

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$6,754,329	\$5,138,008	(\$1,616,321)	-24%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,382,464	\$8,372,415	(\$1,010,049)	-11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$563,637	\$0	(\$563,637)	-100%
5	Due From Affiliates	\$689,258	\$0	(\$689,258)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,188,268	\$990,707	(\$197,561)	-17%
8	Prepaid Expenses	\$492,503	\$962,571	\$470,068	95%
9	Other Current Assets	\$975,649	\$1,758,500	\$782,851	80%
	<b>Total Current Assets</b>	<b>\$20,046,108</b>	<b>\$17,222,201</b>	<b>(\$2,823,907)</b>	<b>-14%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$3,181,515	\$2,962,495	(\$219,020)	-7%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,439,934	\$1,439,934	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$2,159,487	\$2,622,949	\$463,462	21%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,780,936</b>	<b>\$7,025,378</b>	<b>\$244,442</b>	<b>4%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$418,008	\$461,907	\$43,899	
7	Other Noncurrent Assets	\$2,628,082	\$2,867,317	\$239,235	9%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$120,610,311	\$121,167,275	\$556,964	0%
2	Less: Accumulated Depreciation	\$78,353,873	\$82,446,254	\$4,092,381	5%
	<b>Property, Plant and Equipment, Net</b>	<b>\$42,256,438</b>	<b>\$38,721,021</b>	<b>(\$3,535,417)</b>	<b>-8%</b>
3	Construction in Progress	\$109,031	\$150,394	\$41,363	38%
	<b>Total Net Fixed Assets</b>	<b>\$42,365,469</b>	<b>\$38,871,415</b>	<b>(\$3,494,054)</b>	<b>-8%</b>
	<b>Total Assets</b>	<b>\$72,238,603</b>	<b>\$66,448,218</b>	<b>(\$5,790,385)</b>	<b>-8%</b>

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FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,294,083	\$6,424,553	\$3,130,470	95%
2	Salaries, Wages and Payroll Taxes	\$2,298,079	\$2,284,567	(\$13,512)	-1%
3	Due To Third Party Payers	\$3,379,397	\$2,772,561	(\$606,836)	-18%
4	Due To Affiliates	\$3,926,518	\$6,298,540	\$2,372,022	60%
5	Current Portion of Long Term Debt	\$4,421,510	\$4,449,224	\$27,714	1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,500,909	\$1,597,783	\$96,874	6%
	<b>Total Current Liabilities</b>	<b>\$18,820,496</b>	<b>\$23,827,228</b>	<b>\$5,006,732</b>	<b>27%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$31,550,036	\$31,165,811	(\$384,225)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$31,550,036</b>	<b>\$31,165,811</b>	<b>(\$384,225)</b>	<b>-1%</b>
3	Accrued Pension Liability	\$42,664,520	\$47,069,447	\$4,404,927	10%
4	Other Long Term Liabilities	\$12,411,480	\$13,629,270	\$1,217,790	10%
	<b>Total Long Term Liabilities</b>	<b>\$86,626,036</b>	<b>\$91,864,528</b>	<b>\$5,238,492</b>	<b>6%</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	(\$39,450,280)	(\$55,316,980)	(\$15,866,700)	40%
2	Temporarily Restricted Net Assets	\$1,876,620	\$1,935,277	\$58,657	3%
3	Permanently Restricted Net Assets	\$4,365,731	\$4,138,165	(\$227,566)	-5%
	<b>Total Net Assets</b>	<b>(\$33,207,929)</b>	<b>(\$49,243,538)</b>	<b>(\$16,035,609)</b>	<b>48%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$72,238,603</b>	<b>\$66,448,218</b>	<b>(\$5,790,385)</b>	<b>-8%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$198,464,791	\$196,286,597	(\$2,178,194)	-1%
2	Less: Allowances	\$113,778,465	\$112,015,902	(\$1,762,563)	-2%
3	Less: Charity Care	\$2,630,961	\$1,994,173	(\$636,788)	-24%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$82,055,365</b>	<b>\$82,276,522</b>	<b>\$221,157</b>	<b>0%</b>
5	Provision for Bad Debts	\$4,548,371	\$4,675,102	\$126,731	3%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$77,506,994</b>	<b>\$77,601,420</b>	<b>\$94,426</b>	<b>0%</b>
6	Other Operating Revenue	\$5,365,283	\$4,764,423	(\$600,860)	-11%
7	Net Assets Released from Restrictions	\$126,404	\$0	(\$126,404)	-100%
	<b>Total Operating Revenue</b>	<b>\$82,998,681</b>	<b>\$82,365,843</b>	<b>(\$632,838)</b>	<b>-1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$38,236,090	\$35,993,309	(\$2,242,781)	-6%
2	Fringe Benefits	\$9,508,077	\$10,834,809	\$1,326,732	14%
3	Physicians Fees	\$1,467,218	\$2,627,350	\$1,160,132	79%
4	Supplies and Drugs	\$7,523,986	\$7,734,480	\$210,494	3%
5	Depreciation and Amortization	\$4,216,020	\$4,243,315	\$27,295	1%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,430,212	\$1,698,978	\$268,766	19%
8	Malpractice Insurance Cost	\$321,649	\$343,860	\$22,211	7%
9	Other Operating Expenses	\$24,089,599	\$23,285,423	(\$804,176)	-3%
	<b>Total Operating Expenses</b>	<b>\$86,792,851</b>	<b>\$86,761,524</b>	<b>(\$31,327)</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$3,794,170)</b>	<b>(\$4,395,681)</b>	<b>(\$601,511)</b>	<b>16%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$19,814	\$116,996	\$97,182	490%
2	Gifts, Contributions and Donations	\$170,626	\$96,770	(\$73,856)	-43%
3	Other Non-Operating Gains/(Losses)	(\$961,845)	(\$1,363,155)	(\$401,310)	42%
	<b>Total Non-Operating Revenue</b>	<b>(\$771,405)</b>	<b>(\$1,149,389)</b>	<b>(\$377,984)</b>	<b>49%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$4,565,575)</b>	<b>(\$5,545,070)</b>	<b>(\$979,495)</b>	<b>21%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$32,396	(\$7,589)	(\$39,985)	-123%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$32,396</b>	<b>(\$7,589)</b>	<b>(\$39,985)</b>	<b>-123%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$4,533,179)</b>	<b>(\$5,552,659)</b>	<b>(\$1,019,480)</b>	<b>22%</b>
	Principal Payments	\$15,846,823	\$2,349,623	(\$13,497,200)	-85%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$29,123,982	\$28,122,425	(\$1,001,557)	-3%
2	MEDICARE MANAGED CARE	\$6,598,150	\$5,404,935	(\$1,193,215)	-18%
3	MEDICAID	\$9,098,596	\$9,198,117	\$99,521	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$95,255	\$191,428	\$96,173	101%
6	COMMERCIAL INSURANCE	\$9,991,925	\$6,928,555	(\$3,063,370)	-31%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$151,969	\$177,960	\$25,991	17%
9	SELF- PAY/UNINSURED	\$540,965	\$682,220	\$141,255	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$256,635	\$244,844	(\$11,791)	-5%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$55,857,477</b>	<b>\$50,950,484</b>	<b>(\$4,906,993)</b>	<b>-9%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$36,693,822	\$38,784,704	\$2,090,882	6%
2	MEDICARE MANAGED CARE	\$8,959,476	\$9,979,803	\$1,020,327	11%
3	MEDICAID	\$37,603,089	\$41,189,359	\$3,586,270	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$518,638	\$569,658	\$51,020	10%
6	COMMERCIAL INSURANCE	\$52,052,146	\$48,951,093	(\$3,101,053)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,714,192	\$2,215,149	(\$499,043)	-18%
9	SELF- PAY/UNINSURED	\$3,764,363	\$3,214,853	(\$549,510)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$301,587	\$431,494	\$129,907	43%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$142,607,313</b>	<b>\$145,336,113</b>	<b>\$2,728,800</b>	<b>2%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$65,817,804	\$66,907,129	\$1,089,325	2%
2	MEDICARE MANAGED CARE	\$15,557,626	\$15,384,738	(\$172,888)	-1%
3	MEDICAID	\$46,701,685	\$50,387,476	\$3,685,791	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$613,893	\$761,086	\$147,193	24%
6	COMMERCIAL INSURANCE	\$62,044,071	\$55,879,648	(\$6,164,423)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,866,161	\$2,393,109	(\$473,052)	-17%
9	SELF- PAY/UNINSURED	\$4,305,328	\$3,897,073	(\$408,255)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$558,222	\$676,338	\$118,116	21%
	<b>TOTAL GROSS REVENUE</b>	<b>\$198,464,790</b>	<b>\$196,286,597</b>	<b>(\$2,178,193)</b>	<b>-1%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$18,078,157	\$18,465,829	\$387,672	2%
2	MEDICARE MANAGED CARE	\$3,456,264	\$3,250,512	(\$205,752)	-6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$3,408,843	\$3,515,603	\$106,760	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$48,921	\$61,777	\$12,856	26%
6	COMMERCIAL INSURANCE	\$6,854,157	\$5,292,927	(\$1,561,230)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$95,631	\$126,363	\$30,732	32%
9	SELF- PAY/UNINSURED	\$15,509	\$17,775	\$2,266	15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$175,065	\$159,612	(\$15,453)	-9%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$32,132,547</b>	<b>\$30,890,398</b>	<b>(\$1,242,149)</b>	<b>-4%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$8,813,645	\$9,586,142	\$772,497	9%
2	MEDICARE MANAGED CARE	\$2,013,185	\$2,262,444	\$249,259	12%
3	MEDICAID	\$8,071,025	\$8,669,686	\$598,661	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$128,295	\$141,321	\$13,026	10%
6	COMMERCIAL INSURANCE	\$24,603,170	\$26,637,111	\$2,033,941	8%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,614,167	\$1,261,172	(\$352,995)	-22%
9	SELF- PAY/UNINSURED	\$93,152	\$85,585	(\$7,567)	-8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$37,809	\$54,988	\$17,179	45%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$45,374,448</b>	<b>\$48,698,449</b>	<b>\$3,324,001</b>	<b>7%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$26,891,802	\$28,051,971	\$1,160,169	4%
2	MEDICARE MANAGED CARE	\$5,469,449	\$5,512,956	\$43,507	1%
3	MEDICAID	\$11,479,868	\$12,185,289	\$705,421	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$177,216	\$203,098	\$25,882	15%
6	COMMERCIAL INSURANCE	\$31,457,327	\$31,930,038	\$472,711	2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,709,798	\$1,387,535	(\$322,263)	-19%
9	SELF- PAY/UNINSURED	\$108,661	\$103,360	(\$5,301)	-5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$212,874	\$214,600	\$1,726	1%
	<b>TOTAL NET REVENUE</b>	<b>\$77,506,995</b>	<b>\$79,588,847</b>	<b>\$2,081,852</b>	<b>3%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,459	1,384	(75)	-5%
2	MEDICARE MANAGED CARE	295	288	(7)	-2%
3	MEDICAID	826	637	(189)	-23%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	13	16	3	23%
6	COMMERCIAL INSURANCE	781	524	(257)	-33%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	6	9	3	50%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	37	26	(11)	-30%
10	SAGA	0	0	0	0%
11	OTHER	10	17	7	70%
	<b>TOTAL DISCHARGES</b>	<b>3,427</b>	<b>2,901</b>	<b>(526)</b>	<b>-15%</b>
	<b>B. PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	6,594	6,562	(32)	0%
2	MEDICARE MANAGED CARE	1,457	1,247	(210)	-14%
3	MEDICAID	2,594	2,324	(270)	-10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	35	45	10	29%
6	COMMERCIAL INSURANCE	2,351	1,625	(726)	-31%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	28	27	(1)	-4%
9	SELF- PAY/UNINSURED	115	328	213	185%
10	SAGA	0	0	0	0%
11	OTHER	51	56	5	10%
	<b>TOTAL PATIENT DAYS</b>	<b>13,225</b>	<b>12,214</b>	<b>(1,011)</b>	<b>-8%</b>
	<b>C. OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	24,041	23,577	(464)	-2%
2	MEDICARE MANAGED CARE	6,097	6,825	728	12%
3	MEDICAID	26,727	25,392	(1,335)	-5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	362	372	10	3%
6	COMMERCIAL INSURANCE	37,030	33,296	(3,734)	-10%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	1,988	1,816	(172)	-9%
9	SELF- PAY/UNINSURED	3,390	2,498	(892)	-26%
10	SAGA	0	0	0	0%
11	OTHER	203	234	31	15%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>99,838</b>	<b>94,010</b>	<b>(5,828)</b>	<b>-6%</b>
	<b>IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
	<b>A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$8,031,464	\$9,348,967	\$1,317,503	16%
2	MEDICARE MANAGED CARE	\$1,628,395	\$2,360,763	\$732,368	45%
3	MEDICAID	\$21,815,883	\$24,223,468	\$2,407,585	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$261,637	\$322,301	\$60,664	23%
6	COMMERCIAL INSURANCE	\$13,039,118	\$13,548,887	\$509,769	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$748,489	\$737,044	(\$11,445)	-2%
9	SELF- PAY/UNINSURED	\$2,513,241	\$2,246,693	(\$266,548)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$240,818	\$299,315	\$58,497	24%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$48,279,045</b>	<b>\$53,087,438</b>	<b>\$4,808,393</b>	<b>10%</b>
	<b>B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,002,895	\$2,436,961	\$434,066	22%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$405,155	\$576,992	\$171,837	42%
3	MEDICAID	\$4,097,465	\$4,011,733	(\$85,732)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$69,718	\$86,947	\$17,229	25%
6	COMMERCIAL INSURANCE	\$6,156,865	\$7,920,741	\$1,763,876	29%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$485,801	\$512,502	\$26,701	5%
9	SELF- PAY/UNINSURED	\$60,120	\$33,382	(\$26,738)	-44%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$27,482	\$31,677	\$4,195	15%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$13,305,501</b>	<b>\$15,610,935</b>	<b>\$2,305,434</b>	<b>17%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	4,244	4,306	62	1%
2	MEDICARE MANAGED CARE	824	995	171	21%
3	MEDICAID	13,907	14,177	270	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	188	203	15	8%
6	COMMERCIAL INSURANCE	8,576	8,132	(444)	-5%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	689	640	(49)	-7%
9	SELF- PAY/UNINSURED	1,946	1,539	(407)	-21%
10	SAGA	0	0	0	0%
11	OTHER	153	169	16	10%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>30,527</b>	<b>30,161</b>	<b>(366)</b>	<b>-1%</b>

