

MANCHESTER MEMORIAL HOSPITAL					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$12,239,488	\$9,361,439	(\$2,878,049)	-24%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$27,182,276	\$25,099,884	(\$2,082,392)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,300,096	\$653,623	(\$646,473)	-50%
5	Due From Affiliates	\$370,120	\$142,498	(\$227,622)	-61%
6	Due From Third Party Payers	\$3,078,822	\$3,454,150	\$375,328	12%
7	Inventories of Supplies	\$3,245,125	\$3,873,042	\$627,917	19%
8	Prepaid Expenses	\$2,316,130	\$2,357,426	\$41,296	2%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$49,732,057	\$44,942,062	(\$4,789,995)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$9,021,896	\$13,097,882	\$4,075,986	45%
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	\$11,660,074	\$12,762,846	\$1,102,772	9%
	Total Noncurrent Assets Whose Use is Limited:	\$20,681,970	\$25,860,728	\$5,178,758	25%
5	Interest in Net Assets of Foundation	\$7,278,631	\$7,323,190	\$44,559	1%
6	Long Term Investments	\$7,868,128	\$5,188,536	(\$2,679,592)	-34%
7	Other Noncurrent Assets	\$34,019,637	\$22,722,234	(\$11,297,403)	-33%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$188,491,903	\$194,979,035	\$6,487,132	3%
2	Less: Accumulated Depreciation	\$134,774,977	\$141,480,889	\$6,705,912	5%
	Property, Plant and Equipment, Net	\$53,716,926	\$53,498,146	(\$218,780)	0%
3	Construction in Progress	\$857,425	\$2,219,495	\$1,362,070	159%
	Total Net Fixed Assets	\$54,574,351	\$55,717,641	\$1,143,290	2%
	Total Assets	\$174,154,774	\$161,754,391	(\$12,400,383)	-7%

MANCHESTER MEMORIAL HOSPITAL					
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
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$18,611,290	\$18,926,708	\$315,418	2%
2	Salaries, Wages and Payroll Taxes	\$2,780,288	\$2,916,129	\$135,841	5%
3	Due To Third Party Payers	\$2,943,941	\$4,285,117	\$1,341,176	46%
4	Due To Affiliates	\$0	\$23,158	\$23,158	0%
5	Current Portion of Long Term Debt	\$7,733,854	\$6,889,131	(\$844,723)	-11%
6	Current Portion of Notes Payable	\$2,675,764	\$2,802,971	\$127,207	5%
7	Other Current Liabilities	\$7,166,720	\$3,678,922	(\$3,487,798)	-49%
	Total Current Liabilities	\$41,911,857	\$39,522,136	(\$2,389,721)	-6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$40,780,273	\$39,479,470	(\$1,300,803)	-3%
2	Notes Payable (Net of Current Portion)	\$10,013,540	\$10,941,557	\$928,017	9%
	Total Long Term Debt	\$50,793,813	\$50,421,027	(\$372,786)	-1%
3	Accrued Pension Liability	\$29,256,268	\$34,595,139	\$5,338,871	18%
4	Other Long Term Liabilities	\$14,461,096	\$12,417,672	(\$2,043,424)	-14%
	Total Long Term Liabilities	\$94,511,177	\$97,433,838	\$2,922,661	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$27,759,929	\$11,344,473	(\$16,415,456)	-59%
2	Temporarily Restricted Net Assets	\$1,392,902	\$974,762	(\$418,140)	-30%
3	Permanently Restricted Net Assets	\$8,578,909	\$12,479,182	\$3,900,273	45%
	Total Net Assets	\$37,731,740	\$24,798,417	(\$12,933,323)	-34%
	Total Liabilities and Net Assets	\$174,154,774	\$161,754,391	(\$12,400,383)	-7%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$563,024,416	\$601,959,668	\$38,935,252	7%
2	Less: Allowances	\$383,297,452	\$421,521,668	\$38,224,216	10%
3	Less: Charity Care	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$175,818,082	\$178,026,737	\$2,208,655	1%
5	Provision for Bad Debts	\$5,518,461	\$5,822,470	\$304,009	6%
	Net Patient Service Revenue less provision for bad debts	\$170,299,621	\$172,204,267	\$1,904,646	1%
6	Other Operating Revenue	\$17,830,492	\$16,853,888	(\$976,604)	-5%
7	Net Assets Released from Restrictions	\$1,458,982	\$486,908	(\$972,074)	-67%
	Total Operating Revenue	\$189,589,095	\$189,545,063	(\$44,032)	0%
B. Operating Expenses:					
1	Salaries and Wages	\$83,909,349	\$83,606,297	(\$303,052)	0%
2	Fringe Benefits	\$27,658,791	\$25,720,253	(\$1,938,538)	-7%
3	Physicians Fees	\$7,801,057	\$9,813,958	\$2,012,901	26%
4	Supplies and Drugs	\$24,978,549	\$25,775,974	\$797,425	3%
5	Depreciation and Amortization	\$7,115,302	\$7,116,905	\$1,603	0%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,685,044	\$2,589,201	(\$95,843)	-4%
8	Malpractice Insurance Cost	\$5,929,317	\$2,774,065	(\$3,155,252)	-53%
9	Other Operating Expenses	\$28,257,677	\$27,912,906	(\$344,771)	-1%
	Total Operating Expenses	\$188,335,086	\$185,309,559	(\$3,025,527)	-2%
	Income/(Loss) From Operations	\$1,254,009	\$4,235,504	\$2,981,495	238%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,635	\$369	(\$2,266)	-86%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,469,334)	(\$1,743,691)	(\$274,357)	19%
	Total Non-Operating Revenue	(\$1,466,699)	(\$1,743,322)	(\$276,623)	19%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$212,690)	\$2,492,182	\$2,704,872	-1272%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$212,690)	\$2,492,182	\$2,704,872	-1272%
	Principal Payments	\$10,550,272	\$4,145,905	(\$6,404,367)	-61%

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
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
I.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$100,616,528	\$98,250,346	(\$2,366,182)	-2%
2	MEDICARE MANAGED CARE	\$26,883,131	\$27,386,796	\$503,665	2%
3	MEDICAID	\$39,765,242	\$47,690,262	\$7,925,020	20%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$611,078	\$992,558	\$381,480	62%
6	COMMERCIAL INSURANCE	\$4,809,516	\$3,847,789	(\$961,727)	-20%
7	NON-GOVERNMENT MANAGED CARE	\$49,917,941	\$52,188,507	\$2,270,566	5%
8	WORKER'S COMPENSATION	\$537,893	\$368,305	(\$169,588)	-32%
9	SELF- PAY/UNINSURED	\$2,371,759	\$1,659,376	(\$712,383)	-30%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$225,513,088	\$232,383,939	\$6,870,851	3%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$89,323,025	\$95,830,567	\$6,507,542	7%
2	MEDICARE MANAGED CARE	\$29,342,478	\$35,157,928	\$5,815,450	20%
3	MEDICAID	\$64,243,785	\$78,735,429	\$14,491,644	23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,104,979	\$1,603,026	\$498,047	45%
6	COMMERCIAL INSURANCE	\$7,487,267	\$6,789,832	(\$697,435)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$133,374,443	\$139,621,995	\$6,247,552	5%
8	WORKER'S COMPENSATION	\$5,190,703	\$4,948,441	(\$242,262)	-5%
9	SELF- PAY/UNINSURED	\$7,444,649	\$6,888,511	(\$556,138)	-7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$337,511,329	\$369,575,729	\$32,064,400	10%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$189,939,553	\$194,080,913	\$4,141,360	2%
2	MEDICARE MANAGED CARE	\$56,225,609	\$62,544,724	\$6,319,115	11%
3	MEDICAID	\$104,009,027	\$126,425,691	\$22,416,664	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,716,057	\$2,595,584	\$879,527	51%
6	COMMERCIAL INSURANCE	\$12,296,783	\$10,637,621	(\$1,659,162)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$183,292,384	\$191,810,502	\$8,518,118	5%
8	WORKER'S COMPENSATION	\$5,728,596	\$5,316,746	(\$411,850)	-7%
9	SELF- PAY/UNINSURED	\$9,816,408	\$8,547,887	(\$1,268,521)	-13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$563,024,417	\$601,959,668	\$38,935,251	7%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$30,252,640	\$29,397,293	(\$855,347)	-3%
2	MEDICARE MANAGED CARE	\$7,573,664	\$7,603,378	\$29,714	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014**

