

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$101,451,000	\$127,288,000	\$25,837,000	25%
2	Short Term Investments	\$58,000	\$53,000	(\$5,000)	-9%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$68,967,000	\$72,727,000	\$3,760,000	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$113,000	\$103,000	(\$10,000)	-9%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,838,000	\$265,000	(\$2,573,000)	-91%
7	Inventories of Supplies	\$6,403,000	\$7,430,000	\$1,027,000	16%
8	Prepaid Expenses	\$6,029,000	\$7,573,000	\$1,544,000	26%
9	Other Current Assets	\$6,798,000	\$10,491,000	\$3,693,000	54%
	<b>Total Current Assets</b>	<b>\$192,657,000</b>	<b>\$225,930,000</b>	<b>\$33,273,000</b>	<b>17%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$77,128,000	\$0	(\$77,128,000)	-100%
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	\$26,253,000	\$26,337,000	\$84,000	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$103,381,000</b>	<b>\$26,337,000</b>	<b>(\$77,044,000)</b>	<b>-75%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$66,272,000	\$83,859,000	\$17,587,000	27%
7	Other Noncurrent Assets	\$33,726,000	\$32,063,000	(\$1,663,000)	-5%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$595,321,000	\$570,171,000	(\$25,150,000)	-4%
2	Less: Accumulated Depreciation	\$385,771,000	\$373,304,000	(\$12,467,000)	-3%
	<b>Property, Plant and Equipment, Net</b>	<b>\$209,550,000</b>	<b>\$196,867,000</b>	<b>(\$12,683,000)</b>	<b>-6%</b>
3	Construction in Progress	\$205,609,000	\$340,910,000	\$135,301,000	66%
	<b>Total Net Fixed Assets</b>	<b>\$415,159,000</b>	<b>\$537,777,000</b>	<b>\$122,618,000</b>	<b>30%</b>
	<b>Total Assets</b>	<b>\$811,195,000</b>	<b>\$905,966,000</b>	<b>\$94,771,000</b>	<b>12%</b>

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				
1	Accounts Payable and Accrued Expenses	\$74,743,000	\$77,183,000	\$2,440,000	3%
2	Salaries, Wages and Payroll Taxes	\$10,571,000	\$11,627,000	\$1,056,000	10%
3	Due To Third Party Payers	\$6,542,000	\$7,801,000	\$1,259,000	19%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,562,000	\$5,693,000	\$131,000	2%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$19,240,000	\$19,702,000	\$462,000	2%
	<b>Total Current Liabilities</b>	<b>\$116,658,000</b>	<b>\$122,006,000</b>	<b>\$5,348,000</b>	<b>5%</b>
B.	<b>Long Term Debt:</b>				
1	Bonds Payable (Net of Current Portion)	\$367,973,000	\$362,280,000	(\$5,693,000)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$367,973,000</b>	<b>\$362,280,000</b>	<b>(\$5,693,000)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$73,008,000	\$77,424,000	\$4,416,000	6%
4	Other Long Term Liabilities	\$34,750,000	\$34,782,000	\$32,000	0%
	<b>Total Long Term Liabilities</b>	<b>\$475,731,000</b>	<b>\$474,486,000</b>	<b>(\$1,245,000)</b>	<b>0%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<b>Net Assets:</b>				
1	Unrestricted Net Assets or Equity	\$151,392,000	\$218,717,000	\$67,325,000	44%
2	Temporarily Restricted Net Assets	\$59,053,000	\$82,312,000	\$23,259,000	39%
3	Permanently Restricted Net Assets	\$8,361,000	\$8,445,000	\$84,000	1%
	<b>Total Net Assets</b>	<b>\$218,806,000</b>	<b>\$309,474,000</b>	<b>\$90,668,000</b>	<b>41%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$811,195,000</b>	<b>\$905,966,000</b>	<b>\$94,771,000</b>	<b>12%</b>

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,779,032,454	\$1,872,448,686	\$93,416,232	5%
2	Less: Allowances	\$1,250,283,548	\$1,335,831,323	\$85,547,775	7%
3	Less: Charity Care	\$30,293,187	\$32,247,209	\$1,954,022	6%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$498,455,719</b>	<b>\$504,370,154</b>	<b>\$5,914,435</b>	<b>1%</b>
5	Provision for Bad Debts	\$40,649,514	\$27,957,650	(\$12,691,864)	-31%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$457,806,205</b>	<b>\$476,412,504</b>	<b>\$18,606,299</b>	<b>4%</b>
6	Other Operating Revenue	\$21,118,033	\$15,601,812	(\$5,516,221)	-26%
7	Net Assets Released from Restrictions	\$1,495,297	\$1,638,154	\$142,857	10%
	<b>Total Operating Revenue</b>	<b>\$480,419,535</b>	<b>\$493,652,470</b>	<b>\$13,232,935</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$183,394,489	\$187,562,859	\$4,168,370	2%
2	Fringe Benefits	\$46,314,136	\$48,329,165	\$2,015,029	4%
3	Physicians Fees	\$10,919,257	\$11,231,023	\$311,766	3%
4	Supplies and Drugs	\$64,543,067	\$63,499,078	(\$1,043,989)	-2%
5	Depreciation and Amortization	\$24,086,230	\$23,802,655	(\$283,575)	-1%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$6,006,820	\$5,743,115	(\$263,705)	-4%
8	Malpractice Insurance Cost	\$9,395,508	\$6,712,666	(\$2,682,842)	-29%
9	Other Operating Expenses	\$98,831,510	\$100,792,967	\$1,961,457	2%
	<b>Total Operating Expenses</b>	<b>\$443,491,017</b>	<b>\$447,673,528</b>	<b>\$4,182,511</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$36,928,518</b>	<b>\$45,978,942</b>	<b>\$9,050,424</b>	<b>25%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$444,982	\$252,412	(\$192,570)	-43%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$685,785	\$2,462,029	\$1,776,244	259%
	<b>Total Non-Operating Revenue</b>	<b>\$1,130,767</b>	<b>\$2,714,441</b>	<b>\$1,583,674</b>	<b>140%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$38,059,285</b>	<b>\$48,693,383</b>	<b>\$10,634,098</b>	<b>28%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$363,258	(\$2,678,999)	(\$3,042,257)	-837%
	All Other Adjustments	\$1,224,897	(\$617,584)	(\$1,842,481)	-150%
	<b>Total Other Adjustments</b>	<b>\$1,588,155</b>	<b>(\$3,296,583)</b>	<b>(\$4,884,738)</b>	<b>-308%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$39,647,440</b>	<b>\$45,396,800</b>	<b>\$5,749,360</b>	<b>15%</b>
	Principal Payments	\$5,376,000	\$5,295,000	(\$81,000)	-2%

**STAMFORD 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
<b>I.</b>	<b><u>GROSS REVENUE BY PAYER</u></b>				
<b>A.</b>	<b><u>INPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$246,752,076	\$268,461,126	\$21,709,050	9%
2	MEDICARE MANAGED CARE	\$51,673,212	\$56,895,898	\$5,222,686	10%
3	MEDICAID	\$110,053,227	\$111,346,725	\$1,293,498	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$722,165	\$705,107	(\$17,058)	-2%
6	COMMERCIAL INSURANCE	\$49,522,064	\$49,981,620	\$459,556	1%
7	NON-GOVERNMENT MANAGED CARE	\$145,731,595	\$151,427,080	\$5,695,485	4%
8	WORKER'S COMPENSATION	\$4,740,776	\$5,988,439	\$1,247,663	26%
9	SELF- PAY/UNINSURED	\$15,900,440	\$8,218,885	(\$7,681,555)	-48%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,250,759	\$3,407,245	\$156,486	5%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$628,346,314</b>	<b>\$656,432,125</b>	<b>\$28,085,811</b>	<b>4%</b>
<b>B.</b>	<b><u>OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$302,143,221	\$325,798,695	\$23,655,474	8%
2	MEDICARE MANAGED CARE	\$64,074,177	\$68,508,982	\$4,434,805	7%
3	MEDICAID	\$158,191,842	\$179,795,054	\$21,603,212	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,024,174	\$912,055	(\$112,119)	-11%
6	COMMERCIAL INSURANCE	\$147,198,767	\$144,031,939	(\$3,166,828)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$412,797,004	\$429,128,547	\$16,331,543	4%
8	WORKER'S COMPENSATION	\$10,701,168	\$11,041,529	\$340,361	3%
9	SELF- PAY/UNINSURED	\$51,321,924	\$53,763,116	\$2,441,192	5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,233,863	\$3,036,644	(\$197,219)	-6%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$1,150,686,140</b>	<b>\$1,216,016,561</b>	<b>\$65,330,421</b>	<b>6%</b>
<b>C.</b>	<b><u>TOTAL GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$548,895,297	\$594,259,821	\$45,364,524	8%
2	MEDICARE MANAGED CARE	\$115,747,389	\$125,404,880	\$9,657,491	8%
3	MEDICAID	\$268,245,069	\$291,141,779	\$22,896,710	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,746,339	\$1,617,162	(\$129,177)	-7%
6	COMMERCIAL INSURANCE	\$196,720,831	\$194,013,559	(\$2,707,272)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$558,528,599	\$580,555,627	\$22,027,028	4%
8	WORKER'S COMPENSATION	\$15,441,944	\$17,029,968	\$1,588,024	10%
9	SELF- PAY/UNINSURED	\$67,222,364	\$61,982,001	(\$5,240,363)	-8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$6,484,622	\$6,443,889	(\$40,733)	-1%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,779,032,454</b>	<b>\$1,872,448,686</b>	<b>\$93,416,232</b>	<b>5%</b>
<b>II.</b>	<b><u>NET REVENUE BY PAYER</u></b>				
<b>A.</b>	<b><u>INPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$57,591,876	\$66,249,926	\$8,658,050	15%
2	MEDICARE MANAGED CARE	\$11,219,026	\$12,113,174	\$894,148	8%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$15,718,579	\$14,481,962	(\$1,236,617)	-8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$229,860	\$135,237	(\$94,623)	-41%
6	COMMERCIAL INSURANCE	\$17,119,729	\$22,409,554	\$5,289,825	31%
7	NON-GOVERNMENT MANAGED CARE	\$60,948,208	\$59,677,070	(\$1,271,138)	-2%
8	WORKER'S COMPENSATION	\$920,781	\$625,348	(\$295,433)	-32%
9	SELF- PAY/UNINSURED	\$115,038	\$175,349	\$60,311	52%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$328,652	\$487,782	\$159,130	48%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$164,191,749</b>	<b>\$176,355,402</b>	<b>\$12,163,653</b>	<b>7%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$42,156,848	\$44,875,439	\$2,718,591	6%
2	MEDICARE MANAGED CARE	\$7,920,945	\$8,872,104	\$951,159	12%
3	MEDICAID	\$24,969,031	\$24,103,560	(\$865,471)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$189,569	\$44,469	(\$145,100)	-77%
6	COMMERCIAL INSURANCE	\$58,911,949	\$69,421,992	\$10,510,043	18%
7	NON-GOVERNMENT MANAGED CARE	\$171,808,671	\$173,791,103	\$1,982,432	1%
8	WORKER'S COMPENSATION	\$5,540,125	\$3,503,107	(\$2,037,018)	-37%
9	SELF- PAY/UNINSURED	\$1,538,646	\$1,720,175	\$181,529	12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$91,553	\$289,833	\$198,280	217%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$313,127,337</b>	<b>\$326,621,782</b>	<b>\$13,494,445</b>	<b>4%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$99,748,724	\$111,125,365	\$11,376,641	11%
2	MEDICARE MANAGED CARE	\$19,139,971	\$20,985,278	\$1,845,307	10%
3	MEDICAID	\$40,687,610	\$38,585,522	(\$2,102,088)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$419,429	\$179,706	(\$239,723)	-57%
6	COMMERCIAL INSURANCE	\$76,031,678	\$91,831,546	\$15,799,868	21%
7	NON-GOVERNMENT MANAGED CARE	\$232,756,879	\$233,468,173	\$711,294	0%
8	WORKER'S COMPENSATION	\$6,460,906	\$4,128,455	(\$2,332,451)	-36%
9	SELF- PAY/UNINSURED	\$1,653,684	\$1,895,524	\$241,840	15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$420,205	\$777,615	\$357,410	85%
	<b>TOTAL NET REVENUE</b>	<b>\$477,319,086</b>	<b>\$502,977,184</b>	<b>\$25,658,098</b>	<b>5%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	4,501	4,619	118	3%
2	MEDICARE MANAGED CARE	835	873	38	5%
3	MEDICAID	3,376	3,394	18	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	15	19	4	27%
6	COMMERCIAL INSURANCE	1,500	1,468	(32)	-2%
7	NON-GOVERNMENT MANAGED CARE	4,113	4,143	30	1%
8	WORKER'S COMPENSATION	61	58	(3)	-5%

