

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$50,445,261	\$12,599,086	(\$37,846,175)	-75%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,490,596	\$41,580,130	\$1,089,534	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$1,189,837	(\$4,355,513)	(\$5,545,350)	-466%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,624,397	\$6,193,421	\$569,024	10%
8	Prepaid Expenses	\$2,168,888	\$2,640,940	\$472,052	22%
9	Other Current Assets	\$22,122,989	\$17,491,009	(\$4,631,980)	-21%
	<b>Total Current Assets</b>	<b>\$122,041,968</b>	<b>\$76,149,073</b>	<b>(\$45,892,895)</b>	<b>-38%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$16,309,118	\$14,823,354	(\$1,485,764)	-9%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$3,592,213	\$3,592,213	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$16,309,118</b>	<b>\$18,415,567</b>	<b>\$2,106,449</b>	<b>13%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$164,618,821	\$165,911,560	\$1,292,739	1%
7	Other Noncurrent Assets	\$24,115,241	\$26,124,915	\$2,009,674	8%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$388,312,710	\$458,467,173	\$70,154,463	18%
2	Less: Accumulated Depreciation	\$248,041,258	\$266,166,240	\$18,124,982	7%
	<b>Property, Plant and Equipment, Net</b>	<b>\$140,271,452</b>	<b>\$192,300,933</b>	<b>\$52,029,481</b>	<b>37%</b>
3	Construction in Progress	\$33,898,993	\$278,463	(\$33,620,530)	-99%
	<b>Total Net Fixed Assets</b>	<b>\$174,170,445</b>	<b>\$192,579,396</b>	<b>\$18,408,951</b>	<b>11%</b>
	<b>Total Assets</b>	<b>\$501,255,593</b>	<b>\$479,180,511</b>	<b>(\$22,075,082)</b>	<b>-4%</b>

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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$13,265,163	\$18,700,506	\$5,435,343	41%
2	Salaries, Wages and Payroll Taxes	\$11,492,908	\$8,361,426	(\$3,131,482)	-27%
3	Due To Third Party Payers	\$19,389,673	\$10,957,225	(\$8,432,448)	-43%
4	Due To Affiliates	\$5,524,919	\$0	(\$5,524,919)	-100%
5	Current Portion of Long Term Debt	\$872,430	\$489,977	(\$382,453)	-44%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$3,057,539	\$4,549,911	\$1,492,372	49%
	<b>Total Current Liabilities</b>	<b>\$53,602,632</b>	<b>\$43,059,045</b>	<b>(\$10,543,587)</b>	<b>-20%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$105,428	\$62,520,502	\$62,415,074	59202%
	<b>Total Long Term Debt</b>	<b>\$105,428</b>	<b>\$62,520,502</b>	<b>\$62,415,074</b>	<b>59202%</b>
3	Accrued Pension Liability	\$133,575,280	\$118,489,088	(\$15,086,192)	-11%
4	Other Long Term Liabilities	\$85,856,971	\$23,803,715	(\$62,053,256)	-72%
	<b>Total Long Term Liabilities</b>	<b>\$219,537,679</b>	<b>\$204,813,305</b>	<b>(\$14,724,374)</b>	<b>-7%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$178,222,407	\$185,794,465	\$7,572,058	4%
2	Temporarily Restricted Net Assets	\$26,776,206	\$23,882,792	(\$2,893,414)	-11%
3	Permanently Restricted Net Assets	\$23,116,669	\$21,630,904	(\$1,485,765)	-6%
	<b>Total Net Assets</b>	<b>\$228,115,282</b>	<b>\$231,308,161</b>	<b>\$3,192,879</b>	<b>1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$501,255,593</b>	<b>\$479,180,511</b>	<b>(\$22,075,082)</b>	<b>-4%</b>

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$864,609,377	\$862,643,115	(\$1,966,262)	0%
2	Less: Allowances	\$480,182,282	\$508,692,529	\$28,510,247	6%
3	Less: Charity Care	\$17,256,889	\$9,706,868	(\$7,550,021)	-44%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$367,170,206</b>	<b>\$344,243,718</b>	<b>(\$22,926,488)</b>	<b>-6%</b>
5	Provision for Bad Debts	\$5,458,239	\$5,091,859	(\$366,380)	-7%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$361,711,967</b>	<b>\$339,151,859</b>	<b>(\$22,560,108)</b>	<b>-6%</b>
6	Other Operating Revenue	\$11,024,317	\$11,782,388	\$758,071	7%
7	Net Assets Released from Restrictions	\$1,351,596	\$1,128,658	(\$222,938)	-16%
	<b>Total Operating Revenue</b>	<b>\$374,087,880</b>	<b>\$352,062,905</b>	<b>(\$22,024,975)</b>	<b>-6%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$148,416,218	\$142,646,540	(\$5,769,678)	-4%
2	Fringe Benefits	\$45,122,344	\$44,805,153	(\$317,191)	-1%
3	Physicians Fees	\$9,980,614	\$10,254,945	\$274,331	3%
4	Supplies and Drugs	\$49,864,651	\$49,954,442	\$89,791	0%
5	Depreciation and Amortization	\$18,225,335	\$19,494,513	\$1,269,178	7%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,418,199	\$1,836,605	\$418,406	30%
8	Malpractice Insurance Cost	\$3,957,824	\$3,527,444	(\$430,380)	-11%
9	Other Operating Expenses	\$82,318,899	\$82,587,055	\$268,156	0%
	<b>Total Operating Expenses</b>	<b>\$359,304,084</b>	<b>\$355,106,697</b>	<b>(\$4,197,387)</b>	<b>-1%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$14,783,796</b>	<b>(\$3,043,792)</b>	<b>(\$17,827,588)</b>	<b>-121%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$982,345	\$913,543	(\$68,802)	-7%
2	Gifts, Contributions and Donations	\$110,809	\$34,859	(\$75,950)	-69%
3	Other Non-Operating Gains/(Losses)	\$8,468,950	(\$2,091,224)	(\$10,560,174)	-125%
	<b>Total Non-Operating Revenue</b>	<b>\$9,562,104</b>	<b>(\$1,142,822)</b>	<b>(\$10,704,926)</b>	<b>-112%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$24,345,900</b>	<b>(\$4,186,614)</b>	<b>(\$28,532,514)</b>	<b>-117%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$24,345,900</b>	<b>(\$4,186,614)</b>	<b>(\$28,532,514)</b>	<b>-117%</b>
	Principal Payments	\$2,329,243	\$973,133	(\$1,356,110)	-58%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>GROSS REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$154,548,354	\$149,469,069	(\$5,079,285)	-3%
2	MEDICARE MANAGED CARE	\$57,115,407	\$65,362,525	\$8,247,118	14%
3	MEDICAID	\$74,498,682	\$78,711,810	\$4,213,128	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$252,546	\$402,608	\$150,062	59%
6	COMMERCIAL INSURANCE	\$4,130,602	\$4,038,901	(\$91,701)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$73,428,730	\$76,687,283	\$3,258,553	4%
8	WORKER'S COMPENSATION	\$1,899,452	\$1,708,734	(\$190,718)	-10%
9	SELF- PAY/UNINSURED	\$4,801,848	\$2,926,166	(\$1,875,682)	-39%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$370,675,621</b>	<b>\$379,307,096</b>	<b>\$8,631,475</b>	<b>2%</b>
<b>B.</b>	<b>OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$116,861,279	\$112,669,190	(\$4,192,089)	-4%
2	MEDICARE MANAGED CARE	\$49,137,478	\$55,480,462	\$6,342,984	13%
3	MEDICAID	\$133,710,380	\$137,111,570	\$3,401,190	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$699,200	\$625,522	(\$73,678)	-11%
6	COMMERCIAL INSURANCE	\$4,801,423	\$5,235,451	\$434,028	9%
7	NON-GOVERNMENT MANAGED CARE	\$160,777,895	\$146,875,193	(\$13,902,702)	-9%
8	WORKER'S COMPENSATION	\$5,759,910	\$5,496,362	(\$263,548)	-5%
9	SELF- PAY/UNINSURED	\$12,008,293	\$9,644,692	(\$2,363,601)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$483,755,858</b>	<b>\$473,138,442</b>	<b>(\$10,617,416)</b>	<b>-2%</b>
<b>C.</b>	<b>TOTAL GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$271,409,633	\$262,138,259	(\$9,271,374)	-3%
2	MEDICARE MANAGED CARE	\$106,252,885	\$120,842,987	\$14,590,102	14%
3	MEDICAID	\$208,209,062	\$215,823,380	\$7,614,318	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$951,746	\$1,028,130	\$76,384	8%
6	COMMERCIAL INSURANCE	\$8,932,025	\$9,274,352	\$342,327	4%
7	NON-GOVERNMENT MANAGED CARE	\$234,206,625	\$223,562,476	(\$10,644,149)	-5%
8	WORKER'S COMPENSATION	\$7,659,362	\$7,205,096	(\$454,266)	-6%
9	SELF- PAY/UNINSURED	\$16,810,141	\$12,570,858	(\$4,239,283)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$854,431,479</b>	<b>\$852,445,538</b>	<b>(\$1,985,941)</b>	<b>0%</b>
<b>II.</b>	<b>NET REVENUE BY PAYER</b>				
<b>A.</b>	<b>INPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$73,121,161	\$65,658,434	(\$7,462,727)	-10%
2	MEDICARE MANAGED CARE	\$23,484,258	\$23,606,665	\$122,407	1%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$25,614,674	\$25,308,182	(\$306,492)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$114,113	\$172,823	\$58,710	51%
6	COMMERCIAL INSURANCE	\$1,002,616	\$893,402	(\$109,214)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$50,896,566	\$52,554,190	\$1,657,624	3%
8	WORKER'S COMPENSATION	\$1,899,452	\$1,708,734	(\$190,718)	-10%
9	SELF- PAY/UNINSURED	\$635,432	\$418,873	(\$216,559)	-34%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$176,768,272</b>	<b>\$170,321,303</b>	<b>(\$6,446,969)</b>	<b>-4%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$27,932,998	\$26,359,823	(\$1,573,175)	-6%
2	MEDICARE MANAGED CARE	\$11,250,155	\$12,487,615	\$1,237,460	11%
3	MEDICAID	\$37,126,470	\$34,562,104	(\$2,564,366)	-7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$39,332	\$122,935	\$83,603	213%
6	COMMERCIAL INSURANCE	\$1,895,188	\$2,122,573	\$227,385	12%
7	NON-GOVERNMENT MANAGED CARE	\$92,774,965	\$91,076,246	(\$1,698,719)	-2%
8	WORKER'S COMPENSATION	\$5,759,910	\$5,496,362	(\$263,548)	-5%
9	SELF- PAY/UNINSURED	\$34,721	\$1,188,855	\$1,154,134	3324%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$176,813,739</b>	<b>\$173,416,513</b>	<b>(\$3,397,226)</b>	<b>-2%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$101,054,159	\$92,018,257	(\$9,035,902)	-9%
2	MEDICARE MANAGED CARE	\$34,734,413	\$36,094,280	\$1,359,867	4%
3	MEDICAID	\$62,741,144	\$59,870,286	(\$2,870,858)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$153,445	\$295,758	\$142,313	93%
6	COMMERCIAL INSURANCE	\$2,897,804	\$3,015,975	\$118,171	4%
7	NON-GOVERNMENT MANAGED CARE	\$143,671,531	\$143,630,436	(\$41,095)	0%
8	WORKER'S COMPENSATION	\$7,659,362	\$7,205,096	(\$454,266)	-6%
9	SELF- PAY/UNINSURED	\$670,153	\$1,607,728	\$937,575	140%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$353,582,011</b>	<b>\$343,737,816</b>	<b>(\$9,844,195)</b>	<b>-3%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	5,193	4,990	(203)	-4%
2	MEDICARE MANAGED CARE	1,896	2,039	143	8%
3	MEDICAID	4,161	4,074	(87)	-2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	19	21	2	11%
6	COMMERCIAL INSURANCE	191	202	11	6%
7	NON-GOVERNMENT MANAGED CARE	3,908	3,744	(164)	-4%
8	WORKER'S COMPENSATION	48	38	(10)	-21%

