

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$9,361,439	\$5,266,042	(\$4,095,397)	-44%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$25,099,884	\$25,143,982	\$44,098	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$653,623	\$646,423	(\$7,200)	-1%
5	Due From Affiliates	\$142,498	\$393,192	\$250,694	176%
6	Due From Third Party Payers	\$3,454,150	\$2,821,878	(\$632,272)	-18%
7	Inventories of Supplies	\$3,873,042	\$4,086,699	\$213,657	6%
8	Prepaid Expenses	\$2,357,426	\$1,678,056	(\$679,370)	-29%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$44,942,062	\$40,036,272	(\$4,905,790)	-11%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,097,882	\$12,300,151	(\$797,731)	-6%
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	\$12,762,846	\$11,071,609	(\$1,691,237)	-13%
	Total Noncurrent Assets Whose Use is Limited:	\$25,860,728	\$23,371,760	(\$2,488,968)	-10%
5	Interest in Net Assets of Foundation	\$7,323,190	\$8,751,305	\$1,428,115	20%
6	Long Term Investments	\$5,188,536	\$5,520,613	\$332,077	6%
7	Other Noncurrent Assets	\$22,722,234	\$25,049,405	\$2,327,171	10%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$194,979,035	\$201,000,000	\$6,020,965	3%
2	Less: Accumulated Depreciation	\$141,480,889	\$148,400,155	\$6,919,266	5%
	Property, Plant and Equipment, Net	\$53,498,146	\$52,599,845	(\$898,301)	-2%
3	Construction in Progress	\$2,219,495	\$973,285	(\$1,246,210)	-56%
	Total Net Fixed Assets	\$55,717,641	\$53,573,130	(\$2,144,511)	-4%
	Total Assets	\$161,754,391	\$156,302,485	(\$5,451,906)	-3%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$18,926,708	\$18,303,326	(\$623,382)	-3%
2	Salaries, Wages and Payroll Taxes	\$2,916,129	\$3,347,027	\$430,898	15%

MANCHESTER MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2015

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
3	Due To Third Party Payers	\$4,285,117	\$1,603,251	(\$2,681,866)	-63%
4	Due To Affiliates	\$23,158	\$0	(\$23,158)	-100%
5	Current Portion of Long Term Debt	\$6,889,131	\$1,347,947	(\$5,541,184)	-80%
6	Current Portion of Notes Payable	\$2,802,971	\$7,244,596	\$4,441,625	158%
7	Other Current Liabilities	\$3,678,922	\$1,925,908	(\$1,753,014)	-48%
	Total Current Liabilities	\$39,522,136	\$33,772,055	(\$5,750,081)	-15%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$39,479,470	\$38,119,850	(\$1,359,620)	-3%
2	Notes Payable (Net of Current Portion)	\$10,941,557	\$11,375,025	\$433,468	4%
	Total Long Term Debt	\$50,421,027	\$49,494,875	(\$926,152)	-2%
3	Accrued Pension Liability	\$34,595,139	\$48,438,669	\$13,843,530	40%
4	Other Long Term Liabilities	\$12,417,672	\$9,591,427	(\$2,826,245)	-23%
	Total Long Term Liabilities	\$97,433,838	\$107,524,971	\$10,091,133	10%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$11,344,473	\$2,829,380	(\$8,515,093)	-75%
2	Temporarily Restricted Net Assets	\$974,762	\$494,603	(\$480,159)	-49%
3	Permanently Restricted Net Assets	\$12,479,182	\$11,681,476	(\$797,706)	-6%
	Total Net Assets	\$24,798,417	\$15,005,459	(\$9,792,958)	-39%
	Total Liabilities and Net Assets	\$161,754,391	\$156,302,485	(\$5,451,906)	-3%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$601,959,668	\$599,046,490	(\$2,913,178)	0%
2	Less: Allowances	\$421,521,668	\$415,506,442	(\$6,015,226)	-1%
3	Less: Charity Care	\$2,411,263	\$441,285	(\$1,969,978)	-82%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$178,026,737	\$183,098,763	\$5,072,026	3%
5	Provision for Bad Debts	\$5,822,470	\$6,806,310	\$983,840	17%
	Net Patient Service Revenue less provision for bad debts	\$172,204,267	\$176,292,453	\$4,088,186	2%
6	Other Operating Revenue	\$16,853,888	\$11,796,424	(\$5,057,464)	-30%
7	Net Assets Released from Restrictions	\$486,908	\$590,724	\$103,816	21%
	Total Operating Revenue	\$189,545,063	\$188,679,601	(\$865,462)	0%
B. Operating Expenses:					
1	Salaries and Wages	\$83,606,297	\$81,709,452	(\$1,896,845)	-2%
2	Fringe Benefits	\$25,720,253	\$25,569,480	(\$150,773)	-1%
3	Physicians Fees	\$9,813,958	\$10,079,421	\$265,463	3%
4	Supplies and Drugs	\$25,775,974	\$25,592,839	(\$183,135)	-1%
5	Depreciation and Amortization	\$7,116,905	\$7,116,439	(\$466)	0%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,589,201	\$2,358,063	(\$231,138)	-9%
8	Malpractice Insurance Cost	\$2,774,065	\$2,115,210	(\$658,855)	-24%
9	Other Operating Expenses	\$27,912,906	\$25,183,419	(\$2,729,487)	-10%
	Total Operating Expenses	\$185,309,559	\$179,724,323	(\$5,585,236)	-3%
	Income/(Loss) From Operations	\$4,235,504	\$8,955,278	\$4,719,774	111%
C. Non-Operating Revenue:					
1	Income from Investments	\$369	\$0	(\$369)	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,743,691)	(\$1,638,670)	\$105,021	-6%
	Total Non-Operating Revenue	(\$1,743,322)	(\$1,638,670)	\$104,652	-6%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,492,182	\$7,316,608	\$4,824,426	194%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

MANCHESTER MEMORIAL HOSPITAL					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$2,492,182	\$7,316,608	\$4,824,426	194%
	Principal Payments	\$4,145,905	\$6,201,186	\$2,055,281	50%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$98,250,346	\$90,215,368	(\$8,034,978)	-8%
2	MEDICARE MANAGED CARE	\$27,386,796	\$27,193,044	(\$193,752)	-1%
3	MEDICAID	\$47,690,262	\$45,897,932	(\$1,792,330)	-4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$992,558	\$1,605,652	\$613,094	62%
6	COMMERCIAL INSURANCE	\$3,847,789	\$2,940,111	(\$907,678)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$52,188,507	\$50,629,928	(\$1,558,579)	-3%
8	WORKER'S COMPENSATION	\$368,305	\$217,879	(\$150,426)	-41%
9	SELF- PAY/UNINSURED	\$1,659,376	\$1,236,061	(\$423,315)	-26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$232,383,939	\$219,935,975	(\$12,447,964)	-5%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$95,830,567	\$98,600,537	\$2,769,970	3%
2	MEDICARE MANAGED CARE	\$35,157,928	\$41,061,130	\$5,903,202	17%
3	MEDICAID	\$78,735,429	\$85,970,911	\$7,235,482	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,603,026	\$1,722,468	\$119,442	7%
6	COMMERCIAL INSURANCE	\$6,789,832	\$5,553,869	(\$1,235,963)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$139,621,995	\$134,361,286	(\$5,260,709)	-4%
8	WORKER'S COMPENSATION	\$4,948,441	\$4,536,273	(\$412,168)	-8%
9	SELF- PAY/UNINSURED	\$6,888,511	\$7,304,045	\$415,534	6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$369,575,729	\$379,110,519	\$9,534,790	3%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$194,080,913	\$188,815,905	(\$5,265,008)	-3%
2	MEDICARE MANAGED CARE	\$62,544,724	\$68,254,174	\$5,709,450	9%
3	MEDICAID	\$126,425,691	\$131,868,843	\$5,443,152	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,595,584	\$3,328,120	\$732,536	28%
6	COMMERCIAL INSURANCE	\$10,637,621	\$8,493,980	(\$2,143,641)	-20%
7	NON-GOVERNMENT MANAGED CARE	\$191,810,502	\$184,991,214	(\$6,819,288)	-4%
8	WORKER'S COMPENSATION	\$5,316,746	\$4,754,152	(\$562,594)	-11%
9	SELF- PAY/UNINSURED	\$8,547,887	\$8,540,106	(\$7,781)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$601,959,668	\$599,046,494	(\$2,913,174)	0%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$29,397,293	\$28,371,324	(\$1,025,969)	-3%
2	MEDICARE MANAGED CARE	\$7,603,378	\$7,255,653	(\$347,725)	-5%
3	MEDICAID	\$12,454,005	\$13,073,310	\$619,305	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$327,784	\$345,852	\$18,068	6%
6	COMMERCIAL INSURANCE	\$992,567	\$1,457,410	\$464,843	47%

