

GREENWICH 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	\$43,811,000	\$25,899,478	(\$17,911,522)	-41%
2	Short Term Investments	\$31,934,000	\$72,659,059	\$40,725,059	128%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$37,984,000	\$38,149,419	\$165,419	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,041,000	\$1,551,531	(\$489,469)	-24%
8	Prepaid Expenses	\$7,227,000	\$5,855,047	(\$1,371,953)	-19%
9	Other Current Assets	\$36,343,000	\$33,327,091	(\$3,015,909)	-8%
	Total Current Assets	\$159,340,000	\$177,441,625	\$18,101,625	11%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$794,000	\$794,266	\$266	0%
2	Board Designated for Capital Acquisition	\$38,008,600	\$43,441,002	\$5,432,402	14%
3	Funds Held in Escrow	\$1,400	\$583	(\$817)	-58%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$38,804,000	\$44,235,851	\$5,431,851	14%
5	Interest in Net Assets of Foundation	\$60,140,000	\$56,878,293	(\$3,261,707)	-5%
6	Long Term Investments	\$51,525,000	\$51,339,976	(\$185,024)	0%
7	Other Noncurrent Assets	\$33,653,000	\$24,858,655	(\$8,794,345)	-26%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$435,733,000	\$443,169,349	\$7,436,349	2%
2	Less: Accumulated Depreciation	\$212,977,000	\$231,793,886	\$18,816,886	9%
	Property, Plant and Equipment, Net	\$222,756,000	\$211,375,463	(\$11,380,537)	-5%
3	Construction in Progress	\$461,000	\$4,578,312	\$4,117,312	893%
	Total Net Fixed Assets	\$223,217,000	\$215,953,775	(\$7,263,225)	-3%
	Total Assets	\$566,679,000	\$570,708,175	\$4,029,175	1%

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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	\$17,461,080	\$18,469,984	\$1,008,904	6%
2	Salaries, Wages and Payroll Taxes	\$12,547,920	\$13,268,051	\$720,131	6%
3	Due To Third Party Payers	\$930,766	\$462,435	(\$468,331)	-50%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,605,000	\$2,675,000	\$70,000	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$21,986,234	\$17,348,147	(\$4,638,087)	-21%
	Total Current Liabilities	\$55,531,000	\$52,223,617	(\$3,307,383)	-6%
B.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$35,105,000	\$32,430,000	(\$2,675,000)	-8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$35,105,000	\$32,430,000	(\$2,675,000)	-8%
3	Accrued Pension Liability	\$31,684,000	\$42,786,988	\$11,102,988	35%
4	Other Long Term Liabilities	\$42,997,000	\$36,773,008	(\$6,223,992)	-14%
	Total Long Term Liabilities	\$109,786,000	\$111,989,996	\$2,203,996	2%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	\$334,040,000	\$341,118,049	\$7,078,049	2%
2	Temporarily Restricted Net Assets	\$44,115,000	\$41,782,451	(\$2,332,549)	-5%
3	Permanently Restricted Net Assets	\$23,207,000	\$23,594,062	\$387,062	2%
	Total Net Assets	\$401,362,000	\$406,494,562	\$5,132,562	1%
	Total Liabilities and Net Assets	\$566,679,000	\$570,708,175	\$4,029,175	1%

GREENWICH 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	\$1,149,849,000	\$1,168,376,920	\$18,527,920	2%
2	Less: Allowances	\$754,434,000	\$773,044,000	\$18,610,000	2%
3	Less: Charity Care	\$19,753,000	\$20,563,000	\$810,000	4%
4	Less: Other Deductions	\$18,370,000	\$21,694,710	\$3,324,710	18%
	Total Net Patient Revenue	\$357,292,000	\$353,075,210	(\$4,216,790)	-1%
5	Provision for Bad Debts	\$25,085,000	\$12,338,000	(\$12,747,000)	-51%
	Net Patient Service Revenue less provision for bad debts	\$332,207,000	\$340,737,210	\$8,530,210	3%
6	Other Operating Revenue	\$14,839,000	\$15,127,276	\$288,276	2%
7	Net Assets Released from Restrictions	\$3,009,000	\$4,783,198	\$1,774,198	59%
	Total Operating Revenue	\$350,055,000	\$360,647,684	\$10,592,684	3%
B. Operating Expenses:					
1	Salaries and Wages	\$113,219,000	\$116,725,687	\$3,506,687	3%
2	Fringe Benefits	\$37,003,000	\$36,502,799	(\$500,201)	-1%
3	Physicians Fees	\$9,386,000	\$10,436,943	\$1,050,943	11%
4	Supplies and Drugs	\$46,591,780	\$51,195,100	\$4,603,320	10%
5	Depreciation and Amortization	\$24,929,000	\$23,853,013	(\$1,075,987)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$343,000	\$310,142	(\$32,858)	-10%
8	Malpractice Insurance Cost	(\$1,799,000)	\$1,279,220	\$3,078,220	-171%
9	Other Operating Expenses	\$88,181,220	\$87,866,052	(\$315,168)	0%
	Total Operating Expenses	\$317,854,000	\$328,168,956	\$10,314,956	3%
	Income/(Loss) From Operations	\$32,201,000	\$32,478,728	\$277,728	1%
C. Non-Operating Revenue:					
1	Income from Investments	\$718,000	\$1,937,173	\$1,219,173	170%
2	Gifts, Contributions and Donations	\$2,412,000	\$2,759,583	\$347,583	14%
3	Other Non-Operating Gains/(Losses)	(\$4,457,000)	(\$1,853,430)	\$2,603,570	-58%
	Total Non-Operating Revenue	(\$1,327,000)	\$2,843,326	\$4,170,326	-314%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$30,874,000	\$35,322,054	\$4,448,054	14%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$6,345,000	(\$7,035,417)	(\$13,380,417)	-211%
	All Other Adjustments	(\$847,000)	(\$1,430,468)	(\$583,468)	69%
	Total Other Adjustments	\$5,498,000	(\$8,465,885)	(\$13,963,885)	-254%
	Excess/(Deficiency) of Revenue Over Expenses	\$36,372,000	\$26,856,169	(\$9,515,831)	-26%
	Principal Payments	\$2,505,000	\$2,605,000	\$100,000	4%

**GREENWICH 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.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$209,423,489	\$207,872,729	(\$1,550,760)	-1%
2	MEDICARE MANAGED CARE	\$30,992,170	\$32,013,524	\$1,021,354	3%
3	MEDICAID	\$12,504,838	\$14,294,353	\$1,789,515	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$423,387	\$435,071	\$11,684	3%
6	COMMERCIAL INSURANCE	\$85,029,776	\$83,766,049	(\$1,263,727)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$110,740,982	\$115,313,591	\$4,572,609	4%
8	WORKER'S COMPENSATION	\$2,578,689	\$3,724,297	\$1,145,608	44%
9	SELF- PAY/UNINSURED	\$4,687,832	\$4,393,306	(\$294,526)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$13,188,120	\$13,046,673	(\$141,447)	-1%
	TOTAL INPATIENT GROSS REVENUE	\$469,569,283	\$474,859,593	\$5,290,310	1%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$203,916,011	\$221,839,670	\$17,923,659	9%
2	MEDICARE MANAGED CARE	\$21,428,590	\$26,661,591	\$5,233,001	24%
3	MEDICAID	\$28,889,349	\$34,932,154	\$6,042,805	21%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$598,322	\$707,594	\$109,272	18%
6	COMMERCIAL INSURANCE	\$160,764,875	\$141,511,879	(\$19,252,996)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$218,789,075	\$221,934,835	\$3,145,760	1%
8	WORKER'S COMPENSATION	\$5,248,538	\$3,695,596	(\$1,552,942)	-30%
9	SELF- PAY/UNINSURED	\$26,018,038	\$24,491,778	(\$1,526,260)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$14,626,542	\$17,742,228	\$3,115,686	21%
	TOTAL OUTPATIENT GROSS REVENUE	\$680,279,340	\$693,517,325	\$13,237,985	2%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$413,339,500	\$429,712,399	\$16,372,899	4%
2	MEDICARE MANAGED CARE	\$52,420,760	\$58,675,115	\$6,254,355	12%
3	MEDICAID	\$41,394,187	\$49,226,507	\$7,832,320	19%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,021,709	\$1,142,665	\$120,956	12%
6	COMMERCIAL INSURANCE	\$245,794,651	\$225,277,928	(\$20,516,723)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$329,530,057	\$337,248,426	\$7,718,369	2%
8	WORKER'S COMPENSATION	\$7,827,227	\$7,419,893	(\$407,334)	-5%
9	SELF- PAY/UNINSURED	\$30,705,870	\$28,885,084	(\$1,820,786)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$27,814,662	\$30,788,901	\$2,974,239	11%
	TOTAL GROSS REVENUE	\$1,149,848,623	\$1,168,376,918	\$18,528,295	2%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$52,258,379	\$49,136,265	(\$3,122,114)	-6%
2	MEDICARE MANAGED CARE	\$7,231,035	\$7,369,784	\$138,749	2%

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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
3	MEDICAID	\$3,773,460	\$2,546,966	(\$1,226,494)	-33%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$69,245	\$64,687	(\$4,558)	-7%
6	COMMERCIAL INSURANCE	\$35,698,747	\$34,398,831	(\$1,299,916)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$47,720,933	\$51,775,582	\$4,054,649	8%
8	WORKER'S COMPENSATION	\$1,555,548	\$1,411,928	(\$143,620)	-9%
9	SELF- PAY/UNINSURED	\$246,577	\$2,420,412	\$2,173,835	882%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,588,091	\$2,855,625	\$1,267,534	80%
	TOTAL INPATIENT NET REVENUE	\$150,142,015	\$151,980,080	\$1,838,065	1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$31,950,176	\$34,268,077	\$2,317,901	7%
2	MEDICARE MANAGED CARE	\$3,623,521	\$4,270,871	\$647,350	18%
3	MEDICAID	\$4,681,630	\$5,682,064	\$1,000,434	21%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$258,984	\$180,036	(\$78,948)	-30%
6	COMMERCIAL INSURANCE	\$62,613,449	\$57,826,471	(\$4,786,978)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$85,177,239	\$95,195,124	\$10,017,885	12%
8	WORKER'S COMPENSATION	\$1,659,040	\$1,189,592	(\$469,448)	-28%
9	SELF- PAY/UNINSURED	\$1,714,362	\$1,721,063	\$6,701	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,079,011	\$2,429,597	\$350,586	17%
	TOTAL OUTPATIENT NET REVENUE	\$193,757,412	\$202,762,895	\$9,005,483	5%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$84,208,555	\$83,404,342	(\$804,213)	-1%
2	MEDICARE MANAGED CARE	\$10,854,556	\$11,640,655	\$786,099	7%
3	MEDICAID	\$8,455,090	\$8,229,030	(\$226,060)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$328,229	\$244,723	(\$83,506)	-25%
6	COMMERCIAL INSURANCE	\$98,312,196	\$92,225,302	(\$6,086,894)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$132,898,172	\$146,970,706	\$14,072,534	11%
8	WORKER'S COMPENSATION	\$3,214,588	\$2,601,520	(\$613,068)	-19%
9	SELF- PAY/UNINSURED	\$1,960,939	\$4,141,475	\$2,180,536	111%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,667,102	\$5,285,222	\$1,618,120	44%
	TOTAL NET REVENUE	\$343,899,427	\$354,742,975	\$10,843,548	3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,927	4,084	157	4%
2	MEDICARE MANAGED CARE	618	629	11	2%
3	MEDICAID	416	470	54	13%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	14	16	2	14%
6	COMMERCIAL INSURANCE	2,868	2,994	126	4%
7	NON-GOVERNMENT MANAGED CARE	4,111	4,385	274	7%
8	WORKER'S COMPENSATION	36	41	5	14%

