

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$46,609,541	\$21,083,000	(\$25,526,541)	-55%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$63,595,267	\$76,938,000	\$13,342,733	21%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,868,637	\$1,868,000	(\$637)	0%
5	Due From Affiliates	\$7,540,267	\$6,402,000	(\$1,138,267)	-15%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$10,027,585	\$10,950,000	\$922,415	9%
8	Prepaid Expenses	\$7,591,258	\$6,399,000	(\$1,192,258)	-16%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$137,232,555	\$123,640,000	(\$13,592,555)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
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	\$204,451,643	\$166,957,000	(\$37,494,643)	-18%
	Total Noncurrent Assets Whose Use is Limited:	\$204,451,643	\$166,957,000	(\$37,494,643)	-18%
5	Interest in Net Assets of Foundation	\$97,632,022	\$92,378,000	(\$5,254,022)	-5%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$47,734,384	\$60,272,000	\$12,537,616	26%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$690,351,518	\$829,653,000	\$139,301,482	20%
2	Less: Accumulated Depreciation	\$356,467,852	\$452,258,000	\$95,790,148	27%
	Property, Plant and Equipment, Net	\$333,883,666	\$377,395,000	\$43,511,334	13%
3	Construction in Progress	\$17,786,049	\$16,766,000	(\$1,020,049)	-6%
	Total Net Fixed Assets	\$351,669,715	\$394,161,000	\$42,491,285	12%
	Total Assets	\$838,720,319	\$837,408,000	(\$1,312,319)	0%

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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$33,072,961	\$35,981,000	\$2,908,039	9%
2	Salaries, Wages and Payroll Taxes	\$31,635,886	\$36,985,000	\$5,349,114	17%
3	Due To Third Party Payers	\$14,656,782	\$18,232,000	\$3,575,218	24%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$4,925,000	\$1,580,000	(\$3,345,000)	-68%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$5,005,449	\$4,542,000	(\$463,449)	-9%
	Total Current Liabilities	\$89,296,078	\$97,320,000	\$8,023,922	9%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$241,775,000	\$243,270,000	\$1,495,000	1%
	Total Long Term Debt	\$241,775,000	\$243,270,000	\$1,495,000	1%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$18,355,703	\$20,082,000	\$1,726,297	9%
	Total Long Term Liabilities	\$260,130,703	\$263,352,000	\$3,221,297	1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$412,096,873	\$406,110,000	(\$5,986,873)	-1%
2	Temporarily Restricted Net Assets	\$47,726,160	\$36,051,000	(\$11,675,160)	-24%
3	Permanently Restricted Net Assets	\$29,470,505	\$34,575,000	\$5,104,495	17%
	Total Net Assets	\$489,293,538	\$476,736,000	(\$12,557,538)	-3%
	Total Liabilities and Net Assets	\$838,720,319	\$837,408,000	(\$1,312,319)	0%

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,291,510,052	\$1,544,328,000	\$252,817,948	20%
2	Less: Allowances	\$757,431,134	\$914,023,000	\$156,591,866	21%
3	Less: Charity Care	\$12,601,255	\$16,275,000	\$3,673,745	29%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$521,477,663	\$614,030,000	\$92,552,337	18%
5	Provision for Bad Debts	\$15,123,888	\$21,154,000	\$6,030,112	40%
	Net Patient Service Revenue less provision for bad debts	\$506,353,775	\$592,876,000	\$86,522,225	17%
6	Other Operating Revenue	\$9,829,521	\$10,518,000	\$688,479	7%
7	Net Assets Released from Restrictions	\$5,665,862	\$6,073,000	\$407,138	7%
	Total Operating Revenue	\$521,849,158	\$609,467,000	\$87,617,842	17%
B. Operating Expenses:					
1	Salaries and Wages	\$191,627,926	\$221,767,000	\$30,139,074	16%
2	Fringe Benefits	\$46,406,358	\$56,560,000	\$10,153,642	22%
3	Physicians Fees	\$61,072,454	\$74,824,000	\$13,751,546	23%
4	Supplies and Drugs	\$76,736,109	\$88,691,000	\$11,954,891	16%
5	Depreciation and Amortization	\$31,682,167	\$45,374,000	\$13,691,833	43%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$4,557,028	\$7,442,000	\$2,884,972	63%
8	Malpractice Insurance Cost	\$7,495,741	\$10,110,000	\$2,614,259	35%
9	Other Operating Expenses	\$82,630,945	\$119,570,000	\$36,939,055	45%
	Total Operating Expenses	\$502,208,728	\$624,338,000	\$122,129,272	24%
	Income/(Loss) From Operations	\$19,640,430	(\$14,871,000)	(\$34,511,430)	-176%
C. Non-Operating Revenue:					
1	Income from Investments	\$14,800,274	(\$2,463,000)	(\$17,263,274)	-117%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$16,644,966	\$11,728,000	(\$4,916,966)	-30%
	Total Non-Operating Revenue	\$31,445,240	\$9,265,000	(\$22,180,240)	-71%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$51,085,670	(\$5,606,000)	(\$56,691,670)	-111%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$51,085,670	(\$5,606,000)	(\$56,691,670)	-111%
	Principal Payments	\$2,880,000	\$125,327,000	\$122,447,000	4252%

DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$285,087,313	\$332,879,325	\$47,792,012	17%
2	MEDICARE MANAGED CARE	\$40,932,461	\$61,709,416	\$20,776,955	51%
3	MEDICAID	\$82,813,766	\$89,456,723	\$6,642,957	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$537,833	\$365,331	(\$172,502)	-32%
6	COMMERCIAL INSURANCE	\$81,201,423	\$101,927,993	\$20,726,570	26%
7	NON-GOVERNMENT MANAGED CARE	\$93,902,612	\$86,644,428	(\$7,258,184)	-8%
8	WORKER'S COMPENSATION	\$3,086,560	\$3,637,992	\$551,432	18%
9	SELF- PAY/UNINSURED	\$5,087,812	\$9,910,178	\$4,822,366	95%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,801,822	\$2,859,982	\$1,058,160	59%
	TOTAL INPATIENT GROSS REVENUE	\$594,451,622	\$689,391,368	\$94,939,766	16%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$213,130,665	\$269,873,441	\$56,742,776	27%
2	MEDICARE MANAGED CARE	\$38,972,189	\$53,983,714	\$15,011,525	39%
3	MEDICAID	\$91,319,956	\$118,372,145	\$27,052,189	30%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$978,863	\$1,306,897	\$328,034	34%
6	COMMERCIAL INSURANCE	\$161,976,014	\$198,292,727	\$36,316,713	22%
7	NON-GOVERNMENT MANAGED CARE	\$156,304,490	\$172,696,114	\$16,391,624	10%
8	WORKER'S COMPENSATION	\$5,991,711	\$6,141,601	\$149,890	3%
9	SELF- PAY/UNINSURED	\$27,396,274	\$32,278,519	\$4,882,245	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$988,288	\$1,990,730	\$1,002,442	101%
	TOTAL OUTPATIENT GROSS REVENUE	\$697,058,450	\$854,935,888	\$157,877,438	23%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$498,217,978	\$602,752,766	\$104,534,788	21%
2	MEDICARE MANAGED CARE	\$79,904,650	\$115,693,130	\$35,788,480	45%
3	MEDICAID	\$174,133,722	\$207,828,868	\$33,695,146	19%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,516,696	\$1,672,228	\$155,532	10%
6	COMMERCIAL INSURANCE	\$243,177,437	\$300,220,720	\$57,043,283	23%
7	NON-GOVERNMENT MANAGED CARE	\$250,207,102	\$259,340,542	\$9,133,440	4%
8	WORKER'S COMPENSATION	\$9,078,271	\$9,779,593	\$701,322	8%
9	SELF- PAY/UNINSURED	\$32,484,086	\$42,188,697	\$9,704,611	30%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,790,110	\$4,850,712	\$2,060,602	74%
	TOTAL GROSS REVENUE	\$1,291,510,052	\$1,544,327,256	\$252,817,204	20%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$90,754,886	\$104,498,763	\$13,743,877	15%
2	MEDICARE MANAGED CARE	\$12,191,050	\$17,289,209	\$5,098,159	42%

**DANBURY HOSPITAL
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FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$16,004,723	\$18,192,797	\$2,188,074	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$206,353	\$100,669	(\$105,684)	-51%
6	COMMERCIAL INSURANCE	\$41,783,049	\$50,992,433	\$9,209,384	22%
7	NON-GOVERNMENT MANAGED CARE	\$61,475,999	\$55,302,426	(\$6,173,573)	-10%
8	WORKER'S COMPENSATION	\$2,123,430	\$2,502,793	\$379,363	18%
9	SELF- PAY/UNINSURED	\$1,434,850	\$2,378,942	\$944,092	66%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$491,371	\$597,623	\$106,252	22%
	TOTAL INPATIENT NET REVENUE	\$226,465,711	\$251,855,655	\$25,389,944	11%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$67,848,158	\$84,719,712	\$16,871,554	25%
2	MEDICARE MANAGED CARE	\$11,607,216	\$15,124,689	\$3,517,473	30%
3	MEDICAID	\$17,890,099	\$24,165,250	\$6,275,151	35%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$220,660	\$382,303	\$161,643	73%
6	COMMERCIAL INSURANCE	\$101,272,306	\$112,009,118	\$10,736,812	11%
7	NON-GOVERNMENT MANAGED CARE	\$85,549,520	\$96,279,553	\$10,730,033	13%
8	WORKER'S COMPENSATION	\$4,122,057	\$4,225,176	\$103,119	3%
9	SELF- PAY/UNINSURED	\$7,726,218	\$7,748,473	\$22,255	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$105,704	\$333,771	\$228,067	216%
	TOTAL OUTPATIENT NET REVENUE	\$296,341,938	\$344,988,045	\$48,646,107	16%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$158,603,044	\$189,218,475	\$30,615,431	19%
2	MEDICARE MANAGED CARE	\$23,798,266	\$32,413,898	\$8,615,632	36%
3	MEDICAID	\$33,894,822	\$42,358,047	\$8,463,225	25%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$427,013	\$482,972	\$55,959	13%
6	COMMERCIAL INSURANCE	\$143,055,355	\$163,001,551	\$19,946,196	14%
7	NON-GOVERNMENT MANAGED CARE	\$147,025,519	\$151,581,979	\$4,556,460	3%
8	WORKER'S COMPENSATION	\$6,245,487	\$6,727,969	\$482,482	8%
9	SELF- PAY/UNINSURED	\$9,161,068	\$10,127,415	\$966,347	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$597,075	\$931,394	\$334,319	56%
	TOTAL NET REVENUE	\$522,807,649	\$596,843,700	\$74,036,051	14%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	7,362	8,597	1,235	17%
2	MEDICARE MANAGED CARE	1,083	1,434	351	32%
3	MEDICAID	3,250	3,528	278	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	34	26	(8)	-24%
6	COMMERCIAL INSURANCE	2,941	3,391	450	15%
7	NON-GOVERNMENT MANAGED CARE	3,333	3,136	(197)	-6%
8	WORKER'S COMPENSATION	67	74	7	10%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	175	306	131	75%
10	SAGA	0	0	0	0%
11	OTHER	45	66	21	47%
	TOTAL DISCHARGES	18,290	20,558	2,268	12%
	B. PATIENT DAYS				
1	MEDICARE TRADITIONAL	44,789	51,059	6,270	14%
2	MEDICARE MANAGED CARE	5,669	8,583	2,914	51%
3	MEDICAID	15,608	15,997	389	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	106	72	(34)	-32%
6	COMMERCIAL INSURANCE	11,593	14,009	2,416	21%
7	NON-GOVERNMENT MANAGED CARE	13,128	11,858	(1,270)	-10%
8	WORKER'S COMPENSATION	277	252	(25)	-9%
9	SELF- PAY/UNINSURED	669	1,267	598	89%
10	SAGA	0	0	0	0%
11	OTHER	330	364	34	10%
	TOTAL PATIENT DAYS	92,169	103,461	11,292	12%
	C. OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	59,310	70,371	11,061	19%
2	MEDICARE MANAGED CARE	10,426	13,468	3,042	29%
3	MEDICAID	37,811	48,548	10,737	28%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	329	365	36	11%
6	COMMERCIAL INSURANCE	42,956	49,249	6,293	15%
7	NON-GOVERNMENT MANAGED CARE	43,404	47,050	3,646	8%
8	WORKER'S COMPENSATION	1,406	1,764	358	25%
9	SELF- PAY/UNINSURED	12,125	12,894	769	6%
10	SAGA	0	0	0	0%
11	OTHER	784	398	(386)	-49%
	TOTAL OUTPATIENT VISITS	208,551	244,107	35,556	17%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
A.					
1	MEDICARE TRADITIONAL	\$23,160,431	\$33,103,288	\$9,942,857	43%
2	MEDICARE MANAGED CARE	\$3,576,727	\$5,917,482	\$2,340,755	65%
3	MEDICAID	\$30,775,207	\$45,275,291	\$14,500,084	47%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$313,189	\$495,028	\$181,839	58%
6	COMMERCIAL INSURANCE	\$26,854,530	\$41,223,040	\$14,368,510	54%
7	NON-GOVERNMENT MANAGED CARE	\$22,144,330	\$29,619,790	\$7,475,460	34%
8	WORKER'S COMPENSATION	\$2,083,143	\$2,953,269	\$870,126	42%
9	SELF- PAY/UNINSURED	\$10,943,235	\$13,524,960	\$2,581,725	24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$761,933	\$956,325	\$194,392	26%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$120,612,725	\$173,068,473	\$52,455,748	43%
	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
B.					
1	MEDICARE TRADITIONAL	\$4,138,510	\$7,240,404	\$3,101,894	75%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$994,825	\$1,625,434	\$630,609	63%
3	MEDICAID	\$5,945,319	\$7,339,060	\$1,393,741	23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$102,413	\$161,874	\$59,461	58%
6	COMMERCIAL INSURANCE	\$16,114,006	\$24,891,697	\$8,777,691	54%
7	NON-GOVERNMENT MANAGED CARE	\$12,906,027	\$16,895,615	\$3,989,588	31%
8	WORKER'S COMPENSATION	\$1,433,118	\$2,031,731	\$598,613	42%
9	SELF- PAY/UNINSURED	\$1,546,707	\$1,930,053	\$383,346	25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$110,296	\$148,832	\$38,536	35%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$43,291,221	\$62,264,700	\$18,973,479	44%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,854	11,320	2,466	28%
2	MEDICARE MANAGED CARE	1,348	1,933	585	43%
3	MEDICAID	17,326	22,394	5,068	29%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	181	197	16	9%
6	COMMERCIAL INSURANCE	11,063	15,163	4,100	37%
7	NON-GOVERNMENT MANAGED CARE	9,333	11,166	1,833	20%
8	WORKER'S COMPENSATION	1,139	1,411	272	24%
9	SELF- PAY/UNINSURED	5,145	5,905	760	15%
10	SAGA	0	0	0	0%
11	OTHER	388	444	56	14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	54,777	69,933	15,156	28%