<b>WINDHAM COMMUNITY MEMORIAL 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	\$12,663,438	\$11,636,506	(\$1,026,932)	-8%
2	Physician Salaries	\$1,822,615	\$1,720,183	(\$102,432)	-6%
3	Non-Nursing, Non-Physician Salaries	\$23,750,037	\$22,636,620	(\$1,113,417)	-5%
	<b>Total Salaries &amp; Wages</b>	<b>\$38,236,090</b>	<b>\$35,993,309</b>	<b>(\$2,242,781)</b>	<b>-6%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$3,148,987	\$3,502,855	\$353,868	11%
2	Physician Fringe Benefits	\$453,225	\$517,814	\$64,589	14%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,905,865	\$6,814,140	\$908,275	15%
	<b>Total Fringe Benefits</b>	<b>\$9,508,077</b>	<b>\$10,834,809</b>	<b>\$1,326,732</b>	<b>14%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$7,792	\$238,191	\$230,399	2957%
2	Physician Fees	\$1,467,218	\$2,627,350	\$1,160,132	79%
3	Non-Nursing, Non-Physician Fees	\$12,175,550	\$11,487,419	(\$688,131)	-6%
	<b>Total Contractual Labor Fees</b>	<b>\$13,650,560</b>	<b>\$14,352,960</b>	<b>\$702,400</b>	<b>5%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$5,217,188	\$5,135,699	(\$81,489)	-2%
2	Pharmaceutical Costs	\$2,306,798	\$2,598,781	\$291,983	13%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$7,523,986</b>	<b>\$7,734,480</b>	<b>\$210,494</b>	<b>3%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$2,207,444	\$2,244,743	\$37,299	2%
2	Depreciation-Equipment	\$1,994,546	\$1,982,803	(\$11,743)	-1%
3	Amortization	\$14,030	\$15,769	\$1,739	12%
	<b>Total Depreciation and Amortization</b>	<b>\$4,216,020</b>	<b>\$4,243,315</b>	<b>\$27,295</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	\$1,430,212	\$1,698,978	\$268,766	19%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$321,649	\$343,860	\$22,211	7%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$73,668	\$104,159	\$30,491	41%
2	Natural Gas	\$634,143	\$501,739	(\$132,404)	-21%
3	Oil	\$3,960	\$3,478	(\$482)	-12%
4	Electricity	\$772,710	\$775,759	\$3,049	0%
5	Telephone	\$161,948	\$172,844	\$10,896	7%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$1,646,429</b>	<b>\$1,557,979</b>	<b>(\$88,450)</b>	<b>-5%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$407,259	\$73,200	(\$334,059)	-82%
2	Legal Fees	\$80,630	\$177,740	\$97,110	120%
3	Consulting Fees	\$672,201	\$214,878	(\$457,323)	-68%
4	Dues and Membership	\$344,756	\$0	(\$344,756)	-100%
5	Equipment Leases	\$751,487	\$673,481	(\$78,006)	-10%
6	Building Leases	\$424,906	\$494,631	\$69,725	16%
7	Repairs and Maintenance	\$3,311,220	\$3,341,219	\$29,999	1%
8	Insurance	\$234,574	\$211,558	(\$23,016)	-10%
9	Travel	\$29,135	\$42,443	\$13,308	46%
10	Conferences	\$60,413	\$86,917	\$26,504	44%



<b>WINDHAM COMMUNITY MEMORIAL 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	\$167,862	\$242,521	\$74,659	44%
12	General Supplies	\$1,374,778	\$1,326,908	(\$47,870)	-3%
13	Licenses and Subscriptions	\$60,368	\$57,942	(\$2,426)	-4%
14	Postage and Shipping	\$57,822	\$30,034	(\$27,788)	-48%
15	Advertising	\$70,555	\$13,989	(\$56,566)	-80%
16	Corporate parent/system fees	\$1,962,790	\$1,843,243	(\$119,547)	-6%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	<b>Total Business Expenses</b>	<b>\$10,010,756</b>	<b>\$8,830,704</b>	<b>(\$1,180,052)</b>	<b>-12%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$249,072	\$1,171,130	\$922,058	370%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$86,792,851</b>	<b>\$86,761,524</b>	<b>(\$31,327)</b>	<b>0%</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	\$4,575,738	\$7,591,854	\$3,016,116	66%
2	General Accounting	\$1,216,782	\$624,653	(\$592,129)	-49%
3	Patient Billing & Collection	\$9,063	\$0	(\$9,063)	-100%
4	Admitting / Registration Office	\$3,093,434	\$1,396,060	(\$1,697,374)	-55%
5	Data Processing	\$4,994,874	\$5,086,052	\$91,178	2%
6	Communications	\$139,413	\$168,240	\$28,827	21%
7	Personnel	\$632,869	\$544,756	(\$88,113)	-14%
8	Public Relations	\$239,965	\$15,656	(\$224,309)	-93%
9	Purchasing	\$191,084	\$190,778	(\$306)	0%
10	Dietary and Cafeteria	\$1,704,310	\$1,788,726	\$84,416	5%
11	Housekeeping	\$969,566	\$1,116,433	\$146,867	15%
12	Laundry & Linen	\$465,321	\$403,987	(\$61,334)	-13%
13	Operation of Plant	\$1,625,692	\$1,040,531	(\$585,161)	-36%
14	Security	\$354,371	\$378,795	\$24,424	7%
15	Repairs and Maintenance	\$1,946,023	\$2,070,798	\$124,775	6%
16	Central Sterile Supply	\$449,824	\$0	(\$449,824)	-100%
17	Pharmacy Department	\$3,228,064	\$3,812,350	\$584,286	18%
18	Other General Services	\$293,903	\$163,671	(\$130,232)	-44%
	<b>Total General Services</b>	<b>\$26,130,296</b>	<b>\$26,393,340</b>	<b>\$263,044</b>	<b>1%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$100,266	\$95,579	(\$4,687)	-5%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$2,036,415	\$1,865,235	(\$171,180)	-8%
4	Medical Records	\$845,898	\$747,533	(\$98,365)	-12%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$221,193	\$729,430	\$508,237	230%
	<b>Total Professional Services</b>	<b>\$3,203,772</b>	<b>\$3,437,777</b>	<b>\$234,005</b>	<b>7%</b>
<b>C.</b>	<b>Special Services:</b>				

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>					
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<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	\$4,417,582	\$4,898,870	\$481,288	11%
2	Recovery Room	\$202,639	\$251,703	\$49,064	24%
3	Anesthesiology	\$0	\$0	\$0	0%
4	Delivery Room	\$801,201	\$0	(\$801,201)	-100%
5	Diagnostic Radiology	\$2,718,990	\$2,772,030	\$53,040	2%
6	Diagnostic Ultrasound	\$539,198	\$588,745	\$49,547	9%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$571,656	\$538,971	(\$32,685)	-6%
9	CT Scan	\$415,309	\$376,574	(\$38,735)	-9%
10	Laboratory	\$3,597,349	\$3,035,914	(\$561,435)	-16%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$618,567	\$562,469	(\$56,098)	-9%
13	Electrocardiology	\$181,497	\$139,827	(\$41,670)	-23%
14	Electroencephalography	\$380,753	\$387,281	\$6,528	2%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,245,161	\$1,072,504	(\$172,657)	-14%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,860,036	\$6,062,208	\$202,172	3%
25	MRI	\$518,453	\$433,001	(\$85,452)	-16%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$668,528	\$604,951	(\$63,577)	-10%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$2,119,344	\$2,053,707	(\$65,637)	-3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$4,103,423	\$3,727,494	(\$375,929)	-9%
	<b>Total Special Services</b>	<b>\$28,959,686</b>	<b>\$27,506,249</b>	<b>(\$1,453,437)</b>	<b>-5%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$4,533,211	\$4,327,283	(\$205,928)	-5%
2	Intensive Care Unit	\$2,584,806	\$2,452,866	(\$131,940)	-5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$721,746	\$3,021,423	\$2,299,677	319%
7	Newborn Nursery Unit	\$561,084	\$0	(\$561,084)	-100%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,190,198	\$1,122,685	(\$67,513)	-6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$1,119,493	\$993,502	(\$125,991)	-11%
13	Other Routine Services	\$884,129	\$509,083	(\$375,046)	-42%
	<b>Total Routine Services</b>	<b>\$11,594,667</b>	<b>\$12,426,842</b>	<b>\$832,175</b>	<b>7%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$16,904,430	\$16,997,316	\$92,886	1%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$86,792,851</b>	<b>\$86,761,524</b>	<b>(\$31,327)</b>	<b>0%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$76,714,489	\$77,506,994	\$77,601,420
2	Other Operating Revenue	5,866,110	5,491,687	4,764,423
3	Total Operating Revenue	\$82,580,599	\$82,998,681	\$82,365,843
4	Total Operating Expenses	91,367,918	86,792,851	86,761,524
5	Income/(Loss) From Operations	(\$8,787,319)	(\$3,794,170)	(\$4,395,681)
6	Total Non-Operating Revenue	1,568,775	(739,009)	(1,156,978)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$7,218,544)	(\$4,533,179)	(\$5,552,659)
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	-10.44%	-4.61%	-5.41%
2	Hospital Non Operating Margin	1.86%	-0.90%	-1.42%
3	Hospital Total Margin	-8.58%	-5.51%	-6.84%
4	Income/(Loss) From Operations	(\$8,787,319)	(\$3,794,170)	(\$4,395,681)
5	Total Operating Revenue	\$82,580,599	\$82,998,681	\$82,365,843
6	Total Non-Operating Revenue	\$1,568,775	(\$739,009)	(\$1,156,978)
7	Total Revenue	\$84,149,374	\$82,259,672	\$81,208,865
8	Excess/(Deficiency) of Revenue Over Expenses	(\$7,218,544)	(\$4,533,179)	(\$5,552,659)
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	(\$13,430,049)	(\$39,450,280)	(\$55,316,980)
2	Hospital Total Net Assets	(\$7,449,457)	(\$33,207,929)	(\$49,243,538)
3	Hospital Change in Total Net Assets	\$35,073,490	(\$25,758,472)	(\$16,035,609)
4	Hospital Change in Total Net Assets %	17.5%	345.8%	48.3%

