HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2015 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (2) (6) FY 2014 FY 2015 AMOUNT LINE DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE Ι. **ASSETS** A. **Current Assets:** 219% 1 Cash and Cash Equivalents \$8,310,780 \$26,532,108 \$18,221,328 2 \$0 0% Short Term Investments \$0 \$0 Accounts Receivable (Less: Allowance for Doubtful Accounts) \$128,300,658 \$130,223,226 \$1,922,568 1% 3 4 Current Assets Whose Use is Limited for Current Liabilities 0% \$0 \$0 \$0 5 Due From Affiliates \$26,155,102 \$33,347,955 \$7,192,853 28% 0% 6 Due From Third Party Payers \$0 \$0 \$0 7 Inventories of Supplies \$12,834,592 \$14,407,416 \$1,572,824 12% -16% 8 \$6,559,164 (\$1,061,474) Prepaid Expenses \$5,497,690 Other Current Assets 4% 9 \$24,120,130 \$25,033,450 \$913,320 **Total Current Assets** \$206,280,426 \$235.041.845 \$28,761,419 14% Noncurrent Assets Whose Use is Limited: B. -8% \$112,879,389 \$103,640,675 1 Held by Trustee (\$9,238,714)0% 2 Board Designated for Capital Acquisition \$0 \$0 \$0 3449% 3 Funds Held in Escrow \$3,243,365 \$115,105,522 \$111,862,157 -5% 4 Other Noncurrent Assets Whose Use is Limited \$390,367,657 \$371,218,140 (\$19,149,517) \$506,490,411 Total Noncurrent Assets Whose Use is Limited: 16% \$589,964,337 \$83,473,926 5 Interest in Net Assets of Foundation \$0 \$0 \$0 0% 6 Long Term Investments \$0 \$0 \$0 0% 7 Other Noncurrent Assets \$79,437,312 \$87,425,027 \$7,987,715 10% C. Net Fixed Assets: Property, Plant and Equipment \$1,049,326,309 \$1,093,075,916 \$43,749,607 4% 1 Less: Accumulated Depreciation \$732,523,247 \$780,130,364 \$47,607,117 6% Property, Plant and Equipment, Net \$316,803,062 \$312,945,552 (\$3,857,510) -1% 28% 3 Construction in Progress \$51,093,959 \$65,382,860 \$14,288,901 **Total Net Fixed Assets** \$367,897,021 \$378,328,412 \$10,431,391 3% **Total Assets** \$1,160,105,170 \$1,290,759,621 \$130,654,451 11%

НАБ	TFORD HOSPITAL						
TWELVE N	MONTHS ACTUAL FILING						
FI	SCAL YEAR 2015						
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION							
(2)	(3)	(4)	(5)	(6)			
DESCRIPTION		FY 2015	AMOUNT	% DIFFERENCE			
<u>5255(ii) 1161(</u>		- 13 1 4 7 1 =	<u>DITT ERRERGE</u>	<u>DII I LICLITOL</u>			
LIABILITIES AND NET ASSETS							
	DAC 444 F00	#07.054.070	#00.040.440	4070/			
				127%			
				11%			
				76%			
				-51%			
				20%			
				-97%			
				-2%			
Total Current Liabilities	\$132,757,783	\$144,425,314	\$11,667,531	9%			
Long Term Debt:							
Bonds Payable (Net of Current Portion)	\$273,575,278	\$398,615,911	\$125,040,633	46%			
Notes Payable (Net of Current Portion)	\$13,505,755	\$12,811,438	(\$694,317)	-5%			
Total Long Term Debt	\$287,081,033	\$411,427,349	\$124,346,316	43%			
Accrued Pension Liability	\$254,058,658	\$229,350,990	(\$24,707,668)	-10%			
Other Long Term Liabilities	\$41,991,787	\$47,032,869	\$5,041,082	12%			
Total Long Term Liabilities	\$583,131,478	\$687,811,208	\$104,679,730	18%			
Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%			
Net Assets:							
Unrestricted Net Assets or Equity	\$135,104,064	\$164,284,091	\$29,180,027	22%			
Temporarily Restricted Net Assets	\$122,874,055	\$116,849,537	(\$6,024,518)	-5%			
Permanently Restricted Net Assets	\$186,237,790	\$177,389,471	(\$8,848,319)	-5%			
Total Net Assets	\$444,215,909	\$458,523,099	\$14,307,190	3%			
Total Liabilities and Not Assets	\$4.460.405.470	¢4 200 750 624	\$120 GE4 4E4	11%			
Total Liabilities allu Net Assets	Ψ1,100,105,170	φ1,230,733,62T	φ130,054,45T	1176			
	REPORT 100 - HOSPIT (2) DESCRIPTION LIABILITIES AND NET ASSETS Current Liabilities: Accounts Payable and Accrued Expenses Salaries, Wages and Payroll Taxes Due To Third Party Payers Due To Affiliates Current Portion of Long Term Debt Current Portion of Notes Payable Other Current Liabilities Total Current Liabilities Long Term Debt: Bonds Payable (Net of Current Portion) Notes Payable (Net of Current Portion) Total Long Term Debt Accrued Pension Liabilities Total Long Term Liabilities Total Long Term Liabilities Interest in Net Assets of Affiliates or Joint Ventures Net Assets: Unrestricted Net Assets or Equity Temporarily Restricted Net Assets Permanently Restricted Net Assets	(2) (3) FY 2014 DESCRIPTION	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015			

	lini	TFORD HOSPITAL			
	TWELVE N	MONTHS ACTUAL F	ILING		
	FI:	SCAL YEAR 2015			
	REPORT 150 - HOSPITAL ST				
(1)	(2)	(3) FY 2014	(4) FY 2015	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	Operating Revenue:	40.554.005.500	00.007.040.045	****	
	Total Gross Patient Revenue	\$2,554,085,582	\$2,637,012,215	\$82,926,633	3%
	Less: Allowances	\$1,520,387,941	\$1,616,490,066	\$96,102,125	6%
	Less: Charity Care	\$32,901,514	\$25,951,606	(\$6,949,908)	-21%
	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,000,796,127	\$994,570,543	(\$6,225,584)	-1%
	Provision for Bad Debts Net Patient Service Revenue less provision for bad debts	\$24,640,388 \$976,155,739	\$14,135,723 \$980,434,820	(\$10,504,665) \$4,279,081	-43% 0%
		\$74,586,939			37%
- 0	Other Operating Revenue	\$74,566,939	\$102,066,742	\$27,479,803	37 70
7	Net Assets Released from Restrictions	\$8,337,418	\$12,325,759	\$3,988,341	48%
	Total Operating Revenue	\$1,059,080,096	\$1,094,827,321	\$35,747,225	3%
В.	Operating Expenses:				
1	Salaries and Wages	\$428,888,306	\$424,422,584	(\$4,465,722)	-1%
2	Fringe Benefits	\$134,941,400	\$100,250,753	(\$34,690,647)	-26%
3	Physicians Fees	\$54,386,076	\$55,612,217	\$1,226,141	2%
4	Supplies and Drugs	\$149,340,181	\$158,174,965	\$8,834,784	6%
5	Depreciation and Amortization	\$48,593,411	\$48,151,764	(\$441,647)	-1%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$8,386,515	\$11,557,893	\$3,171,378	38%
8	Malpractice Insurance Cost	\$8,573,872	\$9,083,056	\$509,184	6%
9	Other Operating Expenses	\$189,685,149	\$226,046,176	\$36,361,027	19%
	Total Operating Expenses	\$1,022,794,910	\$1,033,299,408	\$10,504,498	1%
	Income/(Loss) From Operations	\$36,285,186	\$61,527,913	\$25,242,727	70%
C.	Non-Operating Revenue:				
1	Income from Investments	\$22,726,871	(\$4,985,221)	(\$27,712,092)	-122%
2	Gifts, Contributions and Donations	\$120,097	\$51,311	(\$68,786)	-57%
3	Other Non-Operating Gains/(Losses)	(\$6,568,758)	\$1,200,649	\$7,769,407	-118%
	Total Non-Operating Revenue	\$16,278,210	(\$3,733,261)	(\$20,011,471)	-123%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$52,563,396	\$57,794,652	\$5,231,256	10%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$65,202	\$0	(\$65,202)	-100%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$65,202	\$0	(\$65,202)	-100%
	Excess/(Deficiency) of Revenue Over Expenses	\$52,628,598	\$57,794,652	\$5,166,054	10%
	Principal Payments	\$88,386,723	\$2,186,012	(\$86,200,711)	-98%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
IINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	GROSS REVENUE BY PAYER				
A.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$640,449,123	\$639,569,117	(\$880,006)	0%
2	MEDICARE MANAGED CARE	\$178,838,551	\$199,005,289	\$20,166,738	11%
3	MEDICAID	\$302,959,364	\$313,567,661	\$10,608,297	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$8,277,519	\$10,920,271	\$2,642,752	32%
6	COMMERCIAL INSURANCE	\$16,087,561	\$14,864,410	(\$1,223,151)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$434,153,562	\$431,602,256	(\$2,551,306)	-1%
9	WORKER'S COMPENSATION SELF- PAY/UNINSURED	\$0 \$22,883,195	\$0 \$13,460,763	\$0 (\$9,422,432)	0% -41%
10	SAGA	\$22,883,195		(\$9,422,432)	-41% 0%
11	OTHER	\$0	\$0 \$0	\$0 \$0	0%
- ' '	TOTAL INPATIENT GROSS REVENUE	\$1,603,648,875	\$1,622,989,767	\$19,340,892	1%
В.	OUTPATIENT GROSS REVENUE	\$1,003,040,073	Ψ1,022,303,707	ψ13,5 4 0,632	1 70
1	MEDICARE TRADITIONAL	\$258,669,938	\$272,629,398	\$13,959,460	5%
2	MEDICARE MANAGED CARE	\$86,938,441	\$103,968,716	\$17,030,275	20%
3	MEDICAID	\$199,352,307	\$228,280,330	\$28.928.023	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,395,218	\$5,310,131	\$914,913	21%
6	COMMERCIAL INSURANCE	\$10,174,440	\$11,413,728	\$1,239,288	12%
7	NON-GOVERNMENT MANAGED CARE	\$357,676,493	\$363,310,264	\$5,633,771	2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$33,229,870	\$28,800,715	(\$4,429,155)	-13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$950,436,707	\$1,013,713,282	\$63,276,575	7%
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	TOTAL GROSS REVENUE	\$200 440 004	£040 400 E4E	£40.070.454	40/
1		\$899,119,061	\$912,198,515	\$13,079,454	1%
2		\$265,776,992	\$302,974,005	\$37,197,013	14%
<u>3</u>		\$502,311,671 \$0	\$541,847,991 \$0	\$39,536,320 \$0	8% 0%
5		•		•	28%
6		\$12,672,737	\$16,230,402	\$3,557,665	
7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	\$26,262,001 \$791,830,055	\$26,278,138 \$794,912,520	\$16,137 \$3,082,465	0% 0%
8		\$791,030,055	\$794,912,520	\$3,062,465	0%
9		\$56,113,065	\$42,261,478	(\$13,851,587)	-25%
10	SAGA	\$56,113,065	\$42,261,478	(\$13,051,507)	-25%
11	OTHER	\$0	\$0	\$0 \$0	0%
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	TOTAL GROSS REVENUE	\$2,554,085,582	\$2,636,703,049	\$82,617,467	3%
II.	NET REVENUE BY PAYER				
	INDATIENT NET DEVENUE				
Α.	INPATIENT NET REVENUE	0050 041 150	0000 404 070	(000 540 505)	201
1	MEDICARE TRADITIONAL	\$252,011,150	\$229,464,353	(\$22,546,797)	-9%
2	MEDICARE MANAGED CARE	\$68,127,318	\$66,744,868	(\$1,382,450)	-2%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
3	MEDICAID	\$81,842,654	\$73,957,630	(\$7,885,024)	-10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,946,504	\$4,501,295	\$554,791	14%
6	COMMERCIAL INSURANCE	\$15,203,556	\$13,642,844	(\$1,560,712)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$269,976,960	\$290,227,730	\$20,250,770	8%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$425,335	\$6,290,289	\$5,864,954	1379%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$691,533,477	\$684,829,009	(\$6,704,468)	-1%
В.	OUTPATIENT NET REVENUE	070 100 101	200 000 747	(00.450.405)	100/
1	MEDICARE TRADITIONAL	\$79,436,184	\$69,982,717	(\$9,453,467)	-12%
3	MEDICARE MANAGED CARE	\$24,847,183	\$29,993,679	\$5,146,496 (\$14,194,367)	21%
4	MEDICAID MEDICAID MANAGED CARE	\$49,332,349 \$0	\$35,147,982 \$0	(\$14,184,367) \$0	-29% 0%
5	CHAMPUS/TRICARE	\$1,272,845	\$3,177,110	\$1,904,265	150%
6	COMMERCIAL INSURANCE	\$8,266,153	\$8,800,060	\$1,904,265	6%
7	NON-GOVERNMENT MANAGED CARE	\$178,830,074	\$196,421,478	\$17,591,404	10%
8	WORKER'S COMPENSATION	\$170,030,074	\$190,421,478	\$17,591,404	0%
9	SELF- PAY/UNINSURED	\$1,297,480	\$9,361,750	\$8,064,270	622%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$343,282,268	\$352,884,776	\$9,602,508	3%
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C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$331,447,334	\$299,447,070	(\$32,000,264)	-10%
2	MEDICARE MANAGED CARE	\$92,974,501	\$96,738,547	\$3,764,046	4%
3	MEDICAID	\$131,175,003	\$109,105,612	(\$22,069,391)	-17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$5,219,349	\$7,678,405	\$2,459,056	47%
6	COMMERCIAL INSURANCE	\$23,469,709	\$22,442,904	(\$1,026,805)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$448,807,034	\$486,649,208	\$37,842,174	8%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,722,815	\$15,652,039	\$13,929,224	809%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$1,034,815,745	\$1,037,713,785	\$2,898,040	0%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	13,762	13,805	43	0%
2	MEDICARE MANAGED CARE	3,840	4,187	347	9%
3	MEDICAID	10,142	10,634	492	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	257	332	75	29%
6	COMMERCIAL INSURANCE	292	286	(6)	-2%
7	NON-GOVERNMENT MANAGED CARE	13,913	13,700	(213)	-2%
8	WORKER'S COMPENSATION	0	0	0	0%

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	549	406	(143)	-26%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	42,755	43,350	595	1%
В.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	88,662	85,256	(3,406)	-4%
2	MEDICARE MANAGED CARE	23,604	25,785	2,181	9%
3	MEDICAID	53,701	55,246	1,545	3%
4	MEDICAID MANAGED CARE	0	1 002	0	0%
<u>5</u>	CHAMPUS/TRICARE COMMERCIAL INSURANCE	1,603	1,983	380 (47)	-3%
7	NON-GOVERNMENT MANAGED CARE	1,592 61,265	1,545 59,378	(1,887)	-3% -3%
8	WORKER'S COMPENSATION	01,203	09,376	(1,007)	0%
9	SELF- PAY/UNINSURED	2,813	1.642	(1,171)	-42%
10	SAGA	2,013	1,042	(1,171)	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	233,240	230,835	(2,405)	-1%
C.	OUTPATIENT VISITS			(=, : : :)	- 7.5
1	MEDICARE TRADITIONAL	69,163	68,295	(868)	-1%
2	MEDICARE MANAGED CARE	17.923	20,822	2.899	16%
3	MEDICAID	105,049	113,189	8,140	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	2,070	1,938	(132)	-6%
6	COMMERCIAL INSURANCE	3,409	2,401	(1,008)	-30%
7	NON-GOVERNMENT MANAGED CARE	80,743	79,464	(1,279)	-2%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	16,131	12,724	(3,407)	-21%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	294,488	298,833	4,345	1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER	ı			
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
A.	REVENUE				
1	MEDICARE TRADITIONAL	\$36,400,811	\$44,573,406	\$8,172,595	22%
2	MEDICARE MANAGED CARE	\$13,295,095	\$18,324,930	\$5,029,835	38%
3	MEDICAID	\$71,860,048	\$86,103,367	\$14,243,319	20%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,935,270	\$2,323,177	\$387,907	20%
6	COMMERCIAL INSURANCE	\$6,142,733	\$7,011,763	\$869,030	14%
7	NON-GOVERNMENT MANAGED CARE	\$49,269,744	\$55,771,558	\$6,501,814	13%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$15,229,605	\$13,219,454	(\$2,010,151)	-13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER TOTAL EMERGENCY DEPARTMENT OUTPATIENT	\$0	\$0	\$0	0%
	GROSS REVENUE	\$194,133,306	\$227,327,655	\$33,194,349	17%
	EMERGENCY DEPARTMENT OUTPATIENT NET	\$10-i,100,000	722.,02.,000	ψου, 10-1, 0-1 0	11 70
В.	REVENUE				
1	MEDICARE TRADITIONAL	\$8,042,602	\$7,657,412	(\$385,190)	-5%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
2	MEDICARE MANAGED CARE	\$2,839,257	\$3,064,277	\$225,020	8%
3	MEDICAID	\$16,728,245	\$15,102,248	(\$1,625,997)	-10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$473,155	\$288,989	(\$184,166)	-39%
6	COMMERCIAL INSURANCE	\$5,345,155	\$3,077,237	(\$2,267,918)	-42%
7	NON-GOVERNMENT MANAGED CARE	\$21,810,218	\$21,995,176	\$184,958	1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$472,118	\$562,939	\$90,821	19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$55,710,750	\$51,748,278	(\$3,962,472)	-7%
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C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	11,022	11,408	386	4%
2	MEDICARE MANAGED CARE	3,903	4,580	677	17%
3	MEDICAID	38,522	41,124	2,602	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	718	840	122	17%
6	COMMERCIAL INSURANCE	2,479	2,625	146	6%
7	NON-GOVERNMENT MANAGED CARE	15,402	16,162	760	5%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	7,831	6,208	(1,623)	-21%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	79,877	82,947	3,070	4%