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FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$61,078,519	\$74,150,000	\$13,071,481	21%
2	Physician Salaries	\$8,610,701	\$9,523,000	\$912,299	11%
3	Non-Nursing, Non-Physician Salaries	\$121,938,706	\$138,094,000	\$16,155,294	13%
	Total Salaries & Wages	\$191,627,926	\$221,767,000	\$30,139,074	16%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$14,791,328	\$18,911,000	\$4,119,672	28%
2	Physician Fringe Benefits	\$2,085,245	\$2,429,000	\$343,755	16%
3	Non-Nursing, Non-Physician Fringe Benefits	\$29,529,785	\$35,220,000	\$5,690,215	19%
	Total Fringe Benefits	\$46,406,358	\$56,560,000	\$10,153,642	22%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$882,261	\$2,408,282	\$1,526,021	173%
2	Physician Fees	\$61,072,454	\$74,824,000	\$13,751,546	23%
3	Non-Nursing, Non-Physician Fees	\$902,798	\$1,536,849	\$634,051	70%
	Total Contractual Labor Fees	\$62,857,513	\$78,769,131	\$15,911,618	25%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$48,323,324	\$53,846,000	\$5,522,676	11%
2	Pharmaceutical Costs	\$28,412,785	\$34,845,000	\$6,432,215	23%
	Total Medical Supplies and Pharmaceutical Cost	\$76,736,109	\$88,691,000	\$11,954,891	16%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$12,651,458	\$20,236,000	\$7,584,542	60%
2	Depreciation-Equipment	\$18,780,906	\$24,678,000	\$5,897,094	31%
3	Amortization	\$249,803	\$460,000	\$210,197	84%
	Total Depreciation and Amortization	\$31,682,167	\$45,374,000	\$13,691,833	43%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$4,557,028	\$7,442,000	\$2,884,972	63%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$7,495,741	\$10,110,000	\$2,614,259	35%
I.	<u>Utilities:</u>				
1	Water	\$613,113	\$627,571	\$14,458	2%
2	Natural Gas	\$147,991	\$264,812	\$116,821	79%
3	Oil	\$2,348,248	\$3,407,315	\$1,059,067	45%
4	Electricity	\$1,557,846	\$2,197,131	\$639,285	41%
5	Telephone	\$848,158	\$1,106,457	\$258,299	30%
6	Other Utilities	\$35,971	\$40,355	\$4,384	12%
	Total Utilities	\$5,551,327	\$7,643,641	\$2,092,314	38%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$315,391	\$430,717	\$115,326	37%
2	Legal Fees	\$1,797,527	\$2,612,832	\$815,305	45%
3	Consulting Fees	\$3,908,677	\$4,329,398	\$420,721	11%
4	Dues and Membership	\$2,856,041	\$2,924,673	\$68,632	2%
5	Equipment Leases	\$8,070,816	\$8,481,707	\$410,891	5%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$9,840,746	\$11,214,653	\$1,373,907	14%
8	Insurance	\$1,084,449	\$833,232	(\$251,217)	-23%
9	Travel	\$730,366	\$912,320	\$181,954	25%
10	Conferences	\$454,789	\$441,374	(\$13,415)	-3%

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$244,372	\$296,646	\$52,274	21%
12	General Supplies	\$940,741	\$2,488,597	\$1,547,856	165%
13	Licenses and Subscriptions	\$288,984	\$218,772	(\$70,212)	-24%
14	Postage and Shipping	\$767,034	\$775,837	\$8,803	1%
15	Advertising	\$1,335,419	\$1,986,271	\$650,852	49%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$11,673,124	\$12,020,439	\$347,315	3%
18	Computer hardware & small equipment	\$366,101	\$370,476	\$4,375	1%
19	Dietary / Food Services	\$6,301,087	\$6,798,809	\$497,722	8%
20	Lab Fees / Red Cross charges	\$4,370,688	\$4,268,500	(\$102,188)	-2%
21	Billing & Collection / Bank Fees	\$2,607,958	\$3,747,934	\$1,139,976	44%
22	Recruiting / Employee Education & Recognition	\$1,073,077	\$3,439,503	\$2,366,426	221%
23	Laundry / Linen	\$1,505,200	\$1,637,504	\$132,304	9%
24	Professional / Physician Fees	\$262,395	\$265,792	\$3,397	1%
25	Waste disposal	\$378,458	\$410,266	\$31,808	8%
26	Purchased Services - Medical	\$208,057	\$148,630	(\$59,427)	-29%
27	Purchased Services - Non Medical	\$13,913,062	\$12,493,302	(\$1,419,760)	-10%
28	Other Business Expenses	\$0	\$24,433,044	\$24,433,044	0%
	Total Business Expenses	\$75,294,559	\$107,981,228	\$32,686,669	43%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$502,208,728	\$624,338,000	\$122,129,272	24%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$66,594,519	\$80,110,951	\$13,516,432	20%
2	General Accounting	\$1,122,131	\$1,372,603	\$250,472	22%
3	Patient Billing & Collection	\$5,045,770	\$7,073,540	\$2,027,770	40%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$31,632,970	\$37,415,069	\$5,782,099	18%
6	Communications	\$2,589,645	\$3,068,795	\$479,150	19%
7	Personnel	\$3,535,172	\$4,058,476	\$523,304	15%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$1,749,332	\$2,185,869	\$436,537	25%
10	Dietary and Cafeteria	\$5,755,299	\$7,239,483	\$1,484,184	26%
11	Housekeeping	\$5,070,123	\$6,930,491	\$1,860,368	37%
12	Laundry & Linen	\$77,043	\$252,614	\$175,571	228%
13	Operation of Plant	\$9,825,789	\$15,568,283	\$5,742,494	58%
14	Security	\$7,042,175	\$8,988,004	\$1,945,829	28%
15	Repairs and Maintenance	\$3,145,257	\$5,038,487	\$1,893,230	60%
16	Central Sterile Supply	\$3,340,776	\$4,038,023	\$697,247	21%
17	Pharmacy Department	\$11,478,010	\$12,558,376	\$1,080,366	9%
18	Other General Services	\$220,415	\$270,000	\$49,585	22%
	Total General Services	\$158,224,426	\$196,169,064	\$37,944,638	24%
B.	Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$14,954,642	\$14,683,409	(\$271,233)	-2%
3	Nursing Services Administration	\$6,762,892	\$8,533,968	\$1,771,076	26%
4	Medical Records	\$2,082,356	\$2,599,652	\$517,296	25%
5	Social Service	\$3,655,827	\$4,918,017	\$1,262,190	35%
6	Other Professional Services	\$45,678	\$0	(\$45,678)	-100%
	Total Professional Services	\$27,501,395	\$30,735,046	\$3,233,651	12%
C.	Special Services:				

