OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING NORWALK HOSPITAL **NORWALK HOSPITAL** TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2014 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (2) (3) (4) (6) (5) FY 2013 FY 2014 AMOUNT LINE DESCRIPTION **ACTUAL** DIFFERENCE DIFFERENCE **ACTUAL ASSETS Current Assets:** Cash and Cash Equivalents \$73,750,817 \$74,550,518 \$799,701 1% 0% Short Term Investments \$8,738,868 \$8,764,926 \$26,058 Accounts Receivable (Less: Allowance for Doubtful Accounts) \$26,795,462 \$40.426.872 \$13.631.410 51% 0% Current Assets Whose Use is Limited for Current Liabilities \$0 \$0 \$0 5 Due From Affiliates \$1,346,260 \$135,428 (\$1,210,832) -90% 0% 6 Due From Third Party Payers \$0 \$0 \$0 -4% 7 \$1,845,044 \$1,774,961 (\$70,083)Inventories of Supplies -26% Prepaid Expenses \$1,589,839 \$1,172,206 (\$417,633)Other Current Assets \$3,410,889 \$2,844,166 (\$566,723)-17% 10% **Total Current Assets** \$117,477,179 \$129,669,077 \$12,191,898 В. **Noncurrent Assets Whose Use is Limited:** -47% Held by Trustee \$59,708,986 \$31,413,244 (\$28,295,742)2 Board Designated for Capital Acquisition \$0 \$0 0% \$0 \$0 \$0 0% 3 Funds Held in Escrow \$0 Other Noncurrent Assets Whose Use is Limited \$327 \$327 \$0 0% Total Noncurrent Assets Whose Use is Limited: -47% \$59,709,313 \$31,413,571 (\$28,295,742) Interest in Net Assets of Foundation \$45,162,957 \$47,837,445 6% \$2,674,488 \$80,922,925 44% 6 Long Term Investments \$116,864,243 \$35,941,318 -49% Other Noncurrent Assets \$77,286,903 \$39,259,331 (\$38,027,572)C. **Net Fixed Assets:** Property, Plant and Equipment \$436,266,355 \$495,235,142 \$58,968,787 14% Less: Accumulated Depreciation \$310,387,551 \$328,979,797 \$18,592,246 6% 32% Property, Plant and Equipment, Net \$125,878,804 \$166,255,345 \$40,376,541 128% Construction in Progress \$34,252,962 \$78,197,484 \$43,944,522 **Total Net Fixed Assets** 53% \$160,131,766 \$244,452,829 \$84,321,063

\$540,691,043

\$609,496,496

\$68,805,453

13%

Total Assets

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2014 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (2) (3) (4) (6) (5) FY 2013 FY 2014 AMOUNT LINE DESCRIPTION DIFFERENCE **ACTUAL ACTUAL** DIFFERENCE LIABILITIES AND NET ASSETS A. **Current Liabilities:** 1 Accounts Payable and Accrued Expenses \$29.302.635 \$32,811,276 \$3.508.641 12% -16% 2 Salaries, Wages and Payroll Taxes \$22,048,375 \$18,445,669 (\$3,602,706)637% 3 Due To Third Party Payers \$4,893,626 \$36.052.621 \$31,158,995 Due To Affiliates \$851,758 \$1,096,562 29% \$244,804 \$3,265,000 \$5,170,000 \$1,905,000 58% 5 Current Portion of Long Term Debt Current Portion of Notes Payable \$1,243,589 \$1,146,051 -8% (\$97,538)7 Other Current Liabilities -5% \$818,694 \$778,518 (\$40,176)**Total Current Liabilities** \$62,423,677 \$95,500,697 \$33,077,020 53% Long Term Debt: Bonds Payable (Net of Current Portion) \$119,435,000 \$118,119,257 -1% (\$1,315,743) Notes Payable (Net of Current Portion) \$1,885,030 -36% \$2,926,397 (\$1,041,367)**Total Long Term Debt** \$122,361,397 \$120.004.287 (\$2,357,110) -2% 69% 3 Accrued Pension Liability \$13,061,730 \$22,135,436 \$9,073,706 -39% Other Long Term Liabilities \$95,631,123 \$58,695,868 (\$36,935,255)-13% **Total Long Term Liabilities** \$231,054,250 \$200,835,591 (\$30,218,659)Interest in Net Assets of Affiliates or Joint Ventures \$0 \$0 \$0 0% C. **Net Assets:** Unrestricted Net Assets or Equity \$207,578,029 \$265,968,153 \$58,390,124 28% Temporarily Restricted Net Assets \$30,180,235 \$37,730,403 \$7,550,168 25% Permanently Restricted Net Assets \$9,454,852 \$9,461,652 \$6.800 0% **Total Net Assets** \$247,213,116 \$313.160.208 \$65.947.092 27% **Total Liabilities and Net Assets** \$540,691,043 \$609,496,496 \$68,805,453 13%

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING NORWALK HOSPITAL **NORWALK HOSPITAL** TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2014 REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION** (1) (2) (3) (4) (5) (6)FY 2013 FY 2014 **AMOUNT ACTUAL** LINE DESCRIPTION **ACTUAL DIFFERENCE** DIFFERENCE **Operating Revenue:** Total Gross Patient Revenue \$913.394.783 \$900.265.500 -1% (\$13,129,283)2 Less: Allowances \$543,154,825 \$534,888,169 -2% (\$8,266,656)-8% 3 Less: Charity Care \$18,272,000 \$16,801,601 (\$1,470,399)Less: Other Deductions 0% \$0 \$0 \$0 **Total Net Patient Revenue** \$351.967.958 \$348.575.730 (\$3,392,228)-1% 5 Provision for Bad Debts 38% \$17,836,044 \$24,556,938 \$6,720,894 Net Patient Service Revenue less provision for bad debts \$334.131.914 \$324.018.792 (\$10,113,122) -3% 6 Other Operating Revenue \$16.843.048 \$14,640,639 -13% (\$2,202,409)7 Net Assets Released from Restrictions \$0 \$1,156,023 \$1,156,023 0% \$350,974,962 \$339,815,454 -3% **Total Operating Revenue** (\$11,159,508) **Operating Expenses:** Salaries and Wages -4% 1 \$138,382,600 \$133,022,061 (\$5,360,539)2 Fringe Benefits \$51,686,620 \$33,564,380 (\$18,122,240)-35% 3 Physicians Fees \$7,455,185 \$7,662,386 \$207,201 3% 4 Supplies and Drugs \$30,741,799 \$31,141,533 \$399,734 1% 0% 5 Depreciation and Amortization \$18.635.476 \$18,637,806 \$2,330 0% 6 **Bad Debts** \$0 \$0 \$0 (\$72,666)-3% Interest Expense \$2,529,391 \$2,456,725 (\$2,380,467)-41% 8 Malpractice Insurance Cost \$5,816,594 \$3,436,127 Other Operating Expenses \$83,733,460 \$81,140,210 (\$2,593,250)-3% **Total Operating Expenses** \$338,981,125 \$311,061,228 (\$27,919,897) -8% 140% Income/(Loss) From Operations \$11,993,837 \$28,754,226 \$16,760,389 C. **Non-Operating Revenue:** Income from Investments \$2,302,857 -2% \$2,258,619 (\$44.238)\$0 0% 2 Gifts, Contributions and Donations \$0 \$0 3 Other Non-Operating Gains/(Losses) \$0 \$0 \$0 0% **Total Non-Operating Revenue** \$2,302,857 \$2,258,619 (\$44,238)-2% Excess/(Deficiency) of Revenue Over Expenses

\$14,296,694

\$7,513,809

\$31,012,845

\$6,339,426

\$16,716,151

(\$1,174,383)

117%

-16%

(Before Other Adjustments)

Other Adjustments: Unrealized Gains/(Losses)

	NO	RWALK HOSPITAL			
	TWELVE	MONTHS ACTUAL FIL	ING		
	F	ISCAL YEAR 2014			
	REPORT 150 - HOSPITAL ST	ATEMENT OF OPERA	ATIONS INFORMA	TION	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$195,247	\$195,247	0%
	Total Other Adjustments	\$7,513,809	\$6,534,673	(\$979,136)	-13%
	Excess/(Deficiency) of Revenue Over Expenses	\$21,810,503	\$37,547,518	\$15,737,015	72%
	Principal Payments	\$12,900,862	\$4,508,589	(\$8,392,273)	-65%

(1)	(2)	(3)	(4)	(5)	(6)
	()	FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	AGTGAE	AOTOAL	DITTERCENCE	DILITERCINOL
ı.	GROSS REVENUE BY PAYER				
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Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$212,800,842	\$208,807,677	(\$3,993,165)	-2%
2	MEDICARE MANAGED CARE	\$30,346,099	\$33,556,022	\$3,209,923	11%
3	MEDICAID	\$74,431,040	\$75,052,237	\$621,197	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$477,701	\$366,203	(\$111,498)	-23%
6	COMMERCIAL INSURANCE	\$12,270,152	\$13,876,079	\$1,605,927	13%
7	NON-GOVERNMENT MANAGED CARE	\$113,124,738	\$111,468,252	(\$1,656,486)	-1%
8	WORKER'S COMPENSATION	\$1,845,195	\$2,493,273	\$648,078	35%
9	SELF- PAY/UNINSURED	\$5,189,210	\$7,178,824	\$1,989,614	38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$578,536	\$618,499	\$39,963	7%
	TOTAL INPATIENT GROSS REVENUE	\$451,063,513	\$453,417,066	\$2,353,553	1%
B.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$121,877,481	\$114,167,538	(\$7,709,943)	-6%
2	MEDICARE MANAGED CARE	\$17,664,073	\$17,825,907	\$161,834	1%
3	MEDICAID	\$69,452,300	\$73,913,620	\$4,461,320	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$325,124	\$412,598	\$87,474	27%
6	COMMERCIAL INSURANCE	\$18,279,219	\$25,270,876	\$6,991,657	38%
7	NON-GOVERNMENT MANAGED CARE	\$198,166,912	\$180,197,884	(\$17,969,028)	-9%
8	WORKER'S COMPENSATION	\$5,951,894	\$5,777,351	(\$174,543)	-3%
9	SELF- PAY/UNINSURED	\$29,957,432	\$28,397,840	(\$1,559,592)	-5%
	SAGA OTHER	\$0	\$0	\$0	0%
11	TOTAL OUTPATIENT GROSS REVENUE	\$656,835 \$462,331,270	\$884,820	\$227,985	35% - 3%
	TOTAL OUTFAILENT GROSS REVENUE	\$462,331,270	\$446,848,434	(\$15,482,836)	-370
c.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$334,678,323	\$322,975,215	(\$11,703,108)	-3%
2		\$48,010,172	\$51,381,929	\$3,371,757	7%
3	MEDICAID	\$143,883,340	\$148,965,857	\$5,082,517	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5		\$802,825	\$778,801	(\$24,024)	-3%
6		\$30,549,371	\$39,146,955	\$8,597,584	28%
7		\$30,349,571	\$291,666,136	(\$19,625,514)	-6%
8		\$7,797,089	\$8,270,624	\$473,535	6%
9		\$35,146,642	\$35,576,664	\$430,022	1%
10		\$33,140,042	\$0,570,004	\$0,022	0%
11		\$1,235,371	\$1,503,319	\$267,948	22%
- · · ·					
	TOTAL GROSS REVENUE	\$913,394,783	\$900,265,500	(\$13,129,283)	-1%
II.	NET REVENUE BY PAYER				
	NET NEVEROL BY FATER			I	
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$64,164,032	\$61,942,085	(\$2,221,947)	-3%
2	MEDICARE MANAGED CARE	\$8,009,830	\$8,299,044	\$289,214	4%
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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	DECOKII TION	7101071	71010712		2
3	MEDICAID	\$15,518,342	\$18,310,007	\$2,791,665	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$166,560	\$108,891	(\$57,669)	-35%
6	COMMERCIAL INSURANCE	\$6,359,352	\$6,697,009	\$337,657	5%
7	NON-GOVERNMENT MANAGED CARE	\$67,498,670	\$61,888,675	(\$5,609,995)	-8%
8	WORKER'S COMPENSATION	\$1,167,537	\$1,509,840	\$342,303	29%
9	SELF- PAY/UNINSURED	\$458,039	\$477.473	\$19,434	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$94,864	\$135,707	\$40,843	43%
	TOTAL INPATIENT NET REVENUE	\$163,437,226	\$159,368,731	(\$4,068,495)	-2%
В.	OUTPATIENT NET REVENUE	V 100,101,220	\$100,000,101	(+ 1,000, 100)	
1	MEDICARE TRADITIONAL	\$24,707,861	\$21,993,110	(\$2,714,751)	-11%
2	MEDICARE MANAGED CARE	\$3,627,517	\$3,788,446	\$160,929	4%
3	MEDICAID	\$17,506,571	\$19,100,840	\$1,594,269	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$56,187	\$61,717	\$5,530	10%
6	COMMERCIAL INSURANCE	\$8,879,833	\$12,815,983	\$3,936,150	44%
7	NON-GOVERNMENT MANAGED CARE	\$112,392,075	\$105,896,659	(\$6,495,416)	-6%
8	WORKER'S COMPENSATION	\$2,831,929	\$3,099,996	\$268,067	9%
9	SELF- PAY/UNINSURED	\$2,395,471	\$2,259,639	(\$135,832)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$61,369	\$121,751	\$60,382	98%
	TOTAL OUTPATIENT NET REVENUE	\$172,458,813	\$169,138,141	(\$3,320,672)	-2%
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C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$88,871,893	\$83,935,195	(\$4,936,698)	-6%
2	MEDICARE MANAGED CARE	\$11,637,347	\$12,087,490	\$450,143	4%
3	MEDICAID	\$33,024,913	\$37,410,847	\$4,385,934	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$222,747	\$170,608	(\$52,139)	-23%
6	COMMERCIAL INSURANCE	\$15,239,185	\$19,512,992	\$4,273,807	28%
7	NON-GOVERNMENT MANAGED CARE	\$179,890,745	\$167,785,334	(\$12,105,411)	-7%
8	WORKER'S COMPENSATION	\$3,999,466	\$4,609,836	\$610,370	15%
9	SELF- PAY/UNINSURED	\$2,853,510	\$2,737,112	(\$116,398)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$156,233	\$257,458	\$101,225	65%
	TOTAL NET REVENUE	\$335,896,039	\$328,506,872	(\$7,389,167)	-2%
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III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,676	4,916	240	5%
2	MEDICARE MANAGED CARE	643	704	61	9%
3	MEDICAID	2,782	2,675	(107)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	16	10	(6)	-38%
6	COMMERCIAL INSURANCE	490	561	71	14%
7	NON-GOVERNMENT MANAGED CARE	4,185	3,947	(238)	-6%
8	WORKER'S COMPENSATION	39	43	4	10%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	AGTORE	AGTORE	DILLETTOE	DII I EILEITOE
9	SELF- PAY/UNINSURED	193	231	38	20%
10	SAGA	0	0	0	0%
11	OTHER	21	23	2	10%
	TOTAL DISCHARGES	13,045	13,110	65	0%
В.	PATIENT DAYS	10,010	10,110		
1	MEDICARE TRADITIONAL	27,585	27,039	(546)	-2%
2	MEDICARE MANAGED CARE	3,792	4,174	382	10%
3	MEDICAID	10,948	10,923	(25)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	51	51	0	0%
6	COMMERCIAL INSURANCE	1,727	2,038	311	18%
7	NON-GOVERNMENT MANAGED CARE	14,685	13,733	(952)	-6%
8	WORKER'S COMPENSATION	154	177	23	15%
9	SELF- PAY/UNINSURED	590	847	257	44%
10	SAGA	0	0	0	0%
11	OTHER	79	89	10	13%
	TOTAL PATIENT DAYS	59,611	59,071	(540)	-1%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	58,585	61,692	3,107	5%
2	MEDICARE MANAGED CARE	8,492	8,806	314	4%
3	MEDICAID MANAGED GARE	43,071	46,479	3,408	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5 6	CHAMPUS/TRICARE	192	267	75	39%
7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	11,783 113,631	15,156 104,969	3,373 (8,662)	29% -8%
8	WORKER'S COMPENSATION	3,241	3,237	(4)	0%
9	SELF- PAY/UNINSURED	21,817	21,540	(277)	-1%
10	SAGA	0	0	0	0%
11	OTHER	211	217	6	3%
	TOTAL OUTPATIENT VISITS	261,023	262,363	1,340	1%
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IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
A.	REVENUE				
1	MEDICARE TRADITIONAL	\$35,675,959	\$23,376,245	(\$12,299,714)	-34%
2	MEDICARE MANAGED CARE	\$4,813,696	\$3,211,943	(\$1,601,753)	-33%
3	MEDICAID	\$32,159,396	\$30,998,321	(\$1,161,075)	-4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$156,969	\$127,675	(\$29,294)	-19%
6	COMMERCIAL INSURANCE	\$7,410,124	\$8,726,553	\$1,316,429	18%
7	NON-GOVERNMENT MANAGED CARE	\$50,410,015	\$41,097,385	(\$9,312,630)	-18%
8	WORKER'S COMPENSATION	\$2,092,411	\$2,092,800	\$389	0%
9	SELF- PAY/UNINSURED	\$14,797,556	\$12,915,001	(\$1,882,555)	-13%
11	SAGA OTHER	\$0 \$618,032	\$0 \$401,772	\$0 (\$216,260)	-35%
<u> </u>	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	φυ10,032	φ401,112	(φε ι υ, ευυ)	-30%
	GROSS REVENUE	\$4.40.434.4E0	¢122 047 605	(\$25.406.462\)	470/
	EMERGENCY DEPARTMENT OUTPATIENT NET	\$148,134,158	\$122,947,695	(\$25,186,463)	-17%
В.	REVENUE				
<u>в.</u> 1	MEDICARE TRADITIONAL	\$5,050,000	\$4.046.00E	(¢1 110 707\	100/
	WILDIGANE TRADITIONAL	\$5,959,802	\$4,816,095	(\$1,143,707)	-19%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
2	MEDICARE MANAGED CARE	\$811,105	\$923,897	\$112,792	14%
3	MEDICAID	\$6,513,017	\$7,304,940	\$791,923	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$25,056	\$18,032	(\$7,024)	-28%
6	COMMERCIAL INSURANCE	\$4,185,672	\$6,065,795	\$1,880,123	45%
7	NON-GOVERNMENT MANAGED CARE	\$33,526,942	\$32,895,443	(\$631,499)	-2%
8	WORKER'S COMPENSATION	\$1,224,093	\$1,309,936	\$85,843	7%
9	SELF- PAY/UNINSURED	\$459,446	\$278,673	(\$180,773)	-39%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$53,354	\$82,359	\$29,005	54%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$52,758,487	\$53,695,170	\$936,683	2%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	6,488	6,457	(31)	0%
2	MEDICARE MANAGED CARE	904	953	49	5%
3	MEDICAID	11,040	11,201	161	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	55	54	(1)	-2%
6	COMMERCIAL INSURANCE	1,948	2,323	375	19%
7	NON-GOVERNMENT MANAGED CARE	13,810	13,152	(658)	-5%
8	WORKER'S COMPENSATION	856	814	(42)	-5%
9	SELF- PAY/UNINSURED	4,559	3,973	(586)	-13%
10	SAGA	0	0	0	0%
11	OTHER	178	164	(14)	-8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	39,838	39,091	(747)	-2%