MANCHESTER MEMORIAL HOSPITAL
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FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$24,541,423	\$25,514,170	\$972,747	4%
8	WORKER'S COMPENSATION	\$148,644	\$153,971	\$5,327	4%
9	SELF- PAY/UNINSURED	\$71,650	\$43,966	(\$27,684)	-39%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$75,536,744	\$76,215,656	\$678,912	1%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$18,831,467	\$19,801,007	\$969,540	5%
2	MEDICARE MANAGED CARE	\$6,860,394	\$7,798,078	\$937,684	14%
3	MEDICAID	\$14,833,196	\$16,314,131	\$1,480,935	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$329,314	\$369,044	\$39,730	12%
6	COMMERCIAL INSURANCE	\$2,502,270	\$2,660,688	\$158,418	6%
7	NON-GOVERNMENT MANAGED CARE	\$54,275,831	\$55,877,949	\$1,602,118	3%
8	WORKER'S COMPENSATION	\$2,594,612	\$2,279,533	(\$315,079)	-12%
9	SELF- PAY/UNINSURED	\$337,348	\$305,620	(\$31,728)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$100,564,432	\$105,406,050	\$4,841,618	5%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$48,228,760	\$48,172,331	(\$56,429)	0%
2	MEDICARE MANAGED CARE	\$14,463,772	\$15,053,731	\$589,959	4%
3	MEDICAID	\$27,287,201	\$29,387,441	\$2,100,240	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$657,098	\$714,896	\$57,798	9%
6	COMMERCIAL INSURANCE	\$3,494,837	\$4,118,098	\$623,261	18%
7	NON-GOVERNMENT MANAGED CARE	\$78,817,254	\$81,392,119	\$2,574,865	3%
8	WORKER'S COMPENSATION	\$2,743,256	\$2,433,504	(\$309,752)	-11%
9	SELF- PAY/UNINSURED	\$408,998	\$349,586	(\$59,412)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$176,101,176	\$181,621,706	\$5,520,530	3%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	2,876	2,576	(300)	-10%
2	MEDICARE MANAGED CARE	800	777	(23)	-3%
3	MEDICAID	2,180	2,269	89	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	40	76	36	90%
6	COMMERCIAL INSURANCE	146	205	59	40%
7	NON-GOVERNMENT MANAGED CARE	2,952	2,830	(122)	-4%
8	WORKER'S COMPENSATION	15	9	(6)	-40%
9	SELF- PAY/UNINSURED	101	64	(37)	-37%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,110	8,806	(304)	-3%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	16,620	14,522	(2,098)	-13%
2	MEDICARE MANAGED CARE	4,487	4,130	(357)	-8%
3	MEDICAID	11,034	10,980	(54)	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	211	369	158	75%
6	COMMERCIAL INSURANCE	551	683	132	24%
7	NON-GOVERNMENT MANAGED CARE	10,727	9,770	(957)	-9%
8	WORKER'S COMPENSATION	44	30	(14)	-32%
9	SELF- PAY/UNINSURED	432	208	(224)	-52%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	44,106	40,692	(3,414)	-8%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	75,046	73,707	(1,339)	-2%
2	MEDICARE MANAGED CARE	26,447	28,872	2,425	9%
3	MEDICAID	38,882	42,173	3,291	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	952	1,022	70	7%
6	COMMERCIAL INSURANCE	2,551	3,270	719	28%
7	NON-GOVERNMENT MANAGED CARE	93,800	89,388	(4,412)	-5%
8	WORKER'S COMPENSATION	1,474	1,360	(114)	-8%
9	SELF- PAY/UNINSURED	6,585	5,985	(600)	-9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	245,737	245,777	40	0%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$21,884,013	\$22,188,222	\$304,209	1%
2	MEDICARE MANAGED CARE	\$7,256,649	\$8,439,296	\$1,182,647	16%
3	MEDICAID	\$41,838,132	\$44,526,571	\$2,688,439	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$469,660	\$535,868	\$66,208	14%
6	COMMERCIAL INSURANCE	\$2,996,833	\$2,930,581	(\$66,252)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$34,382,195	\$34,436,846	\$54,651	0%
8	WORKER'S COMPENSATION	\$1,925,775	\$1,802,831	(\$122,944)	-6%
9	SELF- PAY/UNINSURED	\$5,733,624	\$3,682,610	(\$2,051,014)	-36%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$116,486,881	\$118,542,825	\$2,055,944	2%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,540,706	\$3,395,553	(\$145,153)	-4%
2	MEDICARE MANAGED CARE	\$1,204,925	\$1,330,534	\$125,609	10%
3	MEDICAID	\$4,925,854	\$4,953,207	\$27,353	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$88,958	\$96,287	\$7,329	8%
6	COMMERCIAL INSURANCE	\$1,432,216	\$1,431,460	(\$756)	0%
7	NON-GOVERNMENT MANAGED CARE	\$14,641,210	\$15,084,910	\$443,700	3%
8	WORKER'S COMPENSATION	\$1,108,157	\$956,815	(\$151,342)	-14%
9	SELF- PAY/UNINSURED	\$149,563	\$149,010	(\$553)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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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
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$27,091,589	\$27,397,776	\$306,187	1%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	5,489	5,471	(18)	0%
2	MEDICARE MANAGED CARE	1,795	1,991	196	11%
3	MEDICAID	14,748	14,944	196	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	150	163	13	9%
6	COMMERCIAL INSURANCE	830	851	21	3%
7	NON-GOVERNMENT MANAGED CARE	9,347	9,043	(304)	-3%
8	WORKER'S COMPENSATION	768	705	(63)	-8%
9	SELF- PAY/UNINSURED	2,430	1,704	(726)	-30%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	35,557	34,872	(685)	-2%

MANCHESTER MEMORIAL HOSPITAL					
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$27,777,193	\$25,962,525	(\$1,814,668)	-7%
2	Physician Salaries	\$8,493,290	\$9,859,566	\$1,366,276	16%
3	Non-Nursing, Non-Physician Salaries	\$47,335,814	\$45,887,361	(\$1,448,453)	-3%
	Total Salaries & Wages	\$83,606,297	\$81,709,452	(\$1,896,845)	-2%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$9,385,872	\$8,928,385	(\$457,487)	-5%
2	Physician Fringe Benefits	\$2,686,194	\$3,184,698	\$498,504	19%
3	Non-Nursing, Non-Physician Fringe Benefits	\$13,648,187	\$13,456,397	(\$191,790)	-1%
	Total Fringe Benefits	\$25,720,253	\$25,569,480	(\$150,773)	-1%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$9,813,958	\$10,079,421	\$265,463	3%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$9,813,958	\$10,079,421	\$265,463	3%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$20,163,909	\$19,547,401	(\$616,508)	-3%
2	Pharmaceutical Costs	\$5,612,065	\$6,045,438	\$433,373	8%
	Total Medical Supplies and Pharmaceutical Cost	\$25,775,974	\$25,592,839	(\$183,135)	-1%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,505,822	\$3,258,494	(\$247,328)	-7%
2	Depreciation-Equipment	\$3,527,565	\$3,774,426	\$246,861	7%
3	Amortization	\$83,518	\$83,519	\$1	0%
	Total Depreciation and Amortization	\$7,116,905	\$7,116,439	(\$466)	0%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$2,589,201	\$2,358,063	(\$231,138)	-9%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$2,774,065	\$2,115,210	(\$658,855)	-24%
I. Utilities:					
1	Water	\$210,827	\$197,852	(\$12,975)	-6%
2	Natural Gas	\$833,175	\$465,343	(\$367,832)	-44%
3	Oil	\$33,664	\$55,056	\$21,392	64%
4	Electricity	\$1,388,558	\$1,427,747	\$39,189	3%
5	Telephone	\$634,744	\$636,360	\$1,616	0%
6	Other Utilities	\$27,479	\$25,037	(\$2,442)	-9%
	Total Utilities	\$3,128,447	\$2,807,395	(\$321,052)	-10%
J. Business Expenses:					
1	Accounting Fees	\$176,971	\$149,165	(\$27,806)	-16%
2	Legal Fees	\$327,456	\$342,790	\$15,334	5%
3	Consulting Fees	\$1,206,066	\$1,211,427	\$5,361	0%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Dues and Membership	\$293,478	\$293,088	(\$390)	0%
5	Equipment Leases	\$724,995	\$337,100	(\$387,895)	-54%
6	Building Leases	\$1,338,817	\$1,322,298	(\$16,519)	-1%
7	Repairs and Maintenance	\$774,339	\$693,040	(\$81,299)	-10%
8	Insurance	\$371,069	\$391,167	\$20,098	5%
9	Travel	\$70,310	\$98,659	\$28,349	40%
10	Conferences	\$13,991	\$4,330	(\$9,661)	-69%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$1,185,117	\$1,102,196	(\$82,921)	-7%
13	Licenses and Subscriptions	\$134,140	\$101,694	(\$32,446)	-24%
14	Postage and Shipping	\$116,284	\$125,903	\$9,619	8%
15	Advertising	\$989,803	\$347,425	(\$642,378)	-65%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$3,079,434	\$3,532,898	\$453,464	15%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$1,870,008	\$1,771,180	(\$98,828)	-5%
20	Lab Fees / Red Cross charges	\$887,813	\$714,804	(\$173,009)	-19%
21	Billing & Collection / Bank Fees	\$688,707	\$849,675	\$160,968	23%
22	Recruiting / Employee Education & Recognition	\$524,333	\$555,609	\$31,276	6%
23	Laundry / Linen	\$756,651	\$754,456	(\$2,195)	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$197,071	\$193,996	(\$3,075)	-2%
26	Purchased Services - Medical	\$3,028,795	\$2,590,050	(\$438,745)	-14%
27	Purchased Services - Non Medical	\$3,838,612	\$4,015,198	\$176,586	5%
28	Other Business Expenses	\$1,779,261	\$694,805	(\$1,084,456)	-61%
	Total Business Expenses	\$24,373,521	\$22,192,953	(\$2,180,568)	-9%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$410,938	\$183,071	(\$227,867)	-55%
	Total Operating Expenses - All Expense Categories*	\$185,309,559	\$179,724,323	(\$5,585,236)	-3%
*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$3,027,810	\$3,242,807	\$214,997	7%
2	General Accounting	\$2,723,775	\$2,119,965	(\$603,810)	-22%
3	Patient Billing & Collection	\$2,183,525	\$1,584,068	(\$599,457)	-27%
4	Admitting / Registration Office	\$1,648,710	\$1,540,301	(\$108,409)	-7%
5	Data Processing	\$5,876,200	\$6,096,534	\$220,334	4%
6	Communications	\$1,447,733	\$744,116	(\$703,617)	-49%
7	Personnel	\$20,463,526	\$19,352,065	(\$1,111,461)	-5%
8	Public Relations	\$632,348	\$452,036	(\$180,312)	-29%
9	Purchasing	\$1,264,242	\$1,749,627	\$485,385	38%
10	Dietary and Cafeteria	\$3,416,831	\$3,282,962	(\$133,869)	-4%
11	Housekeeping	\$2,132,426	\$2,039,517	(\$92,909)	-4%
12	Laundry & Linen	\$894,223	\$890,861	(\$3,362)	0%
13	Operation of Plant	\$2,515,157	\$2,230,716	(\$284,441)	-11%
14	Security	\$910,417	\$990,196	\$79,779	9%
15	Repairs and Maintenance	\$1,563,352	\$1,678,438	\$115,086	7%
16	Central Sterile Supply	\$1,040,599	\$979,916	(\$60,683)	-6%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
17	Pharmacy Department	\$7,347,048	\$7,899,204	\$552,156	8%
18	Other General Services	\$24,001,970	\$22,922,267	(\$1,079,703)	-4%
	Total General Services	\$83,089,892	\$79,795,596	(\$3,294,296)	-4%
	B. Professional Services:				
1	Medical Care Administration	\$8,374,402	\$8,679,164	\$304,762	4%
2	Residency Program	\$1,430,427	\$2,371,421	\$940,994	66%
3	Nursing Services Administration	\$1,735,206	\$2,060,346	\$325,140	19%
4	Medical Records	\$2,014,309	\$2,150,645	\$136,336	7%
5	Social Service	\$114,895	\$125,877	\$10,982	10%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$13,669,239	\$15,387,453	\$1,718,214	13%
	C. Special Services:				
1	Operating Room	\$12,756,126	\$12,025,114	(\$731,012)	-6%
2	Recovery Room	\$1,116,773	\$1,009,720	(\$107,053)	-10%
3	Anesthesiology	\$388,848	\$372,293	(\$16,555)	-4%
4	Delivery Room	\$4,162,289	\$4,392,741	\$230,452	6%
5	Diagnostic Radiology	\$2,482,618	\$2,875,688	\$393,070	16%
6	Diagnostic Ultrasound	\$638,164	\$683,801	\$45,637	7%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$527,959	\$557,272	\$29,313	6%
9	CT Scan	\$753,463	\$792,258	\$38,795	5%
10	Laboratory	\$12,603,080	\$11,618,066	(\$985,014)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,809,000	\$1,773,894	(\$35,106)	-2%
13	Electrocardiology	\$183,783	\$193,223	\$9,440	5%
14	Electroencephalography	\$156,915	\$121,449	(\$35,466)	-23%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$95,107	\$92,241	(\$2,866)	-3%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,769,299	\$4,809,944	\$40,645	1%
23	Renal Dialysis	\$175,518	\$174,970	(\$548)	0%
24	Emergency Room	\$10,115,566	\$10,001,468	(\$114,098)	-1%
25	MRI	\$223,469	\$253,322	\$29,853	13%
26	PET Scan	\$414,175	\$348,507	(\$65,668)	-16%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,206,103	\$2,163,668	(\$42,435)	-2%
29	Sleep Center	\$601,343	\$575,985	(\$25,358)	-4%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,936,676	\$1,907,656	(\$29,020)	-1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$6,892,454	\$6,554,323	(\$338,131)	-5%
	Total Special Services	\$65,008,728	\$63,297,603	(\$1,711,125)	-3%
	D. Routine Services:				
1	Medical & Surgical Units	\$6,973,713	\$6,092,325	(\$881,388)	-13%
2	Intensive Care Unit	\$7,925,279	\$7,016,464	(\$908,815)	-11%
3	Coronary Care Unit	\$0	\$0	\$0	0%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Psychiatric Unit	\$4,303,667	\$4,235,497	(\$68,170)	-2%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,414,572	\$1,463,305	\$48,733	3%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,338,003	\$1,262,025	(\$75,978)	-6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,586,466	\$1,174,055	(\$412,411)	-26%
	Total Routine Services	\$23,541,700	\$21,243,671	(\$2,298,029)	-10%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$185,309,559	\$179,724,323	(\$5,585,236)	-3%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$170,299,621	\$172,204,267	\$176,292,453
2	Other Operating Revenue	19,289,474	17,340,796	12,387,148
3	Total Operating Revenue	\$189,589,095	\$189,545,063	\$188,679,601
4	Total Operating Expenses	188,335,086	185,309,559	179,724,323
5	Income/(Loss) From Operations	\$1,254,009	\$4,235,504	\$8,955,278
6	Total Non-Operating Revenue	(1,466,699)	(1,743,322)	(1,638,670)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$212,690)	\$2,492,182	\$7,316,608
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.67%	2.26%	4.79%
2	Hospital Non Operating Margin	-0.78%	-0.93%	-0.88%
3	Hospital Total Margin	-0.11%	1.33%	3.91%
4	Income/(Loss) From Operations	\$1,254,009	\$4,235,504	\$8,955,278
5	Total Operating Revenue	\$189,589,095	\$189,545,063	\$188,679,601
6	Total Non-Operating Revenue	(\$1,466,699)	(\$1,743,322)	(\$1,638,670)
7	Total Revenue	\$188,122,396	\$187,801,741	\$187,040,931
8	Excess/(Deficiency) of Revenue Over Expenses	(\$212,690)	\$2,492,182	\$7,316,608
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$27,759,929	\$11,344,473	\$2,829,380
2	Hospital Total Net Assets	\$37,731,740	\$24,798,417	\$15,005,459
3	Hospital Change in Total Net Assets	\$22,725,967	(\$12,933,323)	(\$9,792,958)
4	Hospital Change in Total Net Assets %	251.4%	-34.3%	-39.5%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.32	0.30	0.29
2	Total Operating Expenses	\$188,335,086	\$185,309,559	\$179,724,323
3	Total Gross Revenue	\$563,024,417	\$601,959,668	\$599,046,494
4	Total Other Operating Revenue	\$19,289,474	\$17,340,796	\$12,387,148

