NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION (1) (2) (5) (6) FY 2015 FY 2016 **AMOUNT** % LINE **DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE ASSETS** Ι. **Current Assets:** -66% Cash and Cash Equivalents \$43,468,380 \$14,673,000 (\$28,795,380)80% Short Term Investments \$8,795,652 \$15,836,000 \$7,040,348 Accounts Receivable (Less: Allowance for Doubtful Accounts) \$44.469.740 \$46.916.000 \$2,446,260 6% 0% Current Assets Whose Use is Limited for Current Liabilities \$0 \$0 \$0 \$50,088 \$259,000 417% 5 Due From Affiliates \$208,912 0% 6 Due From Third Party Payers \$0 \$0 \$0 Inventories of Supplies \$2,725,505 \$3,164,000 \$438,495 16% \$731,000 -51% 8 Prepaid Expenses \$1,488,811 (\$757,811)Other Current Assets \$2,799,276 \$1,725,000 (\$1,074,276)-38% -20% **Total Current Assets** \$103,797,452 \$83,304,000 (\$20,493,452) В. Noncurrent Assets Whose Use is Limited: 1 Held by Trustee \$16.298.579 \$7,895,000 (\$8,403,579)-52% Board Designated for Capital Acquisition \$0 \$0 \$0 0% \$0 \$0 0% 3 Funds Held in Escrow \$0 -100% Other Noncurrent Assets Whose Use is Limited \$327 \$0 (\$327)-52% Total Noncurrent Assets Whose Use is Limited: \$16,298,906 \$7.895.000 (\$8,403,906)Interest in Net Assets of Foundation \$98,322,402 \$100,837,000 \$2,514,598 3% \$120,410,768 19% 6 Long Term Investments \$143,647,000 \$23,236,232 Other Noncurrent Assets \$31,539,592 \$30,847,000 (\$692,592)-2% C. **Net Fixed Assets:** \$532,229,436 \$597,228,000 \$64,998,564 12% Property, Plant and Equipment Less: Accumulated Depreciation \$349,245,364 \$372,195,000 \$22,949,636 7% Property, Plant and Equipment, Net \$182,984,072 \$225,033,000 \$42,048,928 23% Construction in Progress \$86,191,894 \$46,943,000 (\$39,248,894)-46% **Total Net Fixed Assets** \$269,175,966 \$271,976,000 \$2,800,034 1% 0% **Total Assets** \$639,545,086 \$638,506,000 (\$1,039,086)

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION (1) (2) (5) (6) FY 2015 FY 2016 **AMOUNT** % <u>LINE</u> **DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE LIABILITIES AND NET ASSETS** Α. **Current Liabilities:** 0% Accounts Payable and Accrued Expenses \$26,667,858 \$26,551,000 (\$116,858)2 Salaries, Wages and Payroll Taxes \$15.029.084 \$11,405,000 -24% (\$3,624,084)-50% 3 Due To Third Party Payers \$27,894,498 \$13,975,000 (\$13,919,498) \$7,983,075 Due To Affiliates \$13,128,000 \$5,144,925 64% 5 Current Portion of Long Term Debt \$5,715,000 \$6,666,000 \$951,000 17% Current Portion of Notes Payable \$1,054,094 (\$1,054,094)-100% -7% Other Current Liabilities \$649,481 \$603,000 (\$46,481)**Total Current Liabilities** -15% \$84,993,090 \$72,328,000 (\$12,665,090) B. Long Term Debt: Bonds Payable (Net of Current Portion) \$109,637,014 \$103,522,000 (\$6,115,014)-6% Notes Payable (Net of Current Portion) \$726,222 \$0 (\$726,222)-100% -6% **Total Long Term Debt** \$110,363,236 \$103,522,000 (\$6,841,236) 3 Accrued Pension Liability \$40,703,484 \$28,118,000 (\$12,585,484) -31% Other Long Term Liabilities \$53,771,131 \$17,268,000 -68% (\$36,503,131)-27% **Total Long Term Liabilities** \$204,837,851 \$148,908,000 (\$55,929,851) Interest in Net Assets of Affiliates or Joint Ventures 0% \$0 \$0 \$0 C. Net Assets: Unrestricted Net Assets or Equity 32% 1 \$280,584,110 \$370,197,000 \$89,612,890 Temporarily Restricted Net Assets \$59,661,583 \$37,484,000 (\$22,177,583)-37% \$9,468,452 Permanently Restricted Net Assets \$9.589.000 \$120.548 1% **Total Net Assets** \$349,714,145 \$417,270,000 \$67,555,855 19% **Total Liabilities and Net Assets** 0% \$639,545,086 \$638,506,000 (\$1,039,086)

		RWALK HOSPITAL							
		MONTHS ACTUAL F	ILING						
	FISCAL YEAR 2016 REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION								
(4)					(6)				
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %				
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$945,067,000	\$1,014,407,266	\$69,340,266	7%				
2	Less: Allowances	\$560,723,000	\$610,738,015	\$50,015,015	9%				
3	Less: Charity Care	\$15,720,000	\$18,588,723	\$2,868,723	18%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$368,624,000	\$385,080,528	\$16,456,528	4%				
5	Provision for Bad Debts	\$13,113,000	\$12,856,802	(\$256,198)	-2%				
	Net Patient Service Revenue less provision for bad debts	\$355,511,000	\$372,223,726	\$16,712,726	5%				
6	Other Operating Revenue	\$14,524,000	\$12,937,127	(\$1,586,873)	-11%				
7	Net Assets Released from Restrictions	\$1,492,000	\$1,016,953	(\$475,047)	-32%				
	Total Operating Revenue	\$371,527,000	\$386,177,806	\$14,650,806	4%				
В.	Operating Expenses:								
1	Salaries and Wages	\$135,722,000	\$139,212,986	\$3,490,986	3%				
2	Fringe Benefits	\$39,203,000	\$37,577,300	(\$1,625,700)	-4%				
3	Physicians Fees	\$8,103,000	\$14,522,059	\$6,419,059	79%				
4	Supplies and Drugs	\$38,047,000	\$50,516,081	\$12,469,081	33%				
5	Depreciation and Amortization	\$20,264,000	\$22,949,810	\$2,685,810	13%				
6	Bad Debts	\$0	\$0	\$0	0%				
7	Interest Expense	\$1,952,000	\$2,026,377	\$74,377	4%				
8	Malpractice Insurance Cost	\$6,772,000	\$2,094,155	(\$4,677,845)	-69%				
9	Other Operating Expenses	\$104,753,000	\$113,247,979	\$8,494,979	8%				
	Total Operating Expenses	\$354,816,000	\$382,146,747	\$27,330,747	8%				
	Income/(Loss) From Operations	\$16,711,000	\$4,031,059	(\$12,679,941)	-76%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$3,201,000	\$4,801,444	\$1,600,444	50%				
2	Gifts, Contributions and Donations	\$3,201,000	\$0	\$1,000,444	0%				
3	Other Non-Operating Gains/(Losses)	\$24,812,000	\$22,470,743	(\$2,341,257)	-9%				
	Total Non-Operating Revenue	\$28,013,000	\$27,272,187	(\$740,813)	-3%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$44,724,000	\$31,303,246	(\$13,420,754)	-30%				
	Other Adjustments:								
	Unrealized Gains/(Losses)	(\$4,977,000)	\$7,312,749	\$12,289,749	-247%				
	All Other Adjustments	\$0	\$0	\$0	0%				
	Total Other Adjustments	(\$4,977,000)	\$7,312,749	\$12,289,749	-247%				
		(+ -, ,+++0)	ç-, - , -	,,,	/				
	Excess/(Deficiency) of Revenue Over Expenses	\$39,747,000	\$38,615,995	(\$1,131,005)	-3%				
	Principal Payments	\$6,316,051	\$6,769,094	\$453,043	7%				

	TWEL REPORT 165 - HOSPITAL GROSS (2) DESCRIPTION	(3)	JE AND STATISTI	CS BY PAYER	
LINE	REPORT 165 - HOSPITAL GROSS (2)	FISCAL YEAR 2016 REVENUE, NET REVENU	JE AND STATISTI	CS BY PAYER	
INE I	(2)	REVENUE, NET REVENU		CS BY PAYER	
INE I	(2)	(3)		CS BY PAYER	
INE I			(4)		
LINE				<i>(E</i>)	(e)
	DESCRIPTION		(4)	(5)	(6)
	DESCRIPTION	FY 2015	FY 2016	AMOUNT	%
	DEGGINI HON	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J					
I. (GROSS REVENUE BY PAYER				
Α. Ι	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$220,724,555	\$210,497,715	(\$10,226,840)	-5
	MEDICARE MANAGED CARE	\$29,122,971	\$33,577,127	\$4,454,156	15
	MEDICAID	\$75,908,806	\$84,806,012	\$8,897,206	129
	MEDICAID MANAGED CARE	\$0	\$0	\$0	0,
	CHAMPUS/TRICARE	\$260,692	\$367,783	\$107,091	419
	COMMERCIAL INSURANCE	\$19,530,154	\$18,215,091	(\$1,315,063)	-7°
	NON-GOVERNMENT MANAGED CARE	\$104,010,175	\$111,160,410	\$7,150,235	79
9	WORKER'S COMPENSATION	\$3,102,201	\$1,338,638 \$5,638,344	(\$1,763,563)	-57
	SELF- PAY/UNINSURED SAGA	\$5,833,457 \$0	\$5,678,211 \$0	(\$155,246) \$0	-3°
	OTHER	\$1,246,734	\$1,227,307	(\$19,427)	-2
	TOTAL INPATIENT GROSS REVENUE	\$459,739,745	\$466,868,294	\$7,128,549	2
	OUTPATIENT GROSS REVENUE	Ψ+05,105,145	Ψ+00,000,204	ψ1,120,043	
	MEDICARE TRADITIONAL	\$130,720,242	\$152,546,198	\$21,825,956	17'
	MEDICARE MANAGED CARE	\$21,857,427	\$26,904,148	\$5,046,721	23'
	MEDICAID	\$84,059,124	\$91,316,411	\$7,257,287	9'
	MEDICAID MANAGED CARE	\$0	\$0	\$0	0,
	CHAMPUS/TRICARE	\$378,243	\$523,869	\$145,626	39
6	COMMERCIAL INSURANCE	\$32,183,757	\$31,864,143	(\$319,614)	-1
7	NON-GOVERNMENT MANAGED CARE	\$181,268,835	\$207,221,849	\$25,953,014	14
	WORKER'S COMPENSATION	\$6,211,623	\$5,039,197	(\$1,172,426)	-19
	SELF- PAY/UNINSURED	\$27,848,639	\$31,201,863	\$3,353,224	12
	SAGA	\$0	\$0	\$0	0
	OTHER	\$799,592	\$920,964	\$121,372	15
	TOTAL OUTPATIENT GROSS REVENUE	\$485,327,482	\$547,538,642	\$62,211,160	139
_	TOTAL OROSS DEVENUE				
	TOTAL GROSS REVENUE MEDICARE TRADITIONAL	\$351,444,797	¢262 042 042	¢11 500 116	3
	MEDICARE MANAGED CARE	\$50,980,398	\$363,043,913 \$60,481,275	\$11,599,116 \$9,500,877	<u>3</u> 19
	MEDICAID	\$159,967,930	\$176,122,423	\$16,154,493	10
	MEDICAID MEDICAID MANAGED CARE	\$109,907,930	\$170,122,423	\$10,134,493	0
	CHAMPUS/TRICARE	\$638,935	\$891,652	\$252,717	40
	COMMERCIAL INSURANCE	\$51,713,911	\$50,079,234	(\$1,634,677)	-3
	NON-GOVERNMENT MANAGED CARE	\$285,279,010	\$318,382,259	\$33,103,249	
	WORKER'S COMPENSATION	\$9,313,824	\$6,377,835	(\$2,935,989)	-32
	SELF- PAY/UNINSURED	\$33,682,096	\$36,880,074	\$3,197,978	9
	SAGA	\$0	\$0	\$0	0
	OTHER	\$2,046,326	\$2,148,271	\$101,945	5
	TOTAL GROSS REVENUE	\$945,067,227	\$1,014,406,936	\$69,339,709	7'
		ψ343,001,221	ψ1,014,400,330	ψ03,333,103	<u> </u>
	NET REVENUE BY PAYER				
	INPATIENT NET REVENUE	400 200 75	Фоо о т о то	(#0.005.15.)	
	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$69,902,581 \$8,468,731	\$60,870,107 \$8,777,609	(\$9,032,474) \$308,878	-13 4

		NORWALK HOSPITAL			
			INC		
	IWEL	VE MONTHS ACTUAL FIL	ING		
	DEPOSIT ASS ALCONOMY OF SOCI	FISCAL YEAR 2016		00 01/ 041/50	
	REPORT 165 - HOSPITAL GROSS	REVENUE, NET REVENU	E AND STATISTI	CS BY PAYER	
(4)	(0)	(0)	(4)	(5)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
3	MEDICAID	\$18,810,298	\$20,010,413	\$1,200,115	69
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$99,570	\$126,891	\$27,321	27%
6	COMMERCIAL INSURANCE	\$10,338,127	\$8,147,858	(\$2,190,269)	-219
7	NON-GOVERNMENT MANAGED CARE	\$62,437,406	\$60,430,270	(\$2,007,136)	-3%
8	WORKER'S COMPENSATION	\$1,555,537	\$639,864	(\$915,673)	-59%
9	SELF- PAY/UNINSURED	\$251,805	\$960,116	\$708,311	281%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$201,194	\$244,170	\$42,976	219
	TOTAL INPATIENT NET REVENUE	\$172,065,249	\$160,207,298	(\$11,857,951)	-7%
В.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$25,164,278	\$32,113,760	\$6,949,482	28%
2	MEDICARE MANAGED CARE	\$3,597,197	\$6,472,842	\$2,875,645	80%
3	MEDICAID	\$21,600,771	\$21,845,649	\$244,878	19
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$46,016	\$88,223	\$42,207	92%
6	COMMERCIAL INSURANCE	\$16,772,759	\$15,518,304	(\$1,254,455)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$108,967,503	\$123,622,403	\$14,654,900	13%
8	WORKER'S COMPENSATION	\$2,750,508	\$1,978,679	(\$771,829)	-28%
9	SELF- PAY/UNINSURED	\$1,689,789	\$3,824,559	\$2,134,770	126%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$101,477	\$240,655	\$139,178	137%
	TOTAL OUTPATIENT NET REVENUE	\$180,690,298	\$205,705,074	\$25,014,776	14%
С.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$95,066,859	\$92,983,867	(\$2,082,992)	-2%
2	MEDICARE MANAGED CARE	\$12,065,928	\$15,250,451	\$3,184,523	26%
3	MEDICAID	\$40,411,069	\$41,856,062	\$1,444,993	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$145,586	\$215,114	\$69,528	48%
6	COMMERCIAL INSURANCE	\$27,110,886	\$23,666,162	(\$3,444,724)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$171,404,909	\$184,052,673	\$12,647,764	7%
8	WORKER'S COMPENSATION	\$4,306,045	\$2,618,543	(\$1,687,502)	-39%
9	SELF- PAY/UNINSURED	\$1,941,594	\$4,784,675	\$2,843,081	146%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$302,671	\$484,825	\$182,154	60%
	TOTAL NET REVENUE	\$352,755,547	\$365,912,372	\$13,156,825	4%
	TOTAL NET KEVENOL	\$332,733,347	\$303, 3 12,372	\$13,130,023	
III.	STATISTICS BY PAYER				
	OTATIONO DE LATEIX				
Α.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	4 000	A 7AF	/O.4E\	FO
		4,990	4,745 747	(245)	-5% 9%
2	MEDICARE MANAGED CARE	686		61	
ر د	MEDICAID MEDICAID MANAGED CARE	2,638	2,678	40	29 09
3	I WEDICAID WANAGED CAKE	0	0	0	
4		4-			
4 5	CHAMPUS/TRICARE	15	9	(6)	
4		15 682 3,587	586 3,641	(96) 54	-40% -14% 2%