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	\$11,500,711	\$12,454,005	\$953,294	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$355,811	\$327,784	(\$28,027)	-8%
6	COMMERCIAL INSURANCE	\$1,516,954	\$992,567	(\$524,387)	-35%
7	NON-GOVERNMENT MANAGED CARE	\$24,971,890	\$24,541,423	(\$430,467)	-2%
8	WORKER'S COMPENSATION	\$246,081	\$148,644	(\$97,437)	-40%
9	SELF- PAY/UNINSURED	\$78,971	\$71,650	(\$7,321)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$76,496,722	\$75,536,744	(\$959,978)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$17,036,868	\$18,831,467	\$1,794,599	11%
2	MEDICARE MANAGED CARE	\$5,643,944	\$6,860,394	\$1,216,450	22%
3	MEDICAID	\$11,751,049	\$14,833,196	\$3,082,147	26%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$292,998	\$329,314	\$36,316	12%
6	COMMERCIAL INSURANCE	\$3,169,509	\$2,502,270	(\$667,239)	-21%
7	NON-GOVERNMENT MANAGED CARE	\$55,945,278	\$54,275,831	(\$1,669,447)	-3%
8	WORKER'S COMPENSATION	\$2,086,730	\$2,594,612	\$507,882	24%
9	SELF- PAY/UNINSURED	\$397,739	\$337,348	(\$60,391)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$96,324,115	\$100,564,432	\$4,240,317	4%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$47,289,508	\$48,228,760	\$939,252	2%
2	MEDICARE MANAGED CARE	\$13,217,608	\$14,463,772	\$1,246,164	9%
3	MEDICAID	\$23,251,760	\$27,287,201	\$4,035,441	17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$648,809	\$657,098	\$8,289	1%
6	COMMERCIAL INSURANCE	\$4,686,463	\$3,494,837	(\$1,191,626)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$80,917,168	\$78,817,254	(\$2,099,914)	-3%
8	WORKER'S COMPENSATION	\$2,332,811	\$2,743,256	\$410,445	18%
9	SELF- PAY/UNINSURED	\$476,710	\$408,998	(\$67,712)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$172,820,837	\$176,101,176	\$3,280,339	2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,013	2,876	(137)	-5%
2	MEDICARE MANAGED CARE	808	800	(8)	-1%
3	MEDICAID	2,085	2,180	95	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	41	40	(1)	-2%
6	COMMERCIAL INSURANCE	215	146	(69)	-32%
7	NON-GOVERNMENT MANAGED CARE	2,945	2,952	7	0%
8	WORKER'S COMPENSATION	17	15	(2)	-12%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
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
9	SELF- PAY/UNINSURED	218	101	(117)	-54%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,342	9,110	(232)	-2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	18,617	16,620	(1,997)	-11%
2	MEDICARE MANAGED CARE	4,572	4,487	(85)	-2%
3	MEDICAID	10,174	11,034	860	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	149	211	62	42%
6	COMMERCIAL INSURANCE	992	551	(441)	-44%
7	NON-GOVERNMENT MANAGED CARE	11,025	10,727	(298)	-3%
8	WORKER'S COMPENSATION	56	44	(12)	-21%
9	SELF- PAY/UNINSURED	1,077	432	(645)	-60%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	46,662	44,106	(2,556)	-5%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	84,871	75,046	(9,825)	-12%
2	MEDICARE MANAGED CARE	26,781	26,447	(334)	-1%
3	MEDICAID	38,721	38,882	161	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	956	952	(4)	0%
6	COMMERCIAL INSURANCE	4,538	2,551	(1,987)	-44%
7	NON-GOVERNMENT MANAGED CARE	103,729	93,800	(9,929)	-10%
8	WORKER'S COMPENSATION	1,813	1,474	(339)	-19%
9	SELF- PAY/UNINSURED	9,147	6,585	(2,562)	-28%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	270,556	245,737	(24,819)	-9%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$21,613,419	\$21,884,013	\$270,594	1%
2	MEDICARE MANAGED CARE	\$6,183,180	\$7,256,649	\$1,073,469	17%
3	MEDICAID	\$34,980,398	\$41,838,132	\$6,857,734	20%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$424,841	\$469,660	\$44,819	11%
6	COMMERCIAL INSURANCE	\$2,561,026	\$2,996,833	\$435,807	17%
7	NON-GOVERNMENT MANAGED CARE	\$33,435,169	\$34,382,195	\$947,026	3%
8	WORKER'S COMPENSATION	\$1,882,222	\$1,925,775	\$43,553	2%
9	SELF- PAY/UNINSURED	\$8,258,759	\$5,733,624	(\$2,525,135)	-31%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$109,339,014	\$116,486,881	\$7,147,867	7%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$3,582,949	\$3,540,706	(\$42,243)	-1%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
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	\$1,037,373	\$1,204,925	\$167,552	16%
3	MEDICAID	\$4,455,191	\$4,925,854	\$470,663	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$78,747	\$88,958	\$10,211	13%
6	COMMERCIAL INSURANCE	\$1,374,013	\$1,432,216	\$58,203	4%
7	NON-GOVERNMENT MANAGED CARE	\$15,238,169	\$14,641,210	(\$596,959)	-4%
8	WORKER'S COMPENSATION	\$953,451	\$1,108,157	\$154,706	16%
9	SELF- PAY/UNINSURED	\$147,532	\$149,563	\$2,031	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$26,867,425	\$27,091,589	\$224,164	1%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	6,522	5,489	(1,033)	-16%
2	MEDICARE MANAGED CARE	1,799	1,795	(4)	0%
3	MEDICAID	15,370	14,748	(622)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	185	150	(35)	-19%
6	COMMERCIAL INSURANCE	958	830	(128)	-13%
7	NON-GOVERNMENT MANAGED CARE	11,183	9,347	(1,836)	-16%
8	WORKER'S COMPENSATION	940	768	(172)	-18%
9	SELF- PAY/UNINSURED	3,919	2,430	(1,489)	-38%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	40,876	35,557	(5,319)	-13%

MANCHESTER MEMORIAL HOSPITAL					
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
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$27,731,842	\$27,777,193	\$45,351	0%
2	Physician Salaries	\$7,727,228	\$8,493,290	\$766,062	10%
3	Non-Nursing, Non-Physician Salaries	\$48,450,279	\$47,335,814	(\$1,114,465)	-2%
	Total Salaries & Wages	\$83,909,349	\$83,606,297	(\$303,052)	0%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$10,096,694	\$9,385,872	(\$710,822)	-7%
2	Physician Fringe Benefits	\$2,592,137	\$2,686,194	\$94,057	4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$14,969,960	\$13,648,187	(\$1,321,773)	-9%
	Total Fringe Benefits	\$27,658,791	\$25,720,253	(\$1,938,538)	-7%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$7,801,057	\$9,813,958	\$2,012,901	26%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$7,801,057	\$9,813,958	\$2,012,901	26%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$19,599,062	\$20,163,909	\$564,847	3%
2	Pharmaceutical Costs	\$5,379,487	\$5,612,065	\$232,578	4%
	Total Medical Supplies and Pharmaceutical Cost	\$24,978,549	\$25,775,974	\$797,425	3%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$3,290,378	\$3,505,822	\$215,444	7%
2	Depreciation-Equipment	\$3,722,085	\$3,527,565	(\$194,520)	-5%
3	Amortization	\$102,839	\$83,518	(\$19,321)	-19%
	Total Depreciation and Amortization	\$7,115,302	\$7,116,905	\$1,603	0%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$2,685,044	\$2,589,201	(\$95,843)	-4%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$5,929,317	\$2,774,065	(\$3,155,252)	-53%
I.	Utilities:				
1	Water	\$206,825	\$210,827	\$4,002	2%
2	Natural Gas	\$1,013,461	\$833,175	(\$180,286)	-18%
3	Oil	\$71,518	\$33,664	(\$37,854)	-53%
4	Electricity	\$1,416,566	\$1,388,558	(\$28,008)	-2%
5	Telephone	\$583,829	\$634,744	\$50,915	9%
6	Other Utilities	\$23,105	\$27,479	\$4,374	19%
	Total Utilities	\$3,315,304	\$3,128,447	(\$186,857)	-6%
J.	Business Expenses:				
1	Accounting Fees	\$150,700	\$176,971	\$26,271	17%
2	Legal Fees	\$659,165	\$327,456	(\$331,709)	-50%
3	Consulting Fees	\$1,517,893	\$1,206,066	(\$311,827)	-21%
4	Dues and Membership	\$312,513	\$293,478	(\$19,035)	-6%
5	Equipment Leases	\$387,869	\$724,995	\$337,126	87%
6	Building Leases	\$1,419,240	\$1,338,817	(\$80,423)	-6%
7	Repairs and Maintenance	\$643,792	\$774,339	\$130,547	20%
8	Insurance	\$721,761	\$371,069	(\$350,692)	-49%
9	Travel	\$66,025	\$70,310	\$4,285	6%
10	Conferences	\$18,250	\$13,991	(\$4,259)	-23%

MANCHESTER MEMORIAL HOSPITAL					
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	\$0	\$0	\$0	0%
12	General Supplies	\$1,153,545	\$1,185,117	\$31,572	3%
13	Licenses and Subscriptions	\$143,056	\$134,140	(\$8,916)	-6%
14	Postage and Shipping	\$142,148	\$116,284	(\$25,864)	-18%
15	Advertising	\$963,735	\$989,803	\$26,068	3%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$2,909,296	\$3,079,434	\$170,138	6%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$1,911,299	\$1,870,008	(\$41,291)	-2%
20	Lab Fees / Red Cross charges	\$1,113,518	\$887,813	(\$225,705)	-20%
21	Billing & Collection / Bank Fees	\$763,917	\$688,707	(\$75,210)	-10%
22	Recruiting / Employee Education & Recognition	\$638,111	\$524,333	(\$113,778)	-18%
23	Laundry / Linen	\$761,027	\$756,651	(\$4,376)	-1%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$227,763	\$197,071	(\$30,692)	-13%
26	Purchased Services - Medical	\$2,442,528	\$3,028,795	\$586,267	24%
27	Purchased Services - Non Medical	\$3,149,752	\$3,838,612	\$688,860	22%
28	Other Business Expenses	\$2,379,763	\$1,779,261	(\$600,502)	-25%
	Total Business Expenses	\$24,596,666	\$24,373,521	(\$223,145)	-1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$345,707	\$410,938	\$65,231	19%
	Total Operating Expenses - All Expense Categories*	\$188,335,086	\$185,309,559	(\$3,025,527)	-2%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$3,926,256	\$3,027,810	(\$898,446)	-23%
2	General Accounting	\$2,192,793	\$2,723,775	\$530,982	24%
3	Patient Billing & Collection	\$2,217,875	\$2,183,525	(\$34,350)	-2%
4	Admitting / Registration Office	\$1,660,171	\$1,648,710	(\$11,461)	-1%
5	Data Processing	\$5,132,377	\$5,876,200	\$743,823	14%
6	Communications	\$1,354,118	\$1,447,733	\$93,615	7%
7	Personnel	\$22,085,401	\$20,463,526	(\$1,621,875)	-7%
8	Public Relations	\$354,117	\$632,348	\$278,231	79%
9	Purchasing	\$1,635,672	\$1,264,242	(\$371,430)	-23%
10	Dietary and Cafeteria	\$3,476,543	\$3,416,831	(\$59,712)	-2%
11	Housekeeping	\$2,084,650	\$2,132,426	\$47,776	2%
12	Laundry & Linen	\$891,516	\$894,223	\$2,707	0%
13	Operation of Plant	\$2,759,517	\$2,515,157	(\$244,360)	-9%
14	Security	\$878,592	\$910,417	\$31,825	4%
15	Repairs and Maintenance	\$1,424,028	\$1,563,352	\$139,324	10%
16	Central Sterile Supply	\$1,089,309	\$1,040,599	(\$48,710)	-4%
17	Pharmacy Department	\$7,053,312	\$7,347,048	\$293,736	4%
18	Other General Services	\$28,771,910	\$24,001,970	(\$4,769,940)	-17%
	Total General Services	\$88,988,157	\$83,089,892	(\$5,898,265)	-7%
B.	Professional Services:				
1	Medical Care Administration	\$7,649,831	\$8,374,402	\$724,571	9%
2	Residency Program	\$0	\$1,430,427	\$1,430,427	0%
3	Nursing Services Administration	\$2,019,269	\$1,735,206	(\$284,063)	-14%
4	Medical Records	\$1,696,856	\$2,014,309	\$317,453	19%
5	Social Service	\$145,997	\$114,895	(\$31,102)	-21%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$11,511,953	\$13,669,239	\$2,157,286	19%
C.	Special Services:				