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
5	<u>Private Payment to Cost Ratio</u>	1.35	1.37	1.51
6	Total Non-Government Payments	\$88,413,152	\$85,464,345	\$88,293,307
7	Total Uninsured Payments	\$476,710	\$408,998	\$349,586
8	Total Non-Government Charges	\$211,134,171	\$216,312,756	\$206,779,452
9	Total Uninsured Charges	\$9,816,408	\$8,547,887	\$8,540,106
10	<u>Medicare Payment to Cost Ratio</u>	0.76	0.82	0.84
11	Total Medicare Payments	\$60,507,116	\$62,692,532	\$63,226,062
12	Total Medicare Charges	\$246,165,162	\$256,625,637	\$257,070,079
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.72	0.76
14	Total Medicaid Payments	\$23,251,760	\$27,287,201	\$29,387,441
15	Total Medicaid Charges	\$104,009,027	\$126,425,691	\$131,868,843
16	<u>Uncompensated Care Cost</u>	\$3,049,042	\$2,463,730	\$2,457,364
17	Charity Care	\$3,908,882	\$2,411,263	\$1,553,798
18	Bad Debts	\$5,518,461	\$5,822,470	\$6,806,310
19	Total Uncompensated Care	\$9,427,343	\$8,233,733	\$8,360,108
20	<u>Uncompensated Care % of Total Expenses</u>	1.6%	1.3%	1.4%
21	Total Operating Expenses	\$188,335,086	\$185,309,559	\$179,724,323
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$49,732,057	\$44,942,062	\$40,036,272
3	Total Current Liabilities	\$41,911,857	\$39,522,136	\$33,772,055
4	<u>Days Cash on Hand</u>	25	19	11
5	Cash and Cash Equivalents	\$12,239,488	\$9,361,439	\$5,266,042
6	Short Term Investments	0	0	0

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
7	Total Cash and Short Term Investments	\$12,239,488	\$9,361,439	\$5,266,042
8	Total Operating Expenses	\$188,335,086	\$185,309,559	\$179,724,323
9	Depreciation Expense	\$7,115,302	\$7,116,905	\$7,116,439
10	Operating Expenses less Depreciation Expense	\$181,219,784	\$178,192,654	\$172,607,884
11	<u>Days Revenue in Patient Accounts Receivable</u>	59	51	55
12	Net Patient Accounts Receivable	\$27,182,276	\$25,099,884	\$25,143,982
13	Due From Third Party Payers	\$3,078,822	\$3,454,150	\$2,821,878
14	Due To Third Party Payers	\$2,943,941	\$4,285,117	\$1,603,251
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$27,317,157	\$24,268,917	\$26,362,609
16	Total Net Patient Revenue	\$170,299,621	\$172,204,267	\$176,292,453
17	<u>Average Payment Period</u>	84	81	71
18	Total Current Liabilities	\$41,911,857	\$39,522,136	\$33,772,055
19	Total Operating Expenses	\$188,335,086	\$185,309,559	\$179,724,323
20	Depreciation Expense	\$7,115,302	\$7,116,905	\$7,116,439
21	Total Operating Expenses less Depreciation Expense	\$181,219,784	\$178,192,654	\$172,607,884
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	21.7	15.3	9.6
2	Total Net Assets	\$37,731,740	\$24,798,417	\$15,005,459
3	Total Assets	\$174,154,774	\$161,754,391	\$156,302,485
4	<u>Cash Flow to Total Debt Ratio</u>	7.4	10.7	17.3
5	Excess/(Deficiency) of Revenues Over Expenses	(\$212,690)	\$2,492,182	\$7,316,608
6	Depreciation Expense	\$7,115,302	\$7,116,905	\$7,116,439
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,902,612	\$9,609,087	\$14,433,047
8	Total Current Liabilities	\$41,911,857	\$39,522,136	\$33,772,055
9	Total Long Term Debt	\$50,793,813	\$50,421,027	\$49,494,875
10	Total Current Liabilities and Total Long Term Debt	\$92,705,670	\$89,943,163	\$83,266,930

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	<u>Long Term Debt to Capitalization Ratio</u>	57.4	67.0	76.7
12	Total Long Term Debt	\$50,793,813	\$50,421,027	\$49,494,875
13	Total Net Assets	\$37,731,740	\$24,798,417	\$15,005,459
14	Total Long Term Debt and Total Net Assets	\$88,525,553	\$75,219,444	\$64,500,334
15	<u>Debt Service Coverage Ratio</u>	0.7	1.8	2.0
16	Excess Revenues over Expenses	(212,690)	\$2,492,182	\$7,316,608
17	Interest Expense	2,685,044	\$2,589,201	\$2,358,063
18	Depreciation and Amortization Expense	7,115,302	\$7,116,905	\$7,116,439
19	Principal Payments	10,550,272	\$4,145,905	\$6,201,186
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	18.9	19.9	20.9
21	Accumulated Depreciation	134,774,977	141,480,889	148,400,155
22	Depreciation and Amortization Expense	7,115,302	7,116,905	7,116,439
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	46,662	44,106	40,692
2	Discharges	9,342	9,110	8,806
3	ALOS	5.0	4.8	4.6
4	Staffed Beds	171	171	181
5	Available Beds	-	283	283
6	Licensed Beds	283	283	283
7	Occupancy of Staffed Beds	74.8%	70.7%	61.6%
8	Occupancy of Available Beds	45.2%	42.7%	39.4%
9	Full Time Equivalent Employees	1,108.7	1,152.7	1,134.6
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	35.8%	34.5%	33.1%
2	Medicare Gross Revenue Payer Mix Percentage	43.7%	42.6%	42.9%

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
3	Medicaid Gross Revenue Payer Mix Percentage	18.5%	21.0%	22.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.7%	1.4%	1.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.4%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$201,317,763	\$207,764,869	\$198,239,346
9	Medicare Gross Revenue (Charges)	\$246,165,162	\$256,625,637	\$257,070,079
10	Medicaid Gross Revenue (Charges)	\$104,009,027	\$126,425,691	\$131,868,843
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$9,816,408	\$8,547,887	\$8,540,106
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,716,057	\$2,595,584	\$3,328,120
14	Total Gross Revenue (Charges)	\$563,024,417	\$601,959,668	\$599,046,494
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	50.9%	48.3%	48.4%
2	Medicare Net Revenue Payer Mix Percentage	35.0%	35.6%	34.8%
3	Medicaid Net Revenue Payer Mix Percentage	13.5%	15.5%	16.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$87,936,442	\$85,055,347	\$87,943,721
9	Medicare Net Revenue (Payments)	\$60,507,116	\$62,692,532	\$63,226,062
10	Medicaid Net Revenue (Payments)	\$23,251,760	\$27,287,201	\$29,387,441
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$476,710	\$408,998	\$349,586
13	CHAMPUS / TRICARE Net Revenue Payments)	\$648,809	\$657,098	\$714,896
14	Total Net Revenue (Payments)	\$172,820,837	\$176,101,176	\$181,621,706
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,395	3,214	3,108
2	Medicare	3,821	3,676	3,353
3	Medical Assistance	2,085	2,180	2,269
4	Medicaid	2,085	2,180	2,269
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	41	40	76

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
7	Uninsured (Included In Non-Government)	218	101	64
8	Total	9,342	9,110	8,806
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.98412	1.00062	1.02108
2	Medicare	1.50489	1.46454	1.48956
3	Medical Assistance	0.96306	1.01117	1.02108
4	Medicaid	0.96306	1.01117	1.02108
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.01279	1.12610	1.08090
7	Uninsured (Included In Non-Government)	1.04214	1.01880	1.08679
8	Total Case Mix Index	1.19255	1.19089	1.19998
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	6,189	5,484	4,907
2	Emergency Room - Treated and Discharged	40,876	35,557	34,872
3	Total Emergency Room Visits	47,065	41,041	39,779