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.43</b>	<b>0.43</b>	<b>0.43</b>
2	Total Operating Expenses	\$91,367,918	\$86,792,851	\$86,761,524
3	Total Gross Revenue	\$205,409,385	\$198,464,792	\$196,286,597
4	Total Other Operating Revenue	\$5,866,110	\$5,491,687	\$4,764,422
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.07</b>	<b>1.20</b>	<b>1.32</b>
6	Total Non-Government Payments	\$31,352,348	\$33,275,786	\$33,420,933
7	Total Uninsured Payments	\$116,036	\$108,661	\$103,360
8	Total Non-Government Charges	\$72,394,973	\$69,215,560	\$62,169,830
9	Total Uninsured Charges	\$4,787,704	\$4,305,328	\$3,897,073
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.92</b>	<b>0.93</b>	<b>0.95</b>
11	Total Medicare Payments	\$33,630,052	\$32,361,251	\$33,564,927
12	Total Medicare Charges	\$84,912,744	\$81,375,430	\$82,291,867
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.57</b>	<b>0.58</b>	<b>0.56</b>
14	Total Medicaid Payments	\$11,455,469	\$11,479,868	\$12,185,289
15	Total Medicaid Charges	\$46,690,277	\$46,701,685	\$50,387,476
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$3,001,459</b>	<b>\$3,055,135</b>	<b>\$2,878,058</b>
17	Charity Care	\$2,699,812	\$2,523,150	\$1,994,173
18	Bad Debts	\$4,240,640	\$4,656,180	\$4,675,102
19	Total Uncompensated Care	\$6,940,452	\$7,179,330	\$6,669,275
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.3%</b>	<b>3.5%</b>	<b>3.3%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
21	Total Operating Expenses	\$91,367,918	\$86,792,851	\$86,761,524
<b>E. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1</b>	<b>1</b>	<b>1</b>
2	Total Current Assets	\$26,728,598	\$20,046,108	\$17,222,201
3	Total Current Liabilities	\$29,842,262	\$18,820,496	\$23,827,228
<b>4</b>	<b>Days Cash on Hand</b>	<b>32</b>	<b>30</b>	<b>23</b>
5	Cash and Cash Equivalents	\$7,575,725	\$6,754,329	\$5,138,008
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$7,575,725	\$6,754,329	\$5,138,008
8	Total Operating Expenses	\$91,367,918	\$86,792,851	\$86,761,524
9	Depreciation Expense	\$4,154,949	\$4,216,020	\$4,243,315
10	Operating Expenses less Depreciation Expense	\$87,212,969	\$82,576,831	\$82,518,209
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>50</b>	<b>28</b>	<b>26</b>
12	Net Patient Accounts Receivable	\$11,889,554	\$9,382,464	\$8,372,415
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,340,072	\$3,379,397	\$2,772,561
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$10,549,482	\$6,003,067	\$5,599,854
16	Total Net Patient Revenue	\$76,714,489	\$77,506,994	\$77,601,420
<b>17</b>	<b>Average Payment Period</b>	<b>125</b>	<b>83</b>	<b>105</b>
18	Total Current Liabilities	\$29,842,262	\$18,820,496	\$23,827,228
19	Total Operating Expenses	\$91,367,918	\$86,792,851	\$86,761,524
20	Depreciation Expense	\$4,154,949	\$4,216,020	\$4,243,315

<b>WINDHAM COMMUNITY MEMORIAL 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>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
21	Total Operating Expenses less Depreciation Expense	\$87,212,969	\$82,576,831	\$82,518,209
<b>F. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>(9.3)</b>	<b>(46.0)</b>	<b>(74.1)</b>
2	Total Net Assets	(\$7,449,457)	(\$33,207,929)	(\$49,243,538)
3	Total Assets	\$80,149,109	\$72,238,603	\$66,448,218
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(6.2)</b>	<b>(0.6)</b>	<b>(2.4)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$7,218,544)	(\$4,533,179)	(\$5,552,659)
6	Depreciation Expense	\$4,154,949	\$4,216,020	\$4,243,315
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$3,063,595)	(\$317,159)	(\$1,309,344)
8	Total Current Liabilities	\$29,842,262	\$18,820,496	\$23,827,228
9	Total Long Term Debt	\$19,355,130	\$31,550,036	\$31,165,811
10	Total Current Liabilities and Total Long Term Debt	\$49,197,392	\$50,370,532	\$54,993,039
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>162.6</b>	<b>(1,903.0)</b>	<b>(172.4)</b>
12	Total Long Term Debt	\$19,355,130	\$31,550,036	\$31,165,811
13	Total Net Assets	(\$7,449,457)	(\$33,207,929)	(\$49,243,538)
14	Total Long Term Debt and Total Net Assets	\$11,905,673	(\$1,657,893)	(\$18,077,727)
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>(1.2)</b>	<b>0.1</b>	<b>0.1</b>
16	Excess Revenues over Expenses	(7,218,544)	(\$4,533,179)	(\$5,552,659)
17	Interest Expense	1,107,869	\$1,430,212	\$1,698,978
18	Depreciation and Amortization Expense	4,154,949	\$4,216,020	\$4,243,315
19	Principal Payments	568,113	\$15,846,823	\$2,349,623
<b>G. Other Financial Ratios</b>				

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
<b>20</b>	<b>Average Age of Plant</b>	<b>17.9</b>	<b>18.6</b>	<b>19.4</b>
21	Accumulated Depreciation	74,173,393	78,353,873	82,446,254
22	Depreciation and Amortization Expense	4,154,949	4,216,020	4,243,315
<b>H. Utilization Measures Summary</b>				
1	Patient Days	17,355	13,225	12,214
2	Discharges	4,137	3,427	2,901
3	ALOS	4.2	3.9	4.2
4	Staffed Beds	87	87	87
5	Available Beds	-	144	144
6	Licensed Beds	144	144	144
7	Occupancy of Staffed Beds	54.7%	41.6%	38.5%
8	Occupancy of Available Beds	33.0%	25.2%	23.2%
9	Full Time Equivalent Employees	577.1	501.0	477.7
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	32.9%	32.7%	29.7%
2	Medicare Gross Revenue Payer Mix Percentage	41.3%	41.0%	41.9%
3	Medicaid Gross Revenue Payer Mix Percentage	22.7%	23.5%	25.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.4%	0.3%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.3%	2.2%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$67,607,269	\$64,910,232	\$58,272,757
9	Medicare Gross Revenue (Charges)	\$84,912,744	\$81,375,430	\$82,291,867
10	Medicaid Gross Revenue (Charges)	\$46,690,277	\$46,701,685	\$50,387,476
11	Other Medical Assistance Gross Revenue (Charges)	\$878,089	\$558,224	\$676,338
12	Uninsured Gross Revenue (Charges)	\$4,787,704	\$4,305,328	\$3,897,073
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$533,302	\$613,893	\$761,086
14	Total Gross Revenue (Charges)	\$205,409,385	\$198,464,792	\$196,286,597
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	40.7%	42.8%	41.9%
2	Medicare Net Revenue Payer Mix Percentage	43.8%	41.8%	42.2%
3	Medicaid Net Revenue Payer Mix Percentage	14.9%	14.8%	15.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.2%	0.3%	0.3%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$31,236,312	\$33,167,125	\$33,317,573
9	Medicare Net Revenue (Payments)	\$33,630,052	\$32,361,251	\$33,564,927
10	Medicaid Net Revenue (Payments)	\$11,455,469	\$11,479,868	\$12,185,289

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$122,623	\$212,873	\$214,601
12	Uninsured Net Revenue (Payments)	\$116,036	\$108,661	\$103,360
13	CHAMPUS / TRICARE Net Revenue Payments)	\$153,998	\$177,216	\$203,098
14	Total Net Revenue (Payments)	\$76,714,490	\$77,506,994	\$79,588,848
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	926	824	559
2	Medicare	2,210	1,754	1,672
3	Medical Assistance	983	836	654
4	Medicaid	965	826	637
5	Other Medical Assistance	18	10	17
6	CHAMPUS / TRICARE	18	13	16
7	Uninsured (Included In Non-Government)	48	37	26
8	Total	4,137	3,427	2,901
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	0.96785	1.01016	1.05813
2	Medicare	1.39802	1.43212	1.41583
3	Medical Assistance	0.98361	0.99981	1.01131
4	Medicaid	0.96308	0.99155	1.00946
5	Other Medical Assistance	2.08431	1.68189	1.08072
6	CHAMPUS / TRICARE	0.83612	0.87679	0.93853
7	Uninsured (Included In Non-Government)	1.08940	1.05609	1.06321
8	Total Case Mix Index	1.20082	1.22310	1.25308
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	3,028	2,489	2,359
2	Emergency Room - Treated and Discharged	32,054	30,527	30,161
3	Total Emergency Room Visits	35,082	33,016	32,520