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$47,399,739	\$53,458,393	\$6,058,654	13%
2	Recovery Room	\$3,508,568	\$3,864,778	\$356,210	10%
3	Anesthesiology	\$3,565,343	\$6,318,696	\$2,753,353	77%
4	Delivery Room	\$5,444,193	\$5,648,422	\$204,229	4%
5	Diagnostic Radiology	\$8,609,731	\$11,286,889	\$2,677,158	31%
6	Diagnostic Ultrasound	\$1,393,408	\$1,368,737	(\$24,671)	-2%
7	Radiation Therapy	\$4,705,392	\$6,025,702	\$1,320,310	28%
8	Radioisotopes	\$2,348,806	\$2,299,630	(\$49,176)	-2%
9	CT Scan	\$2,070,417	\$2,565,024	\$494,607	24%
10	Laboratory	\$23,846,975	\$26,530,787	\$2,683,812	11%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$17,643,785	\$16,049,717	(\$1,594,068)	-9%
13	Electrocardiology	\$187,797	\$198,550	\$10,753	6%
14	Electroencephalography	\$25,660	\$78,921	\$53,261	208%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,418,877	\$4,710,201	\$1,291,324	38%
19	Pulmonary Function	\$2,323,293	\$1,647,636	(\$675,657)	-29%
20	Intravenous Therapy	\$23,964,841	\$30,400,909	\$6,436,068	27%
21	Shock Therapy	\$206,155	\$220,325	\$14,170	7%
22	Psychiatry / Psychology Services	\$2,765,003	\$4,048,549	\$1,283,546	46%
23	Renal Dialysis	\$1,047,946	\$747,357	(\$300,589)	-29%
24	Emergency Room	\$26,813,965	\$39,264,999	\$12,451,034	46%
25	MRI	\$1,728,129	\$2,599,653	\$871,524	50%
26	PET Scan	\$932,676	\$936,400	\$3,724	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,083,048	\$7,100,365	\$2,017,317	40%
29	Sleep Center	\$1,220,266	\$1,285,579	\$65,313	5%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$604,243	\$724,791	\$120,548	20%
32	Occupational Therapy / Physical Therapy	\$7,480,749	\$8,567,088	\$1,086,339	15%
33	Dental Clinic	\$1,758,507	\$1,692,373	(\$66,134)	-4%
34	Other Special Services	\$9,530,434	\$5,945,312	(\$3,585,122)	-38%
	Total Special Services	\$209,627,946	\$245,585,783	\$35,957,837	17%
D.	Routine Services:				
1	Medical & Surgical Units	\$51,895,079	\$61,943,188	\$10,048,109	19%
2	Intensive Care Unit	\$7,049,203	\$8,941,962	\$1,892,759	27%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,747,827	\$5,105,273	\$357,446	8%
5	Pediatric Unit	\$2,394,498	\$2,124,024	(\$270,474)	-11%
6	Maternity Unit	\$4,729,048	\$4,824,329	\$95,281	2%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$4,362,411	\$4,677,109	\$314,698	7%
9	Rehabilitation Unit	\$3,237,581	\$3,280,088	\$42,507	1%
10	Ambulatory Surgery	\$8,521,406	\$9,237,493	\$716,087	8%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$7,533,896	\$5,916,386	(\$1,617,510)	-21%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$94,470,949	\$106,049,852	\$11,578,903	12%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$12,384,012	\$45,798,255	\$33,414,243	270%
	Total Operating Expenses - All Departments*	\$502,208,728	\$624,338,000	\$122,129,272	24%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$501,863,239	\$506,353,775	\$592,876,000
2	Other Operating Revenue	13,159,391	15,495,383	16,591,000
3	Total Operating Revenue	\$515,022,630	\$521,849,158	\$609,467,000
4	Total Operating Expenses	486,568,594	502,208,728	624,338,000
5	Income/(Loss) From Operations	\$28,454,036	\$19,640,430	(\$14,871,000)
6	Total Non-Operating Revenue	10,187,487	31,445,240	9,265,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$38,641,523	\$51,085,670	(\$5,606,000)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.42%	3.55%	-2.40%
2	Hospital Non Operating Margin	1.94%	5.68%	1.50%
3	Hospital Total Margin	7.36%	9.23%	-0.91%
4	Income/(Loss) From Operations	\$28,454,036	\$19,640,430	(\$14,871,000)
5	Total Operating Revenue	\$515,022,630	\$521,849,158	\$609,467,000
6	Total Non-Operating Revenue	\$10,187,487	\$31,445,240	\$9,265,000
7	Total Revenue	\$525,210,117	\$553,294,398	\$618,732,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$38,641,523	\$51,085,670	(\$5,606,000)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$400,930,008	\$412,096,873	\$406,110,000
2	Hospital Total Net Assets	\$486,647,111	\$489,293,538	\$476,736,000
3	Hospital Change in Total Net Assets	\$42,026,012	\$2,646,427	(\$12,557,538)
4	Hospital Change in Total Net Assets %	109.5%	0.5%	-2.6%

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
D. Cost Data Summary				
1	<u>Ratio of Cost to Charges</u>	0.39	0.38	0.40
2	Total Operating Expenses	\$486,568,594	\$502,208,728	\$624,338,000
3	Total Gross Revenue	\$1,231,890,672	\$1,291,510,052	\$1,544,327,256
4	Total Other Operating Revenue	\$15,260,805	\$15,495,383	\$16,591,387
5	<u>Private Payment to Cost Ratio</u>	1.52	1.53	1.41
6	Total Non-Government Payments	\$303,141,114	\$305,487,429	\$331,438,914
7	Total Uninsured Payments	\$9,056,420	\$9,161,068	\$10,127,415
8	Total Non-Government Charges	\$530,833,006	\$534,946,896	\$611,529,552
9	Total Uninsured Charges	\$34,444,606	\$32,484,086	\$42,188,697
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.82	0.77
11	Total Medicare Payments	\$175,171,391	\$182,401,310	\$221,632,373
12	Total Medicare Charges	\$538,759,044	\$578,122,628	\$718,445,896
13	<u>Medicaid Payment to Cost Ratio</u>	0.56	0.51	0.51
14	Total Medicaid Payments	\$35,080,650	\$33,894,822	\$42,358,047
15	Total Medicaid Charges	\$159,185,527	\$174,133,722	\$207,828,868
16	<u>Uncompensated Care Cost</u>	\$11,728,671	\$10,653,214	\$14,970,996
17	Charity Care	\$12,948,351	\$12,601,255	\$16,274,798
18	Bad Debts	\$17,114,070	\$15,123,888	\$21,154,457
19	Total Uncompensated Care	\$30,062,421	\$27,725,143	\$37,429,255
20	<u>Uncompensated Care % of Total Expenses</u>	2.4%	2.1%	2.4%

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses	\$486,568,594	\$502,208,728	\$624,338,000
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	2	2	1
2	Total Current Assets	\$142,453,384	\$137,232,555	\$123,640,000
3	Total Current Liabilities	\$78,342,090	\$89,296,078	\$97,320,000
4	<u>Days Cash on Hand</u>	47	36	13
5	Cash and Cash Equivalents	\$58,568,767	\$46,609,541	\$21,083,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$58,568,767	\$46,609,541	\$21,083,000
8	Total Operating Expenses	\$486,568,594	\$502,208,728	\$624,338,000
9	Depreciation Expense	\$30,033,213	\$31,682,167	\$45,374,000
10	Operating Expenses less Depreciation Expense	\$456,535,381	\$470,526,561	\$578,964,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	35	36
12	Net Patient Accounts Receivable	\$57,504,970	\$63,595,267	\$76,938,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$8,710,030	\$14,656,782	\$18,232,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$48,794,940	\$48,938,485	\$58,706,000
16	Total Net Patient Revenue	\$501,863,239	\$506,353,775	\$592,876,000
17	<u>Average Payment Period</u>	63	69	61
18	Total Current Liabilities	\$78,342,090	\$89,296,078	\$97,320,000
19	Total Operating Expenses	\$486,568,594	\$502,208,728	\$624,338,000
20	Depreciation Expense	\$30,033,213	\$31,682,167	\$45,374,000

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses less Depreciation Expense	\$456,535,381	\$470,526,561	\$578,964,000
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	58.6	58.3	56.9
2	Total Net Assets	\$486,647,111	\$489,293,538	\$476,736,000
3	Total Assets	\$829,751,638	\$838,720,319	\$837,408,000
4	<u>Cash Flow to Total Debt Ratio</u>	21.1	25.0	11.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$38,641,523	\$51,085,670	(\$5,606,000)
6	Depreciation Expense	\$30,033,213	\$31,682,167	\$45,374,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$68,674,736	\$82,767,837	\$39,768,000
8	Total Current Liabilities	\$78,342,090	\$89,296,078	\$97,320,000
9	Total Long Term Debt	\$246,700,000	\$241,775,000	\$243,270,000
10	Total Current Liabilities and Total Long Term Debt	\$325,042,090	\$331,071,078	\$340,590,000
11	<u>Long Term Debt to Capitalization Ratio</u>	33.6	33.1	33.8
12	Total Long Term Debt	\$246,700,000	\$241,775,000	\$243,270,000
13	Total Net Assets	\$486,647,111	\$489,293,538	\$476,736,000
14	Total Long Term Debt and Total Net Assets	\$733,347,111	\$731,068,538	\$720,006,000
15	<u>Debt Service Coverage Ratio</u>	13.1	11.7	0.4
16	Excess Revenues over Expenses	38,641,523	\$51,085,670	(\$5,606,000)
17	Interest Expense	3,984,131	\$4,557,028	\$7,442,000
18	Depreciation and Amortization Expense	30,033,213	\$31,682,167	\$45,374,000
19	Principal Payments	1,555,000	\$2,880,000	\$125,327,000
G. Other Financial Ratios				

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
20	Average Age of Plant	10.9	11.3	10.0
21	Accumulated Depreciation	328,300,919	356,467,852	452,258,000
22	Depreciation and Amortization Expense	30,033,213	31,682,167	45,374,000
H. Utilization Measures Summary				
1	Patient Days	91,003	92,169	103,461
2	Discharges	18,562	18,290	20,558
3	ALOS	4.9	5.0	5.0
4	Staffed Beds	267	273	296
5	Available Beds	-	371	456
6	Licensed Beds	371	371	456
7	Occupancy of Staffed Beds	93.4%	92.5%	95.8%
8	Occupancy of Available Beds	67.2%	68.1%	62.2%
9	Full Time Equivalent Employees	2,361.9	2,351.1	2,718.9
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	40.3%	38.9%	36.9%
2	Medicare Gross Revenue Payer Mix Percentage	43.7%	44.8%	46.5%
3	Medicaid Gross Revenue Payer Mix Percentage	12.9%	13.5%	13.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.8%	2.5%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$496,388,400	\$502,462,810	\$569,340,855
9	Medicare Gross Revenue (Charges)	\$538,759,044	\$578,122,628	\$718,445,896
10	Medicaid Gross Revenue (Charges)	\$159,185,527	\$174,133,722	\$207,828,868
11	Other Medical Assistance Gross Revenue (Charges)	\$1,698,012	\$2,790,110	\$4,850,712
12	Uninsured Gross Revenue (Charges)	\$34,444,606	\$32,484,086	\$42,188,697
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,415,083	\$1,516,696	\$1,672,228
14	Total Gross Revenue (Charges)	\$1,231,890,672	\$1,291,510,052	\$1,544,327,256
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	57.2%	56.7%	53.8%
2	Medicare Net Revenue Payer Mix Percentage	34.0%	34.9%	37.1%
3	Medicaid Net Revenue Payer Mix Percentage	6.8%	6.5%	7.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	1.8%	1.8%	1.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$294,084,694	\$296,326,361	\$321,311,499
9	Medicare Net Revenue (Payments)	\$175,171,391	\$182,401,310	\$221,632,373
10	Medicaid Net Revenue (Payments)	\$35,080,650	\$33,894,822	\$42,358,047

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$712,423	\$597,075	\$931,394
12	Uninsured Net Revenue (Payments)	\$9,056,420	\$9,161,068	\$10,127,415
13	CHAMPUS / TRICARE Net Revenue Payments)	\$380,187	\$427,013	\$482,972
14	Total Net Revenue (Payments)	\$514,485,765	\$522,807,649	\$596,843,700
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	6,808	6,516	6,907
2	Medicare	8,369	8,445	10,031
3	Medical Assistance	3,350	3,295	3,594
4	Medicaid	3,321	3,241	3,528
5	Other Medical Assistance	29	54	66
6	CHAMPUS / TRICARE	35	34	26
7	Uninsured (Included In Non-Government)	156	175	306
8	Total	18,562	18,290	20,558
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.21670	1.28683	1.27790
2	Medicare	1.54116	1.58129	1.54790
3	Medical Assistance	1.03548	1.05997	1.08280
4	Medicaid	1.03400	1.05990	1.07550
5	Other Medical Assistance	1.20480	1.06430	1.47320
6	CHAMPUS / TRICARE	0.87510	0.71520	0.64140
7	Uninsured (Included In Non-Government)	1.20560	1.08980	1.24680
8	Total Case Mix Index	1.32964	1.38086	1.37473
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	11,548	11,281	13,654
2	Emergency Room - Treated and Discharged	58,017	54,777	69,933
3	Total Emergency Room Visits	69,565	66,058	83,587