FISCAL YEAR 2014

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
	DESCRIPTION	FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	<u>DIFFERENCE</u>	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$46,255,451	\$45,733,017	(\$522,434)	-1%
2	Physician Salaries	\$11,928,508	\$11,986,450	\$57,942	0%
3	Non-Nursing, Non-Physician Salaries	\$80,198,641	\$75,302,594	(\$4,896,047)	-6%
	Total Salaries & Wages	\$138,382,600	\$133,022,061	(\$5,360,539)	-4%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$15,513,984	\$9,992,314	(\$5,521,670)	-36%
2	Physician Fringe Benefits	\$3,620,814	\$2,283,503	(\$1,337,311)	-37%
3	Non-Nursing, Non-Physician Fringe Benefits	\$32,551,822	\$21,288,563	(\$11,263,259)	-35%
	Total Fringe Benefits	\$51,686,620	\$33,564,380	(\$18,122,240)	-35%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$480,087	\$190,940	(\$289,147)	-60%
2	Physician Fees	\$7,455,185	\$7,662,386	\$207,201	3%
3	Non-Nursing, Non-Physician Fees	\$7,086,120	\$5,440,237	(\$1,645,883)	-23%
	Total Contractual Labor Fees	\$15,021,392	\$13,293,563	(\$1,727,829)	-12%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$23,207,797	\$22,000,804	(\$1,206,993)	-5%
2	Pharmaceutical Costs	\$7,534,002	\$9,140,729	\$1,606,727	21%
	Total Medical Supplies and Pharmaceutical Cost	\$30,741,799	\$31,141,533	\$399,734	1%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$6,372,888	\$8,325,635	\$1,952,747	31%
2	Depreciation-Equipment	\$12,262,588	\$10,113,544	(\$2,149,044)	-18%
3	Amortization	\$0	\$198,627	\$198,627	0%
	Total Depreciation and Amortization	\$18,635,476	\$18,637,806	\$2,330	0%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$2,529,391	\$2,456,725	(\$72,666)	-3%
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$5,816,594	\$3,436,127	(\$2,380,467)	-41%
	Utilities:				
<u>I.</u> 1	Water	\$197,105	\$183,266	(\$13,839)	-7%
2	Natural Gas	\$2,228,902	\$2,550,842	\$321,940	149
3	Oil	\$2,228,902	\$2,550,642	(\$17,234)	-79
4	Electricity	\$1,321,904	\$1,780,756	\$458,852	35%
5	Telephone	\$693,971	\$600,366	(\$93,605)	-13%
6	Other Utilities	\$0	\$0	\$0	09
	Total Utilities	\$4,680,752	\$5,336,866	\$656,114	14%
	Rusiness Evnenses		,		
J .	Business Expenses: Accounting Fees	\$251,958	\$206,306	(\$45,652)	-18%
2	Legal Fees	\$1,900,681	\$1,806,649	(\$45,652)	-189 -59
3	Consulting Fees	\$1,900,681	\$1,806,649	(\$1,783,114)	-5% -37%
4	Dues and Membership	\$784,507	\$838,055	\$53,548	-377 7%
5	Equipment Leases	\$784,307	\$819,565	\$95,514	13%
6	Building Leases	\$7,207,526	\$7,653,967	\$446,441	6%
7	Repairs and Maintenance	\$11,189,374	\$14,500,368	\$3,310,994	30%
8	Insurance	\$666,132	\$680,907	\$14,775	2%
9	Travel	\$379,432	\$420,469	\$41,037	119
J	Conferences	\$30,828	\$27,197	(\$3,631)	-129

FISCAL YEAR 2014

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
INE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
11	Property Tax	\$594,192	\$776,442	\$182.250	31%
12	General Supplies	\$643,660	\$594,030	(\$49,630)	-8%
13	Licenses and Subscriptions	\$224,341	\$208,017	(\$16,324)	-7%
14	Postage and Shipping	\$225,997	\$272,360	\$46,363	21%
15	Advertising	\$1,525,928	\$1,494,445	(\$31,483)	-29
16	Corporate parent/system fees	\$0	\$62,958	\$62,958	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$500,396	\$2,608	(\$497,788)	-99%
19	Dietary / Food Services	\$184,417	\$140,072	(\$44,345)	-24%
20	Lab Fees / Red Cross charges	\$0	\$1,123,452	\$1,123,452	0%
21	Billing & Collection / Bank Fees	\$1,645,686	\$1,345,559	(\$300,127)	-189
22	Recruiting / Employee Education & Recognition	\$101,834	\$1,911,354	\$1,809,520	1777%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$3,989,343	\$6,499,557	\$2,510,214	63%
25	Waste disposal	\$66,096	\$119,006	\$52,910	80%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$15,701,283	\$15,701,283	0%
28	Other Business Expenses	\$33,840,447	\$9,940,980	(\$23,899,467)	-719
	Total Business Expenses	\$71,486,501	\$70,172,167	(\$1,314,334)	-2%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Constitution Francisco All Francisco Colonials	*****************************	\$044 004 000	(\$07.040.007)	
	Total Operating Expenses - All Expense Categories*	\$338,981,125	\$311,061,228	(\$27,919,897)	-8%
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$94,249,511	\$65,598,155	(\$28,651,356)	-30%
2	General Accounting	\$3,391,623	\$3,156,827	(\$234,796)	-7%
3	Patient Billing & Collection	\$4,923,487	\$4,169,503	(\$753,984)	-15%
4	Admitting / Registration Office	\$1,945,928	\$2,251,991	\$306,063	16%
5	Data Processing	\$12,630,144	\$12,981,176	\$351,032	3%
6	Communications	\$170,333	\$183,380	\$13,047	8%
7	Personnel	\$5,038,613	\$4,190,034	(\$848,579)	-179
8	Public Relations	\$3,479,778	\$3,262,440	(\$217,338)	-6%
9	Purchasing	\$1,428,342 \$5,922,668	\$1,596,817	\$168,475	129
10	Dietary and Cafeteria Housekeeping	Ψ0,022,000	\$5,707,067	(\$215,601)	-49
11	Laundry & Linen	\$4,221,783	\$4,343,643 \$1,313,602	\$121,860 \$22,756	3% 3%
12 13	Operation of Plant	\$1,280,846 \$3,894,299	' ' '	\$32,756 \$629,827	16%
14	Security	\$1,391,854	\$4,524,126	(\$74,732)	-5%
15	Repairs and Maintenance	\$4,848,204	\$1,317,122 \$4,712,064	(\$136,140)	-39
16	Central Sterile Supply	\$1,881,142	\$1,583,350	(\$297,792)	-16%
17	Pharmacy Department	\$11,316,918	\$12,729,037	\$1,412,119	129
18	Other General Services	\$12,033,949	\$14,174,011	\$2,140,062	189
10	Total General Services	\$174,049,422	\$147,794,345	(\$26,255,077)	-15%
B. 1	Professional Services:	\$2.00F 704	¢0.400.554	(0447450)	440
<u>1</u>	Medical Care Administration	\$3,905,701	\$3,488,551 \$5,121,514	(\$417,150) \$281,287	-11% 69
	Residency Program	\$4,840,127		\$281,387	6%
3 4	Nursing Services Administration Medical Records	\$4,566,498	\$4,796,462	\$229,964	5%
	Social Service	\$2,905,119 \$2,502,103	\$3,003,950 \$1,972,702	\$98,831 (\$529,401)	39 -219
5 6	Other Professional Services	\$2,502,103 \$936,430	\$1,972,702 \$773,028	(\$529,401)	
0	Total Professional Services	\$936,430 \$19,655,978	\$773,028 \$19,156,207	(\$163,402) (\$499,771)	-17% -3%
	TOTAL FIOLESSIONAL SELVICES	\$18,000,978	⊅19,100,∠U /	(\$499,771)	-3%
C.	Special Services:				

FISCAL YEAR 2014

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
1	Operating Room	\$10,804,653	\$10,393,211	(\$411,442)	-4%
2	Recovery Room	\$2,204,677	\$1,911,991	(\$292,686)	-13%
3	Anesthesiology	\$1,058,315	\$994,025	(\$64,290)	-6%
4	Delivery Room	\$3,752,523	\$3,514,997	(\$237,526)	-6%
5	Diagnostic Radiology	\$15,950,008	\$15,596,373	(\$353,635)	-2%
6	Diagnostic Ultrasound	\$1,019,469	\$967,526	(\$51,943)	-5%
7	Radiation Therapy	\$1,474,440	\$2,251,210	\$776,770	53%
8	Radioisotopes	\$941,782	\$1,063,458	\$121,676	13%
9	CT Scan	\$1,359,926	\$1,264,679	(\$95,247)	-7%
10	Laboratory	\$13,732,134	\$12,203,649	(\$1,528,485)	-11%
11	Blood Storing/Processing	\$0	\$1,300,056	\$1,300,056	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,390,547	\$1,346,787	(\$43,760)	-3%
14	Electroencephalography	\$353,600	\$361,228	\$7,628	2%
15	Occupational Therapy	\$0	\$0	\$0	0%
16 17	Speech Pathology Audiology	\$0 \$248,432	\$199,384 \$310,500	\$199,384 \$62,068	0%
18	Respiratory Therapy	\$248,432	\$310,500 \$1,977,968	(\$94,367)	<u>25%</u> -5%
19	Pulmonary Function	\$931,626	\$456,774	(\$474,852)	-57% -51%
20	Intravenous Therapy	\$998,380	\$938,610	(\$59,770)	-51% -6%
21	Shock Therapy	\$0	\$930,010	\$0	0%
22	Psychiatry / Psychology Services	\$3,771,267	\$3,500,126	(\$271,141)	-7%
23	Renal Dialysis	\$697,455	\$648,073	(\$49,382)	-7%
24	Emergency Room	\$14,166,852	\$15,258,278	\$1.091.426	8%
25	MRI	\$1,292,110	\$1,116,663	(\$175,447)	-14%
26	PET Scan	\$367,698	\$360,522	(\$7,176)	-2%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,141,834	\$3,259,290	\$117,456	4%
29	Sleep Center	\$1,410,653	\$1,289,764	(\$120,889)	-9%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,645,047	\$5,227,215	(\$417,832)	-7%
32	Occupational Therapy / Physical Therapy	\$5,133,075	\$5,069,515	(\$63,560)	-1%
33	Dental Clinic	\$334,647	\$324,615	(\$10,032)	-3%
34	Other Special Services	\$13,688,782	\$13,544,964	(\$143,818)	-1%
	Total Special Services	\$107,942,267	\$106,651,451	(\$1,290,816)	-1%
D.	Routine Services:				
1	Medical & Surgical Units	\$15,185,736	\$15,262,839	\$77,103	1%
2	Intensive Care Unit	\$4,619,857	\$4,168,431	(\$451,426)	-10%
3	Coronary Care Unit	\$4,887,068	\$5,431,471	\$544,403	11%
4	Psychiatric Unit	\$2,200,357	\$2,162,379	(\$37,978)	-2%
5	Pediatric Unit	\$1,493,974	\$1,559,551	\$65,577	4%
6	Maternity Unit	\$3,493,950	\$3,517,004	\$23,054	1%
7	Newborn Nursery Unit	\$123,572	\$124,897	\$1,325	1%
8	Neonatal ICU	\$1,875,805	\$1,673,746	(\$202,059)	-11%
9	Rehabilitation Unit	\$1,149,348	\$1,127,278	(\$22,070)	-2%
10	Ambulatory Surgery	\$1,833,240	\$1,932,778	\$99,538	5%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$470,551	\$498,851	\$28,300	6%
13	Other Routine Services	\$0	\$0 \$27,450,335	\$0 \$425.767	0%
	Total Routine Services	\$37,333,458	\$37,459,225	\$125,767	0%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses All Description	\$220 004 405	\$244 DC4 DDC	(\$27.040.00 7)	907
	Total Operating Expenses - All Departments*	\$338,981,125	\$311,061,228	(\$27,919,897)	-8%
	*A E. The total operating expenses amount above	must agree with the to	otal operating exp	enses amount on F	Report 150.
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		RWALK 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.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$363,267,877	\$334,131,914	\$324,018,792				
2	Other Operating Revenue	20,310,592	16,843,048	15,796,662				
3	Total Operating Revenue	\$383,578,469	\$350,974,962	\$339,815,454				
4	Total Operating Expenses	361,951,445	338,981,125	311,061,228				
5	Income/(Loss) From Operations	\$21,627,024	\$11,993,837	\$28,754,226				
6	Total Non-Operating Revenue	7,929,614	9,816,666	8,793,292				
7	Excess/(Deficiency) of Revenue Over Expenses	\$29,556,638	\$21,810,503	\$37,547,518				
В.	Profitability Summary							
1	Hospital Operating Margin	5.52%	3.32%	8.25%				
2	Hospital Non Operating Margin	2.03%	2.72%	2.52%				
3	Hospital Total Margin	7.55%	6.05%	10.77%				
4	Income/(Loss) From Operations	\$21,627,024	\$11,993,837	\$28,754,226				
5	Total Operating Revenue	\$383,578,469	\$350,974,962	\$339,815,454				
6	Total Non-Operating Revenue	\$7,929,614	\$9,816,666	\$8,793,292				
7	Total Revenue	\$391,508,083	\$360,791,628	\$348,608,746				
8	Excess/(Deficiency) of Revenue Over Expenses	\$29,556,638	\$21,810,503	\$37,547,518				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	\$123,000,420	\$207,578,029	\$265,968,153				
2	Hospital Total Net Assets	\$166,692,992	\$247,213,116	\$313,160,208				
3	Hospital Change in Total Net Assets	\$30,996,191	\$80,520,124	\$65,947,092				
4	Hospital Change in Total Net Assets %	122.8%	48.3%	26.7%				