MANCHESTER MEMORIAL HOSPITAL					
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	\$12,657,173	\$12,756,126	\$98,953	1%
2	Recovery Room	\$1,085,549	\$1,116,773	\$31,224	3%
3	Anesthesiology	\$423,228	\$388,848	(\$34,380)	-8%
4	Delivery Room	\$4,087,874	\$4,162,289	\$74,415	2%
5	Diagnostic Radiology	\$2,384,537	\$2,482,618	\$98,081	4%
6	Diagnostic Ultrasound	\$616,603	\$638,164	\$21,561	3%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$614,286	\$527,959	(\$86,327)	-14%
9	CT Scan	\$816,471	\$753,463	(\$63,008)	-8%
10	Laboratory	\$12,607,314	\$12,603,080	(\$4,234)	0%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,734,566	\$1,809,000	\$74,434	4%
13	Electrocardiology	\$218,750	\$183,783	(\$34,967)	-16%
14	Electroencephalography	\$195,316	\$156,915	(\$38,401)	-20%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$90,484	\$95,107	\$4,623	5%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,534,783	\$4,769,299	\$234,516	5%
23	Renal Dialysis	\$185,682	\$175,518	(\$10,164)	-5%
24	Emergency Room	\$10,106,781	\$10,115,566	\$8,785	0%
25	MRI	\$223,935	\$223,469	(\$466)	0%
26	PET Scan	\$498,822	\$414,175	(\$84,647)	-17%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,731,832	\$2,206,103	\$474,271	27%
29	Sleep Center	\$786,871	\$601,343	(\$185,528)	-24%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,971,872	\$1,936,676	(\$35,196)	-2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$6,968,148	\$6,892,454	(\$75,694)	-1%
	Total Special Services	\$64,540,877	\$65,008,728	\$467,851	1%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,428,351	\$6,973,713	(\$454,638)	-6%
2	Intensive Care Unit	\$7,595,288	\$7,925,279	\$329,991	4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,272,962	\$4,303,667	\$30,705	1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,345,793	\$1,414,572	\$68,779	5%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,315,932	\$1,338,003	\$22,071	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,335,773	\$1,586,466	\$250,693	19%
	Total Routine Services	\$23,294,099	\$23,541,700	\$247,601	1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$188,335,086	\$185,309,559	(\$3,025,527)	-2%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MANCHESTER MEMORIAL HOSPITAL				
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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$175,217,566	\$170,299,621	\$172,204,267
2	Other Operating Revenue	19,861,936	19,289,474	17,340,796
3	Total Operating Revenue	\$195,079,502	\$189,589,095	\$189,545,063
4	Total Operating Expenses	184,446,001	188,335,086	185,309,559
5	Income/(Loss) From Operations	\$10,633,501	\$1,254,009	\$4,235,504
6	Total Non-Operating Revenue	(868,637)	(1,466,699)	(1,743,322)
7	Excess/(Deficiency) of Revenue Over Expenses	\$9,764,864	(\$212,690)	\$2,492,182
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.48%	0.67%	2.26%
2	Hospital Non Operating Margin	-0.45%	-0.78%	-0.93%
3	Hospital Total Margin	5.03%	-0.11%	1.33%
4	Income/(Loss) From Operations	\$10,633,501	\$1,254,009	\$4,235,504
5	Total Operating Revenue	\$195,079,502	\$189,589,095	\$189,545,063
6	Total Non-Operating Revenue	(\$868,637)	(\$1,466,699)	(\$1,743,322)
7	Total Revenue	\$194,210,865	\$188,122,396	\$187,801,741
8	Excess/(Deficiency) of Revenue Over Expenses	\$9,764,864	(\$212,690)	\$2,492,182
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$4,925,515	\$27,759,929	\$11,344,473
2	Hospital Total Net Assets	\$15,005,773	\$37,731,740	\$24,798,417
3	Hospital Change in Total Net Assets	\$2,864,131	\$22,725,967	(\$12,933,323)
4	Hospital Change in Total Net Assets %	123.6%	151.4%	-34.3%

MANCHESTER MEMORIAL HOSPITAL				
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
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.36	0.32	0.30
2	Total Operating Expenses	\$184,446,001	\$188,335,086	\$185,309,559
3	Total Gross Revenue	\$491,901,806	\$563,024,417	\$601,959,668
4	Total Other Operating Revenue	\$19,861,936	\$19,289,474	\$17,340,796
5	<u>Private Payment to Cost Ratio</u>	1.34	1.35	1.37
6	Total Non-Government Payments	\$87,693,923	\$88,413,152	\$85,464,345
7	Total Uninsured Payments	\$355,294	\$476,710	\$408,998
8	Total Non-Government Charges	\$192,665,512	\$211,134,171	\$216,312,756
9	Total Uninsured Charges	\$11,585,761	\$9,816,408	\$8,547,887
10	<u>Medicare Payment to Cost Ratio</u>	0.78	0.76	0.82
11	Total Medicare Payments	\$59,414,363	\$60,507,116	\$62,692,532
12	Total Medicare Charges	\$211,896,250	\$246,165,162	\$256,625,637
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.69	0.72
14	Total Medicaid Payments	\$21,429,106	\$23,251,760	\$27,287,201
15	Total Medicaid Charges	\$85,656,216	\$104,009,027	\$126,425,691
16	<u>Uncompensated Care Cost</u>	\$4,085,613	\$3,049,042	\$2,463,730
17	Charity Care	\$4,953,633	\$3,908,882	\$2,411,263
18	Bad Debts	\$6,382,307	\$5,518,461	\$5,822,470
19	Total Uncompensated Care	\$11,335,940	\$9,427,343	\$8,233,733
20	<u>Uncompensated Care % of Total Expenses</u>	2.2%	1.6%	1.3%

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
21	Total Operating Expenses	\$184,446,001	\$188,335,086	\$185,309,559
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$46,454,149	\$49,732,057	\$44,942,062
3	Total Current Liabilities	\$35,422,595	\$41,911,857	\$39,522,136
4	<u>Days Cash on Hand</u>	13	25	19
5	Cash and Cash Equivalents	\$6,414,687	\$12,239,488	\$9,361,439
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$6,414,687	\$12,239,488	\$9,361,439
8	Total Operating Expenses	\$184,446,001	\$188,335,086	\$185,309,559
9	Depreciation Expense	\$6,896,812	\$7,115,302	\$7,116,905
10	Operating Expenses less Depreciation Expense	\$177,549,189	\$181,219,784	\$178,192,654
11	<u>Days Revenue in Patient Accounts Receivable</u>	60	59	51
12	Net Patient Accounts Receivable	\$26,534,856	\$27,182,276	\$25,099,884
13	Due From Third Party Payers	\$3,549,365	\$3,078,822	\$3,454,150
14	Due To Third Party Payers	\$1,343,126	\$2,943,941	\$4,285,117
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$28,741,095	\$27,317,157	\$24,268,917
16	Total Net Patient Revenue	\$175,217,566	\$170,299,621	\$172,204,267
17	<u>Average Payment Period</u>	73	84	81
18	Total Current Liabilities	\$35,422,595	\$41,911,857	\$39,522,136
19	Total Operating Expenses	\$184,446,001	\$188,335,086	\$185,309,559
20	Depreciation Expense	\$6,896,812	\$7,115,302	\$7,116,905

MANCHESTER MEMORIAL HOSPITAL				
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
21	Total Operating Expenses less Depreciation Expense	\$177,549,189	\$181,219,784	\$178,192,654
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	8.8	21.7	15.3
2	Total Net Assets	\$15,005,773	\$37,731,740	\$24,798,417
3	Total Assets	\$170,071,384	\$174,154,774	\$161,754,391
4	<u>Cash Flow to Total Debt Ratio</u>	19.1	7.4	10.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$9,764,864	(\$212,690)	\$2,492,182
6	Depreciation Expense	\$6,896,812	\$7,115,302	\$7,116,905
7	Excess of Revenues Over Expenses and Depreciation Expense	\$16,661,676	\$6,902,612	\$9,609,087
8	Total Current Liabilities	\$35,422,595	\$41,911,857	\$39,522,136
9	Total Long Term Debt	\$51,672,633	\$50,793,813	\$50,421,027
10	Total Current Liabilities and Total Long Term Debt	\$87,095,228	\$92,705,670	\$89,943,163
11	<u>Long Term Debt to Capitalization Ratio</u>	77.5	57.4	67.0
12	Total Long Term Debt	\$51,672,633	\$50,793,813	\$50,421,027
13	Total Net Assets	\$15,005,773	\$37,731,740	\$24,798,417
14	Total Long Term Debt and Total Net Assets	\$66,678,406	\$88,525,553	\$75,219,444
15	<u>Debt Service Coverage Ratio</u>	1.5	0.7	1.8
16	Excess Revenues over Expenses	9,764,864	(\$212,690)	\$2,492,182
17	Interest Expense	2,714,044	\$2,685,044	\$2,589,201
18	Depreciation and Amortization Expense	6,896,812	\$7,115,302	\$7,116,905
19	Principal Payments	10,033,716	\$10,550,272	\$4,145,905
G.	<u>Other Financial Ratios</u>			

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
20	<u>Average Age of Plant</u>	20.8	18.9	19.9
21	Accumulated Depreciation	143,593,394	134,774,977	141,480,889
22	Depreciation and Amortization Expense	6,896,812	7,115,302	7,116,905
H. <u>Utilization Measures Summary</u>				
1	Patient Days	45,545	46,662	44,106
2	Discharges	8,831	9,342	9,110
3	ALOS	5.2	5.0	4.8
4	Staffed Beds	171	171	171
5	Available Beds	-	283	283
6	Licensed Beds	283	283	283
7	Occupancy of Staffed Beds	73.0%	74.8%	70.7%
8	Occupancy of Available Beds	44.1%	45.2%	42.7%
9	Full Time Equivalent Employees	1,075.8	1,108.7	1,152.7
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	36.8%	35.8%	34.5%
2	Medicare Gross Revenue Payer Mix Percentage	43.1%	43.7%	42.6%
3	Medicaid Gross Revenue Payer Mix Percentage	17.4%	18.5%	21.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.4%	1.7%	1.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$181,079,751	\$201,317,763	\$207,764,869
9	Medicare Gross Revenue (Charges)	\$211,896,250	\$246,165,162	\$256,625,637
10	Medicaid Gross Revenue (Charges)	\$85,656,216	\$104,009,027	\$126,425,691
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$11,585,761	\$9,816,408	\$8,547,887
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,683,828	\$1,716,057	\$2,595,584
14	Total Gross Revenue (Charges)	\$491,901,806	\$563,024,417	\$601,959,668
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	51.5%	50.9%	48.3%
2	Medicare Net Revenue Payer Mix Percentage	35.0%	35.0%	35.6%

MANCHESTER MEMORIAL HOSPITAL				
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	12.6%	13.5%	15.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.3%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.6%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$87,338,629	\$87,936,442	\$85,055,347
9	Medicare Net Revenue (Payments)	\$59,414,363	\$60,507,116	\$62,692,532
10	Medicaid Net Revenue (Payments)	\$21,429,106	\$23,251,760	\$27,287,201
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$355,294	\$476,710	\$408,998
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,009,234	\$648,809	\$657,098
14	Total Net Revenue (Payments)	\$169,546,626	\$172,820,837	\$176,101,176
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,296	3,395	3,214
2	Medicare	3,537	3,821	3,676
3	Medical Assistance	1,957	2,085	2,180
4	Medicaid	1,957	2,085	2,180
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	41	41	40
7	Uninsured (Included In Non-Government)	182	218	101
8	Total	8,831	9,342	9,110
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.98935	0.98412	1.00062
2	Medicare	1.43563	1.50489	1.46454
3	Medical Assistance	0.92263	0.96306	1.01117
4	Medicaid	0.92263	0.96306	1.01117
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.90251	1.01279	1.12610
7	Uninsured (Included In Non-Government)	1.01053	1.04214	1.01880
8	Total Case Mix Index	1.15291	1.19255	1.19089
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,028	6,189	5,484
2	Emergency Room - Treated and Discharged	41,475	40,876	35,557
3	Total Emergency Room Visits	46,503	47,065	41,041