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$114,771	\$200,763	\$85,992	75%
2	Inpatient Payments	\$14,119	\$118,936	\$104,817	742%
3	Outpatient Charges	\$76,046	\$33,660	(\$42,386)	-56%
4	Outpatient Payments	\$37,151	\$17,545	(\$19,606)	-53%
5	Discharges	3	4	1	33%
6	Patient Days	6	33	27	450%
7	Outpatient Visits (Excludes ED Visits)	7	6	(1)	-14%
8	Emergency Department Outpatient Visits	3	6	3	100%
9	Emergency Department Inpatient Admissions	1	4	3	300%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$190,817	\$234,423	\$43,606	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$51,270	\$136,481	\$85,211	166%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$5,723,534	\$9,647,750	\$3,924,216	69%
2	Inpatient Payments	\$1,636,936	\$2,880,492	\$1,243,556	76%
3	Outpatient Charges	\$5,459,889	\$8,898,678	\$3,438,789	63%
4	Outpatient Payments	\$1,539,899	\$3,509,321	\$1,969,422	128%
5	Discharges	147	249	102	69%
6	Patient Days	786	1,332	546	69%
7	Outpatient Visits (Excludes ED Visits)	1,217	1,849	632	52%
8	Emergency Department Outpatient Visits	205	340	135	66%
9	Emergency Department Inpatient Admissions	112	196	84	75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,183,423	\$18,546,428	\$7,363,005	66%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,176,835	\$6,389,813	\$3,212,978	101%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$2,691,351	\$4,412,703	\$1,721,352	64%
2	Inpatient Payments	\$736,252	\$1,158,239	\$421,987	57%
3	Outpatient Charges	\$1,796,342	\$2,614,461	\$818,119	46%
4	Outpatient Payments	\$569,249	\$742,067	\$172,818	30%
5	Discharges	66	113	47	71%
6	Patient Days	379	749	370	98%
7	Outpatient Visits (Excludes ED Visits)	432	471	39	9%
8	Emergency Department Outpatient Visits	110	220	110	100%
9	Emergency Department Inpatient Admissions	62	101	39	63%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,487,693	\$7,027,164	\$2,539,471	57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,305,501	\$1,900,306	\$594,805	46%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	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%
I.	AETNA				
1	Inpatient Charges	\$15,874,033	\$24,117,885	\$8,243,852	52%
2	Inpatient Payments	\$4,781,359	\$6,643,219	\$1,861,860	39%
3	Outpatient Charges	\$14,996,062	\$20,396,055	\$5,399,993	36%
4	Outpatient Payments	\$4,462,408	\$5,779,497	\$1,317,089	30%
5	Discharges	421	505	84	20%
6	Patient Days	2,194	3,276	1,082	49%
7	Outpatient Visits (Excludes ED Visits)	3,557	4,437	880	25%
8	Emergency Department Outpatient Visits	471	590	119	25%
9	Emergency Department Inpatient Admissions	314	379	65	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,870,095	\$44,513,940	\$13,643,845	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,243,767	\$12,422,716	\$3,178,949	34%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
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%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$16,429,903	\$22,670,837	\$6,240,934	38%
2	Inpatient Payments	\$4,979,897	\$6,307,211	\$1,327,314	27%
3	Outpatient Charges	\$16,393,027	\$21,562,032	\$5,169,005	32%
4	Outpatient Payments	\$4,937,042	\$4,990,947	\$53,905	1%
5	Discharges	443	551	108	24%
6	Patient Days	2,295	3,126	831	36%
7	Outpatient Visits (Excludes ED Visits)	3,696	4,659	963	26%
8	Emergency Department Outpatient Visits	543	745	202	37%
9	Emergency Department Inpatient Admissions	344	440	96	28%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,822,930	\$44,232,869	\$11,409,939	35%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,916,939	\$11,298,158	\$1,381,219	14%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$98,869	\$659,478	\$560,609	567%
2	Inpatient Payments	\$42,487	\$181,112	\$138,625	326%
3	Outpatient Charges	\$250,823	\$478,828	\$228,005	91%
4	Outpatient Payments	\$61,467	\$85,312	\$23,845	39%
5	Discharges	3	12	9	300%
6	Patient Days	9	67	58	644%
7	Outpatient Visits (Excludes ED Visits)	169	113	(56)	-33%
8	Emergency Department Outpatient Visits	16	32	16	100%
9	Emergency Department Inpatient Admissions	3	10	7	233%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$349,692	\$1,138,306	\$788,614	226%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$103,954	\$266,424	\$162,470	156%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$40,932,461	\$61,709,416	\$20,776,955	51%
	TOTAL INPATIENT PAYMENTS	\$12,191,050	\$17,289,209	\$5,098,159	42%
	TOTAL OUTPATIENT CHARGES	\$38,972,189	\$53,983,714	\$15,011,525	39%
	TOTAL OUTPATIENT PAYMENTS	\$11,607,216	\$15,124,689	\$3,517,473	30%
	TOTAL DISCHARGES	1,083	1,434	351	32%
	TOTAL PATIENT DAYS	5,669	8,583	2,914	51%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,078	11,535	2,457	27%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,348	1,933	585	43%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	836	1,130	294	35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$79,904,650	\$115,693,130	\$35,788,480	45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,798,266	\$32,413,898	\$8,615,632	36%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**DANBURY HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

WESTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$144,314,483	\$89,299,000	(\$55,015,483)	-38%
2	Short Term Investments	\$14,004,464	\$13,983,000	(\$21,464)	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$128,633,349	\$143,408,000	\$14,774,651	11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$9,863,637	\$7,368,000	(\$2,495,637)	-25%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$14,459,240	\$14,880,000	\$420,760	3%
8	Prepaid Expenses	\$30,762,442	\$23,102,000	(\$7,660,442)	-25%
9	Other Current Assets	\$16,375,353	\$41,268,000	\$24,892,647	152%
	Total Current Assets	\$358,412,968	\$333,308,000	(\$25,104,968)	-7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,765,862	\$14,563,000	(\$1,202,862)	-8%
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	\$117,033,285	\$132,780,000	\$15,746,715	13%
	Total Noncurrent Assets Whose Use is Limited:	\$132,799,147	\$147,343,000	\$14,543,853	11%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$433,150,793	\$416,915,000	(\$16,235,793)	-4%
7	Other Noncurrent Assets	\$53,835,196	\$34,445,000	(\$19,390,196)	-36%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$1,318,420,986	\$1,397,769,000	\$79,348,014	6%
2	Less: Accumulated Depreciation	\$775,229,849	\$824,711,000	\$49,481,151	\$0
	Property, Plant and Equipment, Net	\$543,191,137	\$573,058,000	\$29,866,863	5%
3	Construction in Progress	\$108,748,595	\$106,873,000	(\$1,875,595)	-2%
	Total Net Fixed Assets	\$651,939,732	\$679,931,000	\$27,991,268	4%
	Total Assets	\$1,630,137,836	\$1,611,942,000	(\$18,195,836)	-1%

WESTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$78,566,464	\$69,955,000	(\$8,611,464)	-11%
2	Salaries, Wages and Payroll Taxes	\$69,089,102	\$69,290,000	\$200,898	0%
3	Due To Third Party Payers	\$53,635,921	\$46,275,000	(\$7,360,921)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$11,964,141	\$9,227,000	(\$2,737,141)	-23%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$213,255,628	\$194,747,000	(\$18,508,628)	-9%
B.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$363,726,412	\$354,959,000	(\$8,767,412)	-2%
	Total Long Term Debt	\$363,726,412	\$354,959,000	(\$8,767,412)	-2%
3	Accrued Pension Liability	\$169,569,725	\$227,988,000	\$58,418,275	34%
4	Other Long Term Liabilities	\$86,031,950	\$78,958,000	(\$7,073,950)	-8%
	Total Long Term Liabilities	\$619,328,087	\$661,905,000	\$42,576,913	7%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	\$661,351,254	\$603,321,000	(\$58,030,254)	-9%
2	Temporarily Restricted Net Assets	\$92,944,545	\$107,926,000	\$14,981,455	16%
3	Permanently Restricted Net Assets	\$43,258,322	\$44,043,000	\$784,678	2%
	Total Net Assets	\$797,554,121	\$755,290,000	(\$42,264,121)	-5%
	Total Liabilities and Net Assets	\$1,630,137,836	\$1,611,942,000	(\$18,195,836)	-1%

WESTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$2,462,700,883	\$2,865,780,000	\$403,079,117	16%
2	Less: Allowances	\$1,433,142,811	\$1,669,573,000	\$236,430,189	16%
3	Less: Charity Care	\$27,520,752	\$33,743,000	\$6,222,248	23%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,002,037,320	\$1,162,464,000	\$160,426,680	16%
5	Provision for Bad Debts	\$40,667,790	\$38,642,000	(\$2,025,790)	-5%
	Net Patient Service Revenue less provision for bad debts	\$961,369,530	\$1,123,822,000	\$162,452,470	17%
6	Other Operating Revenue	\$25,099,816	\$25,524,000	\$424,184	2%
7	Net Assets Released from Restrictions	\$7,155,684	\$8,093,000	\$937,316	13%
	Total Operating Revenue	\$993,625,030	\$1,157,439,000	\$163,813,970	16%
B. Operating Expenses:					
1	Salaries and Wages	\$469,826,938	\$532,907,000	\$63,080,062	13%
2	Fringe Benefits	\$104,721,012	\$127,826,000	\$23,104,988	22%
3	Physicians Fees	\$16,270,068	\$24,022,000	\$7,751,932	48%
4	Supplies and Drugs	\$122,783,655	\$152,939,000	\$30,155,345	25%
5	Depreciation and Amortization	\$53,445,138	\$68,744,000	\$15,298,862	29%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$6,326,466	\$9,510,000	\$3,183,534	50%
8	Malpractice Insurance Cost	\$20,861,003	\$9,517,000	(\$11,344,003)	-54%
9	Other Operating Expenses	\$166,941,322	\$219,182,000	\$52,240,678	31%
	Total Operating Expenses	\$961,175,602	\$1,144,647,000	\$183,471,398	19%
	Income/(Loss) From Operations	\$32,449,428	\$12,792,000	(\$19,657,428)	-61%
C. Non-Operating Revenue:					
1	Income from Investments	\$5,772,965	\$9,298,000	\$3,525,035	61%
2	Gifts, Contributions and Donations	\$5,517,373	\$33,105,000	\$27,587,627	500%
3	Other Non-Operating Gains/(Losses)	\$306,593,216	(\$21,845,000)	(\$328,438,216)	-107%
	Total Non-Operating Revenue	\$317,883,554	\$20,558,000	(\$297,325,554)	-94%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$350,332,982	\$33,350,000	(\$316,982,982)	-90%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$1,116,608)	(\$1,968,000)	(\$851,392)	76%
	Total Other Adjustments	(\$1,116,608)	(\$1,968,000)	(\$851,392)	76%
	Excess/(Deficiency) of Revenue Over Expenses	\$349,216,374	\$31,382,000	(\$317,834,374)	-91%

WESTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$693,630,862	\$961,369,530	\$1,123,822,000
2	Other Operating Revenue	18,878,200	32,255,500	33,617,000
3	Total Operating Revenue	\$712,509,062	\$993,625,030	\$1,157,439,000
4	Total Operating Expenses	689,272,450	961,175,602	1,144,647,000
5	Income/(Loss) From Operations	\$23,236,612	\$32,449,428	\$12,792,000
6	Total Non-Operating Revenue	10,485,983	316,766,946	18,590,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$33,722,595	\$349,216,374	\$31,382,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.21%	2.48%	1.09%
2	Parent Corporation Non-Operating Margin	1.45%	24.17%	1.58%
3	Parent Corporation Total Margin	4.66%	26.65%	2.67%
4	Income/(Loss) From Operations	\$23,236,612	\$32,449,428	\$12,792,000
5	Total Operating Revenue	\$712,509,062	\$993,625,030	\$1,157,439,000
6	Total Non-Operating Revenue	\$10,485,983	\$316,766,946	\$18,590,000
7	Total Revenue	\$722,995,045	\$1,310,391,976	\$1,176,029,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$33,722,595	\$349,216,374	\$31,382,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$404,480,146	\$661,351,254	\$603,321,000
2	Parent Corporation Total Net Assets	\$500,199,140	\$797,554,121	\$755,290,000
3	Parent Corporation Change in Total Net Assets	\$156,324,559	\$297,354,981	(\$42,264,121)
4	Parent Corporation Change in Total Net Assets %	145.5%	59.4%	-5.3%

WESTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.94	1.68	1.71
2	Total Current Assets	\$194,314,003	\$358,412,968	\$333,308,000
3	Total Current Liabilities	\$99,914,880	\$213,255,628	\$194,747,000
4	<u>Days Cash on Hand</u>	40	64	35
5	Cash and Cash Equivalents	\$71,777,507	\$144,314,483	\$89,299,000
6	Short Term Investments	\$0	\$14,004,464	\$13,983,000
7	Total Cash and Short Term Investments	\$71,777,507	\$158,318,947	\$103,282,000
8	Total Operating Expenses	\$689,272,450	\$961,175,602	\$1,144,647,000
9	Depreciation Expense	\$37,300,840	\$53,445,138	\$68,744,000
10	Operating Expenses less Depreciation Expense	\$651,971,610	\$907,730,464	\$1,075,903,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	28	32
12	Net Patient Accounts Receivable	\$ 76,374,995	\$ 128,633,349	\$ 143,408,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$10,798,195	\$53,635,921	\$46,275,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 65,576,800	\$ 74,997,428	\$ 97,133,000
16	Total Net Patient Revenue	\$693,630,862	\$961,369,530	\$1,123,822,000
17	<u>Average Payment Period</u>	56	86	66
18	Total Current Liabilities	\$99,914,880	\$213,255,628	\$194,747,000
19	Total Operating Expenses	\$689,272,450	\$961,175,602	\$1,144,647,000
20	Depreciation Expense	\$37,300,840	\$53,445,138	\$68,744,000
20	Total Operating Expenses less Depreciation Expense	\$651,971,610	\$907,730,464	\$1,075,903,000

WESTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	51.4	48.9	46.9
2	Total Net Assets	\$500,199,140	\$797,554,121	\$755,290,000
3	Total Assets	\$973,173,663	\$1,630,137,836	\$1,611,942,000
4	<u>Cash Flow to Total Debt Ratio</u>	20.5	69.8	18.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$33,722,595	\$349,216,374	\$31,382,000
6	Depreciation Expense	\$37,300,840	\$53,445,138	\$68,744,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$71,023,435	\$402,661,512	\$100,126,000
8	Total Current Liabilities	\$99,914,880	\$213,255,628	\$194,747,000
9	Total Long Term Debt	\$246,700,000	\$363,726,412	\$354,959,000
10	Total Current Liabilities and Total Long Term Debt	\$346,614,880	\$576,982,040	\$549,706,000
11	<u>Long Term Debt to Capitalization Ratio</u>	33.0	31.3	32.0
12	Total Long Term Debt	\$246,700,000	\$363,726,412	\$354,959,000
13	Total Net Assets	\$500,199,140	\$797,554,121	\$755,290,000
14	Total Long Term Debt and Total Net Assets	\$746,899,140	\$1,161,280,533	\$1,110,249,000

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
LINE	DESCRIPTION							
1	Adult Medical/Surgical	74,363	15,179	15,372	211	304	96.6%	67.0%
2	ICU/CCU (Excludes Neonatal ICU)	5,179	239	0	15	38	94.6%	37.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,954	641	644	18	23	90.6%	70.9%
	TOTAL PSYCHIATRIC	5,954	641	644	18	23	90.6%	70.9%
5	Rehabilitation	3,973	274	271	11	14	99.0%	77.7%
6	Maternity	5,949	2,102	2,105	17	32	95.9%	50.9%
7	Newborn	4,280	1,836	1,832	12	26	97.7%	45.1%
8	Neonatal ICU	3,292	275	0	10	15	90.2%	60.1%
9	Pediatric	471	251	252	2	4	64.5%	32.3%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	99,181	18,722	18,644	284	430	95.7%	63.2%
	TOTAL INPATIENT BED UTILIZATION	103,461	20,558	20,476	296	456	95.8%	62.2%
	TOTAL INPATIENT REPORTED YEAR	103,461	20,558	20,476	296	456	95.8%	62.2%
	TOTAL INPATIENT PRIOR YEAR	92,169	18,290	18,325	273	371	92.5%	68.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	11,292	2,268	2,151	23	85	3.3%	-5.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	12%	12%	12%	8%	23%	4%	-9%
	Total Licensed Beds and Bassinets	456						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	10,177	13,622	3,445	34%
2	Outpatient Scans (Excluding Emergency Department Scans)	13,681	17,285	3,604	26%
3	Emergency Department Scans	11,169	15,207	4,038	36%
4	Other Non-Hospital Providers' Scans (A)	5,656	6,342	686	12%
	Total CT Scans	40,683	52,456	11,773	29%
B. MRI Scans (A)					
1	Inpatient Scans	1,294	1,610	316	24%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,838	9,111	2,273	33%
3	Emergency Department Scans	215	219	4	2%
4	Other Non-Hospital Providers' Scans (A)	5,929	5,925	-4	0%
	Total MRI Scans	14,276	16,865	2,589	18%
C. PET Scans (A)					
1	Inpatient Scans	1	7	6	600%
2	Outpatient Scans (Excluding Emergency Department Scans)	275	880	605	220%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	276	887	611	221%
D. PET/CT Scans (A)					
1	Inpatient Scans	6	0	-6	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	680	0	-680	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	686	0	-686	-100%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	333	376	43	13%
2	Outpatient Procedures	9,606	10,656	1,050	11%
	Total Linear Accelerator Procedures	9,939	11,032	1,093	11%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	849	818	-31	-4%
2	Outpatient Procedures	818	814	-4	0%
	Total Cardiac Catheterization Procedures	1,667	1,632	-35	-2%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	97	97	0	0%
2	Elective Procedures	280	300	20	7%
	Total Cardiac Angioplasty Procedures	377	397	20	5%
H. Electrophysiology Studies					
1	Inpatient Studies	42	50	8	19%
2	Outpatient Studies	128	104	-24	-19%
	Total Electrophysiology Studies	170	154	-16	-9%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,886	4,295	409	11%
2	Outpatient Surgical Procedures	9,982	10,670	688	7%
	Total Surgical Procedures	13,868	14,965	1,097	8%
J. Endoscopy Procedures					

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	792	902	110	14%
2	Outpatient Endoscopy Procedures	11,218	12,891	1,673	15%
	Total Endoscopy Procedures	12,010	13,793	1,783	15%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	11,281	13,654	2,373	21%
2	Emergency Room Visits: Treated and Discharged	54,777	69,933	15,156	28%
	Total Emergency Room Visits	66,058	83,587	17,529	27%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	13,477	12,011	-1,466	-11%
3	Psychiatric Clinic Visits	17,745	26,764	9,019	51%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	8,144	8,905	761	9%
6	Medical Clinic Visits - Urgent Care Clinic	313	321	8	3%
7	Medical Clinic Visits - Family Practice Clinic	1,470	1,556	86	6%
8	Medical Clinic Visits - Other Medical Clinics	40,093	44,148	4,055	10%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	1,352	1,222	-130	-10%
11	Specialty Clinic Visits - Chronic Pain Clinic	856	917	61	7%
12	Specialty Clinic Visits - OB-GYN Clinic	7,810	7,545	-265	-3%
13	Specialty Clinic Visits - Other Speciality Clinics	6,115	5,788	-327	-5%
	Total Hospital Clinic Visits	97,375	109,177	11,802	12%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	43,560	50,149	6,589	15%
2	Cardiac Rehabilitation	6,124	7,661	1,537	25%
3	Chemotherapy	6,715	7,671	956	14%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	0	0	0	0%
	Total Other Hospital Outpatient Visits	56,399	65,481	9,082	16%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	551.4	656.6	105.2	19%
2	Total Physician FTEs	115.8	123.5	7.7	7%
3	Total Non-Nursing and Non-Physician FTEs	1,683.9	1,938.8	254.9	15%
	Total Hospital Full Time Equivalent Employees	2,351.1	2,718.9	367.8	16%