	NORWALK HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2012	FY 2013	FY 2014				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.39	0.36	0.34				
2	Total Operating Expenses	\$361,951,445	\$338,981,125	\$311,061,228				
3	Total Gross Revenue	\$908,958,362	\$913,394,783	\$900,265,499				
4	Total Other Operating Revenue	\$20,310,592	\$16,843,048	\$15,792,359				
5	Private Payment to Cost Ratio	1.40	1.56	1.67				
6	Total Non-Government Payments	\$201,449,788	\$201,982,906	\$194,645,274				
7	Total Uninsured Payments	\$2,287,281	\$2,853,510	\$2,737,112				
8	Total Non-Government Charges	\$399,177,825	\$384,784,752	\$374,660,379				
9	Total Uninsured Charges	\$35,187,599	\$35,146,642	\$35,576,664				
10	Medicare Payment to Cost Ratio	0.67	0.72	0.76				
11	Total Medicare Payments	\$97,674,768	\$100,509,240	\$96,022,685				
12	Total Medicare Charges	\$373,790,310	\$382,688,495	\$374,357,144				
13	Medicaid Payment to Cost Ratio	0.69	0.63	0.74				
14	Total Medicaid Payments	\$35,580,788	\$33,024,913	\$37,410,847				
15	Total Medicaid Charges	\$133,327,291	\$143,883,340	\$148,965,857				
16	Uncompensated Care Cost	\$16,148,519	\$13,157,867	\$14,043,914				
17	Charity Care	\$17,929,000	\$18,272,000	\$16,801,601				
18	Bad Debts	\$23,530,477	\$17,836,044	\$24,556,938				
19	Total Uncompensated Care	\$41,459,477	\$36,108,044	\$41,358,539				
20	Uncompensated Care % of Total Expenses	4.5%	3.9%	4.5%				

	NORWALK HOSPITAL								
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2014								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2012	FY 2013	FY 2014					
21	Total Operating Expenses	\$361,951,445	\$338,981,125	\$311,061,228					
E.	Liquidity Measures Summary								
1	Current Ratio	2	2	1					
2	Total Current Assets	\$130,253,153	\$117,477,179	\$129,669,077					
3	Total Current Liabilities	\$59,029,167	\$62,423,677	\$95,500,697					
4	Days Cash on Hand	95	94	104					
5	Cash and Cash Equivalents	\$79,838,027	\$73,750,817	\$74,550,518					
6	Short Term Investments	8,710,885	8,738,868	8,764,926					
7	Total Cash and Short Term Investments	\$88,548,912	\$82,489,685	\$83,315,444					
8	Total Operating Expenses	\$361,951,445	\$338,981,125	\$311,061,228					
9	Depreciation Expense	\$20,380,372	\$18,635,476	\$18,637,806					
10	Operating Expenses less Depreciation Expense	\$341,571,073	\$320,345,649	\$292,423,422					
11	Days Revenue in Patient Accounts Receivable	28	24	5					
12	Net Patient Accounts Receivable	\$30,103,755	\$26,795,462	\$40,426,872					
13	Due From Third Party Payers	\$2,368,715	\$0	\$0					
14	Due To Third Party Payers	\$4,906,972	\$4,893,626	\$36,052,621					
	Total Net Patient Accounts Receivable and Third Party Payer	A 07 505 400	A 04.004.000	A . 07.105.1					
15 16	Activity Total Net Patient Revenue	\$27,565,498 \$363,267,877	\$21,901,836 \$334,131,914	\$4,374,251 \$324,018,792					
17	Average Payment Period	63	71	119					
18	Total Current Liabilities	\$59,029,167	\$62,423,677	\$95,500,697					
19	Total Operating Expenses	\$361,951,445	\$338,981,125	\$311,061,228					
20	Depreciation Expense	\$20,380,372	\$18,635,476	\$18,637,806					

	NORWALK	HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2012	FY 2013	FY 2014					
21	Total Operating Expenses less Depreciation Expense	\$341,571,073	\$320,345,649	\$292,423,422					
F.	Solvency Measures Summary								
1	Equity Financing Ratio	38.0	45.7	51.4					
2	Total Net Assets	\$166,692,992	\$247,213,116	\$313,160,208					
3	Total Assets	\$438,956,075	\$540,691,043	\$609,496,496					
4	Cash Flow to Total Debt Ratio	44.7	21.9	26.1					
5	Excess/(Deficiency) of Revenues Over Expenses	\$29,556,638	\$21,810,503	\$37,547,518					
6	Depreciation Expense	\$20,380,372	\$18,635,476	\$18,637,806					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$49,937,010	\$40,445,979	\$56,185,324					
8	Total Current Liabilities	\$59,029,167	\$62,423,677	\$95,500,697					
9	Total Long Term Debt	\$52,744,956	\$122,361,397	\$120,004,287					
10	Total Current Liabilities and Total Long Term Debt	\$111,774,123	\$184,785,074	\$215,504,984					
11	Long Term Debt to Capitalization Ratio	24.0	33.1	27.7					
12	Total Long Term Debt	\$52,744,956	\$122,361,397	\$120,004,287					
13	Total Net Assets	\$166,692,992	\$247,213,116	\$313,160,208					
14	Total Long Term Debt and Total Net Assets	\$219,437,948	\$369,574,513	\$433,164,495					
15	Debt Service Coverage Ratio	7.6	2.8	8.4					
16	Excess Revenues over Expenses	29,556,638	\$21,810,503	\$37,547,518					
17	Interest Expense	2,025,836	\$2,529,391	\$2,456,725					
18	Depreciation and Amortization Expense	20,380,372	\$18,635,476	\$18,637,806					
19	Principal Payments	4,834,597	\$12,900,862	\$4,508,589					
G.	Other Financial Ratios								

20 Ave 21 Acc 22 Dep H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava		S ACTUAL FILING YEAR 2014 AND STATISTICAL DA	ATA ANALYSIS	
LINE DES	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL DA	ATA ANALYSIS	
LINE DES	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL DA	ATA ANALYSIS	
LINE DES			ATA ANAL TOIG	
LINE DES	(2)	(3)		
20 Ave 21 Acc 22 Dep H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava		(3)	(4)	(5)
20 Ave 21 Acc 22 Dep H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava		ACTUAL	ACTUAL	ACTUAL
21 Acc 22 Dep H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava	ESCRIPTION	FY 2012	FY 2013	FY 2014
21 Acc 22 Dep H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava	verage Age of Plant	14.4	16.7	17.7
22 Dep H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava	cumulated Depreciation	292,559,901	310,387,551	328,979,797
H. Util 1 Pat 2 Dis 3 ALC 4 Sta 5 Ava				
1 Pat 2 Dis 3 ALC 4 Sta 5 Ava	epreciation and Amortization Expense	20,380,372	18,635,476	18,637,806
2 Dis 3 ALC 4 Sta 5 Ava	ilization Measures Summary			
2 Dis 3 ALC 4 Sta 5 Ava	itient Days	67,341	59,611	59,071
3 ALC 4 Sta 5 Ava	scharges	15,003	13,045	13,110
4 Sta 5 Ava		4.5	4.6	4.5
5 Ava	affed Beds	193	168	192
		193		
6 Lice	ailable Beds	-	334	333
	censed Beds	320	366	366
7 Occ	ccupancy of Staffed Beds	95.6%	97.2%	84.3%
8 Occ	ccupancy of Available Beds	57.7%	48.9%	48.6%
9 Full	Il Time Equivalent Employees	1,698.8	1,685.4	1,651.0
I. Hos	ospital Gross Revenue Payer Mix Percentage			
	on-Government Gross Revenue Payer Mix Percentage	40.0%	38.3%	37.7%
	edicare Gross Revenue Payer Mix Percentage	41.1%	41.9%	41.6%
	edicaid Gross Revenue Payer Mix Percentage	14.7%	15.8%	16.5%
	her Medical Assistance Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.2%
	ninsured Gross Revenue Payer Mix Percentage	3.9%	3.8%	4.0%
	HAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
	tal Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8 Nor	on-Government Gross Revenue (Charges)	\$363,990,226	\$349,638,110	\$339,083,715
	edicare Gross Revenue (Charges)	\$373,790,310	\$382,688,495	\$374,357,144
	edicaid Gross Revenue (Charges)	\$133,327,291	\$143,883,340	\$148,965,857
	her Medical Assistance Gross Revenue (Charges)	\$1,749,102	\$1,235,371	\$1,503,318
	ninsured Gross Revenue (Charges)	\$35,187,599	\$35,146,642	\$35,576,664
	HAMPUS / TRICARE Gross Revenue (Charges)	\$913,834	\$802,825	\$778,801
	tal Gross Revenue (Charges)	\$908,958,362	\$913,394,783	\$900,265,499
J. Hos				
	senital Net Revenue Paver Mix Percentage			
2 Med	on-Government Net Revenue Payer Mix Percentage	59.4%	59.3%	58.4%

	NORWALK	HOSPITAL						
	TWELVE MONTH	S ACTUAL FILING						
	FISCAL YEAR 2014 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
	REPORT 105 - HOSPITAL FINANCIAL	AND STATISTICAL D	ATA ANALTSIS					
(1)	(2)	(3)	(4)	(5)				
	·	ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014				
3	Medicaid Net Revenue Payer Mix Percentage	10.6%	9.8%	11.4%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.2%	0.0%	0.1%				
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	0.8%	0.8%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
	,							
8	Non-Government Net Revenue (Payments)	\$199,162,507	\$199,129,396	\$191,908,162				
9	Medicare Net Revenue (Payments)	\$97,674,768	\$100,509,240	\$96,022,685				
10	Medicaid Net Revenue (Payments)	\$35,580,788	\$33,024,913	\$37,410,847				
11	Other Medical Assistance Net Revenue (Payments)	\$660,794	\$156,233	\$257,459				
12	Uninsured Net Revenue (Payments)	\$2,287,281	\$2,853,510	\$2,737,112				
13	CHAMPUS / TRICARE Net Revenue Payments)	\$164,929	\$222,747	\$170,608				
14	Total Net Revenue (Payments)	\$335,531,067	\$335,896,039	\$328,506,873				
K.	<u>Discharges</u>							
1	Non-Government (Including Self Pay / Uninsured)	5,799	4,907	4,782				
2	Medicare	6,147	5,319	5,620				
3	Medical Assistance	3,042	2,803	2,698				
4	Medicaid	3,002	2,782	2,675				
5	Other Medical Assistance	40	21	23				
6	CHAMPUS / TRICARE	15	16	10				
7	Uninsured (Included In Non-Government)	267	193	231				
8	Total	15,003	13,045	13,110				
L.	<u>Case Mix Index</u>							
1	Non-Government (Including Self Pay / Uninsured)	1.00310	1.07500	1.06088				
2	Medicare	1.34560	1.44060	1.43390				
3	Medical Assistance	0.93920	0.95943	0.95825				
4	Medicaid	0.93800	0.95902	0.95816				
5	Other Medical Assistance	1.02920	1.01380	0.96880				
6	CHAMPUS / TRICARE	0.84590	1.52850	1.39163				
7	Uninsured (Included In Non-Government)	0.96430	1.06510	1.11775				
8	Total Case Mix Index	1.13031	1.19979	1.19992				
M.	Emergency Department Visits							
1	Emergency Room - Treated and Admitted	9,699	8,469	8,767				
2	Emergency Room - Treated and Discharged	39,550	39,838	39,091				
3	Total Emergency Room Visits	49,249	48,307	47,858				

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
•		FY 2013	FY 2014	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
_					
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$835,349	\$696,051	(\$139,298)	-17%
2	Inpatient Payments	\$217,812	\$159,219	(\$58,593)	-27%
3	Outpatient Charges	\$524,571	\$269,958	(\$254,613)	-49%
4	Outpatient Payments	\$100,573	\$57,443	(\$43,130)	-43%
5	Discharges	23	22	(1)	-4%
6	Patient Days	101	81	(20)	-20%
7	Outpatient Visits (Excludes ED Visits)	195	115	(80)	-41%
8	Emergency Department Outpatient Visits	46	21	(25)	-54%
9	Emergency Department Inpatient Admissions	22	21	(1)	-5%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,359,920	\$966,009	(\$393,911)	-29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$318,385	\$216,662	(\$101,723)	-32%
В.	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	\$4,488,965	\$6,312,384	\$1,823,419	41%
2	Inpatient Payments	\$1,163,089	\$1,575,029	\$411,940	35%
3	Outpatient Charges	\$3,223,188	\$3,779,979	\$556,791	17%
4	Outpatient Payments	\$667,344	\$800,665	\$133,321	20%
5	Discharges	105	130	25	24%
6	Patient Days	576	835	259	45%
7	Outpatient Visits (Excludes ED Visits)	1,421	1,876	455	32%
8	Emergency Department Outpatient Visits	125	155	30	24%
9	Emergency Department Inpatient Admissions	94	107	13	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,712,153	\$10,092,363	\$2,380,210	31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,830,433	\$2,375,694	\$545,261	30%

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$10,023	\$10,023	0%
4	Outpatient Payments	\$0	\$2,336	\$2,336	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	8	8	0%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$10,023	\$10,023	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,336	\$2,336	0%
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$1,678,232	\$1,621,471	(\$56,761)	-3%
2	Inpatient Payments	\$396,694	\$359,815	(\$36,879)	-9%
3	Outpatient Charges	\$1,045,204	\$504,875	(\$540,329)	-52%
4	Outpatient Payments	\$196,779	\$96,782	(\$99,997)	-51%
5	Discharges	37	20	(17)	-46%
6	Patient Days	223	179	(44)	-20%
7	Outpatient Visits (Excludes ED Visits)	463	261	(202)	-44%
8	Emergency Department Outpatient Visits	94	46	(48)	-51%
9	Emergency Department Inpatient Admissions	23	19	(4)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,723,436	\$2,126,346	(\$597,090)	-22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$593,473	\$456,597	(\$136,876)	-23%
	OVEODD HEALTH DLANG INC. MEDICADE ADVANTAGE				
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE			Φ0	20/
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$2,698	\$2,698	0%
4	Outpatient Payments	\$0	\$445	\$445	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	3	3	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,698	\$2,698	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$445	\$445	0%

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
	,	FY 2013	FY 2014	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$19,425,260	\$15,645,451	(\$3,779,809)	-19%
2	Inpatient Payments	\$5,269,035	\$3,938,791	(\$1,330,244)	-25%
3	Outpatient Charges	\$10,101,925	\$7,936,122	(\$2,165,803)	-21%
4	Outpatient Payments	\$2,067,819	\$1,696,042	(\$371,777)	-18%
5	Discharges	389	335	(54)	-14%
6	Patient Days	2,421	1,968	(453)	-19%
7	Outpatient Visits (Excludes ED Visits)	4,482	3,368	(1,114)	-25%
8	Emergency Department Outpatient Visits	483	445	(38)	-8%
9	Emergency Department Inpatient Admissions	336	301	(35)	-10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$29,527,185	\$23,581,573	(\$5,945,612)	-20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,336,854	\$5,634,833	(\$1,702,021)	-23%
Н.	WELLCARE OF CONNECTICUT				
<u>п.</u> 1	Inpatient Charges	\$335,454	\$1,809,636	\$1,474,182	439%
•	Inpatient Charges Inpatient Payments	\$101,361	\$437,554	\$336,193	332%
3	Outpatient Charges	\$644,487	\$996,356	\$351,869	
<u>3</u>	Outpatient Charges Outpatient Payments	\$132,721	\$209,086	\$76,365	58%
	Discharges	16	φ209,086 51	35	219%
6	Patient Days	37	242	205	554%
7	Outpatient Visits (Excludes ED Visits)	186	409	203	120%
8	Emergency Department Outpatient Visits	71	91	20	28%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	15	49	34	227%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$979,941	\$2,805,992	\$1,826,051	186%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$234,082	\$646,640	\$412,558	176%
	TOTAL INI ATILINI A GOTT ATILINI TATIILLINI	Ψ204,002	ψ0+0,0+0	Ψ-12,000	17070
I.	AETNA				
1	Inpatient Charges	\$2,916,238	\$6,610,327	\$3,694,089	127%
2	Inpatient Payments	\$722,974	\$1,640,555	\$917,581	127%
3	Outpatient Charges	\$1,896,209	\$4,246,664	\$2,350,455	124%
4	Outpatient Payments	\$401,569	\$907,701	\$506,132	126%
5	Discharges	63	130	67	106%
6	Patient Days	346	758	412	119%
7	Outpatient Visits (Excludes ED Visits)	793	1,782	989	125%
8	Emergency Department Outpatient Visits	66	180	114	173%
9	Emergency Department Inpatient Admissions	52	119	67	129%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,812,447	\$10,856,991	\$6,044,544	126%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,124,543	\$2,548,256	\$1,423,713	127%