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9	SELF- PAY/UNINSURED	224	122	(102)	-46%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>15,640</b>	<b>15,230</b>	<b>(410)</b>	<b>-3%</b>
	<b>B. PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	26,567	25,450	(1,117)	-4%
2	MEDICARE MANAGED CARE	8,882	10,050	1,168	13%
3	MEDICAID	17,668	17,977	309	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	58	70	12	21%
6	COMMERCIAL INSURANCE	1,055	931	(124)	-12%
7	NON-GOVERNMENT MANAGED CARE	14,054	13,981	(73)	-1%
8	WORKER'S COMPENSATION	157	127	(30)	-19%
9	SELF- PAY/UNINSURED	824	421	(403)	-49%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>69,265</b>	<b>69,007</b>	<b>(258)</b>	<b>0%</b>
	<b>C. OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	59,026	56,645	(2,381)	-4%
2	MEDICARE MANAGED CARE	26,210	27,912	1,702	6%
3	MEDICAID	81,124	85,911	4,787	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	414	376	(38)	-9%
6	COMMERCIAL INSURANCE	2,154	2,407	253	12%
7	NON-GOVERNMENT MANAGED CARE	86,847	80,618	(6,229)	-7%
8	WORKER'S COMPENSATION	2,789	2,733	(56)	-2%
9	SELF- PAY/UNINSURED	7,169	5,934	(1,235)	-17%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>265,733</b>	<b>262,536</b>	<b>(3,197)</b>	<b>-1%</b>
	<b>IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
	<b>A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$24,836,144	\$25,800,028	\$963,884	4%
2	MEDICARE MANAGED CARE	\$9,519,808	\$12,058,829	\$2,539,021	27%
3	MEDICAID	\$63,621,276	\$68,647,174	\$5,025,898	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$343,369	\$339,492	(\$3,877)	-1%
6	COMMERCIAL INSURANCE	\$2,875,009	\$3,260,863	\$385,854	13%
7	NON-GOVERNMENT MANAGED CARE	\$33,844,426	\$34,121,888	\$277,462	1%
8	WORKER'S COMPENSATION	\$1,655,015	\$1,938,670	\$283,655	17%
9	SELF- PAY/UNINSURED	\$8,351,577	\$6,274,568	(\$2,077,009)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$145,046,624</b>	<b>\$152,441,512</b>	<b>\$7,394,888</b>	<b>5%</b>
	<b>B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$5,763,090	\$6,022,474	\$259,384	5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$2,207,672	\$2,904,635	\$696,963	32%
3	MEDICAID	\$15,248,647	\$13,862,735	(\$1,385,912)	-9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$77,138	\$84,765	\$7,627	10%
6	COMMERCIAL INSURANCE	\$1,029,800	\$925,141	(\$104,659)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$23,656,821	\$24,976,295	\$1,319,474	6%
8	WORKER'S COMPENSATION	\$1,131,298	\$1,275,440	\$144,142	13%
9	SELF- PAY/UNINSURED	\$196,667	\$135,662	(\$61,005)	-31%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$49,311,133</b>	<b>\$50,187,147</b>	<b>\$876,014</b>	<b>2%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	11,109	11,167	58	1%
2	MEDICARE MANAGED CARE	4,419	5,274	855	19%
3	MEDICAID	48,223	49,349	1,126	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	228	220	(8)	-4%
6	COMMERCIAL INSURANCE	1,563	1,746	183	12%
7	NON-GOVERNMENT MANAGED CARE	18,852	17,832	(1,020)	-5%
8	WORKER'S COMPENSATION	1,270	1,306	36	3%
9	SELF- PAY/UNINSURED	5,633	4,212	(1,421)	-25%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>91,297</b>	<b>91,106</b>	<b>(191)</b>	<b>0%</b>

<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$55,467,737	\$54,890,328	(\$577,409)	-1%
2	Physician Salaries	\$26,775,789	\$25,288,284	(\$1,487,505)	-6%
3	Non-Nursing, Non-Physician Salaries	\$66,172,692	\$62,467,928	(\$3,704,764)	-6%
	<b>Total Salaries &amp; Wages</b>	<b>\$148,416,218</b>	<b>\$142,646,540</b>	<b>(\$5,769,678)</b>	<b>-4%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$16,863,617	\$16,616,732	(\$246,885)	-1%
2	Physician Fringe Benefits	\$8,140,528	\$8,220,997	\$80,469	1%
3	Non-Nursing, Non-Physician Fringe Benefits	\$20,118,199	\$19,967,424	(\$150,775)	-1%
	<b>Total Fringe Benefits</b>	<b>\$45,122,344</b>	<b>\$44,805,153</b>	<b>(\$317,191)</b>	<b>-1%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$116,258	\$119,454	\$3,196	3%
2	Physician Fees	\$9,980,614	\$10,254,945	\$274,331	3%
3	Non-Nursing, Non-Physician Fees	\$4,041,885	\$4,987,617	\$945,732	23%
	<b>Total Contractual Labor Fees</b>	<b>\$14,138,757</b>	<b>\$15,362,016</b>	<b>\$1,223,259</b>	<b>9%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$39,564,140	\$39,313,353	(\$250,787)	-1%
2	Pharmaceutical Costs	\$10,300,511	\$10,641,089	\$340,578	3%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$49,864,651</b>	<b>\$49,954,442</b>	<b>\$89,791</b>	<b>0%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$9,730,373	\$11,226,809	\$1,496,436	15%
2	Depreciation-Equipment	\$8,494,962	\$8,267,704	(\$227,258)	-3%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$18,225,335</b>	<b>\$19,494,513</b>	<b>\$1,269,178</b>	<b>7%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$0	\$0	\$0	0%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,418,199	\$1,836,605	\$418,406	30%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$3,957,824	\$3,527,444	(\$430,380)	-11%
<b>I. Utilities:</b>					
1	Water	\$189,119	\$175,774	(\$13,345)	-7%
2	Natural Gas	\$1,438,652	\$1,291,915	(\$146,737)	-10%
3	Oil	\$54,796	\$30,839	(\$23,957)	-44%
4	Electricity	\$3,846,261	\$4,040,044	\$193,783	5%
5	Telephone	\$719,635	\$640,896	(\$78,739)	-11%
6	Other Utilities	\$194,300	\$223,729	\$29,429	15%
	<b>Total Utilities</b>	<b>\$6,442,763</b>	<b>\$6,403,197</b>	<b>(\$39,566)</b>	<b>-1%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$83,199	\$3,077	(\$80,122)	-96%
2	Legal Fees	\$182,618	\$208,108	\$25,490	14%
3	Consulting Fees	\$3,043,966	\$2,688,277	(\$355,689)	-12%
4	Dues and Membership	\$710,800	\$843,205	\$132,405	19%
5	Equipment Leases	\$1,568,648	\$1,404,140	(\$164,508)	-10%
6	Building Leases	\$1,957,185	\$2,227,305	\$270,120	14%
7	Repairs and Maintenance	\$6,358,105	\$5,961,326	(\$396,779)	-6%
8	Insurance	\$423,882	\$352,412	(\$71,470)	-17%
9	Travel	\$333,518	\$332,105	(\$1,413)	0%
10	Conferences	\$111,544	\$105,026	(\$6,518)	-6%



<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
11	Property Tax	\$202,998	\$260,471	\$57,473	28%
12	General Supplies	\$1,603,706	\$1,919,641	\$315,935	20%
13	Licenses and Subscriptions	\$207,292	\$140,603	(\$66,689)	-32%
14	Postage and Shipping	\$386,797	\$338,995	(\$47,802)	-12%
15	Advertising	\$1,932,835	\$428,483	(\$1,504,352)	-78%
16	Corporate parent/system fees	\$29,037,412	\$40,753,508	\$11,716,096	40%
17	Computer Software	\$4,300,672	\$5,467,662	\$1,166,990	27%
18	Computer hardware & small equipment	\$247,568	\$331,095	\$83,527	34%
19	Dietary / Food Services	\$2,504,863	\$2,288,106	(\$216,757)	-9%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$377,246	\$253,014	(\$124,232)	-33%
22	Recruiting / Employee Education & Recognition	\$998,382	\$831,199	(\$167,183)	-17%
23	Laundry / Linen	\$36,444	\$49,127	\$12,683	35%
24	Professional / Physician Fees	\$1,642,269	\$1,202,919	(\$439,350)	-27%
25	Waste disposal	\$591,685	\$356,152	(\$235,533)	-40%
26	Purchased Services - Medical	\$29,398	\$28,959	(\$439)	-1%
27	Purchased Services - Non Medical	\$239,604	\$329,591	\$89,987	38%
28	Other Business Expenses	\$12,605,357	\$1,972,281	(\$10,633,076)	-84%
	<b>Total Business Expenses</b>	<b>\$71,717,993</b>	<b>\$71,076,787</b>	<b>(\$641,206)</b>	<b>-1%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$359,304,084</b>	<b>\$355,106,697</b>	<b>(\$4,197,387)</b>	<b>-1%</b>
	<b>*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$25,248,481	\$37,631,587	\$12,383,106	49%
2	General Accounting	\$2,130,592	\$1,480,348	(\$650,244)	-31%
3	Patient Billing & Collection	\$5,120,925	\$1,178,575	(\$3,942,350)	-77%
4	Admitting / Registration Office	\$1,716,135	\$430,266	(\$1,285,869)	-75%
5	Data Processing	\$19,409,916	\$14,492,032	(\$4,917,884)	-25%
6	Communications	\$1,260,969	\$1,164,226	(\$96,743)	-8%
7	Personnel	\$47,897,461	\$47,809,369	(\$88,092)	0%
8	Public Relations	\$1,568,370	\$139,128	(\$1,429,242)	-91%
9	Purchasing	\$1,679,992	\$1,198,690	(\$481,302)	-29%
10	Dietary and Cafeteria	\$4,812,575	\$4,812,571	(\$4)	0%
11	Housekeeping	\$5,440,075	\$5,488,439	\$48,364	1%
12	Laundry & Linen	\$1,300,583	\$1,213,521	(\$87,062)	-7%
13	Operation of Plant	\$15,886,155	\$17,367,575	\$1,481,420	9%
14	Security	\$1,583,224	\$1,519,628	(\$63,596)	-4%
15	Repairs and Maintenance	\$1,671,684	\$2,102,278	\$430,594	26%
16	Central Sterile Supply	\$2,267,744	\$1,742,490	(\$525,254)	-23%
17	Pharmacy Department	\$15,098,237	\$16,445,886	\$1,347,649	9%
18	Other General Services	\$5,769,137	\$6,477,663	\$708,526	12%
	<b>Total General Services</b>	<b>\$159,862,255</b>	<b>\$162,694,272</b>	<b>\$2,832,017</b>	<b>2%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$19,036,460	\$18,587,447	(\$449,013)	-2%
2	Residency Program	\$6,543,925	\$6,347,891	(\$196,034)	-3%
3	Nursing Services Administration	\$2,507,934	\$2,309,522	(\$198,412)	-8%
4	Medical Records	\$1,903,840	\$1,029,475	(\$874,365)	-46%
5	Social Service	\$4,409,869	\$3,492,757	(\$917,112)	-21%
6	Other Professional Services	\$8,876,063	\$7,191,571	(\$1,684,492)	-19%
	<b>Total Professional Services</b>	<b>\$43,278,091</b>	<b>\$38,958,663</b>	<b>(\$4,319,428)</b>	<b>-10%</b>
<b>C.</b>	<b>Special Services:</b>				