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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$86,542	\$0	(\$86,542)	-100%
2	Inpatient Payments	\$37,892	\$0	(\$37,892)	-100%
3	Outpatient Charges	\$103,314	\$49,065	(\$54,249)	-53%
4	Outpatient Payments	\$36,119	\$8,075	(\$28,044)	-78%
5	Discharges	3	0	(3)	-100%
6	Patient Days	18	0	(18)	-100%
7	Outpatient Visits (Excludes ED Visits)	56	18	(38)	-68%
8	Emergency Department Outpatient Visits	8	11	3	38%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$189,856</b>	<b>\$49,065</b>	<b>(\$140,791)</b>	<b>-74%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$74,011</b>	<b>\$8,075</b>	<b>(\$65,936)</b>	<b>-89%</b>
<b>B. CIGNA 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>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$2,858,342	\$2,747,349	(\$110,993)	-4%
2	Inpatient Payments	\$1,461,872	\$1,676,745	\$214,873	15%
3	Outpatient Charges	\$4,140,870	\$4,637,434	\$496,564	12%
4	Outpatient Payments	\$963,298	\$1,132,985	\$169,687	18%
5	Discharges	133	141	8	6%
6	Patient Days	636	650	14	2%
7	Outpatient Visits (Excludes ED Visits)	2,299	2,250	(49)	-2%
8	Emergency Department Outpatient Visits	305	377	72	24%
9	Emergency Department Inpatient Admissions	124	136	12	10%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,999,212</b>	<b>\$7,384,783</b>	<b>\$385,571</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,425,170</b>	<b>\$2,809,730</b>	<b>\$384,560</b>	<b>16%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<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	\$442,312	\$435,294	(\$7,018)	-2%
2	Inpatient Payments	\$231,228	\$253,377	\$22,149	10%
3	Outpatient Charges	\$587,804	\$623,544	\$35,740	6%
4	Outpatient Payments	\$127,800	\$127,677	(\$123)	0%
5	Discharges	20	22	2	10%
6	Patient Days	85	108	23	27%
7	Outpatient Visits (Excludes ED Visits)	333	274	(59)	-18%
8	Emergency Department Outpatient Visits	82	103	21	26%
9	Emergency Department Inpatient Admissions	19	22	3	16%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,030,116</b>	<b>\$1,058,838</b>	<b>\$28,722</b>	<b>3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$359,028</b>	<b>\$381,054</b>	<b>\$22,026</b>	<b>6%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$75,062	\$75,062	0%
2	Inpatient Payments	\$0	\$22,251	\$22,251	0%
3	Outpatient Charges	\$1,983	\$75,187	\$73,204	3692%
4	Outpatient Payments	\$466	\$10,089	\$9,623	2065%
5	Discharges	0	3	3	0%
6	Patient Days	0	13	13	0%
7	Outpatient Visits (Excludes ED Visits)	3	24	21	700%
8	Emergency Department Outpatient Visits	0	9	9	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,983</b>	<b>\$150,249</b>	<b>\$148,266</b>	<b>7477%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$466</b>	<b>\$32,340</b>	<b>\$31,874</b>	<b>6840%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$414,326	\$363,563	(\$50,763)	-12%
2	Inpatient Payments	\$195,576	\$201,734	\$6,158	3%
3	Outpatient Charges	\$628,161	\$724,516	\$96,355	15%
4	Outpatient Payments	\$136,256	\$160,368	\$24,112	18%
5	Discharges	16	22	6	38%
6	Patient Days	82	74	(8)	-10%
7	Outpatient Visits (Excludes ED Visits)	372	428	56	15%
8	Emergency Department Outpatient Visits	38	55	17	45%
9	Emergency Department Inpatient Admissions	14	20	6	43%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,042,487</b>	<b>\$1,088,079</b>	<b>\$45,592</b>	<b>4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$331,832</b>	<b>\$362,102</b>	<b>\$30,270</b>	<b>9%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$35,853	\$0	(\$35,853)	-100%
2	Inpatient Payments	\$26,745	\$0	(\$26,745)	-100%
3	Outpatient Charges	\$10,750	\$3,885	(\$6,865)	-64%
4	Outpatient Payments	\$2,981	\$427	(\$2,554)	-86%
5	Discharges	2	0	(2)	-100%
6	Patient Days	15	0	(15)	-100%
7	Outpatient Visits (Excludes ED Visits)	2	3	1	50%
8	Emergency Department Outpatient Visits	8	1	(7)	-88%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$46,603</b>	<b>\$3,885</b>	<b>(\$42,718)</b>	<b>-92%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$29,726</b>	<b>\$427</b>	<b>(\$29,299)</b>	<b>-99%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$1,790,658	\$1,334,286	(\$456,372)	-25%
2	Inpatient Payments	\$985,400	\$778,434	(\$206,966)	-21%
3	Outpatient Charges	\$2,289,349	\$2,547,381	\$258,032	11%
4	Outpatient Payments	\$509,055	\$572,916	\$63,861	13%
5	Discharges	83	69	(14)	-17%
6	Patient Days	416	289	(127)	-31%
7	Outpatient Visits (Excludes ED Visits)	1,149	1,370	221	19%
8	Emergency Department Outpatient Visits	234	295	61	26%
9	Emergency Department Inpatient Admissions	83	63	(20)	-24%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,080,007</b>	<b>\$3,881,667</b>	<b>(\$198,340)</b>	<b>-5%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,494,455</b>	<b>\$1,351,350</b>	<b>(\$143,105)</b>	<b>-10%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$970,117	\$449,381	(\$520,736)	-54%
2	Inpatient Payments	\$517,551	\$317,971	(\$199,580)	-39%
3	Outpatient Charges	\$1,197,245	\$1,318,791	\$121,546	10%
4	Outpatient Payments	\$237,210	\$249,907	\$12,697	5%
5	Discharges	38	31	(7)	-18%
6	Patient Days	205	113	(92)	-45%
7	Outpatient Visits (Excludes ED Visits)	1,059	1,463	404	38%
8	Emergency Department Outpatient Visits	149	144	(5)	-3%
9	Emergency Department Inpatient Admissions	35	30	(5)	-14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,167,362</b>	<b>\$1,768,172</b>	<b>(\$399,190)</b>	<b>-18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$754,761</b>	<b>\$567,878</b>	<b>(\$186,883)</b>	<b>-25%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$6,598,150</b>	<b>\$5,404,935</b>	<b>(\$1,193,215)</b>	<b>-18%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,456,264</b>	<b>\$3,250,512</b>	<b>(\$205,752)</b>	<b>-6%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$8,959,476</b>	<b>\$9,979,803</b>	<b>\$1,020,327</b>	<b>11%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,013,185</b>	<b>\$2,262,444</b>	<b>\$249,259</b>	<b>12%</b>
	<b>TOTAL DISCHARGES</b>	<b>295</b>	<b>288</b>	<b>(7)</b>	<b>-2%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,457</b>	<b>1,247</b>	<b>(210)</b>	<b>-14%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>5,273</b>	<b>5,830</b>	<b>557</b>	<b>11%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>824</b>	<b>995</b>	<b>171</b>	<b>21%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>280</b>	<b>273</b>	<b>(7)</b>	<b>-3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,557,626</b>	<b>\$15,384,738</b>	<b>(\$172,888)</b>	<b>-1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,469,449</b>	<b>\$5,512,956</b>	<b>\$43,507</b>	<b>1%</b>

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

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<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>

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

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<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%

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

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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>



WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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	\$6,754,329	\$5,138,008	(\$1,616,321)	-24%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,382,464	\$8,372,415	(\$1,010,049)	-11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$563,637	\$560,688	(\$2,949)	-1%
5	Due From Affiliates	\$689,258	\$0	(\$689,258)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,188,268	\$990,707	(\$197,561)	-17%
8	Prepaid Expenses	\$492,503	\$962,571	\$470,068	95%
9	Other Current Assets	\$975,649	\$1,758,500	\$782,851	80%
	<b>Total Current Assets</b>	<b>\$20,046,108</b>	<b>\$17,782,889</b>	<b>(\$2,263,219)</b>	<b>-11%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$3,181,515	\$2,962,495	(\$219,020)	-7%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,439,934	\$1,439,934	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$2,159,487	\$2,062,261	(\$97,226)	-5%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,780,936</b>	<b>\$6,464,690</b>	<b>(\$316,246)</b>	<b>-5%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$418,008	\$461,907	\$43,899	11%
7	Other Noncurrent Assets	\$2,628,082	\$2,867,317	\$239,235	9%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$120,610,311	\$121,167,275	\$556,964	0%
2	Less: Accumulated Depreciation	\$78,353,873	\$82,446,254	\$4,092,381	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$42,256,438</b>	<b>\$38,721,021</b>	<b>(\$3,535,417)</b>	<b>-8%</b>
3	Construction in Progress	\$109,031	\$150,394	\$41,363	38%
	<b>Total Net Fixed Assets</b>	<b>\$42,365,469</b>	<b>\$38,871,415</b>	<b>(\$3,494,054)</b>	<b>-8%</b>
	<b>Total Assets</b>	<b>\$72,238,603</b>	<b>\$66,448,218</b>	<b>(\$5,790,385)</b>	<b>-8%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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	\$3,294,083	\$6,424,553	\$3,130,470	95%
2	Salaries, Wages and Payroll Taxes	\$2,298,079	\$2,284,567	(\$13,512)	-1%
3	Due To Third Party Payers	\$3,379,397	\$2,772,561	(\$606,836)	-18%
4	Due To Affiliates	\$3,926,518	\$6,298,540	\$2,372,022	60%
5	Current Portion of Long Term Debt	\$4,421,510	\$4,449,224	\$27,714	1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,500,909	\$1,597,783	\$96,874	6%
	<b>Total Current Liabilities</b>	<b>\$18,820,496</b>	<b>\$23,827,228</b>	<b>\$5,006,732</b>	<b>27%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$31,550,036	\$31,165,811	(\$384,225)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$31,550,036</b>	<b>\$31,165,811</b>	<b>(\$384,225)</b>	<b>-1%</b>
3	Accrued Pension Liability	\$42,664,520	\$47,069,447	\$4,404,927	10%
4	Other Long Term Liabilities	\$12,411,480	\$13,629,270	\$1,217,790	10%
	<b>Total Long Term Liabilities</b>	<b>\$86,626,036</b>	<b>\$91,864,528</b>	<b>\$5,238,492</b>	<b>6%</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	(\$39,450,280)	(\$55,316,980)	(\$15,866,700)	40%
2	Temporarily Restricted Net Assets	\$1,876,620	\$1,935,277	\$58,657	3%
3	Permanently Restricted Net Assets	\$4,365,731	\$4,138,165	(\$227,566)	-5%
	<b>Total Net Assets</b>	<b>(\$33,207,929)</b>	<b>(\$49,243,538)</b>	<b>(\$16,035,609)</b>	<b>48%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$72,238,603</b>	<b>\$66,448,218</b>	<b>(\$5,790,385)</b>	<b>-8%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$198,464,791	\$196,286,597	(\$2,178,194)	-1%
2	Less: Allowances	\$113,778,465	\$112,015,902	(\$1,762,563)	-2%
3	Less: Charity Care	\$2,630,961	\$1,994,173	(\$636,788)	-24%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$82,055,365</b>	<b>\$82,276,522</b>	<b>\$221,157</b>	<b>0%</b>
5	Provision for Bad Debts	\$4,548,371	\$4,675,102	\$126,731	3%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$77,506,994</b>	<b>\$77,601,420</b>	<b>\$94,426</b>	<b>0%</b>
6	Other Operating Revenue	\$5,365,283	\$4,764,423	(\$600,860)	-11%
7	Net Assets Released from Restrictions	\$126,404	\$0	(\$126,404)	-100%
	<b>Total Operating Revenue</b>	<b>\$82,998,681</b>	<b>\$82,365,843</b>	<b>(\$632,838)</b>	<b>-1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$38,236,090	\$35,993,309	(\$2,242,781)	-6%
2	Fringe Benefits	\$9,508,077	\$10,834,809	\$1,326,732	14%
3	Physicians Fees	\$1,467,218	\$2,627,350	\$1,160,132	79%
4	Supplies and Drugs	\$7,523,986	\$7,734,480	\$210,494	3%
5	Depreciation and Amortization	\$4,216,020	\$4,243,315	\$27,295	1%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,430,212	\$1,698,978	\$268,766	19%
8	Malpractice Insurance Cost	\$321,649	\$343,860	\$22,211	7%
9	Other Operating Expenses	\$24,089,599	\$23,285,423	(\$804,176)	-3%
	<b>Total Operating Expenses</b>	<b>\$86,792,851</b>	<b>\$86,761,524</b>	<b>(\$31,327)</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$3,794,170)</b>	<b>(\$4,395,681)</b>	<b>(\$601,511)</b>	<b>16%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$19,814	\$116,996	\$97,182	490%
2	Gifts, Contributions and Donations	\$170,626	\$96,770	(\$73,856)	-43%
3	Other Non-Operating Gains/(Losses)	(\$961,845)	(\$1,363,155)	(\$401,310)	42%
	<b>Total Non-Operating Revenue</b>	<b>(\$771,405)</b>	<b>(\$1,149,389)</b>	<b>(\$377,984)</b>	<b>49%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$4,565,575)</b>	<b>(\$5,545,070)</b>	<b>(\$979,495)</b>	<b>21%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$32,396	(\$7,589)	(\$39,985)	-123%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$32,396</b>	<b>(\$7,589)</b>	<b>(\$39,985)</b>	<b>-123%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$4,533,179)</b>	<b>(\$5,552,659)</b>	<b>(\$1,019,480)</b>	<b>22%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
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	\$76,714,489	\$77,506,994	\$77,601,420
2	Other Operating Revenue	5,866,110	5,491,687	4,764,423
3	Total Operating Revenue	\$82,580,599	\$82,998,681	\$82,365,843
4	Total Operating Expenses	91,367,918	86,792,851	86,761,524
5	Income/(Loss) From Operations	(\$8,787,319)	(\$3,794,170)	(\$4,395,681)
6	Total Non-Operating Revenue	1,568,775	(739,009)	(1,156,978)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$7,218,544)	(\$4,533,179)	(\$5,552,659)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-10.44%	-4.61%	-5.41%
2	Parent Corporation Non-Operating Margin	1.86%	-0.90%	-1.42%
3	Parent Corporation Total Margin	-8.58%	-5.51%	-6.84%
4	Income/(Loss) From Operations	(\$8,787,319)	(\$3,794,170)	(\$4,395,681)
5	Total Operating Revenue	\$82,580,599	\$82,998,681	\$82,365,843
6	Total Non-Operating Revenue	\$1,568,775	(\$739,009)	(\$1,156,978)
7	Total Revenue	\$84,149,374	\$82,259,672	\$81,208,865
8	Excess/(Deficiency) of Revenue Over Expenses	(\$7,218,544)	(\$4,533,179)	(\$5,552,659)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	(\$13,430,049)	(\$39,450,280)	(\$55,316,980)
2	Parent Corporation Total Net Assets	(\$7,449,457)	(\$33,207,929)	(\$49,243,538)
3	Parent Corporation Change in Total Net Assets	\$35,073,490	(\$25,758,472)	(\$16,035,609)
4	Parent Corporation Change in Total Net Assets %	17.5%	345.8%	48.3%