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

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	366	193	(173)	-47%
10	SAGA	0	0	0	0%
11	OTHER	81	80	(1)	-1%
	<b>TOTAL DISCHARGES</b>	<b>14,848</b>	<b>14,847</b>	<b>(1)</b>	<b>0%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	27,588	28,894	1,306	5%
2	MEDICARE MANAGED CARE	5,295	5,374	79	1%
3	MEDICAID	14,553	14,820	267	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	65	104	39	60%
6	COMMERCIAL INSURANCE	5,546	5,791	245	4%
7	NON-GOVERNMENT MANAGED CARE	15,746	16,783	1,037	7%
8	WORKER'S COMPENSATION	243	292	49	20%
9	SELF- PAY/UNINSURED	1,443	716	(727)	-50%
10	SAGA	0	0	0	0%
11	OTHER	605	428	(177)	-29%
	<b>TOTAL PATIENT DAYS</b>	<b>71,084</b>	<b>73,202</b>	<b>2,118</b>	<b>3%</b>
<b>C.</b>	<b><u>OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	85,493	93,254	7,761	9%
2	MEDICARE MANAGED CARE	18,246	19,614	1,368	7%
3	MEDICAID	58,992	67,407	8,415	14%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	289	257	(32)	-11%
6	COMMERCIAL INSURANCE	48,117	48,029	(88)	0%
7	NON-GOVERNMENT MANAGED CARE	145,029	147,649	2,620	2%
8	WORKER'S COMPENSATION	2,275	2,255	(20)	-1%
9	SELF- PAY/UNINSURED	20,288	19,418	(870)	-4%
10	SAGA	0	0	0	0%
11	OTHER	675	638	(37)	-5%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>379,404</b>	<b>398,521</b>	<b>19,117</b>	<b>5%</b>
<b>IV.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u></b>				
<b>A.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$50,723,735	\$52,845,562	\$2,121,827	4%
2	MEDICARE MANAGED CARE	\$10,461,478	\$12,312,435	\$1,850,957	18%
3	MEDICAID	\$62,296,880	\$67,328,413	\$5,031,533	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$435,802	\$418,317	(\$17,485)	-4%
6	COMMERCIAL INSURANCE	\$26,081,213	\$26,973,838	\$892,625	3%
7	NON-GOVERNMENT MANAGED CARE	\$59,042,440	\$61,064,756	\$2,022,316	3%
8	WORKER'S COMPENSATION	\$3,159,383	\$3,753,166	\$593,783	19%
9	SELF- PAY/UNINSURED	\$31,349,904	\$25,962,366	(\$5,387,538)	-17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,503,836	\$2,473,942	(\$29,894)	-1%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$246,054,671</b>	<b>\$253,132,795</b>	<b>\$7,078,124</b>	<b>3%</b>
<b>B.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$5,142,898	\$5,955,047	\$812,149	16%

**STAMFORD 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	\$984,212	\$1,203,061	\$218,849	22%
3	MEDICAID	\$5,150,524	\$4,841,910	(\$308,614)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$42,226	\$40,923	(\$1,303)	-3%
6	COMMERCIAL INSURANCE	\$12,351,669	\$11,516,482	(\$835,187)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$30,197,408	\$28,427,571	(\$1,769,837)	-6%
8	WORKER'S COMPENSATION	\$2,119,791	\$2,289,940	\$170,149	8%
9	SELF- PAY/UNINSURED	\$177,683	\$229,070	\$51,387	29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$234,532	\$215,679	(\$18,853)	-8%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$56,400,943</b>	<b>\$54,719,683</b>	<b>(\$1,681,260)</b>	<b>-3%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	6,315	6,350	35	1%
2	MEDICARE MANAGED CARE	1,196	1,342	146	12%
3	MEDICAID	13,912	14,413	501	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	79	60	(19)	-24%
6	COMMERCIAL INSURANCE	4,156	3,977	(179)	-4%
7	NON-GOVERNMENT MANAGED CARE	8,936	8,962	26	0%
8	WORKER'S COMPENSATION	762	826	64	8%
9	SELF- PAY/UNINSURED	5,621	4,873	(748)	-13%
10	SAGA	0	0	0	0%
11	OTHER	440	441	1	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>41,417</b>	<b>41,244</b>	<b>(173)</b>	<b>0%</b>

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$56,682,682	\$57,680,343	\$997,661	2%
2	Physician Salaries	\$23,802,174	\$24,318,376	\$516,202	2%
3	Non-Nursing, Non-Physician Salaries	\$102,909,633	\$105,564,140	\$2,654,507	3%
	<b>Total Salaries &amp; Wages</b>	<b>\$183,394,489</b>	<b>\$187,562,859</b>	<b>\$4,168,370</b>	<b>2%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$14,315,699	\$14,861,218	\$545,519	4%
2	Physician Fringe Benefits	\$6,011,575	\$6,268,293	\$256,718	4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$25,986,862	\$27,199,654	\$1,212,792	5%
	<b>Total Fringe Benefits</b>	<b>\$46,314,136</b>	<b>\$48,329,165</b>	<b>\$2,015,029</b>	<b>4%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$1,298,029	\$1,848,139	\$550,110	42%
2	Physician Fees	\$10,919,257	\$11,231,023	\$311,766	3%
3	Non-Nursing, Non-Physician Fees	\$27,871,415	\$28,642,702	\$771,287	3%
	<b>Total Contractual Labor Fees</b>	<b>\$40,088,701</b>	<b>\$41,721,864</b>	<b>\$1,633,163</b>	<b>4%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$40,851,383	\$44,919,996	\$4,068,613	10%
2	Pharmaceutical Costs	\$23,691,684	\$18,579,082	(\$5,112,602)	-22%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$64,543,067</b>	<b>\$63,499,078</b>	<b>(\$1,043,989)</b>	<b>-2%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$19,185,287	\$18,484,876	(\$700,411)	-4%
2	Depreciation-Equipment	\$4,900,943	\$5,317,779	\$416,836	9%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$24,086,230</b>	<b>\$23,802,655</b>	<b>(\$283,575)</b>	<b>-1%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$6,006,820	\$5,743,115	(\$263,705)	-4%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$9,395,508	\$6,712,666	(\$2,682,842)	-29%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$246,044	\$126,755	(\$119,289)	-48%
2	Natural Gas	\$1,205,998	\$1,541,916	\$335,918	28%
3	Oil	\$231,183	\$6,175	(\$225,008)	-97%
4	Electricity	\$3,121,456	\$3,924,338	\$802,882	26%
5	Telephone	\$1,207,776	\$1,031,379	(\$176,397)	-15%
6	Other Utilities	\$216,943	\$201,221	(\$15,722)	-7%
	<b>Total Utilities</b>	<b>\$6,229,400</b>	<b>\$6,831,784</b>	<b>\$602,384</b>	<b>10%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$468,002	\$369,334	(\$98,668)	-21%
2	Legal Fees	\$2,147,359	\$2,225,406	\$78,047	4%
3	Consulting Fees	\$5,336,290	\$5,636,543	\$300,253	6%
4	Dues and Membership	\$1,846,960	\$2,082,232	\$235,272	13%
5	Equipment Leases	\$1,694,701	\$2,499,390	\$804,689	47%
6	Building Leases	\$5,182,353	\$4,966,737	(\$215,616)	-4%
7	Repairs and Maintenance	\$14,477,097	\$15,534,018	\$1,056,921	7%
8	Insurance	\$943,787	\$981,898	\$38,111	4%
9	Travel	\$758,152	\$665,009	(\$93,143)	-12%
10	Conferences	\$0	\$0	\$0	0%



<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$2,744,953	\$2,649,323	(\$95,630)	-3%
13	Licenses and Subscriptions	\$190,609	\$122,474	(\$68,135)	-36%
14	Postage and Shipping	\$329,514	\$313,223	(\$16,291)	-5%
15	Advertising	\$1,940,608	\$1,826,232	(\$114,376)	-6%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$225,709	\$247,415	\$21,706	10%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$3,068,094	\$3,154,917	\$86,823	3%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$4,630,143	\$5,092,576	\$462,433	10%
22	Recruiting / Employee Education & Recognition	\$2,414,124	\$1,840,992	(\$573,132)	-24%
23	Laundry / Linen	\$1,789,350	\$2,013,808	\$224,458	13%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$249,913	\$336,698	\$86,785	35%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$2,954,876	\$2,859,605	(\$95,271)	-3%
28	Other Business Expenses	\$8,711,593	\$7,041,300	(\$1,670,293)	-19%
	<b>Total Business Expenses</b>	<b>\$62,104,187</b>	<b>\$62,459,130</b>	<b>\$354,943</b>	<b>1%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$1,328,479	\$1,011,212	(\$317,267)	-24%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$443,491,017</b>	<b>\$447,673,528</b>	<b>\$4,182,511</b>	<b>1%</b>
	<b>*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$72,130,862	\$68,462,476	(\$3,668,386)	-5%
2	General Accounting	\$4,634,890	\$4,295,060	(\$339,830)	-7%
3	Patient Billing & Collection	\$7,935,448	\$8,875,442	\$939,994	12%
4	Admitting / Registration Office	\$3,059,616	\$2,995,696	(\$63,920)	-2%
5	Data Processing	\$15,947,755	\$16,385,722	\$437,967	3%
6	Communications	\$739	\$631	(\$108)	-15%
7	Personnel	\$5,796,256	\$4,997,267	(\$798,989)	-14%
8	Public Relations	\$1,420,190	\$1,354,674	(\$65,516)	-5%
9	Purchasing	\$2,536,119	\$3,076,206	\$540,087	21%
10	Dietary and Cafeteria	\$6,953,200	\$7,272,464	\$319,264	5%
11	Housekeeping	\$5,969,300	\$5,717,841	(\$251,459)	-4%
12	Laundry & Linen	\$1,939,829	\$1,972,486	\$32,657	2%
13	Operation of Plant	\$738,128	\$792,202	\$54,074	7%
14	Security	\$1,658,048	\$1,637,654	(\$20,394)	-1%
15	Repairs and Maintenance	\$14,432,699	\$16,548,988	\$2,116,289	15%
16	Central Sterile Supply	\$2,197,889	\$2,121,245	(\$76,644)	-3%
17	Pharmacy Department	\$11,481,883	\$11,138,586	(\$343,297)	-3%
18	Other General Services	\$315	\$0	(\$315)	-100%
	<b>Total General Services</b>	<b>\$158,833,166</b>	<b>\$157,644,640</b>	<b>(\$1,188,526)</b>	<b>-1%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$4,760,014	\$4,898,301	\$138,287	3%
2	Residency Program	\$6,106,396	\$6,340,498	\$234,102	4%
3	Nursing Services Administration	\$2,405,286	\$2,401,779	(\$3,507)	0%
4	Medical Records	\$3,099,400	\$3,853,086	\$753,686	24%
5	Social Service	\$818,648	\$771,004	(\$47,644)	-6%
6	Other Professional Services	\$3,013,870	\$3,279,788	\$265,918	9%
	<b>Total Professional Services</b>	<b>\$20,203,614</b>	<b>\$21,544,456</b>	<b>\$1,340,842</b>	<b>7%</b>
<b>C.</b>	<b>Special Services:</b>				

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
1	Operating Room	\$48,675,920	\$49,355,374	\$679,454	1%
2	Recovery Room	\$4,090,039	\$4,158,270	\$68,231	2%
3	Anesthesiology	\$556,009	\$634,877	\$78,868	14%
4	Delivery Room	\$6,724,298	\$6,947,044	\$222,746	3%
5	Diagnostic Radiology	\$9,973,910	\$9,866,815	(\$107,095)	-1%
6	Diagnostic Ultrasound	\$2,591,397	\$2,591,093	(\$304)	0%
7	Radiation Therapy	\$4,304,246	\$4,033,019	(\$271,227)	-6%
8	Radioisotopes	\$1,236,697	\$1,418,760	\$182,063	15%
9	CT Scan	\$1,884,362	\$2,053,087	\$168,725	9%
10	Laboratory	\$21,535,945	\$21,935,643	\$399,698	2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$9,665,366	\$10,778,953	\$1,113,587	12%
13	Electrocardiology	\$7,303,824	\$8,236,492	\$932,668	13%
14	Electroencephalography	\$321,371	\$372,342	\$50,971	16%
15	Occupational Therapy	\$335,482	\$347,257	\$11,775	4%
16	Speech Pathology	\$53,385	\$72,000	\$18,615	35%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,457,826	\$3,269,659	(\$188,167)	-5%
19	Pulmonary Function	\$813,889	\$806,067	(\$7,822)	-1%
20	Intravenous Therapy	\$865,825	\$896,526	\$30,701	4%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$366,455	\$427,295	\$60,840	17%
24	Emergency Room	\$8,622,211	\$8,168,943	(\$453,268)	-5%
25	MRI	\$2,240,091	\$2,751,722	\$511,631	23%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$421,900	\$385,950	(\$35,950)	-9%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$4,952,228	\$5,467,534	\$515,306	10%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	<b>Total Special Services</b>	<b>\$140,992,676</b>	<b>\$144,974,722</b>	<b>\$3,982,046</b>	<b>3%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$64,603,236	\$63,110,460	(\$1,492,776)	-2%
2	Intensive Care Unit	\$7,975,393	\$7,839,423	(\$135,970)	-2%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,899,629	\$4,970,576	\$70,947	1%
5	Pediatric Unit	\$4,482,209	\$4,540,228	\$58,019	1%
6	Maternity Unit	\$6,355,059	\$5,792,028	(\$563,031)	-9%
7	Newborn Nursery Unit	\$2,098,467	\$2,118,903	\$20,436	1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,133,472	\$2,472,456	\$338,984	16%
10	Ambulatory Surgery	\$3,583,928	\$3,875,481	\$291,553	8%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$7,047,501	\$7,594,554	\$547,053	8%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$103,178,894</b>	<b>\$102,314,109</b>	<b>(\$864,785)</b>	<b>-1%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$20,282,667	\$21,195,601	\$912,934	5%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$443,491,017</b>	<b>\$447,673,528</b>	<b>\$4,182,511</b>	<b>1%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$465,884,745	\$457,806,205	\$476,412,504
2	Other Operating Revenue	19,191,199	22,613,330	17,239,966
3	Total Operating Revenue	\$485,075,944	\$480,419,535	\$493,652,470
4	Total Operating Expenses	453,664,905	443,491,017	447,673,528
5	Income/(Loss) From Operations	\$31,411,039	\$36,928,518	\$45,978,942
6	Total Non-Operating Revenue	1,087,375	2,718,922	(582,142)
7	Excess/(Deficiency) of Revenue Over Expenses	\$32,498,414	\$39,647,440	\$45,396,800
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	6.46%	7.64%	9.33%
2	Hospital Non Operating Margin	0.22%	0.56%	-0.12%
3	Hospital Total Margin	6.68%	8.21%	9.21%
4	Income/(Loss) From Operations	\$31,411,039	\$36,928,518	\$45,978,942
5	Total Operating Revenue	\$485,075,944	\$480,419,535	\$493,652,470
6	Total Non-Operating Revenue	\$1,087,375	\$2,718,922	(\$582,142)
7	Total Revenue	\$486,163,319	\$483,138,457	\$493,070,328
8	Excess/(Deficiency) of Revenue Over Expenses	\$32,498,414	\$39,647,440	\$45,396,800
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$160,467,000	\$151,392,000	\$218,717,000
2	Hospital Total Net Assets	\$208,376,000	\$218,806,000	\$309,474,000
3	Hospital Change in Total Net Assets	\$47,362,000	\$10,430,000	\$90,668,000
4	Hospital Change in Total Net Assets %	129.4%	5.0%	41.4%