<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
1	Operating Room	\$18,039,765	\$18,953,597	\$913,832	5%
2	Recovery Room	\$1,695,889	\$1,685,313	(\$10,576)	-1%
3	Anesthesiology	\$955,156	\$860,718	(\$94,438)	-10%
4	Delivery Room	\$4,134,242	\$4,016,640	(\$117,602)	-3%
5	Diagnostic Radiology	\$9,297,370	\$9,059,934	(\$237,436)	-3%
6	Diagnostic Ultrasound	\$1,491,519	\$1,313,613	(\$177,906)	-12%
7	Radiation Therapy	\$2,659,348	\$2,538,157	(\$121,191)	-5%
8	Radioisotopes	\$1,537,062	\$1,060,682	(\$476,380)	-31%
9	CT Scan	\$3,353,299	\$2,787,530	(\$565,769)	-17%
10	Laboratory	\$14,151,695	\$13,109,121	(\$1,042,574)	-7%
11	Blood Storing/Processing	\$2,112,772	\$1,864,436	(\$248,336)	-12%
12	Cardiology	\$1,852,418	\$2,093,624	\$241,206	13%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$2,063,028	\$1,699,212	(\$363,816)	-18%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,791,427	\$2,669,020	(\$122,407)	-4%
19	Pulmonary Function	\$310,784	\$274,204	(\$36,580)	-12%
20	Intravenous Therapy	\$602,800	\$382,425	(\$220,375)	-37%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,512,191	\$4,112,153	\$599,962	17%
23	Renal Dialysis	\$2,828,751	\$2,667,592	(\$161,159)	-6%
24	Emergency Room	\$19,514,013	\$19,793,397	\$279,384	1%
25	MRI	\$973,716	\$767,597	(\$206,119)	-21%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,427,368	\$3,328,651	(\$98,717)	-3%
29	Sleep Center	\$525,923	\$343,032	(\$182,891)	-35%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,326,528	\$4,865,508	\$538,980	12%
32	Occupational Therapy / Physical Therapy	\$3,604,985	\$3,667,207	\$62,222	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,366,300	\$2,258,588	(\$107,712)	-5%
	<b>Total Special Services</b>	<b>\$108,128,349</b>	<b>\$106,171,951</b>	<b>(\$1,956,398)</b>	<b>-2%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$18,729,181	\$18,957,259	\$228,078	1%
2	Intensive Care Unit	\$6,980,764	\$6,946,682	(\$34,082)	0%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,194,589	\$2,939,290	\$744,701	34%
5	Pediatric Unit	\$1,030,395	\$253,081	(\$777,314)	-75%
6	Maternity Unit	\$2,344,854	\$2,524,642	\$179,788	8%
7	Newborn Nursery Unit	\$861,394	\$508,779	(\$352,615)	-41%
8	Neonatal ICU	\$1,593,246	\$1,718,461	\$125,215	8%
9	Rehabilitation Unit	\$1,740,538	\$1,564,717	(\$175,821)	-10%
10	Ambulatory Surgery	\$5,375,244	\$5,235,889	(\$139,355)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$3,947,810	\$3,499,755	(\$448,055)	-11%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$44,798,015</b>	<b>\$44,148,555</b>	<b>(\$649,460)</b>	<b>-1%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$3,237,374	\$3,133,256	(\$104,118)	-3%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$359,304,084</b>	<b>\$355,106,697</b>	<b>(\$4,197,387)</b>	<b>-1%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$371,907,491	\$361,711,967	\$339,151,859
2	Other Operating Revenue	19,118,992	12,375,913	12,911,046
3	Total Operating Revenue	\$391,026,483	\$374,087,880	\$352,062,905
4	Total Operating Expenses	377,447,207	359,304,084	355,106,697
5	Income/(Loss) From Operations	\$13,579,276	\$14,783,796	(\$3,043,792)
6	Total Non-Operating Revenue	11,638,482	9,562,104	(1,142,822)
7	Excess/(Deficiency) of Revenue Over Expenses	\$25,217,758	\$24,345,900	(\$4,186,614)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	3.37%	3.85%	-0.87%
2	Hospital Non Operating Margin	2.89%	2.49%	-0.33%
3	Hospital Total Margin	6.26%	6.35%	-1.19%
4	Income/(Loss) From Operations	\$13,579,276	\$14,783,796	(\$3,043,792)
5	Total Operating Revenue	\$391,026,483	\$374,087,880	\$352,062,905
6	Total Non-Operating Revenue	\$11,638,482	\$9,562,104	(\$1,142,822)
7	Total Revenue	\$402,664,965	\$383,649,984	\$350,920,083
8	Excess/(Deficiency) of Revenue Over Expenses	\$25,217,758	\$24,345,900	(\$4,186,614)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$194,567,882	\$178,222,407	\$185,794,465
2	Hospital Total Net Assets	\$241,711,563	\$228,115,282	\$231,308,161
3	Hospital Change in Total Net Assets	\$106,700,576	(\$13,596,281)	\$3,192,879
4	Hospital Change in Total Net Assets %	179.0%	-5.6%	1.4%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.41</b>	<b>0.41</b>	<b>0.41</b>
2	Total Operating Expenses	\$377,447,207	\$359,304,084	\$355,106,697
3	Total Gross Revenue	\$883,915,401	\$854,431,479	\$852,445,538
4	Total Other Operating Revenue	\$31,817,639	\$22,666,522	\$11,666,372
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.51</b>	<b>1.50</b>	<b>1.56</b>
6	Total Non-Government Payments	\$160,605,595	\$154,898,850	\$155,459,235
7	Total Uninsured Payments	\$1,278,286	\$670,153	\$1,607,728
8	Total Non-Government Charges	\$275,411,417	\$267,608,153	\$252,612,782
9	Total Uninsured Charges	\$19,780,772	\$16,810,141	\$12,570,858
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.85</b>	<b>0.88</b>	<b>0.81</b>
11	Total Medicare Payments	\$140,693,224	\$135,788,572	\$128,112,537
12	Total Medicare Charges	\$401,643,996	\$377,662,518	\$382,981,246
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.70</b>	<b>0.74</b>	<b>0.68</b>
14	Total Medicaid Payments	\$59,259,456	\$62,741,144	\$59,870,286
15	Total Medicaid Charges	\$205,724,804	\$208,209,062	\$215,823,380
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$10,738,540</b>	<b>\$9,305,275</b>	<b>\$6,081,535</b>
17	Charity Care	\$16,310,702	\$17,256,889	\$9,706,868
18	Bad Debts	\$9,742,308	\$5,458,239	\$5,091,859
19	Total Uncompensated Care	\$26,053,010	\$22,715,128	\$14,798,727
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.8%</b>	<b>2.6%</b>	<b>1.7%</b>

<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
21	Total Operating Expenses	\$377,447,207	\$359,304,084	\$355,106,697
<b>E. Liquidity Measures Summary</b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1</b>	<b>2</b>	<b>2</b>
2	Total Current Assets	\$90,990,310	\$122,041,968	\$76,149,073
3	Total Current Liabilities	\$65,621,872	\$53,602,632	\$43,059,045
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>24</b>	<b>54</b>	<b>14</b>
5	Cash and Cash Equivalents	\$23,728,929	\$50,445,261	\$12,599,086
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$23,728,929	\$50,445,261	\$12,599,086
8	Total Operating Expenses	\$377,447,207	\$359,304,084	\$355,106,697
9	Depreciation Expense	\$19,479,333	\$18,225,335	\$19,494,513
10	Operating Expenses less Depreciation Expense	\$357,967,874	\$341,078,749	\$335,612,184
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>33</b>	<b>21</b>	<b>33</b>
12	Net Patient Accounts Receivable	\$45,274,226	\$40,490,596	\$41,580,130
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$11,976,659	\$19,389,673	\$10,957,225
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$33,297,567	\$21,100,923	\$30,622,905
16	Total Net Patient Revenue	\$371,907,491	\$361,711,967	\$339,151,859
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>67</b>	<b>57</b>	<b>47</b>
18	Total Current Liabilities	\$65,621,872	\$53,602,632	\$43,059,045
19	Total Operating Expenses	\$377,447,207	\$359,304,084	\$355,106,697
20	Depreciation Expense	\$19,479,333	\$18,225,335	\$19,494,513

<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
21	Total Operating Expenses less Depreciation Expense	\$357,967,874	\$341,078,749	\$335,612,184
<b>F. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>56.1</b>	<b>45.5</b>	<b>48.3</b>
2	Total Net Assets	\$241,711,563	\$228,115,282	\$231,308,161
3	Total Assets	\$430,983,870	\$501,255,593	\$479,180,511
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>67.4</b>	<b>79.3</b>	<b>14.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$25,217,758	\$24,345,900	(\$4,186,614)
6	Depreciation Expense	\$19,479,333	\$18,225,335	\$19,494,513
7	Excess of Revenues Over Expenses and Depreciation Expense	\$44,697,091	\$42,571,235	\$15,307,899
8	Total Current Liabilities	\$65,621,872	\$53,602,632	\$43,059,045
9	Total Long Term Debt	\$652,997	\$105,428	\$62,520,502
10	Total Current Liabilities and Total Long Term Debt	\$66,274,869	\$53,708,060	\$105,579,547
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>0.3</b>	<b>0.0</b>	<b>21.3</b>
12	Total Long Term Debt	\$652,997	\$105,428	\$62,520,502
13	Total Net Assets	\$241,711,563	\$228,115,282	\$231,308,161
14	Total Long Term Debt and Total Net Assets	\$242,364,560	\$228,220,710	\$293,828,663
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>12.4</b>	<b>11.7</b>	<b>6.1</b>
16	Excess Revenues over Expenses	25,217,758	\$24,345,900	(\$4,186,614)
17	Interest Expense	1,563,598	\$1,418,199	\$1,836,605
18	Depreciation and Amortization Expense	19,479,333	\$18,225,335	\$19,494,513
19	Principal Payments	2,165,699	\$2,329,243	\$973,133
<b>G. Other Financial Ratios</b>				

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
20	<b>Average Age of Plant</b>	11.9	13.6	13.7
21	Accumulated Depreciation	230,869,746	248,041,258	266,166,240
22	Depreciation and Amortization Expense	19,479,333	18,225,335	19,494,513
<b>H. Utilization Measures Summary</b>				
1	Patient Days	75,467	69,265	69,007
2	Discharges	17,907	15,640	15,230
3	ALOS	4.2	4.4	4.5
4	Staffed Beds	304	305	302
5	Available Beds	-	319	344
6	Licensed Beds	373	446	446
7	Occupancy of Staffed Beds	68.0%	62.2%	62.6%
8	Occupancy of Available Beds	55.4%	59.5%	55.0%
9	Full Time Equivalent Employees	2,272.9	2,001.7	1,838.3
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	28.9%	29.4%	28.2%
2	Medicare Gross Revenue Payer Mix Percentage	45.4%	44.2%	44.9%
3	Medicaid Gross Revenue Payer Mix Percentage	23.3%	24.4%	25.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.2%	2.0%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$255,630,645	\$250,798,012	\$240,041,924
9	Medicare Gross Revenue (Charges)	\$401,643,996	\$377,662,518	\$382,981,246
10	Medicaid Gross Revenue (Charges)	\$205,724,804	\$208,209,062	\$215,823,380
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$19,780,772	\$16,810,141	\$12,570,858
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,135,184	\$951,746	\$1,028,130
14	Total Gross Revenue (Charges)	\$883,915,401	\$854,431,479	\$852,445,538
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	44.1%	43.6%	44.8%
2	Medicare Net Revenue Payer Mix Percentage	39.0%	38.4%	37.3%
3	Medicaid Net Revenue Payer Mix Percentage	16.4%	17.7%	17.4%
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%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$159,327,309	\$154,228,697	\$153,851,507
9	Medicare Net Revenue (Payments)	\$140,693,224	\$135,788,572	\$128,112,537
10	Medicaid Net Revenue (Payments)	\$59,259,456	\$62,741,144	\$59,870,286

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$1,278,286	\$670,153	\$1,607,728
13	CHAMPUS / TRICARE Net Revenue Payments)	\$375,866	\$153,445	\$295,758
14	Total Net Revenue (Payments)	\$360,934,141	\$353,582,011	\$343,737,816
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	4,756	4,371	4,106
2	Medicare	8,464	7,089	7,029
3	Medical Assistance	4,668	4,161	4,074
4	Medicaid	4,668	4,161	4,074
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	19	19	21
7	Uninsured (Included In Non-Government)	206	224	122
8	Total	17,907	15,640	15,230
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.13220	1.17560	1.17228
2	Medicare	1.48212	1.54350	1.53410
3	Medical Assistance	1.00952	1.05040	1.05302
4	Medicaid	1.00952	1.05040	1.05302
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.35307	1.07470	1.27210
7	Uninsured (Included In Non-Government)	1.09471	1.10220	1.19931
8	Total Case Mix Index	1.26585	1.30892	1.30750
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	14,470	14,007	12,702
2	Emergency Room - Treated and Discharged	92,594	91,297	91,106
3	Total Emergency Room Visits	107,064	105,304	103,808