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA	A			
1	Inpatient Charges	\$56,122	\$624,637	\$568,515	1013%
2	Inpatient Payments	\$6,931	\$141,944	\$135,013	1948%
3	Outpatient Charges	\$134,892	\$79,232	(\$55,660)	-41%
4	Outpatient Payments	\$24,227	\$17,946	(\$6,281)	-26%
5	Discharges	1	12	11	1100%
6	Patient Days	9	82	73	811%
7	Outpatient Visits (Excludes ED Visits)	33	31	(2)	-6%
8	Emergency Department Outpatient Visits	15	13	(2)	-13%
9	Emergency Department Inpatient Admissions	11	11	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$191,014	\$703,869	\$512,855	268%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$31,158	\$159,890	\$128,732	413%
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%
<u>L.</u>	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%

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
N/I	LINIVED CAL AMEDICAN				
M.	UNIVERSAL AMERICAN Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0	0%
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%
NI NI	EVERCARE				
N .	Inpatient Charges	\$610,479	\$236,065	(\$374,414)	-61%
2	Inpatient Payments	\$131,934	\$46,137	(\$85,797)	-65%
3	Outpatient Charges	\$93,597	\$0	(\$93,597)	-100%
4	Outpatient Payments	\$36,485	\$0	(\$36,485)	-100%
5	Discharges	9	4	(5)	-56%
6	Patient Days	79	29	(50)	-63%
7	Outpatient Visits (Excludes ED Visits)	15	0	(15)	-100%
8	Emergency Department Outpatient Visits	4	0	(4)	-100%
9	Emergency Department Inpatient Admissions	9	4	(5)	-56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$704,076	\$236,065	(\$468,011)	-66%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$168,419	\$46,137	(\$122,282)	-73%
	TOTAL MEDICADE MANAGED CADE				
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$30,346,099	\$33,556,022	\$3,209,923	11%
	TOTAL INPATIENT PAYMENTS	\$8,009,830	\$8,299,044	\$289,214	4%
	TOTAL OUTPATIENT CHARGES	\$17,664,073	\$17,825,907	\$161,834	1%
	TOTAL OUTPATIENT PAYMENTS	\$3,627,517	\$3,788,446	\$160,929	4%
	TOTAL DISCHARGES	643	704	61	9%
	TOTAL PATIENT DAYS	3,792	4,174	382	10%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,588	7,853	265	3%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	904	953	49	5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	562	631	69	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$48,010,172	\$51,381,929	\$3,371,757	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,637,347	\$12,087,490	\$450,143	4%

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
	· ·	FY 2013	FY 2014	AMOUNT	` '
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
Α.	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%

REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
\.,	(-/	FY 2013	FY 2014	AMOUNT	(0)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient 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%
	FIRST CHOICE OF CONNECTICUT, PREFERRED				
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	« DIEEEDENGE
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Orlanges Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0 \$0	\$0	\$0 \$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
		Ψ	Ψ	Ψ	070
Н.	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%

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WESTERN CONNECTICUT HEALTH NETWORK, INC.

	WESTERN	CONNECTICUT HEAL	IH NETWORK, INC.		
	TV	VELVE MONTHS ACTU	JAL FILING		
		FISCAL YEAR 20)14		
	REPORT 300 - PARENT CORP	ORATION CONSOLIDA	ATED BALANCE SHE	ET INFORMATION	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
l.	<u>ASSETS</u>				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$82,407,195	\$144,314,483	\$61,907,288	75%
	Short Term Investments	\$33,656,759	\$14,004,464	(\$19,652,295)	-58%
	Accounts Receivable (Less: Allowance for	ψου,ουυ,του	Ψ14,004,404	(ψ10,002,200)	0070
3	Doubtful Accounts)	\$28,873,592	\$128,633,349	\$99,759,757	346%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$9,863,637	\$9,863,637	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,717,050	\$14,459,240	\$11,742,190	432%
8	Prepaid Expenses	\$1,589,839	\$30,762,442	\$29,172,603	1835%
9	Other Current Assets	\$6,865,383	\$16,375,353	\$9,509,970	139%
	Total Current Assets	\$156,109,818	\$358,412,968	\$202,303,150	130%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$59,708,986	\$15,765,862	(\$43,943,124)	-74%
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	\$327	\$117,033,285	\$117,032,958	35789895%
-	Total Noncurrent Assets Whose Use is	φοΣι	ψ117,000,200	Ψ117,002,000	007000070
	Limited:	\$59,709,313	\$132,799,147	\$73,089,834	122%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$158,419,428	\$433,150,793	\$274,731,365	173%
7	Other Noncurrent Assets	\$59,228,366	\$53,835,196	(\$5,393,170)	-9%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$440,926,532	\$1,318,420,986	\$877,494,454	199%
2	Less: Accumulated Depreciation	\$312,199,270	\$775,229,849	\$463,030,579	\$1
	Property, Plant and Equipment, Net	\$128,727,262	\$543,191,137	\$414,463,875	322%
3	Construction in Progress	\$34,252,962	\$108,748,595	\$74,495,633	217%
	Total Net Fixed Assets	\$162,980,224	\$651,939,732	\$488,959,508	300%
	Total Assets	\$596,447,149	\$1,630,137,836	\$1,033,690,687	173%

Total Liabilities and Net Assets

WESTERN 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) FY 2013 FY 2014 AMOUNT **DIFFERENCE** LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **LIABILITIES AND NET ASSETS** A. **Current Liabilities:** 1 Accounts Payable and Accrued Expenses \$31.050.734 \$78.566.464 \$47,515,730 153% Salaries, Wages and Payroll Taxes 166% 2 \$26,011,309 \$69,089,102 \$43,077,793 971% 3 Due To Third Party Payers \$5,008,734 \$53,635,921 \$48,627,187 \$0 4 Due To Affiliates \$0 0% \$0 \$3,265,000 \$11,964,141 266% Current Portion of Long Term Debt \$8,699,141 Current Portion of Notes Pavable -100% \$1.925.534 (\$1,925,534)Other Current Liabilities \$0 -100% \$1,101,735 (\$1,101,735)212% **Total Current Liabilities** \$68,363,046 \$213,255,628 \$144,892,582 В. Long Term Debt: Bonds Payable (Net of Current Portion) \$119,435,000 \$0 -100% (\$119,435,000)Notes Payable (Net of Current Portion) \$363,726,412 6401% \$5,595,298 \$358,131,114 **Total Long Term Debt** \$125,030,298 \$363,726,412 \$238,696,114 191% \$13,061,730 1198% 3 Accrued Pension Liability \$169,569,725 \$156,507,995 -12% Other Long Term Liabilities \$97,627,328 \$86,031,950 (\$11,595,378)163% **Total Long Term Liabilities** \$235,719,356 \$619,328,087 \$383,608,731 Interest in Net Assets of Affiliates or Joint 5 Ventures \$0 \$0 \$0 0% C. Net Assets: Unrestricted Net Assets or Equity \$239.539.585 \$661.351.254 \$421.811.669 176% Temporarily Restricted Net Assets \$43,370,310 \$49,574,235 114% \$92,944,545 Permanently Restricted Net Assets \$9,454,852 \$43,258,322 \$33,803,470 358% **Total Net Assets** \$292,364,747 \$797,554,121 \$505,189,374 173%

\$596,447,149

\$1,630,137,836

\$1,033,690,687

173%

WESTERN CONNECTICUT HEALTH NETWORK, INC. TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2014 REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION** (1) (2) (6)**AMOUNT** FY 2013 FY 2014 LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE** A. Operating Revenue: 1 Total Gross Patient Revenue \$979,538,787 \$2,462,700,883 \$1,483,162,096 151% Less: Allowances \$577,711,522 \$1,433,142,811 \$855,431,289 148% \$9,248,752 51% Less: Charity Care \$18,272,000 3 \$27,520,752 Less: Other Deductions 0% 4 \$0 \$0 \$0 **Total Net Patient Revenue** \$383,555,265 \$1,002,037,320 \$618,482,055 161% 5 Provision for Bad Debts \$18,754,828 \$40,667,790 \$21,912,962 117% Net Patient Service Revenue less provision for bad debts \$364,800,437 \$961,369,530 \$596,569,093 164% 61% 6 Other Operating Revenue \$15,543,696 \$25,099,816 \$9,556,120 Net Assets Released from Restrictions \$3,450,936 \$7,155,684 \$3,704,748 107% **Total Operating Revenue** \$383,795,069 \$993.625.030 \$609.829.961 159% В. Operating Expenses: 185% 1 Salaries and Wages \$164,801,605 \$469,826,938 \$305,025,333 Fringe Benefits \$56,875,510 \$104,721,012 \$47,845,502 84% 2 96% 3 Physicians Fees \$8,321,347 \$16,270,068 \$7,948,721 Supplies and Drugs \$39,003,388 \$218,534,365 \$179,530,977 460% 4 179% Depreciation and Amortization \$19,123,385 \$53,445,138 \$34,321,753 5 **Bad Debts** 0% 6 \$0 \$0 \$6.326.466 135% 7 Interest Expense \$2.695.815 \$3.630.651 187% 8 Malpractice Insurance Cost \$7,265,774 \$20,861,003 \$13,595,229 -1% Other Operating Expenses \$71,673,327 \$71,190,612 (\$482,715)**Total Operating Expenses** \$369,760,151 \$961,175,602 \$591,415,451 160% 131% Income/(Loss) From Operations \$14,034,918 \$32,449,428 \$18,414,510 C. Non-Operating Revenue: 1 Income from Investments \$2,307,725 \$5,772,965 \$3,465,240 150% Gifts, Contributions and Donations \$5,517,373 \$5,517,373 0% 2 \$0 Other Non-Operating Gains/(Losses) -124379% (\$246,698)\$306,593,216 \$306,839,914 **Total Non-Operating Revenue** \$2.061.027 \$317.883.554 \$315.822.527 15324% Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments) 2077% \$16,095,945 \$350.332.982 \$334.237.037 Other Adjustments: Unrealized Gains/(Losses) \$10,016,229 \$0 (\$10,016,229)-100%

(\$1,345,837)

\$8,670,392

\$24,766,337

(\$1,116,608)

(\$1,116,608)

\$349,216,374

\$229,229 (**\$9,787,000**)

\$324,450,037

-17%

-113%

1310%

All Other Adjustments

Total Other Adjustments

Excess/(Deficiency) of Revenue Over Expenses

WESTERN 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	
Α.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$388,662,545	\$364,800,437	\$961,369,530	
2	Other Operating Revenue	23,548,515	18,994,632	32,255,500	
3	Total Operating Revenue	\$412,211,060	\$383,795,069	\$993,625,030	
4	Total Operating Expenses	392,112,422	369,760,151	961,175,602	
5	Income/(Loss) From Operations	\$20,098,638	\$14,034,918	\$32,449,428	
6	Total Non-Operating Revenue	6,256,474	10,731,419	316,766,946	
7	Excess/(Deficiency) of Revenue Over Expenses	\$26,355,112	\$24,766,337	\$349,216,374	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	4.80%	3.56%	2.48%	
2	Parent Corporation Non-Operating Margin	1.50%	2.72%	24.17%	
3	Parent Corporation Total Margin	6.30%	6.28%	26.65%	
4	Income/(Loss) From Operations	\$20,098,638	\$14,034,918	\$32,449,428	
5	Total Operating Revenue	\$412,211,060	\$383,795,069	\$993,625,030	
6	Total Non-Operating Revenue	\$6,256,474	\$10,731,419	\$316,766,946	
7	Total Revenue	\$418,467,534	\$394,526,488	\$1,310,391,976	
8	Excess/(Deficiency) of Revenue Over Expenses	\$26,355,112	\$24,766,337	\$349,216,374	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$147,589,726	\$239,539,585	\$661,351,254	
2	Parent Corporation Total Net Assets	\$204,138,724	\$292,364,747	\$797,554,121	
3	Parent Corporation Change in Total Net Assets	\$34,219,027	\$88,226,023	\$505,189,374	
4	Parent Corporation Change in Total Net Assets %	120.1%	43.2%	172.8%	

WESTERN 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	
<u>LINE</u>	DESCRIPTION	FY 2012		FY 2013	FY 2014	
D.	Liquidity Measures Summary					
1	Current Ratio	2.93		2.28	1.0	
2	Total Current Assets	\$175,407,392	!	\$156,109,818	\$358,412,90	
3	Total Current Liabilities	\$59,867,889	1	\$68,363,046	\$213,255,62	
4	Days Cash on Hand	129		121		
5	Cash and Cash Equivalents	\$85,492,679		\$82,407,195	\$144,314,48	
6	Short Term Investments	\$45,487,085		\$33,656,759	\$14,004,46	
7	Total Cash and Short Term Investments	\$130,979,764		\$116,063,954	\$158,318,9	
8	Total Operating Expenses	\$392,112,422	!	\$369,760,151	\$961,175,60	
9	Depreciation Expense	\$20,774,884		\$19,123,385	\$53,445,13	
10	Operating Expenses less Depreciation Expense	\$371,337,538		\$350,636,766	\$907,730,46	
11	Days Revenue in Patient Accounts Receivable	28	8	24		
12	Net Patient Accounts Receivable	\$ 32,330,519	\$	28,873,592	\$ 128,633,34	
13	Due From Third Party Payers	\$2,368,715		\$0	(
14	Due To Third Party Payers	\$5,022,080		\$5,008,734	\$53,635,92	
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 29,677,154	\$	23,864,858	\$ 74,997,42	
16	Total Net Patient Revenue	\$388,662,545		\$364,800,437	\$961,369,5	
17	Average Payment Period	59	9	71		
18	Total Current Liabilities	\$59,867,889		\$68,363,046	\$213,255,62	
19	Total Operating Expenses	\$392,112,422	!	\$369,760,151	\$961,175,60	
20	Depreciation Expense	\$20,774,884	4	\$19,123,385	\$53,445,1	
20	Total Operating Expenses less Depreciation Expense	\$371,337,538		\$350,636,766	\$907,730,40	

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	WESTERN CONNECTICUT HE	ALTH NETWORK, INC.		
	TWELVE MONTHS AC	CTUAL FILING		
	FISCAL YEAR	R 2014		
	REPORT 385 - PARENT CORPORATION CONSC	OLIDATED FINANCIAL D	DATA ANALYSIS	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	DESCRIPTION	FY 2012	FY 2013	FY 2014
E.	Solvency Measures Summary			
1	Equity Financing Ratio	42.2	49.0	48.9
2	Total Net Assets	\$204,138,724	\$292,364,747	\$797,554,121
3	Total Assets	\$483,427,995	\$596,447,149	\$1,630,137,836
4	Cash Flow to Total Debt Ratio	40.6	22.7	69.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$26,355,112	\$24,766,337	\$349,216,374
6	Depreciation Expense	\$20,774,884	\$19,123,385	\$53,445,13
7	Excess of Revenues Over Expenses and Depreciation Expense	\$47,129,996	\$43,889,722	\$402,661,512
8	Total Current Liabilities	\$59,867,889	\$68,363,046	\$213,255,628
9	Total Long Term Debt	\$56,096,399	\$125,030,298	\$363,726,412
10	Total Current Liabilities and Total Long Term Debt	\$115,964,288	\$193,393,344	\$576,982,040
11	Long Term Debt to Capitalization Ratio	21.6	30.0	31.3
12	Total Long Term Debt	\$56,096,399	\$125,030,298	\$363,726,412
13	Total Net Assets	\$204,138,724	\$292,364,747	\$797,554,121