**MANCHESTER MEMORIAL HOSPITAL
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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,461,633	\$696,595	(\$765,038)	-52%
2	Inpatient Payments	\$461,345	\$143,489	(\$317,856)	-69%
3	Outpatient Charges	\$1,337,674	\$1,119,304	(\$218,370)	-16%
4	Outpatient Payments	\$252,812	\$275,715	\$22,903	9%
5	Discharges	32	19	(13)	-41%
6	Patient Days	240	111	(129)	-54%
7	Outpatient Visits (Excludes ED Visits)	1,162	664	(498)	-43%
8	Emergency Department Outpatient Visits	81	53	(28)	-35%
9	Emergency Department Inpatient Admissions	22	17	(5)	-23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,799,307	\$1,815,899	(\$983,408)	-35%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$714,157	\$419,204	(\$294,953)	-41%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$11,791,158	\$10,570,966	(\$1,220,192)	-10%
2	Inpatient Payments	\$3,633,169	\$3,085,329	(\$547,840)	-15%
3	Outpatient Charges	\$15,290,256	\$16,947,962	\$1,657,706	11%
4	Outpatient Payments	\$3,077,728	\$3,374,001	\$296,273	10%
5	Discharges	365	333	(32)	-9%
6	Patient Days	1,950	1,792	(158)	-8%
7	Outpatient Visits (Excludes ED Visits)	13,409	12,674	(735)	-5%
8	Emergency Department Outpatient Visits	709	689	(20)	-3%
9	Emergency Department Inpatient Admissions	302	282	(20)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,081,414	\$27,518,928	\$437,514	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,710,897	\$6,459,330	(\$251,567)	-4%

**MANCHESTER MEMORIAL HOSPITAL
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
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$162,594	\$324,766	\$162,172	100%
2	Inpatient Payments	\$53,530	\$77,097	\$23,567	44%
3	Outpatient Charges	\$153,906	\$192,811	\$38,905	25%
4	Outpatient Payments	\$30,707	\$24,004	(\$6,703)	-22%
5	Discharges	7	6	(1)	-14%
6	Patient Days	31	43	12	39%
7	Outpatient Visits (Excludes ED Visits)	32	64	32	100%
8	Emergency Department Outpatient Visits	30	26	(4)	-13%
9	Emergency Department Inpatient Admissions	7	7	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$316,500	\$517,577	\$201,077	64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$84,237	\$101,101	\$16,864	20%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
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
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$8,231,183	\$8,437,412	\$206,229	3%
2	Inpatient Payments	\$2,118,940	\$2,285,113	\$166,173	8%
3	Outpatient Charges	\$6,922,361	\$8,684,304	\$1,761,943	25%
4	Outpatient Payments	\$1,179,526	\$1,689,002	\$509,476	43%
5	Discharges	232	247	15	6%
6	Patient Days	1,365	1,342	(23)	-2%
7	Outpatient Visits (Excludes ED Visits)	5,825	5,981	156	3%
8	Emergency Department Outpatient Visits	529	508	(21)	-4%
9	Emergency Department Inpatient Admissions	209	223	14	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,153,544	\$17,121,716	\$1,968,172	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,298,466	\$3,974,115	\$675,649	20%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$1,458,407	\$2,324,790	\$866,383	59%
2	Inpatient Payments	\$389,556	\$660,677	\$271,121	70%
3	Outpatient Charges	\$1,927,165	\$3,418,472	\$1,491,307	77%
4	Outpatient Payments	\$343,473	\$570,955	\$227,482	66%
5	Discharges	57	70	13	23%
6	Patient Days	304	429	125	41%
7	Outpatient Visits (Excludes ED Visits)	1,365	2,022	657	48%
8	Emergency Department Outpatient Visits	240	282	42	18%
9	Emergency Department Inpatient Admissions	48	61	13	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,385,572	\$5,743,262	\$2,357,690	70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$733,029	\$1,231,632	\$498,603	68%
I.	AETNA				
1	Inpatient Charges	\$3,661,096	\$4,954,845	\$1,293,749	35%
2	Inpatient Payments	\$878,920	\$1,328,545	\$449,625	51%
3	Outpatient Charges	\$3,614,492	\$4,653,150	\$1,038,658	29%
4	Outpatient Payments	\$737,680	\$900,178	\$162,498	22%
5	Discharges	112	121	9	8%
6	Patient Days	672	755	83	12%
7	Outpatient Visits (Excludes ED Visits)	3,110	3,114	4	0%
8	Emergency Department Outpatient Visits	206	229	23	11%
9	Emergency Department Inpatient Admissions	96	109	13	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,275,588	\$9,607,995	\$2,332,407	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,616,600	\$2,228,723	\$612,123	38%

**MANCHESTER MEMORIAL HOSPITAL
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
J. HUMANA					
1	Inpatient Charges	\$117,060	\$77,422	(\$39,638)	-34%
2	Inpatient Payments	\$38,204	\$23,128	(\$15,076)	-39%
3	Outpatient Charges	\$96,624	\$141,925	\$45,301	47%
4	Outpatient Payments	\$22,018	\$26,539	\$4,521	21%
5	Discharges	3	4	1	33%
6	Patient Days	10	15	5	50%
7	Outpatient Visits (Excludes ED Visits)	79	133	54	68%
8	Emergency Department Outpatient Visits	4	8	4	100%
9	Emergency Department Inpatient Admissions	3	5	2	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$213,684	\$219,347	\$5,663	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$60,222	\$49,667	(\$10,555)	-18%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
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
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$26,883,131	\$27,386,796	\$503,665	2%
	TOTAL INPATIENT PAYMENTS	\$7,573,664	\$7,603,378	\$29,714	0%
	TOTAL OUTPATIENT CHARGES	\$29,342,478	\$35,157,928	\$5,815,450	20%
	TOTAL OUTPATIENT PAYMENTS	\$5,643,944	\$6,860,394	\$1,216,450	22%
	TOTAL DISCHARGES	808	800	(8)	-1%
	TOTAL PATIENT DAYS	4,572	4,487	(85)	-2%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	24,982	24,652	(330)	-1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,799	1,795	(4)	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	687	704	17	2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$56,225,609	\$62,544,724	\$6,319,115	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,217,608	\$14,463,772	\$1,246,164	9%

**MANCHESTER MEMORIAL HOSPITAL
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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
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
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**MANCHESTER MEMORIAL HOSPITAL
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$22,439,356	\$20,733,601	(\$1,705,755)	-8%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$46,524,143	\$44,610,272	(\$1,913,871)	-4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,850,531	\$1,163,916	(\$686,615)	-37%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,463,096	\$3,602,585	\$139,489	4%
7	Inventories of Supplies	\$5,065,716	\$5,437,285	\$371,569	7%
8	Prepaid Expenses	\$5,046,865	\$5,686,236	\$639,371	13%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$84,389,707	\$81,233,895	(\$3,155,812)	-4%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,824,429	\$16,980,766	\$4,156,337	32%
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	\$42,139,177	\$49,083,777	\$6,944,600	16%
	Total Noncurrent Assets Whose Use is Limited:	\$54,963,606	\$66,064,543	\$11,100,937	20%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$26,741,383	\$21,701,079	(\$5,040,304)	-19%
7	Other Noncurrent Assets	\$20,183,543	\$13,022,113	(\$7,161,430)	-35%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$302,185,099	\$309,457,919	\$7,272,820	2%
2	Less: Accumulated Depreciation	\$206,928,185	\$218,033,560	\$11,105,375	\$0
	Property, Plant and Equipment, Net	\$95,256,914	\$91,424,359	(\$3,832,555)	-4%
3	Construction in Progress	\$931,583	\$2,641,200	\$1,709,617	184%
	Total Net Fixed Assets	\$96,188,497	\$94,065,559	(\$2,122,938)	-2%
	Total Assets	\$282,466,736	\$276,087,189	(\$6,379,547)	-2%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$29,240,555	\$30,917,763	\$1,677,208	6%
2	Salaries, Wages and Payroll Taxes	\$5,634,280	\$5,046,852	(\$587,428)	-10%
3	Due To Third Party Payers	\$4,512,361	\$5,743,160	\$1,230,799	27%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,925,357	\$8,123,279	(\$802,078)	-9%
6	Current Portion of Notes Payable	\$4,406,965	\$3,941,203	(\$465,762)	-11%
7	Other Current Liabilities	\$11,625,999	\$7,180,735	(\$4,445,264)	-38%
	Total Current Liabilities	\$64,345,517	\$60,952,992	(\$3,392,525)	-5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$72,082,455	\$69,571,034	(\$2,511,421)	-3%
2	Notes Payable (Net of Current Portion)	\$12,333,551	\$13,024,380	\$690,829	6%
	Total Long Term Debt	\$84,416,006	\$82,595,414	(\$1,820,592)	-2%
3	Accrued Pension Liability	\$38,111,463	\$44,676,486	\$6,565,023	17%
4	Other Long Term Liabilities	\$9,744,601	\$10,168,508	\$423,907	4%
	Total Long Term Liabilities	\$132,272,070	\$137,440,408	\$5,168,338	4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$70,965,928	\$59,544,873	(\$11,421,055)	-16%
2	Temporarily Restricted Net Assets	\$2,587,301	\$2,096,313	(\$490,988)	-19%
3	Permanently Restricted Net Assets	\$12,295,920	\$16,052,603	\$3,756,683	31%
	Total Net Assets	\$85,849,149	\$77,693,789	(\$8,155,360)	-9%
	Total Liabilities and Net Assets	\$282,466,736	\$276,087,189	(\$6,379,547)	-2%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$900,707,906	\$925,914,801	\$25,206,895	3%
2	Less: Allowances	\$585,405,098	\$612,343,685	\$26,938,587	5%
3	Less: Charity Care	\$5,180,649	\$3,599,806	(\$1,580,843)	-31%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$310,122,159	\$309,971,310	(\$150,849)	0%
5	Provision for Bad Debts	\$11,142,202	\$10,216,094	(\$926,108)	-8%
	Net Patient Service Revenue less provision for bad debts	\$298,979,957	\$299,755,216	\$775,259	0%
6	Other Operating Revenue	\$27,116,509	\$28,166,459	\$1,049,950	4%
7	Net Assets Released from Restrictions	\$1,871,227	\$833,650	(\$1,037,577)	-55%
	Total Operating Revenue	\$327,967,693	\$328,755,325	\$787,632	0%
B. Operating Expenses:					
1	Salaries and Wages	\$163,729,402	\$162,727,445	(\$1,001,957)	-1%
2	Fringe Benefits	\$47,592,094	\$43,859,398	(\$3,732,696)	-8%
3	Physicians Fees	\$11,330,248	\$14,478,331	\$3,148,083	28%
4	Supplies and Drugs	\$36,699,785	\$34,194,649	(\$2,505,136)	-7%
5	Depreciation and Amortization	\$12,290,822	\$12,196,877	(\$93,945)	-1%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,907,765	\$3,764,488	(\$143,277)	-4%
8	Malpractice Insurance Cost	\$8,373,093	\$3,807,147	(\$4,565,946)	-55%
9	Other Operating Expenses	\$43,931,989	\$51,554,269	\$7,622,280	17%
	Total Operating Expenses	\$327,855,198	\$326,582,604	(\$1,272,594)	0%
	Income/(Loss) From Operations	\$112,495	\$2,172,721	\$2,060,226	1831%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,784	\$645	(\$2,139)	-77%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,141,373)	(\$2,126,396)	\$14,977	-1%
	Total Non-Operating Revenue	(\$2,138,589)	(\$2,125,751)	\$12,838	-1%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$2,026,094)	\$46,970	\$2,073,064	-102%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,026,094)	\$46,970	\$2,073,064	-102%