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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
9	SELF- PAY/UNINSURED	167	234	67	40%
10	SAGA	0	0	0	0%
11	OTHER	381	443	62	16%
	TOTAL DISCHARGES	12,538	13,296	758	6%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	22,270	21,860	(410)	-2%
2	MEDICARE MANAGED CARE	3,684	3,457	(227)	-6%
3	MEDICAID	1,607	1,861	254	16%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	40	66	26	65%
6	COMMERCIAL INSURANCE	10,317	9,594	(723)	-7%
7	NON-GOVERNMENT MANAGED CARE	14,324	14,484	160	1%
8	WORKER'S COMPENSATION	153	195	42	27%
9	SELF- PAY/UNINSURED	515	716	201	39%
10	SAGA	0	0	0	0%
11	OTHER	1,599	1,607	8	1%
	TOTAL PATIENT DAYS	54,509	53,840	(669)	-1%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	74,609	75,852	1,243	2%
2	MEDICARE MANAGED CARE	7,873	10,058	2,185	28%
3	MEDICAID	20,521	21,513	992	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	186	159	(27)	-15%
6	COMMERCIAL INSURANCE	61,491	56,986	(4,505)	-7%
7	NON-GOVERNMENT MANAGED CARE	102,888	102,019	(869)	-1%
8	WORKER'S COMPENSATION	2,342	1,252	(1,090)	-47%
9	SELF- PAY/UNINSURED	15,234	12,419	(2,815)	-18%
10	SAGA	0	0	0	0%
11	OTHER	4,716	4,876	160	3%
	TOTAL OUTPATIENT VISITS	289,860	285,134	(4,726)	-2%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$24,415,563	\$26,019,616	\$1,604,053	7%
2	MEDICARE MANAGED CARE	\$4,028,412	\$4,576,884	\$548,472	14%
3	MEDICAID	\$11,915,030	\$13,977,338	\$2,062,308	17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$283,226	\$233,727	(\$49,499)	-17%
6	COMMERCIAL INSURANCE	\$29,069,416	\$29,211,782	\$142,366	0%
7	NON-GOVERNMENT MANAGED CARE	\$40,127,663	\$40,351,316	\$223,653	1%
8	WORKER'S COMPENSATION	\$1,915,846	\$1,824,978	(\$90,868)	-5%
9	SELF- PAY/UNINSURED	\$14,060,319	\$12,456,659	(\$1,603,660)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$12,139,391	\$14,806,572	\$2,667,181	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$137,954,866	\$143,458,872	\$5,504,006	4%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$4,145,666	\$4,698,912	\$553,246	13%

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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	\$663,677	\$811,835	\$148,158	22%
3	MEDICAID	\$1,859,975	\$2,193,812	\$333,837	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$173,692	\$55,522	(\$118,170)	-68%
6	COMMERCIAL INSURANCE	\$14,592,549	\$15,055,140	\$462,591	3%
7	NON-GOVERNMENT MANAGED CARE	\$16,047,880	\$16,431,122	\$383,242	2%
8	WORKER'S COMPENSATION	\$460,648	\$770,437	\$309,789	67%
9	SELF- PAY/UNINSURED	\$14,777,186	\$31,123	(\$14,746,063)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,149,539	\$2,619,478	\$469,939	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$54,870,812	\$42,667,381	(\$12,203,431)	-22%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,854	4,746	(108)	-2%
2	MEDICARE MANAGED CARE	751	802	51	7%
3	MEDICAID	3,341	3,520	179	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	78	54	(24)	-31%
6	COMMERCIAL INSURANCE	6,658	6,129	(529)	-8%
7	NON-GOVERNMENT MANAGED CARE	9,524	8,998	(526)	-6%
8	WORKER'S COMPENSATION	583	490	(93)	-16%
9	SELF- PAY/UNINSURED	3,368	2,859	(509)	-15%
10	SAGA	0	0	0	0%
11	OTHER	3,447	3,802	355	10%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	32,604	31,400	(1,204)	-4%

GREENWICH HOSPITAL					
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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.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$39,440,686	\$33,844,899	(\$5,595,787)	-14%
2	Physician Salaries	\$8,035,783	\$9,115,648	\$1,079,865	13%
3	Non-Nursing, Non-Physician Salaries	\$65,742,531	\$73,765,140	\$8,022,609	12%
	Total Salaries & Wages	\$113,219,000	\$116,725,687	\$3,506,687	3%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$12,951,118	\$10,584,076	(\$2,367,042)	-18%
2	Physician Fringe Benefits	\$2,220,192	\$2,850,672	\$630,480	28%
3	Non-Nursing, Non-Physician Fringe Benefits	\$21,831,690	\$23,068,051	\$1,236,361	6%
	Total Fringe Benefits	\$37,003,000	\$36,502,799	(\$500,201)	-1%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$1,316,590	\$1,016,744	(\$299,846)	-23%
2	Physician Fees	\$9,386,000	\$10,436,943	\$1,050,943	11%
3	Non-Nursing, Non-Physician Fees	\$426,759	\$293,819	(\$132,940)	-31%
	Total Contractual Labor Fees	\$11,129,349	\$11,747,506	\$618,157	6%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$25,770,602	\$25,212,411	(\$558,191)	-2%
2	Pharmaceutical Costs	\$20,821,178	\$25,982,689	\$5,161,511	25%
	Total Medical Supplies and Pharmaceutical Cost	\$46,591,780	\$51,195,100	\$4,603,320	10%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$5,982,629	\$6,054,024	\$71,395	1%
2	Depreciation-Equipment	\$18,946,371	\$17,798,989	(\$1,147,382)	-6%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$24,929,000	\$23,853,013	(\$1,075,987)	-4%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$343,000	\$310,142	(\$32,858)	-10%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	(\$1,799,000)	\$1,279,220	\$3,078,220	-171%
I.	Utilities:				
1	Water	\$107,105	\$107,277	\$172	0%
2	Natural Gas	\$401,012	\$379,403	(\$21,609)	-5%
3	Oil	\$22,325	\$26,285	\$3,960	18%
4	Electricity	\$1,848,818	\$1,502,323	(\$346,495)	-19%
5	Telephone	\$6,733	\$5,007	(\$1,726)	-26%
6	Other Utilities	\$30,591	\$43,981	\$13,390	44%
	Total Utilities	\$2,416,584	\$2,064,276	(\$352,308)	-15%
J.	Business Expenses:				
1	Accounting Fees	\$226,469	\$231,250	\$4,781	2%
2	Legal Fees	\$399,021	\$435,360	\$36,339	9%
3	Consulting Fees	\$1,608,699	\$1,176,503	(\$432,196)	-27%
4	Dues and Membership	\$515,738	\$508,380	(\$7,358)	-1%
5	Equipment Leases	\$1,415,156	\$1,583,170	\$168,014	12%
6	Building Leases	\$6,262,035	\$5,548,827	(\$713,208)	-11%
7	Repairs and Maintenance	\$819,249	\$1,119,196	\$299,947	37%
8	Insurance	\$540,832	\$0	(\$540,832)	-100%
9	Travel	\$58,202	\$70,810	\$12,608	22%
10	Conferences	\$267,722	\$317,165	\$49,443	18%

GREENWICH 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	\$120,026	\$84,501	(\$35,525)	-30%
12	General Supplies	\$2,952,492	\$2,872,084	(\$80,408)	-3%
13	Licenses and Subscriptions	\$288,086	\$232,698	(\$55,388)	-19%
14	Postage and Shipping	\$290,128	\$249,782	(\$40,346)	-14%
15	Advertising	\$3,935	\$0	(\$3,935)	-100%
16	Corporate parent/system fees	\$40,491,319	\$42,514,958	\$2,023,639	5%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$158,745	\$197,703	\$38,958	25%
19	Dietary / Food Services	\$2,222,560	\$2,343,986	\$121,426	5%
20	Lab Fees / Red Cross charges	\$1,273,162	\$1,279,267	\$6,105	0%
21	Billing & Collection / Bank Fees	\$648,884	\$1,079,427	\$430,543	66%
22	Recruiting / Employee Education & Recognition	\$88,087	\$86,319	(\$1,768)	-2%
23	Laundry / Linen	\$1,121,961	\$1,122,989	\$1,028	0%
24	Professional / Physician Fees	\$3,303,520	\$3,351,567	\$48,047	1%
25	Waste disposal	\$217,155	\$212,250	(\$4,905)	-2%
26	Purchased Services - Medical	\$952,349	\$1,183,840	\$231,491	24%
27	Purchased Services - Non Medical	\$8,844,006	\$7,483,412	(\$1,360,594)	-15%
28	Other Business Expenses	\$8,414,965	\$8,497,807	\$82,842	1%
	Total Business Expenses	\$83,504,503	\$83,783,251	\$278,748	0%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$516,784	\$707,962	\$191,178	37%
	Total Operating Expenses - All Expense Categories*	\$317,854,000	\$328,168,956	\$10,314,956	3%
	*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	\$78,431,050	\$82,300,325	\$3,869,275	5%
2	General Accounting	\$7,914,826	\$7,061,250	(\$853,576)	-11%
3	Patient Billing & Collection	\$8,023,774	\$10,091,317	\$2,067,543	26%
4	Admitting / Registration Office	\$3,089,948	\$4,137,115	\$1,047,167	34%
5	Data Processing	\$20,677,631	\$19,778,643	(\$898,988)	-4%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,770,592	\$1,559,298	(\$211,294)	-12%
8	Public Relations	\$4,065,522	\$3,513,039	(\$552,483)	-14%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$4,964,079	\$5,104,262	\$140,183	3%
11	Housekeeping	\$2,704,698	\$2,915,825	\$211,127	8%
12	Laundry & Linen	\$217,435	\$175,605	(\$41,830)	-19%
13	Operation of Plant	\$3,736,276	\$3,405,885	(\$330,391)	-9%
14	Security	\$2,088,567	\$2,161,615	\$73,048	3%
15	Repairs and Maintenance	\$2,877,921	\$2,683,634	(\$194,287)	-7%
16	Central Sterile Supply	\$1,682,014	\$1,683,841	\$1,827	0%
17	Pharmacy Department	\$24,232,754	\$30,728,375	\$6,495,621	27%
18	Other General Services	\$1,276,790	\$1,273,743	(\$3,047)	0%
	Total General Services	\$167,753,877	\$178,573,772	\$10,819,895	6%
B.	Professional Services:				
1	Medical Care Administration	\$1,836,297	\$1,792,540	(\$43,757)	-2%
2	Residency Program	\$2,393,817	\$2,468,192	\$74,375	3%
3	Nursing Services Administration	\$2,516,597	\$2,758,519	\$241,922	10%
4	Medical Records	\$1,400,424	\$183,761	(\$1,216,663)	-87%
5	Social Service	\$2,640,881	\$2,612,654	(\$28,227)	-1%
6	Other Professional Services	\$2,675,544	\$2,855,424	\$179,880	7%
	Total Professional Services	\$13,463,560	\$12,671,090	(\$792,470)	-6%
C.	Special Services:				