	NODW	VALIZ LIGODITAL			
		'ALK HOSPITAL NTHS ACTUAL FII	ING		
		AL YEAR 2016	LING		
	REPORT 165 - HOSPITAL GROSS REVE		JE AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
				(10)	
9 10	SELF- PAY/UNINSURED	203	187	(16)	-8%
11	SAGA OTHER	33	0 35	0	0% 6%
- ' '	TOTAL DISCHARGES	12,877	12,647	(230)	-2%
В.	PATIENT DAYS	12,011	12,047	(200)	270
1	MEDICARE TRADITIONAL	27,395	23,482	(3,913)	-14%
2	MEDICARE MANAGED CARE	3,698	3,622	(76)	-2%
3	MEDICAID	10,687	11,333	646	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	38	27	(11)	-29%
6	COMMERCIAL INSURANCE	2,685	2,346	(339)	-13%
7	NON-GOVERNMENT MANAGED CARE	12,272	12,270	(2)	0%
8	WORKER'S COMPENSATION	284	134	(150)	-53%
9	SELF- PAY/UNINSURED	784	649	(135)	-17%
10	SAGA	0	0	0	0%
11	OTHER	168	187	19	11%
	TOTAL PATIENT DAYS	58,011	54,050	(3,961)	-7%
C.	OUTPATIENT VISITS	05.000	00.440	(2.224)	5 0/
1	MEDICARE TRADITIONAL	65,223	62,142	(3,081)	-5%
3	MEDICARE MANAGED CARE	9,708	10,338	630	6%
4	MEDICAID MEDICAID MANAGED CARE	50,259 0	51,276 0	1,017 0	2% 0%
5	CHAMPUS/TRICARE	211	249	38	18%
6	COMMERCIAL INSURANCE	18,635	14,832	(3,803)	-20%
7	NON-GOVERNMENT MANAGED CARE	100,733	97,626	(3,107)	-3%
8	WORKER'S COMPENSATION	3,357	2,817	(540)	-16%
9	SELF- PAY/UNINSURED	19,598	20,543	945	5%
10	SAGA	0	0	0	0%
11	OTHER	221	244	23	10%
	TOTAL OUTPATIENT VISITS	267,945	260,067	(7,878)	-3%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
	REVENUE				
A. 1	MEDICARE TRADITIONAL	\$25,157,837	\$19,084,668	(\$6,073,169)	-24%
2	MEDICARE MANAGED CARE	\$3,751,096	\$3,047,629	(\$703,467)	-19%
3	MEDICAID	\$35,267,332	\$28,455,658	(\$6,811,674)	-19%
4	MEDICAID MANAGED CARE	\$0	\$0	ξ0,011,071) \$0	0%
5	CHAMPUS/TRICARE	\$132,286	\$80,386	(\$51,900)	-39%
6	COMMERCIAL INSURANCE	\$10,399,567	\$7,165,358	(\$3,234,209)	-31%
7	NON-GOVERNMENT MANAGED CARE	\$42,153,861	\$31,260,555	(\$10,893,306)	-26%
8	WORKER'S COMPENSATION	\$2,494,240	\$1,561,977	(\$932,263)	-37%
9	SELF- PAY/UNINSURED	\$13,216,620	\$10,226,569	(\$2,990,051)	-23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$532,135	\$503,286	(\$28,849)	-5%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$133,104,974	\$101,386,086	(\$31,718,888)	-24%
_	EMERGENCY DEPARTMENT OUTPATIENT NET	+,·•·,•··	÷ · · · ,• • • ,• • •	(+,,)	
	REVENUE	***	***	^	=
1	MEDICARE TRADITIONAL	\$3,265,917	\$3,917,706	\$651,789	20%

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		WALK HOSPITAL			
		ONTHS ACTUAL FIL	ING		
		CAL YEAR 2016		20 21/24/52	
	REPORT 165 - HOSPITAL GROSS REVE	ENUE, NET REVENU	E AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
IINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIFTION	AGTOAL	AGTOAL	DII I EILEILOE	DII I EILENGE
2	MEDICARE MANAGED CARE	\$466,908	\$872,447	\$405,539	87%
3	MEDICAID	\$5,643,440	\$6,103,625	\$460,185	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$12,011	\$15,211	\$3,200	27%
6	COMMERCIAL INSURANCE	\$5,791,055	\$6,022,496	\$231,441	4%
7	NON-GOVERNMENT MANAGED CARE	\$26,934,195	\$30,292,248	\$3,358,053	12%
8	WORKER'S COMPENSATION	\$1,347,720	\$780,312	(\$567,408)	-42%
9	SELF- PAY/UNINSURED	\$248,086	\$269,294	\$21,208	9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$70,463	\$124,879	\$54,416	77%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$43,779,795	\$48,398,218	\$4,618,423	11%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS	, , , , , ,	, ,,,,,,	, , , , , , , , , , , , , , , , , , ,	<u> </u>
1	MEDICARE TRADITIONAL	5,455	5,965	510	9%
2	MEDICARE MANAGED CARE	860	991	131	15%
3	MEDICAID	11,379	11,900	521	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	44	35	(9)	-20%
6	COMMERCIAL INSURANCE	2,556	2,416	(140)	-5%
7	NON-GOVERNMENT MANAGED CARE	11,716	12,099	383	3%
8	WORKER'S COMPENSATION	804	640	(164)	-20%
9	SELF- PAY/UNINSURED	3,779	3,832	53	1%
10	SAGA	0	0	0	0%
11	OTHER	166	183	17	10%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	36,759	38,061	1,302	4%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$46,444,000	\$49,326,729	\$2,882,729	6%
2	Physician Salaries	\$12,892,000	\$12,508,252	(\$383,748)	-3%
3	Non-Nursing, Non-Physician Salaries	\$76,386,000	\$77,378,005	\$992,005	1% 3%
	Total Salaries & Wages	\$135,722,000	\$139,212,986	\$3,490,986	3%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$6,219,000	\$5,961,106	(\$257,894)	-4%
2	Physician Fringe Benefits	\$3,182,000	\$3,050,046	(\$131,954)	-4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$29,802,000	\$28,566,148	(\$1,235,852)	-4%
	Total Fringe Benefits	\$39,203,000	\$37,577,300	(\$1,625,700)	-4%
	Total Timgo Donomo	+++++++++++++++++++++++++++++++++++++	40.70.17000	(\$1,020,100)	170
C.	Contractual Labor Fees:				
1	Nursing Fees	\$567,333	\$332,956	(\$234,377)	-41%
2	Physician Fees	\$8,103,000	\$14,522,059	\$6,419,059	79%
3	Non-Nursing, Non-Physician Fees	\$5,454,416	\$2,530,206	(\$2,924,210)	-54%
	Total Contractual Labor Fees	\$14,124,749	\$17,385,221	\$3,260,472	23%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$22,597,000	\$22,502,982	(\$94,018)	0%
2	Pharmaceutical Costs	\$15,450,000	\$28,013,099	\$12,563,099	81%
	Total Medical Supplies and Pharmaceutical Cost	\$38,047,000	\$50,516,081	\$12,469,081	33%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$9,731,000	\$11,550,546	\$1,819,546	19%
2	Depreciation-Equipment	\$10,533,000	\$11,399,264	\$866,264	8%
3	Amortization	\$0	\$0	\$0	0% 13%
	Total Depreciation and Amortization	\$20,264,000	\$22,949,810	\$2,685,810	13%
F.	Bad Debts:				
1.	Bad Debts	\$0	\$0	\$0	0%
<u>'</u>	Dad Debis	ΨΟ	ΨΟ	ΨΟ	0 76
G.	Interest Expense:				
1	Interest Expense	\$1,952,000	\$2,026,377	\$74,377	4%
		* , ,	, , , -	Ť /-	
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$6,772,000	\$2,094,155	(\$4,677,845)	-69%
I.	<u>Utilities:</u>				
1	Water	\$224,536	\$206,796	(\$17,740)	-8%
2	Natural Gas	\$2,066,516	\$1,668,136	(\$398,380)	-19%
3	Oil	\$83,890	\$95,735	\$11,845	14%
4	Electricity	\$1,697,010	\$1,002,419	(\$694,591)	-41%
5	Telephone	\$722,832	\$144,458	(\$578,374)	-80%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$4,794,784	\$3,117,544	(\$1,677,240)	-35%
<u> </u>	Pusiness Eypeness				
J. 1	Business Expenses:	\$436,004	\$0	(\$426 OO4)	1000/
	Accounting Fees	\$430,UU4	Φ0	(\$436,004)	-100%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

					T
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
2	Legal Fees	\$1,135,518	\$924,906	(\$210,612)	-19%
3	Consulting Fees	\$2,332,523	\$20,990	(\$2,311,533)	-99%
4	Dues and Membership	\$630,786	\$2,532,839	\$1,902,053	302%
5	Equipment Leases	\$805,590	\$859,310	\$53,720	7%
6	Building Leases	\$7,679,925	\$7,725,190	\$45,265	1%
7	Repairs and Maintenance	\$14,088,709	\$10,399,903	(\$3,688,806)	-26%
8	Insurance	\$752,427	\$837,072	\$84,645	11%
9	Travel	\$364,779	\$331,724	(\$33,055)	-9%
10	Conferences	\$22,388	\$24,607	\$2,219	10%
11	Property Tax	\$809,699	\$954,618	\$144,919	18%
12	General Supplies	\$521,842	\$550,262	\$28,420	5%
13	Licenses and Subscriptions	\$186,184	\$198,038	\$11,854	6%
14	Postage and Shipping	\$174,134	\$138,451	(\$35,683)	-20%
15	Advertising	\$108,856	\$28,503	(\$80,353)	-74%
16	Corporate parent/system fees	\$5,336,948	\$14,604,453	\$9,267,505	174%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$15,196	\$961	(\$14,235)	-94%
19	Dietary / Food Services	\$129,840	\$137,549	\$7,709	6%
20	Lab Fees / Red Cross charges	\$1,300,511	\$2,028,946	\$728,435	56%
21	Billing & Collection / Bank Fees	\$2,092,680	\$1,875,509	(\$217,171)	-10%
22	Recruiting / Employee Education & Recognition	\$1,547,675	\$821,975	(\$725,700)	-47%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$6,496,272	\$0	(\$6,496,272)	-100%
25	Waste disposal	\$89,089	\$95,307	\$6,218	7%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$14,465,831	\$16,740,756	\$2,274,925	16%
28	Other Business Expenses	\$32,413,061	\$45,435,404	\$13,022,343	40%
	Total Business Expenses	\$93,936,467	\$107,267,273	\$13,330,806	14%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$354,816,000	\$382,146,747	\$27,330,747	8%
	*AK.The total operating expenses amount above mus	st agree with the t	otal operating exp	enses amount on	Report 150
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$94,877,823	\$103,583,466	\$8,705,643	9%
2	General Accounting	\$2,828,706	\$2,741,491	(\$87,215)	-3%
3	Patient Billing & Collection	\$3,067,768	\$2,867,195	(\$200,573)	-7%
4	Admitting / Registration Office	\$3,262,680	\$3,182,824	(\$79,856)	
5	Data Processing	\$13,770,060	\$15,267,040	\$1,496,980	11%
6	Communications	\$135,971	\$789,311	\$653,340	480%
7	Personnel	\$5,136,453	\$5,279,626	\$143,173	3%
8	Public Relations	\$2,951,739	\$2,816,129	(\$135,610)	-5%
9	Purchasing	\$2,043,397	\$1,849,135	(\$194,262)	-10%
10	Dietary and Cafeteria	\$6,167,483	\$5,900,800	(\$266,683)	-4%
11	Housekeeping	\$4,515,206	\$4,510,447	(\$4,759)	0%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(4) (2) (4) (5)					
(1)	(2)	(3) FY 2015	(4)	(5) AMOUNT	(6) %
	DECORIDEION	ACTUAL	FY 2016	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
12	Laundry & Linen	\$1,366,437	\$1,302,142	(\$64,295)	-5%
13	Operation of Plant	\$4,174,031	\$3,299,978	(\$874,053)	-21%
14	Security	\$5,318,009	\$4,891,595	(\$426,414)	-8%
15	Repairs and Maintenance	\$4,937,053	\$5,846,275	\$909,222	18%
16	Central Sterile Supply	\$1,684,328	\$1,712,714	\$28,386	2%
17	Pharmacy Department	\$12,088,670	\$10,283,132	(\$1,805,538)	-15%
18	Other General Services	\$9,269,408	\$14,650,995	\$5,381,587	58%
-	Total General Services	\$177,595,222	\$190,774,295	\$13,179,073	7%
B.	Professional Services:				
1	Medical Care Administration	\$3,864,635	\$5,824,585	\$1,959,950	51%
2	Residency Program	\$5,140,934	\$7,191,231	\$2,050,297	40%
3	Nursing Services Administration	\$4,311,708	\$4,132,250	(\$179,458)	-4%
4	Medical Records	\$3,595,831	\$2,650,036	(\$945,795)	-26%
5	Social Service	\$2,458,539	\$2,530,600	\$72,061	3%
6	Other Professional Services	\$993,052	\$835,837	(\$157,215)	-16%
	Total Professional Services	\$20,364,699	\$23,164,539	\$2,799,840	14%
C.	Special Services:				
	Operating Room	\$11,039,053	\$11,714,941	\$675,888	6%
2	Recovery Room	\$1,991,870	\$1,714,941	(\$89,396)	-4%
3	Anesthesiology	\$1,304,450	\$888,334	(\$416,116)	-32%
4	Delivery Room	\$3,612,492	\$3,529,744	(\$82,748)	-32 /6
5	Diagnostic Radiology	\$16,683,853	\$14,703,266	(\$1,980,587)	-12%
6	Diagnostic Ultrasound	\$808,822	\$1,111,932	\$303,110	37%
7	Radiation Therapy	\$2,233,595	\$2,172,888	(\$60,707)	-3%
8	Radioisotopes	\$1,051,983	\$821,854	(\$230,129)	-22%
9	CT Scan	\$1,319,241	\$1,233,379	(\$85,862)	-7%
10	Laboratory	\$12,464,652	\$13,056,812	\$592,160	5%
11	Blood Storing/Processing	\$1,093,572	\$875,495	(\$218,077)	-20%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,393,724	\$1,415,652	\$21,928	2%
14	Electroencephalography	\$493,058	\$461,894	(\$31,164)	-6%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$192,130	\$223,299	\$31,169	16%
17	Audiology	\$302,488	\$265,120	(\$37,368)	-12%
18	Respiratory Therapy	\$2,081,553	\$2,109,471	\$27,918	1%
19	Pulmonary Function	\$834,869	\$1,365,579	\$530,710	64%
20	Intravenous Therapy	\$7,578,269	\$22,091,198	\$14,512,929	192%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,974,004	\$2,920,491	(\$1,053,513)	-27%
23	Renal Dialysis	\$658,295	\$643,408	(\$14,887)	-2%
24	Emergency Room	\$16,887,712	\$16,773,458	(\$114,254)	-1%
25	MRI	\$1,186,938	\$1,133,009	(\$53,929)	-5%
26	PET Scan	\$322,260	\$5,476	(\$316,784)	-98%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,402,511	\$3,998,142	\$595,631	18%
29	Sleep Center	\$1,223,486	\$1,231,260	\$7,774	1%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,583,940	\$4,788,183	(\$795,757)	-14%
32	Occupational Therapy / Physical Therapy	\$4,867,709	\$4,853,919	(\$13,790)	0%
33	Dental Clinic	\$359,317	\$329,370	(\$29,947)	-8%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

	FY 2015	EV 0040		
		FY 2016	AMOUNT	%
SCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
har Chaoial Carriaga	\$14,000,454	¢45 504 745	¢4 492 204	440/
her Special Services	\$14,022,454	\$15,504,745	\$1,482,291	11%
otal Special Services	\$118,968,300	\$132,124,793	\$13,156,493	11%
outine Services:	+			
edical & Surgical Units	\$15,899,700	\$15,090,854	(\$808,846)	-5%
ensive Care Unit	\$4,306,593	\$4,085,919	(\$220,674)	-5%
pronary Care Unit	\$4,980,454	\$4,932,482	(\$47,972)	-1%
sychiatric Unit	\$2,265,565	\$2,308,927	\$43,362	2%
ediatric Unit	\$1,796,955	\$1,956,442	\$159,487	9%
aternity Unit	\$3,597,389	\$3,646,602	\$49,213	1%
ewborn Nursery Unit	\$122,058	\$141,603	\$19,545	16%
eonatal ICU	\$1,684,554	\$1,533,754	(\$150,800)	-9%
ehabilitation Unit	\$907,242	\$0	(\$907,242)	-100%
nbulatory Surgery	\$1,790,141	\$1,854,332	\$64,191	4%
ome Care	\$0	\$0	\$0	0%
utpatient Clinics	\$537,128	\$532,205	(\$4,923)	-1%
her Routine Services	\$0	\$0	\$0	0%
otal Routine Services	\$37,887,779	\$36,083,120	(\$1,804,659)	-5%
her Departments:				
scellaneous Other Departments	\$0	\$0	\$0	0%
otal Operating Expenses - All Departments*	\$354,816,000	\$382,146,747	\$27,330,747	8%
E. The total operating expenses amount above	must agree with the t	otal operating ex	penses amount on	Report 150.
n or h s	bulatory Surgery me Care patient Clinics er Routine Services al Routine Services her Departments: cellaneous Other Departments al Operating Expenses - All Departments*	bulatory Surgery \$1,790,141 me Care \$0 patient Clinics \$537,128 er Routine Services \$0 al Routine Services \$37,887,779 ter Departments: cellaneous Other Departments \$0 al Operating Expenses - All Departments* \$354,816,000	bulatory Surgery \$1,790,141 \$1,854,332 me Care \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	bulatory Surgery \$1,790,141 \$1,854,332 \$64,191 me Care \$0 \$0 \$0 patient Clinics \$537,128 \$532,205 (\$4,923) er Routine Services \$0 \$0 \$0 al Routine Services \$37,887,779 \$36,083,120 (\$1,804,659) ser Departments: \$0 \$0 \$0 cellaneous Other Departments \$0 \$0 \$0

	NOR	RWALK HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	<u>FY 2015</u>	<u>FY 2016</u>					
A.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$324,018,792	\$355,511,000	\$372,223,726					
2	Other Operating Revenue	15,796,662	16,016,000	13,954,080					
3	Total Operating Revenue	\$339,815,454	\$371,527,000	\$386,177,806					
4	Total Operating Expenses	311,061,228	354,816,000	382,146,747					
5	Income/(Loss) From Operations	\$28,754,226	\$16,711,000	\$4,031,059					
6	Total Non-Operating Revenue	8,793,292	23,036,000	34,584,936					
7	Excess/(Deficiency) of Revenue Over Expenses	\$37,547,518	\$39,747,000	\$38,615,995					
В.	Profitability Summary								
1	Hospital Operating Margin	8.25%	4.24%	0.96%					
2	Hospital Non Operating Margin	2.52%	5.84%	8.22%					
3	Hospital Total Margin	10.77%	10.07%	9.18%					
4	Income/(Loss) From Operations	\$28,754,226	\$16,711,000	\$4,031,059					
5	Total Operating Revenue	\$339,815,454	\$371,527,000	\$386,177,806					
6	Total Non-Operating Revenue	\$8,793,292	\$23,036,000	\$34,584,936					
7	Total Revenue	\$348,608,746	\$394,563,000	\$420,762,742					
8	Excess/(Deficiency) of Revenue Over Expenses	\$37,547,518	\$39,747,000	\$38,615,995					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$265,968,153	\$280,584,110	\$370,197,000					
2	Hospital Total Net Assets	\$313,160,208	\$349,714,145	\$417,270,000					
3	Hospital Change in Total Net Assets	\$65,947,092	\$36,553,937	\$67,555,855					
4	Hospital Change in Total Net Assets %	126.7%	11.7%	19.3%					