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Ridgefield Surgical Center	2,852	2,764	-88	-3%
2	Hospital	7,130	7,906	776	11%
	Total Outpatient Surgical Procedures(A)	9,982	10,670	688	7%
B. Outpatient Endoscopy Procedures					
1	Ridgefield Surgical Center	998	1,051	53	5%
2	Hospital	10,220	11,840	1,620	16%
	Total Outpatient Endoscopy Procedures(B)	11,218	12,891	1,673	15%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	54,777	69,933	15,156	28%
	Total Outpatient Hospital Emergency Room Visits(C)	54,777	69,933	15,156	28%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$326,019,774	\$394,588,741	\$68,568,967	21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$102,945,936	\$121,787,972	\$18,842,036	18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.58%	30.86%	-0.71%	-2%
4	DISCHARGES	8,445	10,031	1,586	19%
5	CASE MIX INDEX (CMI)	1.58129	1.54790	(0.03339)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13,353.99405	15,526.98490	2,172.99085	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,709.00	\$7,843.63	\$134.63	2%
8	PATIENT DAYS	50,458	59,642	9,184	18%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,040.23	\$2,041.98	\$1.75	0%
10	AVERAGE LENGTH OF STAY	6.0	5.9	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$252,102,854	\$323,857,155	\$71,754,301	28%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$79,455,374	\$99,844,401	\$20,389,027	26%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.52%	30.83%	-0.69%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	77.33%	82.07%	4.75%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,530.30513	8,232.90374	1,702.59861	26%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,167.18	\$12,127.48	(\$39.69)	0%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$578,122,628	\$718,445,896	\$140,323,268	24%
18	TOTAL ACCRUED PAYMENTS	\$182,401,310	\$221,632,373	\$39,231,063	22%
19	TOTAL ALLOWANCES	\$395,721,318	\$496,813,523	\$101,092,205	26%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$183,278,407	\$202,120,591	\$18,842,184	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$106,817,328	\$111,176,594	\$4,359,266	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.28%	55.01%	-3.28%	-6%
4	DISCHARGES	6,516	6,907	391	6%
5	CASE MIX INDEX (CMI)	1.28683	1.27790	(0.00893)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,384.98428	8,826.45530	441.47102	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,739.12	\$12,595.84	(\$143.28)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$5,030.12)	(\$4,752.20)	\$277.92	-6%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$42,177,487)	(\$41,945,117)	\$232,369	-1%
10	PATIENT DAYS	25,667	27,386	1,719	7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,161.66	\$4,059.61	(\$102.05)	-2%
12	AVERAGE LENGTH OF STAY	3.9	4.0	0.0	1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$351,668,489	\$409,408,961	\$57,740,472	16%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$198,670,101	\$220,262,320	\$21,592,219	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	56.49%	53.80%	-2.69%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	191.88%	202.56%	10.68%	6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	12,502.68328	13,990.59680	1,487.91352	12%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$15,890.20	\$15,743.60	(\$146.60)	-1%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,723.02)	(\$3,616.11)	\$106.91	-3%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$46,547,749)	(\$50,591,594)	(\$4,043,845)	9%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$534,946,896	\$611,529,552	\$76,582,656	14%
22	TOTAL ACCRUED PAYMENTS	\$305,487,429	\$331,438,914	\$25,951,485	8%
23	TOTAL ALLOWANCES	\$229,459,467	\$280,090,638	\$50,631,171	22%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$88,725,236)	(\$92,536,711)	(\$3,811,475)	4%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$474,922,116	\$535,124,832	\$60,202,716	13%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$289,817,237	\$312,135,754	\$22,318,517	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$185,104,879	\$222,989,078	\$37,884,199	20%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.98%	41.67%	2.69%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,087,812	\$9,910,178	\$4,822,366	95%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,434,850	\$2,378,942	\$944,092	66%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.20%	24.01%	-4.20%	-15%
4	DISCHARGES	175	306	131	75%
5	CASE MIX INDEX (CMI)	1.08980	1.24680	0.15700	14%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	190.71500	381.52080	190.80580	100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,523.53	\$6,235.42	(\$1,288.11)	-17%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,215.59	\$6,360.42	\$1,144.83	22%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$185.47	\$1,608.21	\$1,422.74	767%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$35,372	\$613,567	\$578,195	1635%
11	PATIENT DAYS	669	1,267	598	89%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,144.77	\$1,877.62	(\$267.15)	-12%
13	AVERAGE LENGTH OF STAY	3.8	4.1	0.3	8%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,396,274	\$32,278,519	\$4,882,245	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,726,218	\$7,748,473	\$22,255	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.20%	24.01%	-4.20%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	538.47%	325.71%	-212.76%	-40%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	942.32019	996.67502	54.35483	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,199.14	\$7,774.32	(\$424.82)	-5%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,691.05	\$7,969.27	\$278.22	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,968.03	\$4,353.16	\$385.13	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,739,158	\$4,338,686	\$599,529	16%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$32,484,086	\$42,188,697	\$9,704,611	30%
24	TOTAL ACCRUED PAYMENTS	\$9,161,068	\$10,127,415	\$966,347	11%
25	TOTAL ALLOWANCES	\$23,323,018	\$32,061,282	\$8,738,264	37%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,774,530	\$4,952,254	\$1,177,724	31%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$82,813,766	\$89,456,723	\$6,642,957	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,004,723	\$18,192,797	\$2,188,074	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.33%	20.34%	1.01%	5%
4	DISCHARGES	3,241	3,528	287	9%
5	CASE MIX INDEX (CMI)	1.05990	1.07550	0.01560	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,435.13590	3,794.36400	359.22810	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,659.12	\$4,794.69	\$135.57	3%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$8,080.00	\$7,801.15	(\$278.85)	-3%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,049.88	\$3,048.94	(\$0.93)	0%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,476,739	\$11,568,802	\$1,092,063	10%
11	PATIENT DAYS	15,608	15,997	389	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,025.42	\$1,137.26	\$111.85	11%
13	AVERAGE LENGTH OF STAY	4.8	4.5	(0.3)	-6%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$91,319,956	\$118,372,145	\$27,052,189	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,890,099	\$24,165,250	\$6,275,151	35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.59%	20.41%	0.82%	4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	110.27%	132.32%	22.05%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,573.89830	4,668.36827	1,094.46998	31%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,005.77	\$5,176.38	\$170.61	3%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$10,884.43	\$10,567.22	(\$317.21)	-3%
21	MEDICARE - MEDICAID OP PMT / OPED	\$7,161.41	\$6,951.10	(\$210.31)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,594,152	\$32,450,307	\$6,856,156	27%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$174,133,722	\$207,828,868	\$33,695,146	19%
24	TOTAL ACCRUED PAYMENTS	\$33,894,822	\$42,358,047	\$8,463,225	25%
25	TOTAL ALLOWANCES	\$140,238,900	\$165,470,821	\$25,231,921	18%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$36,070,890	\$44,019,109	\$7,948,219	22%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,801,822	\$2,859,982	\$1,058,160	59%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$491,371	\$597,623	\$106,252	22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.27%	20.90%	-6.37%	-23%
4	DISCHARGES	54	66	12	22%
5	CASE MIX INDEX (CMI)	1.06430	1.47320	0.40890	38%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	57.47220	97.23120	39.75900	69%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,549.72	\$6,146.41	(\$2,403.30)	-28%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,189.40	\$6,449.43	\$2,260.02	54%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$840.72)	\$1,697.22	\$2,537.94	-302%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$48,318)	\$165,023	\$213,341	-442%
11	PATIENT DAYS	330	364	34	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,489.00	\$1,641.82	\$152.82	10%
13	AVERAGE LENGTH OF STAY	6.1	5.5	(0.6)	-10%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$988,288	\$1,990,730	\$1,002,442	101%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$105,704	\$333,771	\$228,067	216%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.70%	16.77%	6.07%	57%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	54.85%	69.61%	14.76%	27%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	29.61866	45.94021	16.32155	55%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,568.83	\$7,265.33	\$3,696.50	104%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$12,321.37	\$8,478.26	(\$3,843.10)	-31%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,598.34	\$4,862.15	(\$3,736.20)	-43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$254,671	\$223,368	(\$31,303)	-12%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$2,790,110	\$4,850,712	\$2,060,602	74%
24	TOTAL ACCRUED PAYMENTS	\$597,075	\$931,394	\$334,319	56%
25	TOTAL ALLOWANCES	\$2,193,035	\$3,919,318	\$1,726,283	79%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$206,354	\$388,391	\$182,037	88%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$84,615,588	\$92,316,705	\$7,701,117	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,496,094	\$18,790,420	\$2,294,326	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.50%	20.35%	0.86%	4%
4	DISCHARGES	3,295	3,594	299	9%
5	CASE MIX INDEX (CMI)	1.05997	1.08280	0.02283	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,492.60810	3,891.59520	398.98710	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,723.14	\$4,828.46	\$105.32	2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$8,015.98	\$7,767.38	(\$248.60)	-3%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,985.85	\$3,015.17	\$29.32	1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,428,421	\$11,733,825	\$1,305,404	13%
11	PATIENT DAYS	15,938	16,361	423	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,035.02	\$1,148.49	\$113.47	11%
13	AVERAGE LENGTH OF STAY	4.8	4.6	(0.3)	-6%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$92,308,244	\$120,362,875	\$28,054,631	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,995,803	\$24,499,021	\$6,503,218	36%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.50%	20.35%	0.86%	4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	109.09%	130.38%	21.29%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,603.51696	4,714.30849	1,110.79153	31%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,993.96	\$5,196.74	\$202.78	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$10,896.24	\$10,546.86	(\$349.38)	-3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,173.22	\$6,930.75	(\$242.47)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,848,823	\$32,673,676	\$6,824,852	26%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$176,923,832	\$212,679,580	\$35,755,748	20%
24	TOTAL ACCRUED PAYMENTS	\$34,491,897	\$43,289,441	\$8,797,544	26%
25	TOTAL ALLOWANCES	\$142,431,935	\$169,390,139	\$26,958,204	19%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
G. <u>CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$537,833	\$365,331	(\$172,502)	-32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$206,353	\$100,669	(\$105,684)	-51%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.37%	27.56%	-10.81%	-28%
4	DISCHARGES	34	26	(8)	-24%
5	CASE MIX INDEX (CMI)	0.71520	0.64140	(0.07380)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24.31680	16.67640	(7.64040)	-31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,486.03	\$6,036.61	(\$2,449.41)	-29%
8	PATIENT DAYS	106	72	(34)	-32%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,946.73	\$1,398.18	(\$548.55)	-28%
10	AVERAGE LENGTH OF STAY	3.1	2.8	(0.3)	-11%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$978,863	\$1,306,897	\$328,034	34%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$220,660	\$382,303	\$161,643	73%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$1,516,696	\$1,672,228	\$155,532	10%
14	TOTAL ACCRUED PAYMENTS	\$427,013	\$482,972	\$55,959	13%
15	TOTAL ALLOWANCES	\$1,089,683	\$1,189,256	\$99,573	9%
H. <u>OTHER DATA</u>					
1	OTHER OPERATING REVENUE	\$15,495,383	\$16,591,387	\$1,096,004	7%
2	TOTAL OPERATING EXPENSES	\$502,208,728	\$624,338,000	\$122,129,272	24%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$12,601,255	\$16,274,798	\$3,673,543	29%
5	BAD DEBTS (CHARGES)	\$15,123,888	\$21,154,457	\$6,030,569	40%
6	UNCOMPENSATED CARE (CHARGES)	\$27,725,143	\$37,429,255	\$9,704,112	35%
7	COST OF UNCOMPENSATED CARE	\$11,201,138	\$14,448,349	\$3,247,211	29%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$176,923,832	\$212,679,580	\$35,755,748	20%
9	TOTAL ACCRUED PAYMENTS	\$34,491,897	\$43,289,441	\$8,797,544	26%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$71,478,375	\$82,098,049	\$10,619,674	15%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$36,986,478	\$38,808,608	\$1,822,130	5%

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$594,451,602	\$689,391,368	\$94,939,766	16%
2	TOTAL INPATIENT PAYMENTS	\$226,465,711	\$251,855,655	\$25,389,944	11%
3	TOTAL INPATIENT PAYMENTS / CHARGES	38.10%	36.53%	-1.56%	-4%
4	TOTAL DISCHARGES	18,290	20,558	2,268	12%
5	TOTAL CASE MIX INDEX	1.38086	1.37473	(0.00613)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	25,255.90323	28,261.71180	3,005.80857	12%
7	TOTAL OUTPATIENT CHARGES	\$697,058,450	\$854,935,888	\$157,877,438	23%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	117.26%	124.01%	6.75%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$296,341,938	\$344,988,045	\$48,646,107	16%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.51%	40.35%	-2.16%	-5%
11	TOTAL CHARGES	\$1,291,510,052	\$1,544,327,256	\$252,817,204	20%
12	TOTAL PAYMENTS	\$522,807,649	\$596,843,700	\$74,036,051	14%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.48%	38.65%	-1.83%	-5%
14	PATIENT DAYS	92,169	103,461	11,292	12%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$411,173,195	\$487,270,777	\$76,097,582	19%
2	INPATIENT PAYMENTS	\$119,648,383	\$140,679,061	\$21,030,678	18%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.10%	28.87%	-0.23%	-1%
4	DISCHARGES	11,774	13,651	1,877	16%
5	CASE MIX INDEX	1.43290	1.42372	(0.00917)	-1%
6	CASE MIX ADJUSTED DISCHARGES	16,870.91895	19,435.25650	2,564.33755	15%
7	OUTPATIENT CHARGES	\$345,389,961	\$445,526,927	\$100,136,966	29%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	84.00%	91.43%	7.43%	9%
9	OUTPATIENT PAYMENTS	\$97,671,837	\$124,725,725	\$27,053,888	28%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.28%	28.00%	-0.28%	-1%
11	TOTAL CHARGES	\$756,563,156	\$932,797,704	\$176,234,548	23%
12	TOTAL PAYMENTS	\$217,320,220	\$265,404,786	\$48,084,566	22%
13	TOTAL PAYMENTS / CHARGES	28.72%	28.45%	-0.27%	-1%
14	PATIENT DAYS	66,502	76,075	9,573	14%
15	TOTAL GOVERNMENT DEDUCTIONS	\$539,242,936	\$667,392,918	\$128,149,982	24%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.0	5.9	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	4.0	0.0	1%
3	UNINSURED	3.8	4.1	0.3	8%
4	MEDICAID	4.8	4.5	(0.3)	-6%
5	OTHER MEDICAL ASSISTANCE	6.1	5.5	(0.6)	-10%
6	CHAMPUS / TRICARE	3.1	2.8	(0.3)	-11%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	5.0	(0.0)	0%

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,291,510,052	\$1,544,327,256	\$252,817,204	20%
2	TOTAL GOVERNMENT DEDUCTIONS	\$539,242,936	\$667,392,918	\$128,149,982	24%
3	UNCOMPENSATED CARE	\$27,725,143	\$37,429,255	\$9,704,112	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$185,104,879	\$222,989,078	\$37,884,199	20%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$17,658,659	\$20,378,593	\$2,719,934	15%
6	TOTAL ADJUSTMENTS	\$769,731,617	\$948,189,844	\$178,458,227	23%
7	TOTAL ACCRUED PAYMENTS	\$521,778,435	\$596,137,412	\$74,358,977	14%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$521,778,435	\$596,137,412	\$74,358,977	14%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4040064839	0.3860175424	(0.0179889415)	-4%
11	COST OF UNCOMPENSATED CARE	\$11,201,138	\$14,448,349	\$3,247,211	29%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$36,986,478	\$38,808,608	\$1,822,130	5%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$48,187,616	\$53,256,957	\$5,069,341	11%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$25,594,152	\$32,450,307	\$6,856,156	27%
2	OTHER MEDICAL ASSISTANCE	\$206,354	\$388,391	\$182,037	88%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,774,530	\$4,952,254	\$1,177,724	31%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,575,035	\$37,790,952	\$8,215,917	28%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$28,272,630	\$33,602,226	\$5,329,596	18.85%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$18,314,843)	(\$3,967,700)	\$14,347,143	-78.34%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$504,492,756	\$592,876,000	\$88,383,244	17.52%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,291,510,052	\$1,544,327,256	\$252,817,204	19.58%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$27,725,143	\$37,429,255	\$9,704,112	35.00%