GREENWICH 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	\$20,221,421	\$20,566,103	\$344,682	2%
2	Recovery Room	\$1,287,040	\$1,379,434	\$92,394	7%
3	Anesthesiology	\$1,142,547	\$1,295,398	\$152,851	13%
4	Delivery Room	\$6,115,593	\$7,609,407	\$1,493,814	24%
5	Diagnostic Radiology	\$5,480,683	\$5,297,145	(\$183,538)	-3%
6	Diagnostic Ultrasound	\$2,498,420	\$2,511,355	\$12,935	1%
7	Radiation Therapy	\$6,525,705	\$6,044,549	(\$481,156)	-7%
8	Radioisotopes	\$703,728	\$678,340	(\$25,388)	-4%
9	CT Scan	\$1,654,631	\$1,551,683	(\$102,948)	-6%
10	Laboratory	\$16,910,034	\$17,142,054	\$232,020	1%
11	Blood Storing/Processing	\$964,454	\$1,215,880	\$251,426	26%
12	Cardiology	\$1,869,780	\$1,924,424	\$54,644	3%
13	Electrocardiology	\$1,044,418	\$1,054,883	\$10,465	1%
14	Electroencephalography	\$436,446	\$434,299	(\$2,147)	0%
15	Occupational Therapy	\$1,898,692	\$1,522,555	(\$376,137)	-20%
16	Speech Pathology	\$238,403	\$238,265	(\$138)	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,050,506	\$1,950,413	(\$100,093)	-5%
19	Pulmonary Function	\$474,210	\$209,097	(\$265,113)	-56%
20	Intravenous Therapy	\$3,753,908	\$2,389,985	(\$1,363,923)	-36%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$351,557	\$490,221	\$138,664	39%
24	Emergency Room	\$13,414,178	\$13,815,196	\$401,018	3%
25	MRI	\$1,202,273	\$1,066,530	(\$135,743)	-11%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$453,338	\$468,157	\$14,819	3%
28	Endoscopy	\$2,045,844	\$2,060,347	\$14,503	1%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$591,343	\$636,856	\$45,513	8%
31	Cardiac Catheterization/Rehabilitation	\$580,551	\$688,778	\$108,227	19%
32	Occupational Therapy / Physical Therapy	\$3,268,031	\$3,137,530	(\$130,501)	-4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$565,136	\$494,614	(\$70,522)	-12%
	Total Special Services	\$97,742,870	\$97,873,498	\$130,628	0%
D.	Routine Services:				
1	Medical & Surgical Units	\$15,899,342	\$16,340,204	\$440,862	3%
2	Intensive Care Unit	\$2,425,679	\$2,458,059	\$32,380	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$726,363	\$780,722	\$54,359	7%
5	Pediatric Unit	\$1,137,525	\$1,232,150	\$94,625	8%
6	Maternity Unit	\$4,092,042	\$4,057,292	(\$34,750)	-1%
7	Newborn Nursery Unit	\$1,327,701	\$1,481,405	\$153,704	12%
8	Neonatal ICU	\$3,058,593	\$2,873,094	(\$185,499)	-6%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$5,305,718	\$5,317,439	\$11,721	0%
11	Home Care	\$839,135	\$823,805	(\$15,330)	-2%
12	Outpatient Clinics	\$3,905,410	\$3,548,695	(\$356,715)	-9%
13	Other Routine Services	\$176,185	\$137,731	(\$38,454)	-22%
	Total Routine Services	\$38,893,693	\$39,050,596	\$156,903	0%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$317,854,000	\$328,168,956	\$10,314,956	3%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$312,982,000	\$332,207,000	\$340,737,210
2	Other Operating Revenue	19,797,000	17,848,000	19,910,474
3	Total Operating Revenue	\$332,779,000	\$350,055,000	\$360,647,684
4	Total Operating Expenses	311,019,000	317,854,000	328,168,956
5	Income/(Loss) From Operations	\$21,760,000	\$32,201,000	\$32,478,728
6	Total Non-Operating Revenue	6,170,000	4,171,000	(5,622,559)
7	Excess/(Deficiency) of Revenue Over Expenses	\$27,930,000	\$36,372,000	\$26,856,169
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	6.42%	9.09%	9.15%
2	Hospital Non Operating Margin	1.82%	1.18%	-1.58%
3	Hospital Total Margin	8.24%	10.27%	7.56%
4	Income/(Loss) From Operations	\$21,760,000	\$32,201,000	\$32,478,728
5	Total Operating Revenue	\$332,779,000	\$350,055,000	\$360,647,684
6	Total Non-Operating Revenue	\$6,170,000	\$4,171,000	(\$5,622,559)
7	Total Revenue	\$338,949,000	\$354,226,000	\$355,025,125
8	Excess/(Deficiency) of Revenue Over Expenses	\$27,930,000	\$36,372,000	\$26,856,169
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$318,845,000	\$334,040,000	\$341,118,049
2	Hospital Total Net Assets	\$377,624,000	\$401,362,000	\$406,494,562
3	Hospital Change in Total Net Assets	\$57,897,000	\$23,738,000	\$5,132,562
4	Hospital Change in Total Net Assets %	118.1%	6.3%	1.3%

GREENWICH 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.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.28	0.27	0.28
2	Total Operating Expenses	\$311,019,000	\$317,854,000	\$328,168,956
3	Total Gross Revenue	\$1,081,142,538	\$1,149,848,623	\$1,168,376,918
4	Total Other Operating Revenue	\$22,586,617	\$19,028,550	\$20,320,014
5	<u>Private Payment to Cost Ratio</u>	1.42	1.48	1.54
6	Total Non-Government Payments	\$223,692,065	\$236,385,895	\$245,939,003
7	Total Uninsured Payments	\$4,482,422	\$1,960,939	\$4,141,475
8	Total Non-Government Charges	\$583,457,233	\$613,857,805	\$598,831,331
9	Total Uninsured Charges	\$33,816,165	\$30,705,870	\$28,885,084
10	<u>Medicare Payment to Cost Ratio</u>	0.72	0.75	0.70
11	Total Medicare Payments	\$88,406,608	\$95,063,111	\$95,044,997
12	Total Medicare Charges	\$437,440,235	\$465,760,260	\$488,387,514
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.75	0.61
14	Total Medicaid Payments	\$6,722,600	\$8,455,090	\$8,229,030
15	Total Medicaid Charges	\$34,651,621	\$41,394,187	\$49,226,507
16	<u>Uncompensated Care Cost</u>	\$8,265,933	\$12,192,361	\$9,073,933
17	Charity Care	\$14,617,978	\$19,751,377	\$20,529,798
18	Bad Debts	\$14,715,765	\$25,084,845	\$12,337,894
19	Total Uncompensated Care	\$29,333,743	\$44,836,222	\$32,867,692
20	<u>Uncompensated Care % of Total Expenses</u>	2.7%	3.8%	2.8%

GREENWICH 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	\$311,019,000	\$317,854,000	\$328,168,956
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	3	3	3
2	Total Current Assets	\$134,499,000	\$159,340,000	\$177,441,625
3	Total Current Liabilities	\$49,824,000	\$55,531,000	\$52,223,617
4	<u>Days Cash on Hand</u>	77	94	118
5	Cash and Cash Equivalents	\$25,344,000	\$43,811,000	\$25,899,478
6	Short Term Investments	36,063,000	31,934,000	72,659,059
7	Total Cash and Short Term Investments	\$61,407,000	\$75,745,000	\$98,558,537
8	Total Operating Expenses	\$311,019,000	\$317,854,000	\$328,168,956
9	Depreciation Expense	\$21,233,000	\$24,929,000	\$23,853,013
10	Operating Expenses less Depreciation Expense	\$289,786,000	\$292,925,000	\$304,315,943
11	<u>Days Revenue in Patient Accounts Receivable</u>	39	41	40
12	Net Patient Accounts Receivable	\$34,799,000	\$37,984,000	\$38,149,419
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,208,000	\$930,766	\$462,435
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$33,591,000	\$37,053,234	\$37,686,984
16	Total Net Patient Revenue	\$312,982,000	\$332,207,000	\$340,737,210
17	<u>Average Payment Period</u>	63	69	63
18	Total Current Liabilities	\$49,824,000	\$55,531,000	\$52,223,617
19	Total Operating Expenses	\$311,019,000	\$317,854,000	\$328,168,956
20	Depreciation Expense	\$21,233,000	\$24,929,000	\$23,853,013

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
21	Total Operating Expenses less Depreciation Expense	\$289,786,000	\$292,925,000	\$304,315,943
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	71.4	70.8	71.2
2	Total Net Assets	\$377,624,000	\$401,362,000	\$406,494,562
3	Total Assets	\$528,725,000	\$566,679,000	\$570,708,175
4	<u>Cash Flow to Total Debt Ratio</u>	56.2	67.6	59.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$27,930,000	\$36,372,000	\$26,856,169
6	Depreciation Expense	\$21,233,000	\$24,929,000	\$23,853,013
7	Excess of Revenues Over Expenses and Depreciation Expense	\$49,163,000	\$61,301,000	\$50,709,182
8	Total Current Liabilities	\$49,824,000	\$55,531,000	\$52,223,617
9	Total Long Term Debt	\$37,710,000	\$35,105,000	\$32,430,000
10	Total Current Liabilities and Total Long Term Debt	\$87,534,000	\$90,636,000	\$84,653,617
11	<u>Long Term Debt to Capitalization Ratio</u>	9.1	8.0	7.4
12	Total Long Term Debt	\$37,710,000	\$35,105,000	\$32,430,000
13	Total Net Assets	\$377,624,000	\$401,362,000	\$406,494,562
14	Total Long Term Debt and Total Net Assets	\$415,334,000	\$436,467,000	\$438,924,562
15	<u>Debt Service Coverage Ratio</u>	17.1	21.6	17.5
16	Excess Revenues over Expenses	27,930,000	\$36,372,000	\$26,856,169
17	Interest Expense	469,000	\$343,000	\$310,142
18	Depreciation and Amortization Expense	21,233,000	\$24,929,000	\$23,853,013
19	Principal Payments	2,430,000	\$2,505,000	\$2,605,000
G.	<u>Other Financial Ratios</u>			

GREENWICH 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	9.2	8.5	9.7
21	Accumulated Depreciation	194,596,000	212,977,000	231,793,886
22	Depreciation and Amortization Expense	21,233,000	24,929,000	23,853,013
H. Utilization Measures Summary				
1	Patient Days	51,964	54,509	53,840
2	Discharges	12,439	12,538	13,296
3	ALOS	4.2	4.3	4.0
4	Staffed Beds	206	206	206
5	Available Beds	-	206	206
6	Licensed Beds	206	206	206
7	Occupancy of Staffed Beds	69.1%	72.5%	71.6%
8	Occupancy of Available Beds	69.1%	72.5%	71.6%
9	Full Time Equivalent Employees	1,465.1	1,475.3	1,475.7
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	50.8%	50.7%	48.8%
2	Medicare Gross Revenue Payer Mix Percentage	40.5%	40.5%	41.8%
3	Medicaid Gross Revenue Payer Mix Percentage	3.2%	3.6%	4.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.3%	2.4%	2.6%
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	2.7%	2.5%
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)	\$549,641,068	\$583,151,935	\$569,946,247
9	Medicare Gross Revenue (Charges)	\$437,440,235	\$465,760,260	\$488,387,514
10	Medicaid Gross Revenue (Charges)	\$34,651,621	\$41,394,187	\$49,226,507
11	Other Medical Assistance Gross Revenue (Charges)	\$24,824,176	\$27,814,662	\$30,788,901
12	Uninsured Gross Revenue (Charges)	\$33,816,165	\$30,705,870	\$28,885,084
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$769,273	\$1,021,709	\$1,142,665
14	Total Gross Revenue (Charges)	\$1,081,142,538	\$1,149,848,623	\$1,168,376,918
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	67.6%	68.2%	68.2%
2	Medicare Net Revenue Payer Mix Percentage	27.3%	27.6%	26.8%

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
3	Medicaid Net Revenue Payer Mix Percentage	2.1%	2.5%	2.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.6%	1.1%	1.5%
5	Uninsured Net Revenue Payer Mix Percentage	1.4%	0.6%	1.2%
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)	\$219,209,643	\$234,424,956	\$241,797,528
9	Medicare Net Revenue (Payments)	\$88,406,608	\$95,063,111	\$95,044,997
10	Medicaid Net Revenue (Payments)	\$6,722,600	\$8,455,090	\$8,229,030
11	Other Medical Assistance Net Revenue (Payments)	\$5,214,802	\$3,667,103	\$5,285,222
12	Uninsured Net Revenue (Payments)	\$4,482,422	\$1,960,939	\$4,141,475
13	CHAMPUS / TRICARE Net Revenue Payments)	\$373,727	\$328,229	\$244,723
14	Total Net Revenue (Payments)	\$324,409,802	\$343,899,428	\$354,742,975
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	6,891	7,182	7,654
2	Medicare	4,888	4,545	4,713
3	Medical Assistance	647	797	913
4	Medicaid	370	416	470
5	Other Medical Assistance	277	381	443
6	CHAMPUS / TRICARE	13	14	16
7	Uninsured (Included In Non-Government)	340	167	234
8	Total	12,439	12,538	13,296
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.87034	0.90367	0.90550
2	Medicare	1.45937	1.57877	1.56705
3	Medical Assistance	1.02393	1.07591	1.00675
4	Medicaid	0.92638	0.99915	1.00794
5	Other Medical Assistance	1.15423	1.15972	1.00548
6	CHAMPUS / TRICARE	0.69644	1.07080	0.90333
7	Uninsured (Included In Non-Government)	0.98687	1.02805	0.98981
8	Total Case Mix Index	1.10961	1.15953	1.14695
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	7,527	6,790	7,846
2	Emergency Room - Treated and Discharged	34,925	32,604	31,400
3	Total Emergency Room Visits	42,452	39,394	39,246