	NORWALK HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2014</u>	FY 2015	FY 2016				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.34	0.37	0.37				
2	Total Operating Expenses	\$311,061,228	\$354,816,000	\$382,146,747				
3	Total Gross Revenue	\$900,265,499	\$945,067,227	\$1,014,406,936				
4	Total Other Operating Revenue	\$15,792,359	\$14,524,481	\$12,937,127				
5	Private Payment to Cost Ratio	1.67	1.58	1.51				
6	Total Non-Government Payments	\$194,645,274	\$204,763,434	\$215,122,053				
7	Total Uninsured Payments	\$2,737,112	\$1,941,594	\$4,784,675				
8	Total Non-Government Charges	\$374,660,379	\$379,988,841	\$411,719,402				
9	Total Uninsured Charges	\$35,576,664	\$33,682,096	\$36,880,074				
10	Medicare Payment to Cost Ratio	0.76	0.72	0.69				
11	Total Medicare Payments	\$96,022,685	\$107,132,787	\$108,234,318				
12	Total Medicare Charges	\$374,357,144	\$402,425,195	\$423,525,188				
13	Medicaid Payment to Cost Ratio	0.74	0.68	0.64				
14	Total Medicaid Payments	\$37,410,847	\$40,411,069	\$41,856,062				
15	Total Medicaid Charges	\$148,965,857	\$159,967,930	\$176,122,423				
16	Uncompensated Care Cost	\$14,043,914	\$10,661,185	\$11,696,963				
17	Charity Care	\$16,801,601	\$15,719,561	\$18,588,723				
18	Bad Debts	\$24,556,938	\$13,113,368	\$12,856,802				
19	Total Uncompensated Care	\$41,358,539	\$28,832,929	\$31,445,525				
20	Uncompensated Care % of Total Expenses	4.5%	3.0%	3.1%				

	NORWA	LK HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016					
21	Total Operating Expenses	\$311,061,228	\$354,816,000	\$382,146,747					
E.	<u>Liquidity Measures Summary</u>								
1	Current Ratio	1	1	1					
2	Total Current Assets	\$129,669,077	\$103,797,452	\$83,304,000					
3	Total Current Liabilities	\$95,500,697	\$84,993,090	\$72,328,000					
4	Days Cash on Hand	104	57	31					
5	Cash and Cash Equivalents	\$74,550,518	\$43,468,380	\$14,673,000					
6	Short Term Investments	8,764,926	8,795,652	15,836,000					
7	Total Cash and Short Term Investments	\$83,315,444	\$52,264,032	\$30,509,000					
8	Total Operating Expenses	\$311,061,228	\$354,816,000	\$382,146,747					
9	Depreciation Expense	\$18,637,806	\$20,264,000	\$22,949,810					
10	Operating Expenses less Depreciation Expense	\$292,423,422	\$334,552,000	\$359,196,937					
11	Days Revenue in Patient Accounts Receivable	5	17	32					
12	Net Patient Accounts Receivable	\$40,426,872	\$44,469,740	\$46,916,000					
13	Due From Third Party Payers	\$0	\$0	\$0					
14	Due To Third Party Payers	\$36,052,621	\$27,894,498	\$13,975,000					
4.5	Total Net Patient Accounts Receivable and Third Party Payer	¢4.074.054	¢40 575 040	#20.044.000					
15 16	Activity Total Net Patient Revenue	\$4,374,251 \$324,018,792	\$16,575,242 \$355,511,000	\$32,941,000 \$372,223,726					
17	Average Payment Period	119	93	73					
18	Total Current Liabilities	\$95,500,697	\$84,993,090	\$72,328,000					
19	Total Operating Expenses	\$311,061,228	\$354,816,000	\$382,146,747					
20	Depreciation Expense	\$18,637,806	\$20,264,000	\$22,949,810					

	NORWALI	K HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
(1)	(2)	ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016				
LIIVE	<u>BESSIAI TION</u>	112014	11 2013	11 2010				
21	Total Operating Expenses less Depreciation Expense	\$292,423,422	\$334,552,000	\$359,196,937				
F.	Solvency Measures Summary							
1	Equity Financing Ratio	51.4	54.7	65.4				
2	Total Net Assets	\$313,160,208	\$349,714,145	\$417,270,000				
3	Total Assets	\$609,496,496	\$639,545,086	\$638,506,000				
4	Cash Flow to Total Debt Ratio	26.1	30.7	35.0				
5	Excess/(Deficiency) of Revenues Over Expenses	\$37,547,518	\$39,747,000	\$38,615,995				
6	Depreciation Expense	\$18,637,806	\$20,264,000	\$22,949,810				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$56,185,324	\$60,011,000	\$61,565,805				
8	Total Current Liabilities	\$95,500,697	\$84,993,090	\$72,328,000				
9	Total Long Term Debt	\$120,004,287	\$110,363,236	\$103,522,000				
10	Total Current Liabilities and Total Long Term Debt	\$215,504,984	\$195,356,326	\$175,850,000				
11	Long Term Debt to Capitalization Ratio	27.7	24.0	19.9				
12	Total Long Term Debt	\$120,004,287	\$110,363,236	\$103,522,000				
13	Total Net Assets	\$313,160,208	\$349,714,145	\$417,270,000				
14	Total Long Term Debt and Total Net Assets	\$433,164,495	\$460,077,381	\$520,792,000				
15	Debt Service Coverage Ratio	8.4	7.5	7.2				
16	Excess Revenues over Expenses	37,547,518	\$39,747,000	\$38,615,995				
17	Interest Expense	2,456,725	\$1,952,000	\$2,026,377				
18	Depreciation and Amortization Expense	18,637,806	\$20,264,000	\$22,949,810				
19	Principal Payments	4,508,589	\$6,316,051	\$6,769,094				
G.	Other Financial Ratios							

	NORWAL	K HOSPITAL							
	TWELVE MONTHS ACTUAL FILING								
	FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
	·	ACTUAL	ACTUAL	ACTUAL					
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016					
20	Average Age of Plant	17.7	17.2	16.2					
21	Accumulated Depreciation	328,979,797	349,245,364	372,195,000					
22	Depreciation and Amortization Expense	18,637,806	20,264,000	22,949,810					
Н.	Utilization Measures Summary								
1	Patient Days	59,071	58,011	54,050					
2	Discharges	13,110	12,877	12,647					
3	ALOS	4.5	4.5	4.3					
4	Staffed Beds	192	190	161					
5	Available Beds	-	331	333					
6	Licensed Beds	333	366	366					
7	Occupancy of Staffed Beds	84.3%	83.6%	92.0%					
		48.6%	48.0%						
8	Occupancy of Available Beds			44.5%					
9	Full Time Equivalent Employees	1,651.0	1,664.9	1,652.7					
l. I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	37.7%	36.6%	37.0%					
2	Medicare Gross Revenue Payer Mix Percentage	41.6%	42.6%	41.8%					
3	Medicaid Gross Revenue Payer Mix Percentage	16.5%	16.9%	17.4%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentag	0.2%	0.2%	0.2%					
5	Uninsured Gross Revenue Payer Mix Percentage	4.0%	3.6%	3.6%					
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$339,083,715	\$346,306,745	\$374,839,328					
9	Medicare Gross Revenue (Charges)	\$374,357,144	\$402,425,195	\$423,525,188					
10	Medicaid Gross Revenue (Charges)	\$148,965,857	\$159,967,930	\$176,122,423					
11	Other Medical Assistance Gross Revenue (Charges)	\$1,503,318	\$2,046,326	\$2,148,271					
12	Uninsured Gross Revenue (Charges)	\$35,576,664	\$33,682,096	\$36,880,074					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$778,801	\$638,935	\$891,652					
14	Total Gross Revenue (Charges)	\$900,265,499	\$945,067,227	\$1,014,406,936					
J.	Hospital Net Revenue Payer Mix Percentage								

	NORWALK	HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016				
1	Non-Government Net Revenue Payer Mix Percentage	58.4%	57.5%	57.5%				
2	Medicare Net Revenue Payer Mix Percentage	29.2%	30.4%	29.6%				
3	Medicaid Net Revenue Payer Mix Percentage	11.4%	11.5%	11.4%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%				
5	Uninsured Net Revenue Payer Mix Percentage	0.8%	0.6%	1.3%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Net Revenue (Payments)	\$191,908,162	\$202,821,840	\$210,337,378				
9	Medicare Net Revenue (Payments)	\$96,022,685	\$107,132,787	\$108,234,318				
10	Medicaid Net Revenue (Payments)	\$37,410,847	\$40,411,069	\$41,856,062				
11	Other Medical Assistance Net Revenue (Payments)	\$257,459	\$302,671	\$484,825				
12	Uninsured Net Revenue (Payments)	\$2,737,112	\$1,941,594	\$4,784,675				
13	CHAMPUS / TRICARE Net Revenue Payments)	\$170,608	\$145,586	\$215,114				
14	Total Net Revenue (Payments)	\$328,506,873	\$352,755,547	\$365,912,372				
К.	Discharges							
1	Non-Government (Including Self Pay / Uninsured)	4,782	4,515	4,433				
2	Medicare	5,620	5,676	5,492				
3	Medical Assistance	2,698	2,671	2,713				
4	Medicaid	2,675	2,638	2,678				
5	Other Medical Assistance	23	33	35				
6	CHAMPUS / TRICARE	10	15	9				
7	Uninsured (Included In Non-Government)	231	203	187				
8	Total	13,110	12,877	12,647				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	1.06088	1.05041	1.11520				
2	Medicare	1.43390	1.41479	1.46160				
3	Medical Assistance	0.95825	0.93492	1.04474				
4	Medicaid	0.95816	0.93062	1.04490				
<u>.</u> 5	Other Medical Assistance	0.96880	1.27826	1.03280				
6	CHAMPUS / TRICARE	1.39163	0.68360	2.17180				
7	Uninsured (Included In Non-Government)	1.11775	1.02842	1.09050				
8	Total Case Mix Index	1.19992	1.18664	1.25126				
	TOTAL SUBSTITUTE	1.10002	1.1000+	1.20120				

	NORWALK HOSPITAL						
	TWELVE MC	NTHS ACTUAL FILING					
	FIS	SCAL YEAR 2016					
	REPORT 185 - HOSPITAL FINAN	ICIAL AND STATISTICAL D	DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016			
M.	Emergency Department Visits						
1	Emergency Room - Treated and Admitted	8,767	8,591	8,541			
2	Emergency Room - Treated and Discharged	39,091	36,759	38,061			
3	Total Emergency Room Visits	47,858	45,350	46,602			

		LK HOSPITAL			
	TWELVE MONT	THS ACTUAL FILING	3		
		_ YEAR 2016			
	REPORT 200 - HOSPITAL MED	DICARE MANAGED	CARE ACTIVITY	<u>(</u>	
		(6)		(=)	(0)
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	0 DIFFERENCE
LINE	DESCRIPTION	AOTOAL	AOTOAL	DITTERENCE	DITTERENCE
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT	* • • • • • • • • • • • • • • • • • • •	<u></u>	A (-0	
1	Inpatient Charges	\$1,052,736	\$1,808,194	\$755,458	729
2	Inpatient Payments	\$343,646	\$460,620	\$116,974	349
3 4	Outpatient Charges	\$409,810 \$53.083	\$1,045,266	\$635,456 \$161,354	155%
	Outpatient Payments		\$214,437		3049 629
5 6	Discharges Patient Days	26 118	218	16 100	85%
7	Outpatient Visits (Excludes ED Visits)	141	395	254	180%
<u> </u>	Emergency Department Outpatient Visits	19	81	62	326%
9	Emergency Department Inpatient Admissions	24	39	15	63%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,462,546	\$2,853,460	\$1,390,914	95%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$396,729	\$675,057	\$278,328	70%
		7000,120	************		
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$5,957,226	\$5,422,608	(\$534,618)	-9%
2	Inpatient Payments	\$1,764,178	\$1,414,157	(\$350,021)	-20%
3	Outpatient Charges	\$5,271,169	\$5,931,084	\$659,915	13%
4	Outpatient Payments	\$754,104	\$1,335,687	\$581,583	77%
5	Discharges	126	123	(3)	-29
6	Patient Days	744	566	(178)	-249
7	Outpatient Visits (Excludes ED Visits)	2,341	2,079	(262)	-119
8	Emergency Department Outpatient Visits	145	162	17	129
9	Emergency Department Inpatient Admissions	107	104	(3)	-39
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,228,395	\$11,353,692	\$125,297	19
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,518,282	\$2,749,844	\$231,562	9%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3) (4) (5)(6)FY 2016 <u>AMÒÚNT</u> FY 2015 DIFFERENCE LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE** HEALTHNET OF CONNECTICUT Inpatient Charges \$0 \$0 0% 1 \$0 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** 0% 3 \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 0% 5 Discharges 0 0 0 0% 0% 6 Patient Days 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 0 0% 8 **Emergency Department Outpatient Visits** 0 0 9 **Emergency Department Inpatient Admissions** 0 0 0% 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0% OTHER MEDICARE MANAGED CARE E. 1 Inpatient Charges \$1,110,659 \$413,499 (\$697,160)-63% 2 Inpatient Payments \$279,793 \$93,714 (\$186,079)-67% **Outpatient Charges** \$334,439 (\$129,821)-39% 3 \$204,618 **Outpatient Payments** \$38,317 \$32,136 -16% 4 (\$6,181)5 Discharges -48% 11 (10)6 Patient Days 143 55 (88)-62% Outpatient Visits (Excludes ED Visits) -62% 7 117 45 (72)8 **Emergency Department Outpatient Visits** 34 29 (5) -15% **Emergency Department Inpatient Admissions** 9 21 9 (12)-57% TOTAL INPATIENT & OUTPATIENT CHARGES \$1,445,098 \$618,117 (\$826,981)-57% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$318,110 \$125,850 (\$192,260) -60% F. **OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE** 0% 1 Inpatient Charges \$0 \$0 \$0 2 0% Inpatient Payments \$0 \$0 \$0 3 **Outpatient Charges** \$7,773 \$10,874 \$3,101 40% 4 **Outpatient Payments** \$1,758 \$1,046 147% \$712 5 Discharges 0% 0 0 0 6 Patient Days 0 0 0 0% 7 Outpatient Visits (Excludes ED Visits) 4 12 8 200% 8 **Emergency Department Outpatient Visits** 1 1 0 0% 9 **Emergency Department Inpatient Admissions** 0 0 0% 0 **TOTAL INPATIENT & OUTPATIENT CHARGES** \$7,773 \$10,874 \$3,101 40% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$712 \$1,758 \$1,046 147%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3)(4) (5)(6)FY 2015 FY 2016 **AMOUNT** DIFFERENCE LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE** G. UNITED HEALTHCARE INSURANCE COMPANY Inpatient Charges \$12,324,589 \$16,695,631 \$4,371,042 35% 1 2 Inpatient Payments \$3,635,726 \$4,249,246 \$613,520 17% **Outpatient Charges** \$12,615,039 35% 3 \$9,359,199 \$3,255,840 4 Outpatient Payments \$1.654.791 \$2.953.090 \$1,298,299 78% 5 Discharges 19% 304 363 59 6 Patient Days 1,578 1.803 225 14% 7 Outpatient Visits (Excludes ED Visits) 3,401 3,727 326 10% 17% 8 **Emergency Department Outpatient Visits** 354 414 60 **Emergency Department Inpatient Admissions** 264 325 23% 9 61 TOTAL INPATIENT & OUTPATIENT CHARGES \$21,683,788 \$29,310,670 \$7,626,882 35% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$7,202,336 36% \$5,290,517 \$1,911,819 Н. WELLCARE OF CONNECTICUT -8% 1 Inpatient Charges \$2,389,780 \$2,186,805 (\$202,975)2 Inpatient Payments \$750,149 \$539,573 -28% (\$210,576)**Outpatient Charges** \$1,886,454 -10% 3 \$1,689,576 (\$196,878)**Outpatient Payments** \$334,504 \$403,895 \$69,391 21% 4 5 Discharges -21% 50 63 (13)6 Patient Days 369 300 (69)-19% Outpatient Visits (Excludes ED Visits) -19% 7 699 565 (134)8 **Emergency Department Outpatient Visits** 114 97 (17)-15% 9 **Emergency Department Inpatient Admissions** 62 49 (13)-21% TOTAL INPATIENT & OUTPATIENT CHARGES \$4,276,234 \$3,876,381 (\$399.853)-9% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$1,084,653 \$943,468 (\$141,185)-13% **AETNA** I. Inpatient Charges \$5,835,897 \$6,717,999 \$882,102 15% 1 2 17% Inpatient Payments \$1,567,948 \$1,838,487 \$270,539 3 **Outpatient Charges** \$4,529,311 \$5,344,378 \$815,067 18% 4 **Outpatient Payments** \$752,684 \$1,515,713 \$763,029 101% 5 Discharges 9% 139 152 13 6 Patient Days 697 635 (62)-9% 7 Outpatient Visits (Excludes ED Visits) 2,120 2,501 381 18% 8 **Emergency Department Outpatient Visits** 184 201 17 9% 9 **Emergency Department Inpatient Admissions** 124 119 (5)-4% **TOTAL INPATIENT & OUTPATIENT CHARGES** \$10,365,208 \$12,062,377 \$1,697,169 16% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$2,320,632 \$3,354,200 \$1,033,568 45%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3)(4) (5)(6)FY 2016 FY 2015 **AMOUNT** DIFFERENCE LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE** HUMANA Inpatient Charges \$182,759 \$281,027 \$98,268 54% 1 2 Inpatient Payments \$58,897 \$160,918 \$102,021 173% 3 **Outpatient Charges** \$63,313 31% \$48,457 \$14,856 4 Outpatient Payments \$6.865 \$16.126 \$9.261 135% 5 Discharges 4 -20% (1)5 42 121% 6 Patient Days 19 23 7 Outpatient Visits (Excludes ED Visits) 25 23 (2)-8% 6 0% 8 **Emergency Department Outpatient Visits** 6 0 9 **Emergency Department Inpatient Admissions** -20% 5 (1)**TOTAL INPATIENT & OUTPATIENT CHARGES** \$231,216 \$344,340 \$113,124 49% \$111,282 **TOTAL INPATIENT & OUTPATIENT PAYMENTS** 169% \$65,762 \$177,044 K. **SECURE HORIZONS** \$0 1 Inpatient Charges \$0 \$0 0% 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** \$0 0% 3 \$0 \$0 **Outpatient Payments** 0% 4 \$0 \$0 \$0 5 Discharges 0 0% 0 0 6 Patient Days 0 0 0 0% Outpatient Visits (Excludes ED Visits) 0% 7 0 0 0 8 **Emergency Department Outpatient Visits** 0 0 0 0% **Emergency Department Inpatient Admissions** 9 0 0 0 0% TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 0% UNICARE LIFE & HEALTH INSURANCE L. \$0 0% 1 Inpatient Charges \$0 \$0 2 Inpatient Payments 0% \$0 \$0 \$0 3 **Outpatient Charges** \$0 \$0 \$0 0% 4 **Outpatient Payments** 0% \$0 \$0 \$0 5 Discharges 0% 0 0 0 6 Patient Days 0 0 0 0% 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 8 **Emergency Department Outpatient Visits** 0 0 0 0% 9 **Emergency Department Inpatient Admissions** 0 0 0 0% **TOTAL INPATIENT & OUTPATIENT CHARGES** \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0%

