		S ACTUAL FILING						
FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION								
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %			
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE			
Ι.	ASSETS							
Α.	Current Assets:							
1	Cash and Cash Equivalents	\$5,138,008	\$5,077,410	(\$60,598)	-1%			
2	Short Term Investments	\$0	\$0	\$0	0%			
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,372,415	\$7,065,829	(\$1,306,586)	-16%			
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%			
5	Due From Affiliates	\$0	\$0	\$0	0%			
6	Due From Third Party Payers	\$0	\$0	\$0	0%			
7	Inventories of Supplies	\$990,707	\$717,629	(\$273,078)	-28%			
8	Prepaid Expenses	\$962,571	\$303,858	(\$658,713)	-68%			
9	Other Current Assets	\$1,758,500	\$2,116,502	\$358,002	20%			
	Total Current Assets	\$17,222,201	\$15,281,228	(\$1,940,973)	-11%			
в.	Noncurrent Assets Whose Use is Limited:							
1	Held by Trustee	\$2,962,495	\$3,086,464	\$123,969	4%			
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%			
3	Funds Held in Escrow	\$1,439,934	\$1,439,934	\$0	0%			
4	Other Noncurrent Assets Whose Use is Limited	\$2,622,949	\$2,843,477	\$220,528	8%			
	Total Noncurrent Assets Whose Use is Limited:	\$7,025,378	\$7,369,875	\$344,497	5%			
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%			
6	Long Term Investments	\$461,907	\$456,048	(\$5,859)	-1%			
7	Other Noncurrent Assets	\$2,867,317	\$2,833,766	(\$33,551)	-1%			
C.	Net Fixed Assets:							
1	Property, Plant and Equipment	\$121,167,275	\$121,581,141	\$413,866	0%			
2	Less: Accumulated Depreciation	\$82,446,254	\$86,169,865	\$3,723,611	5%			
	Property, Plant and Equipment, Net	\$38,721,021	\$35,411,276	(\$3,309,745)	-9%			
3	Construction in Progress	\$150,394	\$119,651	(\$30,743)	-20%			
	Total Net Fixed Assets	\$38,871,415	\$35,530,927	(\$3,340,488)	-9%			
	Total Assets	\$66,448,218	\$61,471,844	(\$4,976,374)	-7%			

	WINDHAM COMM	UNITY MEMORIAL HOSPIT	AL					
	TWELVE M	ONTHS ACTUAL FILING						
FISCAL YEAR 2016								
	REPORT 100 - HOSPITA	AL BALANCE SHEET INFOR	RMATION					
(1)	(2)	(3)	(4)	(5)	(6)			
<u>LINE</u>	DESCRIPTION	FY 2015 ACTUAL	FY 2016 <u>ACTUAL</u>	AMOUNT DIFFERENCE	% DIFFERENCE			
١١.	LIABILITIES AND NET ASSETS							
Α.	Current Liabilities:							
	Accounts Payable and Accrued Expenses	\$6,424,553	\$2,577,453	(\$3,847,100)	-60%			
2	Salaries, Wages and Payroll Taxes	\$2,284,567	\$3,060,464	\$775,897	34%			
3	Due To Third Party Payers	\$2,772,561	\$1,893,862	(\$878,699)	-32%			
4	Due To Affiliates	\$6,298,540	\$7,835,895	\$1,537,355	24%			
5	Current Portion of Long Term Debt	\$4,449,224	\$251,504	(\$4,197,720)	-94%			
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%			
7	Other Current Liabilities	\$1,597,783	\$1,924,366	\$326,583	20%			
	Total Current Liabilities	\$23,827,228	\$17,543,544	(\$6,283,684)	-26%			
В.	Long Term Debt:							
1	Bonds Payable (Net of Current Portion)	\$31,165,811	\$30,837,372	(\$328,439)	-1%			
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%			
	Total Long Term Debt	\$31,165,811	\$30,837,372	(\$328,439)	-1%			
3	Accrued Pension Liability	\$47,069,447	\$61,961,430	\$14,891,983	32%			
4	Other Long Term Liabilities	\$13,629,270	\$14,546,345	\$917,075	7%			
	Total Long Term Liabilities	\$91,864,528	\$107,345,147	\$15,480,619	17%			
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%			
C.	Net Assets:							
1	Unrestricted Net Assets or Equity	(\$55,316,980)	(\$69,976,704)	(\$14,659,724)	27%			
2	Temporarily Restricted Net Assets	\$1,935,277	\$2,271,021	\$335,744	17%			
3	Permanently Restricted Net Assets	\$4,138,165	\$4,288,836	\$150,671	4%			
	Total Net Assets	(\$49,243,538)	(\$63,416,847)	(\$14,173,309)	29%			
	Total Liabilities and Net Assets	\$66,448,218	\$61,471,844	(\$4,976,374)	-7%			

		IUNITY MEMORIAL ONTHS ACTUAL FII			
		CAL YEAR 2016			
	REPORT 150 - HOSPITAL STA	TEMENT OF OPER	ATIONS INFORMA	TION	
(1)	(2)	(3)	(4)	(5)	(6)
	DESCRIPTION	FY 2015	FY 2016	AMOUNT	%
	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	Operating Revenue:				
1	Total Gross Patient Revenue	\$196,286,597	\$175,117,173	(\$21,169,424)	-119
2	Less: Allowances	\$112,015,902	\$102,400,464	(\$9,615,438)	-9%
3	Less: Charity Care	\$1,994,173	\$1,466,425	(\$527,748)	-26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$82,276,522	\$71,250,284	(\$11,026,238)	-13%
5	Provision for Bad Debts Net Patient Service Revenue less provision for bad	\$4,675,102	\$4,325,446	(\$349,656)	-7%
	debts	\$77,601,420	\$66,924,838	(\$10,676,582)	-14%
6	Other Operating Revenue	\$4,764,423	\$2,822,409	(\$1,942,014)	-41%
7	Net Assets Released from Restrictions	\$0	\$857	\$857	0%
	Total Operating Revenue	\$82,365,843	\$69,748,104	(\$12,617,739)	-15%
в.	Operating Expenses:				
1	Salaries and Wages	\$35,993,309	\$31,798,838	(\$4,194,471)	-12%
2	Fringe Benefits	\$10,834,809	\$11,354,735	\$519,926	5%
3	Physicians Fees	\$2,627,350	\$2,785,769	\$158,419	6%
4	Supplies and Drugs	\$7,734,480	\$6,393,287	(\$1,341,193)	-17%
5	Depreciation and Amortization	\$4,243,315	\$3,879,948	(\$363,367)	-9%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,698,978	\$1,785,086	\$86,108	5%
8	Malpractice Insurance Cost	\$343,860	\$413,222	\$69,362	20%
9	Other Operating Expenses	\$23,285,423	\$23,201,778	(\$83,645)	0%
	Total Operating Expenses	\$86,761,524	\$81,612,663	(\$5,148,861)	-6%
	Income/(Loss) From Operations	(\$4,395,681)	(\$11,864,559)	(\$7,468,878)	170%
C.	Non-Operating Revenue:				
1	Income from Investments	\$116,996	\$120,473	\$3,477	3%
2	Gifts, Contributions and Donations	\$96,770	\$149,246	\$52,476	54%
3	Other Non-Operating Gains/(Losses)	(\$1,363,155)	(\$1,417,392)	(\$54,237)	4%
	Total Non-Operating Revenue	(\$1,149,389)	(\$1,147,673)	\$1,716	0%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$5,545,070)	(\$13,012,232)	(\$7,467,162)	135%
	Other Adjustments:				
	Unrealized Gains/(Losses)	(\$7,589)	\$6,783	\$14,372	-189%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$7,589)	\$6,783	\$14,372	-189%
	Excess/(Deficiency) of Revenue Over Expenses	(\$5,552,659)	(\$13,005,449)	(\$7,452,790)	134%
	Principal Payments	\$2,349,623	\$359,626	(\$1,989,997)	-85%

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Ι.	<u>GROSS REVENUE BY PAYER</u>				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$28,122,425	\$20,140,887	(\$7,981,538)	-28%
2	MEDICARE MANAGED CARE	\$5,404,935	\$4,725,921	(\$679,014)	-13%
3	MEDICAID	\$9,198,117	\$5,861,443	(\$3,336,674)	-36%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$191,428	\$55,839	(\$135,589)	-71%
6	COMMERCIAL INSURANCE	\$6,928,555	\$5,564,920	(\$1,363,635)	-20%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$177,960	\$27,888	(\$150,072)	-84%
9	SELF- PAY/UNINSURED	\$682,220	\$410,434	(\$271,786)	-40%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$244,844	\$140,087	(\$104,757)	-43%
	TOTAL INPATIENT GROSS REVENUE	\$50,950,484	\$36,927,419	(\$14,023,065)	-28%
В.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$38,784,704	\$37,254,935	(\$1,529,769)	-4%
2	MEDICARE MANAGED CARE	\$9,979,803	\$10,373,233	\$393,430	4%
3		\$41,189,359	\$37,639,187	(\$3,550,172)	-9%
4	MEDICAID MANAGED CARE	\$0 \$500.050	\$0	\$0	0%
5	CHAMPUS/TRICARE COMMERCIAL INSURANCE	\$569,658 \$48,951,093	\$467,898 \$47,113,519	(\$101,760) (\$1,837,574)	-18%
6	NON-GOVERNMENT MANAGED CARE	\$40,951,093	\$47,113,519 \$0	(\$1,637,574)	<u>-4%</u> 0%
8	WORKER'S COMPENSATION	\$2,215,149	\$1,654,584	(\$560,565)	-25%
9	SELF- PAY/UNINSURED	\$3,214,853	\$3,234,578	\$19,725	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$431,494	\$451,819	\$20,325	5%
	TOTAL OUTPATIENT GROSS REVENUE	\$145,336,113	\$138,189,753	(\$7,146,360)	-5%
C	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$66,907,129	\$57,395,822	(\$9,511,307)	-14%
2	MEDICARE MANAGED CARE	\$15,384,738	\$15,099,154	(\$285,584)	-2%
3	MEDICAID	\$50,387,476	\$43,500,630	(\$6,886,846)	-14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$761,086	\$523,737	(\$237,349)	-31%
6	COMMERCIAL INSURANCE	\$55,879,648	\$52,678,439	(\$3,201,209)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,393,109	\$1,682,472	(\$710,637)	-30%
9		\$3,897,073	\$3,645,012	(\$252,061)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$676,338	\$591,906	(\$84,432)	-12%
	TOTAL GROSS REVENUE	\$196,286,597	\$175,117,172	(\$21,169,425)	-11%
п.	NET REVENUE BY PAYER				
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$18,465,829	\$12,992,934	(\$5,472,895)	-30%
		\$3,250,512	\$2,540,116	(\$710,396)	-22%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
3	MEDICAID	\$3,515,603	\$2,212,190	(\$1,303,413)	-37%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$61,777	\$21,462	(\$40,315)	-65%
6	COMMERCIAL INSURANCE	\$5,292,927	\$4,318,048	(\$974,879)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$126,363	\$26,595	(\$99,768)	-79%
9	SELF- PAY/UNINSURED	\$17,775	\$22,621	\$4,846	27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$159,612	\$48,480	(\$111,132)	-70%
	TOTAL INPATIENT NET REVENUE	\$30,890,398	\$22,182,446	(\$8,707,952)	-28%
В.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$9,586,142	\$8,450,599	(\$1,135,543)	-12%
2	MEDICARE MANAGED CARE	\$2,262,444	\$2,160,053	(\$102,391)	-5%
3		\$8,669,686	\$8,025,624	(\$644,062)	-7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5		\$141,321	\$121,385	(\$19,936)	-14%
6		\$26,637,111	\$25,803,570	(\$833,541)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8 9	WORKER'S COMPENSATION SELF- PAY/UNINSURED	\$1,261,172	\$834,876 \$86,800	(\$426,296)	-34%
9 10	SAGA	\$85,585 \$0		\$1,215 \$0	<u>1%</u> 0%
11	OTHER	\$0	\$0 \$11 281		
	TOTAL OUTPATIENT NET REVENUE	\$48,698,449	\$41,281 \$45,524,188	(\$13,707) (\$3,174,261)	-25% - 7%
		\$40,030,449	94 J,J24,100	(\$3,174,201)	-1 /0
с.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$28,051,971	\$21,443,533	(\$6,608,438)	-24%
2	MEDICARE MANAGED CARE	\$5,512,956	\$4,700,169	(\$812,787)	-15%
3	MEDICAID	\$12,185,289	\$10,237,814	(\$1,947,475)	-16%
4	MEDICAID MANAGED CARE	\$0	\$0	(\\$1,547,475) \$0	0%
5	CHAMPUS/TRICARE	\$203,098	\$0 \$142,847	(\$60,251)	-30%
6		\$31,930,038	\$30,121,618	(\$1,808,420)	-50 %
7	NON-GOVERNMENT MANAGED CARE	\$31,930,038	\$30,121,018 \$0	(\$1,808,420) \$0	-6%
8	WORKER'S COMPENSATION				
9	SELF- PAY/UNINSURED	\$1,387,535 \$103,360	\$861,471 \$109,421	(\$526,064) \$6,061	-38% 6%
10	SAGA		. ,	\$0,001 \$0	
11	OTHER	\$0 \$214,600	\$0 \$89,761	\$0 (\$124,839)	<u>0%</u> -58%
		. ,			
	TOTAL NET REVENUE	\$79,588,847	\$67,706,634	(\$11,882,213)	-15%
III .	STATISTICS BY PAYER				
		4.004	4.000	(045)	000/
1	MEDICARE TRADITIONAL	1,384	1,069	(315)	-23%
2	MEDICARE MANAGED CARE	288	223	(65)	-23%
3		637	512	(125)	-20%
4	MEDICAID MANAGED CARE	0	0	0	0%
5 6		16 524	<u>4</u> 371	(12)	-75%
7	COMMERCIAL INSURANCE NON-GOVERNMENT MANAGED CARE	0	0	<u>(153)</u> 0	-29% 0%
8	WORKER'S COMPENSATION	9	3	(6)	
υ	WORKER & GOWFENSATION	9	3	(6)	-67%