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
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>0.90</b>	<b>1.07</b>	<b>0.75</b>
2	Total Current Assets	\$26,728,598	\$20,046,108	\$17,782,889
3	Total Current Liabilities	\$29,842,262	\$18,820,496	\$23,827,228
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>32</b>	<b>30</b>	<b>23</b>
5	Cash and Cash Equivalents	\$7,575,725	\$6,754,329	\$5,138,008
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$7,575,725	\$6,754,329	\$5,138,008
8	Total Operating Expenses	\$91,367,918	\$86,792,851	\$86,761,524
9	Depreciation Expense	\$4,154,949	\$4,216,020	\$4,243,315
10	Operating Expenses less Depreciation Expense	\$87,212,969	\$82,576,831	\$82,518,209
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>50</b>	<b>28</b>	<b>26</b>
12	Net Patient Accounts Receivable	\$ 11,889,554	\$ 9,382,464	\$ 8,372,415
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,340,072	\$3,379,397	\$2,772,561
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 10,549,482	\$ 6,003,067	\$ 5,599,854
16	Total Net Patient Revenue	\$76,714,489	\$77,506,994	\$77,601,420
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>125</b>	<b>83</b>	<b>105</b>
18	Total Current Liabilities	\$29,842,262	\$18,820,496	\$23,827,228
19	Total Operating Expenses	\$91,367,918	\$86,792,851	\$86,761,524
20	Depreciation Expense	\$4,154,949	\$4,216,020	\$4,243,315
20	Total Operating Expenses less Depreciation Expense	\$87,212,969	\$82,576,831	\$82,518,209

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
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.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>(9.3)</b>	<b>(46.0)</b>	<b>(74.1)</b>
2	Total Net Assets	(\$7,449,457)	(\$33,207,929)	(\$49,243,538)
3	Total Assets	\$80,149,109	\$72,238,603	\$66,448,218
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(6.2)</b>	<b>(0.6)</b>	<b>(2.4)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$7,218,544)	(\$4,533,179)	(\$5,552,659)
6	Depreciation Expense	\$4,154,949	\$4,216,020	\$4,243,315
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$3,063,595)	(\$317,159)	(\$1,309,344)
8	Total Current Liabilities	\$29,842,262	\$18,820,496	\$23,827,228
9	Total Long Term Debt	\$19,355,130	\$31,550,036	\$31,165,811
10	Total Current Liabilities and Total Long Term Debt	\$49,197,392	\$50,370,532	\$54,993,039
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>162.6</b>	<b>(1,903.0)</b>	<b>(172.4)</b>
12	Total Long Term Debt	\$19,355,130	\$31,550,036	\$31,165,811
13	Total Net Assets	(\$7,449,457)	(\$33,207,929)	(\$49,243,538)
14	Total Long Term Debt and Total Net Assets	\$11,905,673	(\$1,657,893)	(\$18,077,727)

WINDHAM COMMUNITY MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	CU/CCU # PATIEN		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	7,920	2,455	2,504	53	104	40.9%	20.9%
2	ICU/CCU (Excludes Neonatal ICU)	3,182	604	0	12	12	72.6%	72.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	589	234	233	14	14	11.5%	11.5%
7	Newborn	523	212	211	8	14	17.9%	10.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>11,691</b>	<b>2,689</b>	<b>2,737</b>	<b>79</b>	<b>130</b>	<b>40.5%</b>	<b>24.6%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>12,214</b>	<b>2,901</b>	<b>2,948</b>	<b>87</b>	<b>144</b>	<b>38.5%</b>	<b>23.2%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>12,214</b>	<b>2,901</b>	<b>2,948</b>	<b>87</b>	<b>144</b>	<b>38.5%</b>	<b>23.2%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>13,225</b>	<b>3,427</b>	<b>3,493</b>	<b>87</b>	<b>144</b>	<b>41.6%</b>	<b>25.2%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-1,011</b>	<b>-526</b>	<b>-545</b>	<b>0</b>	<b>0</b>	<b>-3.2%</b>	<b>-1.9%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-8%</b>	<b>-15%</b>	<b>-16%</b>	<b>0%</b>	<b>0%</b>	<b>-8%</b>	<b>-8%</b>
	Total Licensed Beds and Bassinets	144						
<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>								

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,895	1,789	-106	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,631	3,641	10	0%
3	Emergency Department Scans	4,266	4,863	597	14%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>9,792</b>	<b>10,293</b>	<b>501</b>	<b>5%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	364	303	-61	-17%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,627	3,152	-475	-13%
3	Emergency Department Scans	90	76	-14	-16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>4,081</b>	<b>3,531</b>	<b>-550</b>	<b>-13%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	111	123	12	11%
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>111</b>	<b>123</b>	<b>12</b>	<b>11%</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	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	939	715	-224	-24%
2	Outpatient Surgical Procedures	5,411	2,066	-3,345	-62%
	<b>Total Surgical Procedures</b>	<b>6,350</b>	<b>2,781</b>	<b>-3,569</b>	<b>-56%</b>
<b>J. Endoscopy Procedures</b>					



WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	198	236	38	19%
2	Outpatient Endoscopy Procedures	3,529	3,709	180	5%
	<b>Total Endoscopy Procedures</b>	<b>3,727</b>	<b>3,945</b>	<b>218</b>	<b>6%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	2,489	2,359	-130	-5%
2	Emergency Room Visits: Treated and Discharged	30,527	30,161	-366	-1%
	<b>Total Emergency Room Visits</b>	<b>33,016</b>	<b>32,520</b>	<b>-496</b>	<b>-2%</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	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	1,472	1,564	92	6%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	478	690	212	44%
12	Specialty Clinic Visits - OB-GYN Clinic	1,270	1,818	548	43%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>3,220</b>	<b>4,072</b>	<b>852</b>	<b>26%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	23,394	21,851	-1,543	-7%
2	Cardiac Rehabilitation	2,004	1,608	-396	-20%
3	Chemotherapy	270	387	117	43%
4	Gastroenterology	286	301	15	5%
5	Other Outpatient Visits	49,618	45,099	-4,519	-9%
	<b>Total Other Hospital Outpatient Visits</b>	<b>75,572</b>	<b>69,246</b>	<b>-6,326</b>	<b>-8%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	147.0	143.5	-3.5	-2%
2	Total Physician FTEs	9.8	8.0	-1.8	-18%
3	Total Non-Nursing and Non-Physician FTEs	344.2	326.2	-18.0	-5%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>501.0</b>	<b>477.7</b>	<b>-23.3</b>	<b>-5%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Windham Hospital	5,411	2,066	-3,345	-62%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>5,411</b>	<b>2,066</b>	<b>-3,345</b>	<b>-62%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Windham Hospital	3,529	3,709	180	5%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>3,529</b>	<b>3,709</b>	<b>180</b>	<b>5%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Windham Hospital	30,527	30,161	-366	-1%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>30,527</b>	<b>30,161</b>	<b>-366</b>	<b>-1%</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>WINDHAM COMMUNITY MEMORIAL 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>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$35,722,132	\$33,527,360	(\$2,194,772)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,534,421	\$21,716,341	\$181,920	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	60.28%	64.77%	4.49%	7%
4	DISCHARGES	1,754	1,672	(82)	-5%
5	CASE MIX INDEX (CMI)	1.43212	1.41583	(0.01629)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,511.93848	2,367.26776	(144.67072)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,572.83	\$9,173.59	\$600.76	7%
8	PATIENT DAYS	8,051	7,809	(242)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,674.75	\$2,780.94	\$106.19	4%
10	AVERAGE LENGTH OF STAY	4.6	4.7	0.1	2%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$45,653,298	\$48,764,507	\$3,111,209	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,826,830	\$11,848,586	\$1,021,756	9%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.72%	24.30%	0.58%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	127.80%	145.45%	17.65%	14%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,241.63229	2,431.87223	190.23994	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,829.89	\$4,872.21	\$42.32	1%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$81,375,430	\$82,291,867	\$916,437	1%
18	TOTAL ACCRUED PAYMENTS	\$32,361,251	\$33,564,927	\$1,203,676	4%
19	TOTAL ALLOWANCES	\$49,014,179	\$48,726,940	(\$287,239)	-1%

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$10,684,859	\$7,788,735	(\$2,896,124)	-27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,965,297	\$5,437,065	(\$1,528,232)	-22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	65.19%	69.81%	4.62%	7%
4	DISCHARGES	824	559	(265)	-32%
5	CASE MIX INDEX (CMI)	1.01016	1.05813	0.04797	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	832.37184	591.49467	(240.87717)	-29%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,368.01	\$9,192.08	\$824.07	10%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$204.82	(\$18.49)	(\$223.31)	-109%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$170,485	(\$10,936)	(\$181,421)	-106%
10	PATIENT DAYS	2,494	1,980	(514)	-21%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,792.82	\$2,745.99	(\$46.83)	-2%
12	AVERAGE LENGTH OF STAY	3.0	3.5	0.5	17%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$58,530,701	\$54,381,095	(\$4,149,606)	-7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,310,489	\$27,983,868	\$1,673,379	6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.95%	51.46%	6.51%	14%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	547.79%	698.20%	150.41%	27%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,513.79823	3,902.94857	(610.84966)	-14%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,828.90	\$7,169.93	\$1,341.03	23%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$999.02)	(\$2,297.72)	(\$1,298.71)	130%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,509,355)	(\$8,967,893)	(\$4,458,538)	99%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$69,215,560	\$62,169,830	(\$7,045,730)	-10%
22	TOTAL ACCRUED PAYMENTS	\$33,275,786	\$33,420,933	\$145,147	0%
23	TOTAL ALLOWANCES	\$35,939,774	\$28,748,897	(\$7,190,877)	-20%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,338,870)	(\$8,978,829)	(\$4,639,959)	107%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$59,140,229	\$52,910,924	(\$6,229,305)	-11%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,167,125	\$33,320,156	\$153,031	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,973,104	\$19,590,768	(\$6,382,336)	-25%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.92%	37.03%	-6.89%	