\$260,235,123

\$1,161,280,533

\$417,395,045

14 Total Long Term Debt and Total Net Assets

	NORWALK HOSPITAL							
					MONTHS ACTUA			
				F	ISCAL YEAR 201			
		REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DE					PARTMENT	
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6) OCCUPANCY	(7) OCCUPANCY
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION		CU/CCU # PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
LIIVL	DESCRIPTION	DATO	CO/CCO #1 ATILIN		DEDO (A)	<u>DLD3</u>	DLD3 (A)	<u>BLB5</u>
1	Adult Medical/Surgical	32,685	9,468	7,713	105	154	85.3%	58.1%
		44.070	4 745				0.1.10/	07.00
2	ICU/CCU (Excludes Neonatal ICU)	11,976	1,745	0	36	49	91.1%	67.0%
3	Psychiatric: Ages 0 to 17	3	1	1	1	1	0.8%	0.8%
4	Psychiatric: Ages 18+	2,880	353	350	9	19	87.7%	41.5%
	TOTAL PSYCHIATRIC	2,883	354	351	10	20	79.0%	39.5%
5	Rehabilitation	1,864	121	120	6	25	85.1%	20.4%
6	Maternity	4,021	1,341	1,347	14	32	78.7%	34.4%
7	Newborn	3,114	1,196	1,206	12	20	71.1%	42.7%
8	Neonatal ICU	1,477	148	0	5	16	80.9%	25.3%
0	Neoriatai ico	1,477	140	U	5	10	60.9%	25.3%
9	Pediatric	1,051	482	487	4	17	72.0%	16.9%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	55,957	11,914	10,018	180	313	85.2%	49.0%
	TOTAL INPATIENT BED UTILIZATION	59,071	13,110	11,224	192	333	84.3%	48.6%
	TOTAL INPATIENT REPORTED YEAR	59,071			192	333	84.3%	
	TOTAL INPATIENT PRIOR YEAR	59,611	13,045	11,065	168	334	97.2%	
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-540	65	159	24	-1	-12.9%	-0.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	0%	1%	14%	0%	-13%	-1%
	Total Licensed Beds and Bassinets	366						
(A) T	his number may not exceed the number of availa	ble beds for eac	h department or in t	total.				
Nota	e: Total discharges do not include ICU/CCU patien	ite						
14016	s. Total discharges do not include 100/000 patien	ito.						
			l.					l

	NORWALK 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)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE				
A.	CT Scans (A) Inpatient Scans	7,458	7,916	458	6%				
	Outpatient Scans (Excluding Emergency Department	7,430	7,910	430	070				
2	Scans)	11,858	13,272	1,414	12%				
	Emergency Department Scans	8,560	9,509	949	11%				
4	Other Non-Hospital Providers' Scans (A) Total CT Scans	0 27,876	30,697	0 2,821	0% 10%				
-	Total CT Scalls	21,010	30,097	2,021	10%				
В.	MRI Scans (A)								
1	Inpatient Scans	1,072	1,270	198	18%				
_	Outpatient Scans (Excluding Emergency Department Scans)	40.000	0.040	400	407				
3	Emergency Department Scans	10,362 197	9,940 171	-422 -26	-4% -13%				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%				
	Total MRI Scans	11,631	11,381	-250	-2%				
C.	PET Scans (A)								
	Inpatient Scans	0	0	0	0%				
	Outpatient Scans (Excluding Emergency Department	·			0,70				
2	Scans)	0	0	0	0%				
3	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	0	0	0	0% 0%				
	Total PET Scans	0	0	0	0%				
		-							
	PET/CT Scans (A)				1000/				
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	1	0	-1	-100%				
2	Scans)	480	536	56	12%				
	Emergency Department Scans	0	0	0	0%				
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0 481	0 536	0 55	0% 11%				
-	Total PET/CT Scalls	401	530	55	1176				
	(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.						
<u> </u>	Limany Appalayator Dragodyyaa								
	<u>Linear Accelerator Procedures</u> Inpatient Procedures	182	221	39	21%				
2	Outpatient Procedures	7,362	7,692		4%				
	Total Linear Accelerator Procedures	7,544	7,913	369	5%				
<u> </u>	Cardiac Catheterization Procedures								
F.	Inpatient Procedures	124	135	11	9%				
2	Outpatient Procedures	34	44	10	29%				
	Total Cardiac Catheterization Procedures	158	179	21	13%				
<u>_</u>	Cardina Angianlasty Procedures								
G .	<u>Cardiac Angioplasty Procedures</u> Primary Procedures	53	65	12	23%				
	Elective Procedures	0	0	0	0%				
	Total Cardiac Angioplasty Procedures	53	65	12	23%				
Н.	Electrophysiology Studies								
	Inpatient Studies	99	95	-4	-4%				
2	Outpatient Studies	212	221	9	4%				
	Total Electrophysiology Studies	311	316	5	2%				
l.	Surgical Procedures								
	Inpatient Surgical Procedures	2,792	2,821	29	1%				
2	Outpatient Surgical Procedures	7,972	7,856	-116	-1%				
	Total Surgical Procedures	10,764	10,677	-87	-1%				
J.	Endoscopy Procedures								
<u>J.</u>	Endoscopy i roccuules								

	N	ORWALK HOSPITAL			
	TWELVE	MONTHS ACTUAL FIL	.ING		
	1	FISCAL YEAR 2014			
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTHER	R SERVICES UTILIZ	ZATION AND FTEs	
(1)	(2)	(3)	(4)	(5)	(6)
(· /	(-/	(0)	(-)	(0)	(•)
		ACTUAL	ACTUAL	AMOUNT	%
IINF	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
	DESCRIPTION	112010	112014	DITTERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	584	652	68	129
2	Outpatient Endoscopy Procedures	6,638	6,439	-199	-39
	Total Endoscopy Procedures	7,222	7,091	-131	-20
		- ,===	1,001		<u>-</u>
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	8,469	8,767	298	49
2	Emergency Room Visits: Treated and Discharged	39,838	39,091	-747	-29
	Total Emergency Room Visits	48,307	47.858	-449	-19
	Total Emorgonoy Room Viole	10,001	,000	1.0	
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	09
2	Dental Clinic Visits	1,381	1,178	-203	-15
3	Psychiatric Clinic Visits	9.887	9,142	-745	-89
4	Medical Clinic Visits	0	0	0	00
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	09
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	09
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	09
8	Medical Clinic Visits - Other Medical Clinics	69	15	-54	-789
9	Specialty Clinic Visits	0	0	0	09
10	Specialty Clinic Visits - Cardiac Clinic	126	110	-16	-139
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	09
12	Specialty Clinic Visits - OB-GYN Clinic	657	558	-99	-159
13	Specialty Clinic Visits - Other Speciality Clinics	7,432	7,012	-420	-6°
	Total Hospital Clinic Visits	19,552	18,015	-1,537	-80
M.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	9,130	9,621	491	59
2	Cardiac Rehabilitation	487	437	-50	-10
3	Chemotherapy	457	468	11	20
4	Gastroenterology	7,419	7,115	-304	-49
5	Other Outpatient Visits	169,456	171,858	2,402	19
	Total Other Hospital Outpatient Visits	186,949	189,499	2,550	19
N	Hospital Full Time Equivalent Employees				
N	Hospital Full Time Equivalent Employees	450.4	444.0		A1
2	Total Nursing FTEs Total Physician FTEs	450.4	444.9 90.0	-5.5 -1.8	-19
	Total Physician FTEs Total Non-Nursing and Non-Physician FTEs	91.8 1,143.2		-1.8 -27.1	-29
3			1,116.1	-27.1 -34.4	-29
	Total Hospital Full Time Equivalent Employees	1,685.4	1,651.0	-34.4	-2%

OTTIC	L OI HEALIH CARE ACCESS	13 ACTUAL FILING			VORVVALK HOSFITAL
	NORWALK	HOSPITAL			
	TWELVE MONTH	S ACTUAL FILIN	IG		
	FISCAL Y	/EAR 2014			
RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EM	ERGENCY RO	OM SERVICES E	3Y LOCATION
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	<u>FY 2014</u>	DIFFERENCE	DIFFERENCE
Α.	Outpatient Surgical Procedures				
1	Norwalk Hospital	7,972	7,856	-116	-1%
•	Total Outpatient Surgical Procedures(A)	7,972	7,856	-116	
			·		
В.	Outpatient Endoscopy Procedures				
1	Norwalk Hospital	6,638	6,439	-199	-3%
	Total Outpatient Endoscopy Procedures(B)	6,638	6,439	-199	-3%
C.	Outpatient Hospital Emergency Room Visits				
1	Norwalk Hospital	39,838	39,091	-747	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	39,838	39,091	-747	-2%
	(A) Must agree with Total Outpatient Surgical Procedure	 es on Report 450	<u> </u>		
	(1) made agree with rotal outpations outground roots and	oo on Roport 400	.		
	(B) Must agree with Total Outpatient Endoscopy Proced	dures on Report	450.		
	(C) Must agree with Emergency Room Visits Treated an	d Discharged or	n Report 450.	,	

FISCAL YEAR 2014

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

	AND BASELINE UNDERPAYMENT DA	ATA: COMPARAT	IVE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
Α.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$243,146,941	\$242,363,699	(\$783,242)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$72,173,862	\$70,241,129	(\$1,932,733)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.68%	28.98%	-0.70%	-2%
4	DISCHARGES	5,319	5,620	301	6%
5	CASE MIX INDEX (CMI)	1.44060	1.43390	(0.00670)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,662.55140	8,058.51800	395.96660	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,419.04	\$8,716.38	(\$702.65)	-7%
8	PATIENT DAYS	31,377	31,213	(164)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,300.22	\$2,250.38	(\$49.83)	-2%
10	AVERAGE LENGTH OF STAY	5.9	5.6	(0.3)	-6%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,541,554	\$131,993,445	(\$7,548,109)	-5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,335,378	\$25,781,556	(\$2,553,822)	-9%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.31%	19.53%	-0.77%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	57.39%	54.46%	-2.93%	-5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,052.56370	3,060.70242	8.13872	0%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,282.49	\$8,423.41	(\$859.07)	-9%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$382,688,495	\$374,357,144	(\$8,331,351)	-2%
18	TOTAL ACCRUED PAYMENTS	\$100,509,240	\$96,022,685	(\$4,486,555)	-4%
19	TOTAL ALLOWANCES	\$282,179,255	\$278,334,459	(\$3,844,796)	-1%

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	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE		
B.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)						
	NON-GOVERNMENT INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$132,429,295	\$135,016,428	\$2,587,133	2%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$75,483,598	\$70,572,997	(\$4,910,601)	-7%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	57.00%	52.27%	-4.73%	-8%		
4	DISCHARGES	4,907	4,782	(125)	-3%		
5	CASE MIX INDEX (CMI)	1.07500	1.06088	(0.01412)	-1%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,275.02500	5,073.12816	(201.89684)	-4%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$14,309.62	\$13,911.14	(\$398.48)	-3%		
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,890.58)	(\$5,194.76)	(\$304.18)	6%		
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$25,797,938)	(\$26,353,669)	(\$555,732)	2%		
10	PATIENT DAYS	17,156	16,795	(361)	-2%		
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,399.84	\$4,202.02	(\$197.81)	-4%		
12	AVERAGE LENGTH OF STAY	3.5	3.5	0.0	0%		
	NON-GOVERNMENT OUTPATIENT						
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$252,355,457	\$239,643,951	(\$12,711,506)	-5%		
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$126,499,308	\$124,072,277	(\$2,427,031)	-2%		
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.13%	51.77%	1.65%	3%		
16	OUTPATIENT CHARGES / INPATIENT CHARGES	190.56%	177.49%	-13.07%	-7%		
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,350.71222	8,487.68843	(863.02379)	-9%		
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,528.31	\$14,617.91	\$1,089.60	8%		
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$4,245.82)	(\$6,194.50)	(\$1,948.68)	46%		
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$39,701,458)	(\$52,576,985)	(\$12,875,526)	32%		
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)						
21	TOTAL ACCRUED CHARGES	\$384,784,752	\$374,660,379	(\$10,124,373)	-3%		
22	TOTAL ACCRUED PAYMENTS	\$201,982,906	\$194,645,274	(\$7,337,632)	-4%		
23	TOTAL ALLOWANCES	\$182,801,846	\$180,015,105	(\$2,786,741)	-2%		
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$65,499,396)	(\$78,930,654)	(\$13,431,258)	21%		
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA						
	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$349,638,109	\$339,083,715	(\$10,554,394)	-3%		
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$199,129,397	\$191,908,163	(\$7,221,234)	-4%		
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)						
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$150,508,712	\$147,175,552	(\$3,333,160)	-2%		
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.05%	43.40%	0.36%			

FISCAL YEAR 2014

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE		
C.	UNINSURED						
	UNINSURED INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$5,189,210	\$7,178,824	\$1,989,614	38%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$458,039	\$477,473	\$19,434	4%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.83%	6.65%	-2.18%	-25%		
4	DISCHARGES	193	231	38	20%		
5	CASE MIX INDEX (CMI)	1.06510	1.11775	0.05265	5%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	205.56430	258.20025	52.63595	26%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,228.20	\$1,849.24	(\$378.97)	-17%		
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$12,081.42	\$12,061.90	(\$19.51)	0%		
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,190.83	\$6,867.15	(\$323.69)	-5%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,478,179	\$1,773,099	\$294,920	20%		
11	PATIENT DAYS	590	847	257	44%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$776.34	\$563.72	(\$212.61)	-27%		
13	AVERAGE LENGTH OF STAY	3.1	3.7	0.6	20%		
	UNINSURED OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,957,432	\$28,397,840	(\$1,559,592)	-5%		
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,395,471	\$2,259,639	(\$135,832)	-6%		
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	8.00%	7.96%	-0.04%	0%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	577.30%	395.58%	-181.72%	-31%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,114.19356	913.78491	(200.40865)	-18%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,149.96	\$2,472.83	\$322.88	15%		
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,378.35	\$12,145.08	\$766.73	7%		
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,132.53	\$5,950.58	(\$1,181.95)	-17%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,947,014	\$5,437,547	(\$2,509,467)	-32%		
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)						
23	TOTAL ACCRUED CHARGES	\$35,146,642	\$35,576,664	\$430,022	1%		
24	TOTAL ACCRUED PAYMENTS	\$2,853,510	\$2,737,112	(\$116,398)	-4%		
25	TOTAL ALLOWANCES	\$32,293,132	\$32,839,552	\$546,420	2%		
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,425,193	\$7,210,647	(\$2,214,547)	-23%		

FISCAL YEAR 2014

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	<u>DESCRIPTION</u>	FY 2013	<u>FY 2014</u>	DIFFERENCE	DIFFERENCE		
D.	STATE OF CONNECTICUT MEDICAID						
	MEDICAID INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$74,431,040	\$75,052,237	\$621,197	1%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,518,342	\$18,310,007	\$2,791,665	18%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.85%	24.40%	3.55%	17%		
4	DISCHARGES	2,782	2,675	(107)	-4%		
5	CASE MIX INDEX (CMI)	0.95902	0.95816	(0.00086)	0%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,667.99364	2,563.07800	(104.91564)	-4%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,816.48	\$7,143.76	\$1,327.27	23%		
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$8,493.14	\$6,767.38	(\$1,725.75)	-20%		
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,602.55	\$1,572.63	(\$2,029.93)	-56%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,611,591	\$4,030,762	(\$5,580,829)	-58%		
11	PATIENT DAYS	10,948	10,923	(25)	0%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,417.46	\$1,676.28	\$258.82	18%		
13	AVERAGE LENGTH OF STAY	3.9	4.1	0.1	4%		
	MEDICAID OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$69,452,300	\$73,913,620	\$4,461,320	6%		
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17.506.571	\$19,100,840	\$1,594,269	9%		
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.21%	25.84%	0.64%	3%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	93.31%	98.48%	5.17%	6%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,595.91024	2,634.41759	38.50736	1%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,743.90	\$7,250.50	\$506.59	8%		
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,784.40	\$7,367.41	\$583.01	9%		
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,538.58	\$1,172.91	(\$1,365.67)	-54%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,589,928	\$3,089,943	(\$3,499,984)	-53%		
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)						
23	TOTAL ACCRUED CHARGES	\$143,883,340	\$148,965,857	\$5,082,517	4%		
24	TOTAL ACCRUED PAYMENTS	\$33,024,913	\$37,410,847	\$4,385,934	13%		
25	TOTAL ALLOWANCES	\$110,858,427	\$111,555,010	\$696,583	1%		
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,201,519	\$7,120,706	(\$9,080,813)	-56%		