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	26	34	8	31%
10	SAGA	0	0	0	0%
11	OTHER	17	9	(8)	-47%
_	TOTAL DISCHARGES	2,901	2,225	(676)	-23%
B .	PATIENT DAYS	0.500	4 000	(4.000)	000/
1	MEDICARE TRADITIONAL	6,562	4,633	(1,929)	-29%
2	MEDICARE MANAGED CARE MEDICAID	1,247 2,324	<u>1,112</u> 1,476	(135) (848)	-11%
4	MEDICAID MANAGED CARE	2,324	1,476	(848)	-36% 0%
5	CHAMPUS/TRICARE	45	8	(37)	-82%
6	COMMERCIAL INSURANCE	1,625	1,242	(383)	-24%
7	NON-GOVERNMENT MANAGED CARE	0	0	(383)	-24%
8	WORKER'S COMPENSATION	27	8	(19)	-70%
9	SELF- PAY/UNINSURED	328	84	(244)	-74%
10	SAGA	0	0	0	0%
11	OTHER	56	31	(25)	-45%
	TOTAL PATIENT DAYS	12,214	8.594	(3,620)	-30%
C.	OUTPATIENT VISITS		-,	(0,0-0)	
1	MEDICARE TRADITIONAL	23,577	20,253	(3,324)	-14%
2	MEDICARE MANAGED CARE	6,825	5,425	(1,400)	-21%
3	MEDICAID	25,392	23,636	(1,756)	-7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	372	284	(88)	-24%
6	COMMERCIAL INSURANCE	33,296	29,150	(4,146)	-12%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	1,816	1,202	(614)	-34%
9	SELF- PAY/UNINSURED	2,498	2,416	(82)	-3%
10	SAGA	0	0	0	0%
11	OTHER	234	219	(15)	-6%
	TOTAL OUTPATIENT VISITS	94,010	82,585	(11,425)	-12%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
Α.	REVENUE				
1	MEDICARE TRADITIONAL	\$9,348,967	\$10.819.732	\$1,470,765	16%
2	MEDICARE MANAGED CARE	\$2,360,763	\$2,711,449	\$350,686	15%
3	MEDICAID	\$24,223,468	\$23,572,013	(\$651,455)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$322,301	\$290,506	(\$31,795)	-10%
6	COMMERCIAL INSURANCE	\$13,548,887	\$14,985,756	\$1,436,869	11%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$737,044	\$618,242	(\$118,802)	-16%
9	SELF- PAY/UNINSURED	\$2,246,693	\$2,322,271	\$75,578	3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$299,315	\$323,387	\$24,072	8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	GROSS REVENUE	\$53,087,438	\$55,643,356	\$2,555,918	5%
	EMERGENCY DEPARTMENT OUTPATIENT NET				
В.	REVENUE				
1	MEDICARE TRADITIONAL	\$2,436,961	\$2,581,959	\$144,998	6%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
2	MEDICARE MANAGED CARE	\$576,992	\$627,106	\$50,114	9%
3	MEDICAID	\$4,011,733	\$4,325,383	\$313,650	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$86,947	\$73,874	(\$13,073)	-15%
6	COMMERCIAL INSURANCE	\$7,920,741	\$8,850,330	\$929,589	12%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$512,502	\$367,956	(\$144,546)	-28%
9	SELF- PAY/UNINSURED	\$33,382	\$51,161	\$17,779	53%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$31,677	\$29,528	(\$2,149)	-7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET				
	REVENUE	\$15,610,935	\$16,907,297	\$1,296,362	8%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,306	4,691	385	9%
2	MEDICARE MANAGED CARE	995	1,138	143	14%
3	MEDICAID	14,177	14,532	355	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	203	190	(13)	-6%
6	COMMERCIAL INSURANCE	8,132	8,649	517	6%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	640	467	(173)	-27%
9	SELF- PAY/UNINSURED	1,539	1,570	31	2%
10	SAGA	0	0	0	0%
11	OTHER	169	191	22	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	30,161	31,428	1,267	4%

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	TWELVE MO	NTHS ACTUAL FILIN	NG		
		AL YEAR 2016			
	REPORT 175 - HOSPITAL OPERATING EXP	ENSES BY EXPENSE	E CATEGORY AN	D DEPARTMENT	
(1)	(2)	(3)	(4)	(5)	(6)
(.)	(=/	FY 2015	FY 2016	AMOUNT	<u>(0)</u> %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
1.	OF ENAMING EXPENSE BY OATEGONT				
Α.	Salaries & Wages:		A (A A A A A A		
1	Nursing Salaries	\$11,636,506	\$10,301,279	(\$1,335,227)	-11
2	Physician Salaries Non-Nursing, Non-Physician Salaries	\$1,720,183 \$22,636,620	\$1,572,726 \$19,924,833	(\$147,457) (\$2,711,787)	-9 -12
5	Total Salaries & Wages	\$35,993,309	\$31,798,838	(\$4,194,471)	-12
_					_
<u>В.</u> 1	Fringe Benefits: Nursing Fringe Benefits	\$3,502,855	\$3,678,381	\$175,526	5
2	Physician Fringe Benefits	\$517,814	\$561,589	\$43,775	8
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,814,140	\$7,114,765	\$300,625	4
	Total Fringe Benefits	\$10,834,809	\$11,354,735	\$519,926	5
	Contractual Labor Face				
<u>C.</u> 1	Contractual Labor Fees: Nursing Fees	\$238,191	\$607,248	\$369,057	155
2	Physician Fees	\$2,627,350	\$2,785,769	\$158,419	6
3	Non-Nursing, Non-Physician Fees	\$11,487,419	\$11,075,148	(\$412,271)	-4
	Total Contractual Labor Fees	\$14,352,960	\$14,468,165	\$115,205	1
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$5,135,699	\$5,031,405	(\$104,294)	-2
2	Pharmaceutical Costs	\$2,598,781	\$1,361,882	(\$1,236,899)	-48
	Total Medical Supplies and Pharmaceutical Cost	\$7,734,480	\$6,393,287	(\$1,341,193)	-17
Е.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,244,743	\$2,217,779	(\$26,964)	-1
2	Depreciation-Equipment	\$1,982,803	\$1,646,400	(\$336,403)	-17
3	Amortization	\$15,769	\$15,769	\$0	0
	Total Depreciation and Amortization	\$4,243,315	\$3,879,948	(\$363,367)	-9
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0
G.	Interest Expense:				
1	Interest Expense	\$1,698,978	\$1,785,086	\$86,108	5
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$343,860	\$413,222	\$69,362	20
Ι.	Utilities:				
1	Water	\$104,159	\$88,358	(\$15,801)	-15
2	Natural Gas	\$501,739	\$337,060	(\$164,679)	-33
3	Oil	\$3,478	\$8,142	\$4,664	134
4	Electricity	\$775,759	\$795,662	\$19,903	3
5	Telephone	\$172,844	\$170,376	(\$2,468)	-1
6	Other Utilities Total Utilities	\$0	\$3,963	\$3,963	0
		\$1,557,979	\$1,403,561	(\$154,418)	-10
J.	Business Expenses:				
1	Accounting Fees	\$73,200	\$0	(\$73,200)	-100
2	Legal Fees	\$177,740	\$31,556 \$62,506	(\$146,184)	-82
3 4	Consulting Fees Dues and Membership	\$214,878 \$0	\$63,596 \$0	(\$151,282) \$0	-70 0
4 5	Equipment Leases	\$673,481	\$0 \$848,705	50 \$175,224	26
6	Building Leases	\$494,631	\$331,145	(\$163,486)	-33
7	Repairs and Maintenance	\$3,341,219	\$2,381,920	(\$959,299)	-29
	Insurance	\$211,558	\$281,787	\$70,229	33
8	Instrance	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8 9 10	Travel Conferences	\$42,443 \$86,917	\$34,796 \$78,161	(\$7,647) (\$8,756)	-18 -10

	WINDHAM COMMU	NITY MEMORIAL H	OSPITAL		
	TWELVE MOI	NTHS ACTUAL FILI	NG		
		AL YEAR 2016			
	REPORT 175 - HOSPITAL OPERATING EXPE	NSES BY EXPENS	E CATEGORY AN	D DEPARTMENT	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
12	General Supplies	\$1,326,908	\$598,869	(\$728,039)	-55
<u>13</u> 14	Licenses and Subscriptions Postage and Shipping	\$57,942 \$30,034	\$178,803 \$50,107	\$120,861 \$20,073	<u>209</u> 67
14	Advertising	\$13,989	\$6,789	(\$7,200)	-51
16	Corporate parent/system fees	\$1,843,243	\$2,836,728	\$993,485	54
17	Computer Software	\$0	\$0	\$0	0
18	Computer hardware & small equipment	\$0	\$0	\$0	0
19	Dietary / Food Services	\$0	\$0	\$0	0
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0
21	Billing & Collection / Bank Fees	\$0 \$0	\$0 \$0	\$0 \$0	0
22 23	Recruiting / Employee Education & Recognition Laundry / Linen	\$0 \$0	\$0 \$0	\$0 \$0	0
23	Professional / Physician Fees	\$0 \$0	\$0 \$0	\$0 \$0	0
25	Waste disposal	\$0 \$0	\$0 \$0	\$0 \$0	0
26	Purchased Services - Medical	\$0	\$0	\$0	0
27	Purchased Services - Non Medical	\$0	\$0	\$0	0
28	Other Business Expenses	\$0	\$0	\$0	0
	Total Business Expenses	\$8,830,704	\$7,945,102	(\$885,602)	-10
	Other Onersting Function				
<u>K.</u> 1	Other Operating Expense: Miscellaneous Other Operating Expenses	\$1,171,130	\$2,170,719	\$999,589	85
1		φ1,171,130	<i>φ</i> 2,170,719	\$999,009	00
	Total Operating Expenses - All Expense Categories*	\$86,761,524	\$81,612,663	(\$5,148,861)	-6
		<i>x = = y = y =</i>	, - , - ,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	*AK.The total operating expenses amount above mus	t agree with the tot	al operating expe	nses amount on Re	eport 150
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$7,591,854	\$6,831,644	(\$760,210)	-10
2	General Accounting	\$624,653	\$225,519	(\$399,134)	-64
3	Patient Billing & Collection	\$0	\$0	\$0	0
4	Admitting / Registration Office	\$1,396,060	\$1,301,813	(\$94,247)	-7
5	Data Processing	\$5,086,052	\$5,072,253	(\$13,799)	0
6	Communications	\$168,240	\$209,180	\$40,940	24
7	Personnel Public Relations	\$544,756	\$116,821	(\$427,935)	-79
<u>8</u> 9	Public Relations Purchasing	<u>\$15,656</u> \$190,778	\$1,997 \$154,646	(\$13,659) (\$36,132)	<u>-87</u> -19
10	Dietary and Cafeteria	\$1,788,726	\$1,445,725	(\$343,001)	-19
11	Housekeeping	\$1,116,433	\$1,036,938	(\$79,495)	-19
12	Laundry & Linen	\$403,987	\$414,068	\$10,081	2
13	Operation of Plant	\$1,040,531	\$1,571,112	\$530,581	51
14	Security	\$378,795	\$372,229	(\$6,566)	-2
15	Repairs and Maintenance	\$2,070,798	\$1,526,870	(\$543,928)	-26
16	Central Sterile Supply	\$0	\$0	\$0	0
17	Pharmacy Department	\$3,812,350	\$2,764,840	(\$1,047,510)	-27
18	Other General Services Total General Services	\$163,671 \$26,393,340	\$301,759 \$23,347,414	\$138,088 (\$3,045,926)	84 -12
		ψ∠0,3 53,340	φ ε υ,υ 4 14	(\$3,043,820)	-12
		I			
В.	Professional Services:				
B. 1	Professional Services: Medical Care Administration	\$95,579	\$61,320	(\$34,259)	-36
		\$95,579 \$0	\$61,320 \$0	(\$34,259) \$0	
1 2 3	Medical Care Administration Residency Program Nursing Services Administration	\$0 \$1,865,235	\$0 \$2,110,136	\$0 \$244,901	0 13
1 2 3 4	Medical Care Administration Residency Program Nursing Services Administration Medical Records	\$0 \$1,865,235 \$747,533	\$0 \$2,110,136 \$692,707	\$0 \$244,901 (\$54,826)	0 13 -7
1 2 3 4 5	Medical Care Administration Residency Program Nursing Services Administration Medical Records Social Service	\$0 \$1,865,235 \$747,533 \$0	\$0 \$2,110,136 \$692,707 \$0	\$0 \$244,901 (\$54,826) \$0	0 13 -7 0
1 2 3 4	Medical Care Administration Residency Program Nursing Services Administration Medical Records Social Service Other Professional Services	\$0 \$1,865,235 \$747,533 \$0 \$729,430	\$0 \$2,110,136 \$692,707 \$0 \$524,011	\$0 \$244,901 (\$54,826) \$0 (\$205,419)	0 13 -7 0 -28
1 2 3 4 5	Medical Care Administration Residency Program Nursing Services Administration Medical Records Social Service	\$0 \$1,865,235 \$747,533 \$0	\$0 \$2,110,136 \$692,707 \$0	\$0 \$244,901 (\$54,826) \$0	-36 0 13 -7 0 -28 -1
1 2 3 4 5 6	Medical Care Administration Residency Program Nursing Services Administration Medical Records Social Service Other Professional Services Total Professional Services	\$0 \$1,865,235 \$747,533 \$0 \$729,430	\$0 \$2,110,136 \$692,707 \$0 \$524,011	\$0 \$244,901 (\$54,826) \$0 (\$205,419)	0 13 -7 0 -28
1 2 3 4 5	Medical Care Administration Residency Program Nursing Services Administration Medical Records Social Service Other Professional Services	\$0 \$1,865,235 \$747,533 \$0 \$729,430	\$0 \$2,110,136 \$692,707 \$0 \$524,011	\$0 \$244,901 (\$54,826) \$0 (\$205,419)	-2