**GREENWICH 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	\$468,375	\$2,998,058	\$2,529,683	540%
2	Inpatient Payments	\$139,326	\$700,378	\$561,052	403%
3	Outpatient Charges	\$708,179	\$1,596,495	\$888,316	125%
4	Outpatient Payments	\$97,935	\$255,660	\$157,725	161%
5	Discharges	16	66	50	313%
6	Patient Days	63	339	276	438%
7	Outpatient Visits (Excludes ED Visits)	191	322	131	69%
8	Emergency Department Outpatient Visits	41	65	24	59%
9	Emergency Department Inpatient Admissions	16	56	40	250%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,176,554	\$4,594,553	\$3,417,999	291%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$237,261	\$956,038	\$718,777	303%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$13,231	\$13,231	0%
4	Outpatient Payments	\$0	\$2,137	\$2,137	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$13,231	\$13,231	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,137	\$2,137	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$1,512,537	\$778,753	(\$733,784)	-49%
2	Inpatient Payments	\$284,382	\$150,606	(\$133,776)	-47%
3	Outpatient Charges	\$2,106,817	\$1,465,968	(\$640,849)	-30%
4	Outpatient Payments	\$355,754	\$225,814	(\$129,940)	-37%
5	Discharges	19	18	(1)	-5%
6	Patient Days	153	63	(90)	-59%
7	Outpatient Visits (Excludes ED Visits)	647	792	145	22%
8	Emergency Department Outpatient Visits	28	23	(5)	-18%
9	Emergency Department Inpatient Admissions	17	12	(5)	-29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,619,354	\$2,244,721	(\$1,374,633)	-38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$640,136	\$376,420	(\$263,716)	-41%

GREENWICH 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	\$6,333,180	\$5,788,330	(\$544,850)	-9%
2	Inpatient Payments	\$1,378,980	\$1,356,361	(\$22,619)	-2%
3	Outpatient Charges	\$2,867,135	\$2,016,465	(\$850,670)	-30%
4	Outpatient Payments	\$395,522	\$270,282	(\$125,240)	-32%
5	Discharges	135	108	(27)	-20%
6	Patient Days	864	614	(250)	-29%
7	Outpatient Visits (Excludes ED Visits)	358	206	(152)	-42%
8	Emergency Department Outpatient Visits	179	108	(71)	-40%
9	Emergency Department Inpatient Admissions	124	95	(29)	-23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,200,315	\$7,804,795	(\$1,395,520)	-15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,774,502	\$1,626,643	(\$147,859)	-8%
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%

**GREENWICH 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	\$12,548,076	\$13,589,977	\$1,041,901	8%
2	Inpatient Payments	\$2,889,753	\$3,272,530	\$382,777	13%
3	Outpatient Charges	\$9,295,394	\$13,357,499	\$4,062,105	44%
4	Outpatient Payments	\$1,508,786	\$1,955,060	\$446,274	30%
5	Discharges	237	251	14	6%
6	Patient Days	1,351	1,512	161	12%
7	Outpatient Visits (Excludes ED Visits)	3,321	5,153	1,832	55%
8	Emergency Department Outpatient Visits	310	356	46	15%
9	Emergency Department Inpatient Admissions	201	215	14	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$21,843,470	\$26,947,476	\$5,104,006	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,398,539	\$5,227,590	\$829,051	19%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$79,896	\$65,111	(\$14,785)	-19%
2	Inpatient Payments	\$24,628	\$23,286	(\$1,342)	-5%
3	Outpatient Charges	\$264,975	\$300,196	\$35,221	13%
4	Outpatient Payments	\$40,783	\$47,900	\$7,117	17%
5	Discharges	4	3	(1)	-25%
6	Patient Days	6	8	2	33%
7	Outpatient Visits (Excludes ED Visits)	162	219	57	35%
8	Emergency Department Outpatient Visits	8	12	4	50%
9	Emergency Department Inpatient Admissions	4	2	(2)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$344,871	\$365,307	\$20,436	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$65,411	\$71,186	\$5,775	9%
I. AETNA					
1	Inpatient Charges	\$9,927,429	\$8,635,543	(\$1,291,886)	-13%
2	Inpatient Payments	\$2,481,628	\$1,822,508	(\$659,120)	-27%
3	Outpatient Charges	\$6,061,449	\$7,804,323	\$1,742,874	29%
4	Outpatient Payments	\$1,201,101	\$1,497,475	\$296,374	25%
5	Discharges	202	178	(24)	-12%
6	Patient Days	1,235	908	(327)	-26%
7	Outpatient Visits (Excludes ED Visits)	2,385	2,513	128	5%
8	Emergency Department Outpatient Visits	176	226	50	28%
9	Emergency Department Inpatient Admissions	175	146	(29)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,988,878	\$16,439,866	\$450,988	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,682,729	\$3,319,983	(\$362,746)	-10%

**GREENWICH 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	\$122,677	\$157,752	\$35,075	29%
2	Inpatient Payments	\$32,338	\$44,115	\$11,777	36%
3	Outpatient Charges	\$124,641	\$107,414	(\$17,227)	-14%
4	Outpatient Payments	\$23,640	\$16,543	(\$7,097)	-30%
5	Discharges	5	5	0	0%
6	Patient Days	12	13	1	8%
7	Outpatient Visits (Excludes ED Visits)	58	50	(8)	-14%
8	Emergency Department Outpatient Visits	9	12	3	33%
9	Emergency Department Inpatient Admissions	5	5	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$247,318	\$265,166	\$17,848	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$55,978	\$60,658	\$4,680	8%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GREENWICH 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$30,992,170	\$32,013,524	\$1,021,354	3%
	TOTAL INPATIENT PAYMENTS	\$7,231,035	\$7,369,784	\$138,749	2%
	TOTAL OUTPATIENT CHARGES	\$21,428,590	\$26,661,591	\$5,233,001	24%
	TOTAL OUTPATIENT PAYMENTS	\$3,623,521	\$4,270,871	\$647,350	18%
	TOTAL DISCHARGES	618	629	11	2%
	TOTAL PATIENT DAYS	3,684	3,457	(227)	-6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,122	9,256	2,134	30%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	751	802	51	7%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	542	531	(11)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$52,420,760	\$58,675,115	\$6,254,355	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,854,556	\$11,640,655	\$786,099	7%

**GREENWICH 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%

**GREENWICH 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%

**GREENWICH 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%

GREENWICH HEALTH CARE SERVICES, 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	\$47,945,000	\$31,360,000	(\$16,585,000)	-35%
2	Short Term Investments	\$31,934,000	\$72,659,000	\$40,725,000	128%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,615,000	\$41,279,000	\$664,000	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,041,000	\$1,551,531	(\$489,469)	-24%
8	Prepaid Expenses	\$7,227,000	\$5,855,047	(\$1,371,953)	-19%
9	Other Current Assets	\$17,551,000	\$12,759,422	(\$4,791,578)	-27%
	Total Current Assets	\$147,313,000	\$165,464,000	\$18,151,000	12%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$794,000	\$794,266	\$266	0%
2	Board Designated for Capital Acquisition	\$102,819,600	\$107,476,151	\$4,656,551	5%
3	Funds Held in Escrow	\$1,400	\$583	(\$817)	-58%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$103,615,000	\$108,271,000	\$4,656,000	4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$64,943,000	\$64,783,000	(\$160,000)	0%
7	Other Noncurrent Assets	\$33,663,000	\$23,119,000	(\$10,544,000)	-31%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$486,940,000	\$494,377,000	\$7,437,000	2%
2	Less: Accumulated Depreciation	\$232,025,000	\$252,107,000	\$20,082,000	\$0
	Property, Plant and Equipment, Net	\$254,915,000	\$242,270,000	(\$12,645,000)	-5%
3	Construction in Progress	\$601,000	\$4,840,000	\$4,239,000	705%
	Total Net Fixed Assets	\$255,516,000	\$247,110,000	(\$8,406,000)	-3%
	Total Assets	\$605,050,000	\$608,747,000	\$3,697,000	1%

GREENWICH HEALTH CARE SERVICES, 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	\$21,338,080	\$19,799,949	(\$1,538,131)	-7%
2	Salaries, Wages and Payroll Taxes	\$12,547,920	\$13,268,051	\$720,131	6%
3	Due To Third Party Payers	\$930,766	\$462,435	(\$468,331)	-50%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,605,000	\$2,675,000	\$70,000	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$21,856,234	\$20,513,565	(\$1,342,669)	-6%
	Total Current Liabilities	\$59,278,000	\$56,719,000	(\$2,559,000)	-4%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$35,105,000	\$32,430,000	(\$2,675,000)	-8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$35,105,000	\$32,430,000	(\$2,675,000)	-8%
3	Accrued Pension Liability	\$31,684,000	\$42,787,000	\$11,103,000	35%
4	Other Long Term Liabilities	\$43,065,000	\$36,812,000	(\$6,253,000)	-15%
	Total Long Term Liabilities	\$109,854,000	\$112,029,000	\$2,175,000	2%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$1,136,000	\$1,305,000	\$169,000	15%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$367,460,000	\$373,318,000	\$5,858,000	2%
2	Temporarily Restricted Net Assets	\$44,115,000	\$41,782,000	(\$2,333,000)	-5%
3	Permanently Restricted Net Assets	\$23,207,000	\$23,594,000	\$387,000	2%
	Total Net Assets	\$434,782,000	\$438,694,000	\$3,912,000	1%
	Total Liabilities and Net Assets	\$605,050,000	\$608,747,000	\$3,697,000	1%

GREENWICH HEALTH CARE SERVICES, 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	\$1,196,974,000	\$1,225,854,000	\$28,880,000	2%
2	Less: Allowances	\$784,591,000	\$811,460,300	\$26,869,300	3%
3	Less: Charity Care	\$19,753,000	\$20,563,000	\$810,000	4%
4	Less: Other Deductions	\$18,370,000	\$21,694,700	\$3,324,700	18%
	Total Net Patient Revenue	\$374,260,000	\$372,136,000	(\$2,124,000)	-1%
5	Provision for Bad Debts	\$25,252,000	\$12,484,000	(\$12,768,000)	-51%
	Net Patient Service Revenue less provision for bad debts	\$349,008,000	\$359,652,000	\$10,644,000	3%
6	Other Operating Revenue	\$9,523,000	\$8,943,000	(\$580,000)	-6%
7	Net Assets Released from Restrictions	\$3,010,000	\$4,783,000	\$1,773,000	59%
	Total Operating Revenue	\$361,541,000	\$373,378,000	\$11,837,000	3%
B. Operating Expenses:					
1	Salaries and Wages	\$113,219,000	\$116,725,687	\$3,506,687	3%
2	Fringe Benefits	\$37,520,000	\$37,029,313	(\$490,687)	-1%
3	Physicians Fees	\$9,386,000	\$10,436,943	\$1,050,943	11%
4	Supplies and Drugs	\$52,215,706	\$51,195,100	(\$1,020,606)	-2%
5	Depreciation and Amortization	\$26,218,000	\$25,119,000	(\$1,099,000)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$349,000	\$314,000	(\$35,000)	-10%
8	Malpractice Insurance Cost	(\$1,799,000)	\$1,279,220	\$3,078,220	-171%
9	Other Operating Expenses	\$99,298,294	\$104,628,737	\$5,330,443	5%
	Total Operating Expenses	\$336,407,000	\$346,728,000	\$10,321,000	3%
	Income/(Loss) From Operations	\$25,134,000	\$26,650,000	\$1,516,000	6%
C. Non-Operating Revenue:					
1	Income from Investments	\$718,000	\$1,937,000	\$1,219,000	170%
2	Gifts, Contributions and Donations	\$2,412,000	\$2,760,000	\$348,000	14%
3	Other Non-Operating Gains/(Losses)	(\$8,094,000)	(\$5,702,000)	\$2,392,000	-30%
	Total Non-Operating Revenue	(\$4,964,000)	(\$1,005,000)	\$3,959,000	-80%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$20,170,000	\$25,645,000	\$5,475,000	27%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$6,345,000	(\$7,035,000)	(\$13,380,000)	-211%
	All Other Adjustments	(\$847,000)	(\$1,430,000)	(\$583,000)	69%
	Total Other Adjustments	\$5,498,000	(\$8,465,000)	(\$13,963,000)	-254%
	Excess/(Deficiency) of Revenue Over Expenses	\$25,668,000	\$17,180,000	(\$8,488,000)	-33%