FISCAL YEAR 2015 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

	DESCRIPTION (2)	(3) FY 2014 ACTUAL	(4) FY 2015	(5) AMOUNT	%
	DESCRIPTION	ACTUAL			
ī	i	ACTUAL	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	OPERATING EXPENSE BY CATEGORY				
1.	OF ERATING EXPENSE BY GATEGORY				
	Salaries & Wages:				
	Nursing Salaries	\$137,008,756	\$147,234,787	\$10,226,031	7%
	Physician Salaries	\$43,864,014	\$46,267,606	\$2,403,592	5%
3	Non-Nursing, Non-Physician Salaries	\$248,015,536	\$230,920,191	(\$17,095,345)	-7%
	Total Salaries & Wages	\$428,888,306	\$424,422,584	(\$4,465,722)	-1%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$43,107,152	\$34,777,599	(\$8,329,553)	-19%
	Physician Fringe Benefits	\$13,800,963	\$10,928,642	(\$2,872,321)	-21%
	Non-Nursing, Non-Physician Fringe Benefits	\$78,033,285	\$54,544,512	(\$23,488,773)	-30%
	Total Fringe Benefits	\$134,941,400	\$100,250,753	(\$34,690,647)	-26%
C.	Contractual Labor Fees:				
	Nursing Fees	\$738,573	\$335,599	(\$402,974)	-55%
	Physician Fees	\$54,386,076	\$55.612.217	\$1,226,141	2%
	Non-Nursing, Non-Physician Fees	\$4,126,273	\$8,446,055	\$4,319,782	105%
	Total Contractual Labor Fees	\$59,250,922	\$64,393,871	\$5,142,949	9%
	Medical Supplies and Pharmaceutical Cost:				
	Medical Supplies	\$117,098,778	\$124,072,703	\$6,973,925	6%
2	Pharmaceutical Costs	\$32,241,403	\$34,102,262	\$1,860,859	6%
	Total Medical Supplies and Pharmaceutical Cost	\$149,340,181	\$158,174,965	\$8,834,784	6%
E.	Depreciation and Amortization:				
	Depreciation-Building	\$23,361,700	\$23,934,548	\$572,848	2%
	Depreciation-Equipment	\$25,231,711	\$24,217,216	(\$1,014,495)	-4%
	Amortization	\$0	\$0	\$0	0%
ľ	Total Depreciation and Amortization	\$48,593,411	\$48,151,764	(\$441,647)	-1%
F.	Bad Debts:				
	Bad Debts	\$0	\$0	\$0	0%
	Bud Beble	ΨΟ	ΨΟ	ΨΟ	0 70
	Interest Expense:				
1	Interest Expense	\$8,386,515	\$11,557,893	\$3,171,378	38%
H.	Malpractice Insurance Cost:				
	Malpractice Insurance Cost	\$8,573,872	\$9,083,056	\$509.184	6%
		70,010,01	, , , , , , , , , , ,	7 ,	
	Utilities:				
	Water	\$1,962,824	\$2,249,104	\$286,280	15%
	Natural Gas	\$4,599,565	\$4,153,566	(\$445,999)	-10%
	Oil Electricity	\$101,798	\$91,961 \$0,136,450	(\$9,837) (\$540,540)	-10%
	Electricity	\$9,677,008	\$9,136,459	(\$540,549) (\$254,042)	-6% -32%
	Telephone Other Utilities	\$777,144 \$707,217	\$526,102 \$619,037	(\$251,042) (\$88,180)	-32% -12%
	Total Utilities	\$17,825,556	\$16,776,229	(\$1,049,327)	-1270 - 6%
		***	ψ . ο,. · ο,==ο	(+ 1,0 10,021)	
	Business Expenses:				
	Accounting Fees	\$524,000	\$390,120	(\$133,880)	-26%
	Legal Fees	\$1,206,723	\$1,371,361	\$164,638	14%
	Consulting Fees	\$7,800,222	\$2,900,182	(\$4,900,040)	-63%
	Dues and Membership	\$3,617,205	\$2,801,767	(\$815,438)	-23%
	Equipment Leases	\$7,302,518	\$5,696,629	(\$1,605,889)	-22%
	Building Leases	\$10,156,414	\$9,472,559	(\$683,855)	-7% 140/
	Repairs and Maintenance	\$14,065,684	\$16,061,413	\$1,995,729	14%
	Incurance			/ ((つ) がい つつだい	
8	Insurance Travel	\$1,443,133 \$1,140,628	\$1,200,797 \$970,763	(\$242,336) (\$169,865)	-17% -15%

FISCAL YEAR 2015 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
(.,	(-/	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
11	Property Tax	\$325,517	\$247,301	(\$78,216)	-24%
12	General Supplies	\$5,428,622	\$6,177,091	\$748,469	14%
13	Licenses and Subscriptions	\$480,295	\$261,882	(\$218,413)	-45%
14 15	Postage and Shipping Advertising	\$629,948 \$2,162,949	\$559,467 \$359,170	(\$70,481) (\$1,803,779)	-11% -83%
16	Corporate parent/system fees	\$20,302,038	\$25,132,784	\$4,830,746	24%
17	Computer Software	\$650,047	\$565,143	(\$84,904)	-13%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$4,633,347	\$4,356,011	(\$277,336)	-6%
20	Lab Fees / Red Cross charges	\$26,115,253	\$23,153,293	(\$2,961,960)	-11%
21	Billing & Collection / Bank Fees	\$61,726	\$99,715	\$37,989	62%
22 23	Recruiting / Employee Education & Recognition	\$896,745	\$1,067,130	\$170,385 \$211,140	19%
23	Laundry / Linen Professional / Physician Fees	\$2,774,926 \$0	\$2,986,066 \$0	\$211,140 \$0	8% 0%
25	Waste disposal	\$1,500,243	\$942,712	(\$557,531)	-37%
26	Purchased Services - Medical	\$2,302,572	\$1,697,244	(\$605,328)	-26%
27	Purchased Services - Non Medical	\$23,748	\$43,476	\$19,728	83%
28	Other Business Expenses	\$36,720,083	\$82,450,570	\$45,730,487	125%
	Total Business Expenses	\$152,368,198	\$191,065,330	\$38,697,132	25%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$14,626,549	\$9,422,963	(\$5,203,586)	-36%
	Total One mating Francisco All Francisco Catagorica	£4 000 704 040	£4 022 000 400	£40 504 400	40/
	Total Operating Expenses - All Expense Categories*	\$1,022,794,910	\$1,033,299,408	\$10,504,498	1%
	*AK.The total operating expenses amount above mus	st agree with the to	otal operating expe	enses amount on R	eport 150
	7.1 Tarrio total oporating expenses amount above made	r agree with the te	tai operating expe	nioco amount on re	opon ioo
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$165,228,552	\$164,673,127	(\$555,425)	0%
2	General Accounting	\$15,364,954	\$9,182,564	(\$6,182,390)	-40%
3 4	Patient Billing & Collection Admitting / Registration Office	\$27,081,841	\$29,011,035 \$1,334,604	\$1,929,194 (\$3,573,887)	7% -73%
5	Data Processing	\$4,908,581 \$35,937,481	\$1,334,694 \$45,408,397	\$9,470,916	26%
6	Communications	\$1,164,776	\$929,805	(\$234,971)	-20%
7	Personnel	\$13,383,021	\$11,239,674	(\$2,143,347)	-16%
8	Public Relations	\$4,311,887	\$678,330	(\$3,633,557)	-84%
9	Purchasing	\$3,106,654	\$4,685,710	\$1,579,056	51%
10	Dietary and Cafeteria	\$12,686,710	\$11,927,309	(\$759,401)	-6%
11	Housekeeping	\$11,762,769	\$10,914,719	(\$848,050)	-7%
12	Laundry & Linen	\$6,371,316	\$5,859,071	(\$512,245)	-8%
13	Operation of Plant	\$24,117,177	\$17,822,453	(\$6,294,724)	-26%
14 15	Security Repairs and Maintenance	\$5,309,620 \$13,633,195	\$4,887,386 \$30,957,999	(\$422,234) \$17,324,804	-8% 127%
16	Central Sterile Supply	\$4,334,936	\$4,549,210	\$17,324,604	5%
17	Pharmacy Department	\$36,381,749	\$40,105,204	\$3,723,455	10%
18	Other General Services	\$14,133,072	\$12,572,703	(\$1,560,369)	-11%
	Total General Services	\$399,218,291	\$406,739,390	\$7,521,099	2%
					
B.	Professional Services:				
11	Medical Care Administration	\$6,779,411	\$4,195,066	(\$2,584,345)	-38%
2	Residency Program	\$30,950,589	\$32,286,315	\$1,335,726	4%
3	Nursing Services Administration	\$20,927,717	\$22,342,375	\$1,414,658	7%
4	Medical Records	\$3,788,830 \$1,812,356	\$1,606,562 \$1,751,068	(\$2,182,268)	-58% 3%
5 6	Social Service Other Professional Services	\$1,812,356 \$1,844,761	\$1,751,968 \$1,461,987	(\$60,388) (\$382,774)	-3% -21%
U	Total Professional Services	\$66,103,664	\$63,644,273	(\$2,459,391)	-21% - 4%
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C.	Special Services:				

FISCAL YEAR 2015 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
NE	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	DIFFERENCE
1	Operating Deem	¢70 704 660	\$70.274.0E0	(#246.740)	00
	Operating Room Recovery Room	\$79,721,660 \$3,859,443	\$79,374,950 \$3,856,865	(\$346,710) (\$2,578)	0,
	Anesthesiology	\$5,069,749	\$5,082,048	\$12,299	0
	Delivery Room	\$11,765,056	\$11,451,578	(\$313,478)	-3'
	Diagnostic Radiology	\$20,347,597	\$19,564,471	(\$783,126)	-4
	Diagnostic Ultrasound	\$1,006,542	\$1,080,245	\$73,703	7
	Radiation Therapy	\$13,535,862	\$14,686,597	\$1,150,735	9
	Radioisotopes	\$2,167,133	\$2,249,999	\$82,866	4
	CT Scan	\$2,754,111	\$2,484,966	(\$269,145)	-10
	Laboratory	\$24,673,587	\$25,531,895	\$858,308	3
	Blood Storing/Processing	\$11,014,891	\$8,848,280	(\$2,166,611)	-20
	Cardiology	\$6,089,605	\$7,723,542	\$1,633,937	27
	Electrocardiology	\$1,223,662	\$1,142,429	(\$81,233)	-7
	Electroencephalography	\$549,811	\$544,232	(\$5,579)	-1
	Occupational Therapy	\$0	\$0	\$0	0
	Speech Pathology	\$621,211	\$656,367	\$35,156	6
	Audiology	\$13,473	\$2,767	(\$10,706)	-79
	Respiratory Therapy	\$7,351,004	\$7,310,213	(\$40,791)	-1
	Pulmonary Function	\$0	\$0	\$0	0
	Intravenous Therapy	\$1,530,921	\$1,626,423	\$95,502	6
	Shock Therapy	\$737,490	\$567,186	(\$170,304)	-23
	Psychiatry / Psychology Services	\$15,261,957	\$19,466,117	\$4,204,160	28
23	Renal Dialysis	\$7,288,069	\$6,926,821	(\$361,248)	-5
24	Emergency Room	\$29,861,160	\$31,714,975	\$1,853,815	6
25	MRI	\$1,994,775	\$2,318,895	\$324,120	16
	PET Scan	\$0	\$0	\$0	0
	PET/CT Scan	\$429,443	\$443,924	\$14,481	3
	Endoscopy	\$5,598,594	\$5,959,094	\$360,500	6
	Sleep Center	\$1,856,612	\$1,989,457	\$132,845	7
	Lithotripsy	\$0	\$0	\$0	0
	Cardiac Catheterization/Rehabilitation	\$24,425,329	\$25,676,210	\$1,250,881	5
	Occupational Therapy / Physical Therapy	\$28,664,634	\$31,026,320	\$2,361,686	8
	Dental Clinic	\$1,059,580	\$1,109,425	\$49,845	5
	Other Special Services	\$23,681,268	\$23,105,684	(\$575,584)	-2
	Total Special Services	\$334,154,229	\$343,521,975	\$9,367,746	3
D.	Routine Services:				
	Medical & Surgical Units	\$113,708,749	\$116,735,611	\$3,026,862	3
	Intensive Care Unit	\$23,138,300	\$23,764,599	\$626,299	3
	Coronary Care Unit	\$4,285,923	\$4,155,776	(\$130,147)	-3
	Psychiatric Unit	\$21,351,885	\$19,674,621	(\$1,677,264)	-8
	Pediatric Unit	\$0	\$0	\$0	0
	Maternity Unit	\$4,195,452	\$3,817,551	(\$377,901)	-9
7	Newborn Nursery Unit	\$3,432,652	\$3,251,998	(\$180,654)	-5
	Neonatal ICU	\$0	\$0	\$0	0
	Rehabilitation Unit	\$0	\$0	\$0	0
10	Ambulatory Surgery	\$13,611,741	\$15,331,813	\$1,720,072	13
	Home Care	\$0	\$0	\$0	0
12	Outpatient Clinics	\$13,636,596	\$13,713,917	\$77,321	1
	Other Routine Services	\$0	\$0	\$0	0
	Total Routine Services	\$197,361,298	\$200,445,886	\$3,084,588	2
E.	Other Departments:				
	Miscellaneous Other Departments	\$25,957,428	\$18,947,884	(\$7,009,544)	-27
	Total Operating Expenses - All Departments*	\$1,022,794,910	\$1,033,299,408	\$10,504,498	1
	Total Operating Expenses - All Departments"	₽1,0∠∠,/94,910	φ1,U33,Z99,4U8	φ10,5U4,498	