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.26</b>	<b>0.25</b>	<b>0.24</b>
2	Total Operating Expenses	\$453,664,905	\$443,491,017	\$447,673,528
3	Total Gross Revenue	\$1,720,809,095	\$1,779,032,454	\$1,872,448,686
4	Total Other Operating Revenue	\$17,736,787	\$21,118,033	\$15,601,812
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.64</b>	<b>1.66</b>	<b>1.76</b>
6	Total Non-Government Payments	\$324,502,818	\$316,903,147	\$331,323,698
7	Total Uninsured Payments	\$2,091,273	\$1,653,684	\$1,895,524
8	Total Non-Government Charges	\$833,020,079	\$837,913,738	\$853,581,155
9	Total Uninsured Charges	\$79,520,891	\$67,222,364	\$61,982,001
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.70</b>	<b>0.73</b>	<b>0.77</b>
11	Total Medicare Payments	\$114,539,033	\$118,888,695	\$132,110,643
12	Total Medicare Charges	\$627,953,425	\$664,642,686	\$719,664,701
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.58</b>	<b>0.62</b>	<b>0.56</b>
14	Total Medicaid Payments	\$38,166,531	\$40,687,610	\$38,585,522
15	Total Medicaid Charges	\$254,216,043	\$268,245,069	\$291,141,779
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$20,268,313</b>	<b>\$17,477,680</b>	<b>\$14,275,107</b>
17	Charity Care	\$28,856,190	\$30,293,193	\$32,247,209
18	Bad Debts	\$48,816,541	\$40,649,514	\$27,957,652
19	Total Uncompensated Care	\$77,672,731	\$70,942,707	\$60,204,861
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>4.5%</b>	<b>3.9%</b>	<b>3.2%</b>

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
21	Total Operating Expenses	\$453,664,905	\$443,491,017	\$447,673,528
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2</b>	<b>2</b>	<b>2</b>
2	Total Current Assets	\$196,300,000	\$192,657,000	\$225,930,000
3	Total Current Liabilities	\$110,498,000	\$116,658,000	\$122,006,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>90</b>	<b>88</b>	<b>110</b>
5	Cash and Cash Equivalents	\$105,744,000	\$101,451,000	\$127,288,000
6	Short Term Investments	44,000	58,000	53,000
7	Total Cash and Short Term Investments	\$105,788,000	\$101,509,000	\$127,341,000
8	Total Operating Expenses	\$453,664,905	\$443,491,017	\$447,673,528
9	Depreciation Expense	\$24,839,004	\$24,086,230	\$23,802,655
10	Operating Expenses less Depreciation Expense	\$428,825,901	\$419,404,787	\$423,870,873
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>51</b>	<b>52</b>	<b>50</b>
12	Net Patient Accounts Receivable	\$68,026,000	\$68,967,000	\$72,727,000
13	Due From Third Party Payers	\$3,366,000	\$2,838,000	\$265,000
14	Due To Third Party Payers	\$6,229,000	\$6,542,000	\$7,801,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$65,163,000	\$65,263,000	\$65,191,000
16	Total Net Patient Revenue	\$465,884,745	\$457,806,205	\$476,412,504
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>94</b>	<b>102</b>	<b>105</b>
18	Total Current Liabilities	\$110,498,000	\$116,658,000	\$122,006,000
19	Total Operating Expenses	\$453,664,905	\$443,491,017	\$447,673,528
20	Depreciation Expense	\$24,839,004	\$24,086,230	\$23,802,655

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
21	Total Operating Expenses less Depreciation Expense	\$428,825,901	\$419,404,787	\$423,870,873
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>26.1</b>	<b>27.0</b>	<b>34.2</b>
2	Total Net Assets	\$208,376,000	\$218,806,000	\$309,474,000
3	Total Assets	\$797,790,000	\$811,195,000	\$905,966,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>11.8</b>	<b>13.2</b>	<b>14.3</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$32,498,414	\$39,647,440	\$45,396,800
6	Depreciation Expense	\$24,839,004	\$24,086,230	\$23,802,655
7	Excess of Revenues Over Expenses and Depreciation Expense	\$57,337,418	\$63,733,670	\$69,199,455
8	Total Current Liabilities	\$110,498,000	\$116,658,000	\$122,006,000
9	Total Long Term Debt	\$373,518,000	\$367,973,000	\$362,280,000
10	Total Current Liabilities and Total Long Term Debt	\$484,016,000	\$484,631,000	\$484,286,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>64.2</b>	<b>62.7</b>	<b>53.9</b>
12	Total Long Term Debt	\$373,518,000	\$367,973,000	\$362,280,000
13	Total Net Assets	\$208,376,000	\$218,806,000	\$309,474,000
14	Total Long Term Debt and Total Net Assets	\$581,894,000	\$586,779,000	\$671,754,000
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>5.6</b>	<b>6.1</b>	<b>6.8</b>
16	Excess Revenues over Expenses	32,498,414	\$39,647,440	\$45,396,800
17	Interest Expense	6,274,383	\$6,006,820	\$5,743,115
18	Depreciation and Amortization Expense	24,839,004	\$24,086,230	\$23,802,655
19	Principal Payments	5,140,000	\$5,376,000	\$5,295,000
<b>G.</b>	<b><u>Other Financial Ratios</u></b>			

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>14.6</b>	<b>16.0</b>	<b>15.7</b>
21	Accumulated Depreciation	363,576,000	385,771,000	373,304,000
22	Depreciation and Amortization Expense	24,839,004	24,086,230	23,802,655
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	71,656	71,084	73,202
2	Discharges	14,871	14,848	14,847
3	ALOS	4.8	4.8	4.9
4	Staffed Beds	267	267	226
5	Available Beds	-	325	325
6	Licensed Beds	325	330	330
7	Occupancy of Staffed Beds	73.5%	72.9%	88.7%
8	Occupancy of Available Beds	60.4%	59.9%	61.7%
9	Full Time Equivalent Employees	1,954.1	1,956.7	1,978.7
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	43.8%	43.3%	42.3%
2	Medicare Gross Revenue Payer Mix Percentage	36.5%	37.4%	38.4%
3	Medicaid Gross Revenue Payer Mix Percentage	14.8%	15.1%	15.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.3%	0.4%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	4.6%	3.8%	3.3%
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)	\$753,499,188	\$770,691,374	\$791,599,154
9	Medicare Gross Revenue (Charges)	\$627,953,425	\$664,642,686	\$719,664,701
10	Medicaid Gross Revenue (Charges)	\$254,216,043	\$268,245,069	\$291,141,779
11	Other Medical Assistance Gross Revenue (Charges)	\$4,477,383	\$6,484,622	\$6,443,889
12	Uninsured Gross Revenue (Charges)	\$79,520,891	\$67,222,364	\$61,982,001
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,142,165	\$1,746,339	\$1,617,162
14	Total Gross Revenue (Charges)	\$1,720,809,095	\$1,779,032,454	\$1,872,448,686
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	67.5%	66.0%	65.5%
2	Medicare Net Revenue Payer Mix Percentage	24.0%	24.9%	26.3%

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
3	Medicaid Net Revenue Payer Mix Percentage	8.0%	8.5%	7.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.3%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.1%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$322,411,545	\$315,249,463	\$329,428,174
9	Medicare Net Revenue (Payments)	\$114,539,033	\$118,888,695	\$132,110,643
10	Medicaid Net Revenue (Payments)	\$38,166,531	\$40,687,610	\$38,585,522
11	Other Medical Assistance Net Revenue (Payments)	\$556,015	\$420,185	\$777,615
12	Uninsured Net Revenue (Payments)	\$2,091,273	\$1,653,684	\$1,895,524
13	CHAMPUS / TRICARE Net Revenue Payments)	\$201,507	\$419,429	\$179,706
14	Total Net Revenue (Payments)	\$477,965,904	\$477,319,066	\$502,977,184
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	6,114	6,040	5,862
2	Medicare	5,118	5,336	5,492
3	Medical Assistance	3,621	3,457	3,474
4	Medicaid	3,552	3,376	3,394
5	Other Medical Assistance	69	81	80
6	CHAMPUS / TRICARE	18	15	19
7	Uninsured (Included In Non-Government)	359	366	193
8	Total	14,871	14,848	14,847
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.10625	1.09190	1.10916
2	Medicare	1.60092	1.57169	1.61634
3	Medical Assistance	1.03593	1.01471	1.02225
4	Medicaid	1.03682	1.01264	1.01890
5	Other Medical Assistance	0.98987	1.10105	1.16457
6	CHAMPUS / TRICARE	0.75303	2.17207	1.01842
7	Uninsured (Included In Non-Government)	1.21066	1.16118	1.21660
8	Total Case Mix Index	1.25894	1.24744	1.27632
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	7,595	7,635	6,196
2	Emergency Room - Treated and Discharged	42,465	41,417	41,244
3	Total Emergency Room Visits	50,060	49,052	47,440



**STAMFORD 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
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$2,134,275	\$1,269,694	(\$864,581)	-41%
2	Inpatient Payments	\$437,663	\$259,264	(\$178,399)	-41%
3	Outpatient Charges	\$2,455,648	\$1,489,284	(\$966,364)	-39%
4	Outpatient Payments	\$281,003	\$168,169	(\$112,834)	-40%
5	Discharges	24	19	(5)	-21%
6	Patient Days	238	111	(127)	-53%
7	Outpatient Visits (Excludes ED Visits)	483	387	(96)	-20%
8	Emergency Department Outpatient Visits	26	33	7	27%
9	Emergency Department Inpatient Admissions	24	16	(8)	-33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,589,923</b>	<b>\$2,758,978</b>	<b>(\$1,830,945)</b>	<b>-40%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$718,666</b>	<b>\$427,433</b>	<b>(\$291,233)</b>	<b>-41%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$9,710	\$883	(\$8,827)	-91%
4	Outpatient Payments	\$1,255	\$64	(\$1,191)	-95%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	3	1	(2)	-67%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,710</b>	<b>\$883</b>	<b>(\$8,827)</b>	<b>-91%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,255</b>	<b>\$64</b>	<b>(\$1,191)</b>	<b>-95%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$4,830,106	\$5,917,114	\$1,087,008	23%
2	Inpatient Payments	\$1,001,780	\$1,331,689	\$329,909	33%
3	Outpatient Charges	\$7,269,238	\$6,829,568	(\$439,670)	-6%
4	Outpatient Payments	\$822,738	\$808,887	(\$13,851)	-2%
5	Discharges	68	95	27	40%
6	Patient Days	401	537	136	34%
7	Outpatient Visits (Excludes ED Visits)	1,949	2,126	177	9%
8	Emergency Department Outpatient Visits	102	135	33	32%
9	Emergency Department Inpatient Admissions	48	68	20	42%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,099,344</b>	<b>\$12,746,682</b>	<b>\$647,338</b>	<b>5%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,824,518</b>	<b>\$2,140,576</b>	<b>\$316,058</b>	<b>17%</b>