GREENWICH HEALTH CARE SERVICES, 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	\$328,796,000	\$349,008,000	\$359,652,000
2	Other Operating Revenue	13,960,000	12,533,000	13,726,000
3	Total Operating Revenue	\$342,756,000	\$361,541,000	\$373,378,000
4	Total Operating Expenses	327,050,000	336,407,000	346,728,000
5	Income/(Loss) From Operations	\$15,706,000	\$25,134,000	\$26,650,000
6	Total Non-Operating Revenue	3,270,000	534,000	(9,470,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$18,976,000	\$25,668,000	\$17,180,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	4.54%	6.94%	7.32%
2	Parent Corporation Non-Operating Margin	0.95%	0.15%	-2.60%
3	Parent Corporation Total Margin	5.48%	7.09%	4.72%
4	Income/(Loss) From Operations	\$15,706,000	\$25,134,000	\$26,650,000
5	Total Operating Revenue	\$342,756,000	\$361,541,000	\$373,378,000
6	Total Non-Operating Revenue	\$3,270,000	\$534,000	(\$9,470,000)
7	Total Revenue	\$346,026,000	\$362,075,000	\$363,908,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$18,976,000	\$25,668,000	\$17,180,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$351,359,000	\$367,460,000	\$373,318,000
2	Parent Corporation Total Net Assets	\$410,138,000	\$434,782,000	\$438,694,000
3	Parent Corporation Change in Total Net Assets	\$59,021,000	\$24,644,000	\$3,912,000
4	Parent Corporation Change in Total Net Assets %	116.8%	6.0%	0.9%

GREENWICH HEALTH CARE SERVICES, 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>	2.34	2.49	2.92
2	Total Current Assets	\$124,512,000	\$147,313,000	\$165,464,000
3	Total Current Liabilities	\$53,169,000	\$59,278,000	\$56,719,000
4	<u>Days Cash on Hand</u>	79	94	118
5	Cash and Cash Equivalents	\$29,569,000	\$47,945,000	\$31,360,000
6	Short Term Investments	\$36,063,000	\$31,934,000	\$72,659,000
7	Total Cash and Short Term Investments	\$65,632,000	\$79,879,000	\$104,019,000
8	Total Operating Expenses	\$327,050,000	\$336,407,000	\$346,728,000
9	Depreciation Expense	\$22,533,000	\$26,218,000	\$25,119,000
10	Operating Expenses less Depreciation Expense	\$304,517,000	\$310,189,000	\$321,609,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	40	42	41
12	Net Patient Accounts Receivable	\$ 37,281,000	\$ 40,615,000	\$ 41,279,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,207,893	\$930,766	\$462,435
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,073,107	\$ 39,684,234	\$ 40,816,565
16	Total Net Patient Revenue	\$328,796,000	\$349,008,000	\$359,652,000
17	<u>Average Payment Period</u>	64	70	64
18	Total Current Liabilities	\$53,169,000	\$59,278,000	\$56,719,000
19	Total Operating Expenses	\$327,050,000	\$336,407,000	\$346,728,000
20	Depreciation Expense	\$22,533,000	\$26,218,000	\$25,119,000
20	Total Operating Expenses less Depreciation Expense	\$304,517,000	\$310,189,000	\$321,609,000

GREENWICH HEALTH CARE SERVICES, 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. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	72.5	71.9	72.1
2	Total Net Assets	\$410,138,000	\$434,782,000	\$438,694,000
3	Total Assets	\$565,469,000	\$605,050,000	\$608,747,000
4	<u>Cash Flow to Total Debt Ratio</u>	45.7	55.0	47.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$18,976,000	\$25,668,000	\$17,180,000
6	Depreciation Expense	\$22,533,000	\$26,218,000	\$25,119,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$41,509,000	\$51,886,000	\$42,299,000
8	Total Current Liabilities	\$53,169,000	\$59,278,000	\$56,719,000
9	Total Long Term Debt	\$37,710,000	\$35,105,000	\$32,430,000
10	Total Current Liabilities and Total Long Term Debt	\$90,879,000	\$94,383,000	\$89,149,000
11	<u>Long Term Debt to Capitalization Ratio</u>	8.4	7.5	6.9
12	Total Long Term Debt	\$37,710,000	\$35,105,000	\$32,430,000
13	Total Net Assets	\$410,138,000	\$434,782,000	\$438,694,000
14	Total Long Term Debt and Total Net Assets	\$447,848,000	\$469,887,000	\$471,124,000

GREENWICH 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)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	34,807	7,438	7,343	129	129	73.9%	73.9%
2	ICU/CCU (Excludes Neonatal ICU)	2,054	169	0	10	10	56.3%	56.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	6,957	2,711	2,850	25	25	76.2%	76.2%
7	Newborn	6,627	2,501	2,487	22	22	82.5%	82.5%
8	Neonatal ICU	2,570	268	0	10	10	70.4%	70.4%
9	Pediatric	825	378	318	10	10	22.6%	22.6%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	47,213	10,795	10,511	184	184	70.3%	70.3%
	TOTAL INPATIENT BED UTILIZATION	53,840	13,296	12,998	206	206	71.6%	71.6%
	TOTAL INPATIENT REPORTED YEAR	53,840	13,296	12,998	206	206	71.6%	71.6%
	TOTAL INPATIENT PRIOR YEAR	54,509	12,538	12,277	206	206	72.5%	72.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-669	758	721	0	0	-0.9%	-0.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	6%	6%	0%	0%	-1%	-1%
	Total Licensed Beds and Bassinets	206						
(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.								

GREENWICH 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	5,915	5,877	-38	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,409	5,328	-1,081	-17%
3	Emergency Department Scans	7,118	7,298	180	3%
4	Other Non-Hospital Providers' Scans (A)	520	564	44	8%
	Total CT Scans	19,962	19,067	-895	-4%
B. MRI Scans (A)					
1	Inpatient Scans	1,146	1,164	18	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,565	5,583	18	0%
3	Emergency Department Scans	136	133	-3	-2%
4	Other Non-Hospital Providers' Scans (A)	1,794	1,739	-55	-3%
	Total MRI Scans	8,641	8,619	-22	0%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	3	3	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	3	3	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	11	16	5	45%
2	Outpatient Scans (Excluding Emergency Department Scans)	627	661	34	5%
3	Emergency Department Scans	2	0	-2	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	640	677	37	6%
(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	46	266	220	478%
2	Outpatient Procedures	5,329	5,216	-113	-2%
	Total Linear Accelerator Procedures	5,375	5,482	107	2%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	132	113	-19	-14%
2	Outpatient Procedures	56	50	-6	-11%
	Total Cardiac Catheterization Procedures	188	163	-25	-13%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	42	36	-6	-14%
2	Elective Procedures	0	6	6	0%
	Total Cardiac Angioplasty Procedures	42	42	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	1	36	35	3500%
2	Outpatient Studies	340	39	-301	-89%
	Total Electrophysiology Studies	341	75	-266	-78%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,420	2,429	9	0%
2	Outpatient Surgical Procedures	4,212	4,939	727	17%
	Total Surgical Procedures	6,632	7,368	736	11%
J. Endoscopy Procedures					

GREENWICH 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	418	190	-228	-55%
2	Outpatient Endoscopy Procedures	2,641	2,371	-270	-10%
	Total Endoscopy Procedures	3,059	2,561	-498	-16%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	6,790	7,846	1,056	16%
2	Emergency Room Visits: Treated and Discharged	32,604	31,400	-1,204	-4%
	Total Emergency Room Visits	39,394	39,246	-148	0%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	2,049	2,643	594	29%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	7,899	6,822	-1,077	-14%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	9,606	9,244	-362	-4%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	2,780	2,902	122	4%
	Total Hospital Clinic Visits	22,334	21,611	-723	-3%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	38,213	44,772	6,559	17%
2	Cardiac Rehabilitation	1,645	1,934	289	18%
3	Chemotherapy	18,561	10,524	-8,037	-43%
4	Gastroenterology	2,542	3,920	1,378	54%
5	Other Outpatient Visits	168,234	170,973	2,739	2%
	Total Other Hospital Outpatient Visits	229,195	232,123	2,928	1%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	359.3	389.0	29.7	8%
2	Total Physician FTEs	43.5	47.8	4.3	10%
3	Total Non-Nursing and Non-Physician FTEs	1,072.5	1,038.9	-33.6	-3%
	Total Hospital Full Time Equivalent Employees	1,475.3	1,475.7	0.4	0%

GREENWICH 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)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	at Greenwich Hospital Campus	2,994	3,820	826	28%
2	Helmsley Surgical Center	1,218	1,119	-99	-8%
	Total Outpatient Surgical Procedures(A)	4,212	4,939	727	17%
B. Outpatient Endoscopy Procedures					
1	at Greenwich Hospital Campus	196	115	-81	-41%
2	G Hosp @500 W Putnam St.	2,445	2,256	-189	-8%
	Total Outpatient Endoscopy Procedures(B)	2,641	2,371	-270	-10%
C. Outpatient Hospital Emergency Room Visits					
1	At Greenwich Hospital Campus	32,604	31,400	-1,204	-4%
	Total Outpatient Hospital Emergency Room Visits(C)	32,604	31,400	-1,204	-4%
(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.					

GREENWICH 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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$240,415,659	\$239,886,253	(\$529,406)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$59,489,414	\$56,506,049	(\$2,983,365)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.74%	23.56%	-1.19%	-5%
4	DISCHARGES	4,545	4,713	168	4%
5	CASE MIX INDEX (CMI)	1.57877	1.56705	(0.01172)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,175.50965	7,385.50665	209.99700	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,290.62	\$7,650.94	(\$639.68)	-8%
8	PATIENT DAYS	25,954	25,317	(637)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,292.11	\$2,231.94	(\$60.17)	-3%
10	AVERAGE LENGTH OF STAY	5.7	5.4	(0.3)	-6%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$225,344,601	\$248,501,261	\$23,156,660	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,573,697	\$38,538,948	\$2,965,251	8%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.79%	15.51%	-0.28%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	93.73%	103.59%	9.86%	11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,260.08529	4,882.25744	622.17215	15%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,350.47	\$7,893.67	(\$456.79)	-5%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$465,760,260	\$488,387,514	\$22,627,254	5%
18	TOTAL ACCRUED PAYMENTS	\$95,063,111	\$95,044,997	(\$18,114)	0%
19	TOTAL ALLOWANCES	\$370,697,149	\$393,342,517	\$22,645,368	6%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$203,037,279	\$207,197,243	\$4,159,964	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$85,221,805	\$90,006,753	\$4,784,948	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.97%	43.44%	1.47%	3%
4	DISCHARGES	7,182	7,654	472	7%
5	CASE MIX INDEX (CMI)	0.90367	0.90550	0.00183	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,490.15794	6,930.69700	440.53906	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,130.93	\$12,986.68	(\$144.25)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,840.31)	(\$5,335.74)	(\$495.43)	10%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$31,414,381)	(\$36,980,424)	(\$5,566,044)	18%
10	PATIENT DAYS	25,309	24,989	(320)	-1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,367.25	\$3,601.85	\$234.60	7%
12	AVERAGE LENGTH OF STAY	3.5	3.3	(0.3)	-7%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$410,820,526	\$391,634,088	(\$19,186,438)	-5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$151,164,090	\$155,932,250	\$4,768,160	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.80%	39.82%	3.02%	8%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	202.34%	189.02%	-13.32%	-7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,531.87825	14,467.21620	(64.66205)	0%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,402.24	\$10,778.32	\$376.08	4%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,051.77)	(\$2,884.64)	(\$832.87)	41%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$29,816,136)	(\$41,732,763)	(\$11,916,627)	40%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$613,857,805	\$598,831,331	(\$15,026,474)	-2%
22	TOTAL ACCRUED PAYMENTS	\$236,385,895	\$245,939,003	\$9,553,108	4%
23	TOTAL ALLOWANCES	\$377,471,910	\$352,892,328	(\$24,579,582)	-7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$61,230,517)	(\$78,713,188)	(\$17,482,671)	29%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$561,179,954	\$550,833,535	(\$10,346,419)	-2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$225,546,338	\$232,113,196	\$6,566,858	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$335,633,616	\$318,720,339	(\$16,913,277)	-5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.81%	57.86%	-1.95%	