		MUNITY MEMORIAL H					
		MONTHS ACTUAL FILI	NG				
		SCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT							
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2015	FY 2016	AMOUNT	%		
INE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCI		
2	Recovery Room	\$251,703	\$254,549	\$2,846	1		
3	Anesthesiology	\$0	\$0	<u>\$2,040</u> \$0	(
4	Delivery Room	\$0	\$0	\$0	(
5	Diagnostic Radiology	\$2,772,030	\$2,735,971	(\$36,059)	-1		
6	Diagnostic Ultrasound	\$588,745	\$566,706	(\$22,039)	-4		
7	Radiation Therapy	\$0	\$0	\$0	(
8	Radioisotopes	\$538,971	\$489,792	(\$49,179)	-9		
9	CT Scan	\$376,574	\$452,906	\$76,332	20		
10	Laboratory	\$3,035,914	\$3,173,909	\$137,995	Ę		
11	Blood Storing/Processing	\$0	\$0	\$0	(
12	Cardiology	\$562,469	\$594,274	\$31,805			
13	Electrocardiology	\$139,827	\$123,912	(\$15,915)	-1		
14	Electroencephalography	\$387,281	\$89,708	(\$297,573)	-7		
15	Occupational Therapy	\$0	\$0	\$0			
16	Speech Pathology	\$0	\$0 \$0	\$0 \$0			
<u>17</u> 18	Audiology Respiratory Therapy	\$0 \$1,072,504	\$0 \$1,066,727	\$0 (*5 777)	-		
18	Pulmonary Function	\$1,072,504	\$1,066,727 \$0	<u>(\$5,777)</u> \$0	-		
20	Intravenous Therapy	\$0	\$0 \$0	\$0 \$0			
20	Shock Therapy	\$0	\$0 \$0	\$0 \$0			
22	Psychiatry / Psychology Services	\$0	\$0 \$0	\$0 \$0			
23	Renal Dialysis	\$0	\$0	\$0 \$0			
24	Emergency Room	\$6,062,208	\$5,452,143	(\$610,065)	-1		
25	MRI	\$433,001	\$484,030	\$51,029	1		
26	PET Scan	\$0	\$0	\$0			
27	PET/CT Scan	\$0	\$0	\$0			
28	Endoscopy	\$0	\$0	\$0			
29	Sleep Center	\$604,951	\$517,841	(\$87,110)	-1		
30	Lithotripsy	\$0	\$0	\$0			
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0			
32	Occupational Therapy / Physical Therapy	\$2,053,707	\$2,015,145	(\$38,562)	-		
33	Dental Clinic	\$0	\$0	\$0			
34	Other Special Services Total Special Services	\$3,727,494 \$27,506,249	\$3,053,876 \$25,731,849	(\$673,618) (\$1,774,400)	-1		
		\$27,300,249	\$ZJ,731,049	(\$1,774,400)			
D.	Routine Services:						
1	Medical & Surgical Units	\$4,327,283	\$3,863,343	(\$463,940)	-1		
2	Intensive Care Unit	\$2,452,866	\$1,470,441	(\$982,425)	-4		
3	Coronary Care Unit	\$0	\$0	\$0			
4	Psychiatric Unit	\$0	\$0	\$0			
5	Pediatric Unit	\$0	\$0	\$0			
6	Maternity Unit	\$3,021,423	\$3,511,886	\$490,463	1		
7	Newborn Nursery Unit	\$0	\$0 \$0	\$0 \$0			
8	Neonatal ICU	\$0 \$0	\$0 \$0	\$0 \$0			
9 10	Rehabilitation Unit Ambulatory Surgery	\$0 \$1,122,685	\$0 \$1,043,623	\$0 (\$79,062)	-		
10 11	Home Care	\$1,122,085 \$0	\$1,043,623	(\$79,062) \$0	-		
12	Outpatient Clinics	\$993,502	\$433,806	(\$559,696)	-5		
13	Other Routine Services	\$509,083	\$616,808	\$107,725	2		
	Total Routine Services	\$12,426,842	\$10,939,907	(\$1,486,935)	-1		
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<u>E.</u>	Other Departments:	¢40.007.040	#40.005.040	¢4,000,000			
1	Miscellaneous Other Departments	\$16,997,316	\$18,205,319	\$1,208,003			
	Total Operating Expenses - All Departments*	\$86,761,524	\$81,612,663	(\$5,148,861)			
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	WINDHAM COMMUNITY MEMORIAL 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>	<u>FY 2015</u>	FY 2016				
А.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$77,506,994	\$77,601,420	\$66,924,838				
2	Other Operating Revenue	5,491,687	4,764,423	2,823,266				
3	Total Operating Revenue	\$82,998,681	\$82,365,843	\$69,748,104				
4	Total Operating Expenses	86,792,851	86,761,524	81,612,663				
5	Income/(Loss) From Operations	(\$3,794,170)	(\$4,395,681)	(\$11,864,559				
6	Total Non-Operating Revenue	(739,009)	(1,156,978)	(1,140,890				
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,533,179)	(\$5,552,659)	(\$13,005,449				
в.	Profitability Summary							
1	Hospital Operating Margin	-4.61%	-5.41%	-17.29%				
2	Hospital Non Operating Margin	-0.90%	-1.42%	-1.66%				
3	Hospital Total Margin	-5.51%	-6.84%	-18.96%				
4	Income/(Loss) From Operations	(\$3,794,170)	(\$4,395,681)	(\$11,864,559				
5	Total Operating Revenue	\$82,998,681	\$82,365,843	\$69,748,104				
6	Total Non-Operating Revenue	(\$739,009)	(\$1,156,978)	(\$1,140,890				
7	Total Revenue	\$82,259,672	\$81,208,865	\$68,607,214				
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,533,179)	(\$5,552,659)	(\$13,005,449				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	(\$39,450,280)	(\$55,316,980)	(\$69,976,704				
2	Hospital Total Net Assets	(\$33,207,929)	(\$49,243,538)	(\$63,416,847				
3	Hospital Change in Total Net Assets	(\$25,758,472)	(\$16,035,609)	(\$14,173,309				
4	Hospital Change in Total Net Assets %	445.8%	48.3%	28.89				

	WINDHAM COMMUNITY MEMORIAL 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>	<u>FY 2015</u>	FY 2016				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.43	0.43	0.46				
2	Total Operating Expenses	\$86,792,851	\$86,761,524	\$81,612,663				
3	Total Gross Revenue	\$198,464,792	\$196,286,597	\$175,117,173				
4	Total Other Operating Revenue	\$5,491,687	\$4,764,422	\$2,823,266				
5	Private Payment to Cost Ratio	1.20	1.32	1.24				
6	Total Non-Government Payments	\$33,275,786	\$33,420,933	\$31,092,510				
7	Total Uninsured Payments	\$108,661	\$103,360	\$109,421				
8	Total Non-Government Charges	\$69,215,560	\$62,169,830	\$58,005,923				
9	Total Uninsured Charges	\$4,305,328	\$3,897,073	\$3,645,012				
10	Medicare Payment to Cost Ratio	0.93	0.95	0.79				
11	Total Medicare Payments	\$32,361,251	\$33,564,927	\$26,143,702				
12	Total Medicare Charges	\$81,375,430	\$82,291,867	\$72,494,976				
13	Medicaid Payment to Cost Ratio	0.58	0.56	0.51				
14	Total Medicaid Payments	\$11,479,868	\$12,185,289	\$10,237,814				
15	Total Medicaid Charges	\$46,701,685	\$50,387,476	\$43,500,630				
16	Uncompensated Care Cost	\$3,055,135	\$2,878,058	\$2,656,451				
17	Charity Care	\$2,523,150	\$1,994,173	\$1,466,425				
18	Bad Debts	\$4,656,180	\$4,675,102	\$4,325,446				
19	Total Uncompensated Care	\$7,179,330	\$6,669,275	\$5,791,871				
20	Uncompensated Care % of Total Expenses	3.5%	3.3%	3.3%				

	WINDHAM COMMUNITY MEMORIAL HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>				
21	Total Operating Expenses	\$86,792,851	\$86,761,524	\$81,612,663				
E.	Liquidity Measures Summary							
1	Current Ratio	1	1	1				
2	Total Current Assets	\$20,046,108	\$17,222,201	\$15,281,228 \$17,543,544				
3	Total Current Liabilities	\$18,820,496	\$23,827,228					
4	Days Cash on Hand	30	23	24				
5	Cash and Cash Equivalents	\$6,754,329	\$5,138,008	\$5,077,410				
6	Short Term Investments	0	0	0				
7	Total Cash and Short Term Investments	\$6,754,329	\$5,138,008	\$5,077,410				
8	Total Operating Expenses	\$86,792,851	\$86,761,524	\$81,612,663				
9	Depreciation Expense	\$4,216,020	\$4,243,315	\$3,879,948				
10	Operating Expenses less Depreciation Expense	\$82,576,831	\$82,518,209	\$77,732,715				
11	Days Revenue in Patient Accounts Receivable	28	26	28				
12	Net Patient Accounts Receivable	\$9,382,464	\$8,372,415	\$7,065,829				
13	Due From Third Party Payers	\$0	\$0	\$0				
14	Due To Third Party Payers	\$3,379,397	\$2,772,561	\$1,893,862				
45	Total Net Patient Accounts Receivable and Third Party Payer	¢0.000.007	¢5 500 054	¢ 5 474 007				
15	Activity	\$6,003,067	\$5,599,854	\$5,171,967				
16	Total Net Patient Revenue	\$77,506,994	\$77,601,420	\$66,924,838				
17	Average Payment Period	83	105	82				
18	Total Current Liabilities	\$18,820,496	\$23,827,228	\$17,543,544				
19	Total Operating Expenses	\$86,792,851	\$86,761,524	\$81,612,663				
20	Depreciation Expense	\$4,216,020	\$4,243,315	\$3,879,948				

	WINDHAM COMMUNIT	Y MEMORIAL HOSPITA	L					
	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>	<u>FY 2015</u>	<u>FY 2016</u>				
21	Total Operating Expenses less Depreciation Expense	\$82,576,831	\$82,518,209	\$77,732,715				
F.	Solvency Measures Summary							
1	Equity Financing Ratio	(46.0)	(74.1)	(103.2)				
2	Total Net Assets	(\$33,207,929)	(\$49,243,538)	(\$63,416,847)				
3	Total Assets	\$72,238,603	\$66,448,218	\$61,471,844				
4	Cash Flow to Total Debt Ratio	(0.6)	(2.4)	(18.9)				
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,533,179)	(\$5,552,659)	(\$13,005,449)				
6	Depreciation Expense	\$4,216,020	\$4,243,315	\$3,879,948				
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$317,159)	(\$1,309,344)	(\$9,125,501				
8	Total Current Liabilities	\$18,820,496	\$23,827,228	\$17,543,544				
9	Total Long Term Debt	\$31,550,036	\$31,165,811	\$30,837,372				
10	Total Current Liabilities and Total Long Term Debt	\$50,370,532	\$54,993,039	\$48,380,916				
11	Long Term Debt to Capitalization Ratio	(1,903.0)	(172.4)	(94.7				
12	Total Long Term Debt	\$31,550,036	\$31,165,811	\$30,837,372				
13	Total Net Assets	(\$33,207,929)	(\$49,243,538)	(\$63,416,847				
14	Total Long Term Debt and Total Net Assets	(\$1,657,893)	(\$18,077,727)	(\$32,579,475				
15	Debt Service Coverage Ratio	0.1	0.1	(3.4				
16	Excess Revenues over Expenses	(4,533,179)	(\$5,552,659)	(\$13,005,449				
17	Interest Expense	1,430,212	\$1,698,978	\$1,785,086				
18	Depreciation and Amortization Expense	4,216,020	\$4,243,315	\$3,879,948				
19	Principal Payments	15,846,823	\$2,349,623	\$359,626				
G.	Other Financial Ratios							

	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016								
(1)									
	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	<u>FY 2016</u>					
20	Average Age of Plant	18.6	19.4	22.2					
21	Accumulated Depreciation	78,353,873	82,446,254	86,169,865					
22	Depreciation and Amortization Expense	4,216,020	4,243,315	3,879,948					
Н.	Utilization Measures Summary								
1	Patient Days	13,225	12,214	8,594					
2	Discharges	3,427	2,901	2,225					
				,					
3	ALOS	3.9	4.2	3.9					
4	Staffed Beds	87	87	87					
5	Available Beds	-	144	144					
6	Licensed Beds	144	144	144					
7	Occupancy of Staffed Beds	41.6%	38.5%	27.1%					
8	Occupancy of Available Beds	25.2%	23.2%	16.49					
9	Full Time Equivalent Employees	501.0	477.7	408.2					
I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	32.7%	29.7%	31.0%					
2	Medicare Gross Revenue Payer Mix Percentage	41.0%	41.9%	41.49					
3	Medicaid Gross Revenue Payer Mix Percentage	23.5%	25.7%	24.8%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentag	0.3%	0.3%	0.3%					
5	Uninsured Gross Revenue Payer Mix Percentage	2.2%	2.0%	2.1%					
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.4%	0.3%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$64,910,232	\$58,272,757	\$54,360,911					
9	Medicare Gross Revenue (Charges)	\$81,375,430	\$82,291,867	\$72,494,976					
10	Medicaid Gross Revenue (Charges)	\$46,701,685	\$50,387,476	\$43,500,630					
11	Other Medical Assistance Gross Revenue (Charges)	\$558,224	\$676,338	\$591,907					
12	Uninsured Gross Revenue (Charges)	\$4,305,328	\$3,897,073	\$3,645,012					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$613,893	\$761,086	\$523,737					
14	Total Gross Revenue (Charges)	\$198,464,792	\$196,286,597	\$175,117,173					
J.	Hospital Net Revenue Payer Mix Percentage								
1	Non-Government Net Revenue Payer Mix Percentage	42.8%	41.9%	45.8%					
2	Medicare Net Revenue Payer Mix Percentage	41.8%	42.2%	38.6%					
3	Medicaid Net Revenue Payer Mix Percentage	14.8%	15.3%	15.19					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.3%	0.3%	0.1%					
5	Uninsured Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%					
6 7	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage Total Net Revenue Payer Mix Percentage	0.2%	0.3%	0.2%					
8	Non-Government Net Revenue (Payments)	\$33,167,125	\$33,317,573	\$30,983,089					
9	Medicare Net Revenue (Payments)	\$32,361,251	\$33,564,927	\$26,143,702					
10	Medicaid Net Revenue (Payments)	\$11,479,868	\$12,185,289	\$10,237,814					