**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$1,319,146	\$2,286,783	\$967,637	73%
2	Inpatient Payments	\$494,903	\$853,471	\$358,568	72%
3	Outpatient Charges	\$1,539,305	\$3,361,025	\$1,821,720	118%
4	Outpatient Payments	\$289,696	\$654,394	\$364,698	126%
5	Discharges	43	88	45	105%
6	Patient Days	218	366	148	68%
7	Outpatient Visits (Excludes ED Visits)	648	1,298	650	100%
8	Emergency Department Outpatient Visits	131	303	172	131%
9	Emergency Department Inpatient Admissions	41	78	37	90%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,858,451</b>	<b>\$5,647,808</b>	<b>\$2,789,357</b>	<b>98%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$784,599</b>	<b>\$1,507,865</b>	<b>\$723,266</b>	<b>92%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$77	\$77	0%
4	Outpatient Payments	\$0	\$51	\$51	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$77</b>	<b>\$77</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$51</b>	<b>\$51</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$16,099,993	\$16,143,641	\$43,648	0%
2	Inpatient Payments	\$6,906,018	\$6,261,327	(\$644,691)	-9%
3	Outpatient Charges	\$13,443,597	\$14,745,385	\$1,301,788	10%
4	Outpatient Payments	\$3,267,929	\$3,371,191	\$103,262	3%
5	Discharges	521	531	10	2%
6	Patient Days	2,335	2,425	90	4%
7	Outpatient Visits (Excludes ED Visits)	5,940	6,023	83	1%
8	Emergency Department Outpatient Visits	1,205	1,403	198	16%
9	Emergency Department Inpatient Admissions	373	359	(14)	-4%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$29,543,590</b>	<b>\$30,889,026</b>	<b>\$1,345,436</b>	<b>5%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,173,947</b>	<b>\$9,632,518</b>	<b>(\$541,429)</b>	<b>-5%</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$2,250,754	\$1,138,837	(\$1,111,917)	-49%
2	Inpatient Payments	\$773,151	\$410,268	(\$362,883)	-47%
3	Outpatient Charges	\$888,481	\$786,580	(\$101,901)	-11%
4	Outpatient Payments	\$183,174	\$172,264	(\$10,910)	-6%
5	Discharges	63	39	(24)	-38%
6	Patient Days	383	191	(192)	-50%
7	Outpatient Visits (Excludes ED Visits)	321	330	9	3%
8	Emergency Department Outpatient Visits	65	77	12	18%
9	Emergency Department Inpatient Admissions	20	20	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,139,235</b>	<b>\$1,925,417</b>	<b>(\$1,213,818)</b>	<b>-39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$956,325</b>	<b>\$582,532</b>	<b>(\$373,793)</b>	<b>-39%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G.</b>	<b>UNITED HEALTHCARE INSURANCE COMPANY</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$6,091,177	\$7,290,338	\$1,199,161	20%
2	Inpatient Payments	\$2,183,465	\$2,770,101	\$586,636	27%
3	Outpatient Charges	\$7,386,005	\$8,662,695	\$1,276,690	17%
4	Outpatient Payments	\$1,513,736	\$1,937,999	\$424,263	28%
5	Discharges	209	250	41	20%
6	Patient Days	1,043	1,211	168	16%
7	Outpatient Visits (Excludes ED Visits)	3,433	3,878	445	13%
8	Emergency Department Outpatient Visits	696	903	207	30%
9	Emergency Department Inpatient Admissions	216	231	15	7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$13,477,182</b>	<b>\$15,953,033</b>	<b>\$2,475,851</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,697,201</b>	<b>\$4,708,100</b>	<b>\$1,010,899</b>	<b>27%</b>
<b>I.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$9,588,790	\$13,456,727	\$3,867,937	40%
2	Inpatient Payments	\$3,946,012	\$4,638,997	\$692,985	18%
3	Outpatient Charges	\$8,137,030	\$10,294,687	\$2,157,657	27%
4	Outpatient Payments	\$1,850,211	\$2,366,782	\$516,571	28%
5	Discharges	316	373	57	18%
6	Patient Days	1,477	2,004	527	36%
7	Outpatient Visits (Excludes ED Visits)	3,486	3,961	475	14%
8	Emergency Department Outpatient Visits	707	923	216	31%
9	Emergency Department Inpatient Admissions	219	236	17	8%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$17,725,820</b>	<b>\$23,751,414</b>	<b>\$6,025,594</b>	<b>34%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,796,223</b>	<b>\$7,005,779</b>	<b>\$1,209,556</b>	<b>21%</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b>HUMANA</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$21,765,547	\$25,046,199	\$3,280,652	15%
2	Inpatient Payments	\$9,180,709	\$8,672,501	(\$508,208)	-6%
3	Outpatient Charges	\$17,743,060	\$17,630,013	(\$113,047)	-1%
4	Outpatient Payments	\$4,145,409	\$3,984,934	(\$160,475)	-4%
5	Discharges	744	758	14	2%
6	Patient Days	3,426	3,853	427	12%
7	Outpatient Visits (Excludes ED Visits)	7,963	7,147	(816)	-10%
8	Emergency Department Outpatient Visits	1,615	1,665	50	3%
9	Emergency Department Inpatient Admissions	501	426	(75)	-15%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$39,508,607</b>	<b>\$42,676,212</b>	<b>\$3,167,605</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$13,326,118</b>	<b>\$12,657,435</b>	<b>(\$668,683)</b>	<b>-5%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$57,115,407</b>	<b>\$65,362,525</b>	<b>\$8,247,118</b>	<b>14%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$23,484,258</b>	<b>\$23,606,665</b>	<b>\$122,407</b>	<b>1%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$49,137,478</b>	<b>\$55,480,462</b>	<b>\$6,342,984</b>	<b>13%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$11,250,155</b>	<b>\$12,487,615</b>	<b>\$1,237,460</b>	<b>11%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,896</b>	<b>2,039</b>	<b>143</b>	<b>8%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>8,882</b>	<b>10,050</b>	<b>1,168</b>	<b>13%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>21,791</b>	<b>22,638</b>	<b>847</b>	<b>4%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>4,419</b>	<b>5,274</b>	<b>855</b>	<b>19%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,370</b>	<b>1,350</b>	<b>(20)</b>	<b>-1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$106,252,885</b>	<b>\$120,842,987</b>	<b>\$14,590,102</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$34,734,413</b>	<b>\$36,094,280</b>	<b>\$1,359,867</b>	<b>4%</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
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%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
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%

**THE HOSPITAL OF CENTRAL CONNECTICUT  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$67,647,637	\$15,228,166	(\$52,419,471)	-77%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$42,669,081	\$41,580,130	(\$1,088,951)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$1,453,572	\$0	(\$1,453,572)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,657,201	\$6,193,421	\$536,220	9%
8	Prepaid Expenses	\$2,814,931	\$2,692,032	(\$122,899)	-4%
9	Other Current Assets	\$23,630,989	\$19,518,000	(\$4,112,989)	-17%
	<b>Total Current Assets</b>	<b>\$143,873,411</b>	<b>\$85,211,749</b>	<b>(\$58,661,662)</b>	<b>-41%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$16,314,311	\$14,823,024	(\$1,491,287)	-9%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$4,764,000	\$4,764,000	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$16,314,311</b>	<b>\$19,587,024</b>	<b>\$3,272,713</b>	<b>20%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$167,396,494	\$164,740,362	(\$2,656,132)	-2%
7	Other Noncurrent Assets	\$22,303,647	\$26,568,581	\$4,264,934	19%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$413,868,504	\$468,424,247	\$54,555,743	13%
2	Less: Accumulated Depreciation	\$258,131,623	\$273,768,426	\$15,636,803	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$155,736,881</b>	<b>\$194,655,821</b>	<b>\$38,918,940</b>	<b>25%</b>
3	Construction in Progress	\$33,971,839	\$278,463	(\$33,693,376)	-99%
	<b>Total Net Fixed Assets</b>	<b>\$189,708,720</b>	<b>\$194,934,284</b>	<b>\$5,225,564</b>	<b>3%</b>
	<b>Total Assets</b>	<b>\$539,596,583</b>	<b>\$491,042,000</b>	<b>(\$48,554,583)</b>	<b>-9%</b>

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				
1	Accounts Payable and Accrued Expenses	\$16,682,302	\$19,346,117	\$2,663,815	16%
2	Salaries, Wages and Payroll Taxes	\$11,620,908	\$8,494,248	(\$3,126,660)	-27%
3	Due To Third Party Payers	\$19,638,404	\$10,957,225	(\$8,681,179)	-44%
4	Due To Affiliates	\$6,087,785	\$4,142,000	(\$1,945,785)	-32%
5	Current Portion of Long Term Debt	\$931,430	\$548,722	(\$382,708)	-41%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$4,129,250	\$4,549,911	\$420,661	10%
	<b>Total Current Liabilities</b>	<b>\$59,090,079</b>	<b>\$48,038,223</b>	<b>(\$11,051,856)</b>	<b>-19%</b>
B.	<b>Long Term Debt:</b>				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$105,428	\$62,560,721	\$62,455,293	59240%
	<b>Total Long Term Debt</b>	<b>\$105,428</b>	<b>\$62,560,721</b>	<b>\$62,455,293</b>	<b>59240%</b>
3	Accrued Pension Liability	\$133,575,280	\$118,489,088	(\$15,086,192)	-11%
4	Other Long Term Liabilities	\$108,349,994	\$29,070,884	(\$79,279,110)	-73%
	<b>Total Long Term Liabilities</b>	<b>\$242,030,702</b>	<b>\$210,120,693</b>	<b>(\$31,910,009)</b>	<b>-13%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<b>Net Assets:</b>				
1	Unrestricted Net Assets or Equity	\$188,482,040	\$187,369,388	(\$1,112,652)	-1%
2	Temporarily Restricted Net Assets	\$26,871,900	\$23,882,792	(\$2,989,108)	-11%
3	Permanently Restricted Net Assets	\$23,121,862	\$21,630,904	(\$1,490,958)	-6%
	<b>Total Net Assets</b>	<b>\$238,475,802</b>	<b>\$232,883,084</b>	<b>(\$5,592,718)</b>	<b>-2%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$539,596,583</b>	<b>\$491,042,000</b>	<b>(\$48,554,583)</b>	<b>-9%</b>