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$696,595	\$961,627	\$265,032	38%
2	Inpatient Payments	\$143,489	\$219,976	\$76,487	53%
3	Outpatient Charges	\$1,119,304	\$1,467,290	\$347,986	31%
4	Outpatient Payments	\$275,715	\$269,112	(\$6,603)	-2%
5	Discharges	19	29	10	53%
6	Patient Days	111	161	50	45%
7	Outpatient Visits (Excludes ED Visits)	664	772	108	16%
8	Emergency Department Outpatient Visits	53	81	28	53%
9	Emergency Department Inpatient Admissions	17	24	7	41%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,815,899	\$2,428,917	\$613,018	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$419,204	\$489,088	\$69,884	17%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$2,999	\$2,999	0%
4	Outpatient Payments	\$0	\$302	\$302	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	4	4	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,999	\$2,999	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$302	\$302	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$10,570,966	\$10,655,866	\$84,900	1%
2	Inpatient Payments	\$3,085,329	\$3,048,860	(\$36,469)	-1%
3	Outpatient Charges	\$16,947,962	\$18,135,690	\$1,187,728	7%
4	Outpatient Payments	\$3,374,001	\$3,603,998	\$229,997	7%
5	Discharges	333	303	(30)	-9%
6	Patient Days	1,792	1,475	(317)	-18%
7	Outpatient Visits (Excludes ED Visits)	12,674	13,265	591	5%
8	Emergency Department Outpatient Visits	689	661	(28)	-4%
9	Emergency Department Inpatient Admissions	282	245	(37)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,518,928	\$28,791,556	\$1,272,628	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,459,330	\$6,652,858	\$193,528	3%
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$324,766	\$341,627	\$16,861	5%
2	Inpatient Payments	\$77,097	\$122,781	\$45,684	59%
3	Outpatient Charges	\$192,811	\$222,187	\$29,376	15%
4	Outpatient Payments	\$24,004	\$28,812	\$4,808	20%
5	Discharges	6	8	2	33%
6	Patient Days	43	66	23	53%
7	Outpatient Visits (Excludes ED Visits)	64	47	(17)	-27%
8	Emergency Department Outpatient Visits	26	42	16	62%
9	Emergency Department Inpatient Admissions	7	7	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$517,577	\$563,814	\$46,237	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$101,101	\$151,593	\$50,492	50%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$8,437,412	\$8,531,593	\$94,181	1%
2	Inpatient Payments	\$2,285,113	\$2,087,981	(\$197,132)	-9%
3	Outpatient Charges	\$8,684,304	\$9,863,230	\$1,178,926	14%
4	Outpatient Payments	\$1,689,002	\$1,742,836	\$53,834	3%
5	Discharges	247	223	(24)	-10%
6	Patient Days	1,342	1,344	2	0%
7	Outpatient Visits (Excludes ED Visits)	5,981	6,078	97	2%
8	Emergency Department Outpatient Visits	508	575	67	13%
9	Emergency Department Inpatient Admissions	223	180	(43)	-19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,121,716	\$18,394,823	\$1,273,107	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,974,115	\$3,830,817	(\$143,298)	-4%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$2,324,790	\$2,622,958	\$298,168	13%
2	Inpatient Payments	\$660,677	\$735,613	\$74,936	11%
3	Outpatient Charges	\$3,418,472	\$4,345,750	\$927,278	27%
4	Outpatient Payments	\$570,955	\$795,987	\$225,032	39%
5	Discharges	70	94	24	34%
6	Patient Days	429	451	22	5%
7	Outpatient Visits (Excludes ED Visits)	2,022	2,371	349	17%
8	Emergency Department Outpatient Visits	282	303	21	7%
9	Emergency Department Inpatient Admissions	61	81	20	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,743,262	\$6,968,708	\$1,225,446	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,231,632	\$1,531,600	\$299,968	24%
I. AETNA					

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$4,954,845	\$3,915,112	(\$1,039,733)	-21%
2	Inpatient Payments	\$1,328,545	\$1,002,685	(\$325,860)	-25%
3	Outpatient Charges	\$4,653,150	\$6,834,471	\$2,181,321	47%
4	Outpatient Payments	\$900,178	\$1,316,971	\$416,793	46%
5	Discharges	121	117	(4)	-3%
6	Patient Days	755	605	(150)	-20%
7	Outpatient Visits (Excludes ED Visits)	3,114	4,266	1,152	37%
8	Emergency Department Outpatient Visits	229	312	83	36%
9	Emergency Department Inpatient Admissions	109	101	(8)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,607,995	\$10,749,583	\$1,141,588	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,228,723	\$2,319,656	\$90,933	4%
J.	HUMANA				
1	Inpatient Charges	\$77,422	\$164,261	\$86,839	112%
2	Inpatient Payments	\$23,128	\$37,757	\$14,629	63%
3	Outpatient Charges	\$141,925	\$189,513	\$47,588	34%
4	Outpatient Payments	\$26,539	\$40,060	\$13,521	51%
5	Discharges	4	3	(1)	-25%
6	Patient Days	15	28	13	87%
7	Outpatient Visits (Excludes ED Visits)	133	78	(55)	-41%
8	Emergency Department Outpatient Visits	8	17	9	113%
9	Emergency Department Inpatient Admissions	5	3	(2)	-40%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$219,347	\$353,774	\$134,427	61%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$49,667	\$77,817	\$28,150	57%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$27,386,796	\$27,193,044	(\$193,752)	-1%
	TOTAL INPATIENT PAYMENTS	\$7,603,378	\$7,255,653	(\$347,725)	-5%
	TOTAL OUTPATIENT CHARGES	\$35,157,928	\$41,061,130	\$5,903,202	17%
	TOTAL OUTPATIENT PAYMENTS	\$6,860,394	\$7,798,078	\$937,684	14%
	TOTAL DISCHARGES	800	777	(23)	-3%
	TOTAL PATIENT DAYS	4,487	4,130	(357)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	24,652	26,881	2,229	9%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,795	1,991	196	11%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	704	641	(63)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$62,544,724	\$68,254,174	\$5,709,450	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,463,772	\$15,053,731	\$589,959	4%

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

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

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

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

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$20,733,601	\$16,286,829	(\$4,446,772)	-21%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$44,610,272	\$41,607,499	(\$3,002,773)	-7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,163,916	\$1,097,599	(\$66,317)	-6%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,602,585	\$3,573,134	(\$29,451)	-1%
7	Inventories of Supplies	\$5,437,285	\$5,553,809	\$116,524	2%
8	Prepaid Expenses	\$5,686,236	\$6,653,091	\$966,855	17%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$81,233,895	\$74,771,961	(\$6,461,934)	-8%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$16,980,766	\$15,981,754	(\$999,012)	-6%
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	\$49,083,777	\$47,693,344	(\$1,390,433)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$66,064,543	\$63,675,098	(\$2,389,445)	-4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$24,413,166	\$25,309,242	\$896,076	4%
7	Other Noncurrent Assets	\$10,310,026	\$8,567,926	(\$1,742,100)	-17%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$309,457,919	\$316,413,058	\$6,955,139	2%
2	Less: Accumulated Depreciation	\$218,033,560	\$229,410,757	\$11,377,197	\$0
	Property, Plant and Equipment, Net	\$91,424,359	\$87,002,301	(\$4,422,058)	-5%
3	Construction in Progress	\$2,641,200	\$1,273,117	(\$1,368,083)	-52%
	Total Net Fixed Assets	\$94,065,559	\$88,275,418	(\$5,790,141)	-6%
	Total Assets	\$276,087,189	\$260,599,645	(\$15,487,544)	-6%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounts Payable and Accrued Expenses	\$30,917,763	\$27,642,500	(\$3,275,263)	-11%
2	Salaries, Wages and Payroll Taxes	\$5,046,852	\$5,787,051	\$740,199	15%
3	Due To Third Party Payers	\$5,743,160	\$3,124,803	(\$2,618,357)	-46%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,523,279	\$2,562,000	\$38,721	2%
6	Current Portion of Notes Payable	\$9,541,203	\$8,256,708	(\$1,284,495)	-13%
7	Other Current Liabilities	\$7,180,735	\$4,324,901	(\$2,855,834)	-40%
	Total Current Liabilities	\$60,952,992	\$51,697,963	(\$9,255,029)	-15%
	B. Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$69,571,034	\$66,995,612	(\$2,575,422)	-4%
2	Notes Payable (Net of Current Portion)	\$13,024,380	\$13,126,634	\$102,254	1%
	Total Long Term Debt	\$82,595,414	\$80,122,246	(\$2,473,168)	-3%
3	Accrued Pension Liability	\$44,676,486	\$62,407,379	\$17,730,893	40%
4	Other Long Term Liabilities	\$10,168,508	\$7,664,508	(\$2,504,000)	-25%
	Total Long Term Liabilities	\$137,440,408	\$150,194,133	\$12,753,725	9%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
	C. Net Assets:				
1	Unrestricted Net Assets or Equity	\$59,544,873	\$42,167,565	(\$17,377,308)	-29%
2	Temporarily Restricted Net Assets	\$2,096,313	\$1,486,536	(\$609,777)	-29%
3	Permanently Restricted Net Assets	\$16,052,603	\$15,053,448	(\$999,155)	-6%
	Total Net Assets	\$77,693,789	\$58,707,549	(\$18,986,240)	-24%
	Total Liabilities and Net Assets	\$276,087,189	\$260,599,645	(\$15,487,544)	-6%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2015

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$925,914,801	\$919,633,538	(\$6,281,263)	-1%
2	Less: Allowances	\$612,343,685	\$609,939,044	(\$2,404,641)	0%
3	Less: Charity Care	\$3,599,806	\$1,650,100	(\$1,949,706)	-54%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$309,971,310	\$308,044,394	(\$1,926,916)	-1%
5	Provision for Bad Debts	\$10,216,094	\$10,899,289	\$683,195	7%
	Net Patient Service Revenue less provision for bad debts	\$299,755,216	\$297,145,105	(\$2,610,111)	-1%
6	Other Operating Revenue	\$28,166,459	\$17,589,913	(\$10,576,546)	-38%
7	Net Assets Released from Restrictions	\$833,650	\$832,608	(\$1,042)	0%
	Total Operating Revenue	\$328,755,325	\$315,567,626	(\$13,187,699)	-4%
B. Operating Expenses:					
1	Salaries and Wages	\$162,727,445	\$156,774,464	(\$5,952,981)	-4%
2	Fringe Benefits	\$43,859,398	\$44,024,084	\$164,686	0%
3	Physicians Fees	\$14,478,331	\$15,492,872	\$1,014,541	7%
4	Supplies and Drugs	\$34,194,649	\$34,144,873	(\$49,776)	0%
5	Depreciation and Amortization	\$12,196,877	\$11,920,720	(\$276,157)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,764,488	\$3,445,934	(\$318,554)	-8%
8	Malpractice Insurance Cost	\$3,807,147	\$3,396,254	(\$410,893)	-11%
9	Other Operating Expenses	\$51,554,269	\$46,648,875	(\$4,905,394)	-10%
	Total Operating Expenses	\$326,582,604	\$315,848,076	(\$10,734,528)	-3%
	Income/(Loss) From Operations	\$2,172,721	(\$280,450)	(\$2,453,171)	-113%
C. Non-Operating Revenue:					
1	Income from Investments	\$645	\$0	(\$645)	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,126,396)	(\$2,235,410)	(\$109,014)	5%
	Total Non-Operating Revenue	(\$2,125,751)	(\$2,235,410)	(\$109,659)	5%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$46,970	(\$2,515,860)	(\$2,562,830)	-5456%
	Other Adjustments:				