GREENWICH 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
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$4,687,832	\$4,393,306	(\$294,526)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$246,577	\$2,420,412	\$2,173,835	882%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.26%	55.09%	49.83%	947%
4	DISCHARGES	167	234	67	40%
5	CASE MIX INDEX (CMI)	1.02805	0.98981	(0.03824)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	171.68435	231.61554	59.93119	35%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,436.22	\$10,450.13	\$9,013.90	628%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,694.71	\$2,536.55	(\$9,158.15)	-78%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,854.40	(\$2,799.19)	(\$9,653.59)	-141%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,176,792	(\$648,336)	(\$1,825,128)	-155%
11	PATIENT DAYS	515	716	201	39%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$478.79	\$3,380.46	\$2,901.67	606%
13	AVERAGE LENGTH OF STAY	3.1	3.1	(0.0)	-1%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$26,018,038	\$24,491,778	(\$1,526,260)	-6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,714,362	\$1,721,063	\$6,701	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.59%	7.03%	0.44%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	555.01%	557.48%	2.47%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	926.87032	1,304.50191	377.63159	41%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,849.62	\$1,319.33	(\$530.30)	-29%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,552.62	\$9,458.99	\$906.38	11%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,500.84	\$6,574.35	\$73.51	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,025,437	\$8,576,250	\$2,550,813	42%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$30,705,870	\$28,885,084	(\$1,820,786)	-6%
24	TOTAL ACCRUED PAYMENTS	\$1,960,939	\$4,141,475	\$2,180,536	111%
25	TOTAL ALLOWANCES	\$28,744,931	\$24,743,609	(\$4,001,322)	-14%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,202,229	\$7,927,914	\$725,684	10%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$12,504,838	\$14,294,353	\$1,789,515	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,773,460	\$2,546,966	(\$1,226,494)	-33%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.18%	17.82%	-12.36%	-41%
4	DISCHARGES	416	470	54	13%
5	CASE MIX INDEX (CMI)	0.99915	1.00794	0.00879	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	415.64640	473.73180	58.08540	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,078.53	\$5,376.39	(\$3,702.15)	-41%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,052.40	\$7,610.29	\$3,557.90	88%
9	MEDICARE - MEDICAID IP PMT / CMAD	(\$787.92)	\$2,274.55	\$3,062.46	-389%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$327,494)	\$1,077,526	\$1,405,021	-429%
11	PATIENT DAYS	1,607	1,861	254	16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,348.14	\$1,368.60	(\$979.54)	-42%
13	AVERAGE LENGTH OF STAY	3.9	4.0	0.1	3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$28,889,349	\$34,932,154	\$6,042,805	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,681,630	\$5,682,064	\$1,000,434	21%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.21%	16.27%	0.06%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	231.03%	244.38%	13.35%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	961.06556	1,148.57331	187.50775	20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,871.29	\$4,947.06	\$75.77	2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,530.95	\$5,831.26	\$300.31	5%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,479.17	\$2,946.61	(\$532.56)	-15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,343,715	\$3,384,399	\$40,684	1%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$41,394,187	\$49,226,507	\$7,832,320	19%
24	TOTAL ACCRUED PAYMENTS	\$8,455,090	\$8,229,030	(\$226,060)	-3%
25	TOTAL ALLOWANCES	\$32,939,097	\$40,997,477	\$8,058,380	24%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,016,221	\$4,461,925	\$1,445,704	48%

GREENWICH 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
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$13,188,120	\$13,046,673	(\$141,447)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,588,092	\$2,855,625	\$1,267,533	80%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.04%	21.89%	9.85%	82%
4	DISCHARGES	381	443	62	16%
5	CASE MIX INDEX (CMI)	1.15972	1.00548	(0.15424)	-13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	441.85332	445.42764	3.57432	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,594.16	\$6,410.97	\$2,816.81	78%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$9,536.77	\$6,575.71	(\$2,961.06)	-31%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,696.46	\$1,239.96	(\$3,456.49)	-74%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,075,145	\$552,314	(\$1,522,831)	-73%
11	PATIENT DAYS	1,599	1,607	8	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$993.18	\$1,776.99	\$783.81	79%
13	AVERAGE LENGTH OF STAY	4.2	3.6	(0.6)	-14%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,626,542	\$17,742,228	\$3,115,686	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,079,011	\$2,429,597	\$350,586	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.21%	13.69%	-0.52%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	110.91%	135.99%	25.08%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	422.55549	602.43765	179.88216	43%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,920.09	\$4,032.94	(\$887.15)	-18%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$5,482.15	\$6,745.37	\$1,263.22	23%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,430.38	\$3,860.73	\$430.35	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,449,524	\$2,325,849	\$876,325	60%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$27,814,662	\$30,788,901	\$2,974,239	11%
24	TOTAL ACCRUED PAYMENTS	\$3,667,103	\$5,285,222	\$1,618,119	44%
25	TOTAL ALLOWANCES	\$24,147,559	\$25,503,679	\$1,356,120	6%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,524,670	\$2,878,163	(\$646,506)	-18%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$25,692,958	\$27,341,026	\$1,648,068	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,361,552	\$5,402,591	\$41,039	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.87%	19.76%	-1.11%	-5%
4	DISCHARGES	797	913	116	15%
5	CASE MIX INDEX (CMI)	1.07591	1.00675	(0.06916)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	857.49972	919.15944	61.65972	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,252.54	\$5,877.75	(\$374.79)	-6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,878.39	\$7,108.93	\$230.54	3%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,038.08	\$1,773.19	(\$264.89)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,747,651	\$1,629,840	(\$117,811)	-7%
11	PATIENT DAYS	3,206	3,468	262	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,672.35	\$1,557.84	(\$114.51)	-7%
13	AVERAGE LENGTH OF STAY	4.0	3.8	(0.2)	-6%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,515,891	\$52,674,382	\$9,158,491	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,760,641	\$8,111,661	\$1,351,020	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.54%	15.40%	-0.14%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	169.37%	192.66%	23.29%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,383.62105	1,751.01096	367.38991	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,886.19	\$4,632.56	(\$253.64)	-5%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,516.05	\$6,145.76	\$629.71	11%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,464.27	\$3,261.12	(\$203.16)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,793,239	\$5,710,248	\$917,009	19%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$69,208,849	\$80,015,408	\$10,806,559	16%
24	TOTAL ACCRUED PAYMENTS	\$12,122,193	\$13,514,252	\$1,392,059	11%
25	TOTAL ALLOWANCES	\$57,086,656	\$66,501,156	\$9,414,500	16%

GREENWICH 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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$423,387	\$435,071	\$11,684	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,245	\$64,687	(\$4,558)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.36%	14.87%	-1.49%	-9%
4	DISCHARGES	14	16	2	14%
5	CASE MIX INDEX (CMI)	1.07080	0.90333	(0.16747)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14.99120	14.45328	(0.53792)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,619.04	\$4,475.59	(\$143.45)	-3%
8	PATIENT DAYS	40	66	26	65%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,731.13	\$980.11	(\$751.02)	-43%
10	AVERAGE LENGTH OF STAY	2.9	4.1	1.3	44%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$598,322	\$707,594	\$109,272	18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$258,984	\$180,036	(\$78,948)	-30%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,021,709	\$1,142,665	\$120,956	12%
14	TOTAL ACCRUED PAYMENTS	\$328,229	\$244,723	(\$83,506)	-25%
15	TOTAL ALLOWANCES	\$693,480	\$897,942	\$204,462	29%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$19,028,550	\$20,320,014	\$1,291,464	7%
2	TOTAL OPERATING EXPENSES	\$317,854,000	\$328,168,956	\$10,314,956	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$19,751,377	\$20,529,798	\$778,421	4%
5	BAD DEBTS (CHARGES)	\$25,084,845	\$12,337,894	(\$12,746,951)	-51%
6	UNCOMPENSATED CARE (CHARGES)	\$44,836,222	\$32,867,692	(\$11,968,530)	-27%
7	COST OF UNCOMPENSATED CARE	\$12,782,155	\$9,750,760	(\$3,031,395)	-24%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$69,208,849	\$80,015,408	\$10,806,559	16%
9	TOTAL ACCRUED PAYMENTS	\$12,122,193	\$13,514,252	\$1,392,059	11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$19,730,437	\$23,737,932	\$4,007,495	20%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,608,244	\$10,223,680	\$2,615,436	34%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$469,569,283	\$474,859,593	\$5,290,310	1%
2	TOTAL INPATIENT PAYMENTS	\$150,142,016	\$151,980,080	\$1,838,064	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	31.97%	32.01%	0.03%	0%
4	TOTAL DISCHARGES	12,538	13,296	758	6%
5	TOTAL CASE MIX INDEX	1.15953	1.14695	(0.01258)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	14,538.15851	15,249.81637	711.65786	5%
7	TOTAL OUTPATIENT CHARGES	\$680,279,340	\$693,517,325	\$13,237,985	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	144.87%	146.05%	1.17%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$193,757,412	\$202,762,895	\$9,005,483	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.48%	29.24%	0.75%	3%
11	TOTAL CHARGES	\$1,149,848,623	\$1,168,376,918	\$18,528,295	2%
12	TOTAL PAYMENTS	\$343,899,428	\$354,742,975	\$10,843,547	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	29.91%	30.36%	0.45%	2%
14	PATIENT DAYS	54,509	53,840	(669)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$266,532,004	\$267,662,350	\$1,130,346	0%
2	INPATIENT PAYMENTS	\$64,920,211	\$61,973,327	(\$2,946,884)	-5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	24.36%	23.15%	-1.20%	-5%
4	DISCHARGES	5,356	5,642	286	5%
5	CASE MIX INDEX	1.50261	1.47450	(0.02812)	-2%
6	CASE MIX ADJUSTED DISCHARGES	8,048.00057	8,319.11937	271.11880	3%
7	OUTPATIENT CHARGES	\$269,458,814	\$301,883,237	\$32,424,423	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	101.10%	112.79%	11.69%	12%
9	OUTPATIENT PAYMENTS	\$42,593,322	\$46,830,645	\$4,237,323	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.81%	15.51%	-0.29%	-2%
11	TOTAL CHARGES	\$535,990,818	\$569,545,587	\$33,554,769	6%
12	TOTAL PAYMENTS	\$107,513,533	\$108,803,972	\$1,290,439	1%
13	TOTAL PAYMENTS / CHARGES	20.06%	19.10%	-0.96%	-5%
14	PATIENT DAYS	29,200	28,851	(349)	-1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$428,477,285	\$460,741,615	\$32,264,330	8%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.7	5.4	(0.3)	-6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.3	(0.3)	-7%
3	UNINSURED	3.1	3.1	(0.0)	-1%
4	MEDICAID	3.9	4.0	0.1	3%
5	OTHER MEDICAL ASSISTANCE	4.2	3.6	(0.6)	-14%
6	CHAMPUS / TRICARE	2.9	4.1	1.3	44%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.0	(0.3)	-7%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,149,848,623	\$1,168,376,918	\$18,528,295	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$428,477,285	\$460,741,615	\$32,264,330	8%
3	UNCOMPENSATED CARE	\$44,836,222	\$32,867,692	(\$11,968,530)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$335,633,616	\$318,720,339	(\$16,913,277)	-5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,096,363	\$9,428,381	(\$3,667,982)	-28%
6	TOTAL ADJUSTMENTS	\$822,043,486	\$821,758,027	(\$285,459)	0%
7	TOTAL ACCRUED PAYMENTS	\$327,805,137	\$346,618,891	\$18,813,754	6%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$327,805,137	\$346,618,891	\$18,813,754	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2850854716	0.2966670136	0.0115815419	4%
11	COST OF UNCOMPENSATED CARE	\$12,782,155	\$9,750,760	(\$3,031,395)	-24%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,608,244	\$10,223,680	\$2,615,436	34%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$20,390,400	\$19,974,440	(\$415,960)	-2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,343,715	\$3,384,399	\$40,684	1%
2	OTHER MEDICAL ASSISTANCE	\$3,524,670	\$2,878,163	(\$646,506)	-18%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,202,229	\$7,927,914	\$725,684	10%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,070,614	\$14,190,476	\$119,862	1%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,974,981	\$19,112,712	(\$2,862,269)	-13.03%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$11,692,829)	(\$14,005,763)	(\$2,312,934)	19.78%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$332,206,599	\$340,737,210	\$8,530,611	2.57%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,149,848,623	\$1,168,376,920	\$18,528,297	1.61%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,121	\$33,353	\$31,232	1472.51%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$44,838,343	\$32,901,045	(\$11,937,298)	-26.62%