	WINDHAM COMMUNITY MEMORIAL 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>	FY 2016				
11	Other Medical Assistance Net Revenue (Payments)	\$212,873	\$214,601	\$89,761				
12	Uninsured Net Revenue (Payments)	\$108,661						
13	CHAMPUS / TRICARE Net Revenue Payments)	\$177,216	\$203,098	\$142,847				
14	Total Net Revenue (Payments)	\$77,506,994	\$79,588,848	\$67,706,634				
К.	Discharges							
1	Non-Government (Including Self Pay / Uninsured)	824	824 559					
2	Medicare	1,754	1,672	1,292				
3	Medical Assistance	836	654	521				
4	Medicaid	826	637	512				
5	Other Medical Assistance	10	17	9				
6	CHAMPUS / TRICARE	13	16	4				
7	Uninsured (Included In Non-Government)	37	26	34				
8	Total	3,427	2,901	2,225				
L.	Case Mix Index							
1	Non-Government (Including Self Pay / Uninsured)	1.01016	1.05813	1.19560				
2	Medicare	1.43212	1.41583	1.42978				
3	Medical Assistance	0.99981	1.01131	0.97646				
4	Medicaid	0.99155	1.00946	0.97395				
5	Other Medical Assistance	1.68189	1.08072	1.11918				
6	CHAMPUS / TRICARE	0.87679	0.93853	0.98093				
7	Uninsured (Included In Non-Government)	1.05609	1.06321	0.98675				
8	Total Case Mix Index	1.22310	1.25308	1.27988				
М.	Emergency Department Visits							
1	Emergency Room - Treated and Admitted	2,489	2,359	1,769				
2	Emergency Room - Treated and Discharged	30,527	30,161	31,428				
3	Total Emergency Room Visits	33,016	32,520	33,197				

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE			1	1
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
<u>А.</u> 1	Inpatient Charges	\$0	\$275,723	\$275,723	0%
2	Inpatient Payments	\$0	\$163,026	\$163,026	0%
3	Outpatient Charges	\$49,065	\$695,421	\$646,356	1317%
4	Outpatient Payments	\$8,075	\$150,239	\$142,164	1761%
5	Discharges	0	12	12	0%
6	Patient Days	0	77	77	0%
7	Outpatient Visits (Excludes ED Visits)	18	217	199	1106%
8	Emergency Department Outpatient Visits	10	140	129	1173%
9	Emergency Department Inpatient Admissions	0	11	11	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$49,065	\$971,144	\$922,079	1879%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,075	\$313,265	\$305,190	3779%
В.	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	\$2,747,349	\$1,883,127	(\$864,222)	-31%
2	Inpatient Payments	\$1,676,745	\$1,127,280	(\$549,465)	-33%
3	Outpatient Charges	\$4,637,434	\$4,387,173	(\$250,261)	-5%
4	Outpatient Payments	\$1,132,985	\$941,808	(\$191,177)	-17%
5	Discharges	141	89	(\$131,177)	-37%
6	Patient Days	650	432	(218)	-34%
7	Outpatient Visits (Excludes ED Visits)	2,250	1,832	(418)	-19%
8	Emergency Department Outpatient Visits	377	421	44	12%
9	Emergency Department Inpatient Admissions	136	81	(55)	-40%
-	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,384,783	\$6,270,300	(\$1,114,483)	-15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,809,730	\$2,069,088	(\$740,642)	-26%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Ε.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$435,294	\$237,482	(\$197,812)	-45%
2	Inpatient Payments	\$253,377	\$171,174	(\$82,203)	-32%
3	Outpatient Charges	\$623,544	\$373,880	(\$249,664)	-40%
4	Outpatient Payments	\$127,677	\$65,122	(\$62,555)	-49%
5	Discharges	22	11	(11)	-50%
6	Patient Days	108	48	(60)	-56%
7	Outpatient Visits (Excludes ED Visits)	274	145	(129)	-47%
8	Emergency Department Outpatient Visits	103	66	(37)	-36%
9	Emergency Department Inpatient Admissions	22	10	(12)	-55%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,058,838	\$611,362	(\$447,476)	-42%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$381,054	\$236,296	(\$144,758)	-38%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTA				
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%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMÓÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$1,048,778	\$1,048,778	0%
2	Inpatient Payments	\$0	\$441,812	\$441,812	0%
3	Outpatient Charges	\$0	\$1,935,290	\$1,935,290	0%
4	Outpatient Payments	\$0	\$430,309	\$430,309	0%
5	Discharges	0	46	46	0%
6	Patient Days	0	262	262	0%
7	Outpatient Visits (Excludes ED Visits)	0	602	602	0%
8	Emergency Department Outpatient Visits	0	218	218	0%
9	Emergency Department Inpatient Admissions	0	42	42	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,984,068	\$2,984,068	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$872,121	\$872,121	0%
Н.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$75,062	\$32,631	(\$42,431)	-57%
2	Inpatient Payments	\$22,251	\$13,229	(\$9,022)	-41%
3	Outpatient Charges	\$75,187	\$88,316	\$13,129	17%
4	Outpatient Payments	\$10,089	\$13,023	\$2,934	29%
5	Discharges	3	2	(1)	-33%
6	Patient Days	13	6	(7)	-54%
7	Outpatient Visits (Excludes ED Visits)	24	16	(8)	-33%
8	Emergency Department Outpatient Visits	9	12	3	33%
9	Emergency Department Inpatient Admissions	2	2	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$150,249	\$120,947	(\$29,302)	-20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,340	\$26,252	(\$6,088)	-19%
-					
Ι.	AETNA				
1	Inpatient Charges	\$363,563	\$268,340	(\$95,223)	-26%
2	Inpatient Payments	\$201,734	\$154,350	(\$47,384)	-23%
3	Outpatient Charges	\$724,516	\$794,020	\$69,504	10%
4	Outpatient Payments	\$160,368	\$156,596	(\$3,772)	-2%
5	Discharges	22	14	(8)	-36%
6	Patient Days	74	69	(5)	-7%
7	Outpatient Visits (Excludes ED Visits)	428	357	(71)	-17%
8	Emergency Department Outpatient Visits	55	54	(1)	-2%
9	Emergency Department Inpatient Admissions	20	12	(8)	-40%
-	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,088,079	\$1,062,360	(\$25,719)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$362,102	\$310,946	(\$51,156)	-14%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMÓÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,885	\$0	(\$3,885)	-100%
4	Outpatient Payments	\$427	\$0	(\$427)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	3	0	(3)	-100%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,885	\$0	(\$3,885)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$427	\$0	(\$427)	-100%
К.	SECURE HORIZONS	* + + + + + + + + + + + + + + + + + + +	* ~=~~~~~		
1	Inpatient Charges	\$1,334,286	\$656,349	(\$677,937)	-51%
2	Inpatient Payments	\$778,434	\$367,672	(\$410,762)	-53%
3	Outpatient Charges	\$2,547,381	\$1,507,969	(\$1,039,412)	-41%
4	Outpatient Payments	\$572,916	\$296,747	(\$276,169)	-48%
5	Discharges	69	36	(33)	-48%
6	Patient Days	289	139	(150)	-52%
7	Outpatient Visits (Excludes ED Visits)	1,370	654	(716)	-52%
8	Emergency Department Outpatient Visits	295	164	(131)	-44%
9	Emergency Department Inpatient Admissions	63	36	(27)	-43%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,881,667	\$2,164,318	(\$1,717,349)	-44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,351,350	\$664,419	(\$686,931)	-51%
L.	UNICARE LIFE & HEALTH INSURANCE				
<u>с.</u> 1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0	<u>\$0</u> \$0	\$0 \$0	0%
3	Outpatient Charges	\$0		\$0 \$0	0%
4	Outpatient Charges	\$0	<u> </u>	\$0 \$0	0%
4 5	Discharges	\$U 0	<u>\$0</u> 0	\$U 0	0%
5 6	Patient Days	0	0	0	0%
6	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
<u>8</u> 9		0	0	0	0%
3	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	\$0 \$0	<u> </u>	\$0	<u> </u>
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	<u>\$0</u> \$0	\$0 \$0	0% 0%
		\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
М.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$449,381	\$323,491	(\$125,890)	-28%
2	Inpatient Payments	\$317,971	\$101,573	(\$216,398)	-68%
3	Outpatient Charges	\$1,318,791	\$591,164	(\$727,627)	-55%
4	Outpatient Payments	\$249,907	\$106,209	(\$143,698)	-58%
5	Discharges	31	13	(18)	-58%
6	Patient Days	113	79	(34)	-30%
7	Outpatient Visits (Excludes ED Visits)	1,463	464	(999)	-68%
8	Emergency Department Outpatient Visits	144	63	(81)	-56%
9	Emergency Department Inpatient Admissions	30	13	(17)	-57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,768,172	\$914,655	(\$853,517)	-48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$567,878	\$207,782	(\$360,096)	-63%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$5,404,935	\$4,725,921	(\$679,014)	120/
		\$3,250,512	<u>\$4,725,921</u> \$2,540,116	(\$710,396)	-13% -22%
	TOTAL OUTPATIENT CHARGES	\$9,979,803	\$10,373,233	\$393,430	-22%
	TOTAL OUTPATIENT PAYMENTS	\$9,979,803	\$2,160,053	(\$102,391)	-5%
	TOTAL DISCHARGES	\$2,262,444 288	<u>\$2,160,053</u> 223	(\$102,391)	-3%
	TOTAL DISCHARGES	1,247	1,112	(135)	-23%
		1,247	1,112	(135)	-11%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,830	4,287	(1,543)	-26%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	995	1,138	143	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT	500	.,.00	140	1470
	ADMISSIONS	273	207	(66)	-24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,384,738	\$15.099.154	(\$285,584)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,512,956	\$4,700,169	(\$812,787)	-15%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				1
	ANTHEM BLUE CROSS AND BLUE SHIELD OF				
Α.	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%
в.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Ε.	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%
	FIRST CHOICE OF CONNECTICUT, PREFERRED				
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
- U	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%
		• -	* -		
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Н.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL OUTPATIENT CHARGES	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL DISCHARGES	φ0 0	0 0	0 0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED	0	0	U	0 /8
	VISITS)	0	0	0	0%
-	TOTAL EMERGENCY DEPARTMENT	U	0	0	070
	OUTPATIENT VISITS	0	0	0	0%
-	TOTAL EMERGENCY DEPARTMENT	•	0	Ū	070
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
<u> </u>	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%

	WINDH	AM COMMUNITY MEMO	RIAL HOSPITAL								
	TWELVE MONTHS ACTUAL FILING										
	FISCAL YEAR 2016 REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION										
	REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION										
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %						
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE						
I.	ASSETS										
Α.	Current Assets:										
1	Cash and Cash Equivalents	\$5,138,008	\$5,077,410	(\$60,598)	-1%						
2	Short Term Investments	\$0	\$0	\$0	0%						
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,372,415	\$7,065,829	(\$1,306,586)	-16%						
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%						
5	Due From Affiliates	\$0	\$0	\$0	0%						
6	Due From Third Party Payers	\$0	\$0	\$0	0%						
7	Inventories of Supplies	\$990,707	\$717,629	(\$273,078)	-28%						
8	Prepaid Expenses	\$962,571	\$303,858	(\$658,713)	-68%						
9	Other Current Assets	\$1,758,500	\$2,116,502	\$358,002	20%						
	Total Current Assets	\$17,222,201	\$15,281,228	(\$1,940,973)	-11%						
В.	Noncurrent Assets Whose Use is Limited:										
1	Held by Trustee	\$2,962,495	\$3,086,464	\$123,969	4%						
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%						
3	Funds Held in Escrow	\$1,439,934	\$1,439,934	\$0	0%						
4	Other Noncurrent Assets Whose Use is Limited	\$2,622,949	\$2,843,477	\$220,528	8%						
	Limited:	\$7,025,378	\$7,369,875	\$344,497	5%						
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%						
6	Long Term Investments	\$461,907	\$456,048	(\$5,859)	-1%						
7	Other Noncurrent Assets	\$2,867,317	\$2,833,766	(\$33,551)	-1%						
C.	Net Fixed Assets:										
1	Property, Plant and Equipment	\$121,167,275	\$121,581,141	\$413,866	0%						
2	Less: Accumulated Depreciation	\$82,446,254	\$86,169,865	\$3,723,611	\$0						
	Property, Plant and Equipment, Net	\$38,721,021	\$35,411,276	(\$3,309,745)	-9%						
3	Construction in Progress	\$150,394	\$119,651	(\$30,743)	-20%						
	Total Net Fixed Assets	\$38,871,415	\$35,530,927	(\$3,340,488)	-9%						
	Total Assets	\$66,448,218	\$61,471,844	(\$4,976,374)	-7%						