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$882,609,761	\$862,643,115	(\$19,966,646)	-2%
2	Less: Allowances	\$480,182,282	\$508,692,529	\$28,510,247	6%
3	Less: Charity Care	\$17,279,385	\$9,706,868	(\$7,572,517)	-44%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$385,148,094</b>	<b>\$344,243,718</b>	<b>(\$40,904,376)</b>	<b>-11%</b>
5	Provision for Bad Debts	\$5,470,512	\$5,091,859	(\$378,653)	-7%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$379,677,582</b>	<b>\$339,151,859</b>	<b>(\$40,525,723)</b>	<b>-11%</b>
6	Other Operating Revenue	\$31,670,240	\$12,859,961	(\$18,810,279)	-59%
7	Net Assets Released from Restrictions	\$1,351,596	\$1,128,658	(\$222,938)	-16%
	<b>Total Operating Revenue</b>	<b>\$412,699,418</b>	<b>\$353,140,478</b>	<b>(\$59,558,940)</b>	<b>-14%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$169,706,388	\$143,128,082	(\$26,578,306)	-16%
2	Fringe Benefits	\$50,598,470	\$44,904,382	(\$5,694,088)	-11%
3	Physicians Fees	\$9,980,614	\$10,255,000	\$274,386	3%
4	Supplies and Drugs	\$51,828,651	\$50,092,663	(\$1,735,988)	-3%
5	Depreciation and Amortization	\$20,090,591	\$19,771,100	(\$319,491)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,653,723	\$1,838,883	\$185,160	11%
8	Malpractice Insurance Cost	\$3,957,824	\$3,527,444	(\$430,380)	-11%
9	Other Operating Expenses	\$89,335,527	\$82,643,143	(\$6,692,384)	-7%
	<b>Total Operating Expenses</b>	<b>\$397,151,788</b>	<b>\$356,160,697</b>	<b>(\$40,991,091)</b>	<b>-10%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$15,547,630</b>	<b>(\$3,020,219)</b>	<b>(\$18,567,849)</b>	<b>-119%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$9,801,650	\$913,543	(\$8,888,107)	-91%
2	Gifts, Contributions and Donations	\$41,567	\$34,859	(\$6,708)	-16%
3	Other Non-Operating Gains/(Losses)	\$48,499	(\$2,091,222)	(\$2,139,721)	-4412%
	<b>Total Non-Operating Revenue</b>	<b>\$9,891,716</b>	<b>(\$1,142,820)</b>	<b>(\$11,034,536)</b>	<b>-112%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$25,439,346</b>	<b>(\$4,163,039)</b>	<b>(\$29,602,385)</b>	<b>-116%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$25,439,346</b>	<b>(\$4,163,039)</b>	<b>(\$29,602,385)</b>	<b>-116%</b>

HARTFORD HEALTH CARE CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$392,524,293	\$379,677,582	\$339,151,859
2	Other Operating Revenue	49,382,685	33,021,836	13,988,619
3	Total Operating Revenue	\$441,906,978	\$412,699,418	\$353,140,478
4	Total Operating Expenses	429,066,872	397,151,788	356,160,697
5	Income/(Loss) From Operations	\$12,840,106	\$15,547,630	(\$3,020,219)
6	Total Non-Operating Revenue	11,820,994	9,891,716	(1,142,820)
7	Excess/(Deficiency) of Revenue Over Expenses	\$24,661,100	\$25,439,346	(\$4,163,039)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	2.83%	3.68%	-0.86%
2	Parent Corporation Non-Operating Margin	2.61%	2.34%	-0.32%
3	Parent Corporation Total Margin	5.44%	6.02%	-1.18%
4	Income/(Loss) From Operations	\$12,840,106	\$15,547,630	(\$3,020,219)
5	Total Operating Revenue	\$441,906,978	\$412,699,418	\$353,140,478
6	Total Non-Operating Revenue	\$11,820,994	\$9,891,716	(\$1,142,820)
7	Total Revenue	\$453,727,972	\$422,591,134	\$351,997,658
8	Excess/(Deficiency) of Revenue Over Expenses	\$24,661,100	\$25,439,346	(\$4,163,039)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$223,258,476	\$188,482,040	\$187,369,388
2	Parent Corporation Total Net Assets	\$270,558,323	\$238,475,802	\$232,883,084
3	Parent Corporation Change in Total Net Assets	\$104,708,174	(\$32,082,521)	(\$5,592,718)
4	Parent Corporation Change in Total Net Assets %	163.1%	-11.9%	-2.3%

<b>HARTFORD HEALTH CARE CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.74</b>	<b>2.43</b>	<b>1.77</b>
2	Total Current Assets	\$134,832,928	\$143,873,411	\$85,211,749
3	Total Current Liabilities	\$77,499,547	\$59,090,079	\$48,038,223
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>51</b>	<b>65</b>	<b>17</b>
5	Cash and Cash Equivalents	\$56,052,328	\$67,647,637	\$15,228,166
6	Short Term Investments	\$900,393	\$0	\$0
7	Total Cash and Short Term Investments	\$56,952,721	\$67,647,637	\$15,228,166
8	Total Operating Expenses	\$429,066,872	\$397,151,788	\$356,160,697
9	Depreciation Expense	\$21,770,876	\$20,090,591	\$19,771,100
10	Operating Expenses less Depreciation Expense	\$407,295,996	\$377,061,197	\$336,389,597
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>33</b>	<b>22</b>	<b>33</b>
12	Net Patient Accounts Receivable	\$ 47,943,669	\$ 42,669,081	\$ 41,580,130
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,896,861	\$19,638,404	\$10,957,225
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 35,046,808	\$ 23,030,677	\$ 30,622,905
16	Total Net Patient Revenue	\$392,524,293	\$379,677,582	\$339,151,859
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>69</b>	<b>57</b>	<b>52</b>
18	Total Current Liabilities	\$77,499,547	\$59,090,079	\$48,038,223
19	Total Operating Expenses	\$429,066,872	\$397,151,788	\$356,160,697
20	Depreciation Expense	\$21,770,876	\$20,090,591	\$19,771,100
20	Total Operating Expenses less Depreciation Expense	\$407,295,996	\$377,061,197	\$336,389,597

<b>HARTFORD HEALTH CARE CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>53.6</b>	<b>44.2</b>	<b>47.4</b>
2	Total Net Assets	\$270,558,323	\$238,475,802	\$232,883,084
3	Total Assets	\$504,821,010	\$539,596,583	\$491,042,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>59.4</b>	<b>76.9</b>	<b>14.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$24,661,100	\$25,439,346	(\$4,163,039)
6	Depreciation Expense	\$21,770,876	\$20,090,591	\$19,771,100
7	Excess of Revenues Over Expenses and Depreciation Expense	\$46,431,976	\$45,529,937	\$15,608,061
8	Total Current Liabilities	\$77,499,547	\$59,090,079	\$48,038,223
9	Total Long Term Debt	\$652,997	\$105,428	\$62,560,721
10	Total Current Liabilities and Total Long Term Debt	\$78,152,544	\$59,195,507	\$110,598,944
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>0.2</b>	<b>0.0</b>	<b>21.2</b>
12	Total Long Term Debt	\$652,997	\$105,428	\$62,560,721
13	Total Net Assets	\$270,558,323	\$238,475,802	\$232,883,084
14	Total Long Term Debt and Total Net Assets	\$271,211,320	\$238,581,230	\$295,443,805

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	44,090	11,113	11,083	185	222	65.3%	54.4%
2	ICU/CCU (Excludes Neonatal ICU)	6,503	1,588	0	24	24	74.2%	74.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	7,694	791	799	22	24	95.8%	87.8%
	<b>TOTAL PSYCHIATRIC</b>	<b>7,694</b>	<b>791</b>	<b>799</b>	<b>22</b>	<b>24</b>	<b>95.8%</b>	<b>87.8%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	4,576	1,678	1,672	25	27	50.1%	46.4%
7	Newborn	3,420	1,355	1,352	20	20	46.8%	46.8%
8	Neonatal ICU	2,683	249	0	12	12	61.3%	61.3%
9	Pediatric	41	44	253	14	15	0.8%	0.7%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>65,587</b>	<b>13,875</b>	<b>13,807</b>	<b>282</b>	<b>324</b>	<b>63.7%</b>	<b>55.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>69,007</b>	<b>15,230</b>	<b>15,159</b>	<b>302</b>	<b>344</b>	<b>62.6%</b>	<b>55.0%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>69,007</b>	<b>15,230</b>	<b>15,159</b>	<b>302</b>	<b>344</b>	<b>62.6%</b>	<b>55.0%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>69,265</b>	<b>15,640</b>	<b>15,450</b>	<b>305</b>	<b>319</b>	<b>62.2%</b>	<b>59.5%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-258</b>	<b>-410</b>	<b>-291</b>	<b>-3</b>	<b>25</b>	<b>0.4%</b>	<b>-4.5%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>0%</b>	<b>-3%</b>	<b>-2%</b>	<b>-1%</b>	<b>8%</b>	<b>1%</b>	<b>-8%</b>
	Total Licensed Beds and Bassinets	446						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	6,774	6,862	88	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,075	6,359	-1,716	-21%
3	Emergency Department Scans	12,751	13,993	1,242	10%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>27,600</b>	<b>27,214</b>	<b>-386</b>	<b>-1%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	165	142	-23	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,513	3,239	-274	-8%
3	Emergency Department Scans	89	147	58	65%
4	Other Non-Hospital Providers' Scans (A)	4,465	4,127	-338	-8%
	<b>Total MRI Scans</b>	<b>8,232</b>	<b>7,655</b>	<b>-577</b>	<b>-7%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	70	20	-50	-71%
2	Outpatient Scans (Excluding Emergency Department Scans)	493	363	-130	-26%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>563</b>	<b>383</b>	<b>-180</b>	<b>-32%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	143	108	-35	-24%
2	Outpatient Procedures	6,230	6,884	654	10%
	<b>Total Linear Accelerator Procedures</b>	<b>6,373</b>	<b>6,992</b>	<b>619</b>	<b>10%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	566	697	131	23%
2	Outpatient Procedures	521	477	-44	-8%
	<b>Total Cardiac Catheterization Procedures</b>	<b>1,087</b>	<b>1,174</b>	<b>87</b>	<b>8%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	81	85	4	5%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>81</b>	<b>85</b>	<b>4</b>	<b>5%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	3,247	3,123	-124	-4%
2	Outpatient Surgical Procedures	7,031	6,358	-673	-10%
	<b>Total Surgical Procedures</b>	<b>10,278</b>	<b>9,481</b>	<b>-797</b>	<b>-8%</b>
<b>J. Endoscopy Procedures</b>					



THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	1,182	972	-210	-18%
2	Outpatient Endoscopy Procedures	5,857	5,434	-423	-7%
	<b>Total Endoscopy Procedures</b>	<b>7,039</b>	<b>6,406</b>	<b>-633</b>	<b>-9%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	14,007	12,702	-1,305	-9%
2	Emergency Room Visits: Treated and Discharged	91,297	91,106	-191	0%
	<b>Total Emergency Room Visits</b>	<b>105,304</b>	<b>103,808</b>	<b>-1,496</b>	<b>-1%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	22,553	23,113	560	2%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	60,688	57,598	-3,090	-5%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	5,344	3,600	-1,744	-33%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	18,613	20,733	2,120	11%
	<b>Total Hospital Clinic Visits</b>	<b>107,198</b>	<b>105,044</b>	<b>-2,154</b>	<b>-2%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	29,589	29,334	-255	-1%
2	Cardiac Rehabilitation	5,504	5,970	466	8%
3	Chemotherapy	3,226	3,574	348	11%
4	Gastroenterology	349	377	28	8%
5	Other Outpatient Visits	27,801	27,131	-670	-2%
	<b>Total Other Hospital Outpatient Visits</b>	<b>66,469</b>	<b>66,386</b>	<b>-83</b>	<b>0%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	513.5	489.7	-23.8	-5%
2	Total Physician FTEs	113.9	106.5	-7.4	-6%
3	Total Non-Nursing and Non-Physician FTEs	1,374.3	1,242.1	-132.2	-10%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>2,001.7</b>	<b>1,838.3</b>	<b>-163.4</b>	<b>-8%</b>