**STAMFORD 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
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,084,839	\$1,426,687	\$341,848	32%
2	Inpatient Payments	\$149,653	\$301,881	\$152,228	102%
3	Outpatient Charges	\$1,308,359	\$3,771,165	\$2,462,806	188%
4	Outpatient Payments	\$736,165	\$1,397,177	\$661,012	90%
5	Discharges	26	26	0	0%
6	Patient Days	121	155	34	28%
7	Outpatient Visits (Excludes ED Visits)	85	154	69	81%
8	Emergency Department Outpatient Visits	38	73	35	92%
9	Emergency Department Inpatient Admissions	17	23	6	35%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,393,198</b>	<b>\$5,197,852</b>	<b>\$2,804,654</b>	<b>117%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$885,818</b>	<b>\$1,699,058</b>	<b>\$813,240</b>	<b>92%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,091	\$1,821	\$730	67%
4	Outpatient Payments	\$52	\$601	\$549	1056%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	2	1	100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,091</b>	<b>\$1,821</b>	<b>\$730</b>	<b>67%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$52</b>	<b>\$601</b>	<b>\$549</b>	<b>1056%</b>

**STAMFORD HOSPITAL  
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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G.</b>	<b>UNITED HEALTHCARE INSURANCE COMPANY</b>				
1	Inpatient Charges	\$30,817,311	\$30,686,625	(\$130,686)	0%
2	Inpatient Payments	\$6,780,747	\$6,330,065	(\$450,682)	-7%
3	Outpatient Charges	\$33,123,491	\$35,062,760	\$1,939,269	6%
4	Outpatient Payments	\$3,685,559	\$4,007,133	\$321,574	9%
5	Discharges	498	455	(43)	-9%
6	Patient Days	3,298	3,050	(248)	-8%
7	Outpatient Visits (Excludes ED Visits)	9,562	9,845	283	3%
8	Emergency Department Outpatient Visits	642	626	(16)	-2%
9	Emergency Department Inpatient Admissions	414	378	(36)	-9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$63,940,802</b>	<b>\$65,749,385</b>	<b>\$1,808,583</b>	<b>3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,466,306</b>	<b>\$10,337,198</b>	<b>(\$129,108)</b>	<b>-1%</b>
<b>H.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$2,604,362	\$4,666,163	\$2,061,801	79%
2	Inpatient Payments	\$524,225	\$1,033,791	\$509,566	97%
3	Outpatient Charges	\$3,238,206	\$5,258,462	\$2,020,256	62%
4	Outpatient Payments	\$291,019	\$519,398	\$228,379	78%
5	Discharges	46	73	27	59%
6	Patient Days	253	408	155	61%
7	Outpatient Visits (Excludes ED Visits)	866	1,359	493	57%
8	Emergency Department Outpatient Visits	133	184	51	38%
9	Emergency Department Inpatient Admissions	37	64	27	73%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,842,568</b>	<b>\$9,924,625</b>	<b>\$4,082,057</b>	<b>70%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$815,244</b>	<b>\$1,553,189</b>	<b>\$737,945</b>	<b>91%</b>
<b>I.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$9,962,957	\$12,151,436	\$2,188,479	22%
2	Inpatient Payments	\$2,288,151	\$2,680,312	\$392,161	17%
3	Outpatient Charges	\$16,443,477	\$15,867,447	(\$576,030)	-4%
4	Outpatient Payments	\$2,068,594	\$1,937,371	(\$131,223)	-6%
5	Discharges	167	196	29	17%
6	Patient Days	965	1,047	82	8%
7	Outpatient Visits (Excludes ED Visits)	4,029	4,321	292	7%
8	Emergency Department Outpatient Visits	249	276	27	11%
9	Emergency Department Inpatient Admissions	136	162	26	19%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$26,406,434</b>	<b>\$28,018,883</b>	<b>\$1,612,449</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,356,745</b>	<b>\$4,617,683</b>	<b>\$260,938</b>	<b>6%</b>

**STAMFORD HOSPITAL  
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FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$239,362	\$778,179	\$538,817	225%
2	Inpatient Payments	\$36,807	\$176,172	\$139,365	379%
3	Outpatient Charges	\$220,688	\$227,211	\$6,523	3%
4	Outpatient Payments	\$34,185	\$33,193	(\$992)	-3%
5	Discharges	6	9	3	50%
6	Patient Days	19	66	47	247%
7	Outpatient Visits (Excludes ED Visits)	57	76	19	33%
8	Emergency Department Outpatient Visits	6	15	9	150%
9	Emergency Department Inpatient Admissions	6	8	2	33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$460,050</b>	<b>\$1,005,390</b>	<b>\$545,340</b>	<b>119%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$70,992</b>	<b>\$209,365</b>	<b>\$138,373</b>	<b>195%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**STAMFORD 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
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$4,269	\$381	(\$3,888)	-91%
4	Outpatient Payments	\$375	\$111	(\$264)	-70%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	15	1	(14)	-93%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,269</b>	<b>\$381</b>	<b>(\$3,888)</b>	<b>-91%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$375</b>	<b>\$111</b>	<b>(\$264)</b>	<b>-70%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$51,673,212</b>	<b>\$56,895,898</b>	<b>\$5,222,686</b>	<b>10%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$11,219,026</b>	<b>\$12,113,174</b>	<b>\$894,148</b>	<b>8%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$64,074,177</b>	<b>\$68,508,982</b>	<b>\$4,434,805</b>	<b>7%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$7,920,945</b>	<b>\$8,872,104</b>	<b>\$951,159</b>	<b>12%</b>
	<b>TOTAL DISCHARGES</b>	<b>835</b>	<b>873</b>	<b>38</b>	<b>5%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>5,295</b>	<b>5,374</b>	<b>79</b>	<b>1%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>17,050</b>	<b>18,272</b>	<b>1,222</b>	<b>7%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,196</b>	<b>1,342</b>	<b>146</b>	<b>12%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>682</b>	<b>719</b>	<b>37</b>	<b>5%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$115,747,389</b>	<b>\$125,404,880</b>	<b>\$9,657,491</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$19,139,971</b>	<b>\$20,985,278</b>	<b>\$1,845,307</b>	<b>10%</b>

**STAMFORD 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
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**STAMFORD 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
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**STAMFORD 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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



## STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, 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.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$109,623,000	\$134,849,000	\$25,226,000	23%
2	Short Term Investments	\$58,000	\$53,000	(\$5,000)	-9%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$73,832,000	\$77,483,000	\$3,651,000	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$257,000	\$134,000	(\$123,000)	-48%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,838,000	\$265,000	(\$2,573,000)	-91%
7	Inventories of Supplies	\$6,403,000	\$7,430,000	\$1,027,000	16%
8	Prepaid Expenses	\$6,626,000	\$7,965,000	\$1,339,000	20%
9	Other Current Assets	\$7,606,000	\$11,971,000	\$4,365,000	57%
	<b>Total Current Assets</b>	<b>\$207,243,000</b>	<b>\$240,150,000</b>	<b>\$32,907,000</b>	<b>16%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$77,128,000	\$0	(\$77,128,000)	-100%
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	\$50,025,000	\$47,226,000	(\$2,799,000)	-6%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$127,153,000</b>	<b>\$47,226,000</b>	<b>(\$79,927,000)</b>	<b>-63%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$243,057,000	\$205,036,000	(\$38,021,000)	-16%
7	Other Noncurrent Assets	\$34,783,000	\$32,708,000	(\$2,075,000)	-6%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$626,774,000	\$604,936,000	(\$21,838,000)	-3%
2	Less: Accumulated Depreciation	\$403,836,000	\$388,290,000	(\$15,546,000)	(\$0)
	<b>Property, Plant and Equipment, Net</b>	<b>\$222,938,000</b>	<b>\$216,646,000</b>	<b>(\$6,292,000)</b>	<b>-3%</b>
3	Construction in Progress	\$205,926,000	\$342,768,000	\$136,842,000	66%
	<b>Total Net Fixed Assets</b>	<b>\$428,864,000</b>	<b>\$559,414,000</b>	<b>\$130,550,000</b>	<b>30%</b>
	<b>Total Assets</b>	<b>\$1,041,100,000</b>	<b>\$1,084,534,000</b>	<b>\$43,434,000</b>	<b>4%</b>

## STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, 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
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$81,388,000	\$89,221,000	\$7,833,000	10%
2	Salaries, Wages and Payroll Taxes	\$14,631,000	\$17,725,000	\$3,094,000	21%
3	Due To Third Party Payers	\$17,559,000	\$16,906,000	(\$653,000)	-4%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,802,000	\$5,933,000	\$131,000	2%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$20,649,000	\$21,324,000	\$675,000	3%
	<b>Total Current Liabilities</b>	<b>\$140,029,000</b>	<b>\$151,109,000</b>	<b>\$11,080,000</b>	<b>8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$372,853,000	\$366,920,000	(\$5,933,000)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$372,853,000</b>	<b>\$366,920,000</b>	<b>(\$5,933,000)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$84,427,000	\$90,860,000	\$6,433,000	8%
4	Other Long Term Liabilities	\$34,744,000	\$38,266,000	\$3,522,000	10%
	<b>Total Long Term Liabilities</b>	<b>\$492,024,000</b>	<b>\$496,046,000</b>	<b>\$4,022,000</b>	<b>1%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$339,225,000	\$344,214,000	\$4,989,000	1%
2	Temporarily Restricted Net Assets	\$61,414,000	\$84,673,000	\$23,259,000	38%
3	Permanently Restricted Net Assets	\$8,408,000	\$8,492,000	\$84,000	1%
	<b>Total Net Assets</b>	<b>\$409,047,000</b>	<b>\$437,379,000</b>	<b>\$28,332,000</b>	<b>7%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$1,041,100,000</b>	<b>\$1,084,534,000</b>	<b>\$43,434,000</b>	<b>4%</b>

STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, INC)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,860,699,164	\$1,977,312,635	\$116,613,471	6%
2	Less: Allowances	\$1,292,614,467	\$1,394,439,721	\$101,825,254	8%
3	Less: Charity Care	\$30,293,187	\$32,247,209	\$1,954,022	6%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$537,791,510</b>	<b>\$550,625,705</b>	<b>\$12,834,195</b>	<b>2%</b>
5	Provision for Bad Debts	\$41,755,223	\$29,514,758	(\$12,240,465)	-29%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$496,036,287</b>	<b>\$521,110,947</b>	<b>\$25,074,660</b>	<b>5%</b>
6	Other Operating Revenue	\$24,336,869	\$17,681,618	(\$6,655,251)	-27%
7	Net Assets Released from Restrictions	\$1,495,297	\$1,638,154	\$142,857	10%
	<b>Total Operating Revenue</b>	<b>\$521,868,453</b>	<b>\$540,430,719</b>	<b>\$18,562,266</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$230,172,455	\$240,551,991	\$10,379,536	5%
2	Fringe Benefits	\$53,247,236	\$55,661,609	\$2,414,373	5%
3	Physicians Fees	\$11,954,200	\$12,722,131	\$767,931	6%
4	Supplies and Drugs	\$65,872,580	\$65,446,195	(\$426,385)	-1%
5	Depreciation and Amortization	\$25,517,943	\$25,572,224	\$54,281	0%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$6,171,167	\$5,899,903	(\$271,264)	-4%
8	Malpractice Insurance Cost	\$4,032,777	\$1,546,684	(\$2,486,093)	-62%
9	Other Operating Expenses	\$116,341,673	\$118,045,071	\$1,703,398	1%
	<b>Total Operating Expenses</b>	<b>\$513,310,031</b>	<b>\$525,445,808</b>	<b>\$12,135,777</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$8,558,422</b>	<b>\$14,984,911</b>	<b>\$6,426,489</b>	<b>75%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$6,206,881	(\$3,158,606)	(\$9,365,487)	-151%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$1,185,087	\$8,390,290	\$7,205,203	608%
	<b>Total Non-Operating Revenue</b>	<b>\$7,391,968</b>	<b>\$5,231,684</b>	<b>(\$2,160,284)</b>	<b>-29%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$15,950,390</b>	<b>\$20,216,595</b>	<b>\$4,266,205</b>	<b>27%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$1,586,055	(\$7,809,620)	(\$9,395,675)	-592%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$1,586,055</b>	<b>(\$7,809,620)</b>	<b>(\$9,395,675)</b>	<b>-592%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$17,536,445</b>	<b>\$12,406,975</b>	<b>(\$5,129,470)</b>	<b>-29%</b>

## STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, 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
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$495,861,267	\$496,036,287	\$521,110,947
2	Other Operating Revenue	22,120,448	25,832,166	19,319,772
3	Total Operating Revenue	\$517,981,715	\$521,868,453	\$540,430,719
4	Total Operating Expenses	513,251,900	513,310,031	525,445,808
5	Income/(Loss) From Operations	\$4,729,815	\$8,558,422	\$14,984,911
6	Total Non-Operating Revenue	7,750,771	8,978,023	(2,577,936)
7	Excess/(Deficiency) of Revenue Over Expenses	\$12,480,586	\$17,536,445	\$12,406,975
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	0.90%	1.61%	2.79%
2	Parent Corporation Non-Operating Margin	1.47%	1.69%	-0.48%
3	Parent Corporation Total Margin	2.37%	3.30%	2.31%
4	Income/(Loss) From Operations	\$4,729,815	\$8,558,422	\$14,984,911
5	Total Operating Revenue	\$517,981,715	\$521,868,453	\$540,430,719
6	Total Non-Operating Revenue	\$7,750,771	\$8,978,023	(\$2,577,936)
7	Total Revenue	\$525,732,486	\$530,846,476	\$537,852,783
8	Excess/(Deficiency) of Revenue Over Expenses	\$12,480,586	\$17,536,445	\$12,406,975
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$340,828,000	\$339,225,000	\$344,214,000
2	Parent Corporation Total Net Assets	\$391,145,000	\$409,047,000	\$437,379,000
3	Parent Corporation Change in Total Net Assets	\$82,213,000	\$17,902,000	\$28,332,000
4	Parent Corporation Change in Total Net Assets %	126.6%	4.6%	6.9%

## STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, 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
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.61</b>	<b>1.48</b>	<b>1.59</b>
2	Total Current Assets	\$209,374,000	\$207,243,000	\$240,150,000
3	Total Current Liabilities	\$129,849,000	\$140,029,000	\$151,109,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>84</b>	<b>82</b>	<b>99</b>
5	Cash and Cash Equivalents	\$112,710,000	\$109,623,000	\$134,849,000
6	Short Term Investments	\$44,000	\$58,000	\$53,000
7	Total Cash and Short Term Investments	\$112,754,000	\$109,681,000	\$134,902,000
8	Total Operating Expenses	\$513,251,900	\$513,310,031	\$525,445,808
9	Depreciation Expense	\$26,019,535	\$25,517,943	\$25,572,224
10	Operating Expenses less Depreciation Expense	\$487,232,365	\$487,792,088	\$499,873,584
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>45</b>	<b>43</b>	<b>43</b>
12	Net Patient Accounts Receivable	\$ 72,380,000	\$ 73,832,000	\$ 77,483,000
13	Due From Third Party Payers	\$3,366,000	\$2,838,000	\$265,000
14	Due To Third Party Payers	\$14,315,000	\$17,559,000	\$16,906,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 61,431,000	\$ 59,111,000	\$ 60,842,000
16	Total Net Patient Revenue	\$495,861,267	\$496,036,287	\$521,110,947
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>97</b>	<b>105</b>	<b>110</b>
18	Total Current Liabilities	\$129,849,000	\$140,029,000	\$151,109,000
19	Total Operating Expenses	\$513,251,900	\$513,310,031	\$525,445,808
20	Depreciation Expense	\$26,019,535	\$25,517,943	\$25,572,224
20	Total Operating Expenses less Depreciation Expense	\$487,232,365	\$487,792,088	\$499,873,584

## STAMFORD HEALTH INC (FORMERLY STAMFORD HEALTH SYSTEM, 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
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>38.6</b>	<b>39.3</b>	<b>40.3</b>
2	Total Net Assets	\$391,145,000	\$409,047,000	\$437,379,000
3	Total Assets	\$1,013,651,000	\$1,041,100,000	\$1,084,534,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>7.6</b>	<b>8.4</b>	<b>7.3</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$12,480,586	\$17,536,445	\$12,406,975
6	Depreciation Expense	\$26,019,535	\$25,517,943	\$25,572,224
7	Excess of Revenues Over Expenses and Depreciation Expense	\$38,500,121	\$43,054,388	\$37,979,199
8	Total Current Liabilities	\$129,849,000	\$140,029,000	\$151,109,000
9	Total Long Term Debt	\$378,618,000	\$372,853,000	\$366,920,000
10	Total Current Liabilities and Total Long Term Debt	\$508,467,000	\$512,882,000	\$518,029,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>49.2</b>	<b>47.7</b>	<b>45.6</b>
12	Total Long Term Debt	\$378,618,000	\$372,853,000	\$366,920,000
13	Total Net Assets	\$391,145,000	\$409,047,000	\$437,379,000
14	Total Long Term Debt and Total Net Assets	\$769,763,000	\$781,900,000	\$804,299,000

STAMFORD 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	43,180	8,644	8,826	141	186	83.9%	63.6%
2	ICU/CCU (Excludes Neonatal ICU)	1,639	181	0	5	16	89.8%	28.1%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,465	552	557	15	20	99.8%	74.9%
	<b>TOTAL PSYCHIATRIC</b>	<b>5,465</b>	<b>552</b>	<b>557</b>	<b>15</b>	<b>20</b>	<b>99.8%</b>	<b>74.9%</b>
5	Rehabilitation	5,201	399	398	15	17	95.0%	83.8%
6	Maternity	8,123	2,512	2,521	23	32	96.8%	69.5%
7	Newborn	6,191	2,157	2,225	17	25	99.8%	67.8%
8	Neonatal ICU	2,502	202	0	7	16	97.9%	42.8%
9	Pediatric	901	381	378	3	13	82.3%	19.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>67,011</b>	<b>12,690</b>	<b>12,680</b>	<b>209</b>	<b>300</b>	<b>87.8%</b>	<b>61.2%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>73,202</b>	<b>14,847</b>	<b>14,905</b>	<b>226</b>	<b>325</b>	<b>88.7%</b>	<b>61.7%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>73,202</b>	<b>14,847</b>	<b>14,905</b>	<b>226</b>	<b>325</b>	<b>88.7%</b>	<b>61.7%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>71,084</b>	<b>14,848</b>	<b>14,857</b>	<b>267</b>	<b>325</b>	<b>72.9%</b>	<b>59.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>2,118</b>	<b>-1</b>	<b>48</b>	<b>-41</b>	<b>0</b>	<b>15.8%</b>	<b>1.8%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>-15%</b>	<b>0%</b>	<b>22%</b>	<b>3%</b>
	Total Licensed Beds and Bassinets	330						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

STAMFORD 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
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	8,989	7,332	-1,657	-18%
2	Outpatient Scans (Excluding Emergency Department Scans)	12,688	10,151	-2,537	-20%
3	Emergency Department Scans	15,060	12,962	-2,098	-14%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>36,737</b>	<b>30,445</b>	<b>-6,292</b>	<b>-17%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,583	2,260	677	43%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,272	9,999	1,727	21%
3	Emergency Department Scans	620	937	317	51%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>10,475</b>	<b>13,196</b>	<b>2,721</b>	<b>26%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	15	17	2	13%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>15</b>	<b>17</b>	<b>2</b>	<b>13%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	6	6	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	383	478	95	25%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>383</b>	<b>484</b>	<b>101</b>	<b>26%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	352	361	9	3%
2	Outpatient Procedures	9,464	9,319	-145	-2%
	<b>Total Linear Accelerator Procedures</b>	<b>9,816</b>	<b>9,680</b>	<b>-136</b>	<b>-1%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	318	288	-30	-9%
2	Outpatient Procedures	409	416	7	2%
	<b>Total Cardiac Catheterization Procedures</b>	<b>727</b>	<b>704</b>	<b>-23</b>	<b>-3%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	123	64	-59	-48%
2	Elective Procedures	321	379	58	18%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>444</b>	<b>443</b>	<b>-1</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	119	72	-47	-39%
2	Outpatient Studies	242	389	147	61%
	<b>Total Electrophysiology Studies</b>	<b>361</b>	<b>461</b>	<b>100</b>	<b>28%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,408	2,512	104	4%
2	Outpatient Surgical Procedures	8,990	9,492	502	6%
	<b>Total Surgical Procedures</b>	<b>11,398</b>	<b>12,004</b>	<b>606</b>	<b>5%</b>
<b>J. Endoscopy Procedures</b>					



STAMFORD 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	367	481	114	31%
2	Outpatient Endoscopy Procedures	6,105	6,372	267	4%
	<b>Total Endoscopy Procedures</b>	<b>6,472</b>	<b>6,853</b>	<b>381</b>	<b>6%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	7,635	6,196	-1,439	-19%
2	Emergency Room Visits: Treated and Discharged	41,417	41,244	-173	0%
	<b>Total Emergency Room Visits</b>	<b>49,052</b>	<b>47,440</b>	<b>-1,612</b>	<b>-3%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
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	26,380	26,304	-76	0%
7	Medical Clinic Visits - Family Practice Clinic	2,633	3,237	604	23%
8	Medical Clinic Visits - Other Medical Clinics	4,592	5,049	457	10%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	52	70	18	35%
11	Specialty Clinic Visits - Chronic Pain Clinic	132	87	-45	-34%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	7,875	7,810	-65	-1%
	<b>Total Hospital Clinic Visits</b>	<b>41,664</b>	<b>42,557</b>	<b>893</b>	<b>2%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	35,653	39,286	3,633	10%
2	Cardiac Rehabilitation	8,153	9,460	1,307	16%
3	Chemotherapy	6,403	6,530	127	2%
4	Gastroenterology	6,027	6,115	88	1%
5	Other Outpatient Visits	246,008	261,982	15,974	6%
	<b>Total Other Hospital Outpatient Visits</b>	<b>302,244</b>	<b>323,373</b>	<b>21,129</b>	<b>7%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	791.8	803.7	11.9	2%
2	Total Physician FTEs	113.3	116.5	3.2	3%
3	Total Non-Nursing and Non-Physician FTEs	1,051.6	1,058.5	6.9	1%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,956.7</b>	<b>1,978.7</b>	<b>22.0</b>	<b>1%</b>

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A.</b>	<b>Outpatient Surgical Procedures</b>				
1	Stamford Hospital	2,711	2,810	99	4%
2	Tully Health Center	6,279	6,682	403	6%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>8,990</b>	<b>9,492</b>	<b>502</b>	<b>6%</b>
<b>B.</b>	<b>Outpatient Endoscopy Procedures</b>				
1	Stamford Hospital	120	189	69	58%
2	Tully Health Center	5,985	6,183	198	3%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>6,105</b>	<b>6,372</b>	<b>267</b>	<b>4%</b>
<b>C.</b>	<b>Outpatient Hospital Emergency Room Visits</b>				
1	Stamford Hospital	41,417	41,244	-173	0%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>41,417</b>	<b>41,244</b>	<b>-173</b>	<b>0%</b>
	<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>				
	<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>				
	<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>				

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$298,425,288	\$325,357,024	\$26,931,736	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$68,810,902	\$78,363,100	\$9,552,198	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.06%	24.09%	1.03%	4%
4	DISCHARGES	5,336	5,492	156	3%
5	CASE MIX INDEX (CMI)	1.57169	1.61634	0.04465	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,386.53784	8,876.93928	490.40144	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,204.92	\$8,827.72	\$622.79	8%
8	PATIENT DAYS	32,883	34,268	1,385	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,092.60	\$2,286.77	\$194.17	9%
10	AVERAGE LENGTH OF STAY	6.2	6.2	0.1	1%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$366,217,398	\$394,307,677	\$28,090,279	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$50,077,793	\$53,747,543	\$3,669,750	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.67%	13.63%	-0.04%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	122.72%	121.19%	-1.52%	-1%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,548.15833	6,655.88139	107.72306	2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,647.61	\$8,075.20	\$427.58	6%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$664,642,686	\$719,664,701	\$55,022,015	8%
18	TOTAL ACCRUED PAYMENTS	\$118,888,695	\$132,110,643	\$13,221,948	11%
19	TOTAL ALLOWANCES	\$545,753,991	\$587,554,058	\$41,800,067	8%

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b><u>NON-GOVERNMENT INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$215,894,875	\$215,616,024	(\$278,851)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$79,103,756	\$82,887,321	\$3,783,565	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.64%	38.44%	1.80%	5%
4	DISCHARGES	6,040	5,862	(178)	-3%
5	CASE MIX INDEX (CMI)	1.09190	1.10916	0.01726	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,595.07600	6,501.89592	(93.18008)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,994.37	\$12,748.18	\$753.81	6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,789.44)	(\$3,920.46)	(\$131.02)	3%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$24,991,661)	(\$25,490,430)	(\$498,768)	2%
10	PATIENT DAYS	22,978	23,582	604	3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,442.59	\$3,514.86	\$72.27	2%
12	AVERAGE LENGTH OF STAY	3.8	4.0	0.2	6%
<b><u>NON-GOVERNMENT OUTPATIENT</u></b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$622,018,863	\$637,965,131	\$15,946,268	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$237,799,391	\$248,436,377	\$10,636,986	4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.23%	38.94%	0.71%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	288.11%	295.88%	7.77%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	17,401.95978	17,344.49754	(57.46224)	0%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,665.09	\$14,323.64	\$658.55	5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$6,017.48)	(\$6,248.45)	(\$230.97)	4%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$104,715,905)	(\$108,376,170)	(\$3,660,265)	3%
<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>					
21	TOTAL ACCRUED CHARGES	\$837,913,738	\$853,581,155	\$15,667,417	2%
22	TOTAL ACCRUED PAYMENTS	\$316,903,147	\$331,323,698	\$14,420,551	5%
23	TOTAL ALLOWANCES	\$521,010,591	\$522,257,457	\$1,246,866	0%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$129,707,566)	(\$133,866,599)	(\$4,159,033)	3%
<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$714,214,340	\$757,932,744	\$43,718,404	6%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$286,317,247	\$317,763,478	\$31,446,231	11%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,897,093	\$440,169,266	\$12,272,173	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.91%	58.07%	-1.84%	