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,278,407	\$202,120,591	\$18,842,184
2	MEDICARE	\$326,019,774	394,588,741	\$68,568,967
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$84,615,588	92,316,705	\$7,701,117
4	MEDICAID	\$82,813,766	89,456,723	\$6,642,957
5	OTHER MEDICAL ASSISTANCE	\$1,801,822	2,859,982	\$1,058,160
6	CHAMPUS / TRICARE	\$537,833	365,331	(\$172,502)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,087,812	9,910,178	\$4,822,366
	TOTAL INPATIENT GOVERNMENT CHARGES	\$411,173,195	\$487,270,777	\$76,097,582
	TOTAL INPATIENT CHARGES	\$594,451,602	\$689,391,368	\$94,939,766
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$351,668,489	\$409,408,961	\$57,740,472
2	MEDICARE	\$252,102,854	323,857,155	\$71,754,301
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$92,308,244	120,362,875	\$28,054,631
4	MEDICAID	\$91,319,956	118,372,145	\$27,052,189
5	OTHER MEDICAL ASSISTANCE	\$988,288	1,990,730	\$1,002,442
6	CHAMPUS / TRICARE	\$978,863	1,306,897	\$328,034
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,396,274	32,278,519	\$4,882,245
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$345,389,961	\$445,526,927	\$100,136,966
	TOTAL OUTPATIENT CHARGES	\$697,058,450	\$854,935,888	\$157,877,438
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$534,946,896	\$611,529,552	\$76,582,656
2	TOTAL MEDICARE	\$578,122,628	\$718,445,896	\$140,323,268
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$176,923,832	\$212,679,580	\$35,755,748
4	TOTAL MEDICAID	\$174,133,722	\$207,828,868	\$33,695,146
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,790,110	\$4,850,712	\$2,060,602
6	TOTAL CHAMPUS / TRICARE	\$1,516,696	\$1,672,228	\$155,532
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$32,484,086	\$42,188,697	\$9,704,611
	TOTAL GOVERNMENT CHARGES	\$756,563,156	\$932,797,704	\$176,234,548
	TOTAL CHARGES	\$1,291,510,052	\$1,544,327,256	\$252,817,204
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$106,817,328	\$111,176,594	\$4,359,266
2	MEDICARE	\$102,945,936	121,787,972	\$18,842,036
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,496,094	18,790,420	\$2,294,326
4	MEDICAID	\$16,004,723	18,192,797	\$2,188,074
5	OTHER MEDICAL ASSISTANCE	\$491,371	597,623	\$106,252
6	CHAMPUS / TRICARE	\$206,353	100,669	(\$105,684)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,434,850	2,378,942	\$944,092
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$119,648,383	\$140,679,061	\$21,030,678
	TOTAL INPATIENT PAYMENTS	\$226,465,711	\$251,855,655	\$25,389,944
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$198,670,101	\$220,262,320	\$21,592,219
2	MEDICARE	\$79,455,374	99,844,401	\$20,389,027
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,995,803	24,499,021	\$6,503,218
4	MEDICAID	\$17,890,099	24,165,250	\$6,275,151
5	OTHER MEDICAL ASSISTANCE	\$105,704	333,771	\$228,067
6	CHAMPUS / TRICARE	\$220,660	382,303	\$161,643
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,726,218	7,748,473	\$22,255
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$97,671,837	\$124,725,725	\$27,053,888
	TOTAL OUTPATIENT PAYMENTS	\$296,341,938	\$344,988,045	\$48,646,107
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$305,487,429	\$331,438,914	\$25,951,485
2	TOTAL MEDICARE	\$182,401,310	\$221,632,373	\$39,231,063
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,491,897	\$43,289,441	\$8,797,544
4	TOTAL MEDICAID	\$33,894,822	\$42,358,047	\$8,463,225
5	TOTAL OTHER MEDICAL ASSISTANCE	\$597,075	\$931,394	\$334,319
6	TOTAL CHAMPUS / TRICARE	\$427,013	\$482,972	\$55,959
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,161,068	\$10,127,415	\$966,347
	TOTAL GOVERNMENT PAYMENTS	\$217,320,220	\$265,404,786	\$48,084,566
	TOTAL PAYMENTS	\$522,807,649	\$596,843,700	\$74,036,051

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.19%	13.09%	-1.10%
2	MEDICARE	25.24%	25.55%	0.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.55%	5.98%	-0.57%
4	MEDICAID	6.41%	5.79%	-0.62%
5	OTHER MEDICAL ASSISTANCE	0.14%	0.19%	0.05%
6	CHAMPUS / TRICARE	0.04%	0.02%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.39%	0.64%	0.25%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.84%	31.55%	-0.28%
	TOTAL INPATIENT PAYER MIX	46.03%	44.64%	-1.39%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.23%	26.51%	-0.72%
2	MEDICARE	19.52%	20.97%	1.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.15%	7.79%	0.65%
4	MEDICAID	7.07%	7.66%	0.59%
5	OTHER MEDICAL ASSISTANCE	0.08%	0.13%	0.05%
6	CHAMPUS / TRICARE	0.08%	0.08%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.12%	2.09%	-0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.74%	28.85%	2.11%
	TOTAL OUTPATIENT PAYER MIX	53.97%	55.36%	1.39%
	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)	20.43%	18.63%	-1.80%
2	MEDICARE	19.69%	20.41%	0.71%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.16%	3.15%	-0.01%
4	MEDICAID	3.06%	3.05%	-0.01%
5	OTHER MEDICAL ASSISTANCE	0.09%	0.10%	0.01%
6	CHAMPUS / TRICARE	0.04%	0.02%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.27%	0.40%	0.12%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.89%	23.57%	0.68%
	TOTAL INPATIENT PAYER MIX	43.32%	42.20%	-1.12%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.00%	36.90%	-1.10%
2	MEDICARE	15.20%	16.73%	1.53%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.44%	4.10%	0.66%
4	MEDICAID	3.42%	4.05%	0.63%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.06%	0.04%
6	CHAMPUS / TRICARE	0.04%	0.06%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.48%	1.30%	-0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.68%	20.90%	2.22%
	TOTAL OUTPATIENT PAYER MIX	56.68%	57.80%	1.12%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,516	6,907	391
2	MEDICARE	8,445	10,031	1,586
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,295	3,594	299
4	MEDICAID	3,241	3,528	287
5	OTHER MEDICAL ASSISTANCE	54	66	12
6	CHAMPUS / TRICARE	34	26	(8)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	175	306	131
	TOTAL GOVERNMENT DISCHARGES	11,774	13,651	1,877
	TOTAL DISCHARGES	18,290	20,558	2,268
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25,667	27,386	1,719
2	MEDICARE	50,458	59,642	9,184
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,938	16,361	423
4	MEDICAID	15,608	15,997	389
5	OTHER MEDICAL ASSISTANCE	330	364	34
6	CHAMPUS / TRICARE	106	72	(34)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	669	1,267	598
	TOTAL GOVERNMENT PATIENT DAYS	66,502	76,075	9,573
	TOTAL PATIENT DAYS	92,169	103,461	11,292
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	4.0	0.0
2	MEDICARE	6.0	5.9	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.8	4.6	(0.3)
4	MEDICAID	4.8	4.5	(0.3)
5	OTHER MEDICAL ASSISTANCE	6.1	5.5	(0.6)
6	CHAMPUS / TRICARE	3.1	2.8	(0.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	4.1	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.6	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	5.0	5.0	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.28683	1.27790	(0.00893)
2	MEDICARE	1.58129	1.54790	(0.03339)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05997	1.08280	0.02283
4	MEDICAID	1.05990	1.07550	0.01560
5	OTHER MEDICAL ASSISTANCE	1.06430	1.47320	0.40890
6	CHAMPUS / TRICARE	0.71520	0.64140	(0.07380)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08980	1.24680	0.15700
	TOTAL GOVERNMENT CASE MIX INDEX	1.43290	1.42372	(0.00917)
	TOTAL CASE MIX INDEX	1.38086	1.37473	(0.00613)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$474,922,116	\$535,124,832	\$60,202,716
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$289,817,237	\$312,135,754	\$22,318,517
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$185,104,879	\$222,989,078	\$37,884,199
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.98%	41.67%	2.69%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$28,272,630	\$33,602,226	\$5,329,596
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$17,658,659	\$20,378,593	\$2,719,934
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$12,601,255	\$16,274,798	\$3,673,543
9	BAD DEBTS	\$15,123,888	\$21,154,457	\$6,030,569
10	TOTAL UNCOMPENSATED CARE	\$27,725,143	\$37,429,255	\$9,704,112
11	TOTAL OTHER OPERATING REVENUE	\$15,495,383	\$16,591,387	\$1,096,004
12	TOTAL OPERATING EXPENSES	\$502,208,728	\$624,338,000	\$122,129,272

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,384.98428	8,826.45530	441.47102
2	MEDICARE	13,353.99405	15,526.98490	2,172.99085
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,492.60810	3,891.59520	398.98710
4	MEDICAID	3,435.13590	3,794.36400	359.22810
5	OTHER MEDICAL ASSISTANCE	57.47220	97.23120	39.75900
6	CHAMPUS / TRICARE	24.31680	16.67640	(7.64040)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	190.71500	381.52080	190.80580
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	16,870.91895	19,435.25650	2,564.33755
	TOTAL CASE MIX ADJUSTED DISCHARGES	25,255.90323	28,261.71180	3,005.80857
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,502.68328	13,990.59680	1,487.91352
2	MEDICARE	6,530.30513	8,232.90374	1,702.59861
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,603.51696	4,714.30849	1,110.79153
4	MEDICAID	3,573.89830	4,668.36827	1,094.46998
5	OTHER MEDICAL ASSISTANCE	29.61866	45.94021	16.32155
6	CHAMPUS / TRICARE	61.88044	93.00969	31.12925
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	942.32019	996.67502	54.35483
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	10,195.70252	13,040.22191	2,844.51939
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	22,698.38580	27,030.81871	4,332.43291
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,739.12	\$12,595.84	(\$143.28)
2	MEDICARE	\$7,709.00	\$7,843.63	\$134.63
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,723.14	\$4,828.46	\$105.32
4	MEDICAID	\$4,659.12	\$4,794.69	\$135.57
5	OTHER MEDICAL ASSISTANCE	\$8,549.72	\$6,146.41	(\$2,403.30)
6	CHAMPUS / TRICARE	\$8,486.03	\$6,036.61	(\$2,449.41)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,523.53	\$6,235.42	(\$1,288.11)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,091.99	\$7,238.34	\$146.35
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,966.84	\$8,911.55	(\$55.29)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,890.20	\$15,743.60	(\$146.60)
2	MEDICARE	\$12,167.18	\$12,127.48	(\$39.69)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,993.96	\$5,196.74	\$202.78
4	MEDICAID	\$5,005.77	\$5,176.38	\$170.61
5	OTHER MEDICAL ASSISTANCE	\$3,568.83	\$7,265.33	\$3,696.50
6	CHAMPUS / TRICARE	\$3,565.91	\$4,110.36	\$544.45
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,199.14	\$7,774.32	(\$424.82)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,579.71	\$9,564.69	(\$15.01)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$13,055.64	\$12,762.77	(\$292.87)

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$25,594,152	\$32,450,307	\$6,856,156
2	OTHER MEDICAL ASSISTANCE	\$206,354	\$388,391	\$182,037
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,774,530	\$4,952,254	\$1,177,724
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,575,035	\$37,790,952	\$8,215,917
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,291,510,052	\$1,544,327,256	\$252,817,204
2	TOTAL GOVERNMENT DEDUCTIONS	\$539,242,936	\$667,392,918	\$128,149,982
3	UNCOMPENSATED CARE	\$27,725,143	\$37,429,255	\$9,704,112
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$185,104,879	\$222,989,078	\$37,884,199
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$17,658,659	\$20,378,593	\$2,719,934
6	TOTAL ADJUSTMENTS	\$769,731,617	\$948,189,844	\$178,458,227
7	TOTAL ACCRUED PAYMENTS	\$521,778,435	\$596,137,412	\$74,358,977
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$521,778,435	\$596,137,412	\$74,358,977
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4040064839	0.3860175424	(0.0179889415)
11	COST OF UNCOMPENSATED CARE	\$11,201,138	\$14,448,349	\$3,247,211
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$36,986,478	\$38,808,608	\$1,822,130
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$48,187,616	\$53,256,957	\$5,069,341
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.28%	55.01%	-3.28%
2	MEDICARE	31.58%	30.86%	-0.71%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.50%	20.35%	0.86%
4	MEDICAID	19.33%	20.34%	1.01%
5	OTHER MEDICAL ASSISTANCE	27.27%	20.90%	-6.37%
6	CHAMPUS / TRICARE	38.37%	27.56%	-10.81%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.20%	24.01%	-4.20%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	29.10%	28.87%	-0.23%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.10%	36.53%	-1.56%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	56.49%	53.80%	-2.69%
2	MEDICARE	31.52%	30.83%	-0.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.50%	20.35%	0.86%
4	MEDICAID	19.59%	20.41%	0.82%
5	OTHER MEDICAL ASSISTANCE	10.70%	16.77%	6.07%
6	CHAMPUS / TRICARE	22.54%	29.25%	6.71%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.20%	24.01%	-4.20%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.28%	28.00%	-0.28%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.51%	40.35%	-2.16%