	HAR	TFORD 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	<u>FY 2014</u>	<u>FY 2015</u>					
A.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$903,784,775	\$976,155,739	\$980,434,820					
2	Other Operating Revenue	89,734,457	82,924,357	114,392,501					
3	Total Operating Revenue	\$993,519,232	\$1,059,080,096	\$1,094,827,321					
4	Total Operating Expenses	998,381,093	1,022,794,910	1,033,299,408					
5	Income/(Loss) From Operations	(\$4,861,861)	\$36,285,186	\$61,527,913					
6	Total Non-Operating Revenue	29,320,979	16,343,412	(3,733,261)					
7	Excess/(Deficiency) of Revenue Over Expenses	\$24,459,118	\$52,628,598	\$57,794,652					
В.	Profitability Summary								
1	Hospital Operating Margin	-0.48%	3.37%	5.64%					
2	Hospital Non Operating Margin	2.87%	1.52%	-0.34%					
3	Hospital Total Margin	2.39%	4.89%	5.30%					
4	Income/(Loss) From Operations	(\$4,861,861)	\$36,285,186	\$61,527,913					
5	Total Operating Revenue	\$993,519,232	\$1,059,080,096	\$1,094,827,321					
6	Total Non-Operating Revenue	\$29,320,979	\$16,343,412	(\$3,733,261)					
7	Total Revenue	\$1,022,840,211	\$1,075,423,508	\$1,091,094,060					
8	Excess/(Deficiency) of Revenue Over Expenses	\$24,459,118	\$52,628,598	\$57,794,652					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$201,002,168	\$135,104,064	\$164,284,091					
2	Hospital Total Net Assets	\$494,445,108	\$444,215,909	\$458,523,099					
3	Hospital Change in Total Net Assets	\$53,736,003	(\$50,229,199)	\$14,307,190					
4	Hospital Change in Total Net Assets %	112.2%	-10.2%	3.2%					

		HARTFORD HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2015								
	REPORT 185 - HOSPITAL	FINANCIAL AND STATISTICAL D	ATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	<u>FY 2013</u>	<u>FY 2014</u>	FY 2015					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.39	0.39	0.38					
2	Total Operating Expenses	\$998,381,093	\$1,022,794,910	\$1,033,299,408					
3	Total Gross Revenue	\$2,411,937,032	\$2,554,085,582	\$2,636,703,049					
4	Total Other Operating Revenue	\$159,284,016	\$74,980,429	\$114,392,501					
5	Private Payment to Cost Ratio	1.48	1.48	1.65					
6	Total Non-Government Payments	\$462,375,671	\$473,999,558	\$524,744,151					
7	Total Uninsured Payments	\$4,123,179	\$1,722,815	\$15,652,039					
8	Total Non-Government Charges	\$846,819,231	\$874,205,121	\$863,452,136					
9	Total Uninsured Charges	\$48,134,572	\$56,113,065	\$42,261,478					
10	Medicare Payment to Cost Ratio	0.85	0.94	0.87					
11	Total Medicare Payments	\$360,811,496	\$424,421,835	\$396,185,617					
12	Total Medicare Charges	\$1,095,655,044	\$1,164,896,053	\$1,215,172,520					
13	Medicaid Payment to Cost Ratio	0.63	0.67	0.54					
14	Total Medicaid Payments	\$112,176,963	\$131,175,003	\$109,105,612					
15	Total Medicaid Charges	\$457,843,339	\$502,311,671	\$541,847,991					
16	Uncompensated Care Cost	\$17,089,212	\$21,493,945	\$14,404,972					
17	Charity Care	\$26,543,780	\$30,609,202	\$24,219,691					
18	Bad Debts	\$17,467,613	\$24,640,388	\$14,132,654					
19	Total Uncompensated Care	\$44,011,393	\$55,249,590	\$38,352,345					
20	Uncompensated Care % of Total Expenses	1.7%	2.1%	1.4%					

	HARTFOR	D HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2013	<u>FY 2014</u>	FY 2015					
21	Total Operating Expenses	\$998,381,093	\$1,022,794,910	\$1,033,299,40					
E.	Liquidity Measures Summary								
1	Current Ratio	1	2	2					
2	Total Current Assets	\$239,118,747	\$206,280,426	\$235,041,845					
3	Total Current Liabilities	\$222,820,749	\$132,757,783	\$144,425,314					
4	Days Cash on Hand	5	3	10					
5	Cash and Cash Equivalents	\$13,453,682	\$8,310,780	\$26,532,108					
6	Short Term Investments	0	0	0					
7	Total Cash and Short Term Investments	\$13,453,682	\$8,310,780	\$26,532,108					
8	Total Operating Expenses	\$998,381,093	\$1,022,794,910	\$1,033,299,408					
9	Depreciation Expense	\$48,416,843	\$48,593,411	\$48,151,764					
10	Operating Expenses less Depreciation Expense	\$949,964,250	\$974,201,499	\$985,147,644					
11	Days Revenue in Patient Accounts Receivable	55	41	36					
12	Net Patient Accounts Receivable	\$149,495,353	\$128,300,658	\$130,223,220					
13	Due From Third Party Payers	\$0	\$0	\$(
14	Due To Third Party Payers	\$13,084,951	\$18,683,246	\$32,918,19					
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$136,410,402	\$109,617,412	\$97,305,02					
16	Total Net Patient Revenue	\$903,784,775	\$976,155,739	\$980,434,820					
17	Average Payment Period	86	50	54					
18	Total Current Liabilities	\$222,820,749	\$132,757,783	\$144,425,314					
19	Total Operating Expenses	\$998,381,093	\$1,022,794,910	\$1,033,299,408					
20	Depreciation Expense	\$48,416,843	\$48,593,411	\$48,151,76					

	HARTFOR	RD HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2013	FY 2014	FY 2015				
21	Total Operating Expenses less Depreciation Expense	\$949,964,250	\$974,201,499	\$985,147,644				
F.	Solvency Measures Summary							
1	Equity Financing Ratio	41.7	38.3	35.5				
2	Total Net Assets	\$494,445,108	\$444,215,909	\$458,523,099				
3	Total Assets	\$1,184,607,830	\$1,160,105,170	\$1,290,759,621				
4	Cash Flow to Total Debt Ratio	16.8	24.1	19.1				
5	Excess/(Deficiency) of Revenues Over Expenses	\$24,459,118	\$52,628,598	\$57,794,652				
6	Depreciation Expense	\$48,416,843	\$48,593,411	\$48,151,764				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$72,875,961	\$101,222,009	\$105,946,416				
8	Total Current Liabilities	\$222,820,749	\$132,757,783	\$144,425,314				
9	Total Long Term Debt	\$210,952,088	\$287,081,033	\$411,427,349				
10	Total Current Liabilities and Total Long Term Debt	\$433,772,837	\$419,838,816	\$555,852,663				
11	Long Term Debt to Capitalization Ratio	29.9	39.3	47.3				
12	Total Long Term Debt	\$210,952,088	\$287,081,033	\$411,427,349				
13	Total Net Assets	\$494,445,108	\$444,215,909	\$458,523,099				
14	Total Long Term Debt and Total Net Assets	\$705,397,196	\$731,296,942	\$869,950,448				
15	Debt Service Coverage Ratio	6.7	1.1	8.5				
16	Excess Revenues over Expenses	24,459,118	\$52,628,598	\$57,794,652				
17	Interest Expense	5,704,487	\$8,386,515	\$11,557,893				
18	Depreciation and Amortization Expense	48,416,843	\$48,593,411	\$48,151,764				
19	Principal Payments	5,971,334	\$88,386,723	\$2,186,012				
G.	Other Financial Ratios							

	HARTFOI	RD HOSPITAL						
		HS ACTUAL FILING						
	FISCAL YEAR 2015 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
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(1)	(2)	(3)	(4)	(5)				
(-/	(-)	ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015				
LINE	<u>DESCRIPTION</u>	112013	112014	<u> </u>				
20	Average Age of Plant	14.1	15.1	16.2				
21	Accumulated Depreciation	684,226,898	732,523,247	780,130,364				
22	Depreciation and Amortization Expense	48,416,843	48,593,411	48,151,764				
		10,110,010	10,000,	.0, .0 ., . 0 .				
Н.	Utilization Measures Summary							
1	Patient Days	235,012	233,240	230,835				
2	Discharges	41,809	42,755	43,350				
3	ALOS	5.6	5.5	5.3				
4	Staffed Beds	647	673	673				
5	Available Beds		818	802				
6	Licensed Beds	809	867	867				
-								
7	Occupancy of Staffed Beds	99.5%	95.0%	94.0%				
8	Occupancy of Available Beds	79.6%	78.1%	78.9%				
9	Full Time Equivalent Employees	6,124.9	5,807.0	5,517.2				
l.	Hospital Gross Revenue Payer Mix Percentage							
. 1	Non-Government Gross Revenue Payer Mix Percentage	33.1%	32.0%	31.1%				
2	Medicare Gross Revenue Payer Mix Percentage	45.4%	45.6%	46.1%				
3	Medicaid Gross Revenue Payer Mix Percentage	19.0%	19.7%	20.6%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.2%	1.6%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.5%	0.6%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
	N. 0. 10. 5. (2)	2-00 53 : 5-1	001000====	000115555				
8	Non-Government Gross Revenue (Charges)	\$798,684,659	\$818,092,056	\$821,190,658				
9	Medicare Gross Revenue (Charges)	\$1,095,655,044	\$1,164,896,053	\$1,215,172,520				
10 11	Medicaid Gross Revenue (Charges) Other Medical Assistance Gross Revenue (Charges)	\$457,843,339 \$0	\$502,311,671 \$0	\$541,847,991 \$0				
12	Other Medical Assistance Gross Revenue (Charges) Uninsured Gross Revenue (Charges)	\$48,134,572	\$56,113,065	\$42,261,478				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$11,619,418	\$12,672,737	\$16,230,402				
14	Total Gross Revenue (Charges)	\$2,411,937,032	\$2,554,085,582	\$2,636,703,049				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	48.8%	45.6%	49.1%				
2	Medicare Net Revenue Payer Mix Percentage	38.4%	41.0%	38.2%				
3	Medicaid Net Revenue Payer Mix Percentage	11.9%	12.7%	10.5%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.2%	1.5%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.5%	0.7% 100.0%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				

	HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015							
(1)	(2)	(3)	(4)	(5)				
(-/		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015				
8	Non-Government Net Revenue (Payments)	\$458,252,492	\$472,276,743	\$509,092,112				
9	Medicare Net Revenue (Payments)	\$360,811,496	\$424,421,835	\$396,185,617				
10	Medicaid Net Revenue (Payments)	\$112,176,963	\$131,175,003	\$109,105,612				
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0				
12	Uninsured Net Revenue (Payments)	\$4,123,179	\$1,722,815	\$15,652,039				
13	CHAMPUS / TRICARE Net Revenue Payments)	\$4,199,400	\$5,219,349	\$7,678,405				
14	Total Net Revenue (Payments)	\$939,563,530	\$1,034,815,745	\$1,037,713,785				
K.	<u>Discharges</u>							
11	Non-Government (Including Self Pay / Uninsured)	14,784	14,754	14,392				
2	Medicare	17,247	17,602	17,992				
3	Medical Assistance	9,578	10,142	10,634				
4	Medicaid	9,578	10,142	10,634				
5	Other Medical Assistance	-	-					
6	CHAMPUS / TRICARE	200	257	332				
7	Uninsured (Included In Non-Government)	357	549	406				
8	Total	41,809	42,755	43,350				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	1.45099	1.47830	1.5031				
2	Medicare	1.86922	1.86389	1.88482				
3	Medical Assistance	1.23159	1.26052	1.2651				
4	Medicaid	1.23159	1.26052	1.2651				
5	Other Medical Assistance	0.00000	0.00000	0.0000				
6	CHAMPUS / TRICARE	1.10763	1.29735	1.3554				
7	Uninsured (Included In Non-Government)	1.34525	1.44325	1.1089				
8	Total Case Mix Index	1.57161	1.58430	1.6020				
M.	Emergency Department Visits							
11	Emergency Room - Treated and Admitted	22,296	23,512	24,34				
2	Emergency Room - Treated and Discharged	78,503	79,877	82,94				
3	Total Emergency Room Visits	100,799	103,389	107,28				

(1)	(2)	(3)	(4)	(5)	(6)
` '	·	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE			1	1
	ANTHEM MEDICARE BLUE CONNECTIONS				
A .	ANTHEM - MEDICARE BLUE CONNECTICUT	\$5,864,912	\$8,509,345	\$2,644,433	45%
2	Inpatient Charges Inpatient Payments	\$2,071,173	\$2,500,235	\$429,062	21%
3	Outpatient Charges	\$3,295,801	\$2,500,235	\$1,370,148	42%
	Outpatient Charges Outpatient Payments				31%
<u>4</u> 5		\$1,280,318 127	\$1,671,368 189	\$391,050 62	
	Discharges	,-,			49%
6	Patient Days	797	1,167	370	46%
7	Outpatient Visits (Excludes ED Visits)	564	902	338	60%
8	Emergency Department Outpatient Visits	115	260	145	126%
9	Emergency Department Inpatient Admissions	8	153	145	1813%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,160,713	\$13,175,294	\$4,014,581	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,351,491	\$4,171,603	\$820,112	24%
В.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
		4 0	+-	44	0,0
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$61,036,954	\$66,062,465	\$5,025,511	8%
2	Inpatient Payments	\$23,704,432	\$22,514,616	(\$1,189,816)	-5%
3	Outpatient Charges	\$29,525,610	\$31,406,943	\$1,881,333	6%
4	Outpatient Payments	\$8,408,935	\$9,486,233	\$1,077,298	13%
5	Discharges	1,165	1,255	90	8%
6	Patient Days	7,117	7,802	685	10%
7	Outpatient Visits (Excludes ED Visits)	4,499	4,912	413	9%
8	Emergency Department Outpatient Visits	648	800	152	23%
9	Emergency Department Inpatient Admissions	661	767	106	16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$90,562,564	\$97,469,408	\$6,906,844	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,113,367	\$32,000,849	(\$112,518)	0%
		+	+0=,000,040	(\$1.2,510)	

(1)	(2)	(3)	(4)	(5)	(6)
	·	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$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%
	Emergency Department Outpatient Visits	0	0	0	0%
	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	\$7,716,055	\$11,521,964	\$3,805,909	49%
2	Inpatient Payments	\$2,558,719	\$6,107,595	\$3,548,876	139%
3	Outpatient Charges	\$1,024,372	\$8,552,368	\$7,527,996	735%
4	Outpatient Payments	\$275,115	\$2,147,730	\$1,872,615	681%
5	Discharges	181	199	18	10%
	Patient Days	1,598	1,949	351	22%
7	Outpatient Visits (Excludes ED Visits)	125	209	84	67%
	Emergency Department Outpatient Visits	127	152	25	20%
	Emergency Department Inpatient Admissions	153	164	11	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,740,427	\$20,074,332	\$11,333,905	130%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,833,834	\$8,255,325	\$5,421,491	191%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE		4.		
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%
	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
	Emergency Department Outpatient Visits	0	0	0	0%
	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
(-/	ν=/	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$56,710,698	\$58,709,066	\$1,998,368	4%
2	Inpatient Payments	\$21,540,987	\$19,036,008	(\$2,504,979)	-12%
3	Outpatient Charges	\$28,944,614	\$30,074,008	\$1,129,394	4%
4	Outpatient Payments	\$8,183,416	\$8,470,310	\$286,894	4%
5	Discharges	1,251	1,296	45	4%
6	Patient Days	7,146	7,358	212	3%
7	Outpatient Visits (Excludes ED Visits)	4,476	4,903	427	10%
8	Emergency Department Outpatient Visits	1,387	1,426	39	3%
9	Emergency Department Inpatient Admissions	889	948	59	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,655,312	\$88,783,074	\$3,127,762	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$29,724,403	\$27,506,318	(\$2,218,085)	-7%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$20,753,353	\$20,126,700	(\$626,653)	-3%
2	Inpatient Payments	\$7,613,565	\$6,524,723	(\$1,088,842)	-14%
3	Outpatient Charges	\$10,401,750	\$11,762,443	\$1,360,693	13%
4	Outpatient Payments	\$2,762,686	\$2,931,067	\$168,381	6%
5	Discharges	482	511	29	6%
6	Patient Days	3,321	3,153	(168)	-5%
7	Outpatient Visits (Excludes ED Visits)	1,922	2,447	525	27%
8	Emergency Department Outpatient Visits	1,127	1,340	213	19%
9	Emergency Department Inpatient Admissions	392	439	47	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,155,103	\$31,889,143	\$734,040	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,376,251	\$9,455,790	(\$920,461)	-9%
I.	AETNA				2-2/
1	Inpatient Charges	\$26,756,579	\$34,075,749	\$7,319,170	27%
2	Inpatient Payments	\$10,638,442	\$10,061,691	(\$576,751)	-5%
3	Outpatient Charges	\$13,746,294	\$17,507,005	\$3,760,711	27%
4	Outpatient Payments	\$3,936,713	\$5,286,971	\$1,350,258	34%
5	Discharges	634	737	103	16%
6	Patient Days	3,625	4,356	731	20%
7	Outpatient Visits (Excludes ED Visits)	2,434	2,869	435	18%
8	Emergency Department Outpatient Visits	499	602	103	21%
9	Emergency Department Inpatient Admissions	429	532	103	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$40,502,873	\$51,582,754	\$11,079,881	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,575,155	\$15,348,662	\$773,507	5%