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$15,900,440	\$8,218,885	(\$7,681,555)	-48%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$115,038	\$175,349	\$60,311	52%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.72%	2.13%	1.41%	195%
4	DISCHARGES	366	193	(173)	-47%
5	CASE MIX INDEX (CMI)	1.16118	1.21660	0.05542	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	424.99188	234.80380	(190.18808)	-45%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$270.68	\$746.79	\$476.11	176%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,723.68	\$12,001.39	\$277.70	2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,934.24	\$8,080.93	\$146.69	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,371,988	\$1,897,432	(\$1,474,556)	-44%
11	PATIENT DAYS	1,443	716	(727)	-50%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$79.72	\$244.90	\$165.18	207%
13	AVERAGE LENGTH OF STAY	3.9	3.7	(0.2)	-6%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$51,321,924	\$53,763,116	\$2,441,192	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,538,646	\$1,720,175	\$181,529	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.00%	3.20%	0.20%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	322.77%	654.14%	331.37%	103%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,181.33990	1,262.49259	81.15269	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,302.46	\$1,362.52	\$60.06	5%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,362.63	\$12,961.12	\$598.49	5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,345.16	\$6,712.67	\$367.52	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,495,787	\$8,474,699	\$978,913	13%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$67,222,364	\$61,982,001	(\$5,240,363)	-8%
24	TOTAL ACCRUED PAYMENTS	\$1,653,684	\$1,895,524	\$241,840	15%
25	TOTAL ALLOWANCES	\$65,568,680	\$60,086,477	(\$5,482,203)	-8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,867,774	\$10,372,132	(\$495,643)	-5%

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		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$110,053,227	\$111,346,725	\$1,293,498	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,718,579	\$14,481,962	(\$1,236,617)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.28%	13.01%	-1.28%	-9%
4	DISCHARGES	3,376	3,394	18	1%
5	CASE MIX INDEX (CMI)	1.01264	1.01890	0.00626	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,418.67264	3,458.14660	39.47396	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,597.86	\$4,187.78	(\$410.08)	-9%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$7,396.51	\$8,560.40	\$1,163.89	16%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,607.06	\$4,639.93	\$1,032.87	29%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,331,369	\$16,045,574	\$3,714,206	30%
11	PATIENT DAYS	14,553	14,820	267	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,080.09	\$977.19	(\$102.90)	-10%
13	AVERAGE LENGTH OF STAY	4.3	4.4	0.1	1%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$158,191,842	\$179,795,054	\$21,603,212	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,969,031	\$24,103,560	(\$865,471)	-3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.78%	13.41%	-2.38%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.74%	161.47%	17.73%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,852.70331	5,480.39840	627.69509	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,145.39	\$4,398.14	(\$747.25)	-15%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,519.71	\$9,925.50	\$1,405.80	17%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,502.23	\$3,677.06	\$1,174.83	47%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,142,575	\$20,151,728	\$8,009,153	66%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$268,245,069	\$291,141,779	\$22,896,710	9%
24	TOTAL ACCRUED PAYMENTS	\$40,687,610	\$38,585,522	(\$2,102,088)	-5%
25	TOTAL ALLOWANCES	\$227,557,459	\$252,556,257	\$24,998,798	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,473,944	\$36,197,303	\$11,723,359	48%

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		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$3,250,759	\$3,407,245	\$156,486	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$328,652	\$487,782	\$159,130	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.11%	14.32%	4.21%	42%
4	DISCHARGES	81	80	(1)	-1%
5	CASE MIX INDEX (CMI)	1.10105	1.16457	0.06352	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	89.18505	93.16560	3.98055	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,685.06	\$5,235.64	\$1,550.59	42%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$8,309.31	\$7,512.53	(\$796.78)	-10%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,519.87	\$3,592.07	(\$927.80)	-21%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$403,105	\$334,657	(\$68,447)	-17%
11	PATIENT DAYS	605	428	(177)	-29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$543.23	\$1,139.68	\$596.45	110%
13	AVERAGE LENGTH OF STAY	7.5	5.4	(2.1)	-28%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,233,863	\$3,036,644	(\$197,219)	-6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$91,533	\$289,833	\$198,300	217%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.83%	9.54%	6.71%	237%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	99.48%	89.12%	-10.36%	-10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	80.57900	71.29852	(9.28048)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,135.94	\$4,065.06	\$2,929.12	258%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$12,529.15	\$10,258.58	(\$2,270.57)	-18%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,511.67	\$4,010.13	(\$2,501.54)	-38%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$524,704	\$285,916	(\$238,788)	-46%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$6,484,622	\$6,443,889	(\$40,733)	-1%
24	TOTAL ACCRUED PAYMENTS	\$420,185	\$777,615	\$357,430	85%
25	TOTAL ALLOWANCES	\$6,064,437	\$5,666,274	(\$398,163)	-7%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$927,809	\$620,574	(\$307,235)	-33%

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		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>F.</b>	<b><u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u></b>				
	<b><u>TOTAL MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$113,303,986	\$114,753,970	\$1,449,984	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,047,231	\$14,969,744	(\$1,077,487)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.16%	13.05%	-1.12%	-8%
4	DISCHARGES	3,457	3,474	17	0%
5	CASE MIX INDEX (CMI)	1.01471	1.02225	0.00754	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,507.85769	3,551.31220	43.45451	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,574.65	\$4,215.27	(\$359.38)	-8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$7,419.71	\$8,532.91	\$1,113.19	15%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,630.27	\$4,612.44	\$982.17	27%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,734,473	\$16,380,232	\$3,645,759	29%
11	PATIENT DAYS	15,158	15,248	90	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,058.66	\$981.75	(\$76.91)	-7%
13	AVERAGE LENGTH OF STAY	4.4	4.4	0.0	0%
	<b><u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$161,425,705	\$182,831,698	\$21,405,993	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,060,564	\$24,393,393	(\$667,171)	-3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.52%	13.34%	-2.18%	-14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	142.47%	159.32%	16.85%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,933.28230	5,551.69692	618.41461	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,079.90	\$4,393.86	(\$686.03)	-14%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,585.20	\$9,929.78	\$1,344.58	16%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,567.72	\$3,681.33	\$1,113.61	43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,667,279	\$20,437,645	\$7,770,365	61%
	<b><u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$274,729,691	\$297,585,668	\$22,855,977	8%
24	TOTAL ACCRUED PAYMENTS	\$41,107,795	\$39,363,137	(\$1,744,658)	-4%
25	TOTAL ALLOWANCES	\$233,621,896	\$258,222,531	\$24,600,635	11%



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		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>G.</b>	<b><u>CHAMPUS / TRICARE</u></b>				
	<b><u>CHAMPUS / TRICARE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$722,165	\$705,107	(\$17,058)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$229,860	\$135,237	(\$94,623)	-41%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.83%	19.18%	-12.65%	-40%
4	DISCHARGES	15	19	4	27%
5	CASE MIX INDEX (CMI)	2.17207	1.01842	(1.15365)	-53%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32.58105	19.34998	(13.23107)	-41%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,055.02	\$6,989.00	(\$66.02)	-1%
8	PATIENT DAYS	65	104	39	60%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,536.31	\$1,300.36	(\$2,235.95)	-63%
10	AVERAGE LENGTH OF STAY	4.3	5.5	1.1	26%
	<b><u>CHAMPUS / TRICARE OUTPATIENT</u></b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,024,174	\$912,055	(\$112,119)	-11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$189,569	\$44,469	(\$145,100)	-77%
	<b><u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
13	TOTAL ACCRUED CHARGES	\$1,746,339	\$1,617,162	(\$129,177)	-7%
14	TOTAL ACCRUED PAYMENTS	\$419,429	\$179,706	(\$239,723)	-57%
15	TOTAL ALLOWANCES	\$1,326,910	\$1,437,456	\$110,546	8%
<b>H.</b>	<b><u>OTHER DATA</u></b>				
1	OTHER OPERATING REVENUE	\$21,118,033	\$15,601,812	(\$5,516,221)	-26%
2	TOTAL OPERATING EXPENSES	\$443,491,017	\$447,673,528	\$4,182,511	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	<b><u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u></b>				
4	CHARITY CARE (CHARGES)	\$30,293,193	\$32,247,209	\$1,954,016	6%
5	BAD DEBTS (CHARGES)	\$40,649,514	\$27,957,652	(\$12,691,862)	-31%
6	UNCOMPENSATED CARE (CHARGES)	\$70,942,707	\$60,204,861	(\$10,737,846)	-15%
7	COST OF UNCOMPENSATED CARE	\$18,921,872	\$16,060,145	(\$2,861,726)	-15%
	<b><u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u></b>				
8	TOTAL ACCRUED CHARGES	\$274,729,691	\$297,585,668	\$22,855,977	8%
9	TOTAL ACCRUED PAYMENTS	\$41,107,795	\$39,363,137	(\$1,744,658)	-4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$73,276,031	\$79,383,442	\$6,107,411	8%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$32,168,236	\$40,020,305	\$7,852,069	24%

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$628,346,314	\$656,432,125	\$28,085,811	4%
2	TOTAL INPATIENT PAYMENTS	\$164,191,749	\$176,355,402	\$12,163,653	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	26.13%	26.87%	0.73%	3%
4	TOTAL DISCHARGES	14,848	14,847	(1)	0%
5	TOTAL CASE MIX INDEX	1.24744	1.27632	0.02887	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	18,522.05258	18,949.49738	427.44480	2%
7	TOTAL OUTPATIENT CHARGES	\$1,150,686,140	\$1,216,016,561	\$65,330,421	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	183.13%	185.25%	2.12%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$313,127,317	\$326,621,782	\$13,494,465	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.21%	26.86%	-0.35%	-1%
11	TOTAL CHARGES	\$1,779,032,454	\$1,872,448,686	\$93,416,232	5%
12	TOTAL PAYMENTS	\$477,319,066	\$502,977,184	\$25,658,118	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	26.83%	26.86%	0.03%	0%
14	PATIENT DAYS	71,084	73,202	2,118	3%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$412,451,439	\$440,816,101	\$28,364,662	7%
2	INPATIENT PAYMENTS	\$85,087,993	\$93,468,081	\$8,380,088	10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	20.63%	21.20%	0.57%	3%
4	DISCHARGES	8,808	8,985	177	2%
5	CASE MIX INDEX	1.35411	1.38538	0.03127	2%
6	CASE MIX ADJUSTED DISCHARGES	11,926.97658	12,447.60146	520.62488	4%
7	OUTPATIENT CHARGES	\$528,667,277	\$578,051,430	\$49,384,153	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	128.18%	131.13%	2.96%	2%
9	OUTPATIENT PAYMENTS	\$75,327,926	\$78,185,405	\$2,857,479	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.25%	13.53%	-0.72%	-5%
11	TOTAL CHARGES	\$941,118,716	\$1,018,867,531	\$77,748,815	8%
12	TOTAL PAYMENTS	\$160,415,919	\$171,653,486	\$11,237,567	7%
13	TOTAL PAYMENTS / CHARGES	17.05%	16.85%	-0.20%	-1%
14	PATIENT DAYS	48,106	49,620	1,514	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$780,702,797	\$847,214,045	\$66,511,248	9%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	6.2	6.2	0.1	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.0	0.2	6%
3	UNINSURED	3.9	3.7	(0.2)	-6%
4	MEDICAID	4.3	4.4	0.1	1%
5	OTHER MEDICAL ASSISTANCE	7.5	5.4	(2.1)	-28%
6	CHAMPUS / TRICARE	4.3	5.5	1.1	26%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	4.9	0.1	3%

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,779,032,454	\$1,872,448,686	\$93,416,232	5%
2	TOTAL GOVERNMENT DEDUCTIONS	\$780,702,797	\$847,214,045	\$66,511,248	9%
3	UNCOMPENSATED CARE	\$70,942,707	\$60,204,861	(\$10,737,846)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,897,093	\$440,169,266	\$12,272,173	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$24,985,494	\$25,369,317	\$383,823	2%
6	TOTAL ADJUSTMENTS	\$1,304,528,091	\$1,372,957,489	\$68,429,398	5%
7	TOTAL ACCRUED PAYMENTS	\$474,504,363	\$499,491,197	\$24,986,834	5%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$474,504,363	\$499,491,197	\$24,986,834	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2667204648	0.2667582833	0.0000378185	0%
11	COST OF UNCOMPENSATED CARE	\$18,921,872	\$16,060,145	(\$2,861,726)	-15%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$32,168,236	\$40,020,305	\$7,852,069	24%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$51,090,108	\$56,080,450	\$4,990,343	10%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$12,142,575	\$20,151,728	\$8,009,153	66%
2	OTHER MEDICAL ASSISTANCE	\$927,809	\$620,574	(\$307,235)	-33%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,867,774	\$10,372,132	(\$495,643)	-5%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$23,938,158	\$31,144,434	\$7,206,276	30%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$33,807,354	\$33,662,529	(\$144,825)	-0.43%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$19,512,086)	(\$26,565,184)	(\$7,053,098)	36.15%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$457,807,000	\$476,412,000	\$18,605,000	4.06%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$546	(\$686)	(\$1,232)	-225.64%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,779,033,000	\$1,872,448,000	\$93,415,000	5.25%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$139	\$139	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$70,943,000	\$60,205,000	(\$10,738,000)	-15.14%