	WIND	HAM COMMUNITY MEMO	RIAL HOSPITAL							
		TWELVE MONTHS ACTU	AL FILING							
	FISCAL YEAR 2016									
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION										
(1)	(2)	(3)	(4)	(5)	(6)					
<u>LINE</u>	DESCRIPTION	FY 2015 <u>ACTUAL</u>	FY 2016 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>					
١١.	LIABILITIES AND NET ASSETS									
Α.	Current Liabilities:									
1	Accounts Payable and Accrued Expenses	\$6,424,553	\$2,577,453	(\$3,847,100)	-60%					
2	Salaries, Wages and Payroll Taxes	\$2,284,567	\$3,060,464	\$775,897	34%					
3	Due To Third Party Payers	\$2,772,561	\$1,893,862	(\$878,699)	-32%					
4	Due To Affiliates	\$6,298,540	\$7,835,895	\$1,537,355	24%					
5	Current Portion of Long Term Debt	\$4,449,224	\$251,504	(\$4,197,720)	-94%					
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%					
7	Other Current Liabilities	\$1,597,783	\$1,924,366	\$326,583	20%					
	Total Current Liabilities	\$23,827,228	\$17,543,544	(\$6,283,684)	-26%					
В.	Long Term Debt:									
1	Bonds Payable (Net of Current Portion)	\$31,165,811	\$30,837,372	(\$328,439)	-1%					
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%					
	Total Long Term Debt	\$31,165,811	\$30,837,372	(\$328,439)	-1%					
3	Accrued Pension Liability	\$47,069,447	\$61,961,430	\$14,891,983	32%					
4	Other Long Term Liabilities	\$13,629,270	\$14,546,345	\$917,075	7%					
	Total Long Term Liabilities	\$91,864,528	\$107,345,147	\$15,480,619	17%					
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%					
C.	Net Assets:									
1	Unrestricted Net Assets or Equity	(\$55,316,980)	(\$69,976,704)	(\$14,659,724)	27%					
2	Temporarily Restricted Net Assets	\$1,935,277	\$2,271,021	\$335,744	17%					
3	Permanently Restricted Net Assets	\$4,138,165	\$4,288,836	\$150,671	4%					
	Total Net Assets	(\$49,243,538)	(\$63,416,847)	(\$14,173,309)	29%					
	Total Liabilities and Net Assets	\$66,448,218	\$61,471,844	(\$4,976,374)	-7%					

		ONTHS ACTUAL FI	LING		
	REPORT 350 - PARENT CORPORATION CONS	ISCAL YEAR 2016 SOLIDATED STATE	MENT OF OPERA	TIONS INFORMATI	ON
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
Α.	Operating Revenue:				
1	Total Gross Patient Revenue	\$196,286,597	\$175,117,173	(\$21,169,424)	-11%
2	Less: Allowances	\$112,015,902	\$102,400,464	(\$9,615,438)	-9%
3	Less: Charity Care	\$1,994,173	\$1,466,425	(\$527,748)	-26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$82,276,522	\$71,250,284	(\$11,026,238)	-13%
5	Provision for Bad Debts Net Patient Service Revenue less provision for bad	\$4,675,102	\$4,325,446	(\$349,656)	-7%
	debts	\$77,601,420	\$66,924,838	(\$10,676,582)	-14%
6	Other Operating Revenue	\$4,764,423	\$2,822,409	(\$1,942,014)	-41%
7	Net Assets Released from Restrictions	\$0	\$857	\$857	0%
	Total Operating Revenue	\$82,365,843	\$69,748,104	(\$12,617,739)	-15%
В.	Operating Expenses:				
1	Salaries and Wages	\$35,993,309	\$31,798,838	(\$4,194,471)	-12%
2	Fringe Benefits	\$10,834,809	\$11,354,735	\$519,926	5%
3	Physicians Fees	\$2,627,350	\$2,785,769	\$158,419	6%
4	Supplies and Drugs	\$7,734,480	\$6,393,287	(\$1,341,193)	-17%
5	Depreciation and Amortization	\$4,243,315	\$3,879,948	(\$363,367)	-9%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,698,978	\$1,785,086	\$86,108	5%
8	Malpractice Insurance Cost	\$343,860	\$413,222	\$69,362	20%
9	Other Operating Expenses	\$23,285,423	\$23,201,776	(\$83,647)	0%
	Total Operating Expenses	\$86,761,524	\$81,612,661	(\$5,148,863)	-6%
	Income/(Loss) From Operations	(\$4,395,681)	(\$11,864,557)	(\$7,468,876)	170%
C.	Non-Operating Revenue:				
1	Income from Investments	\$116,996	\$120,473	\$3,477	3%
2	Gifts, Contributions and Donations	\$96,770	\$120,473	\$52,476	54%
3	Other Non-Operating Gains/(Losses)	(\$1,363,155)	(\$1,417,392)	(\$54,237)	4%
0	Total Non-Operating Revenue	(\$1,149,389)	(\$1,147,673)	\$1,716	0%
	Excess/(Deficiency) of Revenue Over Expenses				
	(Before Other Adjustments)	(\$5,545,070)	(\$13,012,230)	(\$7,467,160)	135%
	Other Adjustments:				
	Unrealized Gains/(Losses)	(\$7,589)	\$6,783	\$14,372	-189%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$7,589)	\$6,783	\$14,372	-189%
	Excess/(Deficiency) of Revenue Over Expenses	(\$5,552,659)	(\$13,005,447)	(\$7,452,788)	134%

	WINDHAM COMMUNITY M	EMORIAL HOSPITAL								
	TWELVE MONTHS A	CTUAL FILING								
	FISCAL YEAR 2016 REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)						
		ACTUAL	ACTUAL	ACTUAL						
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>						
Α.	Parent Corporation Statement of Operations Summary									
1	Net Patient Revenue	\$77,506,994	\$77,601,420	\$66,924,838						
2	Other Operating Revenue	5,491,687	4,764,423	2,823,266						
3	Total Operating Revenue	\$82,998,681	\$82,365,843	\$69,748,104						
4	Total Operating Expenses	86,792,851	86,761,524	81,612,661						
5	Income/(Loss) From Operations	(\$3,794,170)	(\$4,395,681)	(\$11,864,557						
6	Total Non-Operating Revenue	(739,009)	(1,156,978)	(1,140,890						
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,533,179)	(\$5,552,659)	(\$13,005,447						
в.	Parent Corporation Profitability Summary									
1	Parent Corporation Operating Margin	-4.61%	-5.41%	-17.29%						
2	Parent Corporation Non-Operating Margin	-0.90%	-1.42%	-1.66%						
3	Parent Corporation Total Margin	-5.51%	-6.84%	-18.96%						
4	Income/(Loss) From Operations	(\$3,794,170)	(\$4,395,681)	(\$11,864,557						
5	Total Operating Revenue	\$82,998,681	\$82,365,843	\$69,748,104						
6	Total Non-Operating Revenue	(\$739,009)	(\$1,156,978)	(\$1,140,890						
7	Total Revenue	\$82,259,672	\$81,208,865	\$68,607,214						
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,533,179)	(\$5,552,659)	(\$13,005,447						
C.	Parent Corporation Net Assets Summary									
1	Parent Corporation Unrestricted Net Assets	(\$39,450,280)	(\$55,316,980)	(\$69,976,704						
2	Parent Corporation Total Net Assets	(\$33,207,929)	(\$49,243,538)	(\$63,416,847						
3	Parent Corporation Change in Total Net Assets	(\$25,758,472)	(\$16,035,609)	(\$14,173,309						
4	Parent Corporation Change in Total Net Assets %	445.8%	48.3%	28.8%						

	TWELVE MONTHS									
	REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS									
(1)	(2)	(3)	(4)	(5)						
		ACTUAL	ACTUAL	ACTUAL						
<u>LINE</u>	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>						
D.	Liquidity Measures Summary									
1	Current Ratio	1.07	0.72	0.87						
2	Total Current Assets	\$20,046,108	\$17,222,201	\$15,281,228						
3	Total Current Liabilities	\$18,820,496	\$23,827,228	\$17,543,544						
4	Days Cash on Hand	30	23	24						
5	Cash and Cash Equivalents	\$6,754,329	\$5,138,008	\$5,077,410						
6	Short Term Investments	\$0	\$0	\$0						
7	Total Cash and Short Term Investments	\$6,754,329	\$5,138,008	\$5,077,410						
8	Total Operating Expenses	\$86,792,851	\$86,761,524	\$81,612,661						
9	Depreciation Expense	\$4,216,020	\$4,243,315	\$3,879,948						
10	Operating Expenses less Depreciation Expense	\$82,576,831	\$82,518,209	\$77,732,713						
11	Days Revenue in Patient Accounts Receivable	28	26	28						
12	Net Patient Accounts Receivable	\$ 9,382,464	\$ 8,372,415	\$ 7,065,829						
13	Due From Third Party Payers	\$0	\$0	\$0						
14	Due To Third Party Payers	\$3,379,397	\$2,772,561	\$1,893,862						
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 6,003,067	\$ 5,599,854	\$ 5,171,967						
16	Total Net Patient Revenue	\$77,506,994	\$77,601,420	\$66,924,838						
17	Average Payment Period	83	105	82						
18	Total Current Liabilities	\$18,820,496	\$23,827,228	\$17,543,544						
19	Total Operating Expenses	\$86,792,851	\$86,761,524	\$81,612,661						
20	Depreciation Expense	\$4,216,020	\$4,243,315	\$3,879,948						
20	Total Operating Expenses less Depreciation Expense	\$82,576,831	\$82,518,209	\$77,732,713						

	WINDHAM COMMUNITY ME	MORIAL HOSPITAL						
	TWELVE MONTHS AC	TUAL FILING						
	FISCAL YEAR	2016						
	REPORT 385 - PARENT CORPORATION CONSC	LIDATED FINANCIAL D	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>				
Ε.	Solvency Measures Summary							
1	Equity Financing Ratio	(46.0)	(74.1)	(103.2)				
2	Total Net Assets	(\$33,207,929)	(\$49,243,538)	(\$63,416,847)				
3	Total Assets	\$72,238,603	\$66,448,218	\$61,471,844				
4	Cash Flow to Total Debt Ratio	(0.6)	(2.4)	(18.9)				
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,533,179)	(\$5,552,659)	(\$13,005,447)				
6	Depreciation Expense	\$4,216,020	\$4,243,315	\$3,879,948				
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$317,159)	(\$1,309,344)	(\$9,125,499)				
8	Total Current Liabilities	\$18,820,496	\$23,827,228	\$17,543,544				
9	Total Long Term Debt	\$31,550,036	\$31,165,811	\$30,837,372				
10	Total Current Liabilities and Total Long Term Debt	\$50,370,532	\$54,993,039	\$48,380,916				
11	Long Term Debt to Capitalization Ratio	(1,903.0)	(172.4)	(94.7)				
12	Total Long Term Debt	\$31,550,036	\$31,165,811	\$30,837,372				
13	Total Net Assets	(\$33,207,929)	(\$49,243,538)	(\$63,416,847)				
14	Total Long Term Debt and Total Net Assets	(\$1,657,893)	(\$18,077,727)	(\$32,579,475)				

				WINDHAM COM	MUNITY MEMOR	IAL HOSPITAL		
					MONTHS ACTUA			
				F	ISCAL YEAR 201	6		
			REPORT 40	0 - HOSPITAL INP	ATIENT BED UT	LIZATION BY DE	PARTMENT	
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
							OCCUPANCY	OCCUPANCY
	DECODIDITION	PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	CU/CCU # PATIEN		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	5,377	1,925	1,911	53	104	27.8%	14.2%
		0,011	.,020	.,			211070	
2	ICU/CCU (Excludes Neonatal ICU)	2,522	593	0	12	12	57.6%	57.6%
_					-			
3	Psychiatric: Ages 0 to 17	0		0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+ TOTAL PSYCHIATRIC	0	-	0	0	0	0.0%	0.0%
	TOTAL PSTCHIATRIC	U	0	U	U	0	0.0 /0	0.078
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	352	154	152	14	14	6.9%	6.9%
7	Navak awa	0.40	140	4.4.4	0	11	44 70/	0.70/
7	Newborn	343	146	144	8	14	11.7%	6.7%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	8,251	2,079	2,063	79	130	28.6%	17.4%
		0.504	0.005	0.007			07.49/	40.40
	TOTAL INPATIENT BED UTILIZATION	8,594	2,225	2,207	87	144	27.1%	16.4%
	TOTAL INPATIENT REPORTED YEAR	8,594	2,225	2,207	87	144	27.1%	16.4%
	TOTAL INPATIENT PRIOR YEAR	12,214	2,901	2,948	87	144	38.5%	23.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-3,620	-676	-741	0	0	-11.4%	-6.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-30%	-23%	-25%	0%	0%	-30%	-30%
	Total Licensed Beds and Bassinets	144						
		177						
(A) TI	his number may not exceed the number of availa	ble beds for eac	h department or in	total.				
Note:	Total discharges do not include ICU/CCU patien	its.						

