

NORWALK 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>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$74,550,518	\$43,468,380	(\$31,082,138)	-42%
2	Short Term Investments	\$8,764,926	\$8,795,652	\$30,726	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,426,872	\$44,469,740	\$4,042,868	10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$135,428	\$50,088	(\$85,340)	-63%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,774,961	\$2,725,505	\$950,544	54%
8	Prepaid Expenses	\$1,172,206	\$1,488,811	\$316,605	27%
9	Other Current Assets	\$2,844,166	\$2,799,276	(\$44,890)	-2%
	Total Current Assets	\$129,669,077	\$103,797,452	(\$25,871,625)	-20%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$31,413,244	\$16,298,579	(\$15,114,665)	-48%
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	\$327	\$327	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$31,413,571	\$16,298,906	(\$15,114,665)	-48%
5	Interest in Net Assets of Foundation	\$47,837,445	\$98,322,402	\$50,484,957	106%
6	Long Term Investments	\$116,864,243	\$120,410,768	\$3,546,525	3%
7	Other Noncurrent Assets	\$39,259,331	\$31,539,592	(\$7,719,739)	-20%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$495,235,142	\$532,229,436	\$36,994,294	7%
2	Less: Accumulated Depreciation	\$328,979,797	\$349,245,364	\$20,265,567	6%
	Property, Plant and Equipment, Net	\$166,255,345	\$182,984,072	\$16,728,727	10%
3	Construction in Progress	\$78,197,484	\$86,191,894	\$7,994,410	10%
	Total Net Fixed Assets	\$244,452,829	\$269,175,966	\$24,723,137	10%
	Total Assets	\$609,496,496	\$639,545,086	\$30,048,590	5%

NORWALK 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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$32,811,276	\$26,667,858	(\$6,143,418)	-19%
2	Salaries, Wages and Payroll Taxes	\$18,445,669	\$15,029,084	(\$3,416,585)	-19%
3	Due To Third Party Payers	\$36,052,621	\$27,894,498	(\$8,158,123)	-23%
4	Due To Affiliates	\$1,096,562	\$7,983,075	\$6,886,513	628%
5	Current Portion of Long Term Debt	\$5,170,000	\$5,715,000	\$545,000	11%
6	Current Portion of Notes Payable	\$1,146,051	\$1,054,094	(\$91,957)	-8%
7	Other Current Liabilities	\$778,518	\$649,481	(\$129,037)	-17%
	Total Current Liabilities	\$95,500,697	\$84,993,090	(\$10,507,607)	-11%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$118,119,257	\$109,637,014	(\$8,482,243)	-7%
2	Notes Payable (Net of Current Portion)	\$1,885,030	\$726,222	(\$1,158,808)	-61%
	Total Long Term Debt	\$120,004,287	\$110,363,236	(\$9,641,051)	-8%
3	Accrued Pension Liability	\$22,135,436	\$40,703,484	\$18,568,048	84%
4	Other Long Term Liabilities	\$58,695,868	\$53,771,131	(\$4,924,737)	-8%
	Total Long Term Liabilities	\$200,835,591	\$204,837,851	\$4,002,260	2%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$265,968,153	\$280,584,110	\$14,615,957	5%
2	Temporarily Restricted Net Assets	\$37,730,403	\$59,661,583	\$21,931,180	58%
3	Permanently Restricted Net Assets	\$9,461,652	\$9,468,452	\$6,800	0%
	Total Net Assets	\$313,160,208	\$349,714,145	\$36,553,937	12%
	Total Liabilities and Net Assets	\$609,496,496	\$639,545,086	\$30,048,590	5%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$900,265,500	\$945,067,000	\$44,801,500	5%
2	Less: Allowances	\$534,888,169	\$560,723,000	\$25,834,831	5%
3	Less: Charity Care	\$16,801,601	\$15,720,000	(\$1,081,601)	-6%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$348,575,730	\$368,624,000	\$20,048,270	6%
5	Provision for Bad Debts	\$24,556,938	\$13,113,000	(\$11,443,938)	-47%
	Net Patient Service Revenue less provision for bad debts	\$324,018,792	\$355,511,000	\$31,492,208	10%
6	Other Operating Revenue	\$14,640,639	\$14,524,000	(\$116,639)	-1%
7	Net Assets Released from Restrictions	\$1,156,023	\$1,492,000	\$335,977	29%
	Total Operating Revenue	\$339,815,454	\$371,527,000	\$31,711,546	9%
B. Operating Expenses:					
1	Salaries and Wages	\$133,022,061	\$135,722,000	\$2,699,939	2%
2	Fringe Benefits	\$33,564,380	\$39,203,000	\$5,638,620	17%
3	Physicians Fees	\$7,662,386	\$8,103,000	\$440,614	6%
4	Supplies and Drugs	\$31,141,533	\$38,047,000	\$6,905,467	22%
5	Depreciation and Amortization	\$18,637,806	\$20,264,000	\$1,626,194	9%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$2,456,725	\$1,952,000	(\$504,725)	-21%
8	Malpractice Insurance Cost	\$3,436,127	\$6,772,000	\$3,335,873	97%
9	Other Operating Expenses	\$81,140,210	\$104,753,000	\$23,612,790	29%
	Total Operating Expenses	\$311,061,228	\$354,816,000	\$43,754,772	14%
	Income/(Loss) From Operations	\$28,754,226	\$16,711,000	(\$12,043,226)	-42%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,258,619	\$3,201,000	\$942,381	42%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$24,812,000	\$24,812,000	0%
	Total Non-Operating Revenue	\$2,258,619	\$28,013,000	\$25,754,381	1140%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$31,012,845	\$44,724,000	\$13,711,155	44%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$6,339,426	(\$4,977,000)	(\$11,316,426)	-179%
	All Other Adjustments	\$195,247	\$0	(\$195,247)	-100%
	Total Other Adjustments	\$6,534,673	(\$4,977,000)	(\$11,511,673)	-176%
	Excess/(Deficiency) of Revenue Over Expenses	\$37,547,518	\$39,747,000	\$2,199,482	6%
	Principal Payments	\$4,508,589	\$6,316,051	\$1,807,462	40%

**NORWALK 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	\$208,807,677	\$220,724,555	\$11,916,878	6%
2	MEDICARE MANAGED CARE	\$33,556,022	\$29,122,971	(\$4,433,051)	-13%
3	MEDICAID	\$75,052,237	\$75,908,806	\$856,569	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$366,203	\$260,692	(\$105,511)	-29%
6	COMMERCIAL INSURANCE	\$13,876,079	\$19,530,154	\$5,654,075	41%
7	NON-GOVERNMENT MANAGED CARE	\$111,468,252	\$104,010,175	(\$7,458,077)	-7%
8	WORKER'S COMPENSATION	\$2,493,273	\$3,102,201	\$608,928	24%
9	SELF- PAY/UNINSURED	\$7,178,824	\$5,833,457	(\$1,345,367)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$618,499	\$1,246,734	\$628,235	102%
	TOTAL INPATIENT GROSS REVENUE	\$453,417,066	\$459,739,745	\$6,322,679	1%
B.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$114,167,538	\$130,720,242	\$16,552,704	14%
2	MEDICARE MANAGED CARE	\$17,825,907	\$21,857,427	\$4,031,520	23%
3	MEDICAID	\$73,913,620	\$84,059,124	\$10,145,504	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$412,598	\$378,243	(\$34,355)	-8%
6	COMMERCIAL INSURANCE	\$25,270,876	\$32,183,757	\$6,912,881	27%
7	NON-GOVERNMENT MANAGED CARE	\$180,197,884	\$181,268,835	\$1,070,951	1%
8	WORKER'S COMPENSATION	\$5,777,351	\$6,211,623	\$434,272	8%
9	SELF- PAY/UNINSURED	\$28,397,840	\$27,848,639	(\$549,201)	-2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$884,820	\$799,592	(\$85,228)	-10%
	TOTAL OUTPATIENT GROSS REVENUE	\$446,848,434	\$485,327,482	\$38,479,048	9%
C.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$322,975,215	\$351,444,797	\$28,469,582	9%
2	MEDICARE MANAGED CARE	\$51,381,929	\$50,980,398	(\$401,531)	-1%
3	MEDICAID	\$148,965,857	\$159,967,930	\$11,002,073	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$778,801	\$638,935	(\$139,866)	-18%
6	COMMERCIAL INSURANCE	\$39,146,955	\$51,713,911	\$12,566,956	32%
7	NON-GOVERNMENT MANAGED CARE	\$291,666,136	\$285,279,010	(\$6,387,126)	-2%
8	WORKER'S COMPENSATION	\$8,270,624	\$9,313,824	\$1,043,200	13%
9	SELF- PAY/UNINSURED	\$35,576,664	\$33,682,096	(\$1,894,568)	-5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,503,319	\$2,046,326	\$543,007	36%
	TOTAL GROSS REVENUE	\$900,265,500	\$945,067,227	\$44,801,727	5%
II.	NET REVENUE BY PAYER				
A.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$61,942,085	\$69,902,581	\$7,960,496	13%
2	MEDICARE MANAGED CARE	\$8,299,044	\$8,468,731	\$169,687	2%