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2015

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$46,970	(\$2,515,860)	(\$2,562,830)	-5456%

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$298,979,957	\$299,755,216	\$297,145,105
2	Other Operating Revenue	28,987,736	29,000,109	18,422,521
3	Total Operating Revenue	\$327,967,693	\$328,755,325	\$315,567,626
4	Total Operating Expenses	327,855,198	326,582,604	315,848,076
5	Income/(Loss) From Operations	\$112,495	\$2,172,721	(\$280,450)
6	Total Non-Operating Revenue	(2,138,589)	(2,125,751)	(2,235,410)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,026,094)	\$46,970	(\$2,515,860)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.03%	0.67%	-0.09%
2	Parent Corporation Non-Operating Margin	-0.66%	-0.65%	-0.71%
3	Parent Corporation Total Margin	-0.62%	0.01%	-0.80%
4	Income/(Loss) From Operations	\$112,495	\$2,172,721	(\$280,450)
5	Total Operating Revenue	\$327,967,693	\$328,755,325	\$315,567,626
6	Total Non-Operating Revenue	(\$2,138,589)	(\$2,125,751)	(\$2,235,410)
7	Total Revenue	\$325,829,104	\$326,629,574	\$313,332,216
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,026,094)	\$46,970	(\$2,515,860)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$70,965,928	\$59,544,873	\$42,167,565
2	Parent Corporation Total Net Assets	\$85,849,149	\$77,693,789	\$58,707,549
3	Parent Corporation Change in Total Net Assets	\$34,247,888	(\$8,155,360)	(\$18,986,240)
4	Parent Corporation Change in Total Net Assets %	166.4%	-9.5%	-24.4%
D. Liquidity Measures Summary				
1	Current Ratio	1.31	1.33	1.45
2	Total Current Assets	\$84,389,707	\$81,233,895	\$74,771,961
3	Total Current Liabilities	\$64,345,517	\$60,952,992	\$51,697,963
4	Days Cash on Hand	26	24	20

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
5	Cash and Cash Equivalents	\$22,439,356	\$20,733,601	\$16,286,829
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$22,439,356	\$20,733,601	\$16,286,829
8	Total Operating Expenses	\$327,855,198	\$326,582,604	\$315,848,076
9	Depreciation Expense	\$12,290,822	\$12,196,877	\$11,920,720
10	Operating Expenses less Depreciation Expense	\$315,564,376	\$314,385,727	\$303,927,356
11	<u>Days Revenue in Patient Accounts Receivable</u>	56	52	52
12	Net Patient Accounts Receivable	\$ 46,524,143	\$ 44,610,272	\$ 41,607,499
13	Due From Third Party Payers	\$3,463,096	\$3,602,585	\$3,573,134
14	Due To Third Party Payers	\$4,512,361	\$5,743,160	\$3,124,803
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 45,474,878	\$ 42,469,697	\$ 42,055,830
16	Total Net Patient Revenue	\$298,979,957	\$299,755,216	\$297,145,105
17	<u>Average Payment Period</u>	74	71	62
18	Total Current Liabilities	\$64,345,517	\$60,952,992	\$51,697,963
19	Total Operating Expenses	\$327,855,198	\$326,582,604	\$315,848,076
20	Depreciation Expense	\$12,290,822	\$12,196,877	\$11,920,720
20	Total Operating Expenses less Depreciation Expense	\$315,564,376	\$314,385,727	\$303,927,356
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	30.4	28.1	22.5
2	Total Net Assets	\$85,849,149	\$77,693,789	\$58,707,549
3	Total Assets	\$282,466,736	\$276,087,189	\$260,599,645
4	<u>Cash Flow to Total Debt Ratio</u>	6.9	8.5	7.1
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,026,094)	\$46,970	(\$2,515,860)
6	Depreciation Expense	\$12,290,822	\$12,196,877	\$11,920,720
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,264,728	\$12,243,847	\$9,404,860
8	Total Current Liabilities	\$64,345,517	\$60,952,992	\$51,697,963
9	Total Long Term Debt	\$84,416,006	\$82,595,414	\$80,122,246

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2015

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
10	Total Current Liabilities and Total Long Term Debt	\$148,761,523	\$143,548,406	\$131,820,209
11	Long Term Debt to Capitalization Ratio	49.6	51.5	57.7
12	Total Long Term Debt	\$84,416,006	\$82,595,414	\$80,122,246
13	Total Net Assets	\$85,849,149	\$77,693,789	\$58,707,549
14	Total Long Term Debt and Total Net Assets	\$170,265,155	\$160,289,203	\$138,829,795

MANCHESTER MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	16,758	4,683	4,684	82	158	56.0%	29.1%
2	ICU/CCU (Excludes Neonatal ICU)	5,278	589	0	22	25	65.7%	57.8%
3	Psychiatric: Ages 0 to 17	1,426	182	179	5	10	78.1%	39.1%
4	Psychiatric: Ages 18+	9,321	1,130	1,123	26	26	98.2%	98.2%
	TOTAL PSYCHIATRIC	10,747	1,312	1,302	31	36	95.0%	81.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,768	1,410	1,417	20	30	51.6%	34.4%
7	Newborn	4,141	1,401	1,400	26	34	43.6%	33.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	36,551	7,405	7,403	155	249	64.6%	40.2%
	TOTAL INPATIENT BED UTILIZATION	40,692	8,806	8,803	181	283	61.6%	39.4%
	TOTAL INPATIENT REPORTED YEAR	40,692	8,806	8,803	181	283	61.6%	39.4%
	TOTAL INPATIENT PRIOR YEAR	44,106	9,110	8,994	171	283	70.7%	42.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-3,414	-304	-191	10	0	-9.1%	-3.3%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-3%	-2%	6%	0%	-13%	-8%
	Total Licensed Beds and Bassinets	283						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	4,002	3,677	-325	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,804	9,216	412	5%
3	Emergency Department Scans	3,256	3,408	152	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	16,062	16,301	239	1%
B. MRI Scans (A)					
1	Inpatient Scans	602	513	-89	-15%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,124	2,218	94	4%
3	Emergency Department Scans	43	45	2	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,769	2,776	7	0%
C. PET Scans (A)					
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%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	6	5	-1	-17%
2	Outpatient Scans (Excluding Emergency Department Scans)	392	331	-61	-16%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	398	336	-62	-16%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	80	76	-4	-5%
	Total Electrophysiology Studies	80	76	-4	-5%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,257	1,117	-140	-11%
2	Outpatient Surgical Procedures	5,101	5,153	52	1%
	Total Surgical Procedures	6,358	6,270	-88	-1%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	519	474	-45	-9%
2	Outpatient Endoscopy Procedures	6,069	5,863	-206	-3%
	Total Endoscopy Procedures	6,588	6,337	-251	-4%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	5,484	4,907	-577	-11%
2	Emergency Room Visits: Treated and Discharged	35,557	34,872	-685	-2%
	Total Emergency Room Visits	41,041	39,779	-1,262	-3%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	69,242	70,908	1,666	2%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	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	0	0	0	0%
	Total Hospital Clinic Visits	69,242	70,908	1,666	2%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	83,714	81,129	-2,585	-3%
2	Cardiac Rehabilitation	7,308	7,540	232	3%
3	Chemotherapy	722	657	-65	-9%
4	Gastroenterology	6,069	5,863	-206	-3%
5	Other Outpatient Visits	37,641	39,902	2,261	6%
	Total Other Hospital Outpatient Visits	135,454	135,091	-363	0%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	354.1	313.7	-40.4	-11%
2	Total Physician FTEs	42.6	51.9	9.3	22%
3	Total Non-Nursing and Non-Physician FTEs	756.0	769.0	13.0	2%
	Total Hospital Full Time Equivalent Employees	1,152.7	1,134.6	-18.1	-2%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	5,101	5,153	52	1%
	Total Outpatient Surgical Procedures(A)	5,101	5,153	52	1%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	6,069	5,863	-206	-3%
	Total Outpatient Endoscopy Procedures(B)	6,069	5,863	-206	-3%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	35,557	34,872	-685	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	35,557	34,872	-685	-2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$125,637,142	\$117,408,412	(\$8,228,730)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,000,671	\$35,626,977	(\$1,373,694)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.45%	30.34%	0.89%	3%
4	DISCHARGES	3,676	3,353	(323)	-9%
5	CASE MIX INDEX (CMI)	1.46454	1.48956	0.02502	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,383.64904	4,994.49468	(389.15436)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,872.79	\$7,133.25	\$260.46	4%
8	PATIENT DAYS	21,107	18,652	(2,455)	-12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,753.00	\$1,910.09	\$157.08	9%
10	AVERAGE LENGTH OF STAY	5.7	5.6	(0.2)	-3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$130,988,495	\$139,661,667	\$8,673,172	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,691,861	\$27,599,085	\$1,907,224	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.61%	19.76%	0.15%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	104.26%	118.95%	14.69%	14%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,832.57451	3,988.51804	155.94353	4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,703.55	\$6,919.63	\$216.08	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$256,625,637	\$257,070,079	\$444,442	0%
18	TOTAL ACCRUED PAYMENTS	\$62,692,532	\$63,226,062	\$533,530	1%
19	TOTAL ALLOWANCES	\$193,933,105	\$193,844,017	(\$89,088)	0%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$58,063,977	\$55,023,979	(\$3,039,998)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,754,284	\$27,169,517	\$1,415,233	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.36%	49.38%	5.02%	11%
4	DISCHARGES	3,214	3,108	(106)	-3%
5	CASE MIX INDEX (CMI)	1.00062	1.02108	0.02046	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,215.99268	3,173.51664	(42.47604)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,008.19	\$8,561.33	\$553.14	7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,135.40)	(\$1,428.08)	(\$292.67)	26%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,651,453)	(\$4,532,031)	(\$880,578)	24%
10	PATIENT DAYS	11,754	10,691	(1,063)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,191.11	\$2,541.34	\$350.24	16%
12	AVERAGE LENGTH OF STAY	3.7	3.4	(0.2)	-6%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$158,248,779	\$151,755,473	(\$6,493,306)	-4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$59,710,061	\$61,123,790	\$1,413,729	2%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.73%	40.28%	2.55%	7%