	TWELVE	MMUNITY MEMORIAL MONTHS ACTUAL FI FISCAL YEAR 2016							
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES									
(1)	(2)	(3)	(4)	(5)	(6)				
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE				
			<u></u>						
	CT Scans (A)								
1	Inpatient Scans	1,789	1,456	-333	-19%				
0	Outpatient Scans (Excluding Emergency Department	0.044	0.004		100				
	Scans) Emergency Department Scans	3,641 4,863	3,261 5,201	-380 338	-10% 7%				
4	Other Non-Hospital Providers' Scans (A)	4,003	5,201	336	09				
-	Total CT Scans	10,293	9,918	-375	-49				
			0,010	0.0	.,				
В.	MRI Scans (A)								
1	Inpatient Scans	303	231	-72	-24%				
	Outpatient Scans (Excluding Emergency Department								
2	Scans)	3,152	2,974	-178	-6%				
	Emergency Department Scans	76	110	34	45%				
4	Other Non-Hospital Providers' Scans (A) Total MRI Scans	0	0	0	0%				
	I ULAI IVIRI JUANS	3,531	3,315	-216	-6%				
C.	PET Scans (A)								
1	Inpatient Scans	0	0	0	0%				
	Outpatient Scans (Excluding Emergency Department	0	0	0	07				
2	Scans)	0	0	0	0%				
3	Emergency Department Scans	0	0	0	09				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	09				
	Total PET Scans	0	0	0	0%				
	PET/CT Scans (A)								
1	Inpatient Scans	0	0	0	0%				
2	Outpatient Scans (Excluding Emergency Department Scans)	123	125	2	2%				
2	Emergency Department Scans	0	0	2	2%				
4	Other Non-Hospital Providers' Scans (A)	0	0	0	09				
	Total PET/CT Scans	123	125	2	29				
	(A) If the Hospital is not the primary provider of thes			cal year					
	volume of each of these types of scans from the	primary provider of th	ne scans.						
	······								
	Linear Accelerator Procedures								
1	Inpatient Procedures	0	0	0	09				
2	Outpatient Procedures Total Linear Accelerator Procedures	0	0	0	09 09				
		•	0	U	0				
F.	Cardiac Catheterization Procedures								
F.	Cardiac Catheterization Procedures	0	0	0	00				
	Inpatient Procedures Outpatient Procedures	0	0	0					
1	Inpatient Procedures		-	-	09 09 0 9				
1 2	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures	0	0	0	0%				
1 2 G.	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures	0	0	0	0%				
1 2 G. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures	0 0	0 0 0	0 0 0	09 09				
1 2 G .	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures	0 0 0	0 0 0 0 0	0 0 0 0 0	09 09 09				
1 2 G. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures	0 0	0 0 0	0 0 0	09 09				
1 2 G. 1 2	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures	0 0 0	0 0 0 0 0	0 0 0 0 0	00 00 00				
1 2 G. 1 2 H.	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0° 0° 0°				
1 2 G. 1 2 H. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0°				
1 2 G. 1 2 H.	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0					
1 2 G. 1 2 H. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0					
1 2 G. 1 2 H. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0					
1 2 G. 1 2 H. 1 2 I.	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0° 0° 0° 0°				
1 2 G. 1 2 H. 1 2 I.	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Surgical Procedures Inpatient Surgical Procedures Outpatient Surgical Procedures Outpatient Surgical Procedures	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0° 0° 0° 0° 0° 0° 0°				
1 2 G. 1 2 H. 1 2 I. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Total Electrophysiology Studies Surgical Procedures Inpatient Surgical Procedures	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0° 0° 0° 0° 0° 0° 0° 0°				
1 2 G. 1 2 H. 1 2 I. 1	Inpatient Procedures Outpatient Procedures Total Cardiac Catheterization Procedures Cardiac Angioplasty Procedures Primary Procedures Elective Procedures Total Cardiac Angioplasty Procedures Electrophysiology Studies Inpatient Studies Outpatient Studies Surgical Procedures Inpatient Surgical Procedures Outpatient Surgical Procedures Outpatient Surgical Procedures	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0°				

		MMUNITY MEMORIAL							
		MONTHS ACTUAL FIL	.ING						
		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				
2	Outpatient Endoscopy Procedures	3,709	2,673	-1,036	-28%				
	Total Endoscopy Procedures	3,945	2,777	-1.168	-30%				
	······	0,010	_,	.,					
К.	Hospital Emergency Room Visits								
<u>n.</u> 1	Emergency Room Visits: Treated and Admitted	2.359	1.769	-590	-25%				
2	Emergency Room Visits: Treated and Discharged	30,161	31,428	1,267	-25%				
2	Total Emergency Room Visits	32,520	33,197	677					
		32,520	33,197	077	27				
L.	Hospital Clinic Visits								
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%				
2	Dental Clinic Visits	0	0	0	0%				
	Psychiatric Clinic Visits	0	0	0	0%				
3	Medical Clinic Visits	0	0	0	0%				
	Medical Clinic Visits Medical Clinic Visits - Pediatric Clinic	0	0	0	0% 0%				
5		0	0	0	0%				
	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%				
7	Medical Clinic Visits - Family Practice Clinic	Ŷ	Ţ	Ş	• 1				
8	Medical Clinic Visits - Other Medical Clinics	1,564	637	-927	-59%				
9	Specialty Clinic Visits	0	0	0	0%				
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%				
11	Specialty Clinic Visits - Chronic Pain Clinic	690	831	141	20%				
12	Specialty Clinic Visits - OB-GYN Clinic	1,818	1,521	-297	-16%				
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%				
	Total Hospital Clinic Visits	4,072	2,989	-1,083	-27%				
М.	Other Hospital Outpatient Visits								
1	Rehabilitation (PT/OT/ST)	21,851	23,052	1,201	5%				
2	Cardiac Rehabilitation	1,608	1,908	300	19%				
3	Chemotherapy	387	219	-168	-43%				
4	Gastroenterology	301	362	61	20%				
5	Other Outpatient Visits	45,099	20,774	-24,325	-54%				
	Total Other Hospital Outpatient Visits	69,246	46,315	-22,931	-33%				
N	Hoopital Full Time Equivalent Employees								
<u>N.</u>	Hospital Full Time Equivalent Employees	4 4 9 5	00.0	44.0	0.40				
1	Total Nursing FTEs	143.5	99.3	-44.2	-31%				
2	Total Physician FTEs	8.0	6.6	-1.4	-18%				
3	Total Non-Nursing and Non-Physician FTEs	326.2	302.3	-23.9	-7%				
	Total Hospital Full Time Equivalent Employees	477.7	408.2	-69.5	-15%				

	WINDHAM COMMUNITY TWELVE MONTH		÷····						
		EAR 2016	-						
RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOS	SCOPY AND EM	ERGENCY RO	OM SERVICES E	BY LOCATION				
(1)	(2)	(3)	(4)	(5)	(6)				
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE				
Α.	Outpatient Surgical Procedures								
1	Windham Hospital	2,066	1,631	-435	-21%				
	Total Outpatient Surgical Procedures(A)	2,066	1,631	-435	-21%				
В.	Outpatient Endoscopy Procedures								
1	Windham Hospital	3,709	2,673	-1,036	-28%				
	Total Outpatient Endoscopy Procedures(B)	3,709	2,673	-1,036	-28%				
C.	Outpatient Hospital Emergency Room Visits								
1	Windham Hospital	30,161	31,428	1.267	4%				
	Total Outpatient Hospital Emergency Room Visits(C)	30,161	31,428	1,267	4%				
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 450							
	(B) Must agree with Total Outpatient Endoscopy Proced	ures on Report	450.						
	(C) Must agree with Emergency Room Visits Treated an	d Discharged on	Report 450.						

		UNITY MEMORIAL HOSPI	TAL							
	TWELVE MO	NTHS ACTUAL FILING								
		CAL YEAR 2016								
	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT									
	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS									
		ACTUAL	ACTUAL	AMOUNT	%					
	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE					
		<u> </u>	<u></u>							
١.	DATA BY MAJOR PAYER CATEGORY									
Α.	MEDICARE									
1		\$33,527,360	\$24,866,808	(\$8,660,552)	-26%					
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,716,341	\$15.533.050	(\$6,183,291)	-28%					
	INPATIENT PAYMENTS / INPATIENT CHARGES	64.77%	62.46%	-2.31%	-4%					
-	DISCHARGES	1,672	1,292	(380)	-23%					
	CASE MIX INDEX (CMI)	1.41583	1.42978	0.01395	1%					
	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,367.26776	1,847.27576	(519.99200)	-22%					
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,173.59	\$8,408.63	(\$764.96)	-8%					
8	PATIENT DAYS	7,809	5,745	(2,064)	-26%					
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,780.94	\$2,703.75	(\$77.19)	-3%					
10	AVERAGE LENGTH OF STAY	4.7	4.4	(0.2)	-5%					
	MEDICARE OUTPATIENT									
	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$48,764,507	\$47,628,168	(\$1,136,339)	-2%					
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,848,586	\$10,610,652	(\$1,237,934)	-10%					
-	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.30%	22.28%	-2.02%	-8%					
	OUTPATIENT CHARGES / INPATIENT CHARGES	145.45%	191.53%	46.09%	32%					
		2,431.87223	2,474.60764	42.73541	2%					
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,872.21	\$4,287.81	(\$584.40)	-12%					
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)									
17	TOTAL ACCRUED CHARGES	\$82,291,867	\$72,494,976	(\$9,796,891)	-12%					
18	TOTAL ACCRUED PAYMENTS	\$33,564,927	\$26,143,702	(\$7,421,225)	-22%					
19	TOTAL ALLOWANCES	\$48,726,940	\$46,351,274	(\$2,375,666)	-5%					

	WINDHAM COMMUNITY ME		TAL						
	TWELVE MONTHS AC	TUAL FILING							
	FISCAL YEAR								
	REPORT FORM 500 - CALCULATION O								
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS									
		ACTUAL	ACTUAL	AMOUNT	%				
LINE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE				
_									
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)								
	NON-GOVERNMENT INPATIENT			(* (- - - (- -)					
1	INPATIENT ACCRUED CHARGES	\$7,788,735	\$6,003,242	(\$1,785,493)	-23%				
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,437,065	\$4,367,264	(\$1,069,801)	-20%				
3	INPATIENT PAYMENTS / INPATIENT CHARGES	69.81%	72.75%	2.94%	4%				
4	DISCHARGES	559	408	(151)	-27%				
5		1.05813	1.19560	0.13747	13%				
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	591.49467	487.80480	(103.68987)	-18%				
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,192.08	\$8,952.89	(\$239.19)	-3%				
8		(\$18.49)	(\$544.27)	(\$525.78)	2844%				
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,936)	(\$265,496)	(\$254,560)	2328%				
10 11	PATIENT DAYS INPATIENT ACCRUED PAYMENT / PATIENT DAY	1,980	1,334 \$2,272,81	(646)	-33%				
12	AVERAGE LENGTH OF STAY	\$2,745.99 3.5	\$3,273.81	\$527.82	<u>19%</u> -8%				
12	AVERAGE LENGTH OF STAY	3.5	3.3	(0.3)	-8%				
	NON-GOVERNMENT OUTPATIENT								
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,381,095	\$52,002,681	(\$2,378,414)	-4%				
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,983,868	\$26,725,246	(\$1,258,622)	-4%				
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.46%	51.39%	-0.07%	0%				
16	OUTPATIENT CHARGES / INPATIENT CHARGES	698.20%	866.24%	168.04%	24%				
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,902.94857	3,534.27262	(368.67594)	-9%				
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,169.93	\$7,561.74	\$391.81	5%				
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,297.72)	(\$3,273.93)	(\$976.20)	42%				
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,967,893)	(\$11,570,950)	(\$2,603,057)	29%				
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)								
21	TOTAL ACCRUED CHARGES	\$62,169,830	\$58,005,923	(\$4,163,907)	-7%				
22	TOTAL ACCRUED PAYMENTS	\$33,420,933	\$31,092,510	(\$2,328,423)	-7%				
23	TOTAL ALLOWANCES	\$28,748,897	\$26,913,413	(\$1,835,484)	-6%				
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,978,829)	(\$11,836,446)	(\$2,857,617)	32%				
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA								
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$52,910,924	\$50,704,078	(\$2,206,846)	-4%				
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$33,320,156	\$30,983,089	(\$2,337,067)	-7%				
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)								
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,590,768	\$19,720,989	\$130,221	1%				
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.03%	38.89%	1.87%					

	WINDHAM COMMUNITY	MEMORIAL HOSPI	TAL					
	TWELVE MONTHS	ACTUAL FILING						
	FISCAL Y	EAR 2016						
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT								
	AND BASELINE UNDERPAYMENT	DATA: COMPARAT	VE ANALYSI	S				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
C.	UNINSURED							
	UNINSURED INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$682,220	\$410,434	(\$271,786)	-40%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,775	\$22,621	\$4,846	27%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.61%	5.51%	2.91%	112%			
4	DISCHARGES	26	34	8	31%			
5	CASE MIX INDEX (CMI)	1.06321	0.98675	(0.07646)	-7%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27.64346	33.54950	5.90604	21%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$643.01	\$674.26	\$31.25	5%			
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,549.07	\$8,278.64	(\$270.43)	-3%			
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,530.58	\$7,734.37	(\$796.21)	-9%			
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$235,815	\$259,484	\$23,669	10%			
11	PATIENT DAYS	328	84	(244)	-74%			
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$54.19	\$269.30	\$215.11	397%			
13	AVERAGE LENGTH OF STAY	12.6	2.5	(10.1)	-80%			
	UNINSURED OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,214,853	\$3,234,578	\$19,725	1%			
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$85,585	\$86,800	\$1,215	1%			
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.66%	2.68%	0.02%	1%			
17	OUTPATIENT CHARGES / INPATIENT CHARGES	471.23%	788.09%	316.85%	67%			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	122.52086	267.94966	145.42881	119%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$698.53	\$323.94	(\$374.59)	-54%			
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,471.40	\$7,237.80	\$766.40	12%			
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,173.67	\$3,963.87	(\$209.80)	-5%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$511,362	\$1,062,118	\$550,756	108%			
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)							
23	TOTAL ACCRUED CHARGES	\$3,897,073	\$3,645,012	(\$252,061)	-6%			
24	TOTAL ACCRUED PAYMENTS	\$103,360	\$109,421	\$6,061	6%			
25	TOTAL ALLOWANCES	\$3,793,713	\$3,535,591	(\$258,122)	-7%			
		÷,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+=,=00,001	(+100, 122)	170			
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$747,177	\$1,321,602	\$574,425	77%			
	(<i>,</i>	\$1,021,00E	<i>Q</i> 0, 120	11,0			

	WINDHAM COMMUNITY N	IEMORIAL HOSPI	TAL		
	TWELVE MONTHS A	CTUAL FILING			
	FISCAL YEA	AR 2016			
	REPORT FORM 500 - CALCULATION	OF DSH UPPER F	PAYMENT LIM	IIT	
	AND BASELINE UNDERPAYMENT D	ATA: COMPARAT	IVE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$9,198,117	\$5,861,443	(\$3,336,674)	-36%
	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,515,603	\$2,212,190	(\$1,303,413)	-37%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.22%	37.74%	-0.48%	-1%
4	DISCHARGES	637	512	(125)	-20%
5	CASE MIX INDEX (CMI)	1.00946	0.97395	(0.03551)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	643.02602	498.66240	(144.36362)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,467.28	\$4,436.25	(\$1,031.03)	-19%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,724.80	\$4,516.64	\$791.85	21%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,706.31	\$3,972.38	\$266.07	7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,383,253	\$1,980,875	(\$402,378)	-17%
11	PATIENT DAYS	2,324	1,476	(848)	-36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,512.74	\$1,498.77	(\$13.96)	-1%
13	AVERAGE LENGTH OF STAY	3.6	2.9	(0.8)	-21%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$41,189,359	\$37,639,187	(\$3,550,172)	-9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,669,686	\$8,025,624	(\$644,062)	-7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.05%	21.32%	0.27%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	447.80%	642.15%	194.35%	43%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,852.49923	3,287.80195	435.30272	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,039.33	\$2,441.03	(\$598.30)	-20%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,130.60	\$5,120.71	\$990.11	24%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,832.88	\$1,846.78	\$13.90	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,228,282	\$6,071,852	\$843,570	16%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$50,387,476	\$43,500,630	(\$6,886,846)	-14%
24	TOTAL ACCRUED PAYMENTS	\$12,185,289	\$10,237,814	(\$1,947,475)	-16%
25	TOTAL ALLOWANCES	\$38,202,187	\$33,262,816	(\$4,939,371)	-13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,611,535	\$8,052,728	\$441,192	6%