**NORWALK 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
3	MEDICAID	\$18,310,007	\$18,810,298	\$500,291	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$108,891	\$99,570	(\$9,321)	-9%
6	COMMERCIAL INSURANCE	\$6,697,009	\$10,338,127	\$3,641,118	54%
7	NON-GOVERNMENT MANAGED CARE	\$61,888,675	\$62,437,406	\$548,731	1%
8	WORKER'S COMPENSATION	\$1,509,840	\$1,555,537	\$45,697	3%
9	SELF- PAY/UNINSURED	\$477,473	\$251,805	(\$225,668)	-47%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$135,707	\$201,194	\$65,487	48%
	TOTAL INPATIENT NET REVENUE	\$159,368,731	\$172,065,249	\$12,696,518	8%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$21,993,110	\$25,164,278	\$3,171,168	14%
2	MEDICARE MANAGED CARE	\$3,788,446	\$3,597,197	(\$191,249)	-5%
3	MEDICAID	\$19,100,840	\$21,600,771	\$2,499,931	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$61,717	\$46,016	(\$15,701)	-25%
6	COMMERCIAL INSURANCE	\$12,815,983	\$16,772,759	\$3,956,776	31%
7	NON-GOVERNMENT MANAGED CARE	\$105,896,659	\$108,967,503	\$3,070,844	3%
8	WORKER'S COMPENSATION	\$3,099,996	\$2,750,508	(\$349,488)	-11%
9	SELF- PAY/UNINSURED	\$2,259,639	\$1,689,789	(\$569,850)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$121,751	\$101,477	(\$20,274)	-17%
	TOTAL OUTPATIENT NET REVENUE	\$169,138,141	\$180,690,298	\$11,552,157	7%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$83,935,195	\$95,066,859	\$11,131,664	13%
2	MEDICARE MANAGED CARE	\$12,087,490	\$12,065,928	(\$21,562)	0%
3	MEDICAID	\$37,410,847	\$40,411,069	\$3,000,222	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$170,608	\$145,586	(\$25,022)	-15%
6	COMMERCIAL INSURANCE	\$19,512,992	\$27,110,886	\$7,597,894	39%
7	NON-GOVERNMENT MANAGED CARE	\$167,785,334	\$171,404,909	\$3,619,575	2%
8	WORKER'S COMPENSATION	\$4,609,836	\$4,306,045	(\$303,791)	-7%
9	SELF- PAY/UNINSURED	\$2,737,112	\$1,941,594	(\$795,518)	-29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$257,458	\$302,671	\$45,213	18%
	TOTAL NET REVENUE	\$328,506,872	\$352,755,547	\$24,248,675	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,916	4,990	74	2%
2	MEDICARE MANAGED CARE	704	686	(18)	-3%
3	MEDICAID	2,675	2,638	(37)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	10	15	5	50%
6	COMMERCIAL INSURANCE	561	682	121	22%
7	NON-GOVERNMENT MANAGED CARE	3,947	3,587	(360)	-9%
8	WORKER'S COMPENSATION	43	43	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	231	203	(28)	-12%
10	SAGA	0	0	0	0%
11	OTHER	23	33	10	43%
	TOTAL DISCHARGES	13,110	12,877	(233)	-2%
	B. PATIENT DAYS				
1	MEDICARE TRADITIONAL	27,039	27,395	356	1%
2	MEDICARE MANAGED CARE	4,174	3,698	(476)	-11%
3	MEDICAID	10,923	10,687	(236)	-2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	51	38	(13)	-25%
6	COMMERCIAL INSURANCE	2,038	2,685	647	32%
7	NON-GOVERNMENT MANAGED CARE	13,733	12,272	(1,461)	-11%
8	WORKER'S COMPENSATION	177	284	107	60%
9	SELF- PAY/UNINSURED	847	784	(63)	-7%
10	SAGA	0	0	0	0%
11	OTHER	89	168	79	89%
	TOTAL PATIENT DAYS	59,071	58,011	(1,060)	-2%
	C. OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	61,692	65,223	3,531	6%
2	MEDICARE MANAGED CARE	8,806	9,708	902	10%
3	MEDICAID	46,479	50,259	3,780	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	267	211	(56)	-21%
6	COMMERCIAL INSURANCE	15,156	18,635	3,479	23%
7	NON-GOVERNMENT MANAGED CARE	104,969	100,733	(4,236)	-4%
8	WORKER'S COMPENSATION	3,237	3,357	120	4%
9	SELF- PAY/UNINSURED	21,540	19,598	(1,942)	-9%
10	SAGA	0	0	0	0%
11	OTHER	217	221	4	2%
	TOTAL OUTPATIENT VISITS	262,363	267,945	5,582	2%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
A.					
1	MEDICARE TRADITIONAL	\$23,376,245	\$25,157,837	\$1,781,592	8%
2	MEDICARE MANAGED CARE	\$3,211,943	\$3,751,096	\$539,153	17%
3	MEDICAID	\$30,998,321	\$35,267,332	\$4,269,011	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$127,675	\$132,286	\$4,611	4%
6	COMMERCIAL INSURANCE	\$8,726,553	\$10,399,567	\$1,673,014	19%
7	NON-GOVERNMENT MANAGED CARE	\$41,097,385	\$42,153,861	\$1,056,476	3%
8	WORKER'S COMPENSATION	\$2,092,800	\$2,494,240	\$401,440	19%
9	SELF- PAY/UNINSURED	\$12,915,001	\$13,216,620	\$301,619	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$401,772	\$532,135	\$130,363	32%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$122,947,695	\$133,104,974	\$10,157,279	8%
	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
B.					
1	MEDICARE TRADITIONAL	\$4,816,095	\$3,265,917	(\$1,550,178)	-32%

**NORWALK 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
2	MEDICARE MANAGED CARE	\$923,897	\$466,908	(\$456,989)	-49%
3	MEDICAID	\$7,304,940	\$5,643,440	(\$1,661,500)	-23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$18,032	\$12,011	(\$6,021)	-33%
6	COMMERCIAL INSURANCE	\$6,065,795	\$5,791,055	(\$274,740)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$32,895,443	\$26,934,195	(\$5,961,248)	-18%
8	WORKER'S COMPENSATION	\$1,309,936	\$1,347,720	\$37,784	3%
9	SELF- PAY/UNINSURED	\$278,673	\$248,086	(\$30,587)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$82,359	\$70,463	(\$11,896)	-14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$53,695,170	\$43,779,795	(\$9,915,375)	-18%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	6,457	5,455	(1,002)	-16%
2	MEDICARE MANAGED CARE	953	860	(93)	-10%
3	MEDICAID	11,201	11,379	178	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	54	44	(10)	-19%
6	COMMERCIAL INSURANCE	2,323	2,556	233	10%
7	NON-GOVERNMENT MANAGED CARE	13,152	11,716	(1,436)	-11%
8	WORKER'S COMPENSATION	814	804	(10)	-1%
9	SELF- PAY/UNINSURED	3,973	3,779	(194)	-5%
10	SAGA	0	0	0	0%
11	OTHER	164	166	2	1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	39,091	36,759	(2,332)	-6%

NORWALK 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
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$45,733,017	\$46,444,000	\$710,983	2%
2	Physician Salaries	\$11,986,450	\$12,892,000	\$905,550	8%
3	Non-Nursing, Non-Physician Salaries	\$75,302,594	\$76,386,000	\$1,083,406	1%
	Total Salaries & Wages	\$133,022,061	\$135,722,000	\$2,699,939	2%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$9,992,314	\$6,219,000	(\$3,773,314)	-38%
2	Physician Fringe Benefits	\$2,283,503	\$3,182,000	\$898,497	39%
3	Non-Nursing, Non-Physician Fringe Benefits	\$21,288,563	\$29,802,000	\$8,513,437	40%
	Total Fringe Benefits	\$33,564,380	\$39,203,000	\$5,638,620	17%
C. Contractual Labor Fees:					
1	Nursing Fees	\$190,940	\$567,333	\$376,393	197%
2	Physician Fees	\$7,662,386	\$8,103,000	\$440,614	6%
3	Non-Nursing, Non-Physician Fees	\$5,440,237	\$5,454,416	\$14,179	0%
	Total Contractual Labor Fees	\$13,293,563	\$14,124,749	\$831,186	6%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$22,000,804	\$22,597,000	\$596,196	3%
2	Pharmaceutical Costs	\$9,140,729	\$15,450,000	\$6,309,271	69%
	Total Medical Supplies and Pharmaceutical Cost	\$31,141,533	\$38,047,000	\$6,905,467	22%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$8,325,635	\$9,731,000	\$1,405,365	17%
2	Depreciation-Equipment	\$10,113,544	\$10,533,000	\$419,456	4%
3	Amortization	\$198,627	\$0	(\$198,627)	-100%
	Total Depreciation and Amortization	\$18,637,806	\$20,264,000	\$1,626,194	9%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$2,456,725	\$1,952,000	(\$504,725)	-21%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,436,127	\$6,772,000	\$3,335,873	97%
I. Utilities:					
1	Water	\$183,266	\$224,536	\$41,270	23%
2	Natural Gas	\$2,550,842	\$2,066,516	(\$484,326)	-19%
3	Oil	\$221,636	\$83,890	(\$137,746)	-62%
4	Electricity	\$1,780,756	\$1,697,010	(\$83,746)	-5%
5	Telephone	\$600,366	\$722,832	\$122,466	20%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$5,336,866	\$4,794,784	(\$542,082)	-10%
J. Business Expenses:					
1	Accounting Fees	\$206,306	\$436,004	\$229,698	111%
2	Legal Fees	\$1,806,649	\$1,135,518	(\$671,131)	-37%
3	Consulting Fees	\$3,026,561	\$2,332,523	(\$694,038)	-23%
4	Dues and Membership	\$838,055	\$630,786	(\$207,269)	-25%
5	Equipment Leases	\$819,565	\$805,590	(\$13,975)	-2%
6	Building Leases	\$7,653,967	\$7,679,925	\$25,958	0%
7	Repairs and Maintenance	\$14,500,368	\$14,088,709	(\$411,659)	-3%
8	Insurance	\$680,907	\$752,427	\$71,520	11%
9	Travel	\$420,469	\$364,779	(\$55,690)	-13%
10	Conferences	\$27,197	\$22,388	(\$4,809)	-18%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$776,442	\$809,699	\$33,257	4%
12	General Supplies	\$594,030	\$521,842	(\$72,188)	-12%
13	Licenses and Subscriptions	\$208,017	\$186,184	(\$21,833)	-10%
14	Postage and Shipping	\$272,360	\$174,134	(\$98,226)	-36%
15	Advertising	\$1,494,445	\$108,856	(\$1,385,589)	-93%
16	Corporate parent/system fees	\$62,958	\$5,336,948	\$5,273,990	8377%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$2,608	\$15,196	\$12,588	483%
19	Dietary / Food Services	\$140,072	\$129,840	(\$10,232)	-7%
20	Lab Fees / Red Cross charges	\$1,123,452	\$1,300,511	\$177,059	16%
21	Billing & Collection / Bank Fees	\$1,345,559	\$2,092,680	\$747,121	56%
22	Recruiting / Employee Education & Recognition	\$1,911,354	\$1,547,675	(\$363,679)	-19%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$6,499,557	\$6,496,272	(\$3,285)	0%
25	Waste disposal	\$119,006	\$89,089	(\$29,917)	-25%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$15,701,283	\$14,465,831	(\$1,235,452)	-8%
28	Other Business Expenses	\$9,940,980	\$32,413,061	\$22,472,081	226%
	Total Business Expenses	\$70,172,167	\$93,936,467	\$23,764,300	34%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$311,061,228	\$354,816,000	\$43,754,772	14%
	*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	\$65,598,155	\$94,877,823	\$29,279,668	45%
2	General Accounting	\$3,156,827	\$2,828,706	(\$328,121)	-10%
3	Patient Billing & Collection	\$4,169,503	\$3,067,768	(\$1,101,735)	-26%
4	Admitting / Registration Office	\$2,251,991	\$3,262,680	\$1,010,689	45%
5	Data Processing	\$12,981,176	\$13,770,060	\$788,884	6%
6	Communications	\$183,380	\$135,971	(\$47,409)	-26%
7	Personnel	\$4,190,034	\$5,136,453	\$946,419	23%
8	Public Relations	\$3,262,440	\$2,951,739	(\$310,701)	-10%
9	Purchasing	\$1,596,817	\$2,043,397	\$446,580	28%
10	Dietary and Cafeteria	\$5,707,067	\$6,167,483	\$460,416	8%
11	Housekeeping	\$4,343,643	\$4,515,206	\$171,563	4%
12	Laundry & Linen	\$1,313,602	\$1,366,437	\$52,835	4%
13	Operation of Plant	\$4,524,126	\$4,174,031	(\$350,095)	-8%
14	Security	\$1,317,122	\$5,318,009	\$4,000,887	304%
15	Repairs and Maintenance	\$4,712,064	\$4,937,053	\$224,989	5%
16	Central Sterile Supply	\$1,583,350	\$1,684,328	\$100,978	6%
17	Pharmacy Department	\$12,729,037	\$12,088,670	(\$640,367)	-5%
18	Other General Services	\$14,174,011	\$9,269,408	(\$4,904,603)	-35%
	Total General Services	\$147,794,345	\$177,595,222	\$29,800,877	20%
B.	Professional Services:				
1	Medical Care Administration	\$3,488,551	\$3,864,635	\$376,084	11%
2	Residency Program	\$5,121,514	\$5,140,934	\$19,420	0%
3	Nursing Services Administration	\$4,796,462	\$4,311,708	(\$484,754)	-10%
4	Medical Records	\$3,003,950	\$3,595,831	\$591,881	20%
5	Social Service	\$1,972,702	\$2,458,539	\$485,837	25%
6	Other Professional Services	\$773,028	\$993,052	\$220,024	28%
	Total Professional Services	\$19,156,207	\$20,364,699	\$1,208,492	6%
C.	Special Services:				