(1)	(2)	(3)	(4)	(5)	(6)
.,,	\ - /	FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
11	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	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
3 4	Outpatient Charges Outpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
5	Discharges	0	φ <u>υ</u>	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%
ð	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0		\$0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%
	IOTAL INFATIENT & OUTPATIENT PATIMENTS	ψU	φU	\$ U	U%

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
М.	UNIVERSAL AMERICAN				I
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges 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 MEDIOAKE MANAGED GAKE				
	TOTAL INPATIENT CHARGES	\$178,838,551	\$199,005,289	\$20,166,738	11%
	TOTAL INPATIENT PAYMENTS	\$68,127,318	\$66,744,868	(\$1,382,450)	-2%
	TOTAL OUTPATIENT CHARGES	\$86,938,441	\$103,968,716	\$17,030,275	20%
	TOTAL OUTPATIENT PAYMENTS	\$24,847,183	\$29,993,679	\$5,146,496	21%
	TOTAL DISCHARGES	3,840	4,187	347	9%
	TOTAL PATIENT DAYS	23,604	25,785	2,181	9%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	14,020	16,242	2,222	16%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	·		•	
	VISITS	3,903	4,580	677	17%
	TOTAL EMERGENCY DEPARTMENT INPATIENT				
	ADMISSIONS	2,532	3,003	471	19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$265,776,992	\$302,974,005	\$37,197,013	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$92,974,501	\$96,738,547	\$3,764,046	4%

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(1)	(2)	(3)	(4)	(5)	(6)
. ,	, ,	FY 2014	FY 2015	AMÒÚNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
1.	MEDICAID MANAGED CARE				
	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
A.	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	20	**	**	00/
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	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Charges Outpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
5	Discharges	0	φ <u>υ</u> 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 Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
J	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
` '	, ,	FY 2014	FY 2015	AMÒÚNT	` '
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT, PREFERRED	7.2	**		
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	• •
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
_ <u> </u>	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	60	60	*^	60/
	TOTAL INPATIENT CHARGES TOTAL INPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
	TOTAL INPATIENT PATIMENTS TOTAL OUTPATIENT CHARGES	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL OUTPATIENT CHARGES TOTAL OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0 \$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL PATIENT DATS TOTAL OUTPATIENT VISITS (EXCLUDES ED	0	U	<u> </u>	0 %
	VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT	<u> </u>	-		3 /6
	OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT			<u> </u>	0 70
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

	HART	FORD HEALTH CARE C	ORPORATION							
	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					
LIIVE	<u>BEOOKII TION</u>	AUTUAL	AUTUAL	DITTERENOL	DITTERENOL					
I.	<u>ASSETS</u>									
A.	Current Assets:									
1	Cash and Cash Equivalents	\$423,879,000	\$376,098,000	(\$47,781,000)	-11%					
2	Short Term Investments	\$0	\$0	\$0	0%					
2	Accounts Receivable (Less: Allowance for	¢202 E2E 000	\$206 632 000	£4,007,000	10/					
3	Doubtful Accounts) Current Assets Whose Use is Limited for Current	\$292,535,000	\$296,632,000	\$4,097,000	1%					
4	Liabilities	\$3,850,000	\$5,448,000	\$1,598,000	42%					
5	Due From Affiliates	\$0	\$0	\$0	0%					
6	Due From Third Party Payers	\$0	\$0	\$0	0%					
7	Inventories of Supplies	\$28,782,000	\$30,961,000	\$2,179,000	8%					
8	Prepaid Expenses	\$24,158,000	\$25,231,000	\$1,073,000	4%					
9	Other Current Assets	\$40,049,000	\$33,815,000	(\$6,234,000)	-16%					
	Total Current Assets	\$813,253,000	\$768,185,000	(\$45,068,000)	-6%					
В.	Noncurrent Assets Whose Use is Limited:									
1	Held by Trustee	\$184,764,000	\$169,546,000	(\$15,218,000)	-8%					
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%					
3	Funds Held in Escrow	\$8,311,000	\$120,177,000	\$111,866,000	1346%					
4	Other Noncurrent Assets Whose Use is Limited	\$1,132,311,000	\$1,127,378,000	(\$4,933,000)	0%					
	Total Noncurrent Assets Whose Use is	ψ1,10 <u>2</u> ,011,000	ψ1,121,010,000	(ψ 1,000,000)						
	Limited:	\$1,325,386,000	\$1,417,101,000	\$91,715,000	7%					
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%					
6	Long Term Investments	\$28,315,000	\$68,809,000	\$40,494,000	143%					
7	Other Noncurrent Assets	\$84,914,000	\$98,877,000	\$13,963,000	16%					
c.	Net Fixed Assets:									
1	Property, Plant and Equipment	\$2,396,857,000	\$2,614,733,000	\$217,876,000	9%					
2	Less: Accumulated Depreciation	\$1,536,318,000	\$1,651,933,000	\$115,615,000	\$0					
	Property, Plant and Equipment, Net	\$860,539,000	\$962,800,000	\$102,261,000	12%					
3	Construction in Progress	\$202,789,000	\$184,090,000	(\$18,699,000)	-9%					
	Total Net Fixed Assets	\$1,063,328,000	\$1,146,890,000	\$83,562,000	8%					
	Total Assets	\$3,315,196,000	\$3,499,862,000	\$184,666,000	6%					

	HA	RTFORD HEALTH CARE O	ORPORATION							
		TWELVE MONTHS ACTU	AL FILING							
	FISCAL YEAR 2015									
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION										
(1)	(2)	(3) FY 2014	(4) FY 2015	(5) AMOUNT	(6) %					
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE					
II.	LIABILITIES AND NET ASSETS									
A.	Current Liabilities:									
1	Accounts Payable and Accrued Expenses	\$151,698,000	\$184,210,000	\$32,512,000	219					
2	Salaries, Wages and Payroll Taxes	\$87,910,000	\$84,180,000	(\$3,730,000)	-49					
3	Due To Third Party Payers	\$57,206,000	\$66,491,000	\$9,285,000	16%					
4	Due To Affiliates	\$0	\$0	\$0	0%					
5	Current Portion of Long Term Debt	\$0	\$44,207,000	\$44,207,000	0%					
6	Current Portion of Notes Payable	\$56,638,000	\$0	(\$56,638,000)	-100%					
7	Other Current Liabilities	\$42,432,000	\$45,923,000	\$3,491,000	8%					
	Total Current Liabilities	\$395,884,000	\$425,011,000	\$29,127,000	7%					
В.	Long Term Debt:									
1	Bonds Payable (Net of Current Portion)	\$620,015,000	\$739,514,000	\$119,499,000	19%					
2	Notes Payable (Net of Current Portion)	\$34,005,000	\$96,794,000	\$62,789,000	185%					
	Total Long Term Debt	\$654,020,000	\$836,308,000	\$182,288,000	28%					
3	Accrued Pension Liability	\$511,386,000	\$499,491,000	(\$11,895,000)	-2%					
4	Other Long Term Liabilities	\$177,917,000	\$197,898,000	\$19,981,000	119					
	Total Long Term Liabilities	\$1,343,323,000	\$1,533,697,000	\$190,374,000	14%					
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%					
C.	Net Assets:									
1	Unrestricted Net Assets or Equity	\$1,104,267,000	\$1,094,448,000	(\$9,819,000)	-19					
2	Temporarily Restricted Net Assets	\$184,811,000	\$174,109,000	(\$10,702,000)	-6%					
3	Permanently Restricted Net Assets	\$286,911,000	\$272,597,000	(\$14,314,000)	-5%					
	Total Net Assets	\$1,575,989,000	\$1,541,154,000	(\$34,835,000)	-2%					
	Total Liabilities and Net Assets	\$3,315,196,000	\$3,499,862,000	\$184,666,000	6%					

HARTFORD HEALTH CARE CORPORATION TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

	REPORT 350 - PARENT CORPORATION CON	ISOLIDATED STAT	EMENT OF OPERA	TIONS INFORMATION	ON
(1)	(2)	(3) FY 2014	(4) FY 2015	(5) AMOUNT	(6) %
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$5,540,620,000	\$5,657,713,000	\$117,093,000	2%
2	Less: Allowances	\$3,139,577,000	\$3,318,875,000	\$179,298,000	6%
3	Less: Charity Care	\$67,964,000	\$49,416,000	(\$18,548,000)	-27%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$2,333,079,000	\$2,289,422,000	(\$43,657,000)	-2%
5	Provision for Bad Debts	\$61,860,000	\$50,042,000	(\$11,818,000)	-19%
	Net Patient Service Revenue less provision for bad debts	\$2,271,219,000	\$2,239,380,000	(\$31,839,000)	-1%
6	Other Operating Revenue	\$199,592,000	\$192,865,000	(\$6,727,000)	-3%
	Other Operating Nevertue	\$199,592,000	\$192,003,000	(\$0,727,000)	-5 /0
7	Net Assets Released from Restrictions	\$10,771,000	\$14,350,000	\$3,579,000	33%
	Total Operating Revenue	\$2,481,582,000	\$2,446,595,000	(\$34,987,000)	-1%
	On continue Francesco				
В.	Operating Expenses:	#4 400 404 000	#4 400 004 000	(00.440.000)	40/
1	Salaries and Wages	\$1,130,131,000	\$1,122,021,000	(\$8,110,000)	-1%
2	Fringe Benefits	\$304,547,000	\$283,891,000	(\$20,656,000)	-7%
3	Physicians Fees	\$77,629,000	\$74,842,000	(\$2,787,000)	-4%
4	Supplies and Drugs	\$376,719,000	\$390,438,000	\$13,719,000	4%
5	Depreciation and Amortization	\$118,837,000	\$125,330,000	\$6,493,000	5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$19,528,000	\$25,328,000	\$5,800,000	30%
8	Malpractice Insurance Cost	\$20,224,000	\$22,352,000	\$2,128,000	11%
9	Other Operating Expenses	\$381,781,000	\$372,386,000	(\$9,395,000)	-2%
	Total Operating Expenses	\$2,429,396,000	\$2,416,588,000	(\$12,808,000)	-1%
	Income/(Loss) From Operations	\$52,186,000	\$30,007,000	(\$22,179,000)	-42%
C.	Non-Operating Revenue:				
1	Income from Investments	\$49,706,000	\$50,773,000	\$1,067,000	2%
2	Gifts, Contributions and Donations	\$393,000	\$402,000	\$9,000	2%
3	Other Non-Operating Gains/(Losses)	(\$8,305,000)	\$1,819,000	\$10,124,000	-122%
	Total Non-Operating Revenue	\$41,794,000	\$52,994,000	\$11,200,000	27%
	· · ·	, , , , , , , , ,	() , ,	, ,,	
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$93,980,000	\$83,001,000	(\$10,979,000)	-12%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$9,567,000	(\$66,362,000)	(\$75,929,000)	-794%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$9,567,000	(\$66,362,000)	(\$75,929,000)	-794%
	Excess/(Deficiency) of Revenue Over Expenses	\$103,547,000	\$16,639,000	(\$86,908,000)	-84%
	,	Ţ.55,0,000	Ţ.5,000,000	(+00,000,000)	Q+70

	HARTFORD HEALTH C	ARE CORPORATION							
	TWELVE MONTHS	ACTUAL FILING							
	FISCAL YE	AR 2015							
	REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS								
(1)	(2)	(4)	(5)						
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2013	FY 2014	FY 2015					
A.	Parent Corporation Statement of Operations Summary								
1	Net Patient Revenue	\$1,906,243,000	\$2,271,219,000	\$2,239,380,000					
2	Other Operating Revenue	222,045,000	210,363,000	207,215,000					
3	Total Operating Revenue	\$2,128,288,000	\$2,481,582,000	\$2,446,595,000					
4	Total Operating Expenses	2,163,057,000	2,429,396,000	2,416,588,000					
5	Income/(Loss) From Operations	(\$34,769,000)	\$52,186,000	\$30,007,000					
6	Total Non-Operating Revenue	381,049,000	51,361,000	(13,368,000)					
7	Excess/(Deficiency) of Revenue Over Expenses	\$346,280,000	\$103,547,000	\$16,639,000					
В.	Parent Corporation Profitability Summary								
1	Parent Corporation Operating Margin	-1.39%	2.06%	1.23%					
2	Parent Corporation Non-Operating Margin	15.19%	2.03%	-0.55%					
3	Parent Corporation Total Margin	13.80%	4.09%	0.68%					
4	Income/(Loss) From Operations	(\$34,769,000)	\$52,186,000	\$30,007,000					
5	Total Operating Revenue	\$2,128,288,000	\$2,481,582,000	\$2,446,595,000					
6	Total Non-Operating Revenue	\$381,049,000	\$51,361,000	(\$13,368,000)					
7	Total Revenue	\$2,509,337,000	\$2,532,943,000	\$2,433,227,000					
8	Excess/(Deficiency) of Revenue Over Expenses	\$346,280,000	\$103,547,000	\$16,639,000					
C.	Parent Corporation Net Assets Summary								
1	Parent Corporation Unrestricted Net Assets	\$1,160,932,000	\$1,104,267,000	\$1,094,448,000					
2	Parent Corporation Total Net Assets	\$1,609,581,000	\$1,575,989,000	\$1,541,154,000					
3	Parent Corporation Change in Total Net Assets	\$697,668,000	(\$33,592,000)	(\$34,835,000)					
4	Parent Corporation Change in Total Net Assets %	176.5%	-2.1%	-2.2%					

	HARTFORD HEALTH CA	ARE CORPORATION		
	TWELVE MONTHS	ACTUAL FILING		
	FISCAL YEA	AR 2015		
	REPORT 385 - PARENT CORPORATION CON	SOLIDATED FINANCIA	L DATA ANALYSIS	
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	Liquidity Measures Summary			
1	Current Ratio	1.65	2.05	1.81
2	Total Current Assets	\$735,545,000	\$813,253,000	\$768,185,000
3	Total Current Liabilities	\$445,955,000	\$395,884,000	\$425,011,000
4	Days Cash on Hand	52	67	60
5	Cash and Cash Equivalents	\$293,544,000	\$423,879,000	\$376,098,000
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$293,544,000	\$423,879,000	\$376,098,000
8	Total Operating Expenses	\$2,163,057,000	\$2,429,396,000	\$2,416,588,000
9	Depreciation Expense	\$102,308,000	\$118,837,000	\$125,330,000
10	Operating Expenses less Depreciation Expense	\$2,060,749,000	\$2,310,559,000	\$2,291,258,000
11	Days Revenue in Patient Accounts Receivable	51	38	38
12	Net Patient Accounts Receivable	\$ 310,228,000	\$ 292,535,000	\$ 296,632,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$45,547,000	\$57,206,000	\$66,491,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 264,681,000	\$ 235,329,000	\$ 230,141,000
16	Total Net Patient Revenue	\$1,906,243,000	\$2,271,219,000	\$2,239,380,000
17	Average Payment Period	79	63	68
18	Total Current Liabilities	\$445,955,000	\$395,884,000	\$425,011,000
19	Total Operating Expenses	\$2,163,057,000	\$2,429,396,000	\$2,416,588,000
20	Depreciation Expense	\$102,308,000	\$118,837,000	\$125,330,000
20	Total Operating Expenses less Depreciation Expense	\$2,060,749,000	\$2,310,559,000	\$2,291,258,000