GREENWICH 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)	\$203,037,279	\$207,197,243	\$4,159,964
2	MEDICARE	\$240,415,659	239,886,253	(\$529,406)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,692,958	27,341,026	\$1,648,068
4	MEDICAID	\$12,504,838	14,294,353	\$1,789,515
5	OTHER MEDICAL ASSISTANCE	\$13,188,120	13,046,673	(\$141,447)
6	CHAMPUS / TRICARE	\$423,387	435,071	\$11,684
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,687,832	4,393,306	(\$294,526)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$266,532,004	\$267,662,350	\$1,130,346
	TOTAL INPATIENT CHARGES	\$469,569,283	\$474,859,593	\$5,290,310
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$410,820,526	\$391,634,088	(\$19,186,438)
2	MEDICARE	\$225,344,601	248,501,261	\$23,156,660
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$43,515,891	52,674,382	\$9,158,491
4	MEDICAID	\$28,889,349	34,932,154	\$6,042,805
5	OTHER MEDICAL ASSISTANCE	\$14,626,542	17,742,228	\$3,115,686
6	CHAMPUS / TRICARE	\$598,322	707,594	\$109,272
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$26,018,038	24,491,778	(\$1,526,260)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$269,458,814	\$301,883,237	\$32,424,423
	TOTAL OUTPATIENT CHARGES	\$680,279,340	\$693,517,325	\$13,237,985
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$613,857,805	\$598,831,331	(\$15,026,474)
2	TOTAL MEDICARE	\$465,760,260	\$488,387,514	\$22,627,254
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$69,208,849	\$80,015,408	\$10,806,559
4	TOTAL MEDICAID	\$41,394,187	\$49,226,507	\$7,832,320
5	TOTAL OTHER MEDICAL ASSISTANCE	\$27,814,662	\$30,788,901	\$2,974,239
6	TOTAL CHAMPUS / TRICARE	\$1,021,709	\$1,142,665	\$120,956
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$30,705,870	\$28,885,084	(\$1,820,786)
	TOTAL GOVERNMENT CHARGES	\$535,990,818	\$569,545,587	\$33,554,769
	TOTAL CHARGES	\$1,149,848,623	\$1,168,376,918	\$18,528,295
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,221,805	\$90,006,753	\$4,784,948
2	MEDICARE	\$59,489,414	56,506,049	(\$2,983,365)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,361,552	5,402,591	\$41,039
4	MEDICAID	\$3,773,460	2,546,966	(\$1,226,494)
5	OTHER MEDICAL ASSISTANCE	\$1,588,092	2,855,625	\$1,267,533
6	CHAMPUS / TRICARE	\$69,245	64,687	(\$4,558)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$246,577	2,420,412	\$2,173,835
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$64,920,211	\$61,973,327	(\$2,946,884)
	TOTAL INPATIENT PAYMENTS	\$150,142,016	\$151,980,080	\$1,838,064
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,164,090	\$155,932,250	\$4,768,160
2	MEDICARE	\$35,573,697	38,538,948	\$2,965,251
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,760,641	8,111,661	\$1,351,020
4	MEDICAID	\$4,681,630	5,682,064	\$1,000,434
5	OTHER MEDICAL ASSISTANCE	\$2,079,011	2,429,597	\$350,586
6	CHAMPUS / TRICARE	\$258,984	180,036	(\$78,948)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,714,362	1,721,063	\$6,701
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$42,593,322	\$46,830,645	\$4,237,323
	TOTAL OUTPATIENT PAYMENTS	\$193,757,412	\$202,762,895	\$9,005,483
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$236,385,895	\$245,939,003	\$9,553,108
2	TOTAL MEDICARE	\$95,063,111	\$95,044,997	(\$18,114)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,122,193	\$13,514,252	\$1,392,059
4	TOTAL MEDICAID	\$8,455,090	\$8,229,030	(\$226,060)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,667,103	\$5,285,222	\$1,618,119
6	TOTAL CHAMPUS / TRICARE	\$328,229	\$244,723	(\$83,506)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,960,939	\$4,141,475	\$2,180,536
	TOTAL GOVERNMENT PAYMENTS	\$107,513,533	\$108,803,972	\$1,290,439
	TOTAL PAYMENTS	\$343,899,428	\$354,742,975	\$10,843,547

GREENWICH 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)	17.66%	17.73%	0.08%
2	MEDICARE	20.91%	20.53%	-0.38%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.23%	2.34%	0.11%
4	MEDICAID	1.09%	1.22%	0.14%
5	OTHER MEDICAL ASSISTANCE	1.15%	1.12%	-0.03%
6	CHAMPUS / TRICARE	0.04%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.41%	0.38%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	23.18%	22.91%	-0.27%
	TOTAL INPATIENT PAYER MIX	40.84%	40.64%	-0.19%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.73%	33.52%	-2.21%
2	MEDICARE	19.60%	21.27%	1.67%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.78%	4.51%	0.72%
4	MEDICAID	2.51%	2.99%	0.48%
5	OTHER MEDICAL ASSISTANCE	1.27%	1.52%	0.25%
6	CHAMPUS / TRICARE	0.05%	0.06%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.26%	2.10%	-0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.43%	25.84%	2.40%
	TOTAL OUTPATIENT PAYER MIX	59.16%	59.36%	0.19%
	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)	24.78%	25.37%	0.59%
2	MEDICARE	17.30%	15.93%	-1.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.56%	1.52%	-0.04%
4	MEDICAID	1.10%	0.72%	-0.38%
5	OTHER MEDICAL ASSISTANCE	0.46%	0.80%	0.34%
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07%	0.68%	0.61%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	18.88%	17.47%	-1.41%
	TOTAL INPATIENT PAYER MIX	43.66%	42.84%	-0.82%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.96%	43.96%	0.00%
2	MEDICARE	10.34%	10.86%	0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.97%	2.29%	0.32%
4	MEDICAID	1.36%	1.60%	0.24%
5	OTHER MEDICAL ASSISTANCE	0.60%	0.68%	0.08%
6	CHAMPUS / TRICARE	0.08%	0.05%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.50%	0.49%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	12.39%	13.20%	0.82%
	TOTAL OUTPATIENT PAYER MIX	56.34%	57.16%	0.82%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GREENWICH 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)	7,182	7,654	472
2	MEDICARE	4,545	4,713	168
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	797	913	116
4	MEDICAID	416	470	54
5	OTHER MEDICAL ASSISTANCE	381	443	62
6	CHAMPUS / TRICARE	14	16	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	167	234	67
	TOTAL GOVERNMENT DISCHARGES	5,356	5,642	286
	TOTAL DISCHARGES	12,538	13,296	758
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25,309	24,989	(320)
2	MEDICARE	25,954	25,317	(637)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,206	3,468	262
4	MEDICAID	1,607	1,861	254
5	OTHER MEDICAL ASSISTANCE	1,599	1,607	8
6	CHAMPUS / TRICARE	40	66	26
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	515	716	201
	TOTAL GOVERNMENT PATIENT DAYS	29,200	28,851	(349)
	TOTAL PATIENT DAYS	54,509	53,840	(669)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.3	(0.3)
2	MEDICARE	5.7	5.4	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	3.8	(0.2)
4	MEDICAID	3.9	4.0	0.1
5	OTHER MEDICAL ASSISTANCE	4.2	3.6	(0.6)
6	CHAMPUS / TRICARE	2.9	4.1	1.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	3.1	(0.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.5	5.1	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.0	(0.3)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.90367	0.90550	0.00183
2	MEDICARE	1.57877	1.56705	(0.01172)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07591	1.00675	(0.06916)
4	MEDICAID	0.99915	1.00794	0.00879
5	OTHER MEDICAL ASSISTANCE	1.15972	1.00548	(0.15424)
6	CHAMPUS / TRICARE	1.07080	0.90333	(0.16747)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02805	0.98981	(0.03824)
	TOTAL GOVERNMENT CASE MIX INDEX	1.50261	1.47450	(0.02812)
	TOTAL CASE MIX INDEX	1.15953	1.14695	(0.01258)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$561,179,954	\$550,833,535	(\$10,346,419)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$225,546,338	\$232,113,196	\$6,566,858
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$335,633,616	\$318,720,339	(\$16,913,277)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.81%	57.86%	-1.95%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,974,981	\$19,112,712	(\$2,862,269)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,096,363	\$9,428,381	(\$3,667,982)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$19,751,377	\$20,529,798	\$778,421
9	BAD DEBTS	\$25,084,845	\$12,337,894	(\$12,746,951)
10	TOTAL UNCOMPENSATED CARE	\$44,836,222	\$32,867,692	(\$11,968,530)
11	TOTAL OTHER OPERATING REVENUE	\$19,028,550	\$20,320,014	\$1,291,464
12	TOTAL OPERATING EXPENSES	\$317,854,000	\$328,168,956	\$10,314,956

GREENWICH 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)	6,490.15794	6,930.69700	440.53906
2	MEDICARE	7,175.50965	7,385.50665	209.99700
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	857.49972	919.15944	61.65972
4	MEDICAID	415.64640	473.73180	58.08540
5	OTHER MEDICAL ASSISTANCE	441.85332	445.42764	3.57432
6	CHAMPUS / TRICARE	14.99120	14.45328	(0.53792)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	171.68435	231.61554	59.93119
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	8,048.00057	8,319.11937	271.11880
	TOTAL CASE MIX ADJUSTED DISCHARGES	14,538.15851	15,249.81637	711.65786
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,531.87825	14,467.21620	-64.66205
2	MEDICARE	4,260.08529	4,882.25744	622.17215
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,383.62105	1,751.01096	367.38991
4	MEDICAID	961.06556	1,148.57331	187.50775
5	OTHER MEDICAL ASSISTANCE	422.55549	602.43765	179.88216
6	CHAMPUS / TRICARE	19.78452	26.02220	6.23768
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	926.87032	1,304.50191	377.63159
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,663.49086	6,659.29060	995.79974
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,195.36910	21,126.50679	931.13769
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,130.93	\$12,986.68	(\$144.25)
2	MEDICARE	\$8,290.62	\$7,650.94	(\$639.68)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,252.54	\$5,877.75	(\$374.79)
4	MEDICAID	\$9,078.53	\$5,376.39	(\$3,702.15)
5	OTHER MEDICAL ASSISTANCE	\$3,594.16	\$6,410.97	\$2,816.81
6	CHAMPUS / TRICARE	\$4,619.04	\$4,475.59	(\$143.45)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,436.22	\$10,450.13	\$9,013.90
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,066.63	\$7,449.51	(\$617.12)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,327.44	\$9,966.03	(\$361.42)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,402.24	\$10,778.32	\$376.08
2	MEDICARE	\$8,350.47	\$7,893.67	(\$456.79)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,886.19	\$4,632.56	(\$253.64)
4	MEDICAID	\$4,871.29	\$4,947.06	\$75.77
5	OTHER MEDICAL ASSISTANCE	\$4,920.09	\$4,032.94	(\$887.15)
6	CHAMPUS / TRICARE	\$13,090.24	\$6,918.55	(\$6,171.68)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,849.62	\$1,319.33	(\$530.30)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,520.68	\$7,032.38	(\$488.31)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,594.15	\$9,597.56	\$3.41

GREENWICH 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	\$3,343,715	\$3,384,399	\$40,684
2	OTHER MEDICAL ASSISTANCE	\$3,524,670	\$2,878,163	(\$646,506)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,202,229	\$7,927,914	\$725,684
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,070,614	\$14,190,476	\$119,862
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$1,149,848,623	\$1,168,376,918	\$18,528,295
2	TOTAL GOVERNMENT DEDUCTIONS	\$428,477,285	\$460,741,615	\$32,264,330
3	UNCOMPENSATED CARE	\$44,836,222	\$32,867,692	(\$11,968,530)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$335,633,616	\$318,720,339	(\$16,913,277)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,096,363	\$9,428,381	(\$3,667,982)
6	TOTAL ADJUSTMENTS	\$822,043,486	\$821,758,027	(\$285,459)
7	TOTAL ACCRUED PAYMENTS	\$327,805,137	\$346,618,891	\$18,813,754
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$327,805,137	\$346,618,891	\$18,813,754
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2850854716	0.2966670136	0.0115815419
11	COST OF UNCOMPENSATED CARE	\$12,782,155	\$9,750,760	(\$3,031,395)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$7,608,244	\$10,223,680	\$2,615,436
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$20,390,400	\$19,974,440	(\$415,960)
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.97%	43.44%	1.47%
2	MEDICARE	24.74%	23.56%	-1.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.87%	19.76%	-1.11%
4	MEDICAID	30.18%	17.82%	-12.36%
5	OTHER MEDICAL ASSISTANCE	12.04%	21.89%	9.85%
6	CHAMPUS / TRICARE	16.36%	14.87%	-1.49%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.26%	55.09%	49.83%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	24.36%	23.15%	-1.20%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.97%	32.01%	0.03%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.80%	39.82%	3.02%
2	MEDICARE	15.79%	15.51%	-0.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.54%	15.40%	-0.14%
4	MEDICAID	16.21%	16.27%	0.06%
5	OTHER MEDICAL ASSISTANCE	14.21%	13.69%	-0.52%
6	CHAMPUS / TRICARE	43.29%	25.44%	-17.84%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.59%	7.03%	0.44%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	15.81%	15.51%	-0.29%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.48%	29.24%	0.75%