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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>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$540,965	\$682,220	\$141,255	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,509	\$17,775	\$2,266	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.87%	2.61%	-0.26%	-9%
4	DISCHARGES	37	26	(11)	-30%
5	CASE MIX INDEX (CMI)	1.05609	1.06321	0.00712	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	39.07533	27.64346	(11.43187)	-29%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$396.90	\$643.01	\$246.11	62%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,971.11	\$8,549.07	\$577.96	7%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,175.93	\$8,530.58	\$354.65	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$319,477	\$235,815	(\$83,662)	-26%
11	PATIENT DAYS	115	328	213	185%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$134.86	\$54.19	(\$80.67)	-60%
13	AVERAGE LENGTH OF STAY	3.1	12.6	9.5	306%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,764,363	\$3,214,853	(\$549,510)	-15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$93,152	\$85,585	(\$7,567)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.47%	2.66%	0.19%	8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	695.86%	471.23%	-224.63%	-32%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	257.46847	122.52086	(134.94761)	-52%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$361.80	\$698.53	\$336.73	93%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,467.10	\$6,471.40	\$1,004.29	18%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,468.09	\$4,173.67	(\$294.41)	-7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,150,392	\$511,362	(\$639,030)	-56%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$4,305,328	\$3,897,073	(\$408,255)	-9%
24	TOTAL ACCRUED PAYMENTS	\$108,661	\$103,360	(\$5,301)	-5%
25	TOTAL ALLOWANCES	\$4,196,667	\$3,793,713	(\$402,954)	-10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,469,869	\$747,177	(\$722,692)	-49%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$9,098,596	\$9,198,117	\$99,521	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,408,843	\$3,515,603	\$106,760	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.47%	38.22%	0.76%	2%
4	DISCHARGES	826	637	(189)	-23%
5	CASE MIX INDEX (CMI)	0.99155	1.00946	0.01791	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	819.02030	643.02602	(175.99428)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,162.10	\$5,467.28	\$1,305.18	31%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,205.91	\$3,724.80	(\$481.11)	-11%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,410.73	\$3,706.31	(\$704.42)	-16%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,612,479	\$2,383,253	(\$1,229,225)	-34%
11	PATIENT DAYS	2,594	2,324	(270)	-10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,314.13	\$1,512.74	\$198.61	15%
13	AVERAGE LENGTH OF STAY	3.1	3.6	0.5	16%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$37,603,089	\$41,189,359	\$3,586,270	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,071,025	\$8,669,686	\$598,661	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.46%	21.05%	-0.42%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	413.28%	447.80%	34.52%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,413.73015	2,852.49923	(561.23092)	-16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,364.28	\$3,039.33	\$675.05	29%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,464.62	\$4,130.60	\$665.98	19%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,465.60	\$1,832.88	(\$632.73)	-26%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,416,905	\$5,228,282	(\$3,188,623)	-38%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$46,701,685	\$50,387,476	\$3,685,791	8%
24	TOTAL ACCRUED PAYMENTS	\$11,479,868	\$12,185,289	\$705,421	6%
25	TOTAL ALLOWANCES	\$35,221,817	\$38,202,187	\$2,980,370	8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,029,383	\$7,611,535	(\$4,417,848)	-37%

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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>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$256,636	\$244,844	(\$11,792)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$175,065	\$159,612	(\$15,453)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	68.22%	65.19%	-3.03%	-4%
4	DISCHARGES	10	17	7	70%
5	CASE MIX INDEX (CMI)	1.68189	1.08072	(0.60117)	-36%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	16.81890	18.37224	1.55334	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,408.83	\$8,687.67	(\$1,721.15)	-17%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$2,040.81)	\$504.41	\$2,545.22	-125%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$1,836.00)	\$485.92	\$2,321.91	-126%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$30,879)	\$8,927	\$39,807	-129%
11	PATIENT DAYS	51	56	5	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,432.65	\$2,850.21	(\$582.43)	-17%
13	AVERAGE LENGTH OF STAY	5.1	3.3	(1.8)	-35%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$301,588	\$431,494	\$129,906	43%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$37,808	\$54,989	\$17,181	45%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.54%	12.74%	0.21%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	117.52%	176.23%	58.72%	50%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11.75159	29.95948	18.20789	155%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,217.27	\$1,835.45	(\$1,381.82)	-43%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,611.63	\$5,334.48	\$2,722.85	104%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,612.62	\$3,036.76	\$1,424.14	88%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,951	\$90,980	\$72,029	380%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$558,224	\$676,338	\$118,114	21%
24	TOTAL ACCRUED PAYMENTS	\$212,873	\$214,601	\$1,728	1%
25	TOTAL ALLOWANCES	\$345,351	\$461,737	\$116,386	34%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$11,929)	\$99,907	\$111,836	-938%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>				
	<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$9,355,232	\$9,442,961	\$87,729	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,583,908	\$3,675,215	\$91,307	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.31%	38.92%	0.61%	2%
4	DISCHARGES	836	654	(182)	-22%
5	CASE MIX INDEX (CMI)	0.99981	1.01131	0.01150	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	835.83920	661.39826	(174.44094)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,287.80	\$5,556.74	\$1,268.94	30%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,080.22	\$3,635.34	(\$444.87)	-11%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,285.03	\$3,616.85	(\$668.18)	-16%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,581,599	\$2,392,181	(\$1,189,419)	-33%
11	PATIENT DAYS	2,645	2,380	(265)	-10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,354.97	\$1,544.21	\$189.23	14%
13	AVERAGE LENGTH OF STAY	3.2	3.6	0.5	15%
	<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$37,904,677	\$41,620,853	\$3,716,176	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,108,833	\$8,724,675	\$615,842	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.39%	20.96%	-0.43%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	405.17%	440.76%	35.59%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,425.48174	2,882.45871	(543.02303)	-16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,367.21	\$3,026.82	\$659.61	28%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,461.69	\$4,143.11	\$681.42	20%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,462.68	\$1,845.39	(\$617.29)	-25%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,435,856	\$5,319,262	(\$3,116,594)	-37%
	<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$47,259,909	\$51,063,814	\$3,803,905	8%
24	TOTAL ACCRUED PAYMENTS	\$11,692,741	\$12,399,890	\$707,149	6%
25	TOTAL ALLOWANCES	\$35,567,168	\$38,663,924	\$3,096,756	9%



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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$95,255	\$191,428	\$96,173	101%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$48,921	\$61,777	\$12,856	26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.36%	32.27%	-19.09%	-37%
4	DISCHARGES	13	16	3	23%
5	CASE MIX INDEX (CMI)	0.87679	0.93853	0.06174	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11.39827	15.01648	3.61821	32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,291.97	\$4,113.95	(\$178.02)	-4%
8	PATIENT DAYS	35	45	10	29%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,397.74	\$1,372.82	(\$24.92)	-2%
10	AVERAGE LENGTH OF STAY	2.7	2.8	0.1	4%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$518,638	\$569,658	\$51,020	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$128,295	\$141,321	\$13,026	10%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$613,893	\$761,086	\$147,193	24%
14	TOTAL ACCRUED PAYMENTS	\$177,216	\$203,098	\$25,882	15%
15	TOTAL ALLOWANCES	\$436,677	\$557,988	\$121,311	28%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$5,491,687	\$4,764,422	(\$727,265)	-13%
2	TOTAL OPERATING EXPENSES	\$86,792,851	\$86,761,524	(\$31,327)	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$2,523,150	\$1,994,173	(\$528,977)	-21%
5	BAD DEBTS (CHARGES)	\$4,656,180	\$4,675,102	\$18,922	0%
6	UNCOMPENSATED CARE (CHARGES)	\$7,179,330	\$6,669,275	(\$510,055)	-7%
7	COST OF UNCOMPENSATED CARE	\$2,860,753	\$2,740,779	(\$119,974)	-4%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$47,259,909	\$51,063,814	\$3,803,905	8%
9	TOTAL ACCRUED PAYMENTS	\$11,692,741	\$12,399,890	\$707,149	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$18,831,690	\$20,984,986	\$2,153,296	11%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,138,949	\$8,585,096	\$1,446,147	20%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$55,857,478	\$50,950,484	(\$4,906,994)	-9%
2	TOTAL INPATIENT PAYMENTS	\$32,132,547	\$30,890,398	(\$1,242,149)	-4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	57.53%	60.63%	3.10%	5%
4	TOTAL DISCHARGES	3,427	2,901	(526)	-15%
5	TOTAL CASE MIX INDEX	1.22310	1.25308	0.02998	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,191.54779	3,635.17717	(556.37062)	-13%
7	TOTAL OUTPATIENT CHARGES	\$142,607,314	\$145,336,113	\$2,728,799	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	255.31%	285.25%	29.94%	12%
9	TOTAL OUTPATIENT PAYMENTS	\$45,374,447	\$48,698,450	\$3,324,003	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.82%	33.51%	1.69%	5%
11	TOTAL CHARGES	\$198,464,792	\$196,286,597	(\$2,178,195)	-1%
12	TOTAL PAYMENTS	\$77,506,994	\$79,588,848	\$2,081,854	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	39.05%	40.55%	1.49%	4%
14	PATIENT DAYS	13,225	12,214	(1,011)	-8%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$45,172,619	\$43,161,749	(\$2,010,870)	-4%
2	INPATIENT PAYMENTS	\$25,167,250	\$25,453,333	\$286,083	1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	55.71%	58.97%	3.26%	6%
4	DISCHARGES	2,603	2,342	(261)	-10%
5	CASE MIX INDEX	1.29050	1.29961	0.00911	1%
6	CASE MIX ADJUSTED DISCHARGES	3,359.17595	3,043.68250	(315.49345)	-9%
7	OUTPATIENT CHARGES	\$84,076,613	\$90,955,018	\$6,878,405	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	186.12%	210.73%	24.61%	13%
9	OUTPATIENT PAYMENTS	\$19,063,958	\$20,714,582	\$1,650,624	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.67%	22.77%	0.10%	0%
11	TOTAL CHARGES	\$129,249,232	\$134,116,767	\$4,867,535	4%
12	TOTAL PAYMENTS	\$44,231,208	\$46,167,915	\$1,936,707	4%
13	TOTAL PAYMENTS / CHARGES	34.22%	34.42%	0.20%	1%
14	PATIENT DAYS	10,731	10,234	(497)	-5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$85,018,024	\$87,948,852	\$2,930,828	3%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.6	4.7	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.5	0.5	17%
3	UNINSURED	3.1	12.6	9.5	306%
4	MEDICAID	3.1	3.6	0.5	16%
5	OTHER MEDICAL ASSISTANCE	5.1	3.3	(1.8)	-35%
6	CHAMPUS / TRICARE	2.7	2.8	0.1	4%
7	TOTAL AVERAGE LENGTH OF STAY	3.9	4.2	0.4	9%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$198,464,792	\$196,286,597	(\$2,178,195)	-1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$85,018,024	\$87,948,852	\$2,930,828	3%
3	UNCOMPENSATED CARE	\$7,179,330	\$6,669,275	(\$510,055)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,973,104	\$19,590,768	(\$6,382,336)	-25%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,211,925	\$1,412,528	\$200,603	17%
6	TOTAL ADJUSTMENTS	\$119,382,383	\$115,621,423	(\$3,760,960)	-3%
7	TOTAL ACCRUED PAYMENTS	\$79,082,409	\$80,665,174	\$1,582,765	2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$79,082,409	\$80,665,174	\$1,582,765	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3984707222	0.4109560980	0.0124853758	3%
11	COST OF UNCOMPENSATED CARE	\$2,860,753	\$2,740,779	(\$119,974)	-4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$7,138,949	\$8,585,096	\$1,446,147	20%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,999,702	\$11,325,875	\$1,326,173	13%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$8,416,905	\$5,228,282	(\$3,188,623)	-38%
2	OTHER MEDICAL ASSISTANCE	(\$11,929)	\$99,907	\$111,836	-938%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,469,869	\$747,177	(\$722,692)	-49%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,874,845	\$6,075,366	(\$3,799,479)	-38%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,679,529	\$2,488,854	(\$190,675)	-7.12%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$0	(\$1,986,848)	(\$1,986,848)	0.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$77,506,994	\$77,602,000	\$95,006	0.12%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$198,464,791	\$196,286,597	(\$2,178,194)	-1.10%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,179,332	\$6,669,275	(\$510,057)	-7.10%