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$10,393,211	\$11,039,053	\$645,842	6%
2	Recovery Room	\$1,911,991	\$1,991,870	\$79,879	4%
3	Anesthesiology	\$994,025	\$1,304,450	\$310,425	31%
4	Delivery Room	\$3,514,997	\$3,612,492	\$97,495	3%
5	Diagnostic Radiology	\$15,596,373	\$16,683,853	\$1,087,480	7%
6	Diagnostic Ultrasound	\$967,526	\$808,822	(\$158,704)	-16%
7	Radiation Therapy	\$2,251,210	\$2,233,595	(\$17,615)	-1%
8	Radioisotopes	\$1,063,458	\$1,051,983	(\$11,475)	-1%
9	CT Scan	\$1,264,679	\$1,319,241	\$54,562	4%
10	Laboratory	\$12,203,649	\$12,464,652	\$261,003	2%
11	Blood Storing/Processing	\$1,300,056	\$1,093,572	(\$206,484)	-16%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,346,787	\$1,393,724	\$46,937	3%
14	Electroencephalography	\$361,228	\$493,058	\$131,830	36%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$199,384	\$192,130	(\$7,254)	-4%
17	Audiology	\$310,500	\$302,488	(\$8,012)	-3%
18	Respiratory Therapy	\$1,977,968	\$2,081,553	\$103,585	5%
19	Pulmonary Function	\$456,774	\$834,869	\$378,095	83%
20	Intravenous Therapy	\$938,610	\$7,578,269	\$6,639,659	707%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,500,126	\$3,974,004	\$473,878	14%
23	Renal Dialysis	\$648,073	\$658,295	\$10,222	2%
24	Emergency Room	\$15,258,278	\$16,887,712	\$1,629,434	11%
25	MRI	\$1,116,663	\$1,186,938	\$70,275	6%
26	PET Scan	\$360,522	\$322,260	(\$38,262)	-11%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,259,290	\$3,402,511	\$143,221	4%
29	Sleep Center	\$1,289,764	\$1,223,486	(\$66,278)	-5%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,227,215	\$5,583,940	\$356,725	7%
32	Occupational Therapy / Physical Therapy	\$5,069,515	\$4,867,709	(\$201,806)	-4%
33	Dental Clinic	\$324,615	\$359,317	\$34,702	11%
34	Other Special Services	\$13,544,964	\$14,022,454	\$477,490	4%
	Total Special Services	\$106,651,451	\$118,968,300	\$12,316,849	12%
D.	Routine Services:				
1	Medical & Surgical Units	\$15,262,839	\$15,899,700	\$636,861	4%
2	Intensive Care Unit	\$4,168,431	\$4,306,593	\$138,162	3%
3	Coronary Care Unit	\$5,431,471	\$4,980,454	(\$451,017)	-8%
4	Psychiatric Unit	\$2,162,379	\$2,265,565	\$103,186	5%
5	Pediatric Unit	\$1,559,551	\$1,796,955	\$237,404	15%
6	Maternity Unit	\$3,517,004	\$3,597,389	\$80,385	2%
7	Newborn Nursery Unit	\$124,897	\$122,058	(\$2,839)	-2%
8	Neonatal ICU	\$1,673,746	\$1,684,554	\$10,808	1%
9	Rehabilitation Unit	\$1,127,278	\$907,242	(\$220,036)	-20%
10	Ambulatory Surgery	\$1,932,778	\$1,790,141	(\$142,637)	-7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$498,851	\$537,128	\$38,277	8%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$37,459,225	\$37,887,779	\$428,554	1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$311,061,228	\$354,816,000	\$43,754,772	14%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$334,131,914	\$324,018,792	\$355,511,000
2	Other Operating Revenue	16,843,048	15,796,662	16,016,000
3	Total Operating Revenue	\$350,974,962	\$339,815,454	\$371,527,000
4	Total Operating Expenses	338,981,125	311,061,228	354,816,000
5	Income/(Loss) From Operations	\$11,993,837	\$28,754,226	\$16,711,000
6	Total Non-Operating Revenue	9,816,666	8,793,292	23,036,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$21,810,503	\$37,547,518	\$39,747,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.32%	8.25%	4.24%
2	Hospital Non Operating Margin	2.72%	2.52%	5.84%
3	Hospital Total Margin	6.05%	10.77%	10.07%
4	Income/(Loss) From Operations	\$11,993,837	\$28,754,226	\$16,711,000
5	Total Operating Revenue	\$350,974,962	\$339,815,454	\$371,527,000
6	Total Non-Operating Revenue	\$9,816,666	\$8,793,292	\$23,036,000
7	Total Revenue	\$360,791,628	\$348,608,746	\$394,563,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$21,810,503	\$37,547,518	\$39,747,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$207,578,029	\$265,968,153	\$280,584,110
2	Hospital Total Net Assets	\$247,213,116	\$313,160,208	\$349,714,145
3	Hospital Change in Total Net Assets	\$80,520,124	\$65,947,092	\$36,553,937
4	Hospital Change in Total Net Assets %	148.3%	26.7%	11.7%

NORWALK 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
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.36	0.34	0.37
2	Total Operating Expenses	\$338,981,125	\$311,061,228	\$354,816,000
3	Total Gross Revenue	\$913,394,783	\$900,265,499	\$945,067,227
4	Total Other Operating Revenue	\$16,843,048	\$15,792,359	\$14,524,481
5	<u>Private Payment to Cost Ratio</u>	1.56	1.67	1.58
6	Total Non-Government Payments	\$201,982,906	\$194,645,274	\$204,763,434
7	Total Uninsured Payments	\$2,853,510	\$2,737,112	\$1,941,594
8	Total Non-Government Charges	\$384,784,752	\$374,660,379	\$379,988,841
9	Total Uninsured Charges	\$35,146,642	\$35,576,664	\$33,682,096
10	<u>Medicare Payment to Cost Ratio</u>	0.72	0.76	0.72
11	Total Medicare Payments	\$100,509,240	\$96,022,685	\$107,132,787
12	Total Medicare Charges	\$382,688,495	\$374,357,144	\$402,425,195
13	<u>Medicaid Payment to Cost Ratio</u>	0.63	0.74	0.68
14	Total Medicaid Payments	\$33,024,913	\$37,410,847	\$40,411,069
15	Total Medicaid Charges	\$143,883,340	\$148,965,857	\$159,967,930
16	<u>Uncompensated Care Cost</u>	\$13,157,867	\$14,043,914	\$10,661,185
17	Charity Care	\$18,272,000	\$16,801,601	\$15,719,561
18	Bad Debts	\$17,836,044	\$24,556,938	\$13,113,368
19	Total Uncompensated Care	\$36,108,044	\$41,358,539	\$28,832,929
20	<u>Uncompensated Care % of Total Expenses</u>	3.9%	4.5%	3.0%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses	\$338,981,125	\$311,061,228	\$354,816,000
E. Liquidity Measures Summary				
1	Current Ratio	2	1	1
2	Total Current Assets	\$117,477,179	\$129,669,077	\$103,797,452
3	Total Current Liabilities	\$62,423,677	\$95,500,697	\$84,993,090
4	Days Cash on Hand	94	104	57
5	Cash and Cash Equivalents	\$73,750,817	\$74,550,518	\$43,468,380
6	Short Term Investments	8,738,868	8,764,926	8,795,652
7	Total Cash and Short Term Investments	\$82,489,685	\$83,315,444	\$52,264,032
8	Total Operating Expenses	\$338,981,125	\$311,061,228	\$354,816,000
9	Depreciation Expense	\$18,635,476	\$18,637,806	\$20,264,000
10	Operating Expenses less Depreciation Expense	\$320,345,649	\$292,423,422	\$334,552,000
11	Days Revenue in Patient Accounts Receivable	24	5	17
12	Net Patient Accounts Receivable	\$26,795,462	\$40,426,872	\$44,469,740
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,893,626	\$36,052,621	\$27,894,498
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$21,901,836	\$4,374,251	\$16,575,242
16	Total Net Patient Revenue	\$334,131,914	\$324,018,792	\$355,511,000
17	Average Payment Period	71	119	93
18	Total Current Liabilities	\$62,423,677	\$95,500,697	\$84,993,090
19	Total Operating Expenses	\$338,981,125	\$311,061,228	\$354,816,000
20	Depreciation Expense	\$18,635,476	\$18,637,806	\$20,264,000

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses less Depreciation Expense	\$320,345,649	\$292,423,422	\$334,552,000
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	45.7	51.4	54.7
2	Total Net Assets	\$247,213,116	\$313,160,208	\$349,714,145
3	Total Assets	\$540,691,043	\$609,496,496	\$639,545,086
4	<u>Cash Flow to Total Debt Ratio</u>	21.9	26.1	30.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$21,810,503	\$37,547,518	\$39,747,000
6	Depreciation Expense	\$18,635,476	\$18,637,806	\$20,264,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$40,445,979	\$56,185,324	\$60,011,000
8	Total Current Liabilities	\$62,423,677	\$95,500,697	\$84,993,090
9	Total Long Term Debt	\$122,361,397	\$120,004,287	\$110,363,236
10	Total Current Liabilities and Total Long Term Debt	\$184,785,074	\$215,504,984	\$195,356,326
11	<u>Long Term Debt to Capitalization Ratio</u>	33.1	27.7	24.0
12	Total Long Term Debt	\$122,361,397	\$120,004,287	\$110,363,236
13	Total Net Assets	\$247,213,116	\$313,160,208	\$349,714,145
14	Total Long Term Debt and Total Net Assets	\$369,574,513	\$433,164,495	\$460,077,381
15	<u>Debt Service Coverage Ratio</u>	2.8	8.4	7.5
16	Excess Revenues over Expenses	21,810,503	\$37,547,518	\$39,747,000
17	Interest Expense	2,529,391	\$2,456,725	\$1,952,000
18	Depreciation and Amortization Expense	18,635,476	\$18,637,806	\$20,264,000
19	Principal Payments	12,900,862	\$4,508,589	\$6,316,051
G. Other Financial Ratios				

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
20	<u>Average Age of Plant</u>	16.7	17.7	17.2
21	Accumulated Depreciation	310,387,551	328,979,797	349,245,364
22	Depreciation and Amortization Expense	18,635,476	18,637,806	20,264,000
H. <u>Utilization Measures Summary</u>				
1	Patient Days	59,611	59,071	58,011
2	Discharges	13,045	13,110	12,877
3	ALOS	4.6	4.5	4.5
4	Staffed Beds	168	192	190
5	Available Beds	-	333	331
6	Licensed Beds	334	366	366
7	Occupancy of Staffed Beds	97.2%	84.3%	83.6%
8	Occupancy of Available Beds	48.9%	48.6%	48.0%
9	Full Time Equivalent Employees	1,685.4	1,651.0	1,664.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	38.3%	37.7%	36.6%
2	Medicare Gross Revenue Payer Mix Percentage	41.9%	41.6%	42.6%
3	Medicaid Gross Revenue Payer Mix Percentage	15.8%	16.5%	16.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	3.8%	4.0%	3.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$349,638,110	\$339,083,715	\$346,306,745
9	Medicare Gross Revenue (Charges)	\$382,688,495	\$374,357,144	\$402,425,195
10	Medicaid Gross Revenue (Charges)	\$143,883,340	\$148,965,857	\$159,967,930
11	Other Medical Assistance Gross Revenue (Charges)	\$1,235,371	\$1,503,318	\$2,046,326
12	Uninsured Gross Revenue (Charges)	\$35,146,642	\$35,576,664	\$33,682,096
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$802,825	\$778,801	\$638,935
14	Total Gross Revenue (Charges)	\$913,394,783	\$900,265,499	\$945,067,227
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	59.3%	58.4%	57.5%
2	Medicare Net Revenue Payer Mix Percentage	29.9%	29.2%	30.4%
3	Medicaid Net Revenue Payer Mix Percentage	9.8%	11.4%	11.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.8%	0.8%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$199,129,396	\$191,908,162	\$202,821,840
9	Medicare Net Revenue (Payments)	\$100,509,240	\$96,022,685	\$107,132,787
10	Medicaid Net Revenue (Payments)	\$33,024,913	\$37,410,847	\$40,411,069