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	The Hospital of Central Connecticut (BMH)	0	0	0	0%
2	The Hospital of Central Connecticut (NBG)	7,031	6,358	-673	-10%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>7,031</b>	<b>6,358</b>	<b>-673</b>	<b>-10%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	The Hospital of Central Connecticut (BMH)	1,965	1,409	-556	-28%
2	The Hospital of Central Connecticut (NBG)	3,892	4,025	133	3%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>5,857</b>	<b>5,434</b>	<b>-423</b>	<b>-7%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	The Hospital of Central Connecticut (BMH)	15,595	15,510	-85	-1%
2	The Hospital of Central Connecticut (NBG)	75,702	75,596	-106	0%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>91,297</b>	<b>91,106</b>	<b>-191</b>	<b>0%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$211,663,761	\$214,831,594	\$3,167,833	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,605,419	\$89,265,099	(\$7,340,320)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.64%	41.55%	-4.09%	-9%
4	DISCHARGES	7,089	7,029	(60)	-1%
5	CASE MIX INDEX (CMI)	1.54350	1.53410	(0.00940)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	10,941.87150	10,783.18890	(158.68260)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,828.97	\$8,278.17	(\$550.79)	-6%
8	PATIENT DAYS	35,449	35,500	51	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,725.19	\$2,514.51	(\$210.68)	-8%
10	AVERAGE LENGTH OF STAY	5.0	5.1	0.0	1%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$165,998,757	\$168,149,652	\$2,150,895	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$39,183,153	\$38,847,438	(\$335,715)	-1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.60%	23.10%	-0.50%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	78.43%	78.27%	-0.16%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,559.59689	5,501.62982	(57.96707)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,047.84	\$7,061.08	\$13.24	0%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$377,662,518	\$382,981,246	\$5,318,728	1%
18	TOTAL ACCRUED PAYMENTS	\$135,788,572	\$128,112,537	(\$7,676,035)	-6%
19	TOTAL ALLOWANCES	\$241,873,946	\$254,868,709	\$12,994,763	5%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$84,260,632	\$85,361,084	\$1,100,452	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$54,434,066	\$55,575,199	\$1,141,133	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	64.60%	65.11%	0.50%	1%
4	DISCHARGES	4,371	4,106	(265)	-6%
5	CASE MIX INDEX (CMI)	1.17560	1.17228	(0.00332)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,138.54760	4,813.38168	(325.16592)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,593.28	\$11,545.98	\$952.70	9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,764.31)	(\$3,267.81)	(\$1,503.49)	85%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,066,000)	(\$15,729,195)	(\$6,663,194)	73%
10	PATIENT DAYS	16,090	15,460	(630)	-4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,383.10	\$3,594.77	\$211.67	6%
12	AVERAGE LENGTH OF STAY	3.7	3.8	0.1	2%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$183,347,521	\$167,251,698	(\$16,095,823)	-9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$100,464,784	\$99,884,036	(\$580,748)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.79%	59.72%	4.93%	9%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	217.60%	195.93%	-21.66%	-10%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,511.10851	8,045.06503	(1,466.04348)	-15%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,562.89	\$12,415.57	\$1,852.68	18%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,515.05)	(\$5,354.49)	(\$1,839.44)	52%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$33,432,007)	(\$43,077,203)	(\$9,645,196)	29%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$267,608,153	\$252,612,782	(\$14,995,371)	-6%
22	TOTAL ACCRUED PAYMENTS	\$154,898,850	\$155,459,235	\$560,385	0%
23	TOTAL ALLOWANCES	\$112,709,303	\$97,153,547	(\$15,555,756)	-14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$42,498,007)	(\$58,806,398)	(\$16,308,391)	38%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$267,608,153	\$252,612,782	(\$14,995,371)	-6%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$154,898,850	\$155,459,235	\$560,385	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$112,709,303	\$97,153,547	(\$15,555,756)	-14%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.12%	38.46%	-3.66%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$4,801,848	\$2,926,166	(\$1,875,682)	-39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$635,432	\$418,873	(\$216,559)	-34%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.23%	14.31%	1.08%	8%
4	DISCHARGES	224	122	(102)	-46%
5	CASE MIX INDEX (CMI)	1.10220	1.19931	0.09711	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	246.89280	146.31582	(100.57698)	-41%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,573.72	\$2,862.80	\$289.08	11%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,019.56	\$8,683.18	\$663.62	8%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,255.25	\$5,415.37	(\$839.88)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,544,376	\$792,355	(\$752,022)	-49%
11	PATIENT DAYS	824	421	(403)	-49%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$771.16	\$994.95	\$223.79	29%
13	AVERAGE LENGTH OF STAY	3.7	3.5	(0.2)	-6%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,008,293	\$9,644,692	(\$2,363,601)	-20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$34,721	\$1,188,855	\$1,154,134	3324%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.29%	12.33%	12.04%	4163%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	250.08%	329.60%	79.53%	32%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	560.17134	402.11404	(158.05730)	-28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$61.98	\$2,956.51	\$2,894.53	4670%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,500.91	\$9,459.05	(\$1,041.85)	-10%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,985.86	\$4,104.57	(\$2,881.29)	-41%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,913,277	\$1,650,504	(\$2,262,774)	-58%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$16,810,141	\$12,570,858	(\$4,239,283)	-25%
24	TOTAL ACCRUED PAYMENTS	\$670,153	\$1,607,728	\$937,575	140%
25	TOTAL ALLOWANCES	\$16,139,988	\$10,963,130	(\$5,176,858)	-32%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,457,654	\$2,442,858	(\$3,014,795)	-55%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$74,498,682	\$78,711,810	\$4,213,128	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,614,674	\$25,308,182	(\$306,492)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.38%	32.15%	-2.23%	-6%
4	DISCHARGES	4,161	4,074	(87)	-2%
5	CASE MIX INDEX (CMI)	1.05040	1.05302	0.00262	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,370.71440	4,290.00348	(80.71092)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,860.52	\$5,899.34	\$38.81	1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,732.76	\$5,646.64	\$913.88	19%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,968.44	\$2,378.83	(\$589.61)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,974,218	\$10,205,207	(\$2,769,011)	-21%
11	PATIENT DAYS	17,668	17,977	309	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,449.78	\$1,407.81	(\$41.97)	-3%
13	AVERAGE LENGTH OF STAY	4.2	4.4	0.2	4%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$133,710,380	\$137,111,570	\$3,401,190	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$37,126,470	\$34,562,104	(\$2,564,366)	-7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.77%	25.21%	-2.56%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	179.48%	174.19%	-5.29%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,468.17093	7,096.68011	(371.49082)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,971.29	\$4,870.18	(\$101.11)	-2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,591.60	\$7,545.39	\$1,953.79	35%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,076.55	\$2,190.90	\$114.35	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,508,009	\$15,548,109	\$40,100	0%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$208,209,062	\$215,823,380	\$7,614,318	4%
24	TOTAL ACCRUED PAYMENTS	\$62,741,144	\$59,870,286	(\$2,870,858)	-5%
25	TOTAL ALLOWANCES	\$145,467,918	\$155,953,094	\$10,485,176	7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$28,482,227	\$25,753,316	(\$2,728,911)	-10%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$10,593.28	\$11,545.98	\$952.70	9%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,828.97	\$8,278.17	(\$550.79)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$10,562.89	\$12,415.57	\$1,852.68	18%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,047.84	\$7,061.08	\$13.24	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$74,498,682	\$78,711,810	\$4,213,128	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,614,674	\$25,308,182	(\$306,492)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.38%	32.15%	-2.23%	-6%
4	DISCHARGES	4,161	4,074	(87)	-2%
5	CASE MIX INDEX (CMI)	1.05040	1.05302	0.00262	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,370.71440	4,290.00348	(80.71092)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,860.52	\$5,899.34	\$38.81	1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,732.76	\$5,646.64	\$913.88	19%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,968.44	\$2,378.83	(\$589.61)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,974,218	\$10,205,207	(\$2,769,011)	-21%
11	PATIENT DAYS	17,668	17,977	309	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,449.78	\$1,407.81	(\$41.97)	-3%
13	AVERAGE LENGTH OF STAY	4.2	4.4	0.2	4%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$133,710,380	\$137,111,570	\$3,401,190	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$37,126,470	\$34,562,104	(\$2,564,366)	-7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.77%	25.21%	-2.56%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	179.48%	174.19%	-5.29%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,468.17093	7,096.68011	(371.49082)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,971.29	\$4,870.18	(\$101.11)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,591.60	\$7,545.39	\$1,953.79	35%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,076.55	\$2,190.90	\$114.35	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,508,009	\$15,548,109	\$40,100	0%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$208,209,062	\$215,823,380	\$7,614,318	4%
24	TOTAL ACCRUED PAYMENTS	\$62,741,144	\$59,870,286	(\$2,870,858)	-5%
25	TOTAL ALLOWANCES	\$145,467,918	\$155,953,094	\$10,485,176	7%