	WINDHAM COMMUNITY	MEMORIAL HOSPI	TAL					
	TWELVE MONTHS	ACTUAL FILING						
	FISCAL YE	EAR 2016						
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT								
	AND BASELINE UNDERPAYMENT	DATA: COMPARAT	IVE ANALYSI	S				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE			
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)							
	OTHER MEDICAL ASSISTANCE INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$244,844	\$140,087	(\$104,757)	-43%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$159,612	\$48,480	(\$111,132)	-70%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	65.19%	34.61%	-30.58%	-47%			
4	DISCHARGES	17	9	(8)	-47%			
5	CASE MIX INDEX (CMI)	1.08072	1.11918	0.03846	4%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	18.37224	10.07262	(8.29962)	-45%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,687.67	\$4,813.05	(\$3,874.62)	-45%			
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$504.41	\$4,139.84	\$3,635.44	721%			
9	MEDICARE - O.M.A. IP PMT / CMAD	\$485.92	\$3,595.58	\$3,109.66	640%			
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,927	\$36,217	\$27,290	306%			
11	PATIENT DAYS	56	31	(25)	-45%			
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,850.21	\$1,563.87	(\$1,286.34)	-45%			
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.2	5%			
	OTHER MEDICAL ASSISTANCE OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$431,494	\$451,820	\$20,326	5%			
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$54,989	\$41,281	(\$13,708)	-25%			
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.74%	9.14%	-3.61%	-28%			
17	OUTPATIENT CHARGES / INPATIENT CHARGES	176.23%	322.53%	146.30%	83%			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	29.95948	29.02753	(0.93194)	-3%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,835.45	\$1,422.13	(\$413.31)	-23%			
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$5,334.48	\$6,139.61	\$805.12	15%			
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,036.76	\$2,865.68	(\$171.08)	-6%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$90,980	\$83,184	(\$7,796)	-9%			
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPA	TIENT)						
23	TOTAL ACCRUED CHARGES	\$676,338	\$591,907	(\$84,431)	-12%			
24	TOTAL ACCRUED PAYMENTS	\$214,601	\$89,761	(\$124,840)	-58%			
25	TOTAL ALLOWANCES	\$461,737	\$502,146	\$40,409	9%			
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$99.907	\$119,400	\$19,493	20%			
20		\$00,007	ψ110, 1 00	¢10,-100	2070			

	WINDHAM COMMUNITY ME	MORIAL HOSP	TAL					
	TWELVE MONTHS AC	TUAL FILING						
	FISCAL YEAF	R 2016						
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT								
	AND BASELINE UNDERPAYMENT DA	TA: COMPARAT	IVE ANALYSI	S				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDIC)	AL ASSISTANCE	E)					
	TOTAL MEDICAL ASSISTANCE INPATIENT							
1	INPATIENT ACCRUED CHARGES	\$9,442,961	\$6,001,530	(\$3,441,431)	-36%			
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,675,215	\$2,260,670	(\$1,414,545)	-38%			
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.92%	37.67%	-1.25%	-3%			
4	DISCHARGES	654	521	(133)	-20%			
5	CASE MIX INDEX (CMI)	1.01131	0.97646	(0.03485)	-3%			
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	661.39826	508.73502	(152.66324)	-23%			
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,556.74	\$4,443.71	(\$1,113.03)	-20%			
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,635.34	\$4,509.18	\$873.84	24%			
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,616.85	\$3,964.92	\$348.06	10%			
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,392,181	\$2,017,092	(\$375,088)	-16%			
11	PATIENT DAYS	2,380	1,507	(873)	-37%			
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,544.21	\$1,500.11	(\$44.10)	-3%			
13	AVERAGE LENGTH OF STAY	3.6	2.9	(0.7)	-21%			
	TOTAL MEDICAL ASSISTANCE OUTPATIENT							
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$41,620,853	\$38,091,007	(\$3,529,846)	-8%			
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,724,675	\$8,066,905	(\$657,770)	-8%			
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.96%	21.18%	0.22%	1%			
17	OUTPATIENT CHARGES / INPATIENT CHARGES	440.76%	634.69%	193.93%	44%			
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,882.45871	3,316.82949	434.37078	15%			
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,026.82	\$2,432.11	(\$594.70)	-20%			
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,143.11	\$5,129.63	\$986.51	24%			
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,845.39	\$1,855.70	\$10.31	1%			
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,319,262	\$6,155,036	\$835,774	16%			
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEN	NT)						
23	TOTAL ACCRUED CHARGES	\$51,063,814	\$44,092,537	(\$6,971,277)	-14%			
24	TOTAL ACCRUED PAYMENTS	\$12,399,890	\$10,327,575	(\$2,072,315)	-17%			
25	TOTAL ALLOWANCES	\$38,663,924	\$33,764,962	(\$4,898,962)	-13%			

	WINDHAM COMMUNITY MEI		TAL		
	TWELVE MONTHS AC	TUAL FILING			
	FISCAL YEAR				
	REPORT FORM 500 - CALCULATION OF				
	AND BASELINE UNDERPAYMENT DAT	A: COMPARAT	IVE ANALYSI	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
в.	CHAMPUS/TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$191,428	\$55,839	(\$135,589)	-71%
	INPATIENT ACCRUED CHARGES	\$61,777	\$21,462	(\$135,589)	-65%
	INPATIENT ACCIVED FAIMENTS (IF FMT)	32.27%	38.44%	6.16%	19%
	DISCHARGES	16	4	(12)	-75%
	CASE MIX INDEX (CMI)	0.93853	0.98093	0.04240	5%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	15.01648	3.92372	(11.09276)	-74%
	INPATIENT ACCRUED PAYMENT / CMAD	\$4,113.95	\$5,469.81	\$1,355.86	33%
8	PATIENT DAYS	45	8	(37)	-82%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,372.82	\$2,682.75	\$1,309.93	95%
10	AVERAGE LENGTH OF STAY	2.8	2.0	(0.8)	-29%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$569,658	\$467,898	(\$101,760)	-18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$141,321	\$121,385	(\$19,936)	-14%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$761,086	\$523,737	(\$237,349)	-31%
14	TOTAL ACCRUED PAYMENTS	\$203,098	\$142,847	(\$60,251)	-30%
15	TOTAL ALLOWANCES	\$557,988	\$380,890	(\$177,098)	-32%
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$4,764,422	\$2,823,266	(\$1,941,156)	-41%
2	TOTAL OPERATING EXPENSES	\$86,761,524	\$81,612,663	(\$5,148,861)	-6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$1,994,173	\$1,466,425	(\$527,748)	-26%
5	BAD DEBTS (CHARGES)	\$4,675,102	\$4,325,446	(\$349,656)	-7%
	UNCOMPENSATED CARE (CHARGES)	\$6,669,275	\$5,791,871	(\$877,404)	-13%
7	COST OF UNCOMPENSATED CARE	\$2,740,779	\$2,257,588	(\$483,192)	-18%
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOL	.OGY)			
8	TOTAL ACCRUED CHARGES	\$51,063,814	\$44,092,537	(\$6,971,277)	-14%
9	TOTAL ACCRUED PAYMENTS	\$12,399,890	\$10,327,575	(\$2,072,315)	-17%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$20,984,986	\$17,186,633	(\$3,798,352)	-18%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,585,096	\$6,859,058	(\$1,726,037)	-20%

	WINDHAM COMM	UNITY MEMORIAL HOSP	ITAL					
	TWELVE M	ONTHS ACTUAL FILING						
	FIS	CAL YEAR 2016						
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT								
	AND BASELINE UNDERPA	MENT DATA: COMPARAT	IVE ANALYSI	S				
		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE			
II.	AGGREGATE DATA							
Α.	TOTALS - ALL PAYERS							
1	TOTAL INPATIENT CHARGES	\$50,950,484	\$36,927,419	(\$14,023,065)	-28%			
2	TOTAL INPATIENT PAYMENTS	\$30,890,398	\$22,182,446	(\$8,707,952)	-28%			
3	TOTAL INPATIENT PAYMENTS / CHARGES	60.63%	60.07%	-0.56%	-1%			
4	TOTAL DISCHARGES	2,901	2,225	(676)	-23%			
5	TOTAL CASE MIX INDEX	1.25308	1.27988	0.02681	2%			
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,635.17717	2,847.73930	(787.43787)	-22%			
7	TOTAL OUTPATIENT CHARGES	\$145,336,113	\$138,189,754	(\$7,146,359)	-5%			
8	OUTPATIENT CHARGES / INPATIENT CHARGES	285.25%	374.22%	88.97%	31%			
9	TOTAL OUTPATIENT PAYMENTS	\$48,698,450	\$45,524,188	(\$3,174,262)	-7%			
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.51%	32.94%	-0.56%	-2%			
11	TOTAL CHARGES	\$196,286,597	\$175,117,173	(\$21,169,424)	-11%			
12	TOTAL PAYMENTS	\$79,588,848	\$67,706,634	(\$11,882,214)	-15%			
13	TOTAL PAYMENTS / TOTAL CHARGES	40.55%	38.66%	-1.88%	-5%			
14	PATIENT DAYS	12,214	8,594	(3,620)	-30%			
В.	TOTALS - ALL GOVERNMENT PAYERS							
1	INPATIENT CHARGES	\$43,161,749	\$30,924,177	(\$12,237,572)	-28%			
2	INPATIENT PAYMENTS	\$25,453,333	\$17,815,182	(\$7,638,151)	-30%			
3	GOVT. INPATIENT PAYMENTS / CHARGES	58.97%	57.61%	-1.36%	-2%			
4	DISCHARGES	2,342	1,817	(525)	-22%			
5	CASE MIX INDEX	1.29961	1.29881	(0.00080)	0%			
6	CASE MIX ADJUSTED DISCHARGES	3,043.68250	2,359.93450	(683.74800)	-22%			
7	OUTPATIENT CHARGES	\$90,955,018	\$86,187,073	(\$4,767,945)	-5%			
8	OUTPATIENT CHARGES / INPATIENT CHARGES	210.73%	278.70%	67.97%	32%			
9	OUTPATIENT PAYMENTS	\$20,714,582	\$18,798,942	(\$1,915,640)	-9%			
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.77%	21.81%	-0.96%	-4%			
11	TOTAL CHARGES	\$134,116,767	\$117,111,250	(\$17,005,517)	-13%			
12	TOTAL PAYMENTS	\$46,167,915	\$36,614,124	(\$9,553,791)	-21%			
13	TOTAL PAYMENTS / CHARGES	34.42%	31.26%	-3.16%	-9%			
14	PATIENT DAYS	10,234	7,260	(2,974)	-29%			
15	TOTAL GOVERNMENT DEDUCTIONS	\$87,948,852	\$80,497,126	(\$7,451,726)	-8%			
C.	AVERAGE LENGTH OF STAY							
1	MEDICARE	4.7	4.4	(0.2)	-5%			
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.3	(0.3)	-8%			
3	UNINSURED	12.6	2.5	(10.1)	-80%			
4	MEDICAID	3.6	2.9	(0.8)	-21%			
5	OTHER MEDICAL ASSISTANCE	3.3	3.4	0.2	5%			
6	CHAMPUS / TRICARE	2.8	2.0	(0.8)	-29%			
6		_		(***)				

	WINDHAM COMMUNITY ME	MORIAL HOSP			
	TWELVE MONTHS AC				
	FISCAL YEAR	2016			
	REPORT FORM 500 - CALCULATION OF	F DSH UPPER	PAYMENT LIN	IIT	
	AND BASELINE UNDERPAYMENT DAT	A: COMPARA	TIVE ANALYSI	S	
				-	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$196,286,597	\$175,117,173	(\$21,169,424)	-11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$87,948,852	\$80,497,126	(\$7,451,726)	-8%
3	UNCOMPENSATED CARE	\$6,669,275	\$5,791,871	(\$877,404)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,590,768	\$19,720,989	\$130,221	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,412,528	\$849,045	(\$563,483)	-40%
6	TOTAL ADJUSTMENTS	\$115,621,423	\$106,859,031	(\$8,762,392)	-8%
7	TOTAL ACCRUED PAYMENTS	\$80,665,174	\$68,258,142	(\$12,407,032)	-15%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$80,665,174	\$68,258,142	(\$12,407,032)	-15%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4109560980	0.3897855409	(0.0211705571)	-5%
11	COST OF UNCOMPENSATED CARE	\$2,740,779	\$2,257,588	(\$483,192)	-18%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,585,096	\$6,859,058	(\$1,726,037)	-20%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$11,325,875	\$9,116,646	(\$2,209,229)	-20%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	<u>GY)</u>			
1	MEDICAID	\$5,228,282	\$6,071,852	\$843,570	16%
2	OTHER MEDICAL ASSISTANCE	\$99,907	\$119,400	\$19,493	20%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$747,177	\$1,321,602	\$574,425	77%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,075,366	\$7,512,855	\$1,437,489	24%
۷.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600)			
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,488,854	\$1,493,588	(\$995,266)	-39.99%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,986,848)	(\$780,634)	\$1,206,214	-60.71%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$77,602,000	\$66,926,000	(\$10,676,000)	-13.76%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$196,286,597	\$175,117,173	(\$21,169,424)	-10.78%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,669,275	\$5,791,871	(\$877,404)	-13.16%