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$156,233	\$257,459	\$302,671
12	Uninsured Net Revenue (Payments)	\$2,853,510	\$2,737,112	\$1,941,594
13	CHAMPUS / TRICARE Net Revenue Payments)	\$222,747	\$170,608	\$145,586
14	Total Net Revenue (Payments)	\$335,896,039	\$328,506,873	\$352,755,547
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	4,907	4,782	4,515
2	Medicare	5,319	5,620	5,676
3	Medical Assistance	2,803	2,698	2,671
4	Medicaid	2,782	2,675	2,638
5	Other Medical Assistance	21	23	33
6	CHAMPUS / TRICARE	16	10	15
7	Uninsured (Included In Non-Government)	193	231	203
8	Total	13,045	13,110	12,877
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.07500	1.06088	1.05041
2	Medicare	1.44060	1.43390	1.41479
3	Medical Assistance	0.95943	0.95825	0.93492
4	Medicaid	0.95902	0.95816	0.93062
5	Other Medical Assistance	1.01380	0.96880	1.27826
6	CHAMPUS / TRICARE	1.52850	1.39163	0.68360
7	Uninsured (Included In Non-Government)	1.06510	1.11775	1.02842
8	Total Case Mix Index	1.19979	1.19992	1.18664
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	8,469	8,767	8,591
2	Emergency Room - Treated and Discharged	39,838	39,091	36,759
3	Total Emergency Room Visits	48,307	47,858	45,350

**NORWALK 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	\$696,051	\$1,052,736	\$356,685	51%
2	Inpatient Payments	\$159,219	\$343,646	\$184,427	116%
3	Outpatient Charges	\$269,958	\$409,810	\$139,852	52%
4	Outpatient Payments	\$57,443	\$53,083	(\$4,360)	-8%
5	Discharges	22	26	4	18%
6	Patient Days	81	118	37	46%
7	Outpatient Visits (Excludes ED Visits)	115	141	26	23%
8	Emergency Department Outpatient Visits	21	19	(2)	-10%
9	Emergency Department Inpatient Admissions	21	24	3	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$966,009	\$1,462,546	\$496,537	51%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$216,662	\$396,729	\$180,067	83%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$6,312,384	\$5,957,226	(\$355,158)	-6%
2	Inpatient Payments	\$1,575,029	\$1,764,178	\$189,149	12%
3	Outpatient Charges	\$3,779,979	\$5,271,169	\$1,491,190	39%
4	Outpatient Payments	\$800,665	\$754,104	(\$46,561)	-6%
5	Discharges	130	126	(4)	-3%
6	Patient Days	835	744	(91)	-11%
7	Outpatient Visits (Excludes ED Visits)	1,876	2,341	465	25%
8	Emergency Department Outpatient Visits	155	145	(10)	-6%
9	Emergency Department Inpatient Admissions	107	107	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,092,363	\$11,228,395	\$1,136,032	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,375,694	\$2,518,282	\$142,588	6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$10,023	\$0	(\$10,023)	-100%
4	Outpatient Payments	\$2,336	\$0	(\$2,336)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	8	0	(8)	-100%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,023	\$0	(\$10,023)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,336	\$0	(\$2,336)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,621,471	\$1,110,659	(\$510,812)	-32%
2	Inpatient Payments	\$359,815	\$279,793	(\$80,022)	-22%
3	Outpatient Charges	\$504,875	\$334,439	(\$170,436)	-34%
4	Outpatient Payments	\$96,782	\$38,317	(\$58,465)	-60%
5	Discharges	20	21	1	5%
6	Patient Days	179	143	(36)	-20%
7	Outpatient Visits (Excludes ED Visits)	261	117	(144)	-55%
8	Emergency Department Outpatient Visits	46	34	(12)	-26%
9	Emergency Department Inpatient Admissions	19	21	2	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,126,346	\$1,445,098	(\$681,248)	-32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$456,597	\$318,110	(\$138,487)	-30%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,698	\$7,773	\$5,075	188%
4	Outpatient Payments	\$445	\$712	\$267	60%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	3	4	1	33%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,698	\$7,773	\$5,075	188%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$445	\$712	\$267	60%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$15,645,451	\$12,324,589	(\$3,320,862)	-21%
2	Inpatient Payments	\$3,938,791	\$3,635,726	(\$303,065)	-8%
3	Outpatient Charges	\$7,936,122	\$9,359,199	\$1,423,077	18%
4	Outpatient Payments	\$1,696,042	\$1,654,791	(\$41,251)	-2%
5	Discharges	335	304	(31)	-9%
6	Patient Days	1,968	1,578	(390)	-20%
7	Outpatient Visits (Excludes ED Visits)	3,368	3,401	33	1%
8	Emergency Department Outpatient Visits	445	354	(91)	-20%
9	Emergency Department Inpatient Admissions	301	264	(37)	-12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,581,573	\$21,683,788	(\$1,897,785)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,634,833	\$5,290,517	(\$344,316)	-6%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$1,809,636	\$2,389,780	\$580,144	32%
2	Inpatient Payments	\$437,554	\$750,149	\$312,595	71%
3	Outpatient Charges	\$996,356	\$1,886,454	\$890,098	89%
4	Outpatient Payments	\$209,086	\$334,504	\$125,418	60%
5	Discharges	51	63	12	24%
6	Patient Days	242	369	127	52%
7	Outpatient Visits (Excludes ED Visits)	409	699	290	71%
8	Emergency Department Outpatient Visits	91	114	23	25%
9	Emergency Department Inpatient Admissions	49	62	13	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,805,992	\$4,276,234	\$1,470,242	52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$646,640	\$1,084,653	\$438,013	68%
I.	AETNA				
1	Inpatient Charges	\$6,610,327	\$5,835,897	(\$774,430)	-12%
2	Inpatient Payments	\$1,640,555	\$1,567,948	(\$72,607)	-4%
3	Outpatient Charges	\$4,246,664	\$4,529,311	\$282,647	7%
4	Outpatient Payments	\$907,701	\$752,684	(\$155,017)	-17%
5	Discharges	130	139	9	7%
6	Patient Days	758	697	(61)	-8%
7	Outpatient Visits (Excludes ED Visits)	1,782	2,120	338	19%
8	Emergency Department Outpatient Visits	180	184	4	2%
9	Emergency Department Inpatient Admissions	119	124	5	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,856,991	\$10,365,208	(\$491,783)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,548,256	\$2,320,632	(\$227,624)	-9%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$624,637	\$182,759	(\$441,878)	-71%
2	Inpatient Payments	\$141,944	\$58,897	(\$83,047)	-59%
3	Outpatient Charges	\$79,232	\$48,457	(\$30,775)	-39%
4	Outpatient Payments	\$17,946	\$6,865	(\$11,081)	-62%
5	Discharges	12	5	(7)	-58%
6	Patient Days	82	19	(63)	-77%
7	Outpatient Visits (Excludes ED Visits)	31	25	(6)	-19%
8	Emergency Department Outpatient Visits	13	6	(7)	-54%
9	Emergency Department Inpatient Admissions	11	5	(6)	-55%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$703,869	\$231,216	(\$472,653)	-67%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$159,890	\$65,762	(\$94,128)	-59%
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%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$236,065	\$269,325	\$33,260	14%
2	Inpatient Payments	\$46,137	\$68,394	\$22,257	48%
3	Outpatient Charges	\$0	\$10,815	\$10,815	0%
4	Outpatient Payments	\$0	\$2,137	\$2,137	0%
5	Discharges	4	2	(2)	-50%
6	Patient Days	29	30	1	3%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	3	3	0%
9	Emergency Department Inpatient Admissions	4	2	(2)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$236,065	\$280,140	\$44,075	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$46,137	\$70,531	\$24,394	53%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$33,556,022	\$29,122,971	(\$4,433,051)	-13%
	TOTAL INPATIENT PAYMENTS	\$8,299,044	\$8,468,731	\$169,687	2%
	TOTAL OUTPATIENT CHARGES	\$17,825,907	\$21,857,427	\$4,031,520	23%
	TOTAL OUTPATIENT PAYMENTS	\$3,788,446	\$3,597,197	(\$191,249)	-5%
	TOTAL DISCHARGES	704	686	(18)	-3%
	TOTAL PATIENT DAYS	4,174	3,698	(476)	-11%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,853	8,848	995	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	953	860	(93)	-10%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	631	609	(22)	-3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$51,381,929	\$50,980,398	(\$401,531)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,087,490	\$12,065,928	(\$21,562)	0%

**NORWALK 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%

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

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

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

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

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

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

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

WESTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$364,800,437	\$961,369,530	\$1,123,822,000
2	Other Operating Revenue	18,994,632	32,255,500	33,617,000
3	Total Operating Revenue	\$383,795,069	\$993,625,030	\$1,157,439,000
4	Total Operating Expenses	369,760,151	961,175,602	1,144,647,000
5	Income/(Loss) From Operations	\$14,034,918	\$32,449,428	\$12,792,000
6	Total Non-Operating Revenue	10,731,419	316,766,946	18,590,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$24,766,337	\$349,216,374	\$31,382,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.56%	2.48%	1.09%
2	Parent Corporation Non-Operating Margin	2.72%	24.17%	1.58%
3	Parent Corporation Total Margin	6.28%	26.65%	2.67%
4	Income/(Loss) From Operations	\$14,034,918	\$32,449,428	\$12,792,000
5	Total Operating Revenue	\$383,795,069	\$993,625,030	\$1,157,439,000
6	Total Non-Operating Revenue	\$10,731,419	\$316,766,946	\$18,590,000
7	Total Revenue	\$394,526,488	\$1,310,391,976	\$1,176,029,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$24,766,337	\$349,216,374	\$31,382,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$239,539,585	\$661,351,254	\$603,321,000
2	Parent Corporation Total Net Assets	\$292,364,747	\$797,554,121	\$755,290,000
3	Parent Corporation Change in Total Net Assets	\$88,226,023	\$505,189,374	(\$42,264,121)
4	Parent Corporation Change in Total Net Assets %	143.2%	172.8%	-5.3%

WESTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	2.28	1.68	1.71
2	Total Current Assets	\$156,109,818	\$358,412,968	\$333,308,000
3	Total Current Liabilities	\$68,363,046	\$213,255,628	\$194,747,000
4	<u>Days Cash on Hand</u>	121	64	35
5	Cash and Cash Equivalents	\$82,407,195	\$144,314,483	\$89,299,000
6	Short Term Investments	\$33,656,759	\$14,004,464	\$13,983,000
7	Total Cash and Short Term Investments	\$116,063,954	\$158,318,947	\$103,282,000
8	Total Operating Expenses	\$369,760,151	\$961,175,602	\$1,144,647,000
9	Depreciation Expense	\$19,123,385	\$53,445,138	\$68,744,000
10	Operating Expenses less Depreciation Expense	\$350,636,766	\$907,730,464	\$1,075,903,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	24	28	32
12	Net Patient Accounts Receivable	\$ 28,873,592	\$ 128,633,349	\$ 143,408,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,008,734	\$53,635,921	\$46,275,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 23,864,858	\$ 74,997,428	\$ 97,133,000
16	Total Net Patient Revenue	\$364,800,437	\$961,369,530	\$1,123,822,000
17	<u>Average Payment Period</u>	71	86	66
18	Total Current Liabilities	\$68,363,046	\$213,255,628	\$194,747,000
19	Total Operating Expenses	\$369,760,151	\$961,175,602	\$1,144,647,000
20	Depreciation Expense	\$19,123,385	\$53,445,138	\$68,744,000
20	Total Operating Expenses less Depreciation Expense	\$350,636,766	\$907,730,464	\$1,075,903,000

WESTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	49.0	48.9	46.9
2	Total Net Assets	\$292,364,747	\$797,554,121	\$755,290,000
3	Total Assets	\$596,447,149	\$1,630,137,836	\$1,611,942,000
4	<u>Cash Flow to Total Debt Ratio</u>	22.7	69.8	18.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$24,766,337	\$349,216,374	\$31,382,000
6	Depreciation Expense	\$19,123,385	\$53,445,138	\$68,744,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$43,889,722	\$402,661,512	\$100,126,000
8	Total Current Liabilities	\$68,363,046	\$213,255,628	\$194,747,000
9	Total Long Term Debt	\$125,030,298	\$363,726,412	\$354,959,000
10	Total Current Liabilities and Total Long Term Debt	\$193,393,344	\$576,982,040	\$549,706,000
11	<u>Long Term Debt to Capitalization Ratio</u>	30.0	31.3	32.0
12	Total Long Term Debt	\$125,030,298	\$363,726,412	\$354,959,000
13	Total Net Assets	\$292,364,747	\$797,554,121	\$755,290,000
14	Total Long Term Debt and Total Net Assets	\$417,395,045	\$1,161,280,533	\$1,110,249,000

NORWALK 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	32,874	9,196	9,141	103	165	87.4%	54.6%
2	ICU/CCU (Excludes Neonatal ICU)	11,498	1,669	0	36	49	87.5%	64.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	2,777	462	457	10	20	76.1%	38.0%
	TOTAL PSYCHIATRIC	2,777	462	457	10	20	76.1%	38.0%
5	Rehabilitation	1,342	85	85	6	12	61.3%	30.6%
6	Maternity	4,040	1,385	1,377	15	32	73.8%	34.6%
7	Newborn	3,214	1,268	1,359	10	20	88.1%	44.0%
8	Neonatal ICU	1,359	104	0	6	16	62.1%	23.3%
9	Pediatric	907	377	377	4	17	62.1%	14.6%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	54,797	11,609	11,437	180	311	83.4%	48.3%
	TOTAL INPATIENT BED UTILIZATION	58,011	12,877	12,796	190	331	83.6%	48.0%
	TOTAL INPATIENT REPORTED YEAR	58,011	12,877	12,796	190	331	83.6%	48.0%
	TOTAL INPATIENT PRIOR YEAR	59,071	13,110	11,224	192	333	84.3%	48.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,060	-233	1,572	-2	-2	-0.6%	-0.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	-2%	14%	-1%	-1%	-1%	-1%
	Total Licensed Beds and Bassinets	366						
(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.								

NORWALK 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	7,916	7,614	-302	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	13,272	11,516	-1,756	-13%
3	Emergency Department Scans	9,509	9,627	118	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	30,697	28,757	-1,940	-6%
B. MRI Scans (A)					
1	Inpatient Scans	1,270	1,141	-129	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,940	9,732	-208	-2%
3	Emergency Department Scans	171	216	45	26%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	11,381	11,089	-292	-3%
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	0	2	2	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	536	473	-63	-12%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	536	475	-61	-11%
(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	221	293	72	33%
2	Outpatient Procedures	7,692	7,530	-162	-2%
	Total Linear Accelerator Procedures	7,913	7,823	-90	-1%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	135	104	-31	-23%
2	Outpatient Procedures	44	29	-15	-34%
	Total Cardiac Catheterization Procedures	179	133	-46	-26%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	65	49	-16	-25%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	65	49	-16	-25%
H. Electrophysiology Studies					
1	Inpatient Studies	95	74	-21	-22%
2	Outpatient Studies	221	219	-2	-1%
	Total Electrophysiology Studies	316	293	-23	-7%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,821	2,685	-136	-5%
2	Outpatient Surgical Procedures	7,856	7,107	-749	-10%
	Total Surgical Procedures	10,677	9,792	-885	-8%
J. Endoscopy Procedures					

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	652	535	-117	-18%
2	Outpatient Endoscopy Procedures	6,439	6,297	-142	-2%
	Total Endoscopy Procedures	7,091	6,832	-259	-4%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	8,767	8,591	-176	-2%
2	Emergency Room Visits: Treated and Discharged	39,091	36,759	-2,332	-6%
	Total Emergency Room Visits	47,858	45,350	-2,508	-5%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	1,178	1,628	450	38%
3	Psychiatric Clinic Visits	9,142	10,838	1,696	19%
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	15	65	50	333%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	110	86	-24	-22%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	558	488	-70	-13%
13	Specialty Clinic Visits - Other Speciality Clinics	7,012	8,138	1,126	16%
	Total Hospital Clinic Visits	18,015	21,243	3,228	18%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	9,621	8,917	-704	-7%
2	Cardiac Rehabilitation	437	507	70	16%
3	Chemotherapy	468	1,274	806	172%
4	Gastroenterology	7,115	6,903	-212	-3%
5	Other Outpatient Visits	171,858	178,692	6,834	4%
	Total Other Hospital Outpatient Visits	189,499	196,293	6,794	4%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	444.9	445.6	0.7	0%
2	Total Physician FTEs	90.0	90.8	0.8	1%
3	Total Non-Nursing and Non-Physician FTEs	1,116.1	1,128.5	12.4	1%
	Total Hospital Full Time Equivalent Employees	1,651.0	1,664.9	13.9	1%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Norwalk Hospital	7,856	7,107	-749	-10%
	Total Outpatient Surgical Procedures(A)	7,856	7,107	-749	-10%
B. Outpatient Endoscopy Procedures					
1	Norwalk Hospital	6,439	6,297	-142	-2%
	Total Outpatient Endoscopy Procedures(B)	6,439	6,297	-142	-2%
C. Outpatient Hospital Emergency Room Visits					
1	Norwalk Hospital	39,091	36,759	-2,332	-6%
	Total Outpatient Hospital Emergency Room Visits(C)	39,091	36,759	-2,332	-6%
(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.					

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$242,363,699	\$249,847,526	\$7,483,827	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$70,241,129	\$78,371,312	\$8,130,183	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.98%	31.37%	2.39%	8%
4	DISCHARGES	5,620	5,676	56	1%
5	CASE MIX INDEX (CMI)	1.43390	1.41479	(0.01911)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,058.51800	8,030.34804	(28.16996)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,716.38	\$9,759.39	\$1,043.01	12%
8	PATIENT DAYS	31,213	31,093	(120)	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,250.38	\$2,520.55	\$270.16	12%
10	AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)	-1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$131,993,445	\$152,577,669	\$20,584,224	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,781,556	\$28,761,475	\$2,979,919	12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.53%	18.85%	-0.68%	-3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	54.46%	61.07%	6.61%	12%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,060.70242	3,466.23744	405.53502	13%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,423.41	\$8,297.61	(\$125.80)	-1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$374,357,144	\$402,425,195	\$28,068,051	7%
18	TOTAL ACCRUED PAYMENTS	\$96,022,685	\$107,132,787	\$11,110,102	12%
19	TOTAL ALLOWANCES	\$278,334,459	\$295,292,408	\$16,957,949	6%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$135,016,428	\$132,475,987	(\$2,540,441)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$70,572,997	\$74,582,875	\$4,009,878	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.27%	56.30%	4.03%	8%
4	DISCHARGES	4,782	4,515	(267)	-6%
5	CASE MIX INDEX (CMI)	1.06088	1.05041	(0.01047)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,073.12816	4,742.60115	(330.52701)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,911.14	\$15,726.15	\$1,815.01	13%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$5,194.76)	(\$5,966.76)	(\$772.00)	15%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$26,353,669)	(\$28,297,973)	(\$1,944,304)	7%
10	PATIENT DAYS	16,795	16,025	(770)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,202.02	\$4,654.16	\$452.13	11%
12	AVERAGE LENGTH OF STAY	3.5	3.5	0.0	1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$239,643,951	\$247,512,854	\$7,868,903	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$124,072,277	\$130,180,559	\$6,108,282	5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.77%	52.60%	0.82%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	177.49%	186.84%	9.34%	5%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,487.68843	8,435.64605	(52.04238)	-1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,617.91	\$15,432.20	\$814.29	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$6,194.50)	(\$7,134.59)	(\$940.09)	15%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$52,576,985)	(\$60,184,886)	(\$7,607,901)	14%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$374,660,379	\$379,988,841	\$5,328,462	1%
22	TOTAL ACCRUED PAYMENTS	\$194,645,274	\$204,763,434	\$10,118,160	5%
23	TOTAL ALLOWANCES	\$180,015,105	\$175,225,407	(\$4,789,698)	-3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$78,930,654)	(\$88,482,859)	(\$9,552,205)	12%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$339,083,715	\$346,306,745	\$7,223,030	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$191,908,163	\$202,821,840	\$10,913,677	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,175,552	\$143,484,905	(\$3,690,647)	-3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.40%	41.43%	-1.97%	