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$277,042,997	\$298,979,957	\$299,755,216
2	Other Operating Revenue	28,839,184	28,987,736	29,000,109
3	Total Operating Revenue	\$305,882,181	\$327,967,693	\$328,755,325
4	Total Operating Expenses	300,954,489	327,855,198	326,582,604
5	Income/(Loss) From Operations	\$4,927,692	\$112,495	\$2,172,721
6	Total Non-Operating Revenue	(1,200,536)	(2,138,589)	(2,125,751)
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,727,156	(\$2,026,094)	\$46,970
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.62%	0.03%	0.67%
2	Parent Corporation Non-Operating Margin	-0.39%	-0.66%	-0.65%
3	Parent Corporation Total Margin	1.22%	-0.62%	0.01%
4	Income/(Loss) From Operations	\$4,927,692	\$112,495	\$2,172,721
5	Total Operating Revenue	\$305,882,181	\$327,967,693	\$328,755,325
6	Total Non-Operating Revenue	(\$1,200,536)	(\$2,138,589)	(\$2,125,751)
7	Total Revenue	\$304,681,645	\$325,829,104	\$326,629,574
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,727,156	(\$2,026,094)	\$46,970
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$36,549,384	\$70,965,928	\$59,544,873
2	Parent Corporation Total Net Assets	\$51,601,261	\$85,849,149	\$77,693,789
3	Parent Corporation Change in Total Net Assets	(\$3,560,396)	\$34,247,888	(\$8,155,360)
4	Parent Corporation Change in Total Net Assets %	93.5%	66.4%	-9.5%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.46	1.31	1.33
2	Total Current Assets	\$85,875,895	\$84,389,707	\$81,233,895
3	Total Current Liabilities	\$58,979,342	\$64,345,517	\$60,952,992
4	<u>Days Cash on Hand</u>	25	26	24
5	Cash and Cash Equivalents	\$20,052,067	\$22,439,356	\$20,733,601
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$20,052,067	\$22,439,356	\$20,733,601
8	Total Operating Expenses	\$300,954,489	\$327,855,198	\$326,582,604
9	Depreciation Expense	\$11,811,633	\$12,290,822	\$12,196,877
10	Operating Expenses less Depreciation Expense	\$289,142,856	\$315,564,376	\$314,385,727
11	<u>Days Revenue in Patient Accounts Receivable</u>	64	56	52
12	Net Patient Accounts Receivable	\$ 46,711,256	\$ 46,524,143	\$ 44,610,272
13	Due From Third Party Payers	\$4,402,920	\$3,463,096	\$3,602,585
14	Due To Third Party Payers	\$2,793,775	\$4,512,361	\$5,743,160
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 48,320,401	\$ 45,474,878	\$ 42,469,697
16	Total Net Patient Revenue	\$277,042,997	\$298,979,957	\$299,755,216
17	<u>Average Payment Period</u>	74	74	71
18	Total Current Liabilities	\$58,979,342	\$64,345,517	\$60,952,992
19	Total Operating Expenses	\$300,954,489	\$327,855,198	\$326,582,604
20	Depreciation Expense	\$11,811,633	\$12,290,822	\$12,196,877
20	Total Operating Expenses less Depreciation Expense	\$289,142,856	\$315,564,376	\$314,385,727

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	18.2	30.4	28.1
2	Total Net Assets	\$51,601,261	\$85,849,149	\$77,693,789
3	Total Assets	\$283,290,125	\$282,466,736	\$276,087,189
4	<u>Cash Flow to Total Debt Ratio</u>	10.6	6.9	8.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,727,156	(\$2,026,094)	\$46,970
6	Depreciation Expense	\$11,811,633	\$12,290,822	\$12,196,877
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,538,789	\$10,264,728	\$12,243,847
8	Total Current Liabilities	\$58,979,342	\$64,345,517	\$60,952,992
9	Total Long Term Debt	\$87,541,749	\$84,416,006	\$82,595,414
10	Total Current Liabilities and Total Long Term Debt	\$146,521,091	\$148,761,523	\$143,548,406
11	<u>Long Term Debt to Capitalization Ratio</u>	62.9	49.6	51.5
12	Total Long Term Debt	\$87,541,749	\$84,416,006	\$82,595,414
13	Total Net Assets	\$51,601,261	\$85,849,149	\$77,693,789
14	Total Long Term Debt and Total Net Assets	\$139,143,010	\$170,265,155	\$160,289,203

MANCHESTER MEMORIAL HOSPITAL								
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	20,331	5,221	5,141	82	158	67.9%	35.3%
2	ICU/CCU (Excludes Neonatal ICU)	5,827	628	0	22	25	72.6%	63.9%
3	Psychiatric: Ages 0 to 17	1,718	230	230	5	10	94.1%	47.1%
4	Psychiatric: Ages 18+	9,170	1,143	1,133	26	26	96.6%	96.6%
	TOTAL PSYCHIATRIC	10,888	1,373	1,363	31	36	96.2%	82.9%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,412	1,259	1,240	15	30	62.3%	31.2%
7	Newborn	3,648	1,257	1,250	21	34	47.6%	29.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	40,458	7,853	7,744	150	249	73.9%	44.5%
	TOTAL INPATIENT BED UTILIZATION	44,106	9,110	8,994	171	283	70.7%	42.7%
	TOTAL INPATIENT REPORTED YEAR	44,106	9,110	8,994	171	283	70.7%	42.7%
	TOTAL INPATIENT PRIOR YEAR	46,662	9,342	9,231	171	283	74.8%	45.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,556	-232	-237	0	0	-4.1%	-2.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	-2%	-3%	0%	0%	-5%	-5%
	Total Licensed Beds and Bassinets	283						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MANCHESTER MEMORIAL HOSPITAL					
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
A. CT Scans (A)					
1	Inpatient Scans	4,555	4,002	-553	-12%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,119	8,804	-315	-3%
3	Emergency Department Scans	3,373	3,256	-117	-3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,047	16,062	-985	-6%
B. MRI Scans (A)					
1	Inpatient Scans	674	602	-72	-11%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,458	2,124	-334	-14%
3	Emergency Department Scans	50	43	-7	-14%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,182	2,769	-413	-13%
C. PET Scans (A)					
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%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	3	6	3	100%
2	Outpatient Scans (Excluding Emergency Department Scans)	539	392	-147	-27%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	542	398	-144	-27%
(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.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	2	0	-2	-100%
2	Outpatient Studies	79	80	1	1%
	Total Electrophysiology Studies	81	80	-1	-1%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,417	1,257	-160	-11%
2	Outpatient Surgical Procedures	5,566	5,101	-465	-8%
	Total Surgical Procedures	6,983	6,358	-625	-9%
J. Endoscopy Procedures					

MANCHESTER MEMORIAL HOSPITAL					
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	576	519	-57	-10%
2	Outpatient Endoscopy Procedures	5,960	6,069	109	2%
	Total Endoscopy Procedures	6,536	6,588	52	1%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	6,189	5,484	-705	-11%
2	Emergency Room Visits: Treated and Discharged	40,876	35,557	-5,319	-13%
	Total Emergency Room Visits	47,065	41,041	-6,024	-13%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	79,816	69,242	-10,574	-13%
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%
	Total Hospital Clinic Visits	79,816	69,242	-10,574	-13%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	92,239	83,714	-8,525	-9%
2	Cardiac Rehabilitation	7,291	7,308	17	0%
3	Chemotherapy	1,032	722	-310	-30%
4	Gastroenterology	5,960	6,069	109	2%
5	Other Outpatient Visits	37,155	37,641	486	1%
	Total Other Hospital Outpatient Visits	143,677	135,454	-8,223	-6%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	326.2	354.1	27.9	9%
2	Total Physician FTEs	27.8	42.6	14.8	53%
3	Total Non-Nursing and Non-Physician FTEs	754.7	756.0	1.3	0%
	Total Hospital Full Time Equivalent Employees	1,108.7	1,152.7	44.0	4%

MANCHESTER MEMORIAL HOSPITAL					
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
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	5,566	5,101	-465	-8%
	Total Outpatient Surgical Procedures(A)	5,566	5,101	-465	-8%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	5,960	6,069	109	2%
	Total Outpatient Endoscopy Procedures(B)	5,960	6,069	109	2%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	40,876	35,557	-5,319	-13%
	Total Outpatient Hospital Emergency Room Visits(C)	40,876	35,557	-5,319	-13%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MANCHESTER MEMORIAL HOSPITAL					
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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$127,499,659	\$125,637,142	(\$1,862,517)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,826,304	\$37,000,671	(\$825,633)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.67%	29.45%	-0.22%	-1%
4	DISCHARGES	3,821	3,676	(145)	-4%
5	CASE MIX INDEX (CMI)	1.50489	1.46454	(0.04035)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,750.18469	5,383.64904	(366.53565)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,578.28	\$6,872.79	\$294.51	4%
8	PATIENT DAYS	23,189	21,107	(2,082)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,631.22	\$1,753.00	\$121.79	7%
10	AVERAGE LENGTH OF STAY	6.1	5.7	(0.3)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$118,665,503	\$130,988,495	\$12,322,992	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,680,812	\$25,691,861	\$3,011,049	13%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.11%	19.61%	0.50%	3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	93.07%	104.26%	11.19%	12%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,556.25176	3,832.57451	276.32275	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,377.73	\$6,703.55	\$325.82	5%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$246,165,162	\$256,625,637	\$10,460,475	4%
18	TOTAL ACCRUED PAYMENTS	\$60,507,116	\$62,692,532	\$2,185,416	4%
19	TOTAL ALLOWANCES	\$185,658,046	\$193,933,105	\$8,275,059	4%

MANCHESTER MEMORIAL HOSPITAL					
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. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$57,637,109	\$58,063,977	\$426,868	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,813,896	\$25,754,284	(\$1,059,612)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.52%	44.36%	-2.17%	-5%
4	DISCHARGES	3,395	3,214	(181)	-5%
5	CASE MIX INDEX (CMI)	0.98412	1.00062	0.01650	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,341.08740	3,215.99268	(125.09472)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,025.50	\$8,008.19	(\$17.31)	0%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,447.22)	(\$1,135.40)	\$311.82	-22%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,835,300)	(\$3,651,453)	\$1,183,847	-24%
10	PATIENT DAYS	13,150	11,754	(1,396)	-11%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,039.08	\$2,191.11	\$152.03	7%
12	AVERAGE LENGTH OF STAY	3.9	3.7	(0.2)	-6%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$153,497,062	\$158,248,779	\$4,751,717	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,599,256	\$59,710,061	(\$1,889,195)	-3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.13%	37.73%	-2.40%	-6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	266.32%	272.54%	6.23%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,041.44109	8,759.50291	(281.93817)	-3%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,812.99	\$6,816.60	\$3.61	0%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$435.26)	(\$113.05)	\$322.21	-74%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,935,390)	(\$990,281)	\$2,945,109	-75%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$211,134,171	\$216,312,756	\$5,178,585	2%
22	TOTAL ACCRUED PAYMENTS	\$88,413,152	\$85,464,345	(\$2,948,807)	-3%
23	TOTAL ALLOWANCES	\$122,721,019	\$130,848,411	\$8,127,392	7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,770,690)	(\$4,641,734)	\$4,128,956	-47%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$211,134,171	\$216,312,755	\$5,178,584	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$88,413,152	\$85,464,346	(\$2,948,806)	-3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,721,019	\$130,848,409	\$8,127,390	7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	58.12%	60.49%	2.37%	