MANCHESTER MEMORIAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	272.54%	275.80%	3.26%	1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,759.50291	8,571.82666	(187.67625)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,816.60	\$7,130.78	\$314.17	5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$113.05)	(\$211.14)	(\$98.09)	87%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$990,281)	(\$1,809,887)	(\$819,606)	83%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$216,312,756	\$206,779,452	(\$9,533,304)	-4%
22	TOTAL ACCRUED PAYMENTS	\$85,464,345	\$88,293,307	\$2,828,962	3%
23	TOTAL ALLOWANCES	\$130,848,411	\$118,486,145	(\$12,362,266)	-9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,641,734)	(\$6,341,918)	(\$1,700,184)	37%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$216,312,755	\$206,779,452	(\$9,533,303)	-4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$85,464,346	\$88,293,307	\$2,828,961	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,848,409	\$118,486,145	(\$12,362,264)	-9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	60.49%	57.30%	-3.19%	
<u>C. UNINSURED</u>					
<u>UNINSURED INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,659,376	\$1,236,061	(\$423,315)	-26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$71,650	\$43,966	(\$27,684)	-39%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.32%	3.56%	-0.76%	-18%
4	DISCHARGES	101	64	(37)	-37%
5	CASE MIX INDEX (CMI)	1.01880	1.08679	0.06799	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	102.89880	69.55456	(33.34424)	-32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$696.32	\$632.11	(\$64.21)	-9%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,311.88	\$7,929.22	\$617.34	8%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,176.47	\$6,501.14	\$324.67	5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$635,551	\$452,184	(\$183,367)	-29%
11	PATIENT DAYS	432	208	(224)	-52%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$165.86	\$211.38	\$45.52	27%
13	AVERAGE LENGTH OF STAY	4.3	3.3	(1.0)	-24%
<u>UNINSURED OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,888,511	\$7,304,045	\$415,534	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$337,348	\$305,620	(\$31,728)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.90%	4.18%	-0.71%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	415.13%	590.91%	175.79%	42%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	419.27786	378.18431	(41.09354)	-10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$804.59	\$808.12	\$3.53	0%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,012.01	\$6,322.65	\$310.64	5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,898.96	\$6,111.51	\$212.55	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,473,303	\$2,311,277	(\$162,026)	-7%
<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$8,547,887	\$8,540,106	(\$7,781)	0%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$408,998	\$349,586	(\$59,412)	-15%
25	TOTAL ALLOWANCES	\$8,138,889	\$8,190,520	\$51,631	1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,108,854	\$2,763,461	(\$345,393)	-11%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$47,690,262	\$45,897,932	(\$1,792,330)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,454,005	\$13,073,310	\$619,305	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.11%	28.48%	2.37%	9%
4	DISCHARGES	2,180	2,269	89	4%
5	CASE MIX INDEX (CMI)	1.01117	1.02108	0.00991	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,204.35060	2,316.83052	112.47992	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,649.74	\$5,642.76	(\$6.98)	0%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,358.45	\$2,918.57	\$560.12	24%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,223.05	\$1,490.49	\$267.45	22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,696,026	\$3,453,220	\$757,194	28%
11	PATIENT DAYS	11,034	10,980	(54)	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,128.69	\$1,190.65	\$61.95	5%
13	AVERAGE LENGTH OF STAY	5.1	4.8	(0.2)	-4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$78,735,429	\$85,970,911	\$7,235,482	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,833,196	\$16,314,131	\$1,480,935	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.84%	18.98%	0.14%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	165.10%	187.31%	22.21%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,599.12544	4,250.03891	650.91347	18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,121.33	\$3,838.58	(\$282.75)	-7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,695.27	\$3,292.19	\$596.92	22%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,582.22	\$3,081.05	\$498.83	19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,293,727	\$13,094,583	\$3,800,856	41%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$126,425,691	\$131,868,843	\$5,443,152	4%
24	TOTAL ACCRUED PAYMENTS	\$27,287,201	\$29,387,441	\$2,100,240	8%
25	TOTAL ALLOWANCES	\$99,138,490	\$102,481,402	\$3,342,912	3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,989,753	\$16,547,803	\$4,558,050	38%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
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%

MANCHESTER MEMORIAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$8,008.19	\$8,561.33	\$553.14	7%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,872.79	\$7,133.25	\$260.46	4%
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%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
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	\$6,816.60	\$7,130.78	\$314.17	5%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,703.55	\$6,919.63	\$216.08	3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
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%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$47,690,262	\$45,897,932	(\$1,792,330)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,454,005	\$13,073,310	\$619,305	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.11%	28.48%	2.37%	9%
4	DISCHARGES	2,180	2,269	89	4%
5	CASE MIX INDEX (CMI)	1.01117	1.02108	0.00991	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,204.35060	2,316.83052	112.47992	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,649.74	\$5,642.76	(\$6.98)	0%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,358.45	\$2,918.57	\$560.12	24%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,223.05	\$1,490.49	\$267.45	22%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,696,026	\$3,453,220	\$757,194	28%
11	PATIENT DAYS	11,034	10,980	(54)	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,128.69	\$1,190.65	\$61.95	5%
13	AVERAGE LENGTH OF STAY	5.1	4.8	(0.2)	-4%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$78,735,429	\$85,970,911	\$7,235,482	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,833,196	\$16,314,131	\$1,480,935	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.84%	18.98%	0.14%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	165.10%	187.31%	22.21%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,599.12544	4,250.03891	650.91347	18%

MANCHESTER MEMORIAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,121.33	\$3,838.58	(\$282.75)	-7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,695.27	\$3,292.19	\$596.92	22%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,582.22	\$3,081.05	\$498.83	19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,293,727	\$13,094,583	\$3,800,856	41%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$126,425,691	\$131,868,843	\$5,443,152	4%
24	TOTAL ACCRUED PAYMENTS	\$27,287,201	\$29,387,441	\$2,100,240	8%
25	TOTAL ALLOWANCES	\$99,138,490	\$102,481,402	\$3,342,912	3%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$992,558	\$1,605,652	\$613,094	62%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$327,784	\$345,852	\$18,068	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.02%	21.54%	-11.48%	-35%
4	DISCHARGES	40	76	36	90%
5	CASE MIX INDEX (CMI)	1.12610	1.08090	(0.04520)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	45.04400	82.14840	37.10440	82%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,276.97	\$4,210.09	(\$3,066.89)	-42%
8	PATIENT DAYS	211	369	158	75%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,553.48	\$937.27	(\$616.21)	-40%
10	AVERAGE LENGTH OF STAY	5.3	4.9	(0.4)	-8%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,603,026	\$1,722,468	\$119,442	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$329,314	\$369,044	\$39,730	12%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,595,584	\$3,328,120	\$732,536	28%
14	TOTAL ACCRUED PAYMENTS	\$657,098	\$714,896	\$57,798	9%
15	TOTAL ALLOWANCES	\$1,938,486	\$2,613,224	\$674,738	35%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$17,340,796	\$12,387,148	(\$4,953,648)	-29%
2	TOTAL OPERATING EXPENSES	\$185,309,559	\$179,724,323	(\$5,585,236)	-3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$2,411,263	\$1,553,798	(\$857,465)	-36%
5	BAD DEBTS (CHARGES)	\$5,822,470	\$6,806,310	\$983,840	17%
6	UNCOMPENSATED CARE (CHARGES)	\$8,233,733	\$8,360,108	\$126,375	2%
7	COST OF UNCOMPENSATED CARE	\$2,296,127	\$2,417,985	\$121,859	5%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$126,425,691	\$131,868,843	\$5,443,152	4%
9	TOTAL ACCRUED PAYMENTS	\$27,287,201	\$29,387,441	\$2,100,240	8%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$35,256,112	\$38,140,289	\$2,884,177	8%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,968,911	\$8,752,848	\$783,937	10%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$232,383,939	\$219,935,975	(\$12,447,964)	-5%
2	TOTAL INPATIENT PAYMENTS	\$75,536,744	\$76,215,656	\$678,912	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.51%	34.65%	2.15%	7%
4	TOTAL DISCHARGES	9,110	8,806	(304)	-3%
5	TOTAL CASE MIX INDEX	1.19089	1.19998	0.00908	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,849.03632	10,566.99024	(282.04608)	-3%
7	TOTAL OUTPATIENT CHARGES	\$369,575,729	\$379,110,519	\$9,534,790	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	159.04%	172.37%	13.34%	8%
9	TOTAL OUTPATIENT PAYMENTS	\$100,564,432	\$105,406,050	\$4,841,618	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.21%	27.80%	0.59%	2%
11	TOTAL CHARGES	\$601,959,668	\$599,046,494	(\$2,913,174)	0%
12	TOTAL PAYMENTS	\$176,101,176	\$181,621,706	\$5,520,530	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	29.25%	30.32%	1.06%	4%
14	PATIENT DAYS	44,106	40,692	(3,414)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$174,319,962	\$164,911,996	(\$9,407,966)	-5%
2	INPATIENT PAYMENTS	\$49,782,460	\$49,046,139	(\$736,321)	-1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	28.56%	29.74%	1.18%	4%
4	DISCHARGES	5,896	5,698	(198)	-3%
5	CASE MIX INDEX	1.29461	1.29756	0.00294	0%
6	CASE MIX ADJUSTED DISCHARGES	7,633.04364	7,393.47360	(239.57004)	-3%
7	OUTPATIENT CHARGES	\$211,326,950	\$227,355,046	\$16,028,096	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	121.23%	137.86%	16.64%	14%
9	OUTPATIENT PAYMENTS	\$40,854,371	\$44,282,260	\$3,427,889	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.33%	19.48%	0.14%	1%
11	TOTAL CHARGES	\$385,646,912	\$392,267,042	\$6,620,130	2%
12	TOTAL PAYMENTS	\$90,636,831	\$93,328,399	\$2,691,568	3%
13	TOTAL PAYMENTS / CHARGES	23.50%	23.79%	0.29%	1%
14	PATIENT DAYS	32,352	30,001	(2,351)	-7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$295,010,081	\$298,938,643	\$3,928,562	1%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.7	5.6	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.4	(0.2)	-6%
3	UNINSURED	4.3	3.3	(1.0)	-24%
4	MEDICAID	5.1	4.8	(0.2)	-4%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	5.3	4.9	(0.4)	-8%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	4.6	(0.2)	-5%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$601,959,668	\$599,046,494	(\$2,913,174)	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$295,010,081	\$298,938,643	\$3,928,562	1%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
3	UNCOMPENSATED CARE	\$8,233,733	\$8,360,108	\$126,375	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,848,409	\$118,486,145	(\$12,362,264)	-9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$434,092,223	\$425,784,896	(\$8,307,327)	-2%
7	TOTAL ACCRUED PAYMENTS	\$167,867,445	\$173,261,598	\$5,394,153	3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$167,867,445	\$173,261,598	\$5,394,153	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2788682597	0.2892289659	0.0103607063	4%
11	COST OF UNCOMPENSATED CARE	\$2,296,127	\$2,417,985	\$121,859	5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,968,911	\$8,752,848	\$783,937	10%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,265,038	\$11,170,833	\$905,795	9%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$9,293,727	\$13,094,583	\$3,800,856	41%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,108,854	\$2,763,461	(\$345,393)	-11%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$12,402,581	\$15,858,044	\$3,455,462	28%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$3,896,909)	(\$5,329,253)	(\$1,432,344)	36.76%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$172,204,267	\$176,292,453	\$4,088,186	2.37%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$601,959,668	\$599,046,493	(\$2,913,175)	-0.48%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,233,733	\$8,360,108	\$126,375	1.53%