STAMFORD 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
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$215,894,875	\$215,616,024	(\$278,851)
2	MEDICARE	\$298,425,288	325,357,024	\$26,931,736
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$113,303,986	114,753,970	\$1,449,984
4	MEDICAID	\$110,053,227	111,346,725	\$1,293,498
5	OTHER MEDICAL ASSISTANCE	\$3,250,759	3,407,245	\$156,486
6	CHAMPUS / TRICARE	\$722,165	705,107	(\$17,058)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,900,440	8,218,885	(\$7,681,555)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$412,451,439</b>	<b>\$440,816,101</b>	<b>\$28,364,662</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$628,346,314</b>	<b>\$656,432,125</b>	<b>\$28,085,811</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$622,018,863	\$637,965,131	\$15,946,268
2	MEDICARE	\$366,217,398	394,307,677	\$28,090,279
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$161,425,705	182,831,698	\$21,405,993
4	MEDICAID	\$158,191,842	179,795,054	\$21,603,212
5	OTHER MEDICAL ASSISTANCE	\$3,233,863	3,036,644	(\$197,219)
6	CHAMPUS / TRICARE	\$1,024,174	912,055	(\$112,119)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$51,321,924	53,763,116	\$2,441,192
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$528,667,277</b>	<b>\$578,051,430</b>	<b>\$49,384,153</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$1,150,686,140</b>	<b>\$1,216,016,561</b>	<b>\$65,330,421</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$837,913,738	\$853,581,155	\$15,667,417
2	TOTAL MEDICARE	\$664,642,686	\$719,664,701	\$55,022,015
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$274,729,691	\$297,585,668	\$22,855,977
4	TOTAL MEDICAID	\$268,245,069	\$291,141,779	\$22,896,710
5	TOTAL OTHER MEDICAL ASSISTANCE	\$6,484,622	\$6,443,889	(\$40,733)
6	TOTAL CHAMPUS / TRICARE	\$1,746,339	\$1,617,162	(\$129,177)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$67,222,364	\$61,982,001	(\$5,240,363)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$941,118,716</b>	<b>\$1,018,867,531</b>	<b>\$77,748,815</b>
	<b>TOTAL CHARGES</b>	<b>\$1,779,032,454</b>	<b>\$1,872,448,686</b>	<b>\$93,416,232</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,103,756	\$82,887,321	\$3,783,565
2	MEDICARE	\$68,810,902	78,363,100	\$9,552,198
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,047,231	14,969,744	(\$1,077,487)
4	MEDICAID	\$15,718,579	14,481,962	(\$1,236,617)
5	OTHER MEDICAL ASSISTANCE	\$328,652	487,782	\$159,130
6	CHAMPUS / TRICARE	\$229,860	135,237	(\$94,623)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$115,038	175,349	\$60,311
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$85,087,993</b>	<b>\$93,468,081</b>	<b>\$8,380,088</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$164,191,749</b>	<b>\$176,355,402</b>	<b>\$12,163,653</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$237,799,391	\$248,436,377	\$10,636,986
2	MEDICARE	\$50,077,793	53,747,543	\$3,669,750
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,060,564	24,393,393	(\$667,171)
4	MEDICAID	\$24,969,031	24,103,560	(\$865,471)
5	OTHER MEDICAL ASSISTANCE	\$91,533	289,833	\$198,300
6	CHAMPUS / TRICARE	\$189,569	44,469	(\$145,100)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,538,646	1,720,175	\$181,529
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$75,327,926</b>	<b>\$78,185,405</b>	<b>\$2,857,479</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$313,127,317</b>	<b>\$326,621,782</b>	<b>\$13,494,465</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$316,903,147	\$331,323,698	\$14,420,551
2	TOTAL MEDICARE	\$118,888,695	\$132,110,643	\$13,221,948
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$41,107,795	\$39,363,137	(\$1,744,658)
4	TOTAL MEDICAID	\$40,687,610	\$38,585,522	(\$2,102,088)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$420,185	\$777,615	\$357,430
6	TOTAL CHAMPUS / TRICARE	\$419,429	\$179,706	(\$239,723)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,653,684	\$1,895,524	\$241,840
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$160,415,919</b>	<b>\$171,653,486</b>	<b>\$11,237,567</b>
	<b>TOTAL PAYMENTS</b>	<b>\$477,319,066</b>	<b>\$502,977,184</b>	<b>\$25,658,118</b>

<b>STAMFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.14%	11.52%	-0.62%
2	MEDICARE	16.77%	17.38%	0.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.37%	6.13%	-0.24%
4	MEDICAID	6.19%	5.95%	-0.24%
5	OTHER MEDICAL ASSISTANCE	0.18%	0.18%	0.00%
6	CHAMPUS / TRICARE	0.04%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89%	0.44%	-0.45%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>23.18%</b>	<b>23.54%</b>	<b>0.36%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>35.32%</b>	<b>35.06%</b>	<b>-0.26%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.96%	34.07%	-0.89%
2	MEDICARE	20.59%	21.06%	0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.07%	9.76%	0.69%
4	MEDICAID	8.89%	9.60%	0.71%
5	OTHER MEDICAL ASSISTANCE	0.18%	0.16%	-0.02%
6	CHAMPUS / TRICARE	0.06%	0.05%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.88%	2.87%	-0.01%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>29.72%</b>	<b>30.87%</b>	<b>1.15%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>64.68%</b>	<b>64.94%</b>	<b>0.26%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.57%	16.48%	-0.09%
2	MEDICARE	14.42%	15.58%	1.16%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.36%	2.98%	-0.39%
4	MEDICAID	3.29%	2.88%	-0.41%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.10%	0.03%
6	CHAMPUS / TRICARE	0.05%	0.03%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.03%	0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>17.83%</b>	<b>18.58%</b>	<b>0.76%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>34.40%</b>	<b>35.06%</b>	<b>0.66%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.82%	49.39%	-0.43%
2	MEDICARE	10.49%	10.69%	0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.25%	4.85%	-0.40%
4	MEDICAID	5.23%	4.79%	-0.44%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.06%	0.04%
6	CHAMPUS / TRICARE	0.04%	0.01%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.32%	0.34%	0.02%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>15.78%</b>	<b>15.54%</b>	<b>-0.24%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>65.60%</b>	<b>64.94%</b>	<b>-0.66%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

STAMFORD 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
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,040	5,862	(178)
2	MEDICARE	5,336	5,492	156
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,457	3,474	17
4	MEDICAID	3,376	3,394	18
5	OTHER MEDICAL ASSISTANCE	81	80	(1)
6	CHAMPUS / TRICARE	15	19	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	366	193	(173)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>8,808</b>	<b>8,985</b>	<b>177</b>
	<b>TOTAL DISCHARGES</b>	<b>14,848</b>	<b>14,847</b>	<b>(1)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22,978	23,582	604
2	MEDICARE	32,883	34,268	1,385
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,158	15,248	90
4	MEDICAID	14,553	14,820	267
5	OTHER MEDICAL ASSISTANCE	605	428	(177)
6	CHAMPUS / TRICARE	65	104	39
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,443	716	(727)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>48,106</b>	<b>49,620</b>	<b>1,514</b>
	<b>TOTAL PATIENT DAYS</b>	<b>71,084</b>	<b>73,202</b>	<b>2,118</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.0	0.2
2	MEDICARE	6.2	6.2	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.4	4.4	0.0
4	MEDICAID	4.3	4.4	0.1
5	OTHER MEDICAL ASSISTANCE	7.5	5.4	(2.1)
6	CHAMPUS / TRICARE	4.3	5.5	1.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.9	3.7	(0.2)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.5</b>	<b>5.5</b>	<b>0.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.8</b>	<b>4.9</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.09190	1.10916	0.01726
2	MEDICARE	1.57169	1.61634	0.04465
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.01471	1.02225	0.00754
4	MEDICAID	1.01264	1.01890	0.00626
5	OTHER MEDICAL ASSISTANCE	1.10105	1.16457	0.06352
6	CHAMPUS / TRICARE	2.17207	1.01842	(1.15365)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16118	1.21660	0.05542
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.35411</b>	<b>1.38538</b>	<b>0.03127</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.24744</b>	<b>1.27632</b>	<b>0.02887</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$714,214,340	\$757,932,744	\$43,718,404
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$286,317,247	\$317,763,478	\$31,446,231
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,897,093	\$440,169,266	\$12,272,173
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.91%	58.07%	-1.84%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$33,807,354	\$33,662,529	(\$144,825)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$24,985,494	\$25,369,317	\$383,823
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$30,293,193	\$32,247,209	\$1,954,016
9	BAD DEBTS	\$40,649,514	\$27,957,652	(\$12,691,862)
10	TOTAL UNCOMPENSATED CARE	\$70,942,707	\$60,204,861	(\$10,737,846)
11	TOTAL OTHER OPERATING REVENUE	\$21,118,033	\$15,601,812	(\$5,516,221)
12	TOTAL OPERATING EXPENSES	\$443,491,017	\$447,673,528	\$4,182,511

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,595.07600	6,501.89592	(93.18008)
2	MEDICARE	8,386.53784	8,876.93928	490.40144
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,507.85769	3,551.31220	43.45451
4	MEDICAID	3,418.67264	3,458.14660	39.47396
5	OTHER MEDICAL ASSISTANCE	89.18505	93.16560	3.98055
6	CHAMPUS / TRICARE	32.58105	19.34998	(13.23107)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	424.99188	234.80380	(190.18808)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>11,926.97658</b>	<b>12,447.60146</b>	<b>520.62488</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>18,522.05258</b>	<b>18,949.49738</b>	<b>427.44480</b>
<b>B.</b>	<b>OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,401.95978	17,344.49754	-57.46224
2	MEDICARE	6,548.15833	6,655.88139	107.72306
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,933.28230	5,551.69692	618.41461
4	MEDICAID	4,852.70331	5,480.39840	627.69509
5	OTHER MEDICAL ASSISTANCE	80.57900	71.29852	-9.28048
6	CHAMPUS / TRICARE	21.27299	24.57648	3.30348
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,181.33990	1,262.49259	81.15269
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>11,502.71363</b>	<b>12,232.15478</b>	<b>729.44116</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>28,904.67341</b>	<b>29,576.65232</b>	<b>671.97891</b>
<b>C.</b>	<b>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,994.37	\$12,748.18	\$753.81
2	MEDICARE	\$8,204.92	\$8,827.72	\$622.79
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,574.65	\$4,215.27	(\$359.38)
4	MEDICAID	\$4,597.86	\$4,187.78	(\$410.08)
5	OTHER MEDICAL ASSISTANCE	\$3,685.06	\$5,235.64	\$1,550.59
6	CHAMPUS / TRICARE	\$7,055.02	\$6,989.00	(\$66.02)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$270.68	\$746.79	\$476.11
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,134.08</b>	<b>\$7,508.92</b>	<b>\$374.84</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,864.66</b>	<b>\$9,306.60</b>	<b>\$441.94</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,665.09	\$14,323.64	\$658.55
2	MEDICARE	\$7,647.61	\$8,075.20	\$427.58
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,079.90	\$4,393.86	(\$686.03)
4	MEDICAID	\$5,145.39	\$4,398.14	(\$747.25)
5	OTHER MEDICAL ASSISTANCE	\$1,135.94	\$4,065.06	\$2,929.12
6	CHAMPUS / TRICARE	\$8,911.25	\$1,809.41	(\$7,101.84)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,302.46	\$1,362.52	\$60.06
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,548.71</b>	<b>\$6,391.79</b>	<b>(\$156.92)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$10,833.10</b>	<b>\$11,043.23</b>	<b>\$210.13</b>

STAMFORD HOSPITAL				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$12,142,575	\$20,151,728	\$8,009,153
2	OTHER MEDICAL ASSISTANCE	\$927,809	\$620,574	(\$307,235)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,867,774	\$10,372,132	(\$495,643)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$23,938,158</b>	<b>\$31,144,434</b>	<b>\$7,206,276</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$1,779,032,454	\$1,872,448,686	\$93,416,232
2	TOTAL GOVERNMENT DEDUCTIONS	\$780,702,797	\$847,214,045	\$66,511,248
3	UNCOMPENSATED CARE	\$70,942,707	\$60,204,861	(\$10,737,846)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,897,093	\$440,169,266	\$12,272,173
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$24,985,494	\$25,369,317	\$383,823
6	TOTAL ADJUSTMENTS	\$1,304,528,091	\$1,372,957,489	\$68,429,398
7	TOTAL ACCRUED PAYMENTS	\$474,504,363	\$499,491,197	\$24,986,834
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$474,504,363	\$499,491,197	\$24,986,834
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2667204648	0.2667582833	0.0000378185
11	COST OF UNCOMPENSATED CARE	\$18,921,872	\$16,060,145	(\$2,861,726)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$32,168,236	\$40,020,305	\$7,852,069
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$51,090,108	\$56,080,450	\$4,990,343
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.64%	38.44%	1.80%
2	MEDICARE	23.06%	24.09%	1.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.16%	13.05%	-1.12%
4	MEDICAID	14.28%	13.01%	-1.28%
5	OTHER MEDICAL ASSISTANCE	10.11%	14.32%	4.21%
6	CHAMPUS / TRICARE	31.83%	19.18%	-12.65%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.72%	2.13%	1.41%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>20.63%</b>	<b>21.20%</b>	<b>0.57%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>26.13%</b>	<b>26.87%</b>	<b>0.73%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.23%	38.94%	0.71%
2	MEDICARE	13.67%	13.63%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.52%	13.34%	-2.18%
4	MEDICAID	15.78%	13.41%	-2.38%
5	OTHER MEDICAL ASSISTANCE	2.83%	9.54%	6.71%
6	CHAMPUS / TRICARE	18.51%	4.88%	-13.63%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.00%	3.20%	0.20%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>14.25%</b>	<b>13.53%</b>	<b>-0.72%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>27.21%</b>	<b>26.86%</b>	<b>-0.35%</b>