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$7,178,824	\$5,833,457	(\$1,345,367)	-19%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$477,473	\$251,805	(\$225,668)	-47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.65%	4.32%	-2.33%	-35%
4	DISCHARGES	231	203	(28)	-12%
5	CASE MIX INDEX (CMI)	1.11775	1.02842	(0.08933)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	258.20025	208.76926	(49.43099)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,849.24	\$1,206.14	(\$643.10)	-35%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$12,061.90	\$14,520.01	\$2,458.11	20%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,867.15	\$8,553.25	\$1,686.10	25%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,773,099	\$1,785,656	\$12,557	1%
11	PATIENT DAYS	847	784	(63)	-7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$563.72	\$321.18	(\$242.54)	-43%
13	AVERAGE LENGTH OF STAY	3.7	3.9	0.2	5%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$28,397,840	\$27,848,639	(\$549,201)	-2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,259,639	\$1,689,789	(\$569,850)	-25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.96%	6.07%	-1.89%	-24%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	395.58%	477.40%	81.82%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	913.78491	969.11209	55.32718	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,472.83	\$1,743.65	(\$729.19)	-29%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,145.08	\$13,688.55	\$1,543.47	13%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,950.58	\$6,553.96	\$603.38	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,437,547	\$6,351,522	\$913,975	17%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$35,576,664	\$33,682,096	(\$1,894,568)	-5%
24	TOTAL ACCRUED PAYMENTS	\$2,737,112	\$1,941,594	(\$795,518)	-29%
25	TOTAL ALLOWANCES	\$32,839,552	\$31,740,502	(\$1,099,050)	-3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,210,647	\$8,137,178	\$926,531	13%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$75,052,237	\$75,908,806	\$856,569	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,310,007	\$18,810,298	\$500,291	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.40%	24.78%	0.38%	2%
4	DISCHARGES	2,675	2,638	(37)	-1%
5	CASE MIX INDEX (CMI)	0.95816	0.93062	(0.02754)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,563.07800	2,454.97556	(108.10244)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,143.76	\$7,662.11	\$518.35	7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,767.38	\$8,064.04	\$1,296.66	19%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,572.63	\$2,097.28	\$524.65	33%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,030,762	\$5,148,770	\$1,118,008	28%
11	PATIENT DAYS	10,923	10,687	(236)	-2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,676.28	\$1,760.11	\$83.83	5%
13	AVERAGE LENGTH OF STAY	4.1	4.1	(0.0)	-1%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$73,913,620	\$84,059,124	\$10,145,504	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,100,840	\$21,600,771	\$2,499,931	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.84%	25.70%	-0.14%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	98.48%	110.74%	12.25%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,634.41759	2,921.24170	286.82410	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,250.50	\$7,394.38	\$143.88	2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,367.41	\$8,037.82	\$670.40	9%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,172.91	\$903.23	(\$269.69)	-23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,089,943	\$2,638,544	(\$451,400)	-15%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$148,965,857	\$159,967,930	\$11,002,073	7%
24	TOTAL ACCRUED PAYMENTS	\$37,410,847	\$40,411,069	\$3,000,222	8%
25	TOTAL ALLOWANCES	\$111,555,010	\$119,556,861	\$8,001,851	7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,120,706	\$7,787,314	\$666,608	9%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$618,499	\$1,246,734	\$628,235	102%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$135,707	\$201,194	\$65,487	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.94%	16.14%	-5.80%	-26%
4	DISCHARGES	23	33	10	43%
5	CASE MIX INDEX (CMI)	0.96880	1.27826	0.30946	32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	22.28240	42.18258	19.90018	89%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,090.32	\$4,769.60	(\$1,320.72)	-22%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,820.82	\$10,956.55	\$3,135.74	40%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,626.06	\$4,989.79	\$2,363.73	90%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$58,515	\$210,482	\$151,967	260%
11	PATIENT DAYS	89	168	79	89%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,524.80	\$1,197.58	(\$327.21)	-21%
13	AVERAGE LENGTH OF STAY	3.9	5.1	1.2	32%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$884,819	\$799,592	(\$85,227)	-10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$121,752	\$101,477	(\$20,275)	-17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.76%	12.69%	-1.07%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.06%	64.13%	-78.92%	-55%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	32.90359	21.16453	(11.73906)	-36%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,700.27	\$4,794.67	\$1,094.41	30%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$10,917.65	\$10,637.52	(\$280.12)	-3%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,723.15	\$3,502.93	(\$1,220.21)	-26%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$155,408	\$74,138	(\$81,271)	-52%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$1,503,318	\$2,046,326	\$543,008	36%
24	TOTAL ACCRUED PAYMENTS	\$257,459	\$302,671	\$45,212	18%
25	TOTAL ALLOWANCES	\$1,245,859	\$1,743,655	\$497,796	40%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$213,923	\$284,620	\$70,697	33%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F.	<u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>				
	<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$75,670,736	\$77,155,540	\$1,484,804	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,445,714	\$19,011,492	\$565,778	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.38%	24.64%	0.26%	1%
4	DISCHARGES	2,698	2,671	(27)	-1%
5	CASE MIX INDEX (CMI)	0.95825	0.93492	(0.02334)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,585.36040	2,497.15814	(88.20226)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,134.68	\$7,613.25	\$478.57	7%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,776.46	\$8,112.90	\$1,336.44	20%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,581.70	\$2,146.14	\$564.44	36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,089,277	\$5,359,252	\$1,269,975	31%
11	PATIENT DAYS	11,012	10,855	(157)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,675.06	\$1,751.40	\$76.35	5%
13	AVERAGE LENGTH OF STAY	4.1	4.1	(0.0)	0%
	<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$74,798,439	\$84,858,716	\$10,060,277	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,222,592	\$21,702,248	\$2,479,656	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.70%	25.57%	-0.12%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	98.85%	109.98%	11.14%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,667.32118	2,942.40622	275.08504	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,206.70	\$7,375.68	\$168.98	2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,411.21	\$8,056.52	\$645.31	9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,216.71	\$921.93	(\$294.78)	-24%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,245,352	\$2,712,682	(\$532,670)	-16%
	<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$150,469,175	\$162,014,256	\$11,545,081	8%
24	TOTAL ACCRUED PAYMENTS	\$37,668,306	\$40,713,740	\$3,045,434	8%
25	TOTAL ALLOWANCES	\$112,800,869	\$121,300,516	\$8,499,647	8%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$366,203	\$260,692	(\$105,511)	-29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$108,891	\$99,570	(\$9,321)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.74%	38.19%	8.46%	28%
4	DISCHARGES	10	15	5	50%
5	CASE MIX INDEX (CMI)	1.39163	0.68360	(0.70803)	-51%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13.91630	10.25400	(3.66230)	-26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,824.71	\$9,710.36	\$1,885.65	24%
8	PATIENT DAYS	51	38	(13)	-25%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,135.12	\$2,620.26	\$485.15	23%
10	AVERAGE LENGTH OF STAY	5.1	2.5	(2.6)	-50%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$412,598	\$378,243	(\$34,355)	-8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,717	\$46,016	(\$15,701)	-25%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$778,801	\$638,935	(\$139,866)	-18%
14	TOTAL ACCRUED PAYMENTS	\$170,608	\$145,586	(\$25,022)	-15%
15	TOTAL ALLOWANCES	\$608,193	\$493,349	(\$114,844)	-19%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$15,792,359	\$14,524,481	(\$1,267,878)	-8%
2	TOTAL OPERATING EXPENSES	\$311,061,228	\$354,816,000	\$43,754,772	14%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$16,801,601	\$15,719,561	(\$1,082,040)	-6%
5	BAD DEBTS (CHARGES)	\$24,556,938	\$13,113,368	(\$11,443,570)	-47%
6	UNCOMPENSATED CARE (CHARGES)	\$41,358,539	\$28,832,929	(\$12,525,610)	-30%
7	COST OF UNCOMPENSATED CARE	\$14,260,563	\$10,478,854	(\$3,781,708)	-27%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$150,469,175	\$162,014,256	\$11,545,081	8%
9	TOTAL ACCRUED PAYMENTS	\$37,668,306	\$40,713,740	\$3,045,434	8%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$51,882,276	\$58,881,420	\$6,999,144	13%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$14,213,970	\$18,167,680	\$3,953,710	28%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$453,417,066	\$459,739,745	\$6,322,679	1%
2	TOTAL INPATIENT PAYMENTS	\$159,368,731	\$172,065,249	\$12,696,518	8%
3	TOTAL INPATIENT PAYMENTS / CHARGES	35.15%	37.43%	2.28%	6%
4	TOTAL DISCHARGES	13,110	12,877	(233)	-2%
5	TOTAL CASE MIX INDEX	1.19992	1.18664	(0.01328)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,730.92286	15,280.36133	(450.56153)	-3%
7	TOTAL OUTPATIENT CHARGES	\$446,848,433	\$485,327,482	\$38,479,049	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	98.55%	105.57%	7.01%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$169,138,142	\$180,690,298	\$11,552,156	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.85%	37.23%	-0.62%	-2%
11	TOTAL CHARGES	\$900,265,499	\$945,067,227	\$44,801,728	5%
12	TOTAL PAYMENTS	\$328,506,873	\$352,755,547	\$24,248,674	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	36.49%	37.33%	0.84%	2%
14	PATIENT DAYS	59,071	58,011	(1,060)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$318,400,638	\$327,263,758	\$8,863,120	3%
2	INPATIENT PAYMENTS	\$88,795,734	\$97,482,374	\$8,686,640	10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.89%	29.79%	1.90%	7%
4	DISCHARGES	8,328	8,362	34	0%
5	CASE MIX INDEX	1.27975	1.26020	(0.01956)	-2%
6	CASE MIX ADJUSTED DISCHARGES	10,657.79470	10,537.76018	(120.03452)	-1%
7	OUTPATIENT CHARGES	\$207,204,482	\$237,814,628	\$30,610,146	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	65.08%	72.67%	7.59%	12%
9	OUTPATIENT PAYMENTS	\$45,065,865	\$50,509,739	\$5,443,874	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.75%	21.24%	-0.51%	-2%
11	TOTAL CHARGES	\$525,605,120	\$565,078,386	\$39,473,266	8%
12	TOTAL PAYMENTS	\$133,861,599	\$147,992,113	\$14,130,514	11%
13	TOTAL PAYMENTS / CHARGES	25.47%	26.19%	0.72%	3%
14	PATIENT DAYS	42,276	41,986	(290)	-1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$391,743,521	\$417,086,273	\$25,342,752	6%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.6	5.5	(0.1)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	0.0	1%
3	UNINSURED	3.7	3.9	0.2	5%
4	MEDICAID	4.1	4.1	(0.0)	-1%
5	OTHER MEDICAL ASSISTANCE	3.9	5.1	1.2	32%
6	CHAMPUS / TRICARE	5.1	2.5	(2.6)	-50%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.5	(0.0)	0%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$900,265,499	\$945,067,227	\$44,801,728	5%
2	TOTAL GOVERNMENT DEDUCTIONS	\$391,743,521	\$417,086,273	\$25,342,752	6%
3	UNCOMPENSATED CARE	\$41,358,539	\$28,832,929	(\$12,525,610)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,175,552	\$143,484,905	(\$3,690,647)	-3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,573,325	\$12,193,961	\$2,620,636	27%
6	TOTAL ADJUSTMENTS	\$589,850,937	\$601,598,068	\$11,747,131	2%
7	TOTAL ACCRUED PAYMENTS	\$310,414,562	\$343,469,159	\$33,054,597	11%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$310,414,562	\$343,469,159	\$33,054,597	11%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3448033523	0.3634335730	0.0186302207	5%
11	COST OF UNCOMPENSATED CARE	\$14,260,563	\$10,478,854	(\$3,781,708)	-27%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$14,213,970	\$18,167,680	\$3,953,710	28%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,474,533	\$28,646,534	\$172,001	1%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,089,943	\$2,638,544	(\$451,400)	-15%
2	OTHER MEDICAL ASSISTANCE	\$213,923	\$284,620	\$70,697	33%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,210,647	\$8,137,178	\$926,531	13%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$10,514,513	\$11,060,342	\$545,828	5%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,608,950	\$18,479,767	\$3,870,817	26.50%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$5,450,326)	\$2,755,453	\$8,205,779	-150.56%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$323,056,547	\$355,511,000	\$32,454,453	10.05%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$900,265,500	\$945,067,226	\$44,801,726	4.98%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$962,245	\$0	(\$962,245)	-100.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$42,320,784	\$28,832,929	(\$13,487,855)	-31.87%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$135,016,428	\$132,475,987	(\$2,540,441)
2	MEDICARE	\$242,363,699	249,847,526	\$7,483,827
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$75,670,736	77,155,540	\$1,484,804
4	MEDICAID	\$75,052,237	75,908,806	\$856,569
5	OTHER MEDICAL ASSISTANCE	\$618,499	1,246,734	\$628,235
6	CHAMPUS / TRICARE	\$366,203	260,692	(\$105,511)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,178,824	5,833,457	(\$1,345,367)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$318,400,638	\$327,263,758	\$8,863,120
	TOTAL INPATIENT CHARGES	\$453,417,066	\$459,739,745	\$6,322,679
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$239,643,951	\$247,512,854	\$7,868,903
2	MEDICARE	\$131,993,445	152,577,669	\$20,584,224
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$74,798,439	84,858,716	\$10,060,277
4	MEDICAID	\$73,913,620	84,059,124	\$10,145,504
5	OTHER MEDICAL ASSISTANCE	\$884,819	799,592	(\$85,227)
6	CHAMPUS / TRICARE	\$412,598	378,243	(\$34,355)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$28,397,840	27,848,639	(\$549,201)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$207,204,482	\$237,814,628	\$30,610,146
	TOTAL OUTPATIENT CHARGES	\$446,848,433	\$485,327,482	\$38,479,049
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$374,660,379	\$379,988,841	\$5,328,462
2	TOTAL MEDICARE	\$374,357,144	\$402,425,195	\$28,068,051
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$150,469,175	\$162,014,256	\$11,545,081
4	TOTAL MEDICAID	\$148,965,857	\$159,967,930	\$11,002,073
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,503,318	\$2,046,326	\$543,008
6	TOTAL CHAMPUS / TRICARE	\$778,801	\$638,935	(\$139,866)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$35,576,664	\$33,682,096	(\$1,894,568)
	TOTAL GOVERNMENT CHARGES	\$525,605,120	\$565,078,386	\$39,473,266
	TOTAL CHARGES	\$900,265,499	\$945,067,227	\$44,801,728
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,572,997	\$74,582,875	\$4,009,878
2	MEDICARE	\$70,241,129	78,371,312	\$8,130,183
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,445,714	19,011,492	\$565,778
4	MEDICAID	\$18,310,007	18,810,298	\$500,291
5	OTHER MEDICAL ASSISTANCE	\$135,707	201,194	\$65,487
6	CHAMPUS / TRICARE	\$108,891	99,570	(\$9,321)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$477,473	251,805	(\$225,668)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$88,795,734	\$97,482,374	\$8,686,640
	TOTAL INPATIENT PAYMENTS	\$159,368,731	\$172,065,249	\$12,696,518
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$124,072,277	\$130,180,559	\$6,108,282
2	MEDICARE	\$25,781,556	28,761,475	\$2,979,919
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,222,592	21,702,248	\$2,479,656
4	MEDICAID	\$19,100,840	21,600,771	\$2,499,931
5	OTHER MEDICAL ASSISTANCE	\$121,752	101,477	(\$20,275)
6	CHAMPUS / TRICARE	\$61,717	46,016	(\$15,701)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,259,639	1,689,789	(\$569,850)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$45,065,865	\$50,509,739	\$5,443,874
	TOTAL OUTPATIENT PAYMENTS	\$169,138,142	\$180,690,298	\$11,552,156
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$194,645,274	\$204,763,434	\$10,118,160
2	TOTAL MEDICARE	\$96,022,685	\$107,132,787	\$11,110,102
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,668,306	\$40,713,740	\$3,045,434
4	TOTAL MEDICAID	\$37,410,847	\$40,411,069	\$3,000,222
5	TOTAL OTHER MEDICAL ASSISTANCE	\$257,459	\$302,671	\$45,212
6	TOTAL CHAMPUS / TRICARE	\$170,608	\$145,586	(\$25,022)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,737,112	\$1,941,594	(\$795,518)
	TOTAL GOVERNMENT PAYMENTS	\$133,861,599	\$147,992,113	\$14,130,514
	TOTAL PAYMENTS	\$328,506,873	\$352,755,547	\$24,248,674