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>			
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,684,859	\$7,788,735	(\$2,896,124)
2	MEDICARE	\$35,722,132	33,527,360	(\$2,194,772)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,355,232	9,442,961	\$87,729
4	MEDICAID	\$9,098,596	9,198,117	\$99,521
5	OTHER MEDICAL ASSISTANCE	\$256,636	244,844	(\$11,792)
6	CHAMPUS / TRICARE	\$95,255	191,428	\$96,173
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$540,965	682,220	\$141,255
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$45,172,619</b>	<b>\$43,161,749</b>	<b>(\$2,010,870)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$55,857,478</b>	<b>\$50,950,484</b>	<b>(\$4,906,994)</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,530,701	\$54,381,095	(\$4,149,606)
2	MEDICARE	\$45,653,298	48,764,507	\$3,111,209
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,904,677	41,620,853	\$3,716,176
4	MEDICAID	\$37,603,089	41,189,359	\$3,586,270
5	OTHER MEDICAL ASSISTANCE	\$301,588	431,494	\$129,906
6	CHAMPUS / TRICARE	\$518,638	569,658	\$51,020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,764,363	3,214,853	(\$549,510)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$84,076,613</b>	<b>\$90,955,018</b>	<b>\$6,878,405</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$142,607,314</b>	<b>\$145,336,113</b>	<b>\$2,728,799</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,215,560	\$62,169,830	(\$7,045,730)
2	TOTAL MEDICARE	\$81,375,430	\$82,291,867	\$916,437
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,259,909	\$51,063,814	\$3,803,905
4	TOTAL MEDICAID	\$46,701,685	\$50,387,476	\$3,685,791
5	TOTAL OTHER MEDICAL ASSISTANCE	\$558,224	\$676,338	\$118,114
6	TOTAL CHAMPUS / TRICARE	\$613,893	\$761,086	\$147,193
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,305,328	\$3,897,073	(\$408,255)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$129,249,232</b>	<b>\$134,116,767</b>	<b>\$4,867,535</b>
	<b>TOTAL CHARGES</b>	<b>\$198,464,792</b>	<b>\$196,286,597</b>	<b>(\$2,178,195)</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,965,297	\$5,437,065	(\$1,528,232)
2	MEDICARE	\$21,534,421	21,716,341	\$181,920
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,583,908	3,675,215	\$91,307
4	MEDICAID	\$3,408,843	3,515,603	\$106,760
5	OTHER MEDICAL ASSISTANCE	\$175,065	159,612	(\$15,453)
6	CHAMPUS / TRICARE	\$48,921	61,777	\$12,856
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,509	17,775	\$2,266
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,167,250</b>	<b>\$25,453,333</b>	<b>\$286,083</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$32,132,547</b>	<b>\$30,890,398</b>	<b>(\$1,242,149)</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,310,489	\$27,983,868	\$1,673,379
2	MEDICARE	\$10,826,830	11,848,586	\$1,021,756
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,108,833	8,724,675	\$615,842
4	MEDICAID	\$8,071,025	8,669,686	\$598,661
5	OTHER MEDICAL ASSISTANCE	\$37,808	54,989	\$17,181
6	CHAMPUS / TRICARE	\$128,295	141,321	\$13,026
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$93,152	85,585	(\$7,567)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$19,063,958</b>	<b>\$20,714,582</b>	<b>\$1,650,624</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$45,374,447</b>	<b>\$48,698,450</b>	<b>\$3,324,003</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,275,786	\$33,420,933	\$145,147
2	TOTAL MEDICARE	\$32,361,251	\$33,564,927	\$1,203,676
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,692,741	\$12,399,890	\$707,149
4	TOTAL MEDICAID	\$11,479,868	\$12,185,289	\$705,421
5	TOTAL OTHER MEDICAL ASSISTANCE	\$212,873	\$214,601	\$1,728
6	TOTAL CHAMPUS / TRICARE	\$177,216	\$203,098	\$25,882
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$108,661	\$103,360	(\$5,301)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$44,231,208</b>	<b>\$46,167,915</b>	<b>\$1,936,707</b>
	<b>TOTAL PAYMENTS</b>	<b>\$77,506,994</b>	<b>\$79,588,848</b>	<b>\$2,081,854</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.38%	3.97%	-1.42%
2	MEDICARE	18.00%	17.08%	-0.92%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.71%	4.81%	0.10%
4	MEDICAID	4.58%	4.69%	0.10%
5	OTHER MEDICAL ASSISTANCE	0.13%	0.12%	0.00%
6	CHAMPUS / TRICARE	0.05%	0.10%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.27%	0.35%	0.07%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>22.76%</b>	<b>21.99%</b>	<b>-0.77%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>28.14%</b>	<b>25.96%</b>	<b>-2.19%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.49%	27.70%	-1.79%
2	MEDICARE	23.00%	24.84%	1.84%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.10%	21.20%	2.11%
4	MEDICAID	18.95%	20.98%	2.04%
5	OTHER MEDICAL ASSISTANCE	0.15%	0.22%	0.07%
6	CHAMPUS / TRICARE	0.26%	0.29%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.90%	1.64%	-0.26%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>42.36%</b>	<b>46.34%</b>	<b>3.97%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>71.86%</b>	<b>74.04%</b>	<b>2.19%</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)	8.99%	6.83%	-2.16%
2	MEDICARE	27.78%	27.29%	-0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.62%	4.62%	-0.01%
4	MEDICAID	4.40%	4.42%	0.02%
5	OTHER MEDICAL ASSISTANCE	0.23%	0.20%	-0.03%
6	CHAMPUS / TRICARE	0.06%	0.08%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.02%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>32.47%</b>	<b>31.98%</b>	<b>-0.49%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>41.46%</b>	<b>38.81%</b>	<b>-2.65%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.95%	35.16%	1.21%
2	MEDICARE	13.97%	14.89%	0.92%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.46%	10.96%	0.50%
4	MEDICAID	10.41%	10.89%	0.48%
5	OTHER MEDICAL ASSISTANCE	0.05%	0.07%	0.02%
6	CHAMPUS / TRICARE	0.17%	0.18%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.11%	-0.01%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>24.60%</b>	<b>26.03%</b>	<b>1.43%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>58.54%</b>	<b>61.19%</b>	<b>2.65%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 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)	824	559	(265)
2	MEDICARE	1,754	1,672	(82)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	836	654	(182)
4	MEDICAID	826	637	(189)
5	OTHER MEDICAL ASSISTANCE	10	17	7
6	CHAMPUS / TRICARE	13	16	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	37	26	(11)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,603</b>	<b>2,342</b>	<b>(261)</b>
	<b>TOTAL DISCHARGES</b>	<b>3,427</b>	<b>2,901</b>	<b>(526)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,494	1,980	(514)
2	MEDICARE	8,051	7,809	(242)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,645	2,380	(265)
4	MEDICAID	2,594	2,324	(270)
5	OTHER MEDICAL ASSISTANCE	51	56	5
6	CHAMPUS / TRICARE	35	45	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	115	328	213
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>10,731</b>	<b>10,234</b>	<b>(497)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>13,225</b>	<b>12,214</b>	<b>(1,011)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.5	0.5
2	MEDICARE	4.6	4.7	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.2	3.6	0.5
4	MEDICAID	3.1	3.6	0.5
5	OTHER MEDICAL ASSISTANCE	5.1	3.3	(1.8)
6	CHAMPUS / TRICARE	2.7	2.8	0.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	12.6	9.5
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.1</b>	<b>4.4</b>	<b>0.2</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.9</b>	<b>4.2</b>	<b>0.4</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.01016	1.05813	0.04797
2	MEDICARE	1.43212	1.41583	(0.01629)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99981	1.01131	0.01150
4	MEDICAID	0.99155	1.00946	0.01791
5	OTHER MEDICAL ASSISTANCE	1.68189	1.08072	(0.60117)
6	CHAMPUS / TRICARE	0.87679	0.93853	0.06174
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05609	1.06321	0.00712
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.29050</b>	<b>1.29961</b>	<b>0.00911</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.22310</b>	<b>1.25308</b>	<b>0.02998</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$59,140,229	\$52,910,924	(\$6,229,305)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,167,125	\$33,320,156	\$153,031
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,973,104	\$19,590,768	(\$6,382,336)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.92%	37.03%	-6.89%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,679,529	\$2,488,854	(\$190,675)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,211,925	\$1,412,528	\$200,603
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$2,523,150	\$1,994,173	(\$528,977)
9	BAD DEBTS	\$4,656,180	\$4,675,102	\$18,922
10	TOTAL UNCOMPENSATED CARE	\$7,179,330	\$6,669,275	(\$510,055)
11	TOTAL OTHER OPERATING REVENUE	\$5,491,687	\$4,764,422	(\$727,265)
12	TOTAL OPERATING EXPENSES	\$86,792,851	\$86,761,524	(\$31,327)

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	832.37184	591.49467	(240.87717)
2	MEDICARE	2,511.93848	2,367.26776	(144.67072)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	835.83920	661.39826	(174.44094)
4	MEDICAID	819.02030	643.02602	(175.99428)
5	OTHER MEDICAL ASSISTANCE	16.81890	18.37224	1.55334
6	CHAMPUS / TRICARE	11.39827	15.01648	3.61821
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	39.07533	27.64346	(11.43187)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>3,359.17595</b>	<b>3,043.68250</b>	<b>(315.49345)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>4,191.54779</b>	<b>3,635.17717</b>	<b>(556.37062)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,513.79823	3,902.94857	-610.84966
2	MEDICARE	2,241.63229	2,431.87223	190.23994
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,425.48174	2,882.45871	-543.02303
4	MEDICAID	3,413.73015	2,852.49923	-561.23092
5	OTHER MEDICAL ASSISTANCE	11.75159	29.95948	18.20789
6	CHAMPUS / TRICARE	70.78152	47.61335	-23.16818
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	257.46847	122.52086	-134.94761
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>5,737.89556</b>	<b>5,361.94429</b>	<b>-375.95127</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>10,251.69378</b>	<b>9,264.89285</b>	<b>-986.80093</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,368.01	\$9,192.08	\$824.07
2	MEDICARE	\$8,572.83	\$9,173.59	\$600.76
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,287.80	\$5,556.74	\$1,268.94
4	MEDICAID	\$4,162.10	\$5,467.28	\$1,305.18
5	OTHER MEDICAL ASSISTANCE	\$10,408.83	\$8,687.67	(\$1,721.15)
6	CHAMPUS / TRICARE	\$4,291.97	\$4,113.95	(\$178.02)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$396.90	\$643.01	\$246.11
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,492.09</b>	<b>\$8,362.68</b>	<b>\$870.59</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,666.03</b>	<b>\$8,497.63</b>	<b>\$831.60</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,828.90	\$7,169.93	\$1,341.03
2	MEDICARE	\$4,829.89	\$4,872.21	\$42.32
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,367.21	\$3,026.82	\$659.61
4	MEDICAID	\$2,364.28	\$3,039.33	\$675.05
5	OTHER MEDICAL ASSISTANCE	\$3,217.27	\$1,835.45	(\$1,381.82)
6	CHAMPUS / TRICARE	\$1,812.55	\$2,968.10	\$1,155.55
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$361.80	\$698.53	\$336.73
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$3,322.47</b>	<b>\$3,863.26</b>	<b>\$540.79</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,426.04</b>	<b>\$5,256.23</b>	<b>\$830.19</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$8,416,905	\$5,228,282	(\$3,188,623)
2	OTHER MEDICAL ASSISTANCE	(\$11,929)	\$99,907	\$111,836
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,469,869	\$747,177	(\$722,692)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$9,874,845</b>	<b>\$6,075,366</b>	<b>(\$3,799,479)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$198,464,792	\$196,286,597	(\$2,178,195)
2	TOTAL GOVERNMENT DEDUCTIONS	\$85,018,024	\$87,948,852	\$2,930,828
3	UNCOMPENSATED CARE	\$7,179,330	\$6,669,275	(\$510,055)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,973,104	\$19,590,768	(\$6,382,336)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,211,925	\$1,412,528	\$200,603
6	TOTAL ADJUSTMENTS	\$119,382,383	\$115,621,423	(\$3,760,960)
7	TOTAL ACCRUED PAYMENTS	\$79,082,409	\$80,665,174	\$1,582,765
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$79,082,409	\$80,665,174	\$1,582,765
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3984707222	0.4109560980	0.0124853758
11	COST OF UNCOMPENSATED CARE	\$2,860,753	\$2,740,779	(\$119,974)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$7,138,949	\$8,585,096	\$1,446,147
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,999,702	\$11,325,875	\$1,326,173
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	65.19%	69.81%	4.62%
2	MEDICARE	60.28%	64.77%	4.49%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.31%	38.92%	0.61%
4	MEDICAID	37.47%	38.22%	0.76%
5	OTHER MEDICAL ASSISTANCE	68.22%	65.19%	-3.03%
6	CHAMPUS / TRICARE	51.36%	32.27%	-19.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.87%	2.61%	-0.26%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>55.71%</b>	<b>58.97%</b>	<b>3.26%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>57.53%</b>	<b>60.63%</b>	<b>3.10%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.95%	51.46%	6.51%
2	MEDICARE	23.72%	24.30%	0.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.39%	20.96%	-0.43%
4	MEDICAID	21.46%	21.05%	-0.42%
5	OTHER MEDICAL ASSISTANCE	12.54%	12.74%	0.21%
6	CHAMPUS / TRICARE	24.74%	24.81%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.47%	2.66%	0.19%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>22.67%</b>	<b>22.77%</b>	<b>0.10%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>31.82%</b>	<b>33.51%</b>	<b>1.69%</b>