<b>STAMFORD HOSPITAL</b>				
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<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$477,319,066	\$502,977,184	\$25,658,118
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$477,319,066</b>	<b>\$502,977,184</b>	<b>\$25,658,118</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$19,512,086)	(\$26,565,184)	(\$7,053,098)
4	<b>CALCULATED NET REVENUE</b>	<b>\$507,278,354</b>	<b>\$476,412,000</b>	<b>(\$30,866,354)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$457,807,000	\$476,412,000	\$18,605,000
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$49,471,354</b>	<b>\$0</b>	<b>(\$49,471,354)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,779,032,454	\$1,872,448,686	\$93,416,232
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$546	(\$686)	(\$1,232)
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,779,033,000</b>	<b>\$1,872,448,000</b>	<b>\$93,415,000</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,779,033,000	\$1,872,448,000	\$93,415,000
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$70,942,707	\$60,204,861	(\$10,737,846)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$139	\$139
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$70,942,707</b>	<b>\$60,205,000</b>	<b>(\$10,737,707)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$70,943,000	\$60,205,000	(\$10,738,000)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$293)</b>	<b>\$0</b>	<b>\$293</b>

<b>STAMFORD HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
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<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$215,616,024
2	MEDICARE	325,357,024
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	114,753,970
4	MEDICAID	111,346,725
5	OTHER MEDICAL ASSISTANCE	3,407,245
6	CHAMPUS / TRICARE	705,107
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,218,885
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$440,816,101</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$656,432,125</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$637,965,131
2	MEDICARE	394,307,677
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	182,831,698
4	MEDICAID	179,795,054
5	OTHER MEDICAL ASSISTANCE	3,036,644
6	CHAMPUS / TRICARE	912,055
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	53,763,116
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$578,051,430</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$1,216,016,561</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$853,581,155
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,018,867,531
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,872,448,686</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$82,887,321
2	MEDICARE	78,363,100
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,969,744
4	MEDICAID	14,481,962
5	OTHER MEDICAL ASSISTANCE	487,782
6	CHAMPUS / TRICARE	135,237
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	175,349
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$93,468,081</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$176,355,402</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$248,436,377
2	MEDICARE	53,747,543
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,393,393
4	MEDICAID	24,103,560
5	OTHER MEDICAL ASSISTANCE	289,833
6	CHAMPUS / TRICARE	44,469
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,720,175
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$78,185,405</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$326,621,782</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$331,323,698
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	171,653,486
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$502,977,184</b>

<b>STAMFORD HOSPITAL</b>		
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<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,862
2	MEDICARE	5,492
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,474
4	MEDICAID	3,394
5	OTHER MEDICAL ASSISTANCE	80
6	CHAMPUS / TRICARE	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	193
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>8,985</b>
	<b>TOTAL DISCHARGES</b>	<b>14,847</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.10916
2	MEDICARE	1.61634
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.02225
4	MEDICAID	1.01890
5	OTHER MEDICAL ASSISTANCE	1.16457
6	CHAMPUS / TRICARE	1.01842
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21660
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.38538</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.27632</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$757,932,744
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$317,763,478
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$440,169,266
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	58.07%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$33,662,529
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$25,369,317
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$32,247,209
9	BAD DEBTS	\$27,957,652
10	TOTAL UNCOMPENSATED CARE	\$60,204,861
11	TOTAL OTHER OPERATING REVENUE	\$15,601,812
12	TOTAL OPERATING EXPENSES	\$447,673,528

<b>STAMFORD HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
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<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$502,977,184
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$502,977,184</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$26,565,184)
	<b>CALCULATED NET REVENUE</b>	<b>\$476,412,000</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$476,412,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$1,872,448,686
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$686)
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,872,448,000</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,872,448,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$60,204,861
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$139
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$60,205,000</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$60,205,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	2,099	1,807	(292)	-14%
2	Number of Approved Applicants	1,623	1,460	(163)	-10%
3	<b>Total Charges (A)</b>	<b>\$30,293,193</b>	<b>\$32,247,209</b>	<b>\$1,954,016</b>	<b>6%</b>
4	<b>Average Charges</b>	<b>\$18,665</b>	<b>\$22,087</b>	<b>\$3,422</b>	<b>18%</b>
5	Ratio of Cost to Charges (RCC)	0.260945	0.246363	(0.014582)	-6%
6	<b>Total Cost</b>	<b>\$7,904,857</b>	<b>\$7,944,519</b>	<b>\$39,662</b>	<b>1%</b>
7	<b>Average Cost</b>	<b>\$4,871</b>	<b>\$5,441</b>	<b>\$571</b>	<b>12%</b>
8	Charity Care - Inpatient Charges	\$6,031,664	\$5,593,941	(\$437,723)	-7%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	17,762,711	20,298,365	2,535,654	14%
10	Charity Care - Emergency Department Charges	6,498,818	6,354,903	(143,915)	-2%
11	<b>Total Charges (A)</b>	<b>\$30,293,193</b>	<b>\$32,247,209</b>	<b>\$1,954,016</b>	<b>6%</b>
12	Charity Care - Number of Patient Days	709	511	(198)	-28%
13	Charity Care - Number of Discharges	136	114	(22)	-16%
14	Charity Care - Number of Outpatient ED Visits	1,040	1,020	(20)	-2%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	8,720	8,297	(423)	-5%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$8,883,712	\$4,195,834	(\$4,687,878)	-53%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	12,232,981	10,751,616	(1,481,365)	-12%
3	Bad Debts - Emergency Department	19,532,821	13,010,202	(6,522,619)	-33%
4	<b>Total Bad Debts (A)</b>	<b>\$40,649,514</b>	<b>\$27,957,652</b>	<b>(\$12,691,862)</b>	<b>-31%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$30,293,193	\$32,247,209	\$1,954,016	6%
2	Bad Debts (A)	40,649,514	27,957,652	(12,691,862)	-31%
3	<b>Total Uncompensated Care (A)</b>	<b>\$70,942,707</b>	<b>\$60,204,861</b>	<b>(\$10,737,846)</b>	<b>-15%</b>
4	Uncompensated Care - Inpatient Services	\$14,915,376	\$9,789,775	(\$5,125,601)	-34%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	29,995,692	31,049,981	1,054,289	4%
6	Uncompensated Care - Emergency Department	26,031,639	19,365,105	(6,666,534)	-26%
7	<b>Total Uncompensated Care (A)</b>	<b>\$70,942,707</b>	<b>\$60,204,861</b>	<b>(\$10,737,846)</b>	<b>-15%</b>

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

<b>STAMFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$714,214,340	\$757,932,744	\$43,718,404	6%
2	Total Contractual Allowances	\$427,897,093	\$440,169,266	\$12,272,173	3%
	<b>Total Accrued Payments (A)</b>	<b>\$286,317,247</b>	<b>\$317,763,478</b>	<b>\$31,446,231</b>	<b>11%</b>
	<b>Total Discount Percentage</b>	<b>59.91%</b>	<b>58.07%</b>	<b>-1.84%</b>	<b>-3%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$620,481,767	\$628,346,314	\$656,432,125
2	Outpatient Gross Revenue	\$1,100,327,328	\$1,150,686,140	\$1,216,016,561
3	Total Gross Patient Revenue	\$1,720,809,095	\$1,779,032,454	\$1,872,448,686
4	Net Patient Revenue	\$465,884,745	\$457,806,205	\$476,412,504
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$453,664,905	\$443,491,017	\$447,673,528
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	71,656	71,084	73,202
2	Discharges	14,871	14,848	14,847
3	Average Length of Stay	4.8	4.8	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	198,727	201,260	208,806
0	Equivalent (Adjusted) Discharges (ED)	41,242	42,039	42,351
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.25894	1.24744	1.27632
2	Case Mix Adjusted Patient Days (CMAPD)	90,211	88,673	93,429
3	Case Mix Adjusted Discharges (CMAD)	18,722	18,522	18,949
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	250,186	251,060	266,503
5	Case Mix Adjusted Equivalent Discharges (CMAED)	51,922	52,441	54,053
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$24,015	\$25,027	\$25,579
2	Total Gross Revenue per Discharge	\$115,716	\$119,816	\$126,116
3	Total Gross Revenue per EPD	\$8,659	\$8,839	\$8,967
4	Total Gross Revenue per ED	\$41,724	\$42,319	\$44,213
5	Total Gross Revenue per CMAEPD	\$6,878	\$7,086	\$7,026
6	Total Gross Revenue per CMAED	\$33,142	\$33,924	\$34,641
7	Inpatient Gross Revenue per EPD	\$3,122	\$3,122	\$3,144
8	Inpatient Gross Revenue per ED	\$15,045	\$14,947	\$15,500

STAMFORD 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
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$6,502	\$6,440	\$6,508
2	Net Patient Revenue per Discharge	\$31,328	\$30,833	\$32,088
3	Net Patient Revenue per EPD	\$2,344	\$2,275	\$2,282
4	Net Patient Revenue per ED	\$11,296	\$10,890	\$11,249
5	Net Patient Revenue per CMAEPD	\$1,862	\$1,823	\$1,788
6	Net Patient Revenue per CMAED	\$8,973	\$8,730	\$8,814
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$6,331	\$6,239	\$6,116
2	Total Operating Expense per Discharge	\$30,507	\$29,869	\$30,152
3	Total Operating Expense per EPD	\$2,283	\$2,204	\$2,144
4	Total Operating Expense per ED	\$11,000	\$10,550	\$10,571
5	Total Operating Expense per CMAEPD	\$1,813	\$1,766	\$1,680
6	Total Operating Expense per CMAED	\$8,737	\$8,457	\$8,282
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$57,236,804	\$56,682,682	\$57,680,343
2	Nursing Fringe Benefits Expense	\$18,519,095	\$14,315,699	\$14,861,218
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$75,755,899</b>	<b>\$70,998,381</b>	<b>\$72,541,561</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$24,150,084	\$23,802,174	\$24,318,376
2	Physician Fringe Benefits Expense	\$7,811,344	\$6,011,575	\$6,268,293
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$31,961,428</b>	<b>\$29,813,749</b>	<b>\$30,586,669</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$103,195,126	\$102,909,633	\$105,564,140
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$33,389,313	\$25,986,862	\$27,199,654
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$136,584,439</b>	<b>\$128,896,495</b>	<b>\$132,763,794</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$184,582,014	\$183,394,489	\$187,562,859
2	Total Fringe Benefits Expense	\$59,719,752	\$46,314,136	\$48,329,165
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$244,301,766</b>	<b>\$229,708,625</b>	<b>\$235,892,024</b>



STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>L.</b>	<b><u>Total Full Time Equivalent Employees (FTEs)</u></b>			
1	Total Nursing FTEs	805.4	791.8	803.7
2	Total Physician FTEs	115.7	113.3	116.5
3	Total Non-Nursing, Non-Physician FTEs	1033.0	1051.6	1058.5
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,954.1</b>	<b>1,956.7</b>	<b>1,978.7</b>
<b>M.</b>	<b><u>Nursing Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Nursing Salary Expense per FTE	\$71,066	\$71,587	\$71,768
2	Nursing Fringe Benefits Expense per FTE	\$22,994	\$18,080	\$18,491
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$94,060</b>	<b>\$89,667</b>	<b>\$90,260</b>
<b>N.</b>	<b><u>Physician Salary and Fringe Expense per FTE</u></b>			
1	Physician Salary Expense per FTE	\$208,730	\$210,081	\$208,741
2	Physician Fringe Benefits Expense per FTE	\$67,514	\$53,059	\$53,805
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$276,244</b>	<b>\$263,140</b>	<b>\$262,547</b>
<b>O.</b>	<b><u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$99,898	\$97,860	\$99,730
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$32,323	\$24,712	\$25,696
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$132,221</b>	<b>\$122,572</b>	<b>\$125,426</b>
<b>P.</b>	<b><u>Total Salary and Fringe Benefits Expense per FTE</u></b>			
1	Total Salary Expense per FTE	\$94,459	\$93,726	\$94,791
2	Total Fringe Benefits Expense per FTE	\$30,561	\$23,670	\$24,425
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$125,020</b>	<b>\$117,396</b>	<b>\$119,216</b>
<b>Q.</b>	<b><u>Total Salary and Fringe Ben. Expense per Statistic</u></b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,409	\$3,232	\$3,222
2	Total Salary and Fringe Benefits Expense per Discharge	\$16,428	\$15,471	\$15,888
3	Total Salary and Fringe Benefits Expense per EPD	\$1,229	\$1,141	\$1,130
4	Total Salary and Fringe Benefits Expense per ED	\$5,924	\$5,464	\$5,570
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$976	\$915	\$885
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,705	\$4,380	\$4,364