MANCHESTER MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2015						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS						
A. INPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,063,977		\$55,023,979		(\$3,039,998)
2	MEDICARE	\$125,637,142		117,408,412		(\$8,228,730)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,690,262		45,897,932		(\$1,792,330)
4	MEDICAID	\$47,690,262		45,897,932		(\$1,792,330)
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$992,558		1,605,652		\$613,094
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,659,376		1,236,061		(\$423,315)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$174,319,962		\$164,911,996		(\$9,407,966)
	TOTAL INPATIENT CHARGES	\$232,383,939		\$219,935,975		(\$12,447,964)
B. OUTPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$158,248,779		\$151,755,473		(\$6,493,306)
2	MEDICARE	\$130,988,495		139,661,667		\$8,673,172
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$78,735,429		85,970,911		\$7,235,482
4	MEDICAID	\$78,735,429		85,970,911		\$7,235,482
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$1,603,026		1,722,468		\$119,442
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,888,511		7,304,045		\$415,534
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$211,326,950		\$227,355,046		\$16,028,096
	TOTAL OUTPATIENT CHARGES	\$369,575,729		\$379,110,519		\$9,534,790
C. TOTAL ACCRUED CHARGES						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$216,312,756		\$206,779,452		(\$9,533,304)
2	TOTAL MEDICARE	\$256,625,637		\$257,070,079		\$444,442
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$126,425,691		\$131,868,843		\$5,443,152
4	TOTAL MEDICAID	\$126,425,691		\$131,868,843		\$5,443,152
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$2,595,584		\$3,328,120		\$732,536
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,547,887		\$8,540,106		(\$7,781)
	TOTAL GOVERNMENT CHARGES	\$385,646,912		\$392,267,042		\$6,620,130
	TOTAL CHARGES	\$601,959,668		\$599,046,494		(\$2,913,174)
D. INPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,754,284		\$27,169,517		\$1,415,233
2	MEDICARE	\$37,000,671		35,626,977		(\$1,373,694)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,454,005		13,073,310		\$619,305
4	MEDICAID	\$12,454,005		13,073,310		\$619,305
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$327,784		345,852		\$18,068
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$71,650		43,966		(\$27,684)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$49,782,460		\$49,046,139		(\$736,321)
	TOTAL INPATIENT PAYMENTS	\$75,536,744		\$76,215,656		\$678,912
E. OUTPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,710,061		\$61,123,790		\$1,413,729
2	MEDICARE	\$25,691,861		27,599,085		\$1,907,224
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,833,196		16,314,131		\$1,480,935
4	MEDICAID	\$14,833,196		16,314,131		\$1,480,935
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$329,314		369,044		\$39,730
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$337,348		305,620		(\$31,728)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$40,854,371		\$44,282,260		\$3,427,889
	TOTAL OUTPATIENT PAYMENTS	\$100,564,432		\$105,406,050		\$4,841,618
F. TOTAL ACCRUED PAYMENTS						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,464,345		\$88,293,307		\$2,828,962
2	TOTAL MEDICARE	\$62,692,532		\$63,226,062		\$533,530
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,287,201		\$29,387,441		\$2,100,240
4	TOTAL MEDICAID	\$27,287,201		\$29,387,441		\$2,100,240
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$657,098		\$714,896		\$57,798
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$408,998		\$349,586		(\$59,412)
	TOTAL GOVERNMENT PAYMENTS	\$90,636,831		\$93,328,399		\$2,691,568
	TOTAL PAYMENTS	\$176,101,176		\$181,621,706		\$5,520,530
II. PAYER MIX						
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		9.65%		9.19%	-0.46%
2	MEDICARE		20.87%		19.60%	-1.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		7.92%		7.66%	-0.26%

MANCHESTER MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2015						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	AMOUNT DIFFERENCE
4	MEDICAID		7.92%		7.66%	-0.26%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.16%		0.27%	0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.28%		0.21%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		28.96%		27.53%	-1.43%
	TOTAL INPATIENT PAYER MIX		38.60%		36.71%	-1.89%
B.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		26.29%		25.33%	-0.96%
2	MEDICARE		21.76%		23.31%	1.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		13.08%		14.35%	1.27%
4	MEDICAID		13.08%		14.35%	1.27%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.27%		0.29%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.14%		1.22%	0.07%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		35.11%		37.95%	2.85%
	TOTAL OUTPATIENT PAYER MIX		61.40%		63.29%	1.89%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES		100.00%		100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		14.62%		14.96%	0.33%
2	MEDICARE		21.01%		19.62%	-1.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		7.07%		7.20%	0.13%
4	MEDICAID		7.07%		7.20%	0.13%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.19%		0.19%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.04%		0.02%	-0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		28.27%		27.00%	-1.26%
	TOTAL INPATIENT PAYER MIX		42.89%		41.96%	-0.93%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		33.91%		33.65%	-0.25%
2	MEDICARE		14.59%		15.20%	0.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		8.42%		8.98%	0.56%
4	MEDICAID		8.42%		8.98%	0.56%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.19%		0.20%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.19%		0.17%	-0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		23.20%		24.38%	1.18%
	TOTAL OUTPATIENT PAYER MIX		57.11%		58.04%	0.93%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA					
A.	DISCHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		3,214		3,108	(106)
2	MEDICARE		3,676		3,353	(323)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		2,180		2,269	89
4	MEDICAID		2,180		2,269	89
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		40		76	36
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		101		64	(37)
	TOTAL GOVERNMENT DISCHARGES		5,896		5,698	(198)
	TOTAL DISCHARGES		9,110		8,806	(304)
B.	PATIENT DAYS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		11,754		10,691	(1,063)
2	MEDICARE		21,107		18,652	(2,455)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		11,034		10,980	(54)
4	MEDICAID		11,034		10,980	(54)
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		211		369	158
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		432		208	(224)
	TOTAL GOVERNMENT PATIENT DAYS		32,352		30,001	(2,351)
	TOTAL PATIENT DAYS		44,106		40,692	(3,414)
C.	AVERAGE LENGTH OF STAY (ALOS)					

MANCHESTER MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2015						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL	FY	ACTUAL	FY	AMOUNT
		2014		2015		DIFFERENCE
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		3.7		3.4	(0.2)
2	MEDICARE		5.7		5.6	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		5.1		4.8	(0.2)
4	MEDICAID		5.1		4.8	(0.2)
5	OTHER MEDICAL ASSISTANCE		0.0		0.0	-
6	CHAMPUS / TRICARE		5.3		4.9	(0.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		4.3		3.3	(1.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY		5.5		5.3	(0.2)
	TOTAL AVERAGE LENGTH OF STAY		4.8		4.6	(0.2)
D. CASE MIX INDEX						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		1.00062		1.02108	0.02046
2	MEDICARE		1.46454		1.48956	0.02502
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1.01117		1.02108	0.00991
4	MEDICAID		1.01117		1.02108	0.00991
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		1.12610		1.08090	(0.04520)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.01880		1.08679	0.06799
	TOTAL GOVERNMENT CASE MIX INDEX		1.29461		1.29756	0.00294
	TOTAL CASE MIX INDEX		1.19089		1.19998	0.00908
E. OTHER REQUIRED DATA						
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$216,312,755		\$206,779,452	(\$9,533,303)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$85,464,346		\$88,293,307	\$2,828,961
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$130,848,409		\$118,486,145	(\$12,362,264)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE		60.49%		57.30%	-3.19%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE		\$0		\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE		\$0		\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)		\$0		\$0	\$0
8	CHARITY CARE		\$2,411,263		\$1,553,798	(\$857,465)
9	BAD DEBTS		\$5,822,470		\$6,806,310	\$983,840
10	TOTAL UNCOMPENSATED CARE		\$8,233,733		\$8,360,108	\$126,375
11	TOTAL OTHER OPERATING REVENUE		\$17,340,796		\$12,387,148	(\$4,953,648)
12	TOTAL OPERATING EXPENSES		\$185,309,559		\$179,724,323	(\$5,585,236)
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS						
A. CASE MIX ADJUSTED DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		3,215.99268		3,173.51664	(42.47604)
2	MEDICARE		5,383.64904		4,994.49468	(389.15436)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		2,204.35060		2,316.83052	112.47992
4	MEDICAID		2,204.35060		2,316.83052	112.47992
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		45.04400		82.14840	37.10440
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		102.89880		69.55456	(33.34424)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES		7,633.04364		7,393.47360	(239.57004)
	TOTAL CASE MIX ADJUSTED DISCHARGES		10,849.03632		10,566.99024	(282.04608)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		8,759.50291		8,571.82666	-187.67625
2	MEDICARE		3,832.57451		3,988.51804	155.94353
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		3,599.12544		4,250.03891	650.91347
4	MEDICAID		3,599.12544		4,250.03891	650.91347
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		64.60181		81.52923	16.92742
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		419.27786		378.18431	-41.09354
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES		7,496.30175		8,320.08618	823.78443
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES		16,255.80467		16,891.91284	636.10817
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		\$8,008.19		\$8,561.33	\$553.14
2	MEDICARE		\$6,872.79		\$7,133.25	\$260.46
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		\$5,649.74		\$5,642.76	(\$6.98)
4	MEDICAID		\$5,649.74		\$5,642.76	(\$6.98)
5	OTHER MEDICAL ASSISTANCE		\$0.00		\$0.00	\$0.00
6	CHAMPUS / TRICARE		\$7,276.97		\$4,210.09	(\$3,066.89)

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$696.32	\$632.11	(\$64.21)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,521.97	\$6,633.71	\$111.74
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,962.53	\$7,212.62	\$250.09
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,816.60	\$7,130.78	\$314.17
2	MEDICARE	\$6,703.55	\$6,919.63	\$216.08
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,121.33	\$3,838.58	(\$282.75)
4	MEDICAID	\$4,121.33	\$3,838.58	(\$282.75)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,097.60	\$4,526.52	(\$571.07)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$804.59	\$808.12	\$3.53
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,449.94	\$5,322.33	(\$127.60)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,186.37	\$6,240.03	\$53.66
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$9,293,727	\$13,094,583	\$3,800,856
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,108,854	\$2,763,461	(\$345,393)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$12,402,581	\$15,858,044	\$3,455,462
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$601,959,668	\$599,046,494	(\$2,913,174)
2	TOTAL GOVERNMENT DEDUCTIONS	\$295,010,081	\$298,938,643	\$3,928,562
3	UNCOMPENSATED CARE	\$8,233,733	\$8,360,108	\$126,375
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,848,409	\$118,486,145	(\$12,362,264)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$434,092,223	\$425,784,896	(\$8,307,327)
7	TOTAL ACCRUED PAYMENTS	\$167,867,445	\$173,261,598	\$5,394,153
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$167,867,445	\$173,261,598	\$5,394,153
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2788682597	0.2892289659	0.0103607063
11	COST OF UNCOMPENSATED CARE	\$2,296,127	\$2,417,985	\$121,859
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$7,968,911	\$8,752,848	\$783,937
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,265,038	\$11,170,833	\$905,795
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.36%	49.38%	5.02%
2	MEDICARE	29.45%	30.34%	0.89%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.11%	28.48%	2.37%
4	MEDICAID	26.11%	28.48%	2.37%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	33.02%	21.54%	-11.48%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.32%	3.56%	-0.76%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	28.56%	29.74%	1.18%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.51%	34.65%	2.15%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.73%	40.28%	2.55%
2	MEDICARE	19.61%	19.76%	0.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.84%	18.98%	0.14%
4	MEDICAID	18.84%	18.98%	0.14%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	20.54%	21.43%	0.88%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.90%	4.18%	-0.71%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	19.33%	19.48%	0.14%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.21%	27.80%	0.59%
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS			
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	TOTAL ACCRUED PAYMENTS	\$176,101,176	\$181,621,706	\$5,520,530