NORWALK HOSPITAL **TWELVE MONTHS ACTUAL FILING** FISCAL YEAR 2016 **REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3)(4) (5)(6)FY 2015 FY 2016 **AMOUNT** LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE DIFFERENCE** UNIVERSAL AMERICAN Inpatient Charges \$0 0% 1 \$0 \$0 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** 0% 3 \$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% 0 0% 8 **Emergency Department Outpatient Visits** 0 0 **Emergency Department Inpatient Admissions** 0 0 0% 9 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0% **EVERCARE** N. 1 Inpatient Charges \$269,325 \$51,364 (\$217,961)-81% 2 Inpatient Payments \$20,894 (\$47,500)-69% \$68,394 **Outpatient Charges** \$0 -100% 3 \$10,815 (\$10,815)**Outpatient Payments** (\$2,137) -100% 4 \$2,137 \$0 5 Discharges 2 0% 0 6 Patient Days 30 3 (27)-90% Outpatient Visits (Excludes ED Visits) 7 0 0% 0 0 8 **Emergency Department Outpatient Visits** 3 0 (3)-100% 9 **Emergency Department Inpatient Admissions** 2 2 0 0% TOTAL INPATIENT & OUTPATIENT CHARGES \$280,140 \$51,364 (\$228,776) -82% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$70,531 \$20,894 (\$49,637)-70% **TOTAL MEDICARE MANAGED CARE** II. \$33,577,127 **TOTAL INPATIENT CHARGES** \$4,454,156 15% \$29,122,971 TOTAL INPATIENT PAYMENTS \$8,777,609 \$8,468,731 \$308,878 4% TOTAL OUTPATIENT CHARGES \$21,857,427 \$26,904,148 \$5,046,721 23% TOTAL OUTPATIENT PAYMENTS \$3,597,197 \$6,472,842 \$2,875,645 80% TOTAL DISCHARGES 686 747 9% 61 TOTAL PATIENT DAYS 3,698 3,622 -2% (76)TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS) 499 8,848 9,347 6% TOTAL EMERGENCY DEPARTMENT OUTPATIENT **VISITS** 991 860 131 15% TOTAL EMERGENCY DEPARTMENT INPATIENT **ADMISSIONS** 609 651 42 7% **TOTAL INPATIENT & OUTPATIENT CHARGES** \$50,980,398 \$60,481,275 \$9,500,877 19% TOTAL INPATIENT & OUTPATIENT PAYMENTS \$12,065,928 \$15,250,451 \$3,184,523 26%

		WALK HOSPITAL			
		IONTHS ACTUAL F	ILING		
		ISCAL YEAR 2016		7.7	
	REPORT 250 - HOSPITAL	MEDICAID MANAG	SED CARE ACTIVI	ΤΥ	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2015	FY 2016	AMOUNT	(0)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
т	MEDICAID MANACED CARE				
I.	MEDICAID MANAGED CARE				
Α.	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0 \$0	0 \$0	0 \$0	0% 0 %
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0 \$0	\$0 \$0	0%
В.	COMMUNITY HEALTH NETWORK OF CT	40	40	Ψ0	070
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL INI ATILINI & COTT ATILINI T ATILILINIC	φ0	Ψυ	Ψυ	0 /0
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$ 0	\$0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0 \$0	\$0	0%

	TWEE	VE WORTHS ACTORETIENT								
	NOR	WALK HOSPITAL								
		ONTHS ACTUAL FI	ILING							
		ISCAL YEAR 2016								
	REPORT 250 - HOSPITAL		ED CARE ACTIVI	ITY						
(1)	(2)	(3)	(4)	(5)	(6)					
		FY 2015	FY 2016	AMOUNT						
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE					
					T					
D.	OTHER MEDICAID MANAGED CARE									
1	Inpatient Charges	\$0	\$0	\$0	0%					
2	Inpatient Payments	\$0	\$0	\$0	0%					
3	Outpatient Charges	\$0	\$0	\$0	0%					
4	Outpatient Payments	\$0	\$0	\$0	0%					
5	Discharges	0	0	0	0%					
6	Patient Days	0	0	0	0%					
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%					
8	Emergency Department Outpatient Visits	0	0	0	0%					
9	Emergency Department Inpatient Admissions	0	0	0	0%					
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%					
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%					
E.	WELLCARE OF CONNECTICUT									
1	Inpatient Charges	\$0	\$0	\$0	0%					
2	Inpatient Payments	\$0	\$0	\$0	0%					
3	Outpatient Charges	\$0	\$0	\$0	0%					
4	Outpatient Payments	\$0	\$0	\$0	0%					
5	Discharges	0	0	0	0%					
6	Patient Days	0	0	0	0%					
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%					
8	Emergency Department Outpatient Visits	0	0	0	0%					
9	Emergency Department Inpatient Admissions	0	0	0	0%					
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%					
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%					
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE									
1	Inpatient Charges	\$0	\$0	\$0	0%					
2	Inpatient Payments	\$0	\$0 \$0	\$0	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%					

	NOR\	WALK HOSPITAL			1				
	TWELVE MO	ONTHS ACTUAL F	ILING						
	FI	SCAL YEAR 2016							
	REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY								
(1)	(2)	(3)	(4)	(5)	(6)				
		FY 2015	FY 2016	AMOUNT	.,				
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE				
-		-	-						
9	Emergency Department Inpatient Admissions	0	0	0	0%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%				
	LINUTED LIE AL TUCADE								
G.	UNITED HEALTHCARE	Φ0	ФО.	Φ0	00/				
1	Inpatient Charges	\$0	\$0	\$0	0%				
2	Inpatient Payments Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%				
	Outpatient Charges Outpatient Payments	\$0 \$0	\$0	\$0	0% 0%				
		φ ₀	90	90	0%				
	Discharges Patient Days	0	0	0	0%				
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%				
	Emergency Department Outpatient Visits	0	0	0	0%				
	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%				
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%				
	TOTAL INI ATILINI G GOTI ATILINI I ATINILINI	Ψυ	Ψ0	ΨΟ	0 /0				
Н.	AETNA								
1	Inpatient Charges	\$0	\$0	\$0	0%				
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0	\$0	0%				
	Outpatient Charges	\$0	\$0	\$0	0%				
4	Outpatient Charges Outpatient Payments	\$0 \$0	\$0	\$0	0%				
	Discharges	0	0	0	0%				
	Patient Days	0	0	0	0%				
	Outpatient Visits (Excludes ED Visits)	0	0	0	0%				
	Emergency Department Outpatient Visits	0	0	0	0%				
	Emergency Department Inpatient Admissions	0	0	0	0%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%				
		-	40	Ψ	970				
II.	TOTAL MEDICAID MANAGED CARE								
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%				
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%				
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%				
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%				
	TOTAL DISCHARGES	0	0	0	0%				
	TOTAL PATIENT DAYS	0	0	0	0%				
	TOTAL OUTPATIENT VISITS (EXCLUDES ED								
	VISITS)	0	0	0	0%				
	TOTAL EMERGENCY DEPARTMENT								
	OUTPATIENT VISITS	0	0	0	0%				
	TOTAL EMERGENCY DEPARTMENT								
	INPATIENT ADMISSIONS	0	0	0	0%				
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%				
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%				

WESTERN CONNECTICUT HEALTH NETWORK, INC. **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016** REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION (1) (2) (3) (4) (6) (5) FY 2015 FY 2016 **AMOUNT** % LINE **DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE ASSETS** A. **Current Assets:** Cash and Cash Equivalents \$89,299,000 \$61,070,000 (\$28,229,000)-32% 2 \$13.983.000 \$36,175,000 159% Short Term Investments \$22,192,000 Accounts Receivable (Less: Allowance for Doubtful Accounts) \$143,408,000 \$135,583,000 (\$7,825,000)-5% Current Assets Whose Use is Limited for Current Liabilities \$7,368,000 \$16,880,000 \$9,512,000 129% 5 Due From Affiliates 0% \$0 \$0 \$0 **Due From Third Party Payers** \$0 \$0 \$0 0% 6 \$14,880,000 8% 7 Inventories of Supplies \$16,082,000 \$1,202,000 Prepaid Expenses \$23,102,000 \$34,299,000 \$11,197,000 48% Other Current Assets \$41,268,000 \$7,846,000 (\$33,422,000)-81% -8% **Total Current Assets** \$333,308,000 \$307,935,000 (\$25,373,000) **Noncurrent Assets Whose Use is Limited:** В. \$14,563,000 \$15,165,000 \$602,000 4% Held by Trustee 0% Board Designated for Capital Acquisition \$0 \$0 \$0 Funds Held in Escrow \$0 \$0 \$0 0% 3 Other Noncurrent Assets Whose Use is Limited \$132,780,000 \$154,734,000 \$21,954,000 17% **Total Noncurrent Assets Whose Use is** Limited: \$147,343,000 \$169,899,000 \$22,556,000 15% Interest in Net Assets of Foundation 0% \$0 \$0 \$0 Long Term Investments \$416,915,000 \$285,879,000 (\$131,036,000)-31% 335% Other Noncurrent Assets \$34,445,000 \$149,847,000 \$115,402,000 C. **Net Fixed Assets:** Property, Plant and Equipment \$1.397.769.000 \$1,497,472,000 \$99.703.000 7% 1 Less: Accumulated Depreciation \$824,711,000 \$891,315,000 \$66,604,000 \$0 6% Property, Plant and Equipment, Net \$573,058,000 \$606,157,000 \$33,099,000 Construction in Progress \$106,873,000 \$78,754,000 (\$28,119,000)-26% **Total Net Fixed Assets** \$4,980,000 1% \$679,931,000 \$684,911,000 **Total Assets** \$1,611,942,000 \$1,598,471,000 (\$13,471,000) -1%

	WESTER	RN CONNECTICUT HEALT	TH NETWORK, INC.					
		TWELVE MONTHS ACTU	AL FILING					
FISCAL YEAR 2016								
	REPORT 300 - PARENT COI	RPORATION CONSOLIDA	TED BALANCE SHE	ET INFORMATION				
(1)	(2)	(3)	(4)	(5)	(6)			
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE			
	<u>BEGONII TION</u>	AOTOAL	AGTOAL	<u>DITTERENCE</u>	<u>DIFFERENCE</u>			
II.	LIABILITIES AND NET ASSETS							
A.	Current Liabilities:							
1	Accounts Payable and Accrued Expenses	\$69,955,000	\$65,526,000	(\$4,429,000)	-6%			
2	Salaries, Wages and Payroll Taxes	\$69,290,000	\$54,994,000	(\$14,296,000)	-21%			
3	Due To Third Party Payers	\$46,275,000	\$32,175,000	(\$14,100,000)	-30%			
4	Due To Affiliates	\$0	\$0	\$0	0%			
5	Current Portion of Long Term Debt	\$9,227,000	\$9,216,000	(\$11,000)	0%			
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%			
7	Other Current Liabilities	\$0	\$7,105,000	\$7,105,000	0%			
	Total Current Liabilities	\$194,747,000	\$169,016,000	(\$25,731,000)	-13%			
В.	Long Term Debt:							
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%			
2	Notes Payable (Net of Current Portion)	\$354,959,000	\$345,568,000	(\$9,391,000)	-3%			
	Total Long Term Debt	\$354,959,000	\$345,568,000	(\$9,391,000)	-3%			
3	Accrued Pension Liability	\$227,988,000	\$264,662,000	\$36,674,000	16%			
4	Other Long Term Liabilities	\$78,958,000	\$74,660,000	(\$4,298,000)	-5%			
	Total Long Term Liabilities	\$661,905,000	\$684,890,000	\$22,985,000	3%			
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%			
C.	Net Assets:							
1	Unrestricted Net Assets or Equity	\$603,321,000	\$613,859,000	\$10,538,000	2%			
2	Temporarily Restricted Net Assets	\$107,926,000	\$85,290,000	(\$22,636,000)	-21%			
3	Permanently Restricted Net Assets	\$44,043,000	\$45,416,000	\$1,373,000	3%			
	Total Net Assets	\$755,290,000	\$744,565,000	(\$10,725,000)	-1%			
	Total Liabilities and Net Assets	\$1,611,942,000	\$1,598,471,000	(\$13,471,000)	-1%			

	IVVLLVL	MONTHS ACTUAL I	ILIITO		
		FISCAL YEAR 2016	1		
	REPORT 350 - PARENT CORPORATION COM	ISOLIDATED STAT	EMENT OF OPERA	TIONS INFORMAT	ON
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% <u>DIFFERENCE</u>
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$2,865,780,000	\$3,038,692,000	\$172,912,000	69
2	Less: Allowances	\$1,669,573,000	\$1,773,802,000	\$104,229,000	69
3	Less: Charity Care	\$33,743,000	\$48,617,000	\$14,874,000	449
4	Less: Other Deductions	\$0	\$0	\$0	09
	Total Net Patient Revenue	\$1,162,464,000	\$1,216,273,000	\$53,809,000	5%
5	Provision for Bad Debts Net Patient Service Revenue less provision for bad	\$38,642,000	\$34,822,000	(\$3,820,000)	-10%
	debts	\$1,123,822,000	\$1,181,451,000	\$57,629,000	5%
6	Other Operating Revenue	\$25,524,000	\$30,367,000	\$4,843,000	19%
7	Net Assets Released from Restrictions	\$8,093,000	\$8,144,000	\$51,000	19
	Total Operating Revenue	\$1,157,439,000	\$1,219,962,000	\$62,523,000	5%
В.	Operating Expenses:				
1	Salaries and Wages	\$532,907,000	\$554,805,000	\$21,898,000	49
2	Fringe Benefits	\$127,826,000	\$130,687,000	\$2,861,000	2%
3	Physicians Fees	\$24,022,000	\$19,696,000	(\$4,326,000)	-18%
4	Supplies and Drugs	\$152,939,000	\$172,329,000	\$19,390,000	13%
5	Depreciation and Amortization	\$68,744,000	\$74,054,000	\$5,310,000	89
6	Bad Debts	\$0	\$0	\$0	09
7	Interest Expense	\$9,510,000	\$9,442,000	(\$68,000)	-19
8	Malpractice Insurance Cost	\$9,517,000	\$7,102,000	(\$2,415,000)	-25%
9	Other Operating Expenses	\$219,182,000	\$243,204,000	\$24,022,000	119
	Total Operating Expenses	\$1,144,647,000	\$1,211,319,000	\$66,672,000	69
	Income/(Loss) From Operations	\$12,792,000	\$8,643,000	(\$4,149,000)	-32%
C.	Non-Operating Revenue:				
1	Income from Investments	\$9,298,000	\$11,589,000	\$2,291,000	25%
2	Gifts, Contributions and Donations	\$33,105,000	\$26,909,000	(\$6,196,000)	-199
3	Other Non-Operating Gains/(Losses)	(\$21,845,000)	\$15,987,000	\$37,832,000	-173%
	Total Non-Operating Revenue	\$20,558,000	\$54,485,000	\$33,927,000	165%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$33,350,000	\$63,128,000	\$29,778,000	899
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	09
	All Other Adjustments	(\$1,968,000)	(\$2,019,000)	(\$51,000)	3%
	Total Other Adjustments	(\$1,968,000)	(\$2,019,000)	(\$51,000)	3%
	Excess/(Deficiency) of Revenue Over Expenses	\$31,382,000	\$61,109,000	\$29,727,000	95%