	HARTEORR WEATTH OAK	OF CORPORATION								
	HARTFORD HEALTH CAF									
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015									
			DATA ANAI VSIS							
	REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(1) (2) (3) (4)									
		ACTUAL	ACTUAL	ACTUAL						
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015						
E.	Solvency Measures Summary									
1	Equity Financing Ratio	52.2	47.5	44.0						
2	Total Net Assets	\$1,609,581,000	\$1,575,989,000	\$1,541,154,000						
3	Total Assets	\$3,081,446,000	\$3,315,196,000	\$3,499,862,000						
4	Cash Flow to Total Debt Ratio	48.7	21.2	11.3						
5	Excess/(Deficiency) of Revenues Over Expenses	\$346,280,000	\$103,547,000	\$16,639,000						
6	Depreciation Expense	\$102,308,000	\$118,837,000	\$125,330,000						
7	Excess of Revenues Over Expenses and Depreciation Expense	\$448,588,000	\$222,384,000	\$141,969,000						
8	Total Current Liabilities	\$445,955,000	\$395,884,000	\$425,011,000						
9	Total Long Term Debt	\$475,689,000	\$654,020,000	\$836,308,000						
10	Total Current Liabilities and Total Long Term Debt	\$921,644,000	\$1,049,904,000	\$1,261,319,000						
11	Long Term Debt to Capitalization Ratio	22.8	29.3	35.2						
12	Total Long Term Debt	\$475,689,000	\$654,020,000	\$836,308,000						
13	Total Net Assets	\$1,609,581,000	\$1,575,989,000	\$1,541,154,000						
14	Total Long Term Debt and Total Net Assets	\$2,085,270,000	\$2,230,009,000	\$2,377,462,000						

				НΔ	RTFORD HOSPIT	ΔΙ		
					MONTHS ACTUA			
					ISCAL YEAR 201			
			REPORT 40		PATIENT BED UTI		PARTMENT	
			ILLI OILI 40	0 - HOOF HAL IN	ATIENT DED OT	LILATION DI DE	ACTIVILITY	
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
(' /	(-)	(0)	(64)	(02)	(-)	(0)	OCCUPANCY	OCCUPANCY
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT	ADMINISTRA	BEDS (A)	BEDS	BEDS (A)	BEDS
LIIAL	<u>BEGORII FION</u>	DAIO	CO/CCO # 1 ATILIT		DEDO (A)	<u>DLDO</u>	DEDO (A)	DLDO
1	Adult Medical/Surgical	149,773	31,548	31,324	439	516	93.5%	79.5%
			- 1,010					
2	ICU/CCU (Excludes Neonatal ICU)	23,525	686	0	66	74	97.7%	87.1%
3	Psychiatric: Ages 0 to 17	9,344	1,124	1,105	26	29	98.5%	88.3%
4	Psychiatric: Ages 18+	28,466		3,192	85	92	91.8%	84.8%
	TOTAL PSYCHIATRIC	37,810	4,373	4,297	111	121	93.3%	85.6%
	Dahah litatian	0	0	0	0	0	0.0%	0.00/
5	Rehabilitation	0	U	0	U	U	0.0%	0.0%
6	Maternity	10,589	3,572	3,891	31	43	93.6%	67.5%
	- Indianation and the second s	.0,000	0,0.2	5,55 .			00.070	0.1070
7	Newborn	9,138	3,857	3,851	26	48	96.3%	52.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
	1 Guidano		J	, ,	, ,		0.070	0.070
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EVOLUBING NEWBORN	204 207	22 422	00.540	0.47	75.4	22.20/	00.00/
	TOTAL EXCLUDING NEWBORN	221,697	39,493	39,512	647	754	93.9%	80.6%
	TOTAL INPATIENT BED UTILIZATION	230,835	43,350	43,363	673	802	94.0%	78.9%
			12,000	,				
	TOTAL INPATIENT REPORTED YEAR	230,835		43,363	673	802	94.0%	78.9%
	TOTAL INPATIENT PRIOR YEAR	233,240	42,755	42,784	673	818	95.0%	78.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,405	595	579	0	-16	-1.0%	0.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	1%	1%	0%	-2%	-1%	1%
	Total Licensed Beds and Bassinets	867						
		301						
(A) T	his number may not exceed the number of availa	ble beds for eac	h department or in t	otal.				
NI-4-	Total dischange de met include 101/2011 au fin	4-						
Note	: Total discharges do not include ICU/CCU patien	ts.						

	HA	ARTFORD HOSPITAL							
		E MONTHS ACTUAL F	FILING						
	FISCAL YEAR 2015 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
	REPORT 450 - HOSPITAL INPATIENT AN	ID OUTPATIENT OTH	ER SERVICES UTIL	ZATION AND FTES					
(1)	(2)	(3)	(4)	(5)	(6)				
(1)	(2)	(3)	(4)	(3)	(6)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE				
A.	CT Scans (A)								
1	Inpatient Scans	24,780	26,939	2,159	9%				
2	Outpatient Scans (Excluding Emergency Department	4.000	F 440	EEO	440/				
	Scans) Emergency Department Scans	4,892 13,691	5,442 14,940	550 1,249	11% 9%				
4	Other Non-Hospital Providers' Scans (A)	13,091	14,940	1,249	0%				
-	Total CT Scans	43,363	47,321	3,958	9%				
		10,000	,						
В.	MRI Scans (A)								
1	Inpatient Scans	5,251	5,677	426	8%				
	Outpatient Scans (Excluding Emergency Department								
	Scans)	4,411	4,701	290	7%				
	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	461	491 0	30	7% 0%				
4	Total MRI Scans	10,123	10,869	746	7%				
	Total Wild Ocalis	10,123	10,003	740	1 /0				
C.	PET Scans (A)								
	Inpatient Scans	48	72	24	50%				
	Outpatient Scans (Excluding Emergency Department								
	Scans)	1,163	1,197	34	3%				
	Emergency Department Scans	3	0	-3	-100%				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%				
	Total PET Scans	1,214	1,269	55	5%				
D.	PET/CT Scans (A)								
1	Inpatient Scans	48	142	94	196%				
	Outpatient Scans (Excluding Emergency Department	40	172		13070				
2	Scans)	73	123	50	68%				
	Emergency Department Scans	0	0	0	0%				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%				
	Total PET/CT Scans	121	265	144	119%				
	(A) If the Heavited is made to reduce a second of the seco		1 4 . h.4 . h. 4h . £!-	1					
	(A) If the Hospital is not the primary provider of thes volume of each of these types of scans from the	se scans, the Hospita	the seems	cai year					
	volume of each of these types of scans from the	primary provider of	the Scans.						
E.	Linear Accelerator Procedures								
1	Inpatient Procedures	1,642	2,058	416	25%				
2	Outpatient Procedures	37,522	44,676	7,154	19%				
	Total Linear Accelerator Procedures	39,164	46,734	7,570	19%				
	Cardiac Catheterization Procedures								
	Inpatient Procedures	1,801	1,977	176 81	10%				
2	Outpatient Procedures Total Cardiac Catheterization Procedures	1,368 3,169	1,449 3,426	257	6% 8%				
		3,109	3,420	231	3 /0				
G.	Cardiac Angioplasty Procedures								
1	Primary Procedures	406	420	14	3%				
2	Elective Procedures	709	733	24	3%				
	Total Cardiac Angioplasty Procedures	1,115	1,153	38	3%				
	Electrophysiology Studies	440	00	00	0001				
2	Inpatient Studies Outpatient Studies	116 318	93 370	-23 52	-20% 16%				
	Total Electrophysiology Studies	434	463	29	7%				
	. cas. ziooti opiijoioiogj ottatioo	734	403	29	170				
I.	Surgical Procedures								
1	Inpatient Surgical Procedures	16,915	16,754	-161	-1%				
2	Outpatient Surgical Procedures	25,946	26,101	155	1%				
	Total Surgical Procedures	42,861	42,855	-6	0%				
J.	Endoscopy Procedures								

	ш	ARTFORD HOSPITAL							
		E MONTHS ACTUAL FI	LINC						
		FISCAL YEAR 2015	LING						
			D CEDVICES LITH I	ZATION AND ETES					
	REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES								
(1)	(2)	(3)	(4)	(5)	(6)				
(1)	(2)	(3)	(4)	(5)	(6)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE				
LIIVE	DEGORAL FIGH	112014	1 1 2013	DITTERCINCE	DITTERENCE				
1	Inpatient Endoscopy Procedures	3.568	3.721	153	4%				
2	Outpatient Endoscopy Procedures	12,288	19,569	7,281	59%				
	Total Endoscopy Procedures	15,856	23,290	7,434	47%				
		10,000	20,200	.,	11.70				
K.	Hospital Emergency Room Visits								
1	Emergency Room Visits: Treated and Admitted	23,512	24,341	829	4%				
2	Emergency Room Visits: Treated and Discharged	79,877	82,947	3,070	4%				
	Total Emergency Room Visits	103,389	107,288	3,899	4%				
	- J,	,	,	-,	. 70				
L.	Hospital Clinic Visits								
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%				
2	Dental Clinic Visits	14,858	14,830	-28	0%				
3	Psychiatric Clinic Visits	11,234	11,894	660	6%				
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	14,865	15,303	438	3%				
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	18,552	18,227	-325	-2%				
13	Specialty Clinic Visits - Other Speciality Clinics	19,610	20,501	891	5%				
	Total Hospital Clinic Visits	79,119	80,755	1,636	2%				
М.	Other Hospital Outpatient Visits								
1	Rehabilitation (PT/OT/ST)	148,095	152,745	4,650	3%				
2	Cardiac Rehabilitation	11,903	14,240	2,337	20%				
3	Chemotherapy	1,212	1,344	132	11%				
4	Gastroenterology	16,929	17,790	861	5%				
5	Other Outpatient Visits	18,529	18,420	-109 7.074	-1%				
	Total Other Hospital Outpatient Visits	196,668	204,539	7,871	4%				
N.	Hospital Full Time Equivalent Employees								
1	Total Nursing FTEs	1,815.4	2,010.1	194.7	11%				
2	Total Physician FTEs	157.2	164.8	7.6	5%				
3	Total Non-Nursing and Non-Physician FTEs	3,834.4	3,342.3	-492.1	-13%				
	Total Hospital Full Time Equivalent Employees	5,807.0	5,517.2	-289.8	-5%				
 									

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	TWELVE MONTH		G						
		EAR 2015							
RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EMI	ERGENCY RO	OM SERVICES E	BY LOCATION				
(1) (2) (3) (4) (5)									
(')	(-)	(0)	(4)	(0)	(6)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE				
Α.	Outpatient Surgical Procedures								
1	Eye Surgery Center	10,329	10,452	123	1%				
2	Hartford Hospital	13,645	13,742	97	1%				
3	West Hartford Surgery Center	1,972	1,907	-65	-3%				
	Total Outpatient Surgical Procedures(A)	25,946	26,101	155	1%				
В.	Outpatient Endoscopy Procedures								
1	Hartford Hospital	10,591	11,171	580	5%				
2	West Hartford Surgery Center	1,697	1,777	80	5%				
	Glastonbury Gl	0	6,621	6,621	0%				
	Total Outpatient Endoscopy Procedures(B)	12,288	19,569	7,281	59%				
C.	Outpatient Hospital Emergency Room Visits								
1	Hartford Hospital	79,877	82,947	3,070	4%				
	Total Outpatient Hospital Emergency Room Visits(C)	79,877	82,947	3,070	4%				
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 450).						
	(B) Must agree with Total Outpatient Endoscopy Proced	lures on Report	450.						
	(C) Must agree with Emergency Room Visits Treated an	d Discharged on	Report 450.						

HARTFORD 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 DIFFERENCE DIFFERENCE FY 2014 FY 2015 I. DATA BY MAJOR PAYER CATEGORY A. MEDICARE MEDICARE INPATIENT INPATIENT ACCRUED CHARGES \$819,287,674 \$838,574,406 \$19,286,732 2% 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$320,138,468 \$296,209,221 (\$23,929,247) -7% -10% 3 INPATIENT PAYMENTS / INPATIENT CHARGES 39.08% 35.32% -3.75% 2% 4 DISCHARGES 17,602 17.992 390 1.86389 1.88482 1% 5 CASE MIX INDEX (CMI) 0.02093 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 32,808.19178 33,911.68144 1,103.48966 3% 7 -10% INPATIENT ACCRUED PAYMENT / CMAD \$9,757.88 \$8,734.73 (\$1,023.16) 8 PATIENT DAYS -1% 112.266 111.041 (1,225)9 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$2,851.61 \$2,667.57 (\$184.04) -6% 10 AVERAGE LENGTH OF STAY -3% 6.4 6.2 (0.2)**MEDICARE OUTPATIENT** 11 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$345,608,379 \$376,598,114 \$30,989,735 9% OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$99,976,396 -4% 12 \$104,283,367 (\$4,306,971) 13 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 30.17% 26.55% -3.63% -12% 14 OUTPATIENT CHARGES / INPATIENT CHARGES 42.18% 44.91% 6% 2.73% 7 425 22911 8,080.08594 654 85683 15 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 9% 16 OUTPATIENT ACCRUED PAYMENTS / OPED \$14,044.46 \$12,373.18 (\$1,671.28) -12% MEDICARE TOTALS (INPATIENT + OUTPATIENT) 17 TOTAL ACCRUED CHARGES \$1,164,896,053 \$1,215,172,520 \$50.276.467 4% 18 TOTAL ACCRUED PAYMENTS -7% \$424,421,835 \$396,185,617 (\$28,236,218) 19 TOTAL ALLOWANCES \$740,474,218 \$818,986,903 \$78,512,685 11%

HARTFORD 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 DIFFERENCE **DIFFERENCE** FY 2014 FY 2015 B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) **NON-GOVERNMENT INPATIENT** \$473,124,318 \$459,927,429 -3% INPATIENT ACCRUED CHARGES (\$13.196.889) \$285,605,851 \$24,555,012 9% 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$310,160,863 3 INPATIENT PAYMENTS / INPATIENT CHARGES 7.07% 12% 60.37% 67.44% 4 DISCHARGES 14,754 14,392 -2% (362) 5 CASE MIX INDEX (CMI) 1.47830 1.50315 0.02485 2% -1% CASE MIX ADJUSTED DISCHARGES (CMAD) 21.810.83820 21.633.33480 (177.50340)6 7 INPATIENT ACCRUED PAYMENT / CMAD \$13,094.68 \$14,337.17 \$1,242.50 9% 8 MEDICARE - NON-GOVERNMENT IP PMT / CMAD (\$3,336.79) (\$5,602.45) (\$2,265.65) 68% 9 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT (\$72,778,263) (\$121,199,627) (\$48,421,364) 67% PATIENT DAYS -5% 10 65.670 62.565 (3,105)11 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$4,349.11 \$4,957.42 \$608.31 14% -2% 12 AVERAGE LENGTH OF STAY 4.5 4.3 (0.1)NON-GOVERNMENT OUTPATIENT OUTPATIENT ACCRUED CHARGES (OP CHGS) \$401,080,803 1% 13 \$403,524,707 \$2,443,904 14% 14 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$188,393,707 \$214,583,288 \$26,189,581 15 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 46.97% 53.18% 6.21% 13% 16 OUTPATIENT CHARGES / INPATIENT CHARGES 84.77% 87.74% 2 96% 3% 17 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 12 507 38113 12 627 05205 119 67091 1% 18 OUTPATIENT ACCRUED PAYMENTS / OPED \$15,062.60 \$16,993.93 \$1,931.33 13% (\$1,018.14) 19 MEDICARE- NON-GOVERNMENT OP PMT / OPED 354% (\$4,620.75)(\$3,602.61) 358% 20 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT (\$12,734,236) (\$58,346,440) (\$45,612,204) NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT) 21 -1% TOTAL ACCRUED CHARGES \$874,205,121 \$863,452,136 (\$10,752,985) 22 TOTAL ACCRUED PAYMENTS \$473,999,558 \$524,744,151 \$50,744,593 11% TOTAL ALLOWANCES \$338,707,985 -15% 23 \$400,205,563 (\$61,497,578)24 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT (\$85,512,499) (\$179,546,067) (\$94,033,568) 110% NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA ACCRUED CHARGES ASSOCIATED WITH NGCA \$755,770,258 \$794,912,520 \$39.142.262 5% 25 ACCRUED PAYMENTS ASSOCIATED WITH NGCA \$486,649,207 17% 26 \$414.620.694 \$72.028.513 (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) 27 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$341,149,564 \$308,263,313 (\$32,886,251)-10% 28 TOTAL ACTUAL DISCOUNT PERCENTAGE 45.14% 38.78% -6.36%