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$522,807,649	\$596,843,700	\$74,036,051
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$522,807,649	\$596,843,700	\$74,036,051
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$18,314,843)	(\$3,967,700)	\$14,347,143
4	CALCULATED NET REVENUE	\$530,230,665	\$592,876,000	\$62,645,335
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$504,492,756	\$592,876,000	\$88,383,244
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$25,737,909	\$0	(\$25,737,909)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,291,510,052	\$1,544,327,256	\$252,817,204
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,291,510,052	\$1,544,327,256	\$252,817,204
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,291,510,052	\$1,544,327,256	\$252,817,204
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$27,725,143	\$37,429,255	\$9,704,112
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$27,725,143	\$37,429,255	\$9,704,112
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$27,725,143	\$37,429,255	\$9,704,112
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

DANBURY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$202,120,591
2	MEDICARE	394,588,741
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	92,316,705
4	MEDICAID	89,456,723
5	OTHER MEDICAL ASSISTANCE	2,859,982
6	CHAMPUS / TRICARE	365,331
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,910,178
	TOTAL INPATIENT GOVERNMENT CHARGES	\$487,270,777
	TOTAL INPATIENT CHARGES	\$689,391,368
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$409,408,961
2	MEDICARE	323,857,155
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	120,362,875
4	MEDICAID	118,372,145
5	OTHER MEDICAL ASSISTANCE	1,990,730
6	CHAMPUS / TRICARE	1,306,897
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32,278,519
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$445,526,927
	TOTAL OUTPATIENT CHARGES	\$854,935,888
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$611,529,552
2	TOTAL GOVERNMENT ACCRUED CHARGES	932,797,704
	TOTAL ACCRUED CHARGES	\$1,544,327,256
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$111,176,594
2	MEDICARE	121,787,972
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,790,420
4	MEDICAID	18,192,797
5	OTHER MEDICAL ASSISTANCE	597,623
6	CHAMPUS / TRICARE	100,669
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,378,942
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$140,679,061
	TOTAL INPATIENT PAYMENTS	\$251,855,655
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$220,262,320
2	MEDICARE	99,844,401
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,499,021
4	MEDICAID	24,165,250
5	OTHER MEDICAL ASSISTANCE	333,771
6	CHAMPUS / TRICARE	382,303
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,748,473
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$124,725,725
	TOTAL OUTPATIENT PAYMENTS	\$344,988,045
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$331,438,914
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	265,404,786
	TOTAL ACCRUED PAYMENTS	\$596,843,700

DANBURY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,907
2	MEDICARE	10,031
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,594
4	MEDICAID	3,528
5	OTHER MEDICAL ASSISTANCE	66
6	CHAMPUS / TRICARE	26
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	306
	TOTAL GOVERNMENT DISCHARGES	13,651
	TOTAL DISCHARGES	20,558
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,27790
2	MEDICARE	1,54790
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,08280
4	MEDICAID	1,07550
5	OTHER MEDICAL ASSISTANCE	1,47320
6	CHAMPUS / TRICARE	0,64140
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,24680
	TOTAL GOVERNMENT CASE MIX INDEX	1,42372
	TOTAL CASE MIX INDEX	1,37473
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$535,124,832
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$312,135,754
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$222,989,078
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.67%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$33,602,226
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$20,378,593
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$16,274,798
9	BAD DEBTS	\$21,154,457
10	TOTAL UNCOMPENSATED CARE	\$37,429,255
11	TOTAL OTHER OPERATING REVENUE	\$16,591,387
12	TOTAL OPERATING EXPENSES	\$624,338,000

DANBURY HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$596,843,700
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$596,843,700
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,967,700)
	CALCULATED NET REVENUE	\$592,876,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$592,876,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,544,327,256
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,544,327,256
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,544,327,256
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$37,429,255
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$37,429,255
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$37,429,255
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	3,348	3,106	(242)	-7%
2	Number of Approved Applicants	3,207	3,097	(110)	-3%
3	Total Charges (A)	\$12,601,255	\$16,274,798	\$3,673,543	29%
4	Average Charges	\$3,929	\$5,255	\$1,326	34%
5	Ratio of Cost to Charges (RCC)	0.390144	0.000000	(0.390144)	-100%
6	Total Cost	\$4,916,304	\$0	(\$4,916,304)	-100%
7	Average Cost	\$1,533	\$0	(\$1,533)	-100%
8	Charity Care - Inpatient Charges	\$1,608,834	\$3,591,917	\$1,983,083	123%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,901,587	3,129,220	227,633	8%
10	Charity Care - Emergency Department Charges	8,090,834	9,553,661	1,462,827	18%
11	Total Charges (A)	\$12,601,255	\$16,274,798	\$3,673,543	29%
12	Charity Care - Number of Patient Days	252	480	228	90%
13	Charity Care - Number of Discharges	53	102	49	92%
14	Charity Care - Number of Outpatient ED Visits	1,665	1,511	(154)	-9%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,223	12,213	(10)	0%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$3,325,943	\$5,540,618	\$2,214,675	67%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	10,115,480	12,768,494	2,653,014	26%
3	Bad Debts - Emergency Department	1,682,465	2,845,345	1,162,880	69%
4	Total Bad Debts (A)	\$15,123,888	\$21,154,457	\$6,030,569	40%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$12,601,255	\$16,274,798	\$3,673,543	29%
2	Bad Debts (A)	15,123,888	21,154,457	6,030,569	40%
3	Total Uncompensated Care (A)	\$27,725,143	\$37,429,255	\$9,704,112	35%
4	Uncompensated Care - Inpatient Services	\$4,934,777	\$9,132,535	\$4,197,758	85%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	13,017,067	15,897,714	2,880,647	22%
6	Uncompensated Care - Emergency Department	9,773,299	12,399,006	2,625,707	27%
7	Total Uncompensated Care (A)	\$27,725,143	\$37,429,255	\$9,704,112	35%

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

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$474,922,116	\$535,124,832	\$60,202,716	13%
2	Total Contractual Allowances	\$185,104,879	\$222,989,078	\$37,884,199	20%
	Total Accrued Payments (A)	\$289,817,237	\$312,135,754	\$22,318,517	8%
	Total Discount Percentage	38.98%	41.67%	2.69%	7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$558,157,414	\$594,451,602	\$689,391,368
2	Outpatient Gross Revenue	\$673,733,258	\$697,058,450	\$854,935,888
3	Total Gross Patient Revenue	\$1,231,890,672	\$1,291,510,052	\$1,544,327,256
4	Net Patient Revenue	\$501,863,239	\$506,353,775	\$592,876,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$486,568,594	\$502,208,728	\$624,338,000
C. <u>Utilization Statistics</u>				
1	Patient Days	91,003	92,169	103,461
2	Discharges	18,562	18,290	20,558
3	Average Length of Stay	4.9	5.0	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	200,850	200,247	231,766
0	Equivalent (Adjusted) Discharges (ED)	40,968	39,737	46,053
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.32964	1.38086	1.37473
2	Case Mix Adjusted Patient Days (CMAPD)	121,001	127,272	142,231
3	Case Mix Adjusted Discharges (CMAD)	24,681	25,256	28,262
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	267,057	276,513	318,616
5	Case Mix Adjusted Equivalent Discharges (CMAED)	54,472	54,871	63,310
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$13,537	\$14,012	\$14,927
2	Total Gross Revenue per Discharge	\$66,366	\$70,613	\$75,121
3	Total Gross Revenue per EPD	\$6,133	\$6,450	\$6,663
4	Total Gross Revenue per ED	\$30,070	\$32,501	\$33,534
5	Total Gross Revenue per CMAEPD	\$4,613	\$4,671	\$4,847
6	Total Gross Revenue per CMAED	\$22,615	\$23,537	\$24,393
7	Inpatient Gross Revenue per EPD	\$2,779	\$2,969	\$2,975
8	Inpatient Gross Revenue per ED	\$13,624	\$14,960	\$14,970

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,515	\$5,494	\$5,730
2	Net Patient Revenue per Discharge	\$27,037	\$27,685	\$28,839
3	Net Patient Revenue per EPD	\$2,499	\$2,529	\$2,558
4	Net Patient Revenue per ED	\$12,250	\$12,743	\$12,874
5	Net Patient Revenue per CMAEPD	\$1,879	\$1,831	\$1,861
6	Net Patient Revenue per CMAED	\$9,213	\$9,228	\$9,365
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,347	\$5,449	\$6,035
2	Total Operating Expense per Discharge	\$26,213	\$27,458	\$30,370
3	Total Operating Expense per EPD	\$2,423	\$2,508	\$2,694
4	Total Operating Expense per ED	\$11,877	\$12,638	\$13,557
5	Total Operating Expense per CMAEPD	\$1,822	\$1,816	\$1,960
6	Total Operating Expense per CMAED	\$8,932	\$9,153	\$9,862
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$59,802,385	\$61,078,519	\$74,150,000
2	Nursing Fringe Benefits Expense	\$15,272,468	\$14,791,328	\$18,911,000
3	Total Nursing Salary and Fringe Benefits Expense	\$75,074,853	\$75,869,847	\$93,061,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$8,426,011	\$8,610,701	\$9,523,000
2	Physician Fringe Benefits Expense	\$2,151,854	\$2,085,245	\$2,429,000
3	Total Physician Salary and Fringe Benefits Expense	\$10,577,865	\$10,695,946	\$11,952,000
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$122,422,314	\$121,938,706	\$138,094,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$31,264,486	\$29,529,785	\$35,220,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$153,686,800	\$151,468,491	\$173,314,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$190,650,710	\$191,627,926	\$221,767,000
2	Total Fringe Benefits Expense	\$48,688,808	\$46,406,358	\$56,560,000
3	Total Salary and Fringe Benefits Expense	\$239,339,518	\$238,034,284	\$278,327,000

DANBURY HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	551.7	551.4	656.6
2	Total Physician FTEs	115.2	115.8	123.5
3	Total Non-Nursing, Non-Physician FTEs	1695.0	1683.9	1938.8
4	Total Full Time Equivalent Employees (FTEs)	2,361.9	2,351.1	2,718.9
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$108,397	\$110,770	\$112,930
2	Nursing Fringe Benefits Expense per FTE	\$27,683	\$26,825	\$28,801
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$136,079	\$137,595	\$141,732
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$73,142	\$74,358	\$77,109
2	Physician Fringe Benefits Expense per FTE	\$18,679	\$18,007	\$19,668
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$91,822	\$92,366	\$96,777
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$72,226	\$72,414	\$71,227
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,445	\$17,537	\$18,166
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$90,671	\$89,951	\$89,392
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$80,719	\$81,506	\$81,565
2	Total Fringe Benefits Expense per FTE	\$20,614	\$19,738	\$20,803
3	Total Salary and Fringe Benefits Expense per FTE	\$101,333	\$101,244	\$102,368
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,630	\$2,583	\$2,690
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,894	\$13,014	\$13,539
3	Total Salary and Fringe Benefits Expense per EPD	\$1,192	\$1,189	\$1,201
4	Total Salary and Fringe Benefits Expense per ED	\$5,842	\$5,990	\$6,044
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$896	\$861	\$874
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,394	\$4,338	\$4,396