FISCAL YEAR 2014

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	<u>DIFFERENCE</u>		
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)						
	OTHER MEDICAL ASSISTANCE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$578,536	\$618,499	\$39,963	7%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$94,864	\$135,707	\$40,843	43%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.40%	21.94%	5.54%	34%		
4	DISCHARGES	21	23	2	10%		
5	CASE MIX INDEX (CMI)	1.01380	0.96880	(0.04500)	-4%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	21.28980	22.28240	0.99260	5%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,455.84	\$6,090.32	\$1,634.48	37%		
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$9,853.78	\$7,820.82	(\$2,032.96)	-21%		
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,963.20	\$2,626.06	(\$2,337.13)	-47%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$105,665	\$58,515	(\$47,151)	-45%		
11	PATIENT DAYS	79	89	10	13%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,200.81	\$1,524.80	\$323.99	27%		
13	AVERAGE LENGTH OF STAY	3.8	3.9	0.1	3%		
	OTHER MEDICAL ASSISTANCE OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$656,835	\$884,819	\$227,984	35%		
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,369	\$121,752	\$60,383	98%		
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.34%	13.76%	4.42%	47%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	113.53%	143.06%	29.53%	26%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	23.84214	32.90359	9.06145	38%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,573.97	\$3,700.27	\$1,126.29	44%		
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$10,954.34	\$10,917.65	(\$36.69)	0%		
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,708.51	\$4,723.15	(\$1,985.37)	-30%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$159,945	\$155,408	(\$4,537)	-3%		
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEN	NT)					
23	TOTAL ACCRUED CHARGES	\$1,235,371	\$1,503,318	\$267,947	22%		
24	TOTAL ACCRUED PAYMENTS	\$156,233	\$257,459	\$101,226	65%		
25	TOTAL ALLOWANCES	\$1,079,138	\$1,245,859	\$166,721	15%		
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$265,611	\$213,923	(\$51,687)	-19%		

NORWALK 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** F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES \$75,009,576 \$75,670,736 \$661,160 1% 2 \$2,832,508 18% INPATIENT ACCRUED PAYMENTS (IP PMT) \$15,613,206 \$18,445,714 3 INPATIENT PAYMENTS / INPATIENT CHARGES 20.81% 24.38% 3.56% 17% DISCHARGES -4% 2,803 2,698 (105)CASE MIX INDEX (CMI) 0% 0.95943 0.95825 (0.00118)CASE MIX ADJUSTED DISCHARGES (CMAD) -4% 6 2.689.28344 2.585.36040 (103.92304) 7 INPATIENT ACCRUED PAYMENT / CMAD \$5,805.71 \$7,134.68 \$1,328.97 23% 8 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD -20% \$8,503.91 \$6,776.46 (\$1,727.44)9 MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$3.613.33 \$1.581.70 (\$2,031.62)-56% INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$9,717,257 \$4,089,277 -58% 10 (\$5,627,979)PATIENT DAYS 0% 11 11,027 11,012 (15)INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,415.91 \$1,675.06 \$259.15 18% 12 AVERAGE LENGTH OF STAY 4% 13 3.9 4.1 0.1 TOTAL MEDICAL ASSISTANCE OUTPATIENT OUTPATIENT ACCRUED CHARGES (OP CHGS) \$70,109,135 \$74,798,439 \$4,689,304 7% 14 OUTPATIENT ACCRUED PAYMENTS (OP PMT) 9% 15 \$17,567,940 \$19,222,592 \$1,654,652 **OUTPATIENT PAYMENTS / OUTPATIENT CHARGES** 3% 16 25.06% 25 70% 0.64% **OUTPATIENT CHARGES / INPATIENT CHARGES** 93.47% 98.85% 5.38% 6% 17 2% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 2,619.75237 2,667.32118 47.56881 7% OUTPATIENT ACCRUED PAYMENTS / OPED \$6,705.95 \$7,206.70 \$500.75 19 9% 20 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$6,822.35 \$7,411.21 \$588.86 MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$2,576.53 \$1,216.71 (\$1,359.82) -53% OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$6,749,873 \$3,245,352 (\$3,504,521) -52% TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES \$150,469,175 \$5,350,464 4% 23 \$145,118,711

\$33,181,146

\$111,937,565

\$37,668,306

\$112,800,869

\$4,487,160

\$863,304

14%

1%

24

TOTAL ACCRUED PAYMENTS

TOTAL ALLOWANCES

FISCAL YEAR 2014

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	0/	
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL EV 2014	AMOUNT DIFFERENCE	%	
LINE	DESCRIPTION	F 1 2013	FY 2014	DIFFERENCE	DIFFERENCE	
G.	CHAMPUS / TRICARE					
<u> </u>	OTTAMIN GOT TRIGARE					
	CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$477,701	\$366,203	(\$111,498)	-23%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$166,560	\$108,891	(\$57,669)	-35%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.87%	29.74%	-5.13%	-15%	
4	DISCHARGES	16	10	(6)	-38%	
5	CASE MIX INDEX (CMI)	1.52850	1.39163	(0.13687)	-9%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24.45600	13.91630	(10.53970)	-43%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,810.60	\$7,824.71	\$1,014.11	15%	
8	PATIENT DAYS	51	51	0	0%	
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,265.88	\$2,135.12	(\$1,130.76)	-35%	
10	AVERAGE LENGTH OF STAY	3.2	5.1	1.9	60%	
	CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$325,124	\$412,598	\$87,474	27%	
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$56,187	\$61,717	\$5,530	10%	
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$802,825	\$778,801	(\$24,024)	-3%	
14	TOTAL ACCRUED PAYMENTS	\$222,747	\$170,608	(\$52,139)	-23%	
15	TOTAL ALLOWANCES	\$580,078	\$608,193	\$28,115	5%	
Н.	OTHER DATA					
1	OTHER OPERATING REVENUE	\$16,843,048	\$15,792,359	(\$1,050,689)	-6%	
2	TOTAL OPERATING EXPENSES	\$338,981,125	\$311,061,228	(\$27,919,897)	-8%	
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%	
	The state of the s	70		7.		
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$18,272,000	\$16,801,601	(\$1,470,399)	-8%	
	BAD DEBTS (CHARGES)	\$17,836,044	\$24,556,938	\$6,720,894	38%	
6	UNCOMPENSATED CARE (CHARGES)	\$36,108,044	\$41,358,539	\$5,250,495	15%	
7	COST OF UNCOMPENSATED CARE	\$12,667,409	\$14,260,563	\$1,593,154	13%	
		, ,				
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODO	LOGY)				
8	TOTAL ACCRUED CHARGES	\$145,118,711	\$150,469,175	\$5,350,464	4%	
9	TOTAL ACCRUED PAYMENTS	\$33,181,146	\$37,668,306	\$4,487,160	14%	
10	COST OF TOTAL MEDICAL ASSISTANCE	\$50,910,486	\$51,882,276	\$971,790	2%	
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,729,340	\$14,213,970	(\$3,515,370)	-20%	

NORWALK HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE	
LIIVE	<u>BEOOKII HON</u>	112013	112014	DITTERENCE	DITTERENCE	
II.	AGGREGATE DATA					
A.	TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$451,063,513	\$453,417,066	\$2,353,553	1%	
2	TOTAL INPATIENT PAYMENTS	\$163,437,226	\$159,368,731	(\$4,068,495)	-2%	
3	TOTAL INPATIENT PAYMENTS / CHARGES	36.23%	35.15%	-1.09%	-3%	
4	TOTAL DISCHARGES	13,045	13,110	65	0%	
5	TOTAL CASE MIX INDEX	1.19979	1.19992	0.00012	0%	
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,651.31584	15,730.92286	79.60702	1%	
7	TOTAL OUTPATIENT CHARGES	\$462,331,270	\$446,848,433	(\$15,482,837)	-3%	
8	OUTPATIENT CHARGES / INPATIENT CHARGES	102.50%	98.55%	-3.95%	-4%	
9	TOTAL OUTPATIENT PAYMENTS	\$172,458,813	\$169,138,142	(\$3,320,671)	-2%	
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.30%	37.85%	0.55%	1%	
11	TOTAL CHARGES	\$913,394,783	\$900,265,499	(\$13,129,284)	-1%	
12	TOTAL PAYMENTS	\$335,896,039	\$328,506,873	(\$7,389,166)	-2%	
13	TOTAL PAYMENTS / TOTAL CHARGES	36.77%	36.49%	-0.28%	-1%	
14	PATIENT DAYS	59,611	59,071	(540)	-1%	
В.	TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$318,634,218	\$318,400,638	(\$233,580)	0%	
2	INPATIENT PAYMENTS	\$87,953,628	\$88,795,734	\$842,106	1%	
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.60%	27.89%	0.28%	1%	
4	DISCHARGES	8,138	8,328	190	2%	
5	CASE MIX INDEX	1.27504	1.27975	0.00471	0%	
6	CASE MIX ADJUSTED DISCHARGES	10,376.29084	10,657.79470	281.50386	3%	
7	OUTPATIENT CHARGES	\$209,975,813	\$207,204,482	(\$2,771,331)	-1%	
8	OUTPATIENT CHARGES / INPATIENT CHARGES	65.90%	65.08%	-0.82%	-1%	
9	OUTPATIENT PAYMENTS	\$45,959,505	\$45,065,865	(\$893,640)	-2%	
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.89%	21.75%	-0.14%	-1%	
11	TOTAL CHARGES	\$528,610,031	\$525,605,120	(\$3,004,911)	-1%	
12	TOTAL PAYMENTS	\$133,913,133	\$133,861,599	(\$51,534)	0%	
13	TOTAL PAYMENTS / CHARGES	25.33%	25.47%	0.14%	1%	
14	PATIENT DAYS	42,455	42,276	(179)	0%	
15	TOTAL GOVERNMENT DEDUCTIONS	\$394,696,898	\$391,743,521	(\$2,953,377)	-1%	
C.	AVERAGE LENGTH OF STAY					
1	MEDICARE	5.9	5.6	(0.3)	-6%	
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	0.0	0%	
3	UNINSURED	3.1	3.7	0.6	20%	
4	MEDICAID	3.9	4.1	0.1	4%	
5	OTHER MEDICAL ASSISTANCE	3.8	3.9	0.1	3%	
6	CHAMPUS / TRICARE	3.2	5.1	1.9	60%	
7	TOTAL AVERAGE LENGTH OF STAY	4.6	4.5	(0.1)	-1%	
- 1		4.0	7.0	(0.1)	1 70	

FISCAL YEAR 2014

	FISCAL YEAR 2014								
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS								
	AND BASELINE UNDERPAYMENT DAT	A: COMPARA	IVE ANALTSI	5					
		ACTUAL	ACTUAL	AMOUNT	%				
LINIE	DECORPTION	ACTUAL	ACTUAL	AMOUNT	DIFFERENCE				
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE				
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION								
	DATA COLD IN BACKLINE CINDERT ATMENT CALCOLATION								
1	TOTAL CHARGES	\$913,394,783	\$900,265,499	(\$13,129,284)	-1%				
2	TOTAL GOVERNMENT DEDUCTIONS	\$394,696,898	\$391,743,521	(\$2,953,377)	-1%				
3	UNCOMPENSATED CARE	\$36,108,044	\$41,358,539	\$5,250,495	-170				
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$150,508,712		(\$3,333,160)	-2%				
5		. , ,	\$147,175,552	(, , , ,	-18%				
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,644,353	\$9,573,325	(\$2,071,028)					
6	TOTAL ACCRUED DAYMENTS	\$592,958,007	\$589,850,937	(\$3,107,070)	-1%				
7	TOTAL ACCRUED PAYMENTS	\$320,436,776	\$310,414,562	(\$10,022,214)	-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.	\$320,436,776	\$310,414,562	(\$10,022,214)	-3%				
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3508195820	0.3448033523	(0.0060162297)	-2%				
11	COST OF UNCOMPENSATED CARE	\$12,667,409	\$14,260,563	\$1,593,154	13%				
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,729,340	\$14,213,970	(\$3,515,370)	-20%				
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%				
14	TOTAL COST OF UNCOMPENSATED CARE AND								
	MEDICAL ASSISTANCE UNDERPAYMENT	\$30,396,748	\$28,474,533	(\$1,922,216)	-6%				
		210							
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	GY)							
				(4					
1	MEDICAID	\$6,589,928	\$3,089,943	(\$3,499,984)	-53%				
2	OTHER MEDICAL ASSISTANCE	\$265,611	\$213,923	(\$51,687)	-19%				
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,425,193	\$7,210,647	(\$2,214,547)	-23%				
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,280,732	\$10,514,513	(\$5,766,219)	-35%				
.,	DATA LIGED IN DECONOU IATIONS IN DEPORTS FOR AND COS								
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600	<u>)</u>							
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$17,735,548	\$14,608,950	(\$3,126,598)	-17.63%				
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,764,125)	(\$5,450,326)	(\$3,686,201)	208.95%				
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$334,131,914	\$323,056,547	(\$11,075,367)	-3.31%				
3	INC.1 VEAEURE LYON UPOLITAL ADDITED LINANCIAL STATEMENTS	φου4, 101,914	φ323,030,347	(\$11,075,367)	-3.3170				
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%				
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$913,394,783	\$900,265,500	(\$13,129,283)	-1.44%				
			A00001=	***	0.000/				

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\$0

\$36,108,044

\$962,245

\$42,320,784

0.00%

17.21%

\$962,245

\$6,212,740

PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE

UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

FISCAL YEAR 2014

	BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)	(4)	(5)			
	•	ACTUAL FY	ACTUAL FY	AMOUNT			
IINE	DESCRIPTION	2013	2014	DIFFERENCE			
			20				
I.	ACCRUED CHARGES AND PAYMENTS						
A.	INPATIENT ACCRUED CHARGES						
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,429,295	\$135,016,428	\$2,587,133			
	MEDICARE	\$243,146,941		(\$783,242)			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$75,009,576 \$74,431,040		\$661,160 \$621,197			
	OTHER MEDICAL ASSISTANCE	\$578,536		\$39.963			
6	CHAMPUS / TRICARE	\$477,701	366,203	(\$111,498)			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,189,210		\$1,989,614			
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$318,634,218 \$451,063,513		(\$233,580) \$2,353,553			
		V 10 1 10 00 10 10	V 100, 111,000	+2,000,000			
	OUTPATIENT ACCRUED CHARGES		*****	/			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$252,355,457 \$139,541,554		(\$12,711,506) (\$7,548,109)			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$70,109,135		\$4,689,304			
4	MEDICAID	\$69,452,300	73,913,620	\$4,461,320			
	OTHER MEDICAL ASSISTANCE	\$656,835	/	\$227,984			
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$325,124 \$29,957,432		\$87,474 (\$1,559,592)			
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$209,975,813		(\$2,771,331)			
	TOTAL OUTPATIENT CHARGES	\$462,331,270		(\$15,482,837)			
	TOTAL ACCRUED CHARGES						
	TOTAL ACCRUED CHARGES TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$384,784,752	\$374,660,379	(\$10,124,373)			
	TOTAL MEDICARE	\$382,688,495		(\$8,331,351)			
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$145,118,711		\$5,350,464			
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$143,883,340 \$1,235,371		\$5,082,517 \$267,947			
	TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$802,825		(\$24.024)			
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$35,146,642		\$430,022			
	TOTAL GOVERNMENT CHARGES	\$528,610,031		(\$3,004,911)			
	TOTAL CHARGES	\$913,394,783	\$900,265,499	(\$13,129,284)			
D.	INPATIENT ACCRUED PAYMENTS						
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$75,483,598		(\$4,910,601)			
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$72,173,862 \$15,613,206		(\$1,932,733) \$2,832,508			
	MEDICAID	\$15,518,342		\$2,791,665			
	OTHER MEDICAL ASSISTANCE	\$94,864		\$40,843			
	CHAMPUS / TRICARE	\$166,560	/	(\$57,669)			
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$458,039 \$87,953,628		\$19,434 \$842,106			
	TOTAL INPATIENT PAYMENTS	\$163,437,226		(\$4,068,495)			
ĻĴ	CUITPATIENT ACCRUED BANKENTO						
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$126,499,308	\$124,072,277	(\$2,427,031)			
	MEDICARE	\$28,335,378		(\$2,553,822)			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,567,940	19,222,592	\$1,654,652			
	MEDICAID OTHER MEDICAL ASSISTANCE	\$17,506,571		\$1,594,269			
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$61,369 \$56,187		\$60,383 \$5,530			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,395,471		(\$135,832)			
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$45,959,505	\$45,065,865	(\$893,640)			
\vdash	TOTAL OUTPATIENT PAYMENTS	\$172,458,813	\$169,138,142	(\$3,320,671)			
	TOTAL ACCRUED PAYMENTS						
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$201,982,906		(\$7,337,632)			
	TOTAL MEDICARE TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$100,509,240		(\$4,486,555) \$4,497,160			
_	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAID	\$33,181,146 \$33,024,913		\$4,487,160 \$4,385,934			
5	TOTAL OTHER MEDICAL ASSISTANCE	\$156,233	\$257,459	\$101,226			
	TOTAL CHAMPUS / TRICARE	\$222,747		(\$52,139)			
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PAYMENTS	\$2,853,510 \$133,913,133		(\$116,398) (\$51,534)			
	TOTAL GOVERNMENT PATMENTS TOTAL PAYMENTS	\$335,896,039		(\$7,389,166)			
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