GREENWICH 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	\$343,899,428	\$354,742,975	\$10,843,547
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$343,899,428	\$354,742,975	\$10,843,547
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$11,692,829)	(\$14,005,763)	(\$2,312,934)
4	CALCULATED NET REVENUE	\$366,170,062	\$340,737,212	(\$25,432,850)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$332,206,599	\$340,737,210	\$8,530,611
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$33,963,463	\$2	(\$33,963,461)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,149,848,623	\$1,168,376,918	\$18,528,295
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,149,848,623	\$1,168,376,918	\$18,528,295
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,149,848,623	\$1,168,376,920	\$18,528,297
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$44,836,222	\$32,867,692	(\$11,968,530)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,121	\$33,353	\$31,232
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$44,838,343	\$32,901,045	(\$11,937,298)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$44,838,343	\$32,901,045	(\$11,937,298)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GREENWICH 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)	\$207,197,243
2	MEDICARE	239,886,253
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,341,026
4	MEDICAID	14,294,353
5	OTHER MEDICAL ASSISTANCE	13,046,673
6	CHAMPUS / TRICARE	435,071
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,393,306
	TOTAL INPATIENT GOVERNMENT CHARGES	\$267,662,350
	TOTAL INPATIENT CHARGES	\$474,859,593
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$391,634,088
2	MEDICARE	248,501,261
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	52,674,382
4	MEDICAID	34,932,154
5	OTHER MEDICAL ASSISTANCE	17,742,228
6	CHAMPUS / TRICARE	707,594
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	24,491,778
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$301,883,237
	TOTAL OUTPATIENT CHARGES	\$693,517,325
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$598,831,331
2	TOTAL GOVERNMENT ACCRUED CHARGES	569,545,587
	TOTAL ACCRUED CHARGES	\$1,168,376,918
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$90,006,753
2	MEDICARE	56,506,049
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,402,591
4	MEDICAID	2,546,966
5	OTHER MEDICAL ASSISTANCE	2,855,625
6	CHAMPUS / TRICARE	64,687
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,420,412
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$61,973,327
	TOTAL INPATIENT PAYMENTS	\$151,980,080
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$155,932,250
2	MEDICARE	38,538,948
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,111,661
4	MEDICAID	5,682,064
5	OTHER MEDICAL ASSISTANCE	2,429,597
6	CHAMPUS / TRICARE	180,036
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,721,063
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$46,830,645
	TOTAL OUTPATIENT PAYMENTS	\$202,762,895
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$245,939,003
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	108,803,972
	TOTAL ACCRUED PAYMENTS	\$354,742,975

GREENWICH 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)	7,654
2	MEDICARE	4,713
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	913
4	MEDICAID	470
5	OTHER MEDICAL ASSISTANCE	443
6	CHAMPUS / TRICARE	16
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	234
	TOTAL GOVERNMENT DISCHARGES	5,642
	TOTAL DISCHARGES	13,296
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.90550
2	MEDICARE	1.56705
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.00675
4	MEDICAID	1.00794
5	OTHER MEDICAL ASSISTANCE	1.00548
6	CHAMPUS / TRICARE	0.90333
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98981
	TOTAL GOVERNMENT CASE MIX INDEX	1.47450
	TOTAL CASE MIX INDEX	1.14695
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$550,833,535
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$232,113,196
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,720,339
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.86%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,112,712
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,428,381
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$20,529,798
9	BAD DEBTS	\$12,337,894
10	TOTAL UNCOMPENSATED CARE	\$32,867,692
11	TOTAL OTHER OPERATING REVENUE	\$20,320,014
12	TOTAL OPERATING EXPENSES	\$328,168,956

GREENWICH 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	\$354,742,975
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$354,742,975
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$14,005,763)
	CALCULATED NET REVENUE	\$340,737,212
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$340,737,210
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,168,376,918
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,168,376,918
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,168,376,920
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$32,867,692
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$33,353
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$32,901,045
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$32,901,045
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GREENWICH 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	3,619	3,953	334	9%
2	Number of Approved Applicants	3,185	3,953	768	24%
3	Total Charges (A)	\$19,751,377	\$20,529,798	\$778,421	4%
4	Average Charges	\$6,201	\$5,193	(\$1,008)	-16%
5	Ratio of Cost to Charges (RCC)	0.281789	0.271931	(0.009858)	-3%
6	Total Cost	\$5,565,721	\$5,582,688	\$16,968	0%
7	Average Cost	\$1,747	\$1,412	(\$335)	-19%
8	Charity Care - Inpatient Charges	\$3,000,704	\$4,018,796	\$1,018,092	34%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,159,408	9,407,050	247,642	3%
10	Charity Care - Emergency Department Charges	7,591,265	7,103,952	(487,313)	-6%
11	Total Charges (A)	\$19,751,377	\$20,529,798	\$778,421	4%
12	Charity Care - Number of Patient Days	1,191	1,076	(115)	-10%
13	Charity Care - Number of Discharges	353	376	23	7%
14	Charity Care - Number of Outpatient ED Visits	4,301	3,452	(849)	-20%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	11,821	10,056	(1,765)	-15%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$6,385,577	\$3,903,217	(\$2,482,360)	-39%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	10,788,114	5,279,396	(5,508,718)	-51%
3	Bad Debts - Emergency Department	7,911,154	3,155,281	(4,755,873)	-60%
4	Total Bad Debts (A)	\$25,084,845	\$12,337,894	(\$12,746,951)	-51%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$19,751,377	\$20,529,798	\$778,421	4%
2	Bad Debts (A)	25,084,845	12,337,894	(12,746,951)	-51%
3	Total Uncompensated Care (A)	\$44,836,222	\$32,867,692	(\$11,968,530)	-27%
4	Uncompensated Care - Inpatient Services	\$9,386,281	\$7,922,013	(\$1,464,268)	-16%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	19,947,522	14,686,446	(5,261,076)	-26%
6	Uncompensated Care - Emergency Department	15,502,419	10,259,233	(5,243,186)	-34%
7	Total Uncompensated Care (A)	\$44,836,222	\$32,867,692	(\$11,968,530)	-27%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GREENWICH 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	\$561,179,954	\$550,833,535	(\$10,346,419)	-2%
2	Total Contractual Allowances	\$335,633,616	\$318,720,339	(\$16,913,277)	-5%
	Total Accrued Payments (A)	\$225,546,338	\$232,113,196	\$6,566,858	3%
	Total Discount Percentage	59.81%	57.86%	-1.95%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$434,620,880	\$469,569,283	\$474,859,593
2	Outpatient Gross Revenue	\$646,521,658	\$680,279,340	\$693,517,325
3	Total Gross Patient Revenue	\$1,081,142,538	\$1,149,848,623	\$1,168,376,918
4	Net Patient Revenue	\$312,982,000	\$332,207,000	\$340,737,210
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$311,019,000	\$317,854,000	\$328,168,956
C. <u>Utilization Statistics</u>				
1	Patient Days	51,964	54,509	53,840
2	Discharges	12,439	12,538	13,296
3	Average Length of Stay	4.2	4.3	4.0
4	Equivalent (Adjusted) Patient Days (EPD)	129,263	133,478	132,472
0	Equivalent (Adjusted) Discharges (ED)	30,943	30,702	32,714
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.10961	1.15953	1.14695
2	Case Mix Adjusted Patient Days (CMAPD)	57,660	63,205	61,752
3	Case Mix Adjusted Discharges (CMAD)	13,802	14,538	15,250
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	143,432	154,771	151,938
5	Case Mix Adjusted Equivalent Discharges (CMAED)	34,334	35,600	37,522
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$20,806	\$21,095	\$21,701
2	Total Gross Revenue per Discharge	\$86,916	\$91,709	\$87,874
3	Total Gross Revenue per EPD	\$8,364	\$8,615	\$8,820
4	Total Gross Revenue per ED	\$34,940	\$37,452	\$35,714
5	Total Gross Revenue per CMAEPD	\$7,538	\$7,429	\$7,690
6	Total Gross Revenue per CMAED	\$31,489	\$32,299	\$31,139
7	Inpatient Gross Revenue per EPD	\$3,362	\$3,518	\$3,585
8	Inpatient Gross Revenue per ED	\$14,046	\$15,294	\$14,515

GREENWICH 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	\$6,023	\$6,095	\$6,329
2	Net Patient Revenue per Discharge	\$25,161	\$26,496	\$25,627
3	Net Patient Revenue per EPD	\$2,421	\$2,489	\$2,572
4	Net Patient Revenue per ED	\$10,115	\$10,820	\$10,416
5	Net Patient Revenue per CMAEPD	\$2,182	\$2,146	\$2,243
6	Net Patient Revenue per CMAED	\$9,116	\$9,332	\$9,081
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,985	\$5,831	\$6,095
2	Total Operating Expense per Discharge	\$25,004	\$25,351	\$24,682
3	Total Operating Expense per EPD	\$2,406	\$2,381	\$2,477
4	Total Operating Expense per ED	\$10,051	\$10,353	\$10,031
5	Total Operating Expense per CMAEPD	\$2,168	\$2,054	\$2,160
6	Total Operating Expense per CMAED	\$9,059	\$8,928	\$8,746
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$39,074,720	\$39,440,686	\$33,844,899
2	Nursing Fringe Benefits Expense	\$14,296,983	\$12,951,118	\$10,584,076
3	Total Nursing Salary and Fringe Benefits Expense	\$53,371,703	\$52,391,804	\$44,428,975
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$6,590,578	\$8,035,783	\$9,115,648
2	Physician Fringe Benefits Expense	\$2,450,740	\$2,220,192	\$2,850,672
3	Total Physician Salary and Fringe Benefits Expense	\$9,041,318	\$10,255,975	\$11,966,320
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$65,784,702	\$65,742,531	\$73,765,140
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$24,098,277	\$21,831,690	\$23,068,051
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$89,882,979	\$87,574,221	\$96,833,191
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$111,450,000	\$113,219,000	\$116,725,687
2	Total Fringe Benefits Expense	\$40,846,000	\$37,003,000	\$36,502,799
3	Total Salary and Fringe Benefits Expense	\$152,296,000	\$150,222,000	\$153,228,486

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	361.4	359.3	389.0
2	Total Physician FTEs	33.5	43.5	47.8
3	Total Non-Nursing, Non-Physician FTEs	1070.2	1072.5	1038.9
4	Total Full Time Equivalent Employees (FTEs)	1,465.1	1,475.3	1,475.7
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$108,120	\$109,771	\$87,005
2	Nursing Fringe Benefits Expense per FTE	\$39,560	\$36,045	\$27,208
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$147,680	\$145,816	\$114,213
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$196,734	\$184,731	\$190,704
2	Physician Fringe Benefits Expense per FTE	\$73,156	\$51,039	\$59,637
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$269,890	\$235,770	\$250,341
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$61,470	\$61,298	\$71,003
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$22,518	\$20,356	\$22,204
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$83,987	\$81,654	\$93,207
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$76,070	\$76,743	\$79,099
2	Total Fringe Benefits Expense per FTE	\$27,879	\$25,082	\$24,736
3	Total Salary and Fringe Benefits Expense per FTE	\$103,949	\$101,825	\$103,834
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,931	\$2,756	\$2,846
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,243	\$11,981	\$11,524
3	Total Salary and Fringe Benefits Expense per EPD	\$1,178	\$1,125	\$1,157
4	Total Salary and Fringe Benefits Expense per ED	\$4,922	\$4,893	\$4,684
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,062	\$971	\$1,008
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,436	\$4,220	\$4,084