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING WESTERN CONNECTICUT HEALTH NETWORK, INC. TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (1) (2) (3) (4) (5) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2014 FY 2015 FY 2016 A. Parent Corporation Statement of Operations Summary 1 Net Patient Revenue \$961,369,530 \$1,123,822,000 \$1,181,451,000 Other Operating Revenue 32,255,500 33,617,000 38,511,000 Total Operating Revenue \$993,625,030 \$1,157,439,000 \$1,219,962,000 Total Operating Expenses 961,175,602 1,144,647,000 1,211,319,000 Income/(Loss) From Operations \$32,449,428 \$12,792,000 \$8,643,000 52,466,000 Total Non-Operating Revenue 316,766,946 18,590,000 \$61,109,000 Excess/(Deficiency) of Revenue Over Expenses \$349,216,374 \$31,382,000 В. **Parent Corporation Profitability Summary** Parent Corporation Operating Margin 2.48% 1.09% 0.68% 2 Parent Corporation Non-Operating Margin 24.17% 1.58% 4.12% Parent Corporation Total Margin 26.65% 2.67% 4.80% Income/(Loss) From Operations \$32,449,428 \$12,792,000 \$8,643,000 Total Operating Revenue \$993,625,030 \$1,157,439,000 \$1,219,962,000 Total Non-Operating Revenue \$316,766,946 \$18,590,000 \$52,466,000 \$1,176,029,000 \$1,272,428,000 Total Revenue \$1,310,391,976 \$61,109,000 Excess/(Deficiency) of Revenue Over Expenses \$349,216,374 \$31,382,000 C. Parent Corporation Net Assets Summary 1 Parent Corporation Unrestricted Net Assets \$661,351,254 \$603,321,000 \$613,859,000

\$797,554,121

\$505,189,374

272.8%

\$755,290,000

(\$42,264,121)

-5.3%

\$744,565,000

(\$10,725,000)

-1.4%

Parent Corporation Total Net Assets

Parent Corporation Change in Total Net Assets

Parent Corporation Change in Total Net Assets %

TWELVE MONTHS ACTUAL FILING NORWALK HOSPITAL WESTERN CONNECTICUT HEALTH NETWORK, INC. TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS** (2) (3) (4) (5)

(1)

		ACTUAL	ACTUAL	_	ACTUAL
DESCRIPTION		FY 2014	FY 2015	<u> </u>	FY 2016
Limidia Magazas Comment					
Liquidity Measures Summary					
Current Ratio		1.68		1.71	1.82
Total Current Assets		\$358,412,968	\$333,30	8,000	\$307,935,000
Total Current Liabilities		\$213,255,628	\$194,74	7,000	\$169,016,000
Days Cash on Hand		64		35	31
Cash and Cash Equivalents		\$144,314,483	\$89,29	9,000	\$61,070,000
Short Term Investments		\$14,004,464	\$13,98	3,000	\$36,175,000
Total Cash and Short Term Investments		\$158,318,947	\$103,28	2,000	\$97,245,000
Total Operating Expenses		\$961,175,602	\$1,144,64	7,000	\$1,211,319,000
Depreciation Expense		\$53,445,138	\$68,74	4,000	\$74,054,000
Operating Expenses less Depreciation Expense		\$907,730,464	\$1,075,90	3,000	\$1,137,265,000
Days Revenue in Patient Accounts Receivable		28		32	32
Net Patient Accounts Receivable	\$	128,633,349	\$ 143,40	8,000	\$ 135,583,000
Due From Third Party Payers		\$0		\$0	\$0
Due To Third Party Payers		\$53,635,921	\$46,27	5,000	\$32,175,000
Total Net Patient Accounts Receivable and Third Party Payer	\$	74 997 428	\$ 97.13	3 000	\$ 103,408,000
Total Net Patient Revenue	Ψ	\$961,369,530			\$1,181,451,000
Average Payment Period		86		66	54
Total Current Liabilities		\$213,255,628	\$194,74	7,000	\$169,016,000
Total Operating Expenses		\$961,175,602	\$1,144,64	7,000	\$1,211,319,000
Depreciation Expense		\$53,445,138	\$68,74	44,000	\$74,054,000
Total Operating Expenses less Depreciation Expense		\$907,730,464	\$1,075,90	3,000	\$1,137,265,000
	Total Current Liabilities Days Cash on Hand Cash and Cash Equivalents Short Term Investments Total Cash and Short Term Investments Total Operating Expenses Depreciation Expense Operating Expenses less Depreciation Expense Days Revenue in Patient Accounts Receivable Net Patient Accounts Receivable Due From Third Party Payers Due To Third Party Payers Total Net Patient Accounts Receivable and Third Party Payer Activity Total Net Patient Revenue Average Payment Period Total Current Liabilities Total Operating Expenses Depreciation Expense	Liquidity Measures Summary Current Ratio Total Current Assets Total Current Liabilities Days Cash on Hand Cash and Cash Equivalents Short Term Investments Total Cash and Short Term Investments Total Operating Expenses Depreciation Expense Operating Expenses less Depreciation Expense Days Revenue in Patient Accounts Receivable Net Patient Accounts Receivable Net Patient Accounts Receivable and Third Party Payers Total Net Patient Accounts Receivable and Third Party Payer Activity Total Net Patient Revenue Average Payment Period Total Current Liabilities Total Operating Expenses Depreciation Expense Depreciation Expense	DESCRIPTION FY 2014 Liquidity Measures Summary 1.68 Current Ratio 1.68 Total Current Assets \$358,412,968 Total Current Liabilities \$213,255,628 Days Cash on Hand 64 Cash and Cash Equivalents \$144,314,483 Short Term Investments \$158,318,947 Total Cash and Short Term Investments \$158,318,947 Total Operating Expenses \$961,175,602 Depreciation Expense \$53,445,138 Operating Expenses less Depreciation Expense \$907,730,464 Days Revenue in Patient Accounts Receivable 28 Net Patient Accounts Receivable \$128,633,349 Due From Third Party Payers \$0 Due To Third Party Payers \$53,635,921 Total Net Patient Accounts Receivable and Third Party Payer \$74,997,428 Total Net Patient Revenue \$961,369,530 Average Payment Period 86 Total Current Liabilities \$213,255,628 Total Operating Expenses \$961,175,602 Depreciation Expense \$53,445,138	DESCRIPTION FY 2014 FY 2015 Liquidity Measures Summary 1.68 Current Ratio 1.68 Total Current Assets \$358,412,968 \$333,30 Total Current Liabilities \$213,255,628 \$194,74 Days Cash on Hand 64 64 Cash and Cash Equivalents \$144,014,483 \$89,29 Short Term Investments \$14,004,464 \$13,98 Total Cash and Short Term Investments \$158,318,947 \$103,28 Total Operating Expenses \$961,175,602 \$1,144,64 Depreciation Expense \$53,445,138 \$68,74 Operating Expenses less Depreciation Expense \$907,730,464 \$1,075,90 Days Revenue in Patient Accounts Receivable \$128,633,349 \$143,40 Due From Third Party Payers \$0 Due To Third Party Payers \$53,635,921 \$46,27 Total Net Patient Accounts Receivable and Third Party Payer \$74,997,428 \$97,13 Total Net Patient Revenue \$961,369,530 \$1,123,82 Average Payment Period 86 Total Current Liabilities <t< td=""><td>DESCRIPTION FY 2014 FY 2015 Liquidity Measures Summary 1.68 1.71 Current Ratio 1.68 333,308,000 Total Current Liabilities \$358,412,968 \$333,308,000 Total Current Liabilities \$213,255,628 \$194,747,000 Days Cash on Hand 64 35 Cash and Cash Equivalents \$144,314,483 \$89,299,000 Short Term Investments \$14,004,464 \$13,983,000 Total Cash and Short Term Investments \$158,318,947 \$103,282,000 Total Operating Expenses \$961,175,602 \$1,144,647,000 Depreciation Expense \$53,445,138 \$68,744,000 Operating Expenses less Depreciation Expense \$907,730,464 \$1,075,903,000 Days Revenue in Patient Accounts Receivable 28 32 Net Patient Accounts Receivable \$128,633,349 \$143,408,000 Due From Third Party Payers \$0 \$0 Due To Third Party Payers \$53,635,921 \$46,275,000 Total Net Patient Accounts Receivable and Third Party Payer \$74,997,428 \$97,133,000</td></t<>	DESCRIPTION FY 2014 FY 2015 Liquidity Measures Summary 1.68 1.71 Current Ratio 1.68 333,308,000 Total Current Liabilities \$358,412,968 \$333,308,000 Total Current Liabilities \$213,255,628 \$194,747,000 Days Cash on Hand 64 35 Cash and Cash Equivalents \$144,314,483 \$89,299,000 Short Term Investments \$14,004,464 \$13,983,000 Total Cash and Short Term Investments \$158,318,947 \$103,282,000 Total Operating Expenses \$961,175,602 \$1,144,647,000 Depreciation Expense \$53,445,138 \$68,744,000 Operating Expenses less Depreciation Expense \$907,730,464 \$1,075,903,000 Days Revenue in Patient Accounts Receivable 28 32 Net Patient Accounts Receivable \$128,633,349 \$143,408,000 Due From Third Party Payers \$0 \$0 Due To Third Party Payers \$53,635,921 \$46,275,000 Total Net Patient Accounts Receivable and Third Party Payer \$74,997,428 \$97,133,000

	TWEEVE MONTHS NOT ONE FIELD							
	WESTERN CONNECTICUT HEALTH NETWORK, INC.							
	TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2016							
	REPORT 385 - PARENT CORPORATION CONS	OLIDATED FINANCIAL	DATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>				
E.	Solvency Measures Summary							
1	Equity Financing Ratio	48.9	46.9	46.6				
2	Total Net Assets	\$797,554,121	\$755,290,000	\$744,565,000				
3	Total Assets	\$1,630,137,836	\$1,611,942,000	\$1,598,471,000				
4	Cash Flow to Total Debt Ratio	69.8	18.2	26.3				
5	Excess/(Deficiency) of Revenues Over Expenses	\$349,216,374	\$31,382,000	\$61,109,000				
6	Depreciation Expense	\$53,445,138	\$68,744,000	\$74,054,000				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$402,661,512	\$100,126,000	\$135,163,000				
8	Total Current Liabilities	\$213,255,628	\$194,747,000	\$169,016,000				
9	Total Long Term Debt	\$363,726,412	\$354,959,000	\$345,568,000				
10	Total Current Liabilities and Total Long Term Debt	\$576,982,040	\$549,706,000	\$514,584,000				
11	Long Term Debt to Capitalization Ratio	31.3	32.0	31.7				
12	Total Long Term Debt	\$363,726,412	\$354,959,000	\$345,568,000				
13	Total Net Assets	\$797,554,121	\$755,290,000	\$744,565,000				
14	Total Long Term Debt and Total Net Assets	\$1,161,280,533	\$1,110,249,000	\$1,090,133,000				

				NORWALK HOSPITAL				
				TWELVE MONTHS ACTUAL FILING				
(4)	(2)			FISCAL YEAR 2016				
			REPORT 40	0 - HOSPITAL INPATIENT BED UTILIZATION BY DE			PARTMENT	
		(3)	(3a)	(3b)	(4)	(5)	(6) OCCUPANCY	(7) OCCUPANCY
(1)								
		DATIENT	DICCUARCECOR	ADMICCIONO	CTAFFED	AVAIL ADLE		
LINIE	DESCRIPTION	PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED (A)	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	<u>DAYS</u>	CU/CCU # PATIEN		BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
	Adult Medical/Surgical	30,242	9,126	9,241	91	179	91.0%	46.3%
	Addit Medical/Surgical	30,242	9,120	3,241	91	179	91.076	40.576
2	ICU/CCU (Excludes Neonatal ICU)	11,224	1,777	0	32	49	96.1%	62.8%
	(Exoluser Neerlatal 188)	11,221	1,777	Ü	02	10	00.170	02.070
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,835	648	641	11	20	95.5%	52.5%
	TOTAL PSYCHIATRIC	3,835	648	641	11	20	95.5%	52.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	4,022	1,314	1,320	12	32	91.8%	34.4%
7	Newborn	2,982	1,173	1,297	9	20	90.8%	40.8%
8	Neonatal ICU	1,169	120	0	4	16	80.1%	20.0%
					_			
9	Pediatric	576	266	139	2	17	78.9%	9.3%
40	Other		0	0	0	0	0.00/	0.00/
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	51,068	11,474	11,341	152	313	92.0%	44.7%
	TOTAL EXCLUDING NEWBORN	31,000	11,474	11,341	132	313	92.0 /0	44.7 70
	TOTAL INPATIENT BED UTILIZATION	54,050	12,647	12,638	161	333	92.0%	44.5%
	TOTAL INI ATIENT BED OTILIZATION	34,030	12,047	12,030	101	333	32.070	77.5/0
	TOTAL INPATIENT REPORTED YEAR	54,050	12,647	12,638	161	333	92.0%	44.5%
	TOTAL INPATIENT PRIOR YEAR	58,011	12,877	12,796	190	331	83.6%	48.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-3,961	-230	-158	-29	2	8.3%	-3.5%
	D L. L. C.	-0,301	230	-130	-23		0.570	-0.0 /0
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-7%	-2%	-1%	-15%	1%	10%	-7%
		1 70	270	. 70	1070	170	1.370	1 70
	Total Licensed Beds and Bassinets	366						
		300						
(A) T	his number may not exceed the number of availa	able beds for each	h department or in	total.				
Note	: Total discharges do not include ICU/CCU patie	nts.						
						_		

		DRWALK HOSPITAL						
		MONTHS ACTUAL F	FILING					
	FISCAL YEAR 2016 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES							
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTH	ER SERVICES UTIL	IZATION AND FTES	<u> </u>			
(4)	(2)	(2)	(4)	/E\	(6)			
(1)	(2)	(3)	(4)	(5)	(6)			
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
LINE	<u>DESCRIPTION</u>	1 1 2013	1 1 2010	DITTERLINGE	DITTERCE			
Α.	CT Scans (A)							
1	Inpatient Scans	7,614	7,141	-473	-6%			
	Outpatient Scans (Excluding Emergency Department	,-	,					
	Scans)	11,516	11,505	-11	0%			
	Emergency Department Scans	9,627	9,376	-251	-3%			
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%			
	Total CT Scans	28,757	28,022	-735	-3%			
	MRI Scans (A)							
1	Inpatient Scans	1,141	1,139	-2	0%			
1 _	Outpatient Scans (Excluding Emergency Department	0.700	40.005	500	F 0/			
	Scans) Emergency Department Scans	9,732 216	10,235 247	503 31	5% 14%			
	Other Non-Hospital Providers' Scans (A)	0	0	0	0%			
├ ─	Total MRI Scans	11,089	11,621	532	5%			
	Total Initi Cours	11,003	11,021	332	370			
C.	PET Scans (A)							
1	Inpatient Scans	0	0	0	0%			
	Outpatient Scans (Excluding Emergency Department	<u> </u>	<u> </u>					
2	Scans)	0	0	0	0%			
3	Emergency Department Scans	0	0	0	0%			
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%			
	Total PET Scans	0	0	0	0%			
-	PET/CT Scans (A)				1000/			
1	Inpatient Scans Outputient Scans (Evaluding Emergency Penartment	2	0	-2	-100%			
2	Outpatient Scans (Excluding Emergency Department Scans)	473	591	118	25%			
	Emergency Department Scans	0	0	0	0%			
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%			
	Total PET/CT Scans	475	591	116	24%			
	(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year							
	volume of each of these types of scans from the primary provider of the scans.							
E.	<u>Linear Accelerator Procedures</u>							
1	Inpatient Procedures	293	241	-52	-18%			
2	Outpatient Procedures	7,530	8,719	1,189	16%			
	Total Linear Accelerator Procedures	7,823	8,960	1,137	15%			
<u> </u>	Cardiae Catheterization Procedures							
	Cardiac Catheterization Procedures	104	117	12	120/			
2	Inpatient Procedures Outpatient Procedures	104 29	117 0	13 -29	13% -100%			
	Total Cardiac Catheterization Procedures	133	117	-29 -16	-100% -12%			
		100	117	10	12/0			
G.	Cardiac Angioplasty Procedures							
1	Primary Procedures	49	58	9	18%			
2	Elective Procedures	0	0	0	0%			
	Total Cardiac Angioplasty Procedures	49	58	9	18%			
H.	Electrophysiology Studies							
1	Inpatient Studies	74	74	0	0%			

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES (1) (2) (3) (4) (5) (6)**ACTUAL ACTUAL AMOUNT** % LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE Outpatient Studies** 219 150 -69 -32% **Total Electrophysiology Studies** 293 224 -69 -24% **Surgical Procedures** Inpatient Surgical Procedures 2,685 2,996 12% 1 311 **Outpatient Surgical Procedures** 7,107 -142 6,965 -2% **Total Surgical Procedures** 2% 9,792 9,961 169 **Endoscopy Procedures** J. Inpatient Endoscopy Procedures 535 636 101 19% Outpatient Endoscopy Procedures 6,297 6,455 158 3% **Total Endoscopy Procedures** 6,832 7,091 259 4% **Hospital Emergency Room Visits** K. Emergency Room Visits: Treated and Admitted -1% 8,591 8,541 -50 Emergency Room Visits: Treated and Discharged 1,302 36,759 38,061 4% **Total Emergency Room Visits** 45,350 46,602 1,252 3% **Hospital Clinic Visits** Substance Abuse Treatment Clinic Visits 0 0 0% Dental Clinic Visits 1,628 1,012 -616 -38% 3 Psychiatric Clinic Visits 10.838 10.865 27 0% 4 Medical Clinic Visits 0 0 0 0% 0% Medical Clinic Visits - Pediatric Clinic 0 0 0 Medical Clinic Visits - Urgent Care Clinic 0 0 0 0% Medical Clinic Visits - Family Practice Clinic 0 0 0 0% Medical Clinic Visits - Other Medical Clinics 8 65 50 -15 -23% Specialty Clinic Visits 0% 0 0 0 Specialty Clinic Visits - Cardiac Clinic 10 86 97 11 13% Specialty Clinic Visits - Chronic Pain Clinic 0 0 0 0% Specialty Clinic Visits - OB-GYN Clinic 12 488 297 -191 -39% Specialty Clinic Visits - Other Speciality Clinics 9,742 8,138 1,604 20% **Total Hospital Clinic Visits** 21,243 22,063 820 4% Other Hospital Outpatient Visits 1 Rehabilitation (PT/OT/ST) 8,917 9,606 689 8% 2 Cardiac Rehabilitation 507 529 4% 22 24% Chemotherapy 1,274 1,582 308 3 Gastroenterology 6,903 6,724 -179 -3% 4 5 Other Outpatient Visits 178,692 -28,020 -16% 150,672 **Total Other Hospital Outpatient Visits** 196,293 -27,180 -14% 169,113 **Hospital Full Time Equivalent Employees** 445.6 Total Nursing FTEs 368.1 -77.5 -17% 90.8 -1.0 -1% Total Physician FTEs 89.8 Total Non-Nursing and Non-Physician FTEs 1,128.5 1,194.8 66.3 6% **Total Hospital Full Time Equivalent Employees** 1.664.9 1.652.7 -12.2 -1%

RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EM	ERGENCY RO	OM SERVICES I	BY LOCATION	
(1)	(2)	(3)	(4)	(5)	(6)	
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE	
Α.	Outpatient Surgical Procedures					
1	Norwalk Hospital	7,107	6,965	-142	-2%	
	Total Outpatient Surgical Procedures(A)	7,107	6,965	-142	-2%	
В.	Outpatient Endoscopy Procedures					
1	Norwalk Hospital	6,297	6,455	158	3%	
	Total Outpatient Endoscopy Procedures(B)	6,297	6,455	158	3%	
C.	Outpatient Hospital Emergency Room Visits					
1	Norwalk Hospital	36,759	38,061	1,302	4%	
	Total Outpatient Hospital Emergency Room Visits(C)	36,759	38,061	1,302	4%	
	(A) Must agree with Total Outpatient Surgical Procedur	es on Report 450	0.			
	(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT DIFFERENCE** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE** DATA BY MAJOR PAYER CATEGORY **MEDICARE** Α. MEDICARE INPATIENT INPATIENT ACCRUED CHARGES \$249,847,526 \$244,074,842 (\$5,772,684)-2% INPATIENT ACCRUED PAYMENTS (IP PMT) -11% \$78,371,312 \$69,647,716 (\$8,723,596)INPATIENT PAYMENTS / INPATIENT CHARGES -9% 3 31.37% 28.54% -2.83% 4 DISCHARGES -3% 5,676 5,492 (184)3% 5 CASE MIX INDEX (CMI) 1.41479 1.46160 0.04681 CASE MIX ADJUSTED DISCHARGES (CMAD) 8.030.34804 8.027.10720 (3.24084)0% 6 INPATIENT ACCRUED PAYMENT / CMAD \$9,759.39 \$8,676.56 (\$1,082.83)-11% -13% 8 PATIENT DAYS 31,093 27,104 (3,989)2% INPATIENT ACCRUED PAYMENT / PATIENT DAY \$2,520.55 \$2,569.65 \$49.10 10 AVERAGE LENGTH OF STAY 4.9 (0.5)-10% 5.5 MEDICARE OUTPATIENT 11 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$152,577,669 \$179,450,346 \$26,872,677 18% OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$28,761,475 \$38,586,602 \$9,825,127 34% 13 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 18.85% 21.50% 2.65% 14% 14 OUTPATIENT CHARGES / INPATIENT CHARGES 61.07% 73.52% 12.45% 20% 15 4,037.86516 16% OUTPATIENT EQUIVALENT DISCHARGES (OPED) 3,466.23744 571.62772 OUTPATIENT ACCRUED PAYMENTS / OPED \$8,297.61 \$9,556.19 \$1,258.58 15% 16 **MEDICARE TOTALS (INPATIENT + OUTPATIENT)** TOTAL ACCRUED CHARGES 17 \$402,425,195 \$423,525,188 \$21,099,993 5% TOTAL ACCRUED PAYMENTS \$107,132,787 \$108,234,318 \$1,101,531 1%

\$295,292,408

\$315,290,870

\$19,998,462

7%

19

TOTAL ALLOWANCES

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

AND RASELINE LINDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS							
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)							
	NON-GOVERNMENT INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$132,475,987	\$136,392,350	\$3,916,363	3%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$74,582,875	\$70,178,108	(\$4,404,767)	-6%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.30%	51.45%	-4.85%	-9%			
4	DISCHARGES	4,515	4,433	(82)	-2%			
5	CASE MIX INDEX (CMI)	1.05041	1.11520	0.06479	6%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,742.60115	4,943.68160	201.08045	4%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$15,726.15	\$14,195.52	(\$1,530.64)	-10%			
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$5,966.76)	(\$5,518.95)	\$447.81	-8%			
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$28,297,973)	(\$27,283,934)	\$1,014,039	-4%			
10	PATIENT DAYS	16,025	15,399	(626)	-4%			
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,654.16	\$4,557.32	(\$96.84)	-2%			
12	AVERAGE LENGTH OF STAY	3.5	3.5	(0.1)	-2%			
	NON-GOVERNMENT OUTPATIENT							
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$247,512,854	\$275,327,052	\$27,814,198	11%			
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$130,180,559	\$144,943,945	\$14,763,386	11%			
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	52.60%	52.64%	0.05%	0%			
16	OUTPATIENT CHARGES / INPATIENT CHARGES	186.84%	201.86%	15.03%	8%			
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,435.64605	8,948.63107	512.98503	6%			
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$15,432.20	\$16,197.33	\$765.13	5%			
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$7,134.59)	(\$6,641.14)	\$493.45	-7%			
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$60,184,886)	(\$59,429,136)	\$755,749	-1%			
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)							
21	TOTAL ACCRUED CHARGES	\$379,988,841	\$411,719,402	\$31,730,561	8%			
22	TOTAL ACCRUED PAYMENTS	\$204,763,434	\$215,122,053	\$10,358,619	5%			
23	TOTAL ALLOWANCES	\$175,225,407	\$196,597,349	\$21,371,942	12%			
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$88,482,859)	(\$86,713,071)	\$1,769,788	-2%			
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA							
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$346,306,745	\$374,839,328	\$28,532,583	8%			
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$202,821,840	\$210,337,378	\$7,515,538	4%			
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)							
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,484,905	\$164,501,950	\$21,017,045	15%			
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.43%	43.89%	2.45%				

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$5,833,457	\$5,678,211	(\$155,246)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$251,805	\$960,116	\$708,311	281%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.32%	16.91%	12.59%	292%
4	DISCHARGES	203	187	(16)	-8%
5	CASE MIX INDEX (CMI)	1.02842	1.09050	0.06208	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	208.76926	203.92350	(4.84576)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,206.14	\$4,708.22	\$3,502.08	290%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$14,520.01	\$9,487.30	(\$5,032.71)	-35%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,553.25	\$3,968.35	(\$4,584.90)	-54%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,785,656	\$809,239	(\$976,417)	-55%
11	PATIENT DAYS	784	649	(135)	-17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$321.18	\$1,479.38	\$1,158.20	361%
13	AVERAGE LENGTH OF STAY	3.9	3.5	(0.4)	-10%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,848,639	\$31,201,863	\$3,353,224	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,689,789	\$3,824,559	\$2,134,770	126%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.07%	12.26%	6.19%	102%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	477.40%	549.50%	72.11%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	969.11209	1,027.56808	58.45599	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,743.65	\$3,721.95	\$1,978.31	113%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$13,688.55	\$12,475.38	(\$1,213.17)	-9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,553.96	\$5,834.24	(\$719.72)	-11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,351,522	\$5,995,076	(\$356,446)	-6%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$33,682,096	\$36,880,074	\$3,197,978	9%
24	TOTAL ACCRUED PAYMENTS	\$1,941,594	\$4,784,675	\$2,843,081	146%
25	TOTAL ALLOWANCES	\$31,740,502	\$32,095,399	\$354,897	1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,137,178	\$6,804,315	(\$1,332,863)	-16%

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DA	TA: COMPARA	TIVE ANALYS	IS	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
D.	STATE OF CONNECTICOT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$75,908,806	\$84,806,012	\$8,897,206	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,810,298	\$20,010,413	\$1,200,115	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.78%	23.60%	-1.18%	-5%
4	DISCHARGES	2,638	2,678	40	2%
5	CASE MIX INDEX (CMI)	0.93062	1.04490	0.11428	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,454.97556	2,798.24220	343.26664	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,662.11	\$7,151.07	(\$511.05)	-7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$8,064.04	\$7,044.45	(\$1,019.59)	-13%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,097.28	\$1,525.50	(\$571.78)	-27%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,148,770	\$4,268,717	(\$880,053)	-17%
11	PATIENT DAYS	10,687	11,333	646	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,760.11	\$1,765.68	\$5.57	0%
13	AVERAGE LENGTH OF STAY	4.1	4.2	0.2	4%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$84,059,124	\$91,316,411	\$7,257,287	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,600,771	\$21,845,649	\$244,878	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.70%	23.92%	-1.77%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	110.74%	107.68%	-3.06%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,921.24170	2,883.58505	(37.65664)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,394.38	\$7,575.86	\$181.48	2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,037.82	\$8,621.47	\$583.65	7%
21	MEDICARE - MEDICAID OP PMT / OPED	\$903.23	\$1,980.32	\$1,077.10	119%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,638,544	\$5,710,434	\$3,071,891	116%
	MEDICAID TOTAL C (INDATIENT - OUTDATIENT)				
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)	#450.007.000	# 470 400 400	040.454.400	400/
23	TOTAL ACCRUED CHARGES	\$159,967,930	\$176,122,423	\$16,154,493	10%
24	TOTAL ALLOWANCES	\$40,411,069	\$41,856,062	\$1,444,993	4%
25	TOTAL ALLOWANCES	\$119,556,861	\$134,266,361	\$14,709,500	12%
26	TOTAL LIDDED LIMIT (OVED) / LINDEDDAYMENT	¢7 707 214	¢0 070 151	¢2 101 027	28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,787,314	\$9,979,151	\$2,191,837	20%

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT D	DATA: COMPARAT	IVE ANALYS	IS I I	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,246,734	\$1,227,307	(\$19,427)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$201,194	\$244,170	\$42,976	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.14%	19.89%	3.76%	23%
4	DISCHARGES	33	35	2	6%
5	CASE MIX INDEX (CMI)	1.27826	1.03280	(0.24546)	-19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	42.18258	36.14800	(6.03458)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,769.60	\$6,754.73	\$1,985.13	42%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$10,956.55	\$7,440.78	(\$3,515.77)	-32%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,989.79	\$1,921.83	(\$3,067.96)	-61%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$210,482	\$69,470	(\$141,012)	-67%
11	PATIENT DAYS	168	187	19	11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,197.58	\$1,305.72	\$108.14	9%
13	AVERAGE LENGTH OF STAY	5.1	5.3	0.3	5%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$799,592	\$920,964	\$121,372	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$101,477	\$240,655	\$139,178	137%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.69%	26.13%	13.44%	106%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	64.13%	75.04%	10.90%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	21.16453	26.26380	5.09927	24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,794.67	\$9,162.99	\$4,368.32	91%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$10,637.52	\$7,034.34	(\$3,603.19)	-34%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,502.93	\$393.19	(\$3,109.74)	-89%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$74,138	\$10,327	(\$63,811)	-86%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPAT	<u>ΓΙΕΝΤ)</u>			
23	TOTAL ACCRUED CHARGES	\$2,046,326	\$2,148,271	\$101,945	5%
24	TOTAL ACCRUED PAYMENTS	\$302,671	\$484,825	\$182,154	60%
25	TOTAL ALLOWANCES	\$1,743,655	\$1,663,446	(\$80,209)	-5%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$284,620	\$79,797	(\$204,823)	-72%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** F. |TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES \$77,155,540 \$86,033,319 \$8,877,779 12% 1 INPATIENT ACCRUED PAYMENTS (IP PMT) \$19,011,492 \$20,254,583 \$1,243,091 7% 3 INPATIENT PAYMENTS / INPATIENT CHARGES 24.64% 23.54% -1.10% -4% 2% 4 DISCHARGES 2,671 2,713 42 12% 5 CASE MIX INDEX (CMI) 0.93492 1.04474 0.10983 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 2,497.15814 2,834.39020 337.23206 14% (\$467.24) 7 INPATIENT ACCRUED PAYMENT / CMAD \$7,613.25 \$7,146.01 -6% 8 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$8.112.90 \$7.049.50 (\$1,063.40)-13% 9 MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$2,146.14 \$1,530.55 (\$615.59) -29% -19% 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,359,252 \$4,338,187 (\$1,021,065)6% 11 PATIENT DAYS 10,855 11,520 665 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,751.40 \$1,758.21 \$6.81 0% 12 4% 13 AVERAGE LENGTH OF STAY 4.2 0.2 4.1 TOTAL MEDICAL ASSISTANCE OUTPATIENT **OUTPATIENT ACCRUED CHARGES (OP CHGS)** \$92,237,375 \$7,378,659 9% \$84,858,716 14 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$21,702,248 \$22,086,304 \$384.056 2% 16 **OUTPATIENT PAYMENTS / OUTPATIENT CHARGES** 25.57% 23.95% -1.63% -6% 109.98% -3% OUTPATIENT CHARGES / INPATIENT CHARGES 107.21% -2.77% 17 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 2,942.40622 -1% 2,909.84885 (32.55737)18 3% **OUTPATIENT ACCRUED PAYMENTS / OPED** \$7,590.19 \$214.51 \$7,375.68 19 20 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$8,056.52 \$8,607.14 \$550.62 7% 113% 21 MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$921.93 \$1,966.00 \$1,044.07 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$2,712,682 \$5,720,761 \$3,008,080 111% 22 TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES \$162,014,256 \$178,270,694 10% 23 \$16,256,438 4% TOTAL ACCRUED PAYMENTS \$40,713,740 \$42,340,887 \$1,627,147 24 \$135,929,807 25 **TOTAL ALLOWANCES** \$121,300,516 \$14,629,291 12%

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DAT	A: COMPARA	IIVE ANALYS	15 	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS							
		ACTUAL	ACTUAL	AMOUNT	%							
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE							
G.	CHAMPUS / TRICARE											
	CHAMPUS / TRICARE INPATIENT											
1	INPATIENT ACCRUED CHARGES	\$260,692	\$367,783	\$107,091	41%							
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$99,570	\$126,891	\$27,321	27%							
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.19%	34.50%	-3.69%	-10%							
4	DISCHARGES	15	9	(6)	-40%							
5	CASE MIX INDEX (CMI)	0.68360	2.17180	1.48820	218%							
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	10.25400	19.54620	9.29220	91%							
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,710.36	\$6,491.85	(\$3,218.51)	-33%							
8	PATIENT DAYS	38	27	(11)	-29%							
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,620.26	\$4,699.67	\$2,079.40	79%							
10	AVERAGE LENGTH OF STAY	2.5	3.0	0.5	18%							
	CHAMPUS / TRICARE OUTPATIENT											
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$378,243	\$523,869	\$145,626	39%							
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$46,016	\$88,223	\$42,207	92%							
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)											
13	TOTAL ACCRUED CHARGES	\$638,935	\$891,652	\$252,717	40%							
14	TOTAL ACCRUED PAYMENTS	\$145,586	\$215,114	\$69,528	48%							
15	TOTAL ALLOWANCES	\$493,349	\$676,538	\$183,189	37%							
Н.	OTHER DATA											
1	OTHER OPERATING REVENUE	\$14,524,481	\$12,937,127	(\$1,587,354)	-11%							
2	TOTAL OPERATING EXPENSES	\$354,816,000	\$382,146,747	\$27,330,747	8%							
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%							
		* -	* -	* -								
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)											
	CHARITY CARE (CHARGES)	\$15,719,561	\$18,588,723	\$2,869,162	18%							
	BAD DEBTS (CHARGES)	\$13,113,368	\$12,856,802	(\$256,566)	-2%							
6	UNCOMPENSATED CARE (CHARGES)	\$28,832,929	\$31,445,525	\$2,612,596	9%							
7	COST OF UNCOMPENSATED CARE	\$10,478,854	\$11,028,757	\$549,903	5%							
		-										
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODO	LOGY)										
8	TOTAL ACCRUED CHARGES	\$162,014,256	\$178,270,694	\$16,256,438	10%							
9	TOTAL ACCRUED PAYMENTS	\$40,713,740	\$42,340,887	\$1,627,147	4%							
10	COST OF TOTAL MEDICAL ASSISTANCE	\$58,881,420	\$62,524,135	\$3,642,715	6%							
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$18,167,680	\$20,183,248	\$2,015,568	11%							