MANCHESTER MEMORIAL HOSPITAL					
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
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,371,759	\$1,659,376	(\$712,383)	-30%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$78,971	\$71,650	(\$7,321)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	3.33%	4.32%	0.99%	30%
4	DISCHARGES	218	101	(117)	-54%
5	CASE MIX INDEX (CMI)	1.04214	1.01880	(0.02334)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	227.18652	102.89880	(124.28772)	-55%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$347.60	\$696.32	\$348.71	100%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,677.90	\$7,311.88	(\$366.02)	-5%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,230.67	\$6,176.47	(\$54.20)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,415,525	\$635,551	(\$779,973)	-55%
11	PATIENT DAYS	1,077	432	(645)	-60%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$73.32	\$165.86	\$92.53	126%
13	AVERAGE LENGTH OF STAY	4.9	4.3	(0.7)	-13%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,444,649	\$6,888,511	(\$556,138)	-7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$397,739	\$337,348	(\$60,391)	-15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.34%	4.90%	-0.45%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	313.89%	415.13%	101.24%	32%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	684.27420	419.27786	(264.99634)	-39%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$581.26	\$804.59	\$223.34	38%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,231.73	\$6,012.01	(\$219.72)	-4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,796.47	\$5,898.96	\$102.49	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,966,377	\$2,473,303	(\$1,493,074)	-38%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$9,816,408	\$8,547,887	(\$1,268,521)	-13%
24	TOTAL ACCRUED PAYMENTS	\$476,710	\$408,998	(\$67,712)	-14%
25	TOTAL ALLOWANCES	\$9,339,698	\$8,138,889	(\$1,200,809)	-13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,381,901	\$3,108,854	(\$2,273,047)	-42%

MANCHESTER MEMORIAL HOSPITAL					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$39,765,242	\$47,690,262	\$7,925,020	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,500,711	\$12,454,005	\$953,294	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.92%	26.11%	-2.81%	-10%
4	DISCHARGES	2,085	2,180	95	5%
5	CASE MIX INDEX (CMI)	0.96306	1.01117	0.04811	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,007.98010	2,204.35060	196.37050	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,727.50	\$5,649.74	(\$77.76)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,298.00	\$2,358.45	\$60.46	3%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$850.77	\$1,223.05	\$372.27	44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,708,337	\$2,696,026	\$987,689	58%
11	PATIENT DAYS	10,174	11,034	860	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,130.40	\$1,128.69	(\$1.71)	0%
13	AVERAGE LENGTH OF STAY	4.9	5.1	0.2	4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,243,785	\$78,735,429	\$14,491,644	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,751,049	\$14,833,196	\$3,082,147	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.29%	18.84%	0.55%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	161.56%	165.10%	3.54%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,368.47671	3,599.12544	230.64873	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,488.54	\$4,121.33	\$632.80	18%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,324.46	\$2,695.27	(\$629.19)	-19%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,889.19	\$2,582.22	(\$306.98)	-11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,732,185	\$9,293,727	(\$438,457)	-5%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$104,009,027	\$126,425,691	\$22,416,664	22%
24	TOTAL ACCRUED PAYMENTS	\$23,251,760	\$27,287,201	\$4,035,441	17%
25	TOTAL ALLOWANCES	\$80,757,267	\$99,138,490	\$18,381,223	23%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,440,522	\$11,989,753	\$549,232	5%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
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
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
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	\$8,025.50	\$8,008.19	(\$17.31)	0%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,578.28	\$6,872.79	\$294.51	4%
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%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
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	\$6,812.99	\$6,816.60	\$3.61	0%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,377.73	\$6,703.55	\$325.82	5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
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%

MANCHESTER MEMORIAL HOSPITAL					
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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$39,765,242	\$47,690,262	\$7,925,020	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,500,711	\$12,454,005	\$953,294	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.92%	26.11%	-2.81%	-10%
4	DISCHARGES	2,085	2,180	95	5%
5	CASE MIX INDEX (CMI)	0.96306	1.01117	0.04811	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,007.98010	2,204.35060	196.37050	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,727.50	\$5,649.74	(\$77.76)	-1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,298.00	\$2,358.45	\$60.46	3%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$850.77	\$1,223.05	\$372.27	44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,708,337	\$2,696,026	\$987,689	58%
11	PATIENT DAYS	10,174	11,034	860	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,130.40	\$1,128.69	(\$1.71)	0%
13	AVERAGE LENGTH OF STAY	4.9	5.1	0.2	4%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,243,785	\$78,735,429	\$14,491,644	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,751,049	\$14,833,196	\$3,082,147	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.29%	18.84%	0.55%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	161.56%	165.10%	3.54%	2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,368.47671	3,599.12544	230.64873	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,488.54	\$4,121.33	\$632.80	18%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,324.46	\$2,695.27	(\$629.19)	-19%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,889.19	\$2,582.22	(\$306.98)	-11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,732,185	\$9,293,727	(\$438,457)	-5%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$104,009,027	\$126,425,691	\$22,416,664	22%
24	TOTAL ACCRUED PAYMENTS	\$23,251,760	\$27,287,201	\$4,035,441	17%
25	TOTAL ALLOWANCES	\$80,757,267	\$99,138,490	\$18,381,223	23%

MANCHESTER MEMORIAL HOSPITAL					
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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$611,078	\$992,558	\$381,480	62%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$355,811	\$327,784	(\$28,027)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.23%	33.02%	-25.20%	-43%
4	DISCHARGES	41	40	(1)	-2%
5	CASE MIX INDEX (CMI)	1.01279	1.12610	0.11331	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	41.52439	45.04400	3.51961	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,568.72	\$7,276.97	(\$1,291.75)	-15%
8	PATIENT DAYS	149	211	62	42%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,387.99	\$1,553.48	(\$834.51)	-35%
10	AVERAGE LENGTH OF STAY	3.6	5.3	1.6	45%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,104,979	\$1,603,026	\$498,047	45%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$292,998	\$329,314	\$36,316	12%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,716,057	\$2,595,584	\$879,527	51%
14	TOTAL ACCRUED PAYMENTS	\$648,809	\$657,098	\$8,289	1%
15	TOTAL ALLOWANCES	\$1,067,248	\$1,938,486	\$871,238	82%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$19,289,474	\$17,340,796	(\$1,948,678)	-10%
2	TOTAL OPERATING EXPENSES	\$188,335,086	\$185,309,559	(\$3,025,527)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
5	BAD DEBTS (CHARGES)	\$5,518,461	\$5,822,470	\$304,009	6%
6	UNCOMPENSATED CARE (CHARGES)	\$9,427,343	\$8,233,733	(\$1,193,610)	-13%
7	COST OF UNCOMPENSATED CARE	\$2,735,879	\$2,296,127	(\$439,752)	-16%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$104,009,027	\$126,425,691	\$22,416,664	22%
9	TOTAL ACCRUED PAYMENTS	\$23,251,760	\$27,287,201	\$4,035,441	17%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$30,184,123	\$35,256,112	\$5,071,989	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,932,363	\$7,968,911	\$1,036,548	15%

MANCHESTER MEMORIAL HOSPITAL					
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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$225,513,088	\$232,383,939	\$6,870,851	3%
2	TOTAL INPATIENT PAYMENTS	\$76,496,722	\$75,536,744	(\$959,978)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.92%	32.51%	-1.42%	-4%
4	TOTAL DISCHARGES	9,342	9,110	(232)	-2%
5	TOTAL CASE MIX INDEX	1.19255	1.19089	(0.00165)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	11,140.77658	10,849.03632	(291.74026)	-3%
7	TOTAL OUTPATIENT CHARGES	\$337,511,329	\$369,575,729	\$32,064,400	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	149.66%	159.04%	9.37%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$96,324,115	\$100,564,432	\$4,240,317	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.54%	27.21%	-1.33%	-5%
11	TOTAL CHARGES	\$563,024,417	\$601,959,668	\$38,935,251	7%
12	TOTAL PAYMENTS	\$172,820,837	\$176,101,176	\$3,280,339	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.70%	29.25%	-1.44%	-5%
14	PATIENT DAYS	46,662	44,106	(2,556)	-5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$167,875,979	\$174,319,962	\$6,443,983	4%
2	INPATIENT PAYMENTS	\$49,682,826	\$49,782,460	\$99,634	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.59%	28.56%	-1.04%	-4%
4	DISCHARGES	5,947	5,896	(51)	-1%
5	CASE MIX INDEX	1.31153	1.29461	(0.01692)	-1%
6	CASE MIX ADJUSTED DISCHARGES	7,799.68918	7,633.04364	(166.64554)	-2%
7	OUTPATIENT CHARGES	\$184,014,267	\$211,326,950	\$27,312,683	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	109.61%	121.23%	11.62%	11%
9	OUTPATIENT PAYMENTS	\$34,724,859	\$40,854,371	\$6,129,512	18%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.87%	19.33%	0.46%	2%
11	TOTAL CHARGES	\$351,890,246	\$385,646,912	\$33,756,666	10%
12	TOTAL PAYMENTS	\$84,407,685	\$90,636,831	\$6,229,146	7%
13	TOTAL PAYMENTS / CHARGES	23.99%	23.50%	-0.48%	-2%
14	PATIENT DAYS	33,512	32,352	(1,160)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$267,482,561	\$295,010,081	\$27,527,520	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.1	5.7	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.7	(0.2)	-6%
3	UNINSURED	4.9	4.3	(0.7)	-13%
4	MEDICAID	4.9	5.1	0.2	4%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.6	5.3	1.6	45%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	4.8	(0.2)	-3%