FISCAL YEAR 2014

(1)	(2)	(3)	(4)	(5)			
			ACTUAL FY	AMOUNT			
LINE	DESCRIPTION	<u>2013</u>	<u>2014</u>	<u>DIFFERENCE</u>			
II.	PAYER MIX						
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.50%	15.00%	0.50%			
	MEDICARE	26.62%	26.92%	0.30%			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.21%		0.19%			
4	MEDICAID	8.15%	8.34%	0.19%			
5	OTHER MEDICAL ASSISTANCE	0.06%	0.07%	0.01%			
6	CHAMPUS / TRICARE	0.05%	0.04%	-0.01%			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.57%	0.80%	0.23%			
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.88%		0.48%			
-	TOTAL INPATIENT PAYER MIX	49.38%	50.36%	0.98%			
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
<u> </u>	SOLI VILETI I VIET IIIV DUGED OIL VOOLOED OILVIOED						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.63%	26.62%	-1.01%			
2	MEDICARE	15.28%	14.66%	-0.62%			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.68%	8.31%	0.63%			
4	MEDICAID	7.60%	8.21%	0.61%			
5	OTHER MEDICAL ASSISTANCE	0.07%	0.10%	0.03%			
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04% 3.28%	0.05% 3.15%	0.01% -0.13%			
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.99%	23.02%	0.03%			
	TOTAL OUTPATIENT PAYER MIX	50.62%		-0.98%			
	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)	22.47%	21.48%	-0.99%			
	MEDICARE	21.49%	21.38%	-0.11%			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.65%	5.62%	0.97%			
4	MEDICAID OTHER MEDICAL ASSISTANCE	4.62%	5.57%	0.95%			
5 6	CHAMPUS / TRICARE	0.03% 0.05%	0.04% 0.03%	0.01% -0.02%			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.03%	0.03%	0.01%			
	TOTAL INPATIENT GOVERNMENT PAYER MIX	26.18%		0.85%			
	TOTAL INPATIENT PAYER MIX	48.66%	48.51%	-0.14%			
	OUTDATIENT DAVED MIX DAGED ON ACCOUNT DAVMENTO						
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.66%	37.77%	0.11%			
	MEDICARE	8.44%	7.85%	-0.59%			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.23%	5.85%	0.62%			
	MEDICAID	5.21%	5.81%	0.60%			
5	OTHER MEDICAL ASSISTANCE	0.02%		0.02%			
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	0.71% 13.68%	0.69% 13.72%	-0.03% 0.04%			
	TOTAL OUTPATIENT GOVERNMENT PATER MIX TOTAL OUTPATIENT PAYER MIX	51.34%	51.49%	0.04%			
		01.0470	511-7570	0.1.470			
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%			

NORWALK HOSPITAL

TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

	BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)	(4)	(5)			
	.,						
LINE	<u>DESCRIPTION</u>	ACTUAL <u>FY</u> 2013	ACTUAL <u>FY</u> <u>2014</u>	AMOUNT <u>DIFFERENCE</u>			
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	DATA					
A.	DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,907	4,782	(125)			
	MEDICARE	5,319	5,620	301			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,803	2,698	(105)			
	MEDICAID OTHER MEDICAL ASSISTANCE	2,782	2,675 23	(107) 2			
	CHAMPUS / TRICARE	16	10	(6)			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	193	231	38			
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	8,138 13,045	8,328 13,110	190 65			
		.0,0.0	,				
В.	PATIENT DAYS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,156	16,795	(361)			
2	MEDICARE	31,377	31,213	(164)			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	11,027 10,948	11,012 10,923	(15) (25)			
-	OTHER MEDICAL ASSISTANCE	79	10,923	10			
6	CHAMPUS / TRICARE	51	51	•			
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PATIENT DAYS	590 42.455	847 42,276	257 (179)			
	TOTAL GOVERNMENT PATIENT DATS TOTAL PATIENT DAYS	59,611	59,071	(540)			
C.	AVERAGE LENGTH OF STAY (ALOS)						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	0.0			
2	MEDICARE	5.9	5.6	(0.3)			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	4.1	0.1			
	MEDICAID OTHER MEDICAL ASSISTANCE	3.9 3.8	4.1 3.9	0.1 0.1			
6	CHAMPUS / TRICARE	3.2	5.1	1.9			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	3.7	0.6			
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY TOTAL AVERAGE LENGTH OF STAY	5.2 4.6	5.1 4.5	(0.1) (0.1)			
D.	CASE MIX INDEX						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07500	1.06088	(0.01412)			
	MEDICARE	1.44060	1.43390	(0.00670)			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95943	0.95825	(0.00118)			
	MEDICAID OTHER MEDICAL ASSISTANCE	0.95902 1.01380	0.95816 0.96880	(0.00086) (0.04500)			
	CHAMPUS / TRICARE	1.52850	1.39163	(0.13687)			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.06510	1.11775	0.05265			
	TOTAL GOVERNMENT CASE MIX INDEX TOTAL CASE MIX INDEX	1.27504 1.19979	1.27975 1.19992	0.00471 0.00012			
	OTHER REQUIRED DATA	1110010	1110002	0.00012			
E .	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$349,638,109	\$339,083,715	(\$10,554,394)			
	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$199,129,397	\$191,908,163	(\$7,221,234)			
_	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	ψ100,120,001	ψ101,000,100	(ψ1,221,204)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE	\$150,508,712 43.05%	\$147,175,552 43.40%	(\$3,333,160) 0.36%			
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$17,735,548	\$14,608,950	(\$3,126,598)			
	EMPLOYEE SELF INSURANCE ALLOWANCE UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$11,644,353 \$0	\$9,573,325 \$0	(\$2,071,028)			
	OHCA INPUT)	ΨΟ	ΨΟ	\$0			
	CHARITY CARE	\$18,272,000	\$16,801,601	(\$1,470,399)			
	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$17,836,044 \$36,108,044	\$24,556,938 \$41,358,539	\$6,720,894 \$5,250,495			
	TOTAL ONCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE	\$16,843,048	\$15,792,359	(\$1,050,689)			
12	TOTAL OPERATING EXPENSES	\$338,981,125	\$311,061,228	(\$27,919,897)			
ldot							

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

FISCAL YEAR 2014

(1)	(2)	(3)	(4)	(5)
		ACTUAL EV	ACTUAL EV	AMOUNT
			ACTUAL FY	AMOUNT
LINE	<u>DESCRIPTION</u>	<u>2013</u>	<u>2014</u>	DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
—	CASE MIX ADJUSTED DISCHARGES			
Α.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,275.02500	5,073.12816	(201.89684)
2	MEDICARE	7,662.55140	8,058.51800	395.96660
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,689.28344	2,585.36040	(103.92304)
4	MEDICAID	2,667.99364	2,563.07800	(104.91564)
5	OTHER MEDICAL ASSISTANCE	21.28980	22.28240	0.99260
6	CHAMPUS / TRICARE	24.45600	13.91630	(10.53970)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	205.56430	258.20025	52.63595
<u> </u>	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	10,376.29084	10,657.79470	281.50386
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,651.31584	15,730.92286	79.60702
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)	1		
٥.	OUT ATTERT ENGINALERY DISCHARGES CALSULATION (REVENUE METRODULUST)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.350.71222	8,487,68843	-863.02379
2	MEDICARE	3,052.56370	3,060.70242	8.13872
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,619.75237	2,667.32118	47.56881
4	MEDICAID	2,595.91024	2,634.41759	38.50736
5	OTHER MEDICAL ASSISTANCE	23.84214	32.90359	9.06145
6	CHAMPUS / TRICARE	10.88962	11.26692	0.37730
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,114.19356	913.78491	-200.40865
-	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES TOTAL OUTPATIENT EQUIVALENT DISCHARGES	5,683.20570 15,033.91792	5,739.29053 14,226.97895	56.08483 -806.93897
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	15,033.91792	14,220.97095	-000.93097
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
<u> </u>	IN A HEAT T A TIME AT T ER GROE MIX ADDOOTED DIGOTARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,309.62	\$13,911.14	(\$398.48)
2	MEDICARE	\$9,419.04	\$8,716.38	(\$702.65)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,805.71	\$7,134.68	\$1,328.97
4	MEDICAID	\$5,816.48	\$7,143.76	\$1,327.27
5	OTHER MEDICAL ASSISTANCE	\$4,455.84	\$6,090.32	\$1,634.48
6	CHAMPUS / TRICARE	\$6,810.60	\$7,824.71	\$1,014.11
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,228.20 \$8.476.40	\$1,849.24 \$8.331.53	(\$378.97) (\$144.87)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,442.40	\$10,130.92	(\$311.47)
	TOTAL INFATIENT FATMENT FER CASE WIX ADJUSTED DISCHARGE	\$10,442.40	φ10,130.32	(\$311.47)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,528.31	\$14,617.91	\$1,089.60
2	MEDICARE	\$9,282.49	\$8,423.41	(\$859.07)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,705.95	\$7,206.70	\$500.75
4	MEDICAID	\$6,743.90	\$7,250.50	\$506.59
5	OTHER MEDICAL ASSISTANCE	\$2,573.97	\$3,700.27	\$1,126.29
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,159.68 \$2,149.96	\$5,477.72 \$2,472.83	\$318.03 \$322.88
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	φ2,149.90	φ∠,41∠.03	ψ3∠2.00
	TOTAL COVENIUMENT COTT ATIENT FATMIENT FEN COTT ATIENT EXCIVALENT DISCHARGE	\$8,086.90	\$7,852.17	(\$234.73)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,471.32	\$11,888.55	\$417.23

NORWALK 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) **ACTUAL** FY ACTUAL **AMOUNT** FΥ **DIFFERENCE** INE DESCRIPTION 2013 <u>2014</u> CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$6,589,928 \$3,089,943 MEDICAID OTHER MEDICAL ASSISTANCE \$265,611 \$213,923 (\$51,68 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$9,425,193 \$7,210,647 (\$2,214,54 3 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$16,280,732 \$10,514,513 (\$5.766.21 CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY) VI. TOTAL CHARGES \$913,394,783 \$900,265,499 TOTAL GOVERNMENT DEDUCTIONS \$391,743,521 \$394.696.898 UNCOMPENSATED CARE \$5,250,495 \$36,108,044 \$41,358,539 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$150,508,712 \$147,175,552 4 (\$2,071,0 EMPLOYEE SELF INSURANCE ALLOWANCE \$9.573,325 5 \$11.644.353 6 TOTAL ADJUSTMENTS \$592.958.007 \$589,850,937 (\$3.107.07) 7 TOTAL ACCRUED PAYMENTS \$320,436,776 \$310,414,562 (\$10.022.21 UCP DSH PAYMENTS (OHCA INPUT) \$0 \$0 8 \$0 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS \$320 436 776 \$310,414,562 9 RATIO OF NET REVENUE TO TOTAL CHARGES 0.3508195820 0.3448033523 (0.0060162297 10 COST OF UNCOMPENSATED CARE \$12,667,409 \$14,260,563 \$1,593,154 MEDICAL ASSISTANCE UNDERPAYMENT \$17,729,340 \$14,213,970 12 13 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT \$30,396,748 \$28,474,533 (\$1,922,216 VII. RATIOS RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 57.00% 52.27% -4.739 28.98% -0.70% 29.68% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 20.81% 24.38% 3.56% 24.40% 3.55% MEDICAID 20.85% OTHER MEDICAL ASSISTANCE 16.40% 21.94% 5.54% 5 CHAMPUS / TRICARE 34.87% 29.74% -5.13% 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) 8.83% 6.65% -2.18% TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 27.60% 27.89% 0.28% TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 36.23% 35.15% -1.09% В. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 50.13% 51.77% 1.65% NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 20.31% 19.53% -0.77% 0.64% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 25.06% 25.70% 3 25.21% 0.64% MEDICAID 25.84% 4 OTHER MEDICAL ASSISTANCE 9.34% 13.76% 4.42% 5 CHAMPUS / TRICARE 17.28% 14.96% -2.32% UNINSURED (INCLUDED IN NON-GOVERNMENT) 8.00% 7.96% -0.04% TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES

TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES

21.89%

37.30%

21.75%

37.85%

-0.14%

0.55%

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	NORWALK HOSPITAL	10		
	TWELVE MONTHS ACTUAL FILIN	IG .		
	FISCAL YEAR 2014	\/A4ENE		
	REPORT 550 - CALCULATION OF DSH UPPER PA			
	BASELINE UNDERPAYMENT DA	ГА		
(1)	(2)	(3)	(4)	(5)
(')	\2)	` '	, ,	` '
		ACTUAL FY	ACTUAL FY	AMOUNT
INE	DESCRIPTION	<u>2013</u>	<u>2014</u>	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	<u>rions</u>		
_	DECONOR INTION OF OUCA DEFINED NET DEVENUE TO LIGORITAL AUDITED FIN OTATEMENT	<u> </u>		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS) 		
1	TOTAL ACCRUED PAYMENTS	\$335,896,039	\$328,506,873	(\$7,389,166
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA			\$0
	INPUT)	\$0	\$0	
	OHCA DEFINED NET REVENUE	\$335,896,039	\$328,506,873	(\$7,389,160
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,764,125)	(\$5,450,326)	(\$3,686,201
	CALCULATED NET REVENUE	\$358,059,153	\$323,056,547	(\$35,002,606
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$334,131,914	\$323,056,547	(\$11,075,367
^		\$00,007,000	\$0	(\$00.007.006
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$23,927,239	\$0	(\$23,927,239
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
	OUGA PEFINED ODGOODEVENUE	0040 004 700	0000 005 400	(0.40, 400, 00
2	OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$913,394,783 \$0	\$900,265,499 \$0	(\$13,129,28 ² \$0
	CALCULATED GROSS REVENUE	\$913,394,783	\$900,265,499	(\$13,129,284
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$913,394,783	\$900,265,500	(\$13,129,283
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT	rs		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$36,108,044	\$41,358,539	\$5,250,495
	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$962,245	\$962,245
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$36,108,044	\$42,320,784	\$6,212,740
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$36,108,044	\$42,320,784	\$6,212,740
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	NORWALK HOSPITAL	1
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2014 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BACLENE ONDER! ATMENT DATA. ACREED OF ONTROCEDORES	
(1)	(2)	(3)
Ì	· ·	ACTÚAL
INE [<u>DESCRIPTION</u>	FY 2014
_	ACCRUED CHARGES AND DAVMENTS	
I. /	ACCRUED CHARGES AND PAYMENTS	
	NPATIENT ACCRUED CHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$135,016,42 242,363,69
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	75,670,73
	MEDICAID	75,052,23
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	618,49 366,20
7 l	JNINSURED (INCLUDED IN NON-GOVERNMENT)	7,178,82
	FOTAL INPATIENT GOVERNMENT CHARGES FOTAL INPATIENT CHARGES	\$318,400,63 \$453,417,06
	OTAL INFATIENT CHARGES	\$455,417,00
	DUTPATIENT ACCRUED CHARGES	\$000.040.05
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$239,643,95 131,993,44
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	74,798,43
	MEDICAID DTHER MEDICAL ASSISTANCE	73,913,62 884,81
	CHAMPUS / TRICARE	412,59
	JNINSURED (INCLUDED IN NON-GOVERNMENT)	28,397,84
	FOTAL OUTPATIENT GOVERNMENT CHARGES FOTAL OUTPATIENT CHARGES	\$207,204,48 \$446,848,43
		. , ,
	FOTAL ACCRUED CHARGES FOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$374,660,37
2 1	TOTAL GOVERNMENT ACCRUED CHARGES	525,605,12
7	TOTAL ACCRUED CHARGES	\$900,265,49
	NPATIENT ACCRUED PAYMENTS	
D. II	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	
1 N		
1 N	MEDICARE	70,241,12
1 N 2 N 3 N 4 N	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	70,241,12 18,445,71 18,310,00
1 N 2 N 3 N 4 N 5 C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE	70,241,12 18,445,71 18,310,00 135,70
1 N 2 M 3 M 4 M 5 C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$70,572,99 70,241,12 18,445,71 18,310,00 135,70 108,89 477,47
1 N 2 N 3 N 4 N 5 C 6 C 7 U	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73
1 N 2 N 3 N 4 N 5 C 6 C 7 U	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JNINSURED (INCLUDED IN NON-GOVERNMENT)	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73
1 N 2 N 3 N 4 N 5 C 6 C 7 U	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JUNINSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73
1 N 2 N 3 N 4 N 5 C 6 C 7 U	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73
1 N 2 N 3 N 4 N 5 C 6 C 7 L 1 1	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JUNINSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73
1 N 2 N 3 N 4 N 5 G G C 7 L 1 N 1 1 1 N 2 N 3 N 4 N 4 N 4 N 4 N 4 N 4 N 1 N 1 N 1 N 1	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73 \$124,072,27 25,781,55 19,222,59 19,100,84
1 N 2 N 3 N 4 N 5 C C N 1 N 2 N 3 N 4 N 5 C C N 1 N 2 N 3 N 4 N 5 C C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73 \$124,072,27 25,781,55 19,222,59 19,100,84 121,75
1 N 2 N 3 N 4 N 5 C 6 C 1 N 5 C N 5	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JNINSURED (INCLUDED IN NON-GOVERNMENT)	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73 \$124,072,27 25,781,55 19,222,59 19,100,84 121,75 61,71 2,259,63
1 N 2 N 3 N 4 N 5 C C 1 N 1 N 2 N 3 N 4 N 5 C C C 1 N 1 N 2 N 3 N 4 N 5 C C C C C C C C C C C C C C C C C C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAL DOTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYMENTS	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73 \$124,072,27 25,781,55 19,222,59 19,100,84 121,75 61,71 2,259,63 \$45,065,86
1 N 2 N 3 N 4 N 5 C C 1 N 1 N 2 N 3 N 4 N 5 C C C 1 N 1 N 2 N 3 N 4 N 5 C C C C C C C C C C C C C C C C C C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JNINSURED (INCLUDED IN NON-GOVERNMENT)	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73 \$124,072,27 25,781,55 19,222,59 19,100,84 121,75 61,71 2,259,63 \$45,065,86
1 N 2 N 3 N 4 N 5 C C C C C C C C C C C C C C C C C C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS POUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAL BEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL OUTPATIENT GOVERNMENT PAYMENTS FOTAL OUTPATIENT GOVERNMENT PAYMENTS FOTAL OUTPATIENT PAYMENTS	70,241,12 18,445,71 18,310,00 135,70 108,89 477,47 \$88,795,73 \$159,368,73 \$124,072,27 25,781,55 19,222,59 19,100,84 121,75 61,71 2,259,63 \$45,065,86 \$169,138,14
1 N 2 N 3 N 4 N 5 C C C C C C C C C C C C C C C C C C	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID DTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL INPATIENT GOVERNMENT PAYMENTS FOTAL INPATIENT PAYMENTS DUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAL BEDICAL ASSISTANCE CHAMPUS / TRICARE JININSURED (INCLUDED IN NON-GOVERNMENT) FOTAL OUTPATIENT GOVERNMENT PAYMENTS FOTAL OUTPATIENT GOVERNMENT PAYMENTS	70,241,12: 18,445,71: 18,310,00: 135,70: 108,89