<b>WINDHAM COMMUNITY MEMORIAL 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>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	\$77,506,994	\$79,588,848	\$2,081,854
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$77,506,994</b>	<b>\$79,588,848</b>	<b>\$2,081,854</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$0	(\$1,986,848)	(\$1,986,848)
4	<b>CALCULATED NET REVENUE</b>	<b>\$83,630,778</b>	<b>\$77,602,000</b>	<b>(\$6,028,778)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$77,506,994	\$77,602,000	\$95,006
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$6,123,784</b>	<b>\$0</b>	<b>(\$6,123,784)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$198,464,792	\$196,286,597	(\$2,178,195)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$198,464,792</b>	<b>\$196,286,597</b>	<b>(\$2,178,195)</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$198,464,791	\$196,286,597	(\$2,178,194)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$0</b>	<b>(\$1)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,179,330	\$6,669,275	(\$510,055)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,179,330</b>	<b>\$6,669,275</b>	<b>(\$510,055)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,179,332	\$6,669,275	(\$510,057)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>\$0</b>	<b>\$2</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,788,735
2	MEDICARE	33,527,360
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,442,961
4	MEDICAID	9,198,117
5	OTHER MEDICAL ASSISTANCE	244,844
6	CHAMPUS / TRICARE	191,428
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	682,220
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$43,161,749</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$50,950,484</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,381,095
2	MEDICARE	48,764,507
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	41,620,853
4	MEDICAID	41,189,359
5	OTHER MEDICAL ASSISTANCE	431,494
6	CHAMPUS / TRICARE	569,658
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,214,853
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$90,955,018</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$145,336,113</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$62,169,830
2	TOTAL GOVERNMENT ACCRUED CHARGES	134,116,767
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$196,286,597</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,437,065
2	MEDICARE	21,716,341
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,675,215
4	MEDICAID	3,515,603
5	OTHER MEDICAL ASSISTANCE	159,612
6	CHAMPUS / TRICARE	61,777
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17,775
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,453,333</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$30,890,398</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,983,868
2	MEDICARE	11,848,586
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,724,675
4	MEDICAID	8,669,686
5	OTHER MEDICAL ASSISTANCE	54,989
6	CHAMPUS / TRICARE	141,321
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	85,585
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$20,714,582</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$48,698,450</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$33,420,933
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	46,167,915
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$79,588,848</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	559
2	MEDICARE	1,672
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	654
4	MEDICAID	637
5	OTHER MEDICAL ASSISTANCE	17
6	CHAMPUS / TRICARE	16
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,342</b>
	<b>TOTAL DISCHARGES</b>	<b>2,901</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,05813
2	MEDICARE	1,41583
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,01131
4	MEDICAID	1,00946
5	OTHER MEDICAL ASSISTANCE	1,08072
6	CHAMPUS / TRICARE	0,93853
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,06321
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,29961</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,25308</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$52,910,924
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,320,156
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,590,768
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.03%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,488,854
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,412,528
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,994,173
9	BAD DEBTS	\$4,675,102
10	TOTAL UNCOMPENSATED CARE	\$6,669,275
11	TOTAL OTHER OPERATING REVENUE	\$4,764,422
12	TOTAL OPERATING EXPENSES	\$86,761,524

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>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	\$79,588,848
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$79,588,848</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,986,848)
	<b>CALCULATED NET REVENUE</b>	<b>\$77,602,000</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$77,602,000
	<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	\$196,286,597
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$196,286,597</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$196,286,597
	<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)	\$6,669,275
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$6,669,275</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,669,275
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

**WINDHAM COMMUNITY MEMORIAL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(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	1,296	812	(484)	-37%
2	Number of Approved Applicants	872	662	(210)	-24%
3	<b>Total Charges (A)</b>	<b>\$2,523,150</b>	<b>\$1,994,173</b>	<b>(\$528,977)</b>	<b>-21%</b>
4	<b>Average Charges</b>	<b>\$2,894</b>	<b>\$3,012</b>	<b>\$119</b>	<b>4%</b>
5	Ratio of Cost to Charges (RCC)	0.432459	0.425546	(0.006913)	-2%
6	<b>Total Cost</b>	<b>\$1,091,159</b>	<b>\$848,612</b>	<b>(\$242,547)</b>	<b>-22%</b>
7	<b>Average Cost</b>	<b>\$1,251</b>	<b>\$1,282</b>	<b>\$31</b>	<b>2%</b>
8	Charity Care - Inpatient Charges	\$426,189	\$302,577	(\$123,612)	-29%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,155,449	950,997	(204,452)	-18%
10	Charity Care - Emergency Department Charges	941,512	740,599	(200,913)	-21%
11	<b>Total Charges (A)</b>	<b>\$2,523,150</b>	<b>\$1,994,173</b>	<b>(\$528,977)</b>	<b>-21%</b>
12	Charity Care - Number of Patient Days	106	64	(42)	-40%
13	Charity Care - Number of Discharges	35	18	(17)	-49%
14	Charity Care - Number of Outpatient ED Visits	768	549	(219)	-29%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	999	906	(93)	-9%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$833,666	\$675,948	(\$157,718)	-19%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,275,705	1,405,773	130,068	10%
3	Bad Debts - Emergency Department	2,546,809	2,593,381	46,572	2%
4	<b>Total Bad Debts (A)</b>	<b>\$4,656,180</b>	<b>\$4,675,102</b>	<b>\$18,922</b>	<b>0%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$2,523,150	\$1,994,173	(\$528,977)	-21%
2	Bad Debts (A)	4,656,180	4,675,102	18,922	0%
3	<b>Total Uncompensated Care (A)</b>	<b>\$7,179,330</b>	<b>\$6,669,275</b>	<b>(\$510,055)</b>	<b>-7%</b>
4	Uncompensated Care - Inpatient Services	\$1,259,855	\$978,525	(\$281,330)	-22%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,431,154	2,356,770	(74,384)	-3%
6	Uncompensated Care - Emergency Department	3,488,321	3,333,980	(154,341)	-4%
7	<b>Total Uncompensated Care (A)</b>	<b>\$7,179,330</b>	<b>\$6,669,275</b>	<b>(\$510,055)</b>	<b>-7%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$59,140,229	\$52,910,924	(\$6,229,305)	-11%
2	Total Contractual Allowances	\$25,973,104	\$19,590,768	(\$6,382,336)	-25%
	<b>Total Accrued Payments (A)</b>	<b>\$33,167,125</b>	<b>\$33,320,156</b>	<b>\$153,031</b>	<b>0%</b>
	<b>Total Discount Percentage</b>	<b>43.92%</b>	<b>37.03%</b>	<b>-6.89%</b>	<b>-16%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$68,069,832	\$55,857,478	\$50,950,484
2	Outpatient Gross Revenue	\$137,339,553	\$142,607,314	\$145,336,113
3	Total Gross Patient Revenue	\$205,409,385	\$198,464,792	\$196,286,597
4	Net Patient Revenue	\$76,714,489	\$77,506,994	\$77,601,420
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$91,367,918	\$86,792,851	\$86,761,524
<b>C. Utilization Statistics</b>				
1	Patient Days	17,355	13,225	12,214
2	Discharges	4,137	3,427	2,901
3	Average Length of Stay	4.2	3.9	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	52,371	46,989	47,054
0	Equivalent (Adjusted) Discharges (ED)	12,484	12,176	11,176
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.20082	1.22310	1.25308
2	Case Mix Adjusted Patient Days (CMAPD)	20,840	16,175	15,305
3	Case Mix Adjusted Discharges (CMAD)	4,968	4,192	3,635
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	62,888	57,472	58,963
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,991	14,893	14,005
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$11,836	\$15,007	\$16,071
2	Total Gross Revenue per Discharge	\$49,652	\$57,912	\$67,662
3	Total Gross Revenue per EPD	\$3,922	\$4,224	\$4,171
4	Total Gross Revenue per ED	\$16,454	\$16,299	\$17,563
5	Total Gross Revenue per CMAEPD	\$3,266	\$3,453	\$3,329
6	Total Gross Revenue per CMAED	\$13,702	\$13,326	\$14,016
7	Inpatient Gross Revenue per EPD	\$1,300	\$1,189	\$1,083
8	Inpatient Gross Revenue per ED	\$5,453	\$4,587	\$4,559

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,420	\$5,861	\$6,353
2	Net Patient Revenue per Discharge	\$18,544	\$22,617	\$26,750
3	Net Patient Revenue per EPD	\$1,465	\$1,649	\$1,649
4	Net Patient Revenue per ED	\$6,145	\$6,365	\$6,944
5	Net Patient Revenue per CMAEPD	\$1,220	\$1,349	\$1,316
6	Net Patient Revenue per CMAED	\$5,117	\$5,204	\$5,541
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$5,265	\$6,563	\$7,103
2	Total Operating Expense per Discharge	\$22,086	\$25,326	\$29,907
3	Total Operating Expense per EPD	\$1,745	\$1,847	\$1,844
4	Total Operating Expense per ED	\$7,319	\$7,128	\$7,763
5	Total Operating Expense per CMAEPD	\$1,453	\$1,510	\$1,471
6	Total Operating Expense per CMAED	\$6,095	\$5,828	\$6,195
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$13,350,243	\$12,663,438	\$11,636,506
2	Nursing Fringe Benefits Expense	\$4,052,342	\$3,148,987	\$3,502,855
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$17,402,585</b>	<b>\$15,812,425</b>	<b>\$15,139,361</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$1,987,414	\$1,822,615	\$1,720,183
2	Physician Fringe Benefits Expense	\$603,261	\$453,225	\$517,814
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$2,590,675</b>	<b>\$2,275,840</b>	<b>\$2,237,997</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$26,392,705	\$23,750,037	\$22,636,620
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,011,261	\$5,905,865	\$6,814,140
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$34,403,966</b>	<b>\$29,655,902</b>	<b>\$29,450,760</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$41,730,362	\$38,236,090	\$35,993,309
2	Total Fringe Benefits Expense	\$12,666,864	\$9,508,077	\$10,834,809
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$54,397,226</b>	<b>\$47,744,167</b>	<b>\$46,828,118</b>



WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	170.0	147.0	143.5
2	Total Physician FTEs	9.4	9.8	8.0
3	Total Non-Nursing, Non-Physician FTEs	397.7	344.2	326.2
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>577.1</b>	<b>501.0</b>	<b>477.7</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$78,531	\$86,146	\$81,091
2	Nursing Fringe Benefits Expense per FTE	\$23,837	\$21,422	\$24,410
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$102,368</b>	<b>\$107,568</b>	<b>\$105,501</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$211,427	\$185,981	\$215,023
2	Physician Fringe Benefits Expense per FTE	\$64,177	\$46,247	\$64,727
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$275,604</b>	<b>\$232,229</b>	<b>\$279,750</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$66,363	\$69,001	\$69,395
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,144	\$17,158	\$20,889
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$86,507</b>	<b>\$86,159</b>	<b>\$90,284</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$72,310	\$76,320	\$75,347
2	Total Fringe Benefits Expense per FTE	\$21,949	\$18,978	\$22,681
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$94,260</b>	<b>\$95,298</b>	<b>\$98,028</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,134	\$3,610	\$3,834
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,149	\$13,932	\$16,142
3	Total Salary and Fringe Benefits Expense per EPD	\$1,039	\$1,016	\$995
4	Total Salary and Fringe Benefits Expense per ED	\$4,357	\$3,921	\$4,190
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$865	\$831	\$794
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,629	\$3,206	\$3,344