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.00%	14.02%	-0.98%
2	MEDICARE	26.92%	26.44%	-0.48%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.41%	8.16%	-0.24%
4	MEDICAID	8.34%	8.03%	-0.30%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.13%	0.06%
6	CHAMPUS / TRICARE	0.04%	0.03%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.80%	0.62%	-0.18%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.37%	34.63%	-0.74%
	TOTAL INPATIENT PAYER MIX	50.36%	48.65%	-1.72%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.62%	26.19%	-0.43%
2	MEDICARE	14.66%	16.14%	1.48%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.31%	8.98%	0.67%
4	MEDICAID	8.21%	8.89%	0.68%
5	OTHER MEDICAL ASSISTANCE	0.10%	0.08%	-0.01%
6	CHAMPUS / TRICARE	0.05%	0.04%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.15%	2.95%	-0.21%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.02%	25.16%	2.15%
	TOTAL OUTPATIENT PAYER MIX	49.64%	51.35%	1.72%
	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)	21.48%	21.14%	-0.34%
2	MEDICARE	21.38%	22.22%	0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.62%	5.39%	-0.23%
4	MEDICAID	5.57%	5.33%	-0.24%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.06%	0.02%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.15%	0.07%	-0.07%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.03%	27.63%	0.60%
	TOTAL INPATIENT PAYER MIX	48.51%	48.78%	0.26%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.77%	36.90%	-0.86%
2	MEDICARE	7.85%	8.15%	0.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.85%	6.15%	0.30%
4	MEDICAID	5.81%	6.12%	0.31%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.03%	-0.01%
6	CHAMPUS / TRICARE	0.02%	0.01%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.69%	0.48%	-0.21%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.72%	14.32%	0.60%
	TOTAL OUTPATIENT PAYER MIX	51.49%	51.22%	-0.26%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,782	4,515	(267)
2	MEDICARE	5,620	5,676	56
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,698	2,671	(27)
4	MEDICAID	2,675	2,638	(37)
5	OTHER MEDICAL ASSISTANCE	23	33	10
6	CHAMPUS / TRICARE	10	15	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	231	203	(28)
	TOTAL GOVERNMENT DISCHARGES	8,328	8,362	34
	TOTAL DISCHARGES	13,110	12,877	(233)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16,795	16,025	(770)
2	MEDICARE	31,213	31,093	(120)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,012	10,855	(157)
4	MEDICAID	10,923	10,687	(236)
5	OTHER MEDICAL ASSISTANCE	89	168	79
6	CHAMPUS / TRICARE	51	38	(13)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	847	784	(63)
	TOTAL GOVERNMENT PATIENT DAYS	42,276	41,986	(290)
	TOTAL PATIENT DAYS	59,071	58,011	(1,060)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	0.0
2	MEDICARE	5.6	5.5	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.1	4.1	(0.0)
4	MEDICAID	4.1	4.1	(0.0)
5	OTHER MEDICAL ASSISTANCE	3.9	5.1	1.2
6	CHAMPUS / TRICARE	5.1	2.5	(2.6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.9	0.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.5	4.5	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06088	1.05041	(0.01047)
2	MEDICARE	1.43390	1.41479	(0.01911)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95825	0.93492	(0.02334)
4	MEDICAID	0.95816	0.93062	(0.02754)
5	OTHER MEDICAL ASSISTANCE	0.96880	1.27826	0.30946
6	CHAMPUS / TRICARE	1.39163	0.68360	(0.70803)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.11775	1.02842	(0.08933)
	TOTAL GOVERNMENT CASE MIX INDEX	1.27975	1.26020	(0.01956)
	TOTAL CASE MIX INDEX	1.19992	1.18664	(0.01328)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$339,083,715	\$346,306,745	\$7,223,030
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$191,908,163	\$202,821,840	\$10,913,677
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,175,552	\$143,484,905	(\$3,690,647)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.40%	41.43%	-1.97%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,608,950	\$18,479,767	\$3,870,817
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,573,325	\$12,193,961	\$2,620,636
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$16,801,601	\$15,719,561	(\$1,082,040)
9	BAD DEBTS	\$24,556,938	\$13,113,368	(\$11,443,570)
10	TOTAL UNCOMPENSATED CARE	\$41,358,539	\$28,832,929	(\$12,525,610)
11	TOTAL OTHER OPERATING REVENUE	\$15,792,359	\$14,524,481	(\$1,267,878)
12	TOTAL OPERATING EXPENSES	\$311,061,228	\$354,816,000	\$43,754,772

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,073.12816	4,742.60115	(330.52701)
2	MEDICARE	8,058.51800	8,030.34804	(28.16996)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,585.36040	2,497.15814	(88.20226)
4	MEDICAID	2,563.07800	2,454.97556	(108.10244)
5	OTHER MEDICAL ASSISTANCE	22.28240	42.18258	19.90018
6	CHAMPUS / TRICARE	13.91630	10.25400	(3.66230)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	258.20025	208.76926	(49.43099)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	10,657.79470	10,537.76018	(120.03452)
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,730.92286	15,280.36133	(450.56153)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,487.68843	8,435.64605	-52.04238
2	MEDICARE	3,060.70242	3,466.23744	405.53502
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,667.32118	2,942.40622	275.08504
4	MEDICAID	2,634.41759	2,921.24170	286.82410
5	OTHER MEDICAL ASSISTANCE	32.90359	21.16453	-11.73906
6	CHAMPUS / TRICARE	11.26692	21.76379	10.49687
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	913.78491	969.11209	55.32718
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,739.29053	6,430.40745	691.11692
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	14,226.97895	14,866.05350	639.07454
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,911.14	\$15,726.15	\$1,815.01
2	MEDICARE	\$8,716.38	\$9,759.39	\$1,043.01
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,134.68	\$7,613.25	\$478.57
4	MEDICAID	\$7,143.76	\$7,662.11	\$518.35
5	OTHER MEDICAL ASSISTANCE	\$6,090.32	\$4,769.60	(\$1,320.72)
6	CHAMPUS / TRICARE	\$7,824.71	\$9,710.36	\$1,885.65
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,849.24	\$1,206.14	(\$643.10)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,331.53	\$9,250.77	\$919.24
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,130.92	\$11,260.55	\$1,129.63
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,617.91	\$15,432.20	\$814.29
2	MEDICARE	\$8,423.41	\$8,297.61	(\$125.80)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,206.70	\$7,375.68	\$168.98
4	MEDICAID	\$7,250.50	\$7,394.38	\$143.88
5	OTHER MEDICAL ASSISTANCE	\$3,700.27	\$4,794.67	\$1,094.41
6	CHAMPUS / TRICARE	\$5,477.72	\$2,114.34	(\$3,363.38)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,472.83	\$1,743.65	(\$729.19)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,852.17	\$7,854.83	\$2.66
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,888.55	\$12,154.56	\$266.01

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,089,943	\$2,638,544	(\$451,400)
2	OTHER MEDICAL ASSISTANCE	\$213,923	\$284,620	\$70,697
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,210,647	\$8,137,178	\$926,531
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$10,514,513	\$11,060,342	\$545,828
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$900,265,499	\$945,067,227	\$44,801,728
2	TOTAL GOVERNMENT DEDUCTIONS	\$391,743,521	\$417,086,273	\$25,342,752
3	UNCOMPENSATED CARE	\$41,358,539	\$28,832,929	(\$12,525,610)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,175,552	\$143,484,905	(\$3,690,647)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,573,325	\$12,193,961	\$2,620,636
6	TOTAL ADJUSTMENTS	\$589,850,937	\$601,598,068	\$11,747,131
7	TOTAL ACCRUED PAYMENTS	\$310,414,562	\$343,469,159	\$33,054,597
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$310,414,562	\$343,469,159	\$33,054,597
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3448033523	0.3634335730	0.0186302207
11	COST OF UNCOMPENSATED CARE	\$14,260,563	\$10,478,854	(\$3,781,708)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$14,213,970	\$18,167,680	\$3,953,710
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,474,533	\$28,646,534	\$172,001
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.27%	56.30%	4.03%
2	MEDICARE	28.98%	31.37%	2.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.38%	24.64%	0.26%
4	MEDICAID	24.40%	24.78%	0.38%
5	OTHER MEDICAL ASSISTANCE	21.94%	16.14%	-5.80%
6	CHAMPUS / TRICARE	29.74%	38.19%	8.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.65%	4.32%	-2.33%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.89%	29.79%	1.90%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	35.15%	37.43%	2.28%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.77%	52.60%	0.82%
2	MEDICARE	19.53%	18.85%	-0.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.70%	25.57%	-0.12%
4	MEDICAID	25.84%	25.70%	-0.14%
5	OTHER MEDICAL ASSISTANCE	13.76%	12.69%	-1.07%
6	CHAMPUS / TRICARE	14.96%	12.17%	-2.79%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.96%	6.07%	-1.89%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	21.75%	21.24%	-0.51%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	37.85%	37.23%	-0.62%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$328,506,873	\$352,755,547	\$24,248,674
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$328,506,873	\$352,755,547	\$24,248,674
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$5,450,326)	\$2,755,453	\$8,205,779
4	CALCULATED NET REVENUE	\$352,649,110	\$355,511,000	\$2,861,890
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$323,056,547	\$355,511,000	\$32,454,453
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$29,592,563	\$0	(\$29,592,563)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$900,265,499	\$945,067,227	\$44,801,728
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$900,265,499	\$945,067,227	\$44,801,728
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$900,265,500	\$945,067,226	\$44,801,726
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$1	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,358,539	\$28,832,929	(\$12,525,610)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$962,245	\$0	(\$962,245)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,320,784	\$28,832,929	(\$13,487,855)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$42,320,784	\$28,832,929	(\$13,487,855)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