HARTFORD 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 DIFFERENCE **DIFFERENCE** FY 2014 FY 2015 C. UNINSURED **UNINSURED INPATIENT** \$22,883,195 INPATIENT ACCRUED CHARGES \$13,460,763 (\$9,422,432) -41% 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$425,335 \$6,290,289 \$5,864,954 1379% INPATIENT PAYMENTS / INPATIENT CHARGES 1.86% 46.73% 44.87% 2414% 3 4 DISCHARGES 549 406 -26% (143) -23% 5 CASE MIX INDEX (CMI) 1.44325 1.10890 (0.33435)-43% 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 792.34425 450.21340 (342.13085)INPATIENT ACCRUED PAYMENT / CMAD \$536.81 \$13,971.79 \$13,434.99 2503% 7 8 NON-GOVERNMENT - UNINSURED IP PMT / CMAD \$12,557.87 \$365.38 (\$12,192.49) -97% 9 MEDICARE - UNINSURED IP PMT / CMAD \$9,221.08 (\$5,237.07)(\$14,458.15) -157% INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$7,306,267 (\$2,357,799) (\$9,664,065) -132% 10 PATIENT DAYS -42% 11 2,813 1,642 (1,171)12 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$151.20 \$3,830.87 \$3,679.67 2434% AVERAGE LENGTH OF STAY 5.1 4.0 (1.1)-21% UNINSURED OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$33,229,870 \$28,800,715 (\$4,429,155) -13% 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$1,297,480 \$9,361,750 \$8,064,270 622% 732% 16 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 3.90% 32.51% 28 60% 47% 17 OUTPATIENT CHARGES / INPATIENT CHARGES 145.22% 213 96% 68 75% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 797.23127 868.67961 71.44833 9% 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$1,627.48 \$10,776.99 \$9,149.51 562% 20 NON-GOVERNMENT - UNINSURED OP PMT / OPED \$13,435.12 \$6,216.95 (\$7,218.17) -54% 21 MEDICARE - UNINSURED OP PMT / OPED \$12.416.98 \$1,596.20 (\$10,820.79) -87% 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$9,899,206 \$1,386,583 (\$8,512,623)-86% UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES -25% \$56,113,065 \$42,261,478 (\$13,851,587)TOTAL ACCRUED PAYMENTS 809% 24 \$1,722,815 \$15.652.039 \$13,929,224 25 TOTAL ALLOWANCES \$54,390,250 \$26,609,439 (\$27,780,811) -51% TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$17,205,473 (\$971,215) 26 (\$18,176,689) -106%

HARTFORD 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 DIFFERENCE **DIFFERENCE** FY 2014 FY 2015 D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT \$302,959,364 \$313,567,661 INPATIENT ACCRUED CHARGES \$10.608.297 4% 2 \$81,842,654 \$73,957,630 (\$7,885,024) -10% INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 27.01% -3.43% -13% 23.59% 4 DISCHARGES 10,142 10,634 492 5% 0% 5 CASE MIX INDEX (CMI) 1.26052 1.26519 0.00467 5% 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 12.784.19384 13.454.03046 669.83662 -14% 7 INPATIENT ACCRUED PAYMENT / CMAD \$6,401.86 \$5,497.06 (\$904.80) 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD \$6,692.81 \$8,840.11 \$2,147.30 32% 9 MEDICARE - MEDICAID IP PMT / CMAD \$3,356.02 \$3,237.66 (\$118.36) -4% \$655,627 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$42,904,003 \$43,559,630 2% 10 11 PATIENT DAYS 3% 53,701 55,246 1,545 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,524.04 \$1,338.70 (\$185.35) -12% 13 AVERAGE LENGTH OF STAY 5.3 5.2 (0.1)-2% MEDICAID OUTPATIENT 15% 14 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$199,352,307 \$228,280,330 \$28,928,023 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$49,332,349 \$35,147,982 (\$14,184,367) -29% -38% 16 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 24.75% 15.40% -9 35% 72 80% 7 00% 17 OUTPATIENT CHARGES / INPATIENT CHARGES 65.80% 11% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 6,673.60490 7,741.65621 1,068.05130 16% 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$7,392.16 \$4,540.11 -39% (\$2,852.05) 62% 20 NON-GOVERNMENT - MEDICAID OP PMT / OPED \$7,670.44 \$12,453.82 \$4,783.38 21 MEDICARE - MEDICAID OP PMT / OPED \$6,652.31 \$7,833.07 \$1,180.77 18% 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$44,394,858 \$60,640,960 \$16,246,102 37% MEDICAID TOTALS (INPATIENT + OUTPATIENT) 23 TOTAL ACCRUED CHARGES \$502,311,671 \$541.847.991 \$39.536.320 8% TOTAL ACCRUED PAYMENTS -17% 24 \$131.175.003 \$109.105.612 (\$22,069,391) 25 TOTAL ALLOWANCES \$371,136,668 \$432,742,379 \$61,605,711 17% TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT \$16,901,729 26 \$87.298.861 \$104,200,590 19%

HARTFORD 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 DIFFERENCE **DIFFERENCE** FY 2014 FY 2015 E. OTHER MEDICAL ASSISTANCE (O.M.A.) OTHER MEDICAL ASSISTANCE INPATIENT \$0 \$0 \$0 0% INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$0 0% \$0 \$0 3 INPATIENT PAYMENTS / INPATIENT CHARGES 0.00% 0.00% 0.00% 0% 4 DISCHARGES 0% 0% 5 CASE MIX INDEX (CMI) 0.00000 0.00000 0.00000 0.00000 0% 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 0.00000 0.00000 0% 7 INPATIENT ACCRUED PAYMENT / CMAD \$0.00 \$0.00 \$0.00 8 NON-GOVERNMENT - O.M.A IP PMT / CMAD \$13,094.68 \$14,337.17 \$1,242.50 9% -10% 9 MEDICARE - O.M.A. IP PMT / CMAD \$9,757.88 \$8,734.73 (\$1,023.16)INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 0% 10 \$0 \$0 \$0 11 PATIENT DAYS 0% 0 0 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$0.00 \$0.00 \$0.00 0% 13 AVERAGE LENGTH OF STAY 0% OTHER MEDICAL ASSISTANCE OUTPATIENT \$0 0% 14 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$0 \$0 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$0 \$0 \$0 0% 16 0.00% 0.00% 0.00% 0% OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 0.00% 0% 17 OUTPATIENT CHARGES / INPATIENT CHARGES 0.00% 0.00% 18 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 0.00000 0.00000 0.00000 0% 19 OUTPATIENT ACCRUED PAYMENTS / OPED \$0.00 \$0.00 \$0.00 0% 20 NON-GOVERNMENT - O.M.A OP PMT / CMAD \$16,993.93 13% \$15,062.60 \$1,931.33 \$14<u>,</u>044.46 21 MEDICARE - O.M.A. OP PMT / CMAD \$12,373.18 (\$1,671.28) -12% 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$0 \$0 \$0 0% OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT) \$0 23 TOTAL ACCRUED CHARGES 0% \$0 \$0 TOTAL ACCRUED PAYMENTS \$0 0% 24 \$0 \$0 25 TOTAL ALLOWANCES \$0 \$0 \$0 0% TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT 26 \$0 \$0 0% \$0

	HARTFORD HO	SPITAI			
	TWELVE MONTHS AC				
	FISCAL YEAR				
	REPORT FORM 500 - CALCULATION O		PAYMENT LIN	IIT	
	AND BASELINE UNDERPAYMENT DA				
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICA	AL ASSISTANCI	=1		
••	TOTAL MILDICAL ASSISTANCE (MILDICAID : OTHER MILDIO)	AL ASSISTANCE	<u>-1</u>		
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$302,959,364	\$313,567,661	\$10,608,297	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$81,842,654	\$73,957,630	(\$7,885,024)	-10%
3	INPATIENT ACCROED FATMENTS (IF FMT)	27.01%	23.59%	-3.43%	-13%
	DISCHARGES	10.142	10.634	492	5%
5	CASE MIX INDEX (CMI)	1.26052	1.26519	0.00467	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12.784.19384	13,454.03046	669.83662	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,401.86	\$5,497.06	(\$904.80)	-14%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,692.81	\$8,840.11	\$2,147.30	32%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,356.02	\$3,237.66	(\$118.36)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$42,904,003	\$43,559,630	\$655,627	2%
11	PATIENT DAYS	53,701	55,246	1,545	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,524.04	\$1,338.70	(\$185.35)	-12%
13	AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-2%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$199,352,307	\$228,280,330	\$28,928,023	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$49,332,349	\$35,147,982	(\$14,184,367)	-29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.75%	15.40%	-9.35%	-38%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	65.80%	72.80%	7.00%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,673.60490	7,741.65621	1,068.05130	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,392.16	\$4,540.11	(\$2,852.05)	-39%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,670.44	\$12,453.82	\$4,783.38	62%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,652.31	\$7,833.07	\$1,180.77	18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$44,394,858	\$60,640,960	\$16,246,102	37%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIE	NT)			
23	TOTAL ACCRUED CHARGES	\$502,311,671	\$541,847,991	\$39.536.320	8%
24	TOTAL ACCRUED PAYMENTS	\$131,175,003	\$109,105,612	(\$22,069,391)	-17%
25	TOTAL ALLOWANCES	\$371,136,668	\$432,742,379	\$61,605,711	17%
		7.2 7.27,700	, ,,,,,	, - , ,	

HARTFORD 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 DIFFERENCE **DIFFERENCE** FY 2014 FY 2015 G. CHAMPUS / TRICARE **CHAMPUS / TRICARE INPATIENT** \$8,277,519 \$10.920.271 \$2.642.752 32% INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) \$3,946,504 \$4,501,295 \$554,791 14% -6.46% 3 INPATIENT PAYMENTS / INPATIENT CHARGES 47.68% 41.22% -14% 4 DISCHARGES 257 332 75 29% 4% 5 CASE MIX INDEX (CMI) 1.29735 1.35542 0.05807 449.99944 35% 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 333.41895 116.58049 \$10,002.89 -15% 7 INPATIENT ACCRUED PAYMENT / CMAD \$11,836.47 (\$1,833.58)8 PATIENT DAYS 24% 1,983 380 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$2,461.95 9 \$2,269.94 (\$192.01)-8% AVERAGE LENGTH OF STAY -4% 10 6.2 6.0 (0.3)CHAMPUS / TRICARE OUTPATIENT 11 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$4,395,218 \$5,310,131 \$914,913 21% 12 150% OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$1,272,845 \$3,177,110 \$1,904,265 CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT) 13 TOTAL ACCRUED CHARGES \$12,672,737 \$16,230,402 \$3,557,665 28% TOTAL ACCRUED PAYMENTS 47% 14 \$5,219,349 \$7.678.405 \$2,459,056 TOTAL ALLOWANCES \$8,551,997 15% \$7,453,388 \$1.098.609 15 Н. OTHER DATA 53% \$74.980.429 \$114,392,501 \$39.412.072 OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES \$1.022.794.910 \$1.033.299.408 \$10.504.498 1% 2 3 UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment) \$0 \$0 \$0 0% COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY) 4 CHARITY CARE (CHARGES) \$30.609.202 \$24,219,691 -21% (\$6,389,511)5 BAD DEBTS (CHARGES) \$14,132,654 -43% \$24.640.388 (\$10.507.734) UNCOMPENSATED CARE (CHARGES) -31% 6 \$55,249,590 \$38,352,345 (\$16,897,245) 7 COST OF UNCOMPENSATED CARE \$22,147,020 \$14,853,688 (\$7,293,332) -33% TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY) 8 TOTAL ACCRUED CHARGES \$502,311,671 \$541,847,991 \$39,536,320 8% \$131,175,003 9 TOTAL ACCRUED PAYMENTS \$109,105,612 (\$22,069,391) -17% 10 COST OF TOTAL MEDICAL ASSISTANCE \$201,353,653 \$209.855.258 \$8.501.605 4% \$30,570,996 44% MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$70.178.650 \$100.749.646

HARTFORD 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 DIFFERENCE **DIFFERENCE** FY 2014 FY 2015 AGGREGATE DATA II. **TOTALS - ALL PAYERS** A. \$1,603,648,875 \$1,622,989,767 \$19.340.892 TOTAL INPATIENT CHARGES 1% 2 TOTAL INPATIENT PAYMENTS \$691,533,477 (\$6,704,468) -1% \$684.829.009 3 TOTAL INPATIENT PAYMENTS / CHARGES -0.93% -2% 43.12% 42.20% 4 TOTAL DISCHARGES 42,755 43,350 595 1% 1% 5 TOTAL CASE MIX INDEX 1.58430 1.60205 0.01776 1,712.40337 3% 6 TOTAL CASE MIX ADJUSTED DISCHARGES 67.736.64277 69.449.04614 7 TOTAL OUTPATIENT CHARGES \$950,436,707 \$1,013,713,282 \$63,276,575 7% 8 OUTPATIENT CHARGES / INPATIENT CHARGES 59.27% 62.46% 3.19% 5% 9 TOTAL OUTPATIENT PAYMENTS \$343,282,268 \$352,884,776 \$9,602,508 3% OUTPATIENT PAYMENTS / OUTPATIENT CHARGES -4% 10 36.12% 34.81% -1.31% 11 TOTAL CHARGES \$2,554,085,582 \$2,636,703,049 \$82,617,467 3% 0% 12 TOTAL PAYMENTS \$1,034,815,745 \$1,037,713,785 \$2,898,040 13 TOTAL PAYMENTS / TOTAL CHARGES 40.52% 39.36% -1.16% -3% -1% 14 PATIENT DAYS 233,240 230,835 (2,405)В. **TOTALS - ALL GOVERNMENT PAYERS** INPATIENT CHARGES \$1,130,524,557 \$1,163,062,338 \$32,537,781 3% 2 -8% INPATIENT PAYMENTS \$405,927,626 \$374,668,146 (\$31,259,480)3 GOVT. INPATIENT PAYMENTS / CHARGES -10% 35 91% 32 21% -3.69% 4 DISCHARGES 3% 28,001 28,958 957 CASE MIX INDEX 1.64015 1.65121 0.01106 1% 5 4% 6 CASE MIX ADJUSTED DISCHARGES 45,925.80457 47,815.71134 1,889.90677 7 OUTPATIENT CHARGES \$549.355.904 \$610,188,575 \$60.832.671 11% 8 OUTPATIENT CHARGES / INPATIENT CHARGES 48.59% 52.46% 3.87% 8% 9 \$154,888,561 \$138,301,488 (\$16,587,073) -11% **OUTPATIENT PAYMENTS** 10 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 28.19% 22.67% -5.53% -20% \$93.370.452 11 TOTAL CHARGES \$1,679,880,461 \$1,773,250,913 6% 12 TOTAL PAYMENTS \$560,816,187 \$512,969,634 (\$47.846.553) -9% 13 TOTAL PAYMENTS / CHARGES 33.38% 28.93% -4.46% -13% PATIENT DAYS 167,570 168,270 700 0% 15 TOTAL GOVERNMENT DEDUCTIONS \$1,119,064,274 \$1,260,281,279 \$141,217,005 13% C. **AVERAGE LENGTH OF STAY** MEDICARE 6.4 6.2 (0.2)-3% 2 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 4.5 4.3 (0.1)-2% 3 4.0 -21% UNINSURED 5.1 (1.1)5.3 -2% 4 MEDICAID 5.2 (0.1)OTHER MEDICAL ASSISTANCE 0% 6 CHAMPUS / TRICARE 6.2 6.0 (0.3)-4% 7 TOTAL AVERAGE LENGTH OF STAY 5.5 5.3 (0.1)-2%