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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$252,546	\$402,608	\$150,062	59%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$114,113	\$172,823	\$58,710	51%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.19%	42.93%	-2.26%	-5%
4	DISCHARGES	19	21	2	11%
5	CASE MIX INDEX (CMI)	1.07470	1.27210	0.19740	18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20.41930	26.71410	6.29480	31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,588.49	\$6,469.36	\$880.87	16%
8	PATIENT DAYS	58	70	12	21%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,967.47	\$2,468.90	\$501.43	25%
10	AVERAGE LENGTH OF STAY	3.1	3.3	0.3	9%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$699,200	\$625,522	(\$73,678)	-11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$39,332	\$122,935	\$83,603	213%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$951,746	\$1,028,130	\$76,384	8%
14	TOTAL ACCRUED PAYMENTS	\$153,445	\$295,758	\$142,313	93%
15	TOTAL ALLOWANCES	\$798,301	\$732,372	(\$65,929)	-8%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$22,666,522	\$11,666,372	(\$11,000,150)	-49%
2	TOTAL OPERATING EXPENSES	\$359,304,084	\$355,106,697	(\$4,197,387)	-1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$17,256,889	\$9,706,868	(\$7,550,021)	-44%
5	BAD DEBTS (CHARGES)	\$5,458,239	\$5,091,859	(\$366,380)	-7%
6	UNCOMPENSATED CARE (CHARGES)	\$22,715,128	\$14,798,727	(\$7,916,401)	-35%
7	COST OF UNCOMPENSATED CARE	\$8,640,392	\$5,631,845	(\$3,008,546)	-35%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$208,209,062	\$215,823,380	\$7,614,318	4%
9	TOTAL ACCRUED PAYMENTS	\$62,741,144	\$59,870,286	(\$2,870,858)	-5%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$79,198,667	\$82,134,357	\$2,935,690	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$16,457,523	\$22,264,071	\$5,806,548	35%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$370,675,621	\$379,307,096	\$8,631,475	2%
2	TOTAL INPATIENT PAYMENTS	\$176,768,272	\$170,321,303	(\$6,446,969)	-4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	47.69%	44.90%	-2.78%	-6%
4	TOTAL DISCHARGES	15,640	15,230	(410)	-3%
5	TOTAL CASE MIX INDEX	1.30892	1.30750	(0.00142)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	20,471,55280	19,913,28816	(558,26464)	-3%
7	TOTAL OUTPATIENT CHARGES	\$483,755,858	\$473,138,442	(\$10,617,416)	-2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	130.51%	124.74%	-5.77%	-4%
9	TOTAL OUTPATIENT PAYMENTS	\$176,813,739	\$173,416,513	(\$3,397,226)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.55%	36.65%	0.10%	0%
11	TOTAL CHARGES	\$854,431,479	\$852,445,538	(\$1,985,941)	0%
12	TOTAL PAYMENTS	\$353,582,011	\$343,737,816	(\$9,844,195)	-3%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.38%	40.32%	-1.06%	-3%
14	PATIENT DAYS	69,265	69,007	(258)	0%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$286,414,989	\$293,946,012	\$7,531,023	3%
2	INPATIENT PAYMENTS	\$122,334,206	\$114,746,104	(\$7,588,102)	-6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	42.71%	39.04%	-3.68%	-9%
4	DISCHARGES	11,269	11,124	(145)	-1%
5	CASE MIX INDEX	1.36064	1.35742	(0.00322)	0%
6	CASE MIX ADJUSTED DISCHARGES	15,333,00520	15,099,90648	(233,09872)	-2%
7	OUTPATIENT CHARGES	\$300,408,337	\$305,886,744	\$5,478,407	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	104.89%	104.06%	-0.82%	-1%
9	OUTPATIENT PAYMENTS	\$76,348,955	\$73,532,477	(\$2,816,478)	-4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.42%	24.04%	-1.38%	-5%
11	TOTAL CHARGES	\$586,823,326	\$599,832,756	\$13,009,430	2%
12	TOTAL PAYMENTS	\$198,683,161	\$188,278,581	(\$10,404,580)	-5%
13	TOTAL PAYMENTS / CHARGES	33.86%	31.39%	-2.47%	-7%
14	PATIENT DAYS	53,175	53,547	372	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$388,140,165	\$411,554,175	\$23,414,010	6%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.0	5.1	0.0	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.8	0.1	2%
3	UNINSURED	3.7	3.5	(0.2)	-6%
4	MEDICAID	4.2	4.4	0.2	4%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.1	3.3	0.3	9%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.5	0.1	2%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$854,431,479	\$852,445,538	(\$1,985,941)	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$388,140,165	\$411,554,175	\$23,414,010	6%
3	UNCOMPENSATED CARE	\$22,715,128	\$14,798,727	(\$7,916,401)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$112,709,303	\$97,153,547	(\$15,555,756)	-14%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,857,809	\$4,530,000	(\$1,327,809)	-23%
6	TOTAL ADJUSTMENTS	\$529,422,405	\$528,036,449	(\$1,385,956)	0%
7	TOTAL ACCRUED PAYMENTS	\$325,009,074	\$324,409,089	(\$599,985)	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.	\$325,009,074	\$324,409,089	(\$599,985)	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3803805009	0.3805628331	0.0001823322	0%
11	COST OF UNCOMPENSATED CARE	\$8,640,392	\$5,631,845	(\$3,008,546)	-35%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$16,457,523	\$22,264,071	\$5,806,548	35%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$25,097,915	\$27,895,916	\$2,798,001	11%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$15,508,009	\$15,548,109	\$40,100	0%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,457,654	\$2,442,858	(\$3,014,795)	-55%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$20,965,662	\$17,990,967	(\$2,974,695)	-14%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,076,083	\$8,172,977	(\$903,106)	-9.95%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$8,129,690	(\$4,585,956)	(\$12,715,646)	-156.41%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$361,711,967	\$339,152,000	(\$22,559,967)	-6.24%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$10,177,899	\$10,197,577	\$19,678	0.19%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$864,609,377	\$862,643,115	(\$1,966,262)	-0.23%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$22,715,128	\$14,798,727	(\$7,916,401)	-34.85%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$84,260,632	\$85,361,084	\$1,100,452
2	MEDICARE	\$211,663,761	214,831,594	\$3,167,833
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$74,498,682	78,711,810	\$4,213,128
4	MEDICAID	\$74,498,682	78,711,810	\$4,213,128
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$252,546	402,608	\$150,062
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,801,848	2,926,166	(\$1,875,682)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$286,414,989</b>	<b>\$293,946,012</b>	<b>\$7,531,023</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$370,675,621</b>	<b>\$379,307,096</b>	<b>\$8,631,475</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,347,521	\$167,251,698	(\$16,095,823)
2	MEDICARE	\$165,998,757	168,149,652	\$2,150,895
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$133,710,380	137,111,570	\$3,401,190
4	MEDICAID	\$133,710,380	137,111,570	\$3,401,190
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$699,200	625,522	(\$73,678)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,008,293	9,644,692	(\$2,363,601)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$300,408,337</b>	<b>\$305,886,744</b>	<b>\$5,478,407</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$483,755,858</b>	<b>\$473,138,442</b>	<b>(\$10,617,416)</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$267,608,153	\$252,612,782	(\$14,995,371)
2	TOTAL MEDICARE	\$377,662,518	\$382,981,246	\$5,318,728
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$208,209,062	\$215,823,380	\$7,614,318
4	TOTAL MEDICAID	\$208,209,062	\$215,823,380	\$7,614,318
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$951,746	\$1,028,130	\$76,384
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,810,141	\$12,570,858	(\$4,239,283)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$586,823,326</b>	<b>\$599,832,756</b>	<b>\$13,009,430</b>
	<b>TOTAL CHARGES</b>	<b>\$854,431,479</b>	<b>\$852,445,538</b>	<b>(\$1,985,941)</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,434,066	\$55,575,199	\$1,141,133
2	MEDICARE	\$96,605,419	89,265,099	(\$7,340,320)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,614,674	25,308,182	(\$306,492)
4	MEDICAID	\$25,614,674	25,308,182	(\$306,492)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$114,113	172,823	\$58,710
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$635,432	418,873	(\$216,559)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$122,334,206</b>	<b>\$114,746,104</b>	<b>(\$7,588,102)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$176,768,272</b>	<b>\$170,321,303</b>	<b>(\$6,446,969)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,464,784	\$99,884,036	(\$580,748)
2	MEDICARE	\$39,183,153	38,847,438	(\$335,715)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,126,470	34,562,104	(\$2,564,366)
4	MEDICAID	\$37,126,470	34,562,104	(\$2,564,366)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$39,332	122,935	\$83,603
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$34,721	1,188,855	\$1,154,134
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$76,348,955</b>	<b>\$73,532,477</b>	<b>(\$2,816,478)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$176,813,739</b>	<b>\$173,416,513</b>	<b>(\$3,397,226)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$154,898,850	\$155,459,235	\$560,385
2	TOTAL MEDICARE	\$135,788,572	\$128,112,537	(\$7,676,035)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,741,144	\$59,870,286	(\$2,870,858)
4	TOTAL MEDICAID	\$62,741,144	\$59,870,286	(\$2,870,858)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$153,445	\$295,758	\$142,313
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$670,153	\$1,607,728	\$937,575
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$198,683,161</b>	<b>\$188,278,581</b>	<b>(\$10,404,580)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$353,582,011</b>	<b>\$343,737,816</b>	<b>(\$9,844,195)</b>

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.86%	10.01%	0.15%
2	MEDICARE	24.77%	25.20%	0.43%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.72%	9.23%	0.51%
4	MEDICAID	8.72%	9.23%	0.51%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.56%	0.34%	-0.22%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>33.52%</b>	<b>34.48%</b>	<b>0.96%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>43.38%</b>	<b>44.50%</b>	<b>1.11%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.46%	19.62%	-1.84%
2	MEDICARE	19.43%	19.73%	0.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.65%	16.08%	0.44%
4	MEDICAID	15.65%	16.08%	0.44%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.41%	1.13%	-0.27%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>35.16%</b>	<b>35.88%</b>	<b>0.72%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>56.62%</b>	<b>55.50%</b>	<b>-1.11%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.40%	16.17%	0.77%
2	MEDICARE	27.32%	25.97%	-1.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.24%	7.36%	0.12%
4	MEDICAID	7.24%	7.36%	0.12%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.12%	-0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>34.60%</b>	<b>33.38%</b>	<b>-1.22%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>49.99%</b>	<b>49.55%</b>	<b>-0.44%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.41%	29.06%	0.64%
2	MEDICARE	11.08%	11.30%	0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.50%	10.05%	-0.45%
4	MEDICAID	10.50%	10.05%	-0.45%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.01%	0.04%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.35%	0.34%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.59%</b>	<b>21.39%</b>	<b>-0.20%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>50.01%</b>	<b>50.45%</b>	<b>0.44%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,371	4,106	(265)
2	MEDICARE	7,089	7,029	(60)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,161	4,074	(87)
4	MEDICAID	4,161	4,074	(87)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	19	21	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	224	122	(102)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>11,269</b>	<b>11,124</b>	<b>(145)</b>
	<b>TOTAL DISCHARGES</b>	<b>15,640</b>	<b>15,230</b>	<b>(410)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,090	15,460	(630)
2	MEDICARE	35,449	35,500	51
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,668	17,977	309
4	MEDICAID	17,668	17,977	309
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	58	70	12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	824	421	(403)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>53,175</b>	<b>53,547</b>	<b>372</b>
	<b>TOTAL PATIENT DAYS</b>	<b>69,265</b>	<b>69,007</b>	<b>(258)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.8	0.1
2	MEDICARE	5.0	5.1	0.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	4.4	0.2
4	MEDICAID	4.2	4.4	0.2
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.1	3.3	0.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.5	(0.2)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.8</b>	<b>0.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.4</b>	<b>4.5</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.17560	1.17228	(0.00332)
2	MEDICARE	1.54350	1.53410	(0.00940)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05040	1.05302	0.00262
4	MEDICAID	1.05040	1.05302	0.00262
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.07470	1.27210	0.19740
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10220	1.19931	0.09711
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.36064</b>	<b>1.35742</b>	<b>(0.00322)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.30892</b>	<b>1.30750</b>	<b>(0.00142)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$267,608,153	\$252,612,782	(\$14,995,371)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$154,898,850	\$155,459,235	\$560,385
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$112,709,303	\$97,153,547	(\$15,555,756)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.12%	38.46%	-3.66%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,076,083	\$8,172,977	(\$903,106)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,857,809	\$4,530,000	(\$1,327,809)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$17,256,889	\$9,706,868	(\$7,550,021)
9	BAD DEBTS	\$5,458,239	\$5,091,859	(\$366,380)
10	TOTAL UNCOMPENSATED CARE	\$22,715,128	\$14,798,727	(\$7,916,401)
11	TOTAL OTHER OPERATING REVENUE	\$22,666,522	\$11,666,372	(\$11,000,150)
12	TOTAL OPERATING EXPENSES	\$359,304,084	\$355,106,697	(\$4,197,387)

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,138,54760	4,813,38168	(325.16592)
2	MEDICARE	10,941,87150	10,783,18890	(158.68260)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,370,71440	4,290,00348	(80.71092)
4	MEDICAID	4,370,71440	4,290,00348	(80.71092)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	20,41930	26,71410	6.29480
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	246,89280	146,31582	(100.57698)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>15,333.00520</b>	<b>15,099.90648</b>	<b>(233.09872)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>20,471.55280</b>	<b>19,913.28816</b>	<b>(558.26464)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,511.10851	8,045.06503	-1,466.04348
2	MEDICARE	5,559.59689	5,501.62982	-57.96707
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,468.17093	7,096.68011	-371.49082
4	MEDICAID	7,468.17093	7,096.68011	-371.49082
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	52.60349	32.62718	-19.97631
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	560.17134	402.11404	-158.05730
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>13,080.37131</b>	<b>12,630.93710</b>	<b>-449.43421</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>22,591.47982</b>	<b>20,676.00213</b>	<b>-1,915.47769</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,593.28	\$11,545.98	\$952.70
2	MEDICARE	\$8,828.97	\$8,278.17	(\$550.79)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,860.52	\$5,899.34	\$38.81
4	MEDICAID	\$5,860.52	\$5,899.34	\$38.81
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,588.49	\$6,469.36	\$880.87
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,573.72	\$2,862.80	\$289.08
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,978.49</b>	<b>\$7,599.13</b>	<b>(\$379.36)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,634.82</b>	<b>\$8,553.15</b>	<b>(\$81.68)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,562.89	\$12,415.57	\$1,852.68
2	MEDICARE	\$7,047.84	\$7,061.08	\$13.24
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,971.29	\$4,870.18	(\$101.11)
4	MEDICAID	\$4,971.29	\$4,870.18	(\$101.11)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$747.71	\$3,767.87	\$3,020.16
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$61.98	\$2,956.51	\$2,894.53
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,836.91</b>	<b>\$5,821.62</b>	<b>(\$15.29)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,826.57</b>	<b>\$8,387.33</b>	<b>\$560.77</b>

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$15,508,009	\$15,548,109	\$40,100
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,457,654	\$2,442,858	(\$3,014,795)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$20,965,662</b>	<b>\$17,990,967</b>	<b>(\$2,974,695)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$854,431,479	\$852,445,538	(\$1,985,941)
2	TOTAL GOVERNMENT DEDUCTIONS	\$388,140,165	\$411,554,175	\$23,414,010
3	UNCOMPENSATED CARE	\$22,715,128	\$14,798,727	(\$7,916,401)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$112,709,303	\$97,153,547	(\$15,555,756)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,857,809	\$4,530,000	(\$1,327,809)
6	TOTAL ADJUSTMENTS	\$529,422,405	\$528,036,449	(\$1,385,956)
7	TOTAL ACCRUED PAYMENTS	\$325,009,074	\$324,409,089	(\$599,985)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$325,009,074	\$324,409,089	(\$599,985)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3803805009	0.3805628331	0.0001823322
11	COST OF UNCOMPENSATED CARE	\$8,640,392	\$5,631,845	(\$3,008,546)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$16,457,523	\$22,264,071	\$5,806,548
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$25,097,915	\$27,895,916	\$2,798,001
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	64.60%	65.11%	0.50%
2	MEDICARE	45.64%	41.55%	-4.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34.38%	32.15%	-2.23%
4	MEDICAID	34.38%	32.15%	-2.23%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	45.19%	42.93%	-2.26%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.23%	14.31%	1.08%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>42.71%</b>	<b>39.04%</b>	<b>-3.68%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>47.69%</b>	<b>44.90%</b>	<b>-2.78%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.79%	59.72%	4.93%
2	MEDICARE	23.60%	23.10%	-0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.77%	25.21%	-2.56%
4	MEDICAID	27.77%	25.21%	-2.56%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	5.63%	19.65%	14.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.29%	12.33%	12.04%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>25.42%</b>	<b>24.04%</b>	<b>-1.38%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>36.55%</b>	<b>36.65%</b>	<b>0.10%</b>