MANCHESTER MEMORIAL HOSPITAL					
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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$563,024,417	\$601,959,668	\$38,935,251	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$267,482,561	\$295,010,081	\$27,527,520	10%
3	UNCOMPENSATED CARE	\$9,427,343	\$8,233,733	(\$1,193,610)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,721,019	\$130,848,409	\$8,127,390	7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$399,630,923	\$434,092,223	\$34,461,300	9%
7	TOTAL ACCRUED PAYMENTS	\$163,393,494	\$167,867,445	\$4,473,951	3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$163,393,494	\$167,867,445	\$4,473,951	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2902067638	0.2788682597	(0.0113385041)	-4%
11	COST OF UNCOMPENSATED CARE	\$2,735,879	\$2,296,127	(\$439,752)	-16%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,932,363	\$7,968,911	\$1,036,548	15%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,668,242	\$10,265,038	\$596,796	6%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$9,732,185	\$9,293,727	(\$438,457)	-5%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,381,901	\$3,108,854	(\$2,273,047)	-42%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,114,086	\$12,402,581	(\$2,711,505)	-18%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$2,521,217)	(\$3,896,909)	(\$1,375,692)	54.56%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$170,299,621	\$172,204,267	\$1,904,646	1.12%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$563,024,416	\$601,959,668	\$38,935,252	6.92%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$9,427,343	\$8,233,733	(\$1,193,610)	-12.66%

MANCHESTER MEMORIAL HOSPITAL				
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
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,637,109	\$58,063,977	\$426,868
2	MEDICARE	\$127,499,659	125,637,142	(\$1,862,517)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,765,242	47,690,262	\$7,925,020
4	MEDICAID	\$39,765,242	47,690,262	\$7,925,020
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$611,078	992,558	\$381,480
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,371,759	1,659,376	(\$712,383)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$167,875,979	\$174,319,962	\$6,443,983
	TOTAL INPATIENT CHARGES	\$225,513,088	\$232,383,939	\$6,870,851
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$153,497,062	\$158,248,779	\$4,751,717
2	MEDICARE	\$118,665,503	130,988,495	\$12,322,992
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$64,243,785	78,735,429	\$14,491,644
4	MEDICAID	\$64,243,785	78,735,429	\$14,491,644
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,104,979	1,603,026	\$498,047
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,444,649	6,888,511	(\$556,138)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$184,014,267	\$211,326,950	\$27,312,683
	TOTAL OUTPATIENT CHARGES	\$337,511,329	\$369,575,729	\$32,064,400
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$211,134,171	\$216,312,756	\$5,178,585
2	TOTAL MEDICARE	\$246,165,162	\$256,625,637	\$10,460,475
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$104,009,027	\$126,425,691	\$22,416,664
4	TOTAL MEDICAID	\$104,009,027	\$126,425,691	\$22,416,664
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,716,057	\$2,595,584	\$879,527
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,816,408	\$8,547,887	(\$1,268,521)
	TOTAL GOVERNMENT CHARGES	\$351,890,246	\$385,646,912	\$33,756,666
	TOTAL CHARGES	\$563,024,417	\$601,959,668	\$38,935,251
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,813,896	\$25,754,284	(\$1,059,612)
2	MEDICARE	\$37,826,304	37,000,671	(\$825,633)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,500,711	12,454,005	\$953,294
4	MEDICAID	\$11,500,711	12,454,005	\$953,294
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$355,811	327,784	(\$28,027)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$78,971	71,650	(\$7,321)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$49,682,826	\$49,782,460	\$99,634
	TOTAL INPATIENT PAYMENTS	\$76,496,722	\$75,536,744	(\$959,978)
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,599,256	\$59,710,061	(\$1,889,195)
2	MEDICARE	\$22,680,812	25,691,861	\$3,011,049
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,751,049	14,833,196	\$3,082,147
4	MEDICAID	\$11,751,049	14,833,196	\$3,082,147
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$292,998	329,314	\$36,316
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$397,739	337,348	(\$60,391)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,724,859	\$40,854,371	\$6,129,512
	TOTAL OUTPATIENT PAYMENTS	\$96,324,115	\$100,564,432	\$4,240,317
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,413,152	\$85,464,345	(\$2,948,807)
2	TOTAL MEDICARE	\$60,507,116	\$62,692,532	\$2,185,416
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,251,760	\$27,287,201	\$4,035,441
4	TOTAL MEDICAID	\$23,251,760	\$27,287,201	\$4,035,441
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$648,809	\$657,098	\$8,289
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$476,710	\$408,998	(\$67,712)
	TOTAL GOVERNMENT PAYMENTS	\$84,407,685	\$90,636,831	\$6,229,146
	TOTAL PAYMENTS	\$172,820,837	\$176,101,176	\$3,280,339

MANCHESTER MEMORIAL HOSPITAL				
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 2014	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.24%	9.65%	-0.59%
2	MEDICARE	22.65%	20.87%	-1.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.06%	7.92%	0.86%
4	MEDICAID	7.06%	7.92%	0.86%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.11%	0.16%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.42%	0.28%	-0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.82%	28.96%	-0.86%
	TOTAL INPATIENT PAYER MIX	40.05%	38.60%	-1.45%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.26%	26.29%	-0.97%
2	MEDICARE	21.08%	21.76%	0.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.41%	13.08%	1.67%
4	MEDICAID	11.41%	13.08%	1.67%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.20%	0.27%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.32%	1.14%	-0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	32.68%	35.11%	2.42%
	TOTAL OUTPATIENT PAYER MIX	59.95%	61.40%	1.45%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.52%	14.62%	-0.89%
2	MEDICARE	21.89%	21.01%	-0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.65%	7.07%	0.42%
4	MEDICAID	6.65%	7.07%	0.42%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.21%	0.19%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%	0.04%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	28.75%	28.27%	-0.48%
	TOTAL INPATIENT PAYER MIX	44.26%	42.89%	-1.37%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.64%	33.91%	-1.74%
2	MEDICARE	13.12%	14.59%	1.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.80%	8.42%	1.62%
4	MEDICAID	6.80%	8.42%	1.62%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.17%	0.19%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.23%	0.19%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.09%	23.20%	3.11%
	TOTAL OUTPATIENT PAYER MIX	55.74%	57.11%	1.37%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MANCHESTER MEMORIAL HOSPITAL				
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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,395	3,214	(181)
2	MEDICARE	3,821	3,676	(145)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,085	2,180	95
4	MEDICAID	2,085	2,180	95
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	41	40	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	218	101	(117)
	TOTAL GOVERNMENT DISCHARGES	5,947	5,896	(51)
	TOTAL DISCHARGES	9,342	9,110	(232)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,150	11,754	(1,396)
2	MEDICARE	23,189	21,107	(2,082)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,174	11,034	860
4	MEDICAID	10,174	11,034	860
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	149	211	62
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,077	432	(645)
	TOTAL GOVERNMENT PATIENT DAYS	33,512	32,352	(1,160)
	TOTAL PATIENT DAYS	46,662	44,106	(2,556)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.7	(0.2)
2	MEDICARE	6.1	5.7	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	5.1	0.2
4	MEDICAID	4.9	5.1	0.2
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.6	5.3	1.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.9	4.3	(0.7)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	5.0	4.8	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98412	1.00062	0.01650
2	MEDICARE	1.50489	1.46454	(0.04035)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96306	1.01117	0.04811
4	MEDICAID	0.96306	1.01117	0.04811
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.01279	1.12610	0.11331
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04214	1.01880	(0.02334)
	TOTAL GOVERNMENT CASE MIX INDEX	1.31153	1.29461	(0.01692)
	TOTAL CASE MIX INDEX	1.19255	1.19089	(0.00165)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$211,134,171	\$216,312,755	\$5,178,584
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,413,152	\$85,464,346	(\$2,948,806)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,721,019	\$130,848,409	\$8,127,390
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	58.12%	60.49%	2.37%
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	\$3,908,882	\$2,411,263	(\$1,497,619)
9	BAD DEBTS	\$5,518,461	\$5,822,470	\$304,009
10	TOTAL UNCOMPENSATED CARE	\$9,427,343	\$8,233,733	(\$1,193,610)
11	TOTAL OTHER OPERATING REVENUE	\$19,289,474	\$17,340,796	(\$1,948,678)
12	TOTAL OPERATING EXPENSES	\$188,335,086	\$185,309,559	(\$3,025,527)

MANCHESTER MEMORIAL HOSPITAL				
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
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,341.08740	3,215.99268	(125.09472)
2	MEDICARE	5,750.18469	5,383.64904	(366.53565)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,007.98010	2,204.35060	196.37050
4	MEDICAID	2,007.98010	2,204.35060	196.37050
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	41.52439	45.04400	3.51961
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	227.18652	102.89880	(124.28772)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	7,799.68918	7,633.04364	(166.64554)
	TOTAL CASE MIX ADJUSTED DISCHARGES	11,140.77658	10,849.03632	(291.74026)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,041.44109	8,759.50291	-281.93817
2	MEDICARE	3,556.25176	3,832.57451	276.32275
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,368.47671	3,599.12544	230.64873
4	MEDICAID	3,368.47671	3,599.12544	230.64873
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	74.13806	64.60181	-9.53626
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	684.27420	419.27786	-264.99634
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,998.86654	7,496.30175	497.43522
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	16,040.30763	16,255.80467	215.49704
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,025.50	\$8,008.19	(\$17.31)
2	MEDICARE	\$6,578.28	\$6,872.79	\$294.51
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,727.50	\$5,649.74	(\$77.76)
4	MEDICAID	\$5,727.50	\$5,649.74	(\$77.76)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,568.72	\$7,276.97	(\$1,291.75)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$347.60	\$696.32	\$348.71
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,369.85	\$6,521.97	\$152.12
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,866.37	\$6,962.53	\$96.16
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,812.99	\$6,816.60	\$3.61
2	MEDICARE	\$6,377.73	\$6,703.55	\$325.82
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,488.54	\$4,121.33	\$632.80
4	MEDICAID	\$3,488.54	\$4,121.33	\$632.80
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,952.06	\$5,097.60	\$1,145.54
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$581.26	\$804.59	\$223.34
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,961.50	\$5,449.94	\$488.44
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,005.13	\$6,186.37	\$181.24

MANCHESTER MEMORIAL HOSPITAL				
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
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$9,732,185	\$9,293,727	(\$438,457)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,381,901	\$3,108,854	(\$2,273,047)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,114,086	\$12,402,581	(\$2,711,505)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$563,024,417	\$601,959,668	\$38,935,251
2	TOTAL GOVERNMENT DEDUCTIONS	\$267,482,561	\$295,010,081	\$27,527,520
3	UNCOMPENSATED CARE	\$9,427,343	\$8,233,733	(\$1,193,610)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,721,019	\$130,848,409	\$8,127,390
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$399,630,923	\$434,092,223	\$34,461,300
7	TOTAL ACCRUED PAYMENTS	\$163,393,494	\$167,867,445	\$4,473,951
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$163,393,494	\$167,867,445	\$4,473,951
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2902067638	0.2788682597	(0.0113385041)
11	COST OF UNCOMPENSATED CARE	\$2,735,879	\$2,296,127	(\$439,752)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$6,932,363	\$7,968,911	\$1,036,548
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,668,242	\$10,265,038	\$596,796
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.52%	44.36%	-2.17%
2	MEDICARE	29.67%	29.45%	-0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.92%	26.11%	-2.81%
4	MEDICAID	28.92%	26.11%	-2.81%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	58.23%	33.02%	-25.20%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.33%	4.32%	0.99%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	29.59%	28.56%	-1.04%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.92%	32.51%	-1.42%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.13%	37.73%	-2.40%
2	MEDICARE	19.11%	19.61%	0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.29%	18.84%	0.55%
4	MEDICAID	18.29%	18.84%	0.55%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	26.52%	20.54%	-5.97%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.34%	4.90%	-0.45%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	18.87%	19.33%	0.46%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.54%	27.21%	-1.33%