OTTIC	E OF HEALTH CARE ACCESS	INIONTES ACTUAL	TILING		
	HARTFORD HO	SPITAL			
	TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEAR	2015			
	REPORT FORM 500 - CALCULATION O	F DSH UPPER	PAYMENT LIN	IIT	
	AND BASELINE UNDERPAYMENT DAT	TA: COMPARA	TIVE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
	TOTAL CHARGES	\$2,554,085,582		\$82,617,467	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$1,119,064,274	\$1,260,281,279	\$141,217,005	13%
3	UNCOMPENSATED CARE	\$55,249,590	\$38,352,345	(\$16,897,245)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$341,149,564	\$308,263,313	(\$32,886,251)	-10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,806,678	\$8,623,036	(\$6,183,642)	-42%
6	TOTAL ADJUSTMENTS	\$1,530,270,106		\$85,249,867	6%
7	TOTAL ACCRUED PAYMENTS	\$1,023,815,476	\$1,021,183,076	(\$2,632,400)	0%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$1,023,815,476	\$1,021,183,076	(\$2,632,400)	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4008540212	0.3872954432	(0.0135585780)	-3%
11	COST OF UNCOMPENSATED CARE	\$22,147,020	\$14,853,688	(\$7,293,332)	-33%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$70,178,650	\$100,749,646	\$30,570,996	44%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$92,325,671	\$115,603,334	\$23,277,664	25%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	OGY)			
1	MEDICAID	\$44,394,858	\$60,640,960	\$16,246,102	37%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$17,205,473	(\$971,215)	(\$18,176,689)	-106%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$61,600,332	\$59,669,745	(\$1,930,587)	-3%
		Ç 0.,000,000	700,000,000	(+1,000,001)	
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600	<u>)</u>			
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,898,380	\$13,950,310	(\$11,948,070)	-46.13%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$58,660,006)	(\$57,278,965)	\$1,381,041	-2.35%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$976,155,739	\$980,435,000	\$4,279,261	0.44%
			, ,		
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$309,166	\$309,166	0.00%
5 6	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,554,085,582 \$2,292,312	\$2,637,012,215 \$1,734,985	\$82,926,633 (\$557,327)	3.25% -24.31%
				(, , ,	
1	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$57,541,902	\$40,087,330	(\$17,454,572)	-30.33%

HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

	BASELINE UNDERPAYMENT DATA					
(4)	(0)	(0)	(4)	(5)		
(1)	(2)	(3)	(4)	(5)		
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE		
I.	ACCRUED CHARGES AND PAYMENTS					
A .	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$473,124,318	\$459,927,429	(\$13,196,889)		
	MEDICARE	\$819,287,674	838,574,406	\$19,286,732		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$302,959,364	313,567,661	\$10,608,297		
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	\$302,959,364 \$0	313,567,661 0	\$10,608,297 \$0		
	CHAMPUS / TRICARE	\$8,277,519	10,920,271	\$2,642,752		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,883,195	13,460,763	(\$9,422,432)		
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$1,130,524,557	\$1,163,062,338	\$32,537,781		
	TOTAL INPATIENT CHARGES	\$1,603,648,875	\$1,622,989,767	\$19,340,892		
	OUTPATIENT ACCRUED CHARGES					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$401,080,803	\$403,524,707	\$2,443,904		
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$345,608,379 \$199,352,307	376,598,114 228,280,330	\$30,989,735 \$28,928,023		
4	MEDICAID	\$199,352,307	228,280,330	\$28,928,023		
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0		
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,395,218 \$33,229,870	5,310,131 28,800,715	\$914,913 (\$4,429,155)		
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$549,355,904	\$610,188,575	\$60,832,671		
	TOTAL OUTPATIENT CHARGES	\$950,436,707	\$1,013,713,282	\$63,276,575		
_	TOTAL ACCOUNT CHARCES					
C.	TOTAL ACCRUED CHARGES TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$874,205,121	\$863,452,136	(\$10,752,985)		
2	TOTAL MEDICARE	\$1,164,896,053	\$1,215,172,520	\$50,276,467		
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$502,311,671	\$541,847,991	\$39,536,320		
<u>4</u> 5	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$502,311,671 \$0	\$541,847,991 \$0	\$39,536,320 \$0		
	TOTAL OTHER MEDICAL ASSISTANCE	\$12,672,737	\$16,230,402	\$3,557,665		
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$56,113,065	\$42,261,478	(\$13,851,587)		
	TOTAL GOVERNMENT CHARGES	\$1,679,880,461	\$1,773,250,913	\$93,370,452		
	TOTAL CHARGES	\$2,554,085,582	\$2,636,703,049	\$82,617,467		
	INPATIENT ACCRUED PAYMENTS					
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$285,605,851	\$310,160,863	\$24,555,012		
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$320,138,468 \$81,842,654	296,209,221 73,957,630	(\$23,929,247) (\$7,885,024)		
4	MEDICAID	\$81,842,654	73,957,630	(\$7,885,024)		
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0		
6 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,946,504 \$425,335	4,501,295 6,290,289	\$554,791 \$5,864,954		
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$405,927,626	\$374,668,146	(\$31,259,480)		
	TOTAL INPATIENT PAYMENTS	\$691,533,477	\$684,829,009	(\$6,704,468)		
E.	OUTPATIENT ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$188,393,707	\$214,583,288	\$26,189,581		
	MEDICARE	\$104,283,367	99,976,396	(\$4,306,971)		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$49,332,349	35,147,982	(\$14,184,367)		
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	\$49,332,349 \$0	35,147,982 0	(\$14,184,367) \$0		
	CHAMPUS / TRICARE	\$1,272,845	3,177,110	\$1,904,265		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,297,480	9,361,750	\$8,064,270		
 	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$154,888,561 \$343,282,268	\$138,301,488 \$352,884,776	(\$16,587,073) \$9,602,508		
		ψυ-τυ,2υ2,200	ψυυΣ,υυ 4 ,110	ψ3,002,300		
F.	TOTAL ACCRUED PAYMENTS	£470.000.550	ΦEΩ4 744 454	#E0 744 500		
2	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$473,999,558 \$424,421,835	\$524,744,151 \$396,185,617	\$50,744,593 (\$28,236,218)		
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$131,175,003	\$109,105,612	(\$22,069,391)		
4	TOTAL MEDICAID	\$131,175,003	\$109,105,612	(\$22,069,391)		
5 6	TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$0 \$5,219,349	\$0 \$7,678,405	\$0 \$2,459,056		
7	TOTAL CHAMPOS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,722,815	\$15,652,039	\$13,929,224		
	TOTAL GOVERNMENT PAYMENTS	\$560,816,187	\$512,969,634	(\$47,846,553)		
	TOTAL PAYMENTS	\$1,034,815,745	\$1,037,713,785	\$2,898,040		
1		1				

FISCAL YEAR 2015

HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL <u>FY 2015</u>	AMOUNT DIFFERENCE
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.52%	17.44%	-1.08%
2	MEDICARE	32.08%	31.80%	-0.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.86%	11.89%	0.03%
4	MEDICAID	11.86%	11.89%	0.039
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.32% 0.90%	0.41% 0.51%	0.09% -0.39%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	44.26%	44.11%	-0.397
	TOTAL INPATIENT PAYER MIX	62.79%	61.55%	-1.23%
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.70%	15.30%	-0.40%
2	MEDICARE	13.53%	14.28%	0.75%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.81%	8.66%	0.85%
4	MEDICAID	7.81%	8.66%	0.85%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.17%	0.20%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.30%	1.09%	-0.21%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.51%	23.14%	1.63%
	TOTAL OUTPATIENT PAYER MIX	37.21%	38.45%	1.23%
	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)	27.60%	29.89%	2.29%
2	MEDICARE	30.94%	28.54%	-2.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.91%	7.13%	-0.78%
4	MEDICAID	7.91%	7.13%	-0.78%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
<u>6</u> 7	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.38% 0.04%	0.43% 0.61%	0.05% 0.57%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.23%	36.11%	-3.12%
	TOTAL INPATIENT PAYER MIX	66.83%	65.99%	-0.83%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.21%	20.68%	2.47%
2	MEDICARE	10.08%	9.63%	-0.44%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.77%	3.39%	-1.38%
3	MEDICAID	4.77%	3.39%	-1.38%
<u>3</u>		0.00%	0.00%	0.00%
	OTHER MEDICAL ASSISTANCE	0.00 /6	0.0070	
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.12%	0.31%	
4 5	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12% 0.13%	0.31% 0.90%	0.78%
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	0.12% 0.13% 14.97%	0.31% 0.90% 13.33%	0.78% -1.64 %
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12% 0.13%	0.31% 0.90%	0.18% 0.78% -1.64% 0.83%

HARTFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015

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

	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL FY 2015	AMOUNT <u>DIFFERENCE</u>
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED	DATA		
Α.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,754	14,392	(362)
	MEDICARE	17,602	17,992	390
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,142	10,634	492
	MEDICALD OTHER MEDICAL ACCICTANCE	10,142	10,634	492
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0 257	0 332	- 75
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	549	406	(143)
	TOTAL GOVERNMENT DISCHARGES	28,001	28,958	957
	TOTAL DISCHARGES	42,755	43,350	595
В.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	65,670	62,565	(3,105)
2	MEDICARE	112,266	111,041	(1,225)
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	53,701	55,246 55,246	1,545
	MEDICAID OTHER MEDICAL ASSISTANCE	53,701 0	55,246 0	1,545
6	CHAMPUS / TRICARE	1,603	1,983	380
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,813	1,642	(1,171)
	TOTAL GOVERNMENT PATIENT DAYS	167,570	168,270	700
	TOTAL PATIENT DAYS	233,240	230,835	(2,405)
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.3	(0.1)
	MEDICARE	6.4	6.2	(0.2)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.3	5.2	(0.1)
	MEDICAID OTHER MEDICAL ASSISTANCE	5.3 0.0	5.2 0.0	(0.1)
6	CHAMPUS / TRICARE	6.2	6.0	(0.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.1	4.0	(1.1)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.0	5.8	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	5.5	5.3	(0.1)
D.	CASE MIX INDEX			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.47830	1.50315	0.02485
	MEDICARE	1.86389	1.88482	0.02093
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	1.26052 1.26052	1.26519 1.26519	0.00467 0.00467
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.29735	1.35542	0.05807
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.44325	1.10890	(0.33435)
	TOTAL GOVERNMENT CASE MIX INDEX TOTAL CASE MIX INDEX	1.64015 1.58430	1.65121 1.60205	0.01106 0.01776
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$755,770,258	\$794,912,520	\$39,142,262
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$414,620,694	\$486,649,207	\$72,028,513
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	Ţ,o20,004	Ţ .55,5 10,E01	Ţ. <u>_</u> , <u></u>
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$341,149,564	\$308,263,313	(\$32,886,251)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.14%	38.78%	-6.36%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,898,380	\$13,950,310	(\$11,948,070)
6 7	EMPLOYEE SELF INSURANCE ALLOWANCE UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$14,806,678 \$0	\$8,623,036 \$0	(\$6,183,642)
	OHCA INPUT)	"	**	\$0
8	CHARITY CARE	\$30,609,202	\$24,219,691	(\$6,389,511)
	BAD DEBTS	\$24,640,388	\$14,132,654	(\$10,507,734)
	TOTAL UNCOMPENSATED CARE TOTAL OTHER OPERATING REVENUE	\$55,249,590 \$74,980,429	\$38,352,345 \$114,392,501	(\$16,897,245) \$39,412,072
12	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$1,022,794,910	\$1,033,299,408	\$10,504,498
		, , , , , , , , , , , , , , , , , , , ,	. , , ,	, .,,

HARTFORD 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) **ACTUAL** ACTUAL AMOUNT DESCRIPTION FY 2014 FY 2015 **DIFFERENCE DSH UPPER PAYMENT LIMIT CALCULATIONS** CASE MIX ADJUSTED DISCHARGES A. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 21,810.83820 21,633.33480 (177.50340) 1,103,48966 32.808.19178 33.911.68144 MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 12,784.19384 13,454.03046 3 669.83662 13,454.03046 12,784.19384 669.83662 4 MEDICAID 0.00000 5 OTHER MEDICAL ASSISTANCE 0.00000 0.00000 CHAMPUS / TRICARE 6 333,41895 449.99944 116.58049 UNINSURED (INCLUDED IN NON-GOVERNMENT) 792 34425 450 21340 (342 13085) TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES 45,925.80457 47,815.71134 1.889.90677 67,736,64277 69,449,04614 1.712.40337 TOTAL CASE MIX ADJUSTED DISCHARGES OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY) В NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 12,627.05205 12.507.38113 119,67091 MEDICARE 8 080 08594 654 85683 7 425 22911 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 6.673.60490 7.741.65621 1.068.05130 MEDICAID 6.673.60490 7.741.65621 1.068.05130 0.00000 5 OTHER MEDICAL ASSISTANCE 0.00000 0.00000 24.97703 CHAMPUS / TRICARE 136.46251 161.43954 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) 797.23127 868.67961 71.44833 14,235.29653 15,983.18168 1,747.88516 TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES 26.742.67766 28.610.23373 1.867.55607 TOTAL OUTPATIENT EQUIVALENT DISCHARGES INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE C. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$13,094.68 \$14,337.17 \$1,242.50 \$9,757.88 \$8,734.73 MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$6,401.86 \$5,497.06 3 \$6,401.86 \$5,497.06 4 MEDICAID OTHER MEDICAL ASSISTANCE \$0.00 \$0.00 5 \$0.00 CHAMPUS / TRICARE \$11.836.47 \$10.002.89 6 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$536.81 \$13,971,79 \$13,434,99 TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE \$8,838.77 \$7,835.67 (\$1,003.10 \$10,209.15 \$9.860.88 (\$348.26 TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE D. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) \$15.062.60 \$16,993.93 \$1,931.33 \$12,373.18 **MEDICARE** \$14.044.46 (\$1,671 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) \$7,392.16 3 \$4.540.11 \$7,392.16 \$4,540.11 4 MEDICAID \$0.00 \$0.00 OTHER MEDICAL ASSISTANCE \$0.00 \$9,327.43 \$19,679.88 \$10,352.44 6 CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT) \$1,627.48 \$10,776.99 \$9,149.51

TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE

TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE

\$10,880.60

\$12.836.50

\$8,652,94

\$12,334.22

(\$2,227.66

	HARTFORD HOSPITAL			
	TWELVE MONTHS ACTUAL FILING	1		
	FISCAL YEAR 2015	<u></u>		
	REPORT 550 - CALCULATION OF DSH UPPER PAY	MENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
	BASELINE ONDERFATMENT DATA	1		
(1)	(2)	(3)	(4)	(5)
(-/	(4)	` '	` ,	, ,
IINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
LIIVL	<u>DESCRIPTION</u>	112014	1 1 2013	DITTERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$44,394,858	\$60,640,960	\$16,246,102
	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$17,205,473	(\$971,215)	(\$18,176,689
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$61,600,332	\$59,669,745	(\$1,930,587)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODO	LOGY)		
1	TOTAL CHARGES	\$2,554,085,582	\$2,636,703,049	\$82,617,467
	TOTAL GHARGES TOTAL GOVERNMENT DEDUCTIONS	\$1,119,064,274	\$1,260,281,279	\$141,217,005
	UNCOMPENSATED CARE	\$55,249,590	\$38,352,345	(\$16,897,245)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$341,149,564	\$308,263,313	(\$32,886,251
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,806,678	\$8,623,036	(\$6,183,642
	TOTAL ADJUSTMENTS	\$1,530,270,106	\$1,615,519,973	\$85,249,867
	TOTAL ACCRUED PAYMENTS	\$1,023,815,476	\$1,021,183,076	(\$2,632,400)
	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$1,023,815,476	\$1,021,183,076	(\$2,632,400)
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4008540212	0.3872954432	(0.0135585780)
	COST OF UNCOMPENSATED CARE	\$22,147,020	\$14,853,688	(\$7,293,332)
	MEDICAL ASSISTANCE UNDERPAYMENT	\$70,178,650	\$100,749,646	\$30,570,996
	PLUS OHCA ADJUSTMENT (OHCA INPUT) TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$0	\$0	\$0
<u> </u>		\$92,325,671	\$115,603,334	\$23,277,664
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	60.37%	67.44%	7.07%
	MEDICARE	39.08%	35.32%	-3.75%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.01%	23.59%	-3.43%
	MEDICAID	27.01%	23.59%	-3.43%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	47.68%	41.22%	-6.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.86%	46.73%	44.87%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
		35.91%	32.21%	-3.69%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.12%	42.20%	-0.93%
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.97%	53.18%	6.21%
	MEDICARE	30.17%	26.55%	-3.63%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.75%	15.40%	-9.35%
	MEDICAID	24.75%	15.40%	-9.35%
	OTHER MEDICAL ASSISTANCE	0.00% 28.96%	0.00% 59.83%	0.00% 30.87%
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.90%	32.51%	28.60%
7	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	3.90%	32.3170	20.00%
	TO THE STATE OF STATE OF A STATE	28.19%	22.67%	-5.53%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.12%	34.81%	-1.31%