NORWALK 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)	\$132,475,987
2	MEDICARE	249,847,526
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	77,155,540
4	MEDICAID	75,908,806
5	OTHER MEDICAL ASSISTANCE	1,246,734
6	CHAMPUS / TRICARE	260,692
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,833,457
	TOTAL INPATIENT GOVERNMENT CHARGES	\$327,263,758
	TOTAL INPATIENT CHARGES	\$459,739,745
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$247,512,854
2	MEDICARE	152,577,669
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	84,858,716
4	MEDICAID	84,059,124
5	OTHER MEDICAL ASSISTANCE	799,592
6	CHAMPUS / TRICARE	378,243
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27,848,639
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$237,814,628
	TOTAL OUTPATIENT CHARGES	\$485,327,482
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$379,988,841
2	TOTAL GOVERNMENT ACCRUED CHARGES	565,078,386
	TOTAL ACCRUED CHARGES	\$945,067,227
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$74,582,875
2	MEDICARE	78,371,312
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,011,492
4	MEDICAID	18,810,298
5	OTHER MEDICAL ASSISTANCE	201,194
6	CHAMPUS / TRICARE	99,570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	251,805
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$97,482,374
	TOTAL INPATIENT PAYMENTS	\$172,065,249
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$130,180,559
2	MEDICARE	28,761,475
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,702,248
4	MEDICAID	21,600,771
5	OTHER MEDICAL ASSISTANCE	101,477
6	CHAMPUS / TRICARE	46,016
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,689,789
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$50,509,739
	TOTAL OUTPATIENT PAYMENTS	\$180,690,298
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$204,763,434
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	147,992,113
	TOTAL ACCRUED PAYMENTS	\$352,755,547

NORWALK HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,515
2	MEDICARE	5,676
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,671
4	MEDICAID	2,638
5	OTHER MEDICAL ASSISTANCE	33
6	CHAMPUS / TRICARE	15
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	203
	TOTAL GOVERNMENT DISCHARGES	8,362
	TOTAL DISCHARGES	12,877
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,05041
2	MEDICARE	1,41479
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0,93492
4	MEDICAID	0,93062
5	OTHER MEDICAL ASSISTANCE	1,27826
6	CHAMPUS / TRICARE	0,68360
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,02842
	TOTAL GOVERNMENT CASE MIX INDEX	1,26020
	TOTAL CASE MIX INDEX	1,18664
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$346,306,745
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$202,821,840
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,484,905
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.43%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,479,767
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,193,961
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$15,719,561
9	BAD DEBTS	\$13,113,368
10	TOTAL UNCOMPENSATED CARE	\$28,832,929
11	TOTAL OTHER OPERATING REVENUE	\$14,524,481
12	TOTAL OPERATING EXPENSES	\$354,816,000

NORWALK HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$352,755,547
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$352,755,547
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,755,453
	CALCULATED NET REVENUE	\$355,511,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$355,511,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$945,067,227
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$945,067,227
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$945,067,226
	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)	\$28,832,929
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,832,929
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,832,929
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

NORWALK 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	4,878	4,332	(546)	-11%
2	Number of Approved Applicants	4,042	3,701	(341)	-8%
3	Total Charges (A)	\$16,801,601	\$15,719,561	(\$1,082,040)	-6%
4	Average Charges	\$4,157	\$4,247	\$91	2%
5	Ratio of Cost to Charges (RCC)	0.364403	0.339565	(0.024838)	-7%
6	Total Cost	\$6,122,554	\$5,337,813	(\$784,741)	-13%
7	Average Cost	\$1,515	\$1,442	(\$72)	-5%
8	Charity Care - Inpatient Charges	\$3,401,101	\$1,644,900	(\$1,756,201)	-52%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,057,776	9,372,563	314,787	3%
10	Charity Care - Emergency Department Charges	4,342,724	4,702,098	359,374	8%
11	Total Charges (A)	\$16,801,601	\$15,719,561	(\$1,082,040)	-6%
12	Charity Care - Number of Patient Days	458	253	(205)	-45%
13	Charity Care - Number of Discharges	95	64	(31)	-33%
14	Charity Care - Number of Outpatient ED Visits	1,907	2,032	125	7%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12,631	12,577	(54)	0%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$4,834,558	\$4,007,506	(\$827,052)	-17%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	6,110,638	3,014,539	(3,096,099)	-51%
3	Bad Debts - Emergency Department	13,611,742	6,091,323	(7,520,419)	-55%
4	Total Bad Debts (A)	\$24,556,938	\$13,113,368	(\$11,443,570)	-47%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$16,801,601	\$15,719,561	(\$1,082,040)	-6%
2	Bad Debts (A)	24,556,938	13,113,368	(11,443,570)	-47%
3	Total Uncompensated Care (A)	\$41,358,539	\$28,832,929	(\$12,525,610)	-30%
4	Uncompensated Care - Inpatient Services	\$8,235,659	\$5,652,406	(\$2,583,253)	-31%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	15,168,414	12,387,102	(2,781,312)	-18%
6	Uncompensated Care - Emergency Department	17,954,466	10,793,421	(7,161,045)	-40%
7	Total Uncompensated Care (A)	\$41,358,539	\$28,832,929	(\$12,525,610)	-30%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$339,083,715	\$346,306,745	\$7,223,030	2%
2	Total Contractual Allowances	\$147,175,552	\$143,484,905	(\$3,690,647)	-3%
	Total Accrued Payments (A)	\$191,908,163	\$202,821,840	\$10,913,677	6%
	Total Discount Percentage	43.40%	41.43%	-1.97%	-5%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

NORWALK 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	\$451,063,513	\$453,417,066	\$459,739,745
2	Outpatient Gross Revenue	\$462,331,270	\$446,848,433	\$485,327,482
3	Total Gross Patient Revenue	\$913,394,783	\$900,265,499	\$945,067,227
4	Net Patient Revenue	\$334,131,914	\$324,018,792	\$355,511,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$338,981,125	\$311,061,228	\$354,816,000
C. <u>Utilization Statistics</u>				
1	Patient Days	59,611	59,071	58,011
2	Discharges	13,045	13,110	12,877
3	Average Length of Stay	4.6	4.5	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	120,711	117,286	119,251
0	Equivalent (Adjusted) Discharges (ED)	26,416	26,030	26,471
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.19979	1.19992	1.18664
2	Case Mix Adjusted Patient Days (CMAPD)	71,521	70,880	68,838
3	Case Mix Adjusted Discharges (CMAD)	15,651	15,731	15,280
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	144,828	140,734	141,508
5	Case Mix Adjusted Equivalent Discharges (CMAED)	31,694	31,234	31,411
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$15,323	\$15,240	\$16,291
2	Total Gross Revenue per Discharge	\$70,019	\$68,670	\$73,392
3	Total Gross Revenue per EPD	\$7,567	\$7,676	\$7,925
4	Total Gross Revenue per ED	\$34,578	\$34,586	\$35,702
5	Total Gross Revenue per CMAEPD	\$6,307	\$6,397	\$6,679
6	Total Gross Revenue per CMAED	\$28,820	\$28,823	\$30,087
7	Inpatient Gross Revenue per EPD	\$3,737	\$3,866	\$3,855
8	Inpatient Gross Revenue per ED	\$17,075	\$17,419	\$17,368

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,605	\$5,485	\$6,128
2	Net Patient Revenue per Discharge	\$25,614	\$24,715	\$27,608
3	Net Patient Revenue per EPD	\$2,768	\$2,763	\$2,981
4	Net Patient Revenue per ED	\$12,649	\$12,448	\$13,430
5	Net Patient Revenue per CMAEPD	\$2,307	\$2,302	\$2,512
6	Net Patient Revenue per CMAED	\$10,543	\$10,374	\$11,318
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,687	\$5,266	\$6,116
2	Total Operating Expense per Discharge	\$25,986	\$23,727	\$27,554
3	Total Operating Expense per EPD	\$2,808	\$2,652	\$2,975
4	Total Operating Expense per ED	\$12,832	\$11,950	\$13,404
5	Total Operating Expense per CMAEPD	\$2,341	\$2,210	\$2,507
6	Total Operating Expense per CMAED	\$10,696	\$9,959	\$11,296
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$46,255,451	\$45,733,017	\$46,444,000
2	Nursing Fringe Benefits Expense	\$15,513,984	\$9,992,314	\$6,219,000
3	Total Nursing Salary and Fringe Benefits Expense	\$61,769,435	\$55,725,331	\$52,663,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$11,928,508	\$11,986,450	\$12,892,000
2	Physician Fringe Benefits Expense	\$3,620,814	\$2,283,503	\$3,182,000
3	Total Physician Salary and Fringe Benefits Expense	\$15,549,322	\$14,269,953	\$16,074,000
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$80,198,641	\$75,302,594	\$76,386,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$32,551,822	\$21,288,563	\$29,802,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$112,750,463	\$96,591,157	\$106,188,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$138,382,600	\$133,022,061	\$135,722,000
2	Total Fringe Benefits Expense	\$51,686,620	\$33,564,380	\$39,203,000
3	Total Salary and Fringe Benefits Expense	\$190,069,220	\$166,586,441	\$174,925,000

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	450.4	444.9	445.6
2	Total Physician FTEs	91.8	90.0	90.8
3	Total Non-Nursing, Non-Physician FTEs	1143.2	1116.1	1128.5
4	Total Full Time Equivalent Employees (FTEs)	1,685.4	1,651.0	1,664.9
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$102,699	\$102,794	\$104,228
2	Nursing Fringe Benefits Expense per FTE	\$34,445	\$22,460	\$13,956
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$137,144	\$125,254	\$118,184
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$129,940	\$133,183	\$141,982
2	Physician Fringe Benefits Expense per FTE	\$39,442	\$25,372	\$35,044
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$169,383	\$158,555	\$177,026
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$70,153	\$67,469	\$67,688
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$28,474	\$19,074	\$26,409
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$98,627	\$86,543	\$94,097
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$82,107	\$80,571	\$81,520
2	Total Fringe Benefits Expense per FTE	\$30,667	\$20,330	\$23,547
3	Total Salary and Fringe Benefits Expense per FTE	\$112,774	\$100,900	\$105,066
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,188	\$2,820	\$3,015
2	Total Salary and Fringe Benefits Expense per Discharge	\$14,570	\$12,707	\$13,584
3	Total Salary and Fringe Benefits Expense per EPD	\$1,575	\$1,420	\$1,467
4	Total Salary and Fringe Benefits Expense per ED	\$7,195	\$6,400	\$6,608
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,312	\$1,184	\$1,236
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,997	\$5,334	\$5,569