Outpatient Gross Revenue	\$208,119,766	\$228,576,783	\$261,858,160
3	Total Gross Patient Revenue	\$506,581,501	\$574,813,439	\$596,675,246
4	Net Patient Revenue	\$231,197,635	\$239,314,874	\$252,957,977
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$251,662,045	\$267,793,841	\$280,099,480
<b>C. Utilization Statistics</b>				
1	Patient Days	44,449	46,107	42,524
2	Discharges	6,642	6,422	5,803
3	Average Length of Stay	6.7	7.2	7.3
4	Equivalent (Adjusted) Patient Days (EPD)	75,444	76,546	75,782
0	Equivalent (Adjusted) Discharges (ED)	11,274	10,662	10,341
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.56178	1.62287	1.77923
2	Case Mix Adjusted Patient Days (CMAPD)	69,420	74,825	75,660
3	Case Mix Adjusted Discharges (CMAD)	10,373	10,422	10,325
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	117,827	124,223	134,833
5	Case Mix Adjusted Equivalent Discharges (CMAED)	17,607	17,302	18,400
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$11,397	\$12,467	\$14,031
2	Total Gross Revenue per Discharge	\$76,269	\$89,507	\$102,822
3	Total Gross Revenue per EPD	\$6,715	\$7,509	\$7,874
4	Total Gross Revenue per ED	\$44,936	\$53,914	\$57,697
5	Total Gross Revenue per CMAEPD	\$4,299	\$4,627	\$4,425
6	Total Gross Revenue per CMAED	\$28,772	\$33,222	\$32,428
7	Inpatient Gross Revenue per EPD	\$3,956	\$4,523	\$4,418
8	Inpatient Gross Revenue per ED	\$26,475	\$32,475	\$32,376

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$5,201	\$5,190	\$5,949
2	Net Patient Revenue per Discharge	\$34,808	\$37,265	\$43,591
3	Net Patient Revenue per EPD	\$3,065	\$3,126	\$3,338
4	Net Patient Revenue per ED	\$20,508	\$22,446	\$24,461
5	Net Patient Revenue per CMAEPD	\$1,962	\$1,926	\$1,876
6	Net Patient Revenue per CMAED	\$13,131	\$13,831	\$13,748
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$5,662	\$5,808	\$6,587
2	Total Operating Expense per Discharge	\$37,889	\$41,699	\$48,268
3	Total Operating Expense per EPD	\$3,336	\$3,498	\$3,696
4	Total Operating Expense per ED	\$22,323	\$25,118	\$27,085
5	Total Operating Expense per CMAEPD	\$2,136	\$2,156	\$2,077
6	Total Operating Expense per CMAED	\$14,293	\$15,477	\$15,223
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$30,614,095	\$29,967,685	\$29,168,523
2	Nursing Fringe Benefits Expense	\$8,158,437	\$8,711,626	\$8,007,981
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$38,772,532</b>	<b>\$38,679,311</b>	<b>\$37,176,504</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$67,858,609	\$77,662,593	\$80,702,121
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$18,083,833	\$22,576,569	\$22,156,113
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$85,942,442</b>	<b>\$100,239,162</b>	<b>\$102,858,234</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$98,472,704	\$107,630,278	\$109,870,644
2	Total Fringe Benefits Expense	\$26,242,270	\$31,288,195	\$30,164,094
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$124,714,974</b>	<b>\$138,918,473</b>	<b>\$140,034,738</b>

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	341.1	329.6	327.3
2	Total Physician FTEs	42.9	43.6	44.4
3	Total Non-Nursing, Non-Physician FTEs	947.9	1056.5	1082.7
4	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,331.9</b>	<b>1,429.7</b>	<b>1,454.4</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$89,751	\$90,921	\$89,119
2	Nursing Fringe Benefits Expense per FTE	\$23,918	\$26,431	\$24,467
3	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$113,669</b>	<b>\$117,352</b>	<b>\$113,585</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$71,588	\$73,509	\$74,538
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,078	\$21,369	\$20,464
3	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$90,666</b>	<b>\$94,879</b>	<b>\$95,002</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$73,934	\$75,282	\$75,544
2	Total Fringe Benefits Expense per FTE	\$19,703	\$21,884	\$20,740
3	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$93,637</b>	<b>\$97,166</b>	<b>\$96,284</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,806	\$3,013	\$3,293
2	Total Salary and Fringe Benefits Expense per Discharge	\$18,777	\$21,632	\$24,131
3	Total Salary and Fringe Benefits Expense per EPD	\$1,653	\$1,815	\$1,848
4	Total Salary and Fringe Benefits Expense per ED	\$11,063	\$13,030	\$13,541
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,058	\$1,118	\$1,039
6	Total Salary and Fringe Benefits Expense per CMAED	\$7,083	\$8,029	\$7,611