	HARTFORD HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2015			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)

		ACTUAL	ACTUAL	AMOUNT
LINE	<u>DESCRIPTION</u>	FY 2014	FY 2015	DIFFERENCE
X 7 T T T	NET DEVENUE ORGON DEVENUE AND UNCOMPENSATED CARE DECONOUTAT	IONO		
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	IONS		
	DECOMOULATION OF OUGA DEFINED HET DEVENUE TO HOODITAL AUDITED FIN OTATEMENTO			
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	TOTAL ACCRUED PAYMENTS	\$1,034,815,745	\$1,037,713,785	\$2,898,040
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	, , , , , , , , , ,	, , , ,	\$0
	INPUT)	\$0	\$0	
	OHCA DEFINED NET REVENUE	\$1,034,815,745	\$1,037,713,785	\$2,898,040
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$58,660,006)	(\$57,278,965)	\$1,381,041
4	CALCULATED NET REVENUE	\$1,011,887,829	\$980,434,820	(\$31,453,009
	OAEGOEATED HET REVERGE	ψ1,011,001,020	\$000,404,020	(\$01,400,000
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$976,155,739	\$980,435,000	\$4,279,261
	REPORTING)			
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$35,732,090	(\$180)	(\$35,732,270
0	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$35,732,090	(\$180)	(\$35,732,270
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEN	TS		
1	OHCA DEFINED GROSS REVENUE	\$2,554,085,582	\$2,636,703,049	\$82,617,467
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE	\$0	\$309,166 \$2,637,012,215	\$309,166
	CALCULATED GROSS REVENUE	\$2,554,085,582	\$2,637,012,215	\$82,926,633
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$2,554,085,582	\$2,637,012,215	\$82,926,633
	REPORTING)			
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	1		
<u> </u>	RESOLUTION S. STON DEL MED GROOM. OAKE TO HOST THE ROBITED THE STATEMENT			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$55,249,590	\$38,352,345	(\$16,897,245
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,292,312	\$1,734,985	(\$557,327
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$57,541,902	\$40,087,330	(\$17,454,572
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$57,541,902	\$40,087,330	(\$17,454,572
J	ONCOMI . CARE I NOMITIOSFITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	ψυ1,υ+1,902	ψ+υ,υυ1,330	(ψ17,454,572)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	HARTFORD HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2015	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)	(2)	(2)
(1)	(2)	(3) ACTUAL
LINE	DESCRIPTION	FY 2015
I.	ACCRUED CHARGES AND PAYMENTS	
A.	INPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$459,927,429
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	838,574,406 313,567,661
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	313,567,661
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	10,920,271
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13,460,763
	TOTAL INPATIENT GOVERNMENT CHARGES	\$1,163,062,338 \$1,622,989,767
	TOTAL INPATIENT CHARGES	\$1,622,989,767
В.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$403,524,707
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	376,598,114 228,280,330
4	MEDICAID	228,280,330
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	5,310,131
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28,800,715
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$610,188,575
	TOTAL OUTPATIENT CHARGES	\$1,013,713,282
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$863,452,136
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,773,250,913
	TOTAL ACCRUED CHARGES	\$2,636,703,049
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$310,160,863
2	MEDICARE	296,209,221
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	73,957,630
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	73,957,630 0
6	CHAMPUS / TRICARE	4,501,295
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,290,289
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$374,668,146
	TOTAL INPATIENT PAYMENTS	\$684,829,009
E.	OUTPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$214,583,288
2	MEDICARE	99,976,396
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35,147,982
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	35,147,982
6	CHAMPUS / TRICARE	3,177,110
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,361,750
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$138,301,488
	TOTAL OUTPATIENT PAYMENTS	\$352,884,776
F.	TOTAL ACCRUED PAYMENTS	
<u>г.</u> 1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$524,744,151
2	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAT / UNINSURED)	512,969,634
-	TOTAL ACCRUED PAYMENTS	\$1,037,713,785

	HARTFORD HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2015	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
/4\	(0)	(2)
(1)	(2)	(3)
		ACTUAL
LINE	<u>DESCRIPTION</u>	FY 2015
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
Α.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,392
2	MEDICARE	17,992
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,634
4	MEDICAID	10,634
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	332
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	406
	TOTAL GOVERNMENT DISCHARGES	28,958
	TOTAL DISCHARGES	43,350
В.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.50315
2	MEDICARE	1.88482
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.26519
4	MEDICAID	1.26519
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.35542
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10890
	TOTAL GOVERNMENT CASE MIX INDEX	1.65121
	TOTAL CASE MIX INDEX	1.60205
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$794,912,520
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$486,649,207
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$308,263,313
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.78%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$13,950,310
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,623,036
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$24,219,691
9	BAD DEBTS	\$14,132,654
10	TOTAL UNCOMPENSATED CARE	\$38,352,345
11	TOTAL OTHER OPERATING REVENUE	\$114,392,501
12	TOTAL OPERATING EXPENSES	\$1,033,299,408

	HARTFORD HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2015	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BASELINE UNDERFATMENT DATA. AGREED-UPON PROCEDURES	
(1)	(2)	(3)
	· ·	ACTUAL
<u>INE</u>	<u>DESCRIPTION</u>	FY 2015
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
2	TOTAL ACCRUED PAYMENTS PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,037,713,78
	OHCA DEFINED NET REVENUE	\$1,037,713,78
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE CALCULATED NET REVENUE	(\$57,278,96 \$980,434,82
	OALOULATED HET INTALHUL	ψ300,434,02
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$980,435,00
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$18
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$2,636,703,04
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$309,16
	CALCULATED GROSS REVENUE	\$2,637,012,21
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,637,012,21
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$38,352,34
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,734,98
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$40,087,33
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$40,087,33
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	,

HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (2) (1) (3) (4) (5) (6)**ACTUAL** ACTUAL **AMOUNT** % LINE DESCRIPTION FY 2014 FY 2015 DIFFERENCE **DIFFERENCE Hospital Charity Care (from HRS Report 500)** Α. Number of Applicants -12% 14,766 12,922 (1.844)Number of Approved Applicants 2 12.307 -12% 14.063 (1,756)3 \$30,609,202 Total Charges (A) (\$6,389,511) -21% \$24,219,691 **Average Charges** -10% 4 \$2,177 \$1,968 (\$209)Ratio of Cost to Charges (RCC) 0.418184 0.389034 (0.029150)-7% 5 6 **Total Cost** \$12.800.279 \$9.422.283 (\$3.377.995) -26% 7 **Average Cost** \$910 \$766 (\$145)-16% 8 Charity Care - Inpatient Charges \$8.354.373 \$8.122.740 (\$231.633) -3% 8,847,107 9 Charity Care - Outpatient Charges (Excludes ED Charges) -22% 11,310,759 (2.463.652)10 Charity Care - Emergency Department Charges -34% 10.944.070 7.249.844 (3,694,226)Total Charges (A) 11 \$30,609,202 \$24,219,691 (\$6,389,511) -21%

1.078

8,771

16.712

\$8.042.612

10.290.621

\$24,640,388

\$30,609,202

24,640,388

\$55,249,590

\$16,396,985

21,601,380

17.251.225

\$55,249,590

6,307,155

166

1.088

6,723

11.077

\$4,501,411

5.971.371

3.659.872

\$14,132,654

\$24,219,691

14,132,654

\$38,352,345

\$12,624,151

14,818,478

10.909.716

\$38,352,345

194

10

28

(2,048)

(5,635)

(\$3.541.201)

(4,319,250)

(2,647,283)

(\$10,507,734)

(\$6,389,511)

(10,507,734)

(\$16,897,245)

(\$3,772,834)

(6.782.902)

(6,341,509)

(\$16,897,245)

1%

17%

-23%

-34%

-44%

-42%

-42%

-43%

-21%

-43%

-31%

-23%

-31%

-37%

-31%

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

12

13

15

В.

1 2

3

4

1

2

3

4

5

6

7

Visits)

Charity Care - Number of Patient Days

Charity Care - Number of Outpatient ED Visits

Hospital Bad Debts (from HRS Report 500)

Charity Care - Number of Outpatient Visits (Excludes ED

Bad Debts - Outpatient Services (Excludes ED Bad Debts)

Hospital Uncompensated Care (from HRS Report 500)

Uncompensated Care - Outpatient Services (Excludes ED

Charity Care - Number of Discharges

Bad Debts - Inpatient Services

Total Uncompensated Care (A)

Total Uncompensated Care (A)

Uncompensated Care - Inpatient Services

Uncompensated Care - Emergency Department

Total Bad Debts (A)

Charity Care (A)

Bad Debts (A)

Unc. Care)

Bad Debts - Emergency Department

TWEEVE MONTHS ACTORETION					
		HARTFORD HOSPIT	AL		
		TWELVE MONTHS ACTUA	L FILING		
		FISCAL YEAR 201	5		
	REPORT 685 - HOSPITAL	NON-GOVERNMENT GROSS RE	EVENUE, CONTRACTUAL A	ALLOWANCES,	
	AC	CRUED PAYMENTS AND DISCO	UNT PERCENTAGE		
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	,	
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$755,770,258	\$794,912,520	\$39,142,262	5%
2	Total Contractual Allowances	\$341,149,564	\$308,263,313	(\$32,886,251)	-10%
	Total Accrued Payments (A)	\$414,620,694	\$486,649,207	\$72,028,513	17%
	Total Discount Percentage	45.14%	38.78%	-6.36%	-14%
(A) A	│ ccrued Payments associated with Non-Gove	rnment Contractual Allowances r	nust exclude any reduction	n for Uncompensated	d Care.

HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (3) (4) (5) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2013 FY 2014 FY 2015 **Gross and Net Revenue** Α. Inpatient Gross Revenue \$1,549,015,766 \$1,603,648,875 \$1,622,989,767 2 Outpatient Gross Revenue \$862,921,266 \$950,436,707 \$1,013,713,282 Total Gross Patient Revenue \$2,411,937,032 \$2,554,085,582 \$2,636,703,049 Net Patient Revenue \$903,784,775 \$976,155,739 \$980,434,820 В. **Total Operating Expenses** \$998,381,093 \$1,033,299,408 1 **Total Operating Expense** \$1,022,794,910 C. **Utilization Statistics** Patient Days 1 235,012 233,240 230,835 41.809 42.755 43.350 2 Discharges 3 Average Length of Stay 5.6 5.5 5.3 365,932 371,475 375,014 Equivalent (Adjusted) Patient Days (EPD) 4 0 Equivalent (Adjusted) Discharges (ED) 65,100 68,095 70,426 D. **Case Mix Statistics** 1.57161 1.58430 1.60205 1 Case Mix Index 369,522 2 Case Mix Adjusted Patient Days (CMAPD) 369,348 369,810 67,737 69,449 3 Case Mix Adjusted Discharges (CMAD) 65,708 Case Mix Adjusted Equivalent Patient Days (CMAEPD) 575,103 588,526 600,792 107,882 112,827 Case Mix Adjusted Equivalent Discharges (CMAED) 102,312 5 E. **Gross Revenue Per Statistic** \$10,263 \$10,950 Total Gross Revenue per Patient Day \$11,422 1 2 Total Gross Revenue per Discharge \$57,689 \$59,738 \$60,824 Total Gross Revenue per EPD \$6,876 \$7,031 3 \$6,591 \$37,050 \$37,508 \$37,439 4 Total Gross Revenue per ED Total Gross Revenue per CMAEPD 5 \$4,194 \$4,340 \$4,389 Total Gross Revenue per CMAED \$23,574 \$23,675 \$23,370 6 Inpatient Gross Revenue per EPD \$4,317 7 \$4,233 \$4,328 Inpatient Gross Revenue per ED \$23,550 8 \$23,794 \$23,045

	HARTFORD HOSPITAL			
	TWELVE MONTHS ACTUAL F	FILING		
	FISCAL YEAR 2015			
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPIT	AL REVENUE AND EX	XPENSE	
(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	\$3,846	\$4,185	\$4,247
2	Net Patient Revenue per Discharge	\$21,617	\$22,831	\$22,617
3	Net Patient Revenue per EPD	\$2,470	\$2,628	\$2,614
4	Net Patient Revenue per ED	\$13,883	\$14,335	\$13,921
5	Net Patient Revenue per CMAEPD	\$1,572	\$1,659	\$1,632
6	Net Patient Revenue per CMAED	\$8,834	\$9,048	\$8,690
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$4,248	\$4,385	\$4,476
2	Total Operating Expense per Discharge	\$23,880	\$23,922	\$23,836
3	Total Operating Expense per EPD	\$2,728	\$2,753	\$2,755
4	Total Operating Expense per ED	\$15,336	\$15,020	\$14,672
5	Total Operating Expense per CMAEPD	\$1,736	\$1,738	\$1,720
6	Total Operating Expense per CMAED	\$9,758	\$9,481	\$9,158
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$140,683,001	\$137,008,756	\$147,234,787
2	Nursing Fringe Benefits Expense	\$50,716,032	\$43,107,152	\$34,777,599
3	Total Nursing Salary and Fringe Benefits Expense	\$191,399,033	\$180,115,908	\$182,012,386
I.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$42,632,896	\$43,864,014	\$46,267,606
2	Physician Fringe Benefits Expense	\$15,369,101	\$13,800,963	\$10,928,642
3	Total Physician Salary and Fringe Benefits Expense	\$58,001,997	\$57,664,977	\$57,196,248
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$254,532,104	\$248,015,536	\$230,920,191
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$89,266,886	\$78,033,285	\$54,544,512
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$343,798,990	\$326,048,821	\$285,464,703
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$437,848,001	\$428,888,306	\$424,422,584
2	Total Fringe Benefits Expense	\$155,352,019	\$134,941,400	\$100,250,753
3	Total Salary and Fringe Benefits Expense	\$593,200,020	\$563,829,706	\$524,673,337

HARTFORD HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015** REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (4) (5) (3) ACTUAL ACTUAL ACTUAL LINE DESCRIPTION FY 2013 FY 2014 FY 2015 **Total Full Time Equivalent Employees (FTEs)** L. **Total Nursing FTEs** 1562.0 1815.4 2010.1 Total Physician FTEs 230.2 157.2 164.8 2 Total Non-Nursing, Non-Physician FTEs 4332.7 3834.4 3342.3 Total Full Time Equivalent Employees (FTEs) 6,124.9 5,807.0 5,517.2 М. Nursing Salaries and Fringe Benefits Expense per FTE 1 Nursing Salary Expense per FTE \$90,066 \$75,470 \$73,247 2 Nursing Fringe Benefits Expense per FTE \$32,469 \$23,745 \$17,301 Total Nursing Salary and Fringe Benefits Expense per FTE \$122,535 \$99,216 \$90,549 Physician Salary and Fringe Expense per FTE N. 1 Physician Salary Expense per FTE \$185,199 \$279,033 \$280,750 Physician Fringe Benefits Expense per FTE \$66,764 \$87,792 \$66,315 2 3 Total Physician Salary and Fringe Benefits Expense per FTE \$251,963 \$366,826 \$347,065 Ο. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE Non-Nursing, Non-Physician Salary Expense per FTE \$58,747 \$64,682 \$69,090 1 Non-Nursing, Non-Physician Fringe Benefits Expense per FTE \$20,603 \$20,351 \$16,319 2 Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE \$79,350 \$85,033 \$85,410 3 P. Total Salary and Fringe Benefits Expense per FTE Total Salary Expense per FTE \$71,487 \$73,857 1 \$76,927 Total Fringe Benefits Expense per FTE \$25,364 \$23,238 2 \$18,171 Total Salary and Fringe Benefits Expense per FTE \$96,851 \$97,095 \$95.098 3 Q. Total Salary and Fringe Ben. Expense per Statistic \$2,524 1 Total Salary and Fringe Benefits Expense per Patient Day \$2,417 \$2,273 Total Salary and Fringe Benefits Expense per Discharge \$14,188 \$13,187 \$12,103 2 Total Salary and Fringe Benefits Expense per EPD \$1,621 3 \$1,518 \$1,399 Total Salary and Fringe Benefits Expense per ED \$8,280 4 \$9,112 \$7,450 Total Salary and Fringe Benefits Expense per CMAEPD \$1,031 \$958 \$873 5 6 Total Salary and Fringe Benefits Expense per CMAED \$5,798 \$5,226 \$4,650