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	REPORT FORM 500 - CALCUL AND BASELINE UNDERPAYN				
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	<u>FY 2016</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$459,739,745	\$466,868,294	\$7,128,549	2%
2	TOTAL INPATIENT PAYMENTS	\$172,065,249	\$160,207,298	(\$11,857,951)	-7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.43%	34.32%	-3.11%	-8%
4	TOTAL DISCHARGES	12,877	12,647	(230)	-2%
5	TOTAL CASE MIX INDEX	1.18664	1.25126	0.06462	5%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,280.36133	15,824.72520	544.36387	4%
7	TOTAL OUTPATIENT CHARGES	\$485,327,482	\$547,538,642	\$62,211,160	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	105.57%	117.28%	11.71%	11%
9	TOTAL OUTPATIENT PAYMENTS	\$180,690,298	\$205,705,074	\$25,014,776	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.23%	37.57%	0.34%	1%
11	TOTAL CHARGES	\$945,067,227	\$1,014,406,936	\$69,339,709	7%
12	TOTAL PAYMENTS	\$352,755,547	\$365,912,372	\$13,156,825	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.33%	36.07%	-1.25%	-3%
14	PATIENT DAYS	58,011	54,050	(3,961)	-7%
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$327,263,758	\$330,475,944	\$3,212,186	1%
2	INPATIENT PAYMENTS	\$97,482,374	\$90,029,190	(\$7,453,184)	-8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.79%	27.24%	-2.54%	-9%
4	DISCHARGES	8,362	8,214	(148)	-2%
5	CASE MIX INDEX	1.26020	1.32469	0.06450	5%
6	CASE MIX ADJUSTED DISCHARGES	10,537.76018	10,881.04360	343.28342	3%
7	OUTPATIENT CHARGES	\$237,814,628	\$272,211,590	\$34,396,962	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.67%	82.37%	9.70%	13%
9	OUTPATIENT PAYMENTS	\$50,509,739	\$60,761,129	\$10,251,390	20%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.24%	22.32%	1.08%	5%
11	TOTAL CHARGES	\$565,078,386	\$602,687,534	\$37,609,148	7%
12	TOTAL PAYMENTS	\$147,992,113	\$150,790,319	\$2,798,206	2%
13	TOTAL PAYMENTS / CHARGES	26.19%	25.02%	-1.17%	-4%
14	PATIENT DAYS	41,986	38,651	(3,335)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$417,086,273	\$451,897,215	\$34,810,942	8%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	5.5	4.9	(0.5)	-10%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	(0.1)	-2%
3	UNINSURED	3.9	3.5	(0.4)	-10%
4	MEDICAID	4.1	4.2	0.2	4%
5	OTHER MEDICAL ASSISTANCE	5.1	5.3	0.3	5%
6	CHAMPUS / TRICARE	2.5	3.0	0.5	18%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)	-5%

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** DATA USED IN BASELINE UNDERPAYMENT CALCULATION III. TOTAL CHARGES \$945,067,227 \$1,014,406,936 \$69,339,709 7% 1 TOTAL GOVERNMENT DEDUCTIONS \$417,086,273 \$451,897,215 \$34,810,942 8% UNCOMPENSATED CARE \$28,832,929 \$31,445,525 \$2,612,596 4 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$143,484,905 \$164,501,950 \$21,017,045 15% 5 EMPLOYEE SELF INSURANCE ALLOWANCE 12% \$12,193,961 \$10,783,544 (\$1,410,417)TOTAL ADJUSTMENTS 6 \$601,598,068 \$658,628,234 \$57,030,166 9% 7 TOTAL ACCRUED PAYMENTS \$343,469,159 \$355,778,702 \$12,309,543 4% UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input) 8 0% \$0 \$0 \$0 NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS 9 \$343.469.159 \$355,778,702 \$12.309.543 4% RATIO OF NET REVENUE TO TOTAL CHARGES 0.3634335730 0.3507258176 (0.0127077554)-3% 11 COST OF UNCOMPENSATED CARE \$10,478,854 \$11,028,757 \$549,903 5% \$18,167,680 11% MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT \$20,183,248 \$2,015,568 0% 13 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND 14 MEDICAL ASSISTANCE UNDERPAYMENT \$28,646,534 9% \$31,212,005 \$2,565,471 IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) **MEDICAID** \$2,638,544 \$5,710,434 \$3,071,891 116% 2 OTHER MEDICAL ASSISTANCE -72% \$284,620 \$79,797 (\$204,823)UNINSURED (INCLUDED IN NON-GOVERNMENT) -16% (\$1,332,863)\$8,137,178 \$6,804,315 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) 14% 4 \$11,060,342 \$12,594,547 \$1,534,205 ٧. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600 EMPLOYEE SELF INSURANCE GROSS REVENUE \$18,479,767 \$17,006,632 (\$1,473,135) -7.97% 2 PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE \$2,755,453 \$6,311,354 \$3,555,901 129.05% 3 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS \$355,511,000 \$372,223,726 \$16,712,726 4.70% PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$0 \$0 0.00% 5 GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS \$945,067,226 \$1,014,407,266 \$69,340,040 7.34%

\$0

\$31,445,525

\$28,832,929

\$0

\$2,612,596

0.00%

9.06%

PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE

UNCOMP CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS

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TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>
I.	ACCRUED CHARGES AND PAYMENTS			
	INPATIENT ACCRUED CHARGES	0400 475 007	*	#0.040.000
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$132,475,987	\$136,392,350	\$3,916,363
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$249,847,526 \$77,155,540	244,074,842 86,033,319	(\$5,772,684
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$77,155,540	84,806,012	\$8,877,779 \$8,897,206
	OTHER MEDICAL ASSISTANCE	\$1,246,734	1,227,307	(\$19,427
	CHAMPUS / TRICARE	\$260,692	367,783	\$107,091
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,833,457	5,678,211	(\$155,246
	TOTAL INPATIENT GOVERNMENT CHARGES	\$327,263,758	\$330,475,944	\$3,212,186
	TOTAL INPATIENT CHARGES	\$459,739,745	\$466,868,294	\$7,128,549
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$247,512,854	\$275,327,052	\$27,814,198
2	MEDICARE	\$152,577,669	179,450,346	\$26,872,677
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$84,858,716	92,237,375	\$7,378,659
	MEDICAID	\$84,059,124	91,316,411	\$7,257,287
	OTHER MEDICAL ASSISTANCE	\$799,592	920,964	\$121,372
	CHAMPUS / TRICARE	\$378,243	523,869	\$145,626
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,848,639	31,201,863	\$3,353,224
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$237,814,628	\$272,211,590	\$34,396,962
	TOTAL OUTPATIENT CHARGES	\$485,327,482	\$547,538,642	\$62,211,160
	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$379,988,841	\$411,719,402	\$31,730,561
	TOTAL MEDICARE	\$402,425,195	\$423,525,188	\$21,099,993
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$162,014,256	\$178,270,694	\$16,256,438
	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$159,967,930	\$176,122,423	\$16,154,493
_	TOTAL OTHER MEDICAL ASSISTANCE TOTAL CHAMPUS / TRICARE	\$2,046,326 \$638,935	\$2,148,271	\$101,945 \$252,717
	TOTAL CHAMPOS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,682,096	\$891,652 \$36,880,074	\$3,197,978
	TOTAL GOVERNMENT CHARGES	\$565,078,386	\$602,687,534	\$37,609,148
	TOTAL CHARGES	\$945,067,227	\$1,014,406,936	\$69,339,709
,	INDATIFUT ACCRUSE BANGENTO			
	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$74,582,875	\$70,178,108	(\$4,404,767
	MEDICARE	\$78,371,312	69.647.716	(\$8,723,596
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,011,492	20,254,583	\$1,243,091
	MEDICAID	\$18,810,298	20,010,413	\$1,200,115
5	OTHER MEDICAL ASSISTANCE	\$201,194	244,170	\$42,976
6	CHAMPUS / TRICARE	\$99,570	126,891	\$27,321
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$251,805	960,116	\$708,311
	TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS	\$97,482,374	\$90,029,190 \$160,207,298	(\$7,453,184
	TOTAL INPATIENT PAYMENTS	\$172,065,249	\$160,207,298	(\$11,857,951
	OUTPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$130,180,559	\$144,943,945	\$14,763,386
	MEDICARE	\$28,761,475	38,586,602	\$9,825,127
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,702,248	22,086,304	\$384,056
	MEDICAID OTHER MEDICAL ASSISTANCE	\$21,600,771	21,845,649	\$244,878
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$101,477 \$46,016	240,655	\$139,178 \$42,207
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$46,016 \$1,689,789	88,223 3,824,559	\$42,207 \$2,134,770
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$1,689,789 \$50,509,739	\$60,761,129	\$2,134,770 \$10,251,390
	TOTAL OUTPATIENT GOVERNMENT PATMENTS TOTAL OUTPATIENT PAYMENTS	\$180,690,298	\$205,705,074	\$25,014,776
	TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$204,763,434	\$215,122,053	\$10,358,619
•	TOTAL MEDICARE	\$107,132,787	\$108,234,318	\$1,101,531

	NORWALK HOSPITAL			
	TWELVE MONTHS ACTUAL FIL	ING		
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER F	PAYMENT LIMIT AND		
	BASELINE UNDERPAYMENT D	ATA		
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
			·	
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,713,740	\$42,340,887	\$1,627,147
4	TOTAL MEDICAID	\$40,411,069	\$41,856,062	\$1,444,993
5	TOTAL OTHER MEDICAL ASSISTANCE	\$302,671	\$484,825	\$182,154
6	TOTAL CHAMPUS / TRICARE	\$145,586	\$215,114	\$69,528
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,941,594	\$4,784,675	\$2,843,081
	TOTAL GOVERNMENT PAYMENTS	\$147,992,113	\$150,790,319	\$2,798,206
	TOTAL PAYMENTS	\$352,755,547	\$365,912,372	\$13,156,825

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT DIFFERENCE
II.	PAYER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.02%	13.45%	-0.57%
2	MEDICARE (NO. 120 ACCUSED MEDICAL ACCUSED MEDI	26.44%	24.06%	-2.38%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.16%	8.48%	0.32%
4	MEDICAID	8.03%	8.36%	0.33%
5	OTHER MEDICAL ASSISTANCE	0.13%	0.12%	-0.01%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.62%	0.56%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.63%	32.58%	-2.05%
	TOTAL INPATIENT PAYER MIX	48.65%	46.02%	-2.62%
B.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.19%	27.14%	0.95%
2	MEDICARE	16.14%	17.69%	1.55%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.98%	9.09%	0.11%
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.89%	9.00%	0.11%
5	OTHER MEDICAL ASSISTANCE	0.08%	0.09%	0.01%
	CHAMPUS / TRICARE	0.04%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.95%	3.08%	0.13%
-	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.16%	26.83%	1.67%
	TOTAL OUTPATIENT GOVERNMENT PATER MIX TOTAL OUTPATIENT PAYER MIX	51.35%	53.98%	2.62%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
	TOTAL PATER WILL BASED ON ACCROLD CHARGES	100.00 /0	100.0070	0.007
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.14%	19.18%	-1.96%
2	MEDICARE	22.22%	19.03%	-3.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.39%	5.54%	0.15%
4	MEDICAID	5.33%	5.47%	0.14%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.07%	0.01%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.07%	0.26%	0.19%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.63%	24.60%	-3.03%
	TOTAL INPATIENT PAYER MIX	48.78%	43.78%	-4.99%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.90%	39.61%	2.71%
1 2	MEDICARE	36.90% 8.15%	39.61% 10.55%	2.71%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.15%	6.04%	-0.12%
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.12%	5.97%	-0.15%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.07%	0.04%
6	CHAMPUS / TRICARE	0.03%	0.07%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	1.05%	0.01%
- 1	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.32%	16.61%	2.29%
	TOTAL OUTPATIENT GOVERNMENT PATER MIX TOTAL OUTPATIENT PAYER MIX	51.22%	56.22%	4.99%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
, ,	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED D	DATA		
A.	DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,515	4,433	(82)
	MEDICARE	5,676	5,492	(184)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	2,671 2,638	2,713 2,678	42
	OTHER MEDICAL ASSISTANCE	2,036	2,076	2
	CHAMPUS / TRICARE	15	9	(6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	203	187	(16)
	TOTAL GOVERNMENT DISCHARGES	8,362	8,214	(148)
	TOTAL DISCHARGES	12,877	12,647	(230)
В.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.025	15.399	(626)
	MEDICARE	31,093	27,104	(3,989)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,855	11,520	665
4	MEDICAID	10,687	11,333	646
-	OTHER MEDICAL ASSISTANCE	168	187	19
_	CHAMPUS / TRICARE	38	27	(11)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	784	649	(135)
	TOTAL GOVERNMENT PATIENT DAYS TOTAL PATIENT DAYS	41,986 58,011	38,651 54,050	(3,335)
	TOTAL PATIENT DATS	30,011	54,050	(3,961)
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	(0.1)
2	MEDICARE	5.5	4.9	(0.5)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.1	4.2	0.2
	MEDICAID	4.1	4.2	0.2
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	5.1	5.3	0.3
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.5 3.9	3.0	0.5 (0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.0	4.7	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)
D.	CASE MIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05041	1.11520	0.06479
	MEDICARE	1.41479	1.11520	0.06479
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93492	1.04474	0.10983
	MEDICAID	0.93062	1.04490	0.11428
	OTHER MEDICAL ASSISTANCE	1.27826	1.03280	(0.24546)
	CHAMPUS / TRICARE	0.68360	2.17180	1.48820
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02842	1.09050	0.06208
	TOTAL GOVERNMENT CASE MIX INDEX TOTAL CASE MIX INDEX	1.26020 1.18664	1.32469 1.25126	0.06450 0.06462
	OTHER REQUIRED DATA			
		A	00=1	005-55-5
	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$346,306,745 \$202,821,840	\$374,839,328 \$210,337,378	\$28,532,583 \$7,515,538
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,484,905	\$164,501,950	\$21,017,045
	TOTAL NON-GOVERNMENT CONTRACTORE ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE	41.43%	43.89%	2.45%
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,479,767	\$17,006,632	(\$1,473,135)
		\$12,193,961	. , ,	(1) (1)

	NORWALK HOSPITAL						
	TWELVE MONTHS ACTUAL FILING						
	FISCAL YEAR 2016						
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
	BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)	(4)	(5)			
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE			
			-				
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$0	\$0				
	OHCA INPUT)			\$0			
8	CHARITY CARE	\$15,719,561	\$18,588,723	\$2,869,162			
9	BAD DEBTS	\$13,113,368	\$12,856,802	(\$256,566)			
10	TOTAL UNCOMPENSATED CARE	\$28,832,929	\$31,445,525	\$2,612,596			
11	TOTAL OTHER OPERATING REVENUE	\$14,524,481	\$12,937,127	(\$1,587,354)			
12	TOTAL OPERATING EXPENSES	\$354,816,000	\$382,146,747	\$27,330,747			
1							

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>	AMOUNT <u>DIFFERENCE</u>
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,742.60115	4,943.68160	201.08045
	MEDICARE	8,030.34804	8,027.10720	(3.24084)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,497.15814	2,834.39020	337.23206
	MEDICAID	2,454.97556	2,798.24220	343.26664
	OTHER MEDICAL ASSISTANCE	42.18258	36.14800	(6.03458)
	CHAMPUS / TRICARE	10.25400	19.54620	9.29220
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	208.76926	203.92350	(4.84576)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	10,537.76018	10,881.04360	343.28342
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,280.36133	15,824.72520	544.36387
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,435.64605	8,948.63107	512.98503
	MEDICARE	3,466.23744	4,037.86516	571.62772
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,942.40622	2,909.84885	-32.55737
	MEDICAID	2,921.24170	2,883.58505	-37.65664
5	OTHER MEDICAL ASSISTANCE	21.16453	26.26380	5.09927
6	CHAMPUS / TRICARE	21.76379	12.81957	-8.94421
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	969.11209	1,027.56808	58.45599
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,430.40745	6,960.53358	530.12613
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	14,866.05350	15,909.16465	1,043.11116
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
	NON COVERNMENT (INCLUDING OF FRAV (TIMINGUEED)	A15 700 15	\$44.405.50	(04.500.04)
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,726.15	\$14,195.52	(\$1,530.64)
	MEDICARE	\$9,759.39	\$8,676.56	(\$1,082.83)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,613.25	\$7,146.01	(\$467.24)
	MEDICAID	\$7,662.11	\$7,151.07	(\$511.05)
	OTHER MEDICAL ASSISTANCE	\$4,769.60	\$6,754.73	\$1,985.13
	CHAMPUS / TRICARE	\$9,710.36	\$6,491.85	(\$3,218.51)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,206.14	\$4,708.22	\$3,502.08
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,250.77 \$11,260.55	\$8,273.95 \$10,123.86	(\$976.82) (\$1,136.69)
	TOTAL INFATIENT FATMENT FER CASE WIX ADJUSTED DISCHARGE	\$11,200.55	\$10,123.00	(\$1,130.09)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,432.20	\$16,197.33	\$765.13
	MEDICARE	\$8,297.61	\$9,556.19	\$1,258.58
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,375.68	\$7,590.19	\$214.51
4	MEDICAID	\$7,394.38	\$7,575.86	\$181.48
5	OTHER MEDICAL ASSISTANCE	\$4,794.67	\$9,162.99	\$4,368.32
6	CHAMPUS / TRICARE	\$2,114.34	\$6,881.90	\$4,767.56
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,743.65	\$3,721.95	\$1,978.31
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,854.83	\$8,729.38	\$874.55
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,154.56	\$12,929.97	\$775.42