	NORWALK HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2014	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BASELINE UNDERFATMENT DATA. AGREED-OFON PROCEDURES	
(1)	(2)	(3)
(')	(2)	ACTUAL
INIE	DESCRIPTION	FY 2014
<u>INE</u>	DESCRIPTION	<u>F1 2014</u>
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
	ACCRUITE DISCULPATO	
A. 1	ACCRUED DISCHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	A =
<u>1</u> 2	MEDICARE	4,7 5,6
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,6
4	MEDICAID MEDICAID	2,6
5	OTHER MEDICAL ASSISTANCE	
6	CHAMPUS / TRICARE	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2
	TOTAL GOVERNMENT DISCHARGES	8,3
	TOTAL DISCHARGES	13,1
В.	CASE MIX INDEX	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.060
2	MEDICARE	1.433
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.958
4	MEDICAID	0.958
5	OTHER MEDICAL ASSISTANCE	0.968
6	CHAMPUS / TRICARE	1.391
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CASE MIX INDEX	1.117 1.279
	TOTAL GOVERNMENT CASE MIX INDEX	1.278
		11100
	OTHER REQUIRED DATA	*****
2	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$339,083,7 \$191,908,1
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$191,906,1
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147.175.5
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.4
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,608,9
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,573,33
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	
8	CHARITY CARE	\$16,801,6
9	BAD DEBTS	\$24,556,9
10	TOTAL UNCOMPENSATED CARE	\$41,358,5
11	TOTAL OTHER OPERATING REVENUE	\$15,792,3
12	TOTAL OFFICE OFFICE TIME REVENUE TOTAL OPERATING EXPENSES	\$311,061,2
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	NORWALK 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)
1.7	1-7	ACTUAL
INF	DESCRIPTION	FY 2014
	SECOND FIGURE 1	112014
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$328,506,8
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	2000 500 0
	OHCA DEFINED NET REVENUE	\$328,506,8
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$5,450,3
	CALCULATED NET REVENUE	\$323,056,5
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$323,056,54
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$900,265,49
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	, , , , ,
	CALCULATED GROSS REVENUE	\$900,265,49
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$900,265,50
	GROOT REVENUE TROM TOOL THE HOUSE OF THE WENT OF THE WENT OF THE ORTHOGO	φοσο,200,00
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	()
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,358,5
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$962,2
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,320,7
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$42,320,7
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014

REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
<u>LINE</u>	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	<u>DIFFERENCE</u>
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	5,135	4,878	(257)	-5%
2	Number of Approved Applicants	4,361	4,042	(319)	-7%
3	Total Charges (A)	\$18,272,000	\$16,801,601	(\$1,470,399)	-8%
4	Average Charges	\$4,190	\$4,157	(\$33)	-1%
5	Ratio of Cost to Charges (RCC)	0.389501	0.364403	(0.025098)	-6%
6	Total Cost	\$7,116,962	\$6,122,554	(\$994,408)	-14%
7	Average Cost	\$1,632	\$1,515	(\$117)	-7%
	Charity Care Innations Charges	ФО 470 477	fo 404 404	#000 604	270/
8 9	Charity Care - Inpatient Charges	\$2,478,477	\$3,401,101	\$922,624	37% -17%
	Charity Care - Outpatient Charges (Excludes ED Charges)	10,856,254	9,057,776 4,342,724	(1,798,478)	
10 11	Charity Care - Emergency Department Charges Total Charges (A)	4,937,269 \$18,272,000		(594,545)	-12%
11	Total Charges (A)	\$18,272,000	\$16,801,601	(\$1,470,399)	-8%
12	Charity Care - Number of Patient Days	1,450	458	(992)	-68%
13	Charity Care - Number of Discharges	319	95	(224)	-70%
14	Charity Care - Number of Outpatient ED Visits	2,276	1,907	(369)	-16%
	Charity Care - Number of Outpatient Visits (Excludes ED				
15	Visits)	15,478	12,631	(2,847)	-18%
В.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$4,741,877	\$4,834,558	\$92,681	2%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,232,452	6,110,638	2,878,186	89%
3	Bad Debts - Emergency Department	9,861,715	13,611,742	3,750,027	38%
4	Total Bad Debts (A)	\$17,836,044	\$24,556,938	\$6,720,894	38%
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$18,272,000	\$16,801,601	(\$1,470,399)	-8%
2	Bad Debts (A)	17,836,044	24,556,938	6,720,894	38%
3	Total Uncompensated Care (A)	\$36,108,044	\$41,358,539	\$5,250,495	15%
4	Uncompensated Care - Inpatient Services	\$7,220,354	\$8,235,659	\$1,015,305	14%
	Uncompensated Care - Outpatient Services (Excludes ED	ψ1,=20,00 r	ψ0,200,000	ψ.,σ.ισ,σσσ	1 470
5	Unc. Care)	14,088,706	15,168,414	1,079,708	8%
6	Uncompensated Care - Emergency Department	14,798,984	17,954,466	3,155,482	21%
7	Total Uncompensated Care (A)	\$36,108,044	\$41,358,539	\$5,250,495	15%
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(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

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		NORWALK HOSPIT	AL	<u> </u>		
		TWELVE MONTHS ACTUA	L FILING			
		FISCAL YEAR 201	4			
	REPORT 685 - HOSPITAL	NON-GOVERNMENT GROSS RE	EVENUE, CONTRACTUAL A	ALLOWANCES,		
	ACC	CRUED PAYMENTS AND DISCOU	JNT PERCENTAGE			
(1)	(2)	(3)	(4)	(5)	(6)	
		FY 2013	FY 2014	()	. ,	
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%	
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE	
	COMMERCIAL - ALL PAYERS					
1	Total Gross Revenue	\$349,638,109	\$339,083,715	(\$10,554,394)	-3%	
2	Total Contractual Allowances	\$150,508,712	\$147,175,552	(\$3,333,160)	-2%	
	Total Accrued Payments (A)	\$199,129,397	\$191,908,163	(\$7,221,234)	-4%	
	Total Discount Percentage	43.05%	43.40%	0.36%	19	
(A) A	□ ccrued Payments associated with Non-Gover	nment Contractual Allowances r	nust exclude any reduction	n for Uncompensated	d Care.	

	NORWALK HOSPITAL					
	TWELVE MONTHS ACTUAL FILING					
	FISCAL YEAR 2014	-				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE						
(1)	(2)	(3)	(4) ACTUAL	(5)		
LINE	DESCRIPTION	ACTUAL FY 2012	FY 2013	ACTUAL FY 2014		
Α.	Gross and Net Revenue					
1	Inpatient Gross Revenue	\$473,961,549	\$451,063,513	\$453,417,066		
2	Outpatient Gross Revenue	\$434,996,813	\$462,331,270	\$446,848,433		
3	Total Gross Patient Revenue	\$908,958,362	\$913,394,783	\$900,265,499		
4	Net Patient Revenue	\$363,267,877	\$334,131,914	\$324,018,792		
В.	Total Operating Expenses					
1	Total Operating Expense	\$361,951,445	\$338,981,125	\$311,061,228		
C.	Utilization Statistics					
1	Patient Days	67,341	59,611	59,071		
2	Discharges	15,003	13,045	13,110		
3	Average Length of Stay	4.5	4.6	4.5		
4	Equivalent (Adjusted) Patient Days (EPD)	129,146	120,711	117,286		
0	Equivalent (Adjusted) Discharges (ED)	28,773	26,416	26,030		
D.	Case Mix Statistics					
1	Case Mix Index	1.13031	1.19979	1.19992		
2	Case Mix Adjusted Patient Days (CMAPD)	76,117	71,521	70,880		
3	Case Mix Adjusted Discharges (CMAD)	16,958	15,651	15,731		
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	145,975	144,828	140,734		
5	Case Mix Adjusted Equivalent Discharges (CMAED)	32,522	31,694	31,234		
E.	Gross Revenue Per Statistic					
1	Total Gross Revenue per Patient Day	\$13,498	\$15,323	\$15,240		
2	Total Gross Revenue per Discharge	\$60,585	\$70,019	\$68,670		
3	Total Gross Revenue per EPD	\$7,038	\$7,567	\$7,676		
4	Total Gross Revenue per ED	\$31,591	\$34,578	\$34,586		
5	Total Gross Revenue per CMAEPD	\$6,227	\$6,307	\$6,397		
6	Total Gross Revenue per CMAED	\$27,949	\$28,820	\$28,823		
7	Inpatient Gross Revenue per EPD	\$3,670	\$3,737	\$3,866		
8	Inpatient Gross Revenue per ED	\$16,473	\$17,075	\$17,419		

	NORWALK HOSPITAL	INC				
	TWELVE MONTHS ACTUAL FIL FISCAL YEAR 2014	.ING				
		DEVENUE AND E	VDENCE			
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	\$5,394	\$5,605	\$5,48		
2	Net Patient Revenue per Discharge	\$24,213	\$25,614	\$24,71		
3	Net Patient Revenue per EPD	\$2,813	\$2,768	\$2,763		
4	Net Patient Revenue per ED	\$12,625	\$12,649	\$12,448		
5	Net Patient Revenue per CMAEPD	\$2,489	\$2,307	\$2,302		
6	Net Patient Revenue per CMAED	\$11,170	\$10,543	\$10,374		
G.	Operating Expense Per Statistic					
1	Total Operating Expense per Patient Day	\$5,375	\$5,687	\$5,266		
2	Total Operating Expense per Discharge	\$24,125	\$25,986	\$23,72		
3	Total Operating Expense per EPD	\$2,803	\$2,808	\$2,65		
4	Total Operating Expense per ED	\$12,580	\$12,832	\$11,950		
5	Total Operating Expense per CMAEPD	\$2,480	\$2,341	\$2,210		
6	Total Operating Expense per CMAED	\$11,129	\$10,696	\$9,959		
н.	Nursing Salary and Fringe Benefits Expense					
1	Nursing Salary Expense	\$46,217,962	\$46,255,451	\$45,733,017		
2	Nursing Fringe Benefits Expense	\$14,427,766	\$15,513,984	\$9,992,314		
3	Total Nursing Salary and Fringe Benefits Expense	\$60,645,728	\$61,769,435	\$55,725,33		
l.	Physician Salary and Fringe Expense					
1	Physician Salary Expense	\$9,930,604	\$11,928,508	\$11,986,450		
2	Physician Fringe Benefits Expense	\$2,996,514	\$3,620,814	\$2,283,50		
3	Total Physician Salary and Fringe Benefits Expense	\$12,927,118	\$15,549,322	\$14,269,95		
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense		_			
1	Non-Nursing, Non-Physician Salary Expense	\$77,433,917	\$80,198,641	\$75,302,59		
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$30,346,364	\$32,551,822	\$21,288,56		
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$107,780,281	\$112,750,463	\$96,591,15		
K.	Total Salary and Fringe Benefits Expense					
1	Total Salary Expense	\$133,582,483	\$138,382,600	\$133,022,06		
2	Total Fringe Benefits Expense	\$47,770,644	\$51,686,620	\$33,564,38		
3	Total Salary and Fringe Benefits Expense	\$181,353,127	\$190,069,220	\$166,586,44		

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (1) (2) (4) (5) (3) ACTUAL ACTUAL ACTUAL LINE DESCRIPTION FY 2012 FY 2013 FY 2014 **Total Full Time Equivalent Employees (FTEs)** L. Total Nursing FTEs 453.2 450.4 444.9 Total Physician FTEs 90.7 91.8 90.0 2 Total Non-Nursing, Non-Physician FTEs 1154.9 1143.2 1116.1 Total Full Time Equivalent Employees (FTEs) 1,698.8 1,685.4 1,651.0 М. Nursing Salaries and Fringe Benefits Expense per FTE 1 Nursing Salary Expense per FTE \$101,981 \$102,699 \$102,794 2 Nursing Fringe Benefits Expense per FTE \$31,835 \$34,445 \$22,460 Total Nursing Salary and Fringe Benefits Expense per FTE \$133,817 \$137,144 \$125,254 N. Physician Salary and Fringe Expense per FTE Physician Salary Expense per FTE \$109,488 \$129,940 \$133,183 \$33,038 Physician Fringe Benefits Expense per FTE \$39,442 \$25,372 2 3 Total Physician Salary and Fringe Benefits Expense per FTE \$142,526 \$169,383 \$158,555 Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE Ο. Non-Nursing, Non-Physician Salary Expense per FTE \$67,048 \$70,153 \$67,469 1 Non-Nursing, Non-Physician Fringe Benefits Expense per FTE \$26,276 \$28,474 \$19,074 2 Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE \$93,324 \$98,627 \$86,543 3 Ρ. Total Salary and Fringe Benefits Expense per FTE Total Salary Expense per FTE \$78,633 1 \$82,107 \$80,571 2 Total Fringe Benefits Expense per FTE \$28,120 \$30,667 \$20,330 Total Salary and Fringe Benefits Expense per FTE \$100,900 \$106,754 \$112,774 3 Q. Total Salary and Fringe Ben. Expense per Statistic \$2,693 1 Total Salary and Fringe Benefits Expense per Patient Day \$3,188 \$2,820 Total Salary and Fringe Benefits Expense per Discharge \$12,088 \$14,570 \$12,707 2 Total Salary and Fringe Benefits Expense per EPD 3 \$1,404 \$1,575 \$1,420 4 Total Salary and Fringe Benefits Expense per ED \$6,303 \$7,195 \$6,400 Total Salary and Fringe Benefits Expense per CMAEPD \$1,242 \$1,312 \$1,184 5 Total Salary and Fringe Benefits Expense per CMAED \$5,576 \$5,997 \$5,334 6