<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$353,582,011	\$343,737,816	(\$9,844,195)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$353,582,011</b>	<b>\$343,737,816</b>	<b>(\$9,844,195)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,129,690	(\$4,585,956)	(\$12,715,646)
4	<b>CALCULATED NET REVENUE</b>	<b>\$370,388,214</b>	<b>\$339,151,860</b>	<b>(\$31,236,354)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$361,711,967	\$339,152,000	(\$22,559,967)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$8,676,247</b>	<b>(\$140)</b>	<b>(\$8,676,387)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$854,431,479	\$852,445,538	(\$1,985,941)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$10,177,899	\$10,197,577	\$19,678
	<b>CALCULATED GROSS REVENUE</b>	<b>\$864,609,378</b>	<b>\$862,643,115</b>	<b>(\$1,966,263)</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$864,609,377	\$862,643,115	(\$1,966,262)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$0</b>	<b>(\$1)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$22,715,128	\$14,798,727	(\$7,916,401)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$22,715,128</b>	<b>\$14,798,727</b>	<b>(\$7,916,401)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$22,715,128	\$14,798,727	(\$7,916,401)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,361,084
2	MEDICARE	214,831,594
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	78,711,810
4	MEDICAID	78,711,810
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	402,608
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,926,166
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$293,946,012</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$379,307,096</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$167,251,698
2	MEDICARE	168,149,652
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	137,111,570
4	MEDICAID	137,111,570
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	625,522
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,644,692
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$305,886,744</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$473,138,442</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$252,612,782
2	TOTAL GOVERNMENT ACCRUED CHARGES	599,832,756
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$852,445,538</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,575,199
2	MEDICARE	89,265,099
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,308,182
4	MEDICAID	25,308,182
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	172,823
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	418,873
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$114,746,104</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$170,321,303</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$99,884,036
2	MEDICARE	38,847,438
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34,562,104
4	MEDICAID	34,562,104
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	122,935
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,188,855
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$73,532,477</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$173,416,513</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$155,459,235
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	188,278,581
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$343,737,816</b>

<b>THE HOSPITAL OF CENTRAL CONNECTICUT</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,106
2	MEDICARE	7,029
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,074
4	MEDICAID	4,074
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	122
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>11,124</b>
	<b>TOTAL DISCHARGES</b>	<b>15,230</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,17228
2	MEDICARE	1,53410
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,05302
4	MEDICAID	1,05302
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1,27210
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,19931
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,35742</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,30750</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$252,612,782
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$155,459,235
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$97,153,547
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.46%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$8,172,977
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,530,000
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$9,706,868
9	BAD DEBTS	\$5,091,859
10	TOTAL UNCOMPENSATED CARE	\$14,798,727
11	TOTAL OTHER OPERATING REVENUE	\$11,666,372
12	TOTAL OPERATING EXPENSES	\$355,106,697

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$343,737,816
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$343,737,816</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$4,585,956)
	<b>CALCULATED NET REVENUE</b>	<b>\$339,151,860</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$339,152,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$140)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$852,445,538
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$10,197,577
	<b>CALCULATED GROSS REVENUE</b>	<b>\$862,643,115</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$862,643,115
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$14,798,727
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$14,798,727</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$14,798,727
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

**THE HOSPITAL OF CENTRAL CONNECTICUT**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	1,982	906	(1,076)	-54%
2	Number of Approved Applicants	1,094	520	(574)	-52%
3	<b>Total Charges (A)</b>	<b>\$17,256,889</b>	<b>\$9,706,868</b>	<b>(\$7,550,021)</b>	<b>-44%</b>
4	<b>Average Charges</b>	<b>\$15,774</b>	<b>\$18,667</b>	<b>\$2,893</b>	<b>18%</b>
5	Ratio of Cost to Charges (RCC)	0.412180	0.409651	(0.002529)	-1%
6	<b>Total Cost</b>	<b>\$7,112,945</b>	<b>\$3,976,428</b>	<b>(\$3,136,516)</b>	<b>-44%</b>
7	<b>Average Cost</b>	<b>\$6,502</b>	<b>\$7,647</b>	<b>\$1,145</b>	<b>18%</b>
8	Charity Care - Inpatient Charges	\$3,542,918	\$2,122,076	(\$1,420,842)	-40%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	10,513,667	5,421,348	(5,092,319)	-48%
10	Charity Care - Emergency Department Charges	3,200,304	2,163,444	(1,036,860)	-32%
11	<b>Total Charges (A)</b>	<b>\$17,256,889</b>	<b>\$9,706,868</b>	<b>(\$7,550,021)</b>	<b>-44%</b>
12	Charity Care - Number of Patient Days	3,192	3,317	125	4%
13	Charity Care - Number of Discharges	635	577	(58)	-9%
14	Charity Care - Number of Outpatient ED Visits	9,613	6,673	(2,940)	-31%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,935	3,673	(1,262)	-26%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$1,738,543	\$1,743,990	\$5,447	0%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,884,076	1,791,093	(92,983)	-5%
3	Bad Debts - Emergency Department	1,835,620	1,556,776	(278,844)	-15%
4	<b>Total Bad Debts (A)</b>	<b>\$5,458,239</b>	<b>\$5,091,859</b>	<b>(\$366,380)</b>	<b>-7%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$17,256,889	\$9,706,868	(\$7,550,021)	-44%
2	Bad Debts (A)	5,458,239	5,091,859	(366,380)	-7%
3	<b>Total Uncompensated Care (A)</b>	<b>\$22,715,128</b>	<b>\$14,798,727</b>	<b>(\$7,916,401)</b>	<b>-35%</b>
4	Uncompensated Care - Inpatient Services	\$5,281,461	\$3,866,066	(\$1,415,395)	-27%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	12,397,743	7,212,441	(5,185,302)	-42%
6	Uncompensated Care - Emergency Department	5,035,924	3,720,220	(1,315,704)	-26%
7	<b>Total Uncompensated Care (A)</b>	<b>\$22,715,128</b>	<b>\$14,798,727</b>	<b>(\$7,916,401)</b>	<b>-35%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$267,608,153	\$252,612,782	(\$14,995,371)	-6%
2	Total Contractual Allowances	\$112,709,303	\$97,153,547	(\$15,555,756)	-14%
	<b>Total Accrued Payments (A)</b>	<b>\$154,898,850</b>	<b>\$155,459,235</b>	<b>\$560,385</b>	<b>0%</b>
	<b>Total Discount Percentage</b>	<b>42.12%</b>	<b>38.46%</b>	<b>-3.66%</b>	<b>-9%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$410,328,218	\$370,675,621	\$379,307,096
2	Outpatient Gross Revenue	\$473,587,183	\$483,755,858	\$473,138,442
3	Total Gross Patient Revenue	\$883,915,401	\$854,431,479	\$852,445,538
4	Net Patient Revenue	\$371,907,491	\$361,711,967	\$339,151,859
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$377,447,207	\$359,304,084	\$355,106,697
<b>C. Utilization Statistics</b>				
1	Patient Days	75,467	69,265	69,007
2	Discharges	17,907	15,640	15,230
3	Average Length of Stay	4.2	4.4	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	162,569	159,660	155,085
0	Equivalent (Adjusted) Discharges (ED)	38,575	36,051	34,228
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.26585	1.30892	1.30750
2	Case Mix Adjusted Patient Days (CMAPD)	95,530	90,663	90,227
3	Case Mix Adjusted Discharges (CMAD)	22,668	20,472	19,913
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	205,787	208,983	202,774
5	Case Mix Adjusted Equivalent Discharges (CMAED)	48,830	47,188	44,753
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$11,713	\$12,336	\$12,353
2	Total Gross Revenue per Discharge	\$49,361	\$54,631	\$55,971
3	Total Gross Revenue per EPD	\$5,437	\$5,352	\$5,497
4	Total Gross Revenue per ED	\$22,914	\$23,700	\$24,905
5	Total Gross Revenue per CMAEPD	\$4,295	\$4,089	\$4,204
6	Total Gross Revenue per CMAED	\$18,102	\$18,107	\$19,048
7	Inpatient Gross Revenue per EPD	\$2,524	\$2,322	\$2,446
8	Inpatient Gross Revenue per ED	\$10,637	\$10,282	\$11,082

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,928	\$5,222	\$4,915
2	Net Patient Revenue per Discharge	\$20,769	\$23,127	\$22,269
3	Net Patient Revenue per EPD	\$2,288	\$2,266	\$2,187
4	Net Patient Revenue per ED	\$9,641	\$10,033	\$9,909
5	Net Patient Revenue per CMAEPD	\$1,807	\$1,731	\$1,673
6	Net Patient Revenue per CMAED	\$7,616	\$7,665	\$7,578
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$5,001	\$5,187	\$5,146
2	Total Operating Expense per Discharge	\$21,078	\$22,973	\$23,316
3	Total Operating Expense per EPD	\$2,322	\$2,250	\$2,290
4	Total Operating Expense per ED	\$9,785	\$9,966	\$10,375
5	Total Operating Expense per CMAEPD	\$1,834	\$1,719	\$1,751
6	Total Operating Expense per CMAED	\$7,730	\$7,614	\$7,935
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$59,452,944	\$55,467,737	\$54,890,328
2	Nursing Fringe Benefits Expense	\$18,429,333	\$16,863,617	\$16,616,732
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$77,882,277</b>	<b>\$72,331,354</b>	<b>\$71,507,060</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$28,826,455	\$26,775,789	\$25,288,284
2	Physician Fringe Benefits Expense	\$8,638,705	\$8,140,528	\$8,220,997
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$37,465,160</b>	<b>\$34,916,317</b>	<b>\$33,509,281</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$80,427,441	\$66,172,692	\$62,467,928
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$24,660,487	\$20,118,199	\$19,967,424
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$105,087,928</b>	<b>\$86,290,891</b>	<b>\$82,435,352</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$168,706,840	\$148,416,218	\$142,646,540
2	Total Fringe Benefits Expense	\$51,728,525	\$45,122,344	\$44,805,153
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$220,435,365</b>	<b>\$193,538,562</b>	<b>\$187,451,693</b>



THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	638.3	513.5	489.7
2	Total Physician FTEs	126.4	113.9	106.5
3	Total Non-Nursing, Non-Physician FTEs	1508.2	1374.3	1242.1
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>2,272.9</b>	<b>2,001.7</b>	<b>1,838.3</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$93,143	\$108,019	\$112,090
2	Nursing Fringe Benefits Expense per FTE	\$28,873	\$32,841	\$33,932
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$122,015</b>	<b>\$140,860</b>	<b>\$146,022</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$228,057	\$235,082	\$237,449
2	Physician Fringe Benefits Expense per FTE	\$68,344	\$71,471	\$77,192
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$296,402</b>	<b>\$306,552</b>	<b>\$314,641</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$53,327	\$48,150	\$50,292
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,351	\$14,639	\$16,076
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$69,678</b>	<b>\$62,789</b>	<b>\$66,368</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$74,225	\$74,145	\$77,597
2	Total Fringe Benefits Expense per FTE	\$22,759	\$22,542	\$24,373
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$96,984</b>	<b>\$96,687</b>	<b>\$101,970</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,921	\$2,794	\$2,716
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,310	\$12,375	\$12,308
3	Total Salary and Fringe Benefits Expense per EPD	\$1,356	\$1,212	\$1,209
4	Total Salary and Fringe Benefits Expense per ED	\$5,715	\$5,368	\$5,477
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,071	\$926	\$924
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,514	\$4,101	\$4,189