MANCHESTER MEMORIAL HOSPITAL				
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
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS			
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	TOTAL ACCRUED PAYMENTS	\$172,820,837	\$176,101,176	\$3,280,339
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$172,820,837	\$176,101,176	\$3,280,339
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$2,521,217)	(\$3,896,909)	(\$1,375,692)
4	CALCULATED NET REVENUE	\$175,818,081	\$172,204,267	(\$3,613,814)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$170,299,621	\$172,204,267	\$1,904,646
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$5,518,460	\$0	(\$5,518,460)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED GROSS REVENUE	\$563,024,417	\$601,959,668	\$38,935,251
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$563,024,417	\$601,959,668	\$38,935,251
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$563,024,416	\$601,959,668	\$38,935,252
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,427,343	\$8,233,733	(\$1,193,610)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,427,343	\$8,233,733	(\$1,193,610)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,427,343	\$8,233,733	(\$1,193,610)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MANCHESTER MEMORIAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,063,977
2	MEDICARE	125,637,142
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,690,262
4	MEDICAID	47,690,262
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	992,558
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,659,376
	TOTAL INPATIENT GOVERNMENT CHARGES	\$174,319,962
	TOTAL INPATIENT CHARGES	\$232,383,939
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$158,248,779
2	MEDICARE	130,988,495
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	78,735,429
4	MEDICAID	78,735,429
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,603,026
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,888,511
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$211,326,950
	TOTAL OUTPATIENT CHARGES	\$369,575,729
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$216,312,756
2	TOTAL GOVERNMENT ACCRUED CHARGES	385,646,912
	TOTAL ACCRUED CHARGES	\$601,959,668
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,754,284
2	MEDICARE	37,000,671
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,454,005
4	MEDICAID	12,454,005
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	327,784
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	71,650
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$49,782,460
	TOTAL INPATIENT PAYMENTS	\$75,536,744
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,710,061
2	MEDICARE	25,691,861
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,833,196
4	MEDICAID	14,833,196
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	329,314
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	337,348
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$40,854,371
	TOTAL OUTPATIENT PAYMENTS	\$100,564,432
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$85,464,345
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	90,636,831
	TOTAL ACCRUED PAYMENTS	\$176,101,176

MANCHESTER MEMORIAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,214
2	MEDICARE	3,676
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,180
4	MEDICAID	2,180
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	40
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	101
	TOTAL GOVERNMENT DISCHARGES	5,896
	TOTAL DISCHARGES	9,110
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.00062
2	MEDICARE	1.46454
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.01117
4	MEDICAID	1.01117
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.12610
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01880
	TOTAL GOVERNMENT CASE MIX INDEX	1.29461
	TOTAL CASE MIX INDEX	1.19089
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$216,312,755
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$85,464,346
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,848,409
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	60.49%
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	\$2,411,263
9	BAD DEBTS	\$5,822,470
10	TOTAL UNCOMPENSATED CARE	\$8,233,733
11	TOTAL OTHER OPERATING REVENUE	\$17,340,796
12	TOTAL OPERATING EXPENSES	\$185,309,559

MANCHESTER MEMORIAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$176,101,176
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$176,101,176
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,896,909)
	CALCULATED NET REVENUE	\$172,204,267
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$172,204,267
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$601,959,668
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$601,959,668
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$601,959,668
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,233,733
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,233,733
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,233,733
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	2,817	1,139	(1,678)	-60%
2	Number of Approved Applicants	2,500	1,000	(1,500)	-60%
3	Total Charges (A)	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
4	Average Charges	\$1,564	\$2,411	\$848	54%
5	Ratio of Cost to Charges (RCC)	0.360412	0.323425	(0.036987)	-10%
6	Total Cost	\$1,408,808	\$779,863	(\$628,945)	-45%
7	Average Cost	\$564	\$780	\$216	38%
8	Charity Care - Inpatient Charges	\$1,269,114	\$540,715	(\$728,399)	-57%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	847,211	1,415,036	567,825	67%
10	Charity Care - Emergency Department Charges	1,792,557	455,512	(1,337,045)	-75%
11	Total Charges (A)	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
12	Charity Care - Number of Patient Days	1,097	704	(393)	-36%
13	Charity Care - Number of Discharges	199	143	(56)	-28%
14	Charity Care - Number of Outpatient ED Visits	1,400	860	(540)	-39%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,647	1,468	(179)	-11%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,425,373	\$1,559,126	\$133,753	9%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,313,642	1,426,732	113,090	9%
3	Bad Debts - Emergency Department	2,779,446	2,836,612	57,166	2%
4	Total Bad Debts (A)	\$5,518,461	\$5,822,470	\$304,009	6%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$3,908,882	\$2,411,263	(\$1,497,619)	-38%
2	Bad Debts (A)	5,518,461	5,822,470	304,009	6%
3	Total Uncompensated Care (A)	\$9,427,343	\$8,233,733	(\$1,193,610)	-13%
4	Uncompensated Care - Inpatient Services	\$2,694,487	\$2,099,841	(\$594,646)	-22%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,160,853	2,841,768	680,915	32%
6	Uncompensated Care - Emergency Department	4,572,003	3,292,124	(1,279,879)	-28%
7	Total Uncompensated Care (A)	\$9,427,343	\$8,233,733	(\$1,193,610)	-13%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL TOTAL NON-GOVERNMENT	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$211,134,171	\$216,312,755	\$5,178,584	2%
2	Total Contractual Allowances	\$122,721,019	\$130,848,409	\$8,127,390	7%
	Total Accrued Payments (A)	\$88,413,152	\$85,464,346	(\$2,948,806)	-3%
	Total Discount Percentage	58.12%	60.49%	2.37%	4%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MANCHESTER MEMORIAL HOSPITAL				
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
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$185,302,227	\$225,513,088	\$232,383,939
2	Outpatient Gross Revenue	\$306,599,579	\$337,511,329	\$369,575,729
3	Total Gross Patient Revenue	\$491,901,806	\$563,024,417	\$601,959,668
4	Net Patient Revenue	\$175,217,566	\$170,299,621	\$172,204,267
B. Total Operating Expenses				
1	Total Operating Expense	\$184,446,001	\$188,335,086	\$185,309,559
C. Utilization Statistics				
1	Patient Days	45,545	46,662	44,106
2	Discharges	8,831	9,342	9,110
3	Average Length of Stay	5.2	5.0	4.8
4	Equivalent (Adjusted) Patient Days (EPD)	120,903	116,498	114,251
0	Equivalent (Adjusted) Discharges (ED)	23,443	23,324	23,598
D. Case Mix Statistics				
1	Case Mix Index	1.15291	1.19255	1.19089
2	Case Mix Adjusted Patient Days (CMAPD)	52,509	55,647	52,526
3	Case Mix Adjusted Discharges (CMAD)	10,181	11,141	10,849
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	139,390	138,929	136,060
5	Case Mix Adjusted Equivalent Discharges (CMAED)	27,027	27,814	28,103
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$10,800	\$12,066	\$13,648
2	Total Gross Revenue per Discharge	\$55,702	\$60,268	\$66,077
3	Total Gross Revenue per EPD	\$4,069	\$4,833	\$5,269
4	Total Gross Revenue per ED	\$20,983	\$24,140	\$25,509
5	Total Gross Revenue per CMAEPD	\$3,529	\$4,053	\$4,424
6	Total Gross Revenue per CMAED	\$18,200	\$20,242	\$21,420
7	Inpatient Gross Revenue per EPD	\$1,533	\$1,936	\$2,034
8	Inpatient Gross Revenue per ED	\$7,904	\$9,669	\$9,848

MANCHESTER MEMORIAL HOSPITAL				
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
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,847	\$3,650	\$3,904
2	Net Patient Revenue per Discharge	\$19,841	\$18,229	\$18,903
3	Net Patient Revenue per EPD	\$1,449	\$1,462	\$1,507
4	Net Patient Revenue per ED	\$7,474	\$7,302	\$7,297
5	Net Patient Revenue per CMAEPD	\$1,257	\$1,226	\$1,266
6	Net Patient Revenue per CMAED	\$6,483	\$6,123	\$6,128
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,050	\$4,036	\$4,201
2	Total Operating Expense per Discharge	\$20,886	\$20,160	\$20,341
3	Total Operating Expense per EPD	\$1,526	\$1,617	\$1,622
4	Total Operating Expense per ED	\$7,868	\$8,075	\$7,853
5	Total Operating Expense per CMAEPD	\$1,323	\$1,356	\$1,362
6	Total Operating Expense per CMAED	\$6,824	\$6,771	\$6,594
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$27,483,799	\$27,731,842	\$27,777,193
2	Nursing Fringe Benefits Expense	\$9,278,681	\$10,096,694	\$9,385,872
3	Total Nursing Salary and Fringe Benefits Expense	\$36,762,480	\$37,828,536	\$37,163,065
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$7,064,262	\$7,727,228	\$8,493,290
2	Physician Fringe Benefits Expense	\$2,196,063	\$2,592,137	\$2,686,194
3	Total Physician Salary and Fringe Benefits Expense	\$9,260,325	\$10,319,365	\$11,179,484
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$47,001,764	\$48,450,279	\$47,335,814
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$13,392,508	\$14,969,960	\$13,648,187
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$60,394,272	\$63,420,239	\$60,984,001
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$81,549,825	\$83,909,349	\$83,606,297
2	Total Fringe Benefits Expense	\$24,867,252	\$27,658,791	\$25,720,253
3	Total Salary and Fringe Benefits Expense	\$106,417,077	\$111,568,140	\$109,326,550

MANCHESTER MEMORIAL HOSPITAL				
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
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	325.0	326.2	354.1
2	Total Physician FTEs	14.6	27.8	42.6
3	Total Non-Nursing, Non-Physician FTEs	736.2	754.7	756.0
4	Total Full Time Equivalent Employees (FTEs)	1,075.8	1,108.7	1,152.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$84,566	\$85,015	\$78,444
2	Nursing Fringe Benefits Expense per FTE	\$28,550	\$30,952	\$26,506
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$113,115	\$115,967	\$104,951
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$483,854	\$277,958	\$199,373
2	Physician Fringe Benefits Expense per FTE	\$150,415	\$93,242	\$63,056
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$634,269	\$371,200	\$262,429
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$63,844	\$64,198	\$62,614
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,191	\$19,836	\$18,053
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$82,035	\$84,034	\$80,667
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$75,804	\$75,683	\$72,531
2	Total Fringe Benefits Expense per FTE	\$23,115	\$24,947	\$22,313
3	Total Salary and Fringe Benefits Expense per FTE	\$98,919	\$100,630	\$94,844
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,337	\$2,391	\$2,479
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,050	\$11,943	\$12,001
3	Total Salary and Fringe Benefits Expense per EPD	\$880	\$958	\$957
4	Total Salary and Fringe Benefits Expense per ED	\$4,539	\$4,783	\$4,633
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$763	\$803	\$804
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,937	\$4,011	\$3,890