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** FY 2015 FY 2016 **DIFFERENCE** LINE DESCRIPTION CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAID 1 \$2,638,544 \$5,710,434 \$3,071,891 2 OTHER MEDICAL ASSISTANCE \$284,620 \$79,797 (\$204,823 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$8,137,178 \$6,804,315 (\$1,332,86 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$12,594,547 \$11,060,342 \$1,534,205 CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY) TOTAL CHARGES \$1,014,406,936 \$945,067,227 \$69,339,709 TOTAL GOVERNMENT DEDUCTIONS 2 \$417,086,273 \$451,897,215 \$34,810,942 3 UNCOMPENSATED CARE \$28,832,929 \$31,445,525 \$2,612,596 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES 4 \$143,484,905 \$164,501,950 \$21,017,045 EMPLOYEE SELF INSURANCE ALLOWANCE 5 \$12,193,961 \$10,783,544 (\$1,410,417) 6 TOTAL ADJUSTMENTS \$601,598,068 \$658,628,234 \$57,030,166 TOTAL ACCRUED PAYMENTS \$343,469,159 \$355,778,702 \$12,309,543 UCP DSH PAYMENTS (OHCA INPUT) 8 \$0 \$0 \$0 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS \$343,469,159 \$355,778,702 \$12,309,543 9 RATIO OF NET REVENUE TO TOTAL CHARGES 0.3634335730 0.3507258176 (0.0127077554) 11 COST OF UNCOMPENSATED CARE \$10,478,854 \$11,028,757 \$549,903 12 MEDICAL ASSISTANCE UNDERPAYMENT \$18,167,680 \$20,183,248 \$2,015,568 13 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT \$28,646,534 \$31,212,005 \$2,565,471 14 VII. RATIOS RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 56.30% 51.45% -4.85% 2 MEDICARE 31.37% 28.54% -2.83% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 24.64% 23.54% -1.10% MEDICAID 24.78% 23.60% -1.18% 5 OTHER MEDICAL ASSISTANCE 16.14% 19.89% 3.76% CHAMPUS / TRICARE 6 38.19% 34.50% -3.69% UNINSURED (INCLUDED IN NON-GOVERNMENT) 12.59% 4.32% 16.91% TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 29.79% 27.24% -2.54% TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 34.32% 37.43% -3.11% RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 0.05% 52.60% 52.64% MEDICARE 2 18.85% 21.50% 2.65% 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 25.57% -1.63% 23.95% 4 **MEDICAID** 25.70% 23.92% -1.77% OTHER MEDICAL ASSISTANCE 12.69% 26.13% 13.44% CHAMPUS / TRICARE 6 4.67% 12.17% 16.84% UNINSURED (INCLUDED IN NON-GOVERNMENT) 6.07% 12.26% 6.19% TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 21.24% 22.32% 1.08%

37.23%

37.57%

0.34%

TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** FY 2015 FY 2016 **DIFFERENCE** LINE DESCRIPTION VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS Α. TOTAL ACCRUED PAYMENTS \$352,755,547 \$365,912,372 \$13,156,825 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA \$0 INPUT) \$0 \$13,156,825 **OHCA DEFINED NET REVENUE** \$352,755,547 \$365,912,372 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE \$2,755,453 \$6,311,354 \$3,555,901 CALCULATED NET REVENUE \$374,910,174 \$372,223,726 (\$2,686,448 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL \$355,511,000 \$372,223,726 \$16,712,726 REPORTING) 6 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$19,399,174 \$0 (\$19,399,174) В. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE \$945,067,227 \$1,014,406,936 \$69,339,709 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$0 \$0 \$0 CALCULATED GROSS REVENUE \$945,067,227 \$1,014,406,936 \$69,339,709 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL \$945,067,226 \$1,014,407,266 \$69,340,040 REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 4 \$1 (\$330)(\$331) C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$28,832,929 \$31,445,525 \$2,612,596 PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 2 \$0 \$0 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$28,832,929 \$31,445,525 \$2,612,596 UNCOMP, CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$28,832,929 \$31,445,525 \$2,612,596 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$0 \$0 \$0

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	NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING				
-	FISCAL YEAR 2016				
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND				
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES				
(1)	(2)	(3)			
(')	(2)	ACTUAL			
LINE	<u>DESCRIPTION</u>	FY 2016			
I.	ACCRUED CHARGES AND PAYMENTS				
Α.	INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$136,392,350			
2	MEDICARE	244,074,842			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	86,033,319			
5	MEDICAID OTHER MEDICAL ASSISTANCE	84,806,012 1,227,307			
6	CHAMPUS / TRICARE	367,783			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,678,211			
	TOTAL INPATIENT GOVERNMENT CHARGES	\$330,475,944			
<u> </u>	TOTAL INPATIENT CHARGES	\$466,868,294			
В.	OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$275,327,052			
2	MEDICARE	179,450,346			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	92,237,375			
5	MEDICAID OTHER MEDICAL ASSISTANCE	91,316,411 920,964			
6	CHAMPUS / TRICARE	523,869			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	31,201,863			
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$272,211,590			
-	TOTAL OUTPATIENT CHARGES	\$547,538,642			
C.	TOTAL ACCRUED CHARGES				
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$411,719,402			
2	TOTAL GOVERNMENT ACCRUED CHARGES	602,687,534			
	TOTAL ACCRUED CHARGES	\$1,014,406,936			
D.	INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,178,108			
2	MEDICARE	69,647,716			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,254,583			
5	MEDICAID OTHER MEDICAL ASSISTANCE	20,010,413			
6	CHAMPUS / TRICARE	126,891			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	960,116			
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$90,029,190			
	TOTAL INPATIENT PAYMENTS	\$160,207,298			
-	OUTDATIENT ACCOUED DAYMENTS				
E. 1	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$144,943,945			
2	MEDICARE	38,586,602			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,086,304			
4	MEDICAID	21,845,649			
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	240,655 88,223			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,824,559			
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$60,761,129			
	TOTAL OUTPATIENT PAYMENTS	\$205,705,074			
F.	TOTAL ACCRUED PAYMENTS	0017177			
2	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) TOTAL GOVERNMENT ACCRUED PAYMENTS	\$215,122,053 150,790,319			
	TOTAL GOVERNMENT ACCROED PATMENTS TOTAL ACCRUED PAYMENTS	\$365,912,372			
F		, , , , , , , , , , , , , , , , , , , ,			
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA				
A.	ACCRUED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,433			
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,492			
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	2,713 2,678			
5	OTHER MEDICAL ASSISTANCE	35			
6	CHAMPUS / TRICARE	9			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	187			
-	TOTAL DISCHARGES	8,214			
<u></u>	TOTAL DISCHARGES	12,647			

	NORWALK HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
	DESCRIPTION	ACTUAL FY 2016
В.	CASE MIX INDEX	4.4450
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	1.1152 1.4616
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.04474
4	MEDICAID	1.04490
5	OTHER MEDICAL ASSISTANCE	1.0328
6 7	CHAMPUS / TRICARE	2.17180 1.09050
/	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CASE MIX INDEX	1.3246
	TOTAL CASE MIX INDEX	1.2512
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$374,839,328
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$210,337,378
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$164,501,950
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.89%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$17,006,632
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$10,783,544
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$18,588,723
9	BAD DEBTS TOTAL UNICOMPENDATED CARE	\$12,856,802
10	TOTAL UNCOMPENSATED CARE	\$31,445,525
11	TOTAL OTHER OPERATING REVENUE	\$12,937,127
12	TOTAL OPERATING EXPENSES	\$382,146,747
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$365,912,372
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$005,912,372
	OHCA DEFINED NET REVENUE	\$365,912,372
	DULIG/(MINUO) OTHER AR HIGTMENTO TO OHOA REFINER NET REVENUE	
2		ØC 044 054
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE CALCULATED NET REVENUE	
-	CALCULATED NET REVENUE	\$372,223,726
3	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$372,223,726 \$372,223,726
4	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$372,223,726 \$372,223,726
-	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$372,223,726 \$372,223,726
4	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$372,223,726 \$372,223,726 \$0
4 B.	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0
4 B.	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$1,014,406,936
8. 1 2	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0 \$1,014,406,936 \$1,014,407,266
B. 1 2	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0 \$1,014,406,936 \$1,014,407,266
4 B. 1 2	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0 \$1,014,407,266 (\$330
4 B. 1 2	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0 \$1,014,406,936 \$1,014,407,266 (\$330 \$31,445,525 \$0
4 B. 1 2 3 C. 1	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0 \$1,014,406,936 \$1,014,407,266 (\$330 \$31,445,525 \$0
4 B. 1 2 3 C. 1	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$0 \$1,014,406,936 \$1,014,407,266 (\$330 \$31,445,525
4 B. 1 2 3 3 Cc. 1 2	CALCULATED NET REVENUE NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE CALCULATED GROSS REVENUE GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,311,354 \$372,223,726 \$372,223,726 \$0 \$1,014,406,936 \$1,014,406,936 \$1,014,407,266 \$330 \$31,445,525 \$0 \$31,445,525

NORWALK HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (5) (6)**ACTUAL ACTUAL AMOUNT** % LINE DESCRIPTION FY 2015 FY 2016 DIFFERENCE DIFFERENCE **Hospital Charity Care (from HRS Report 500) Number of Applicants** 4% 4.332 4.516 184 2 **Number of Approved Applicants** 3% 3,701 117 3,818 **Total Charges (A)** \$2,869,162 18% 3 \$15,719,561 \$18,588,723 **Average Charges** 4 \$4,247 \$4,869 \$621 15% Ratio of Cost to Charges (RCC) 0.030192 9% 0.339565 0.369757 **Total Cost** 29% 6 \$5,337,813 \$6,873,310 \$1,535,498 **Average Cost** 7 \$1.442 \$1.800 \$358 25% Charity Care - Inpatient Charges 48% 8 \$1,644,900 \$2,437,479 \$792,579 Charity Care - Outpatient Charges (Excludes ED Charges) 9 9,372,563 10,657,336 1,284,773 14% Charity Care - Emergency Department Charges 791,810 10 4,702,098 5,493,908 17% 11 **Total Charges (A)** 18% \$15,719,561 \$18,588,723 \$2,869,162 Charity Care - Number of Patient Days 7% 12 253 271 18

64

2.032

12.577

\$4,007,506

3,014,539

6,091,323

\$13,113,368

\$15.719.561

13,113,368

\$28,832,929

\$5,652,406

12,387,102

10,793,421

\$28,832,929

75

2.088

13.823

\$6,155,110

2,184,327

4,517,365

\$12,856,802

\$18.588.723

12,856,802

\$31,445,525

\$8,592,589

12,841,663

10,011,273

\$31,445,525

17%

3%

10%

54%

-28%

-26%

-2%

18%

-2%

9%

52%

4%

-7%

9%

11

56

1.246

\$2,147,604

(1,573,958)

(\$256,566)

\$2.869.162

\$2,612,596

\$2,940,183

454,561

(782,148)

\$2,612,596

(256,566)

(830,212)

Charity Care - Number of Discharges

Bad Debts - Inpatient Services

Total Uncompensated Care (A)

Total Uncompensated Care (A)

Uncompensated Care - Inpatient Services

Uncompensated Care - Emergency Department

Total Bad Debts (A)

Charity Care (A)

Bad Debts (A)

Unc. Care)

Bad Debts - Emergency Department

Charity Care - Number of Outpatient ED Visits

Hospital Bad Debts (from HRS Report 500)

Charity Care - Number of Outpatient Visits (Excludes ED

Bad Debts - Outpatient Services (Excludes ED Bad Debts)

Hospital Uncompensated Care (from HRS Report 500)

Uncompensated Care - Outpatient Services (Excludes ED

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

13

15

B.

2

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4

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6

7

Visits)

		NORWALK HOSPIT			
		TWELVE MONTHS ACTUA			
		FISCAL YEAR 201	<u>- </u>		
		AL NON-GOVERNMENT GROSS RE	<u> </u>	ALLOWANCES,	
		CCRUED PAYMENTS AND DISCOL	JNT PERCENTAGE		
(1)	(2)	(3)	(4)	(5)	(6)
_ ` /		FY 2015	FY 2016	ζ-7	(-)
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$346,306,745	\$374,839,328	\$28,532,583	8%
2	Total Contractual Allowances	\$143,484,905	\$164,501,950	\$21,017,045	159
	Total Accrued Payments (A)	\$202,821,840	\$210,337,378	\$7,515,538	40
	Total Discount Percentage	41.43%	43.89%	2.45%	6%
		overnment Contractual Allowances			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$453,417,066	\$459,739,745	\$466,868,294
2	Outpatient Gross Revenue	\$446,848,433	\$485,327,482	\$547,538,642
3	Total Gross Patient Revenue	\$900,265,499	\$945,067,227	\$1,014,406,936
4	Net Patient Revenue	\$324,018,792	\$355,511,000	\$372,223,726
В.	Total Operating Expenses			
1	Total Operating Expense	\$311,061,228	\$354,816,000	\$382,146,747
C.	Utilization Statistics			
1	Patient Days	59,071	58,011	54,050
2	Discharges	13,110	12,877	12,647
3	Average Length of Stay	4.5	4.5	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	117,286	119,251	117,439
0	Equivalent (Adjusted) Discharges (ED)	26,030	26,471	27,479
D.	Case Mix Statistics			
1	Case Mix Index	1.19992	1.18664	1.25126
2	Case Mix Adjusted Patient Days (CMAPD)	70,880	68,838	67,631
3	Case Mix Adjusted Discharges (CMAD)	15,731	15,280	15,825
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	140,734	141,508	146,947
5	Case Mix Adjusted Equivalent Discharges (CMAED)	31,234	31,411	34,384
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$15,240	\$16,291	\$18,768
2	Total Gross Revenue per Discharge	\$68,670	\$73,392	\$80,209
3	Total Gross Revenue per EPD	\$7,676	\$7,925	\$8,638
4	Total Gross Revenue per ED	\$34,586	\$35,702	\$36,915
5	Total Gross Revenue per CMAEPD	\$6,397	\$6,679	\$6,903
6	Total Gross Revenue per CMAED	\$28,823	\$30,087	\$29,502
7	Inpatient Gross Revenue per EPD	\$3,866	\$3,855	\$3,975

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

44)		(0)	40	(=)
(1) <u>LINE</u>	(2) DESCRIPTION	(3) ACTUAL <u>FY 2014</u>	(4) ACTUAL <u>FY 2015</u>	(5) ACTUAL <u>FY 2016</u>
8	Inpatient Gross Revenue per ED	\$17,419	\$17,368	\$16,990
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$5,485	\$6,128	\$6,887
2	Net Patient Revenue per Discharge	\$24,715	\$27,608	\$29,432
3	Net Patient Revenue per EPD	\$2,763	\$2,981	\$3,169
4	Net Patient Revenue per ED	\$12,448	\$13,430	\$13,546
5	Net Patient Revenue per CMAEPD	\$2,302	\$2,512	\$2,533
6	Net Patient Revenue per CMAED	\$10,374	\$11,318	\$10,826
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$5,266	\$6,116	\$7,070
2	Total Operating Expense per Discharge	\$23,727	\$27,554	\$30,216
3	Total Operating Expense per EPD	\$2,652	\$2,975	\$3,254
4	Total Operating Expense per ED	\$11,950	\$13,404	\$13,907
5	Total Operating Expense per CMAEPD	\$2,210	\$2,507	\$2,601
6	Total Operating Expense per CMAED	\$9,959	\$11,296	\$11,114
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$45,733,017	\$46,444,000	\$49,326,729
2	Nursing Fringe Benefits Expense	\$9,992,314	\$6,219,000	\$5,961,106
3	Total Nursing Salary and Fringe Benefits Expense	\$55,725,331	\$52,663,000	\$55,287,835
I.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$11,986,450	\$12,892,000	\$12,508,252
2	Physician Fringe Benefits Expense	\$2,283,503	\$3,182,000	\$3,050,046
3	Total Physician Salary and Fringe Benefits Expense	\$14,269,953	\$16,074,000	\$15,558,298
	·			
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$75,302,594	\$76,386,000	\$77,378,005
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$21,288,563	\$29,802,000	\$28,566,148
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$96,591,157	\$106,188,000	\$105,944,153

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(4)	(0)	(0)	(4)	(E)
(1)	DESCRIPTION	(3) ACTUAL FY 2014	(4) ACTUAL FY 2015	(5) ACTUAL FY 2016
LIIVE	<u> </u>	112014	112010	112010
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$133,022,061	\$135,722,000	\$139,212,986
2	Total Fringe Benefits Expense	\$33,564,380	\$39,203,000	\$37,577,300
3	Total Salary and Fringe Benefits Expense	\$166,586,441	\$174,925,000	\$176,790,286
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	444.9	445.6	368.1
2	Total Physician FTEs	90.0	90.8	89.8
3	Total Non-Nursing, Non-Physician FTEs	1116.1	1128.5	1194.8
4	Total Full Time Equivalent Employees (FTEs)	1,651.0	1,664.9	1,652.7
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$102,794	\$104,228	\$134,004
2	Nursing Fringe Benefits Expense per FTE	\$22,460	\$13,956	\$16,194
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$125,254	\$118,184	\$150,198
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$133,183	\$141,982	\$139,290
2	Physician Fringe Benefits Expense per FTE	\$25,372	\$35,044	\$33,965
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$158,555	\$177,026	\$173,255
Ο.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense pe	er FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$67,469	\$67,688	\$64,762
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,074	\$26,409	\$23,909
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$86,543	\$94,097	\$88,671
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$80,571	\$81,520	\$84,234
2	Total Fringe Benefits Expense per FTE	\$20,330	\$23,547	\$22,737
3	Total Salary and Fringe Benefits Expense per FTE	\$100,900	\$105,066	\$106,971

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE (2) (1) (3) (4) (5) **ACTUAL ACTUAL ACTUAL** LINE DESCRIPTION FY 2014 FY 2015 **FY 2016** Q. Total Salary and Fringe Ben. Expense per Statistic 1 Total Salary and Fringe Benefits Expense per Patient Day \$2,820 \$3,015 \$3,271 2 Total Salary and Fringe Benefits Expense per Discharge \$12,707 \$13,584 \$13,979 3 Total Salary and Fringe Benefits Expense per EPD \$1,420 \$1,467 \$1,505 4 Total Salary and Fringe Benefits Expense per ED \$6,400 \$6,608 \$6,434 5 Total Salary and Fringe Benefits Expense per CMAEPD \$1,184 \$1,236 \$1,203 6 Total Salary and Fringe Benefits Expense per CMAED \$5,334 \$5,569 \$5,142