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$176,101,176	\$181,621,706	\$5,520,530
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,896,909)	(\$5,329,253)	(\$1,432,344)
4	CALCULATED NET REVENUE	\$178,026,737	\$176,292,453	(\$1,734,284)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$172,204,267	\$176,292,453	\$4,088,186
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$5,822,470	\$0	(\$5,822,470)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$601,959,668	\$599,046,494	(\$2,913,174)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$601,959,668	\$599,046,494	(\$2,913,174)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$601,959,668	\$599,046,493	(\$2,913,175)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,233,733	\$8,360,108	\$126,375
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,233,733	\$8,360,108	\$126,375
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,233,733	\$8,360,108	\$126,375
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

MANCHESTER MEMORIAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,023,979
2	MEDICARE	117,408,412
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	45,897,932
4	MEDICAID	45,897,932
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,605,652
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,236,061
	TOTAL INPATIENT GOVERNMENT CHARGES	\$164,911,996
	TOTAL INPATIENT CHARGES	\$219,935,975
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,755,473
2	MEDICARE	139,661,667
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	85,970,911
4	MEDICAID	85,970,911
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,722,468
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,304,045
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$227,355,046
	TOTAL OUTPATIENT CHARGES	\$379,110,519
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$206,779,452
2	TOTAL GOVERNMENT ACCRUED CHARGES	392,267,042
	TOTAL ACCRUED CHARGES	\$599,046,494
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,169,517
2	MEDICARE	35,626,977
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,073,310
4	MEDICAID	13,073,310
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	345,852
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	43,966
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$49,046,139
	TOTAL INPATIENT PAYMENTS	\$76,215,656
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,123,790
2	MEDICARE	27,599,085
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,314,131
4	MEDICAID	16,314,131
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	369,044
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	305,620
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$44,282,260
	TOTAL OUTPATIENT PAYMENTS	\$105,406,050
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$88,293,307
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	93,328,399
	TOTAL ACCRUED PAYMENTS	\$181,621,706
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,108
2	MEDICARE	3,353
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,269
4	MEDICAID	2,269
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	76

MANCHESTER MEMORIAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	64
	TOTAL GOVERNMENT DISCHARGES	5,698
	TOTAL DISCHARGES	8,806
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,02108
2	MEDICARE	1,48956
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,02108
4	MEDICAID	1,02108
5	OTHER MEDICAL ASSISTANCE	0,00000
6	CHAMPUS / TRICARE	1,08090
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,08679
	TOTAL GOVERNMENT CASE MIX INDEX	1,29756
	TOTAL CASE MIX INDEX	1,19998
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$206,779,452
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$88,293,307
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$118,486,145
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.30%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,553,798
9	BAD DEBTS	\$6,806,310
10	TOTAL UNCOMPENSATED CARE	\$8,360,108
11	TOTAL OTHER OPERATING REVENUE	\$12,387,148
12	TOTAL OPERATING EXPENSES	\$179,724,323
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$181,621,706
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$181,621,706
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$5,329,253)
	CALCULATED NET REVENUE	\$176,292,453
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$176,292,453
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$599,046,494
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$599,046,494
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$599,046,493
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,360,108
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,360,108

MANCHESTER MEMORIAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,360,108
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	1,139	891	(248)	-22%
2	Number of Approved Applicants	1,000	808	(192)	-19%
3	Total Charges (A)	\$2,411,263	\$1,553,798	(\$857,465)	-36%
4	Average Charges	\$2,411	\$1,923	(\$488)	-20%
5	Ratio of Cost to Charges (RCC)	0.323425	0.299224	(0.024201)	-7%
6	Total Cost	\$779,863	\$464,934	(\$314,929)	-40%
7	Average Cost	\$780	\$575	(\$204)	-26%
8	Charity Care - Inpatient Charges	\$540,715	\$305,958	(\$234,757)	-43%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,415,036	828,535	(586,501)	-41%
10	Charity Care - Emergency Department Charges	455,512	419,305	(36,207)	-8%
11	Total Charges (A)	\$2,411,263	\$1,553,798	(\$857,465)	-36%
12	Charity Care - Number of Patient Days	704	503	(201)	-29%
13	Charity Care - Number of Discharges	143	122	(21)	-15%
14	Charity Care - Number of Outpatient ED Visits	860	626	(234)	-27%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,468	1,153	(315)	-21%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,559,126	\$1,811,158	\$252,032	16%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,426,732	2,069,638	642,906	45%
3	Bad Debts - Emergency Department	2,836,612	2,925,514	88,902	3%
4	Total Bad Debts (A)	\$5,822,470	\$6,806,310	\$983,840	17%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$2,411,263	\$1,553,798	(\$857,465)	-36%
2	Bad Debts (A)	5,822,470	6,806,310	983,840	17%
3	Total Uncompensated Care (A)	\$8,233,733	\$8,360,108	\$126,375	2%
4	Uncompensated Care - Inpatient Services	\$2,099,841	\$2,117,116	\$17,275	1%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,841,768	2,898,173	56,405	2%
6	Uncompensated Care - Emergency Department	3,292,124	3,344,819	52,695	2%
7	Total Uncompensated Care (A)	\$8,233,733	\$8,360,108	\$126,375	2%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$216,312,755	\$206,779,452	(\$9,533,303)	-4%
2	Total Contractual Allowances	\$130,848,409	\$118,486,145	(\$12,362,264)	-9%
	Total Accrued Payments (A)	\$85,464,346	\$88,293,307	\$2,828,961	3%
	Total Discount Percentage	60.49%	57.30%	-3.19%	-5%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$225,513,088	\$232,383,939	\$219,935,975
2	Outpatient Gross Revenue	\$337,511,329	\$369,575,729	\$379,110,519
3	Total Gross Patient Revenue	\$563,024,417	\$601,959,668	\$599,046,494
4	Net Patient Revenue	\$170,299,621	\$172,204,267	\$176,292,453
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$188,335,086	\$185,309,559	\$179,724,323
C.	<u>Utilization Statistics</u>			
1	Patient Days	46,662	44,106	40,692
2	Discharges	9,342	9,110	8,806
3	Average Length of Stay	5.0	4.8	4.6
4	Equivalent (Adjusted) Patient Days (EPD)	116,498	114,251	110,834
0	Equivalent (Adjusted) Discharges (ED)	23,324	23,598	23,985
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.19255	1.19089	1.19998
2	Case Mix Adjusted Patient Days (CMAPD)	55,647	52,526	48,829
3	Case Mix Adjusted Discharges (CMAD)	11,141	10,849	10,567
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	138,929	136,060	132,998
5	Case Mix Adjusted Equivalent Discharges (CMAED)	27,814	28,103	28,782
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$12,066	\$13,648	\$14,721
2	Total Gross Revenue per Discharge	\$60,268	\$66,077	\$68,027
3	Total Gross Revenue per EPD	\$4,833	\$5,269	\$5,405
4	Total Gross Revenue per ED	\$24,140	\$25,509	\$24,976
5	Total Gross Revenue per CMAEPD	\$4,053	\$4,424	\$4,504
6	Total Gross Revenue per CMAED	\$20,242	\$21,420	\$20,813
7	Inpatient Gross Revenue per EPD	\$1,936	\$2,034	\$1,984
8	Inpatient Gross Revenue per ED	\$9,669	\$9,848	\$9,170

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,650	\$3,904	\$4,332
2	Net Patient Revenue per Discharge	\$18,229	\$18,903	\$20,020
3	Net Patient Revenue per EPD	\$1,462	\$1,507	\$1,591
4	Net Patient Revenue per ED	\$7,302	\$7,297	\$7,350
5	Net Patient Revenue per CMAEPD	\$1,226	\$1,266	\$1,326
6	Net Patient Revenue per CMAED	\$6,123	\$6,128	\$6,125
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,036	\$4,201	\$4,417
2	Total Operating Expense per Discharge	\$20,160	\$20,341	\$20,409
3	Total Operating Expense per EPD	\$1,617	\$1,622	\$1,622
4	Total Operating Expense per ED	\$8,075	\$7,853	\$7,493
5	Total Operating Expense per CMAEPD	\$1,356	\$1,362	\$1,351
6	Total Operating Expense per CMAED	\$6,771	\$6,594	\$6,244
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$27,731,842	\$27,777,193	\$25,962,525
2	Nursing Fringe Benefits Expense	\$10,096,694	\$9,385,872	\$8,928,385
3	Total Nursing Salary and Fringe Benefits Expense	\$37,828,536	\$37,163,065	\$34,890,910
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$7,727,228	\$8,493,290	\$9,859,566
2	Physician Fringe Benefits Expense	\$2,592,137	\$2,686,194	\$3,184,698
3	Total Physician Salary and Fringe Benefits Expense	\$10,319,365	\$11,179,484	\$13,044,264
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$48,450,279	\$47,335,814	\$45,887,361
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$14,969,960	\$13,648,187	\$13,456,397
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$63,420,239	\$60,984,001	\$59,343,758

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$83,909,349	\$83,606,297	\$81,709,452
2	Total Fringe Benefits Expense	\$27,658,791	\$25,720,253	\$25,569,480
3	Total Salary and Fringe Benefits Expense	\$111,568,140	\$109,326,550	\$107,278,932
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	326.2	354.1	313.7
2	Total Physician FTEs	27.8	42.6	51.9
3	Total Non-Nursing, Non-Physician FTEs	754.7	756.0	769.0
4	Total Full Time Equivalent Employees (FTEs)	1,108.7	1,152.7	1,134.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$85,015	\$78,444	\$82,762
2	Nursing Fringe Benefits Expense per FTE	\$30,952	\$26,506	\$28,462
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$115,967	\$104,951	\$111,224
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$277,958	\$199,373	\$189,972
2	Physician Fringe Benefits Expense per FTE	\$93,242	\$63,056	\$61,362
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$371,200	\$262,429	\$251,335
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$64,198	\$62,614	\$59,671
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,836	\$18,053	\$17,499
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$84,034	\$80,667	\$77,170
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$75,683	\$72,531	\$72,016
2	Total Fringe Benefits Expense per FTE	\$24,947	\$22,313	\$22,536
3	Total Salary and Fringe Benefits Expense per FTE	\$100,630	\$94,844	\$94,552
Q.	Total Salary and Fringe Ben. Expense per Statistic			

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,391	\$2,479	\$2,636
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,943	\$12,001	\$12,182
3	Total Salary and Fringe Benefits Expense per EPD	\$958	\$957	\$968
4	Total Salary and Fringe Benefits Expense per ED	\$4,783	\$4,633	\$4,473
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$803	\$804	\$807
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,011	\$3,890	\$3,727