	WINDHAM COMMUNITY MEMORIAL HOS	ριται		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	IENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
	DESCRIPTION	<u>r 1 2015</u>	112010	DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
Α.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,788,735	\$6,003,242	(\$1,785,493)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$33,527,360	24,866,808	(\$8,660,552)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,442,961 \$9,198,117	<u>6,001,530</u> 5,861,443	(\$3,441,431) (\$3,336,674)
	OTHER MEDICAL ASSISTANCE	\$244,844	140,087	(\$104,757)
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$191,428 \$682,220	<u>55,839</u> 410,434	(\$135,589) (\$271,786)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$43,161,749	\$30,924,177	(\$12,237,572)
<u> </u>	TOTAL INPATIENT CHARGES	\$50,950,484	\$36,927,419	(\$14,023,065)
В.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,381,095	\$52,002,681	(\$2,378,414)
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$48,764,507 \$41,620,853	<u>47,628,168</u> 38,091,007	(\$1,136,339) (\$3,529,846)
4	MEDICAID	\$41,189,359	37,639,187	(\$3,550,172)
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$431,494 \$569,658	451,820 467,898	\$20,326 (\$101,760)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,214,853	3,234,578	\$19,725
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$90,955,018	\$86,187,073	(\$4,767,945)
-	TOTAL OUTPATIENT CHARGES	\$145,336,113	\$138,189,754	(\$7,146,359)
	TOTAL ACCRUED CHARGES		.	
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$62,169,830 \$82,291,867	\$58,005,923 \$72,494,976	(\$4,163,907) (\$9,796,891)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$51,063,814	\$44,092,537	(\$6,971,277)
4 5	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$50,387,476 \$676,338	\$43,500,630 \$591,907	(\$6,886,846) (\$84,431)
	TOTAL CHAMPUS / TRICARE	\$761,086	\$523,737	(\$237,349)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,897,073	\$3,645,012	(\$252,061)
	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$134,116,767 \$196,286,597	<u>\$117,111,250</u> \$175,117,173	(\$17,005,517) (\$21,169,424)
D . 1	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,437,065	\$4,367,264	(\$1,069,801)
2	MEDICARE	\$21,716,341	15,533,050	(\$6,183,291)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$3,675,215 \$3,515,603	<u>2,260,670</u> 2,212,190	(\$1,414,545) (\$1,303,413)
5	OTHER MEDICAL ASSISTANCE	\$159,612	48,480	(\$111,132)
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$61,777 \$17,775	21,462 22,621	(\$40,315) \$4,846
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$25,453,333	\$17,815,182	(\$7,638,151)
	TOTAL INPATIENT PAYMENTS	\$30,890,398	\$22,182,446	(\$8,707,952)
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,983,868	\$26,725,246	(\$1,258,622)
2	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,848,586 \$8,724,675	<u>10,610,652</u> 8,066,905	(\$1,237,934) (\$657,770)
4	MEDICAID	\$8,669,686	8,025,624	(\$644,062)
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$54,989 \$141 321	41,281	(\$13,708) (\$19,936)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$141,321 \$85,585	<u>121,385</u> 86,800	(\$19,936) \$1,215
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$20,714,582	\$18,798,942	(\$1,915,640)
L	TOTAL OUTPATIENT PAYMENTS	\$48,698,450	\$45,524,188	(\$3,174,262)
F.			4 04 555 5 · ·	(00 000 1000
1 2	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$33,420,933 \$33,564,927	\$31,092,510 \$26,143,702	(\$2,328,423) (\$7,421,225)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,399,890	\$10,327,575	(\$2,072,315)
4 5	TOTAL MEDICAID TOTAL OTHER MEDICAL ASSISTANCE	\$12,185,289 \$214,601	\$10,237,814 \$89,761	(\$1,947,475) (\$124,840)
5 6	TOTAL CHAMPUS / TRICARE	\$203,098	\$142,847	(\$124,840) (\$60,251)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$103,360	\$109,421	\$6,061
<u> </u>	TOTAL GOVERNMENT PAYMENTS TOTAL PAYMENTS	\$46,167,915 \$79,588,848	\$36,614,124 \$67,706,634	(\$9,553,791) (\$11,882,214)

	WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016							
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA							
BASELINE UNDERFAIMENT DATA								
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	AMOUNT				
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE				
II.	PAYER MIX							
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES							
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.070/	0.400/	0.540/				
1	MEDICARE	<u>3.97%</u> 17.08%	<u>3.43%</u> 14.20%	-0.54% -2.88%				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.81%	3.43%	-1.38%				
4		4.69%	3.35%	-1.34%				
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.12%	0.08%	-0.04% -0.07%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.35%	0.23%	-0.11%				
	TOTAL INPATIENT GOVERNMENT PAYER MIX	21.99%	17.66%	-4.33%				
	TOTAL INPATIENT PAYER MIX	25.96%	21.09%	-4.87%				
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.70%	29.70%	1.99%				
2	MEDICARE	24.84%	23.70%	2.35%				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.20%	21.75%	0.55%				
4	MEDICAID OTHER MEDICAL ASSISTANCE	20.98% 0.22%	<u>21.49%</u> 0.26%	0.51%				
5 6	CHAMPUS / TRICARE	0.22%	0.26%	-0.02%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.64%	1.85%	0.21%				
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	46.34%	49.22%	2.88%				
		74.04%	78.91%	4.87%				
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%				
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	6.83% 27.29%	<u>6.45%</u> 22.94%	-0.38% -4.34%				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.62%	3.34%	-4.34%				
4	MEDICAID	4.42%	3.27%	-1.15%				
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.20%	0.07%	-0.13% -0.05%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%	0.03%	0.01%				
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.98%	26.31%	-5.67%				
	TOTAL INPATIENT PAYER MIX	38.81%	32.76%	-6.05%				
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.16%	39.47%	4.31%				
2	MEDICARE	14.89%	<u> </u>	0.78%				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.96%	11.91%	0.95%				
4	MEDICAID OTHER MEDICAL ASSISTANCE	10.89%	11.85%	0.96%				
5 6	CHAMPUS / TRICARE	0.07% 0.18%	0.06%	-0.01% 0.00%				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.10%	0.13%	0.02%				
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.03%	27.77%	1.74%				
	TOTAL OUTPATIENT PAYER MIX	61.19%	67.24%	6.05%				
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%				

	WINDHAM COMMUNITY MEMORIAL HOSPI	TAL					
	TWELVE MONTHS ACTUAL FILING						
	FISCAL YEAR 2016						
	REPORT 550 - CALCULATION OF DSH UPPER PAYME	ENT LIMIT AND					
BASELINE UNDERPAYMENT DATA							
(1)	(2)	(3)	(4)	(5)			
(1)	(2)	(3)	(4)	(3)			
		ACTUAL	ACTUAL	AMOUNT			
LINE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE			
ш	L DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED D	ΔΤΔ					
	שלא אונטבט דארובור אבעטארט אונטבא אונטבא אונט סיוובור הבעטוונים ש	<u></u>					
Α.	DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	559	408	(151)			
	MEDICARE	1,672	1,292	(380)			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	654	521	(133)			
	MEDICAID OTHER MEDICAL ASSISTANCE	637 17	<u>512</u> 9	(125)			
	CHAMPUS / TRICARE	16	4	(12)			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26	34	8			
	TOTAL GOVERNMENT DISCHARGES	2,342	1,817	(525)			
	TOTAL DISCHARGES	2,901	2,225	(676)			
В.	PATIENT DAYS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,980	1,334	(646)			
	MEDICARE	7,809	5,745	(2,064)			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,380	1,507	(873)			
	MEDICAID	2,324	1,476	(848)			
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	56 45	<u>31</u> 8	(25)			
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	328	84	(244)			
	TOTAL GOVERNMENT PATIENT DAYS	10,234	7,260	(2,974)			
	TOTAL PATIENT DAYS	12,214	8,594	(3,620)			
C.	AVERAGE LENGTH OF STAY (ALOS)						
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.3	(0.3)			
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.7	4.4	(0.2)			
	MEDICAID	3.6	2.9	(0.8)			
	OTHER MEDICAL ASSISTANCE	3.3	3.4	0.2			
		2.8 12.6	2.0 2.5	(0.8)			
/	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	<u> </u>	(10.1)			
	TOTAL AVERAGE LENGTH OF STAY	4.2	3.9	(0.3)			
D.	CASE MIX INDEX						
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05813	1.19560	0.13747			
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.41583 1.01131	1.42978 0.97646	0.01395			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.00946	0.97395	(0.03551)			
	OTHER MEDICAL ASSISTANCE	1.08072	1.11918	0.03846			
		0.93853	0.98093	0.04240			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CASE MIX INDEX	1.06321 1.29961	0.98675 1.29881	(0.07646)			
	TOTAL GOVERNMENT CASE MIX INDEX	1.25308	1.29881	0.02681			
-							
Ε.	OTHER REQUIRED DATA						
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$52,910,924	\$50,704,078	(\$2,206,846			
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,320,156	\$30,983,089	(\$2,337,067			
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)						
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,590,768	\$19,720,989	\$130,221			
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.03%	38.89%	1.87%			
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,488,854	\$1,493,588	(\$995,266			
	EMPLOYEE SELF INSURANCE ALLOWANCE UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$1,412,528 \$0	\$849,045 \$0	(\$563,483			
	OCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS OPPER LIMIT ADJUSTMENT- OHCA INPUT)	φU	Ф О	\$0			
'			A	(\$527,748)			
	CHARITY CARE	\$1,994,173	\$1,466.425	(0027.740)			
8 9	BAD DEBTS	\$1,994,173 \$4,675,102	\$1,466,425 \$4,325,446	(\$349,656)			
8 9 10	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$4,675,102 \$6,669,275	\$4,325,446 \$5,791,871	(\$349,656) (\$877,404)			
8 9 10 11	BAD DEBTS	\$4,675,102	\$4,325,446				

	WINDHAM COMMUNITY MEMORIAL HOSP TWELVE MONTHS ACTUAL FILING	PITAL						
	FISCAL YEAR 2016							
	REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA							
	BROLENE ONDER ATMENT BRAN							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	AMOUNT				
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE				
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS							
Α.	CASE MIX ADJUSTED DISCHARGES							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	591.49467	487.80480	(103.68987)				
	MEDICARE	2.367.26776	1,847.27576	(519,99200)				
3	MEDICALE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	661.39826	508.73502	(152.66324)				
4	MEDICAL ACCIONANCE (INCLODING OTTER MEDICAL ACCIONANCE)	643.02602	498.66240	(144.36362)				
	OTHER MEDICAL ASSISTANCE	18.37224	10.07262	(8.29962)				
	CHAMPUS / TRICARE	15.01648	3.92372	(11.09276)				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.64346	33.54950	5.90604				
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,043.68250	2,359.93450	(683.74800)				
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,635.17717	2,847.73930	(787.43787)				
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)							
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,902.94857	3,534.27262	-368.67594				
2		2,431.87223	2,474.60764	42.73541				
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,882.45871 2,852.49923	3,316.82949 3,287.80195	434.37078 435.30272				
4	MEDICAID OTHER MEDICAL ASSISTANCE	2,652.49923	29.02753	-0.93194				
5 6	CHAMPUS / TRICARE	47.61335	33.51765	-14.09570				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	122.52086	267.94966	145.42881				
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5.361.94429	5.824.95477	463.01049				
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,264.89285	9,359.22740	94.33454				
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE							
		Aa 1 aa a		(1000 (0)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,192.08	\$8,952.89	(\$239.19)				
		\$9,173.59	\$8,408.63	(\$764.96)				
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$5,556.74 \$5,467.28	\$4,443.71 \$4,436.25	(\$1,113.03)				
	OTHER MEDICAL ASSISTANCE	\$5,467.28	\$4,436.25	(\$1,031.03) (\$3,874.62)				
5 6	CHAMPUS / TRICARE	\$4,113.95	\$5,469.81	\$1,355.86				
0 7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$643.01	\$674.26	\$31.25				
'	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,362.68	\$7,549.02	(\$813.66)				
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,497.63	\$7,789.49	(\$708.14)				
			• • • • •					
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE							
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,169.93	\$7,561.74	\$391.81				
	MEDICARE	\$4,872.21	\$4,287.81	(\$584.40)				
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,026.82	\$2,432.11	(\$594.70)				
		\$3,039.33	\$2,441.03	(\$598.30)				
5	OTHER MEDICAL ASSISTANCE	\$1,835.45	\$1,422.13	(\$413.31)				
		\$2,968.10	\$3,621.52	\$653.43				
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$698.53	\$323.94	(\$374.59)				
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$3,863.26	\$3,227.31	(\$635.95)				
L	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,256.23	\$4,864.10	· · · · · · · · · · · · · · · · · · ·				
				(\$392.14)				

	WINDHAM COMMUNITY MEMORIAL HOS	PITAL		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER PAY	MENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(4)	(3)	(2)		(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2015	<u>FY 2016</u>	DIFFERENCE
v.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$5,228,282	\$6,071,852	\$843,570
	OTHER MEDICAL ASSISTANCE	\$99,907	\$119,400	\$19,493
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$747,177	\$1,321,602	\$574,425
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,075,366	\$7,512,855	\$1,437,489
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOL	OGY)		
1	TOTAL CHARGES	\$196,286,597	\$175,117,173	(\$21,169,424)
2	TOTAL CHARGES	\$87,948,852	\$80,497,126	(\$7,451,726)
3	UNCOMPENSATED CARE	\$6,669,275	\$5,791,871	(\$877,404)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,590,768	\$19,720,989	\$130,221
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,412,528	\$849,045	(\$563,483)
6	TOTAL ADJUSTMENTS	\$115,621,423 \$80,665,174	\$106,859,031 \$68,258,142	(\$8,762,392) (\$12,407,032)
7	TOTAL ACCRUED PAYMENTS UCP DSH PAYMENTS (OHCA INPUT)	\$60,665,174	300,230,142 \$0	(\$12,407,032) \$0
	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$80,665,174	\$68,258,142	(\$12,407,032)
	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4109560980	0.3897855409	(0.0211705571)
	COST OF UNCOMPENSATED CARE	\$2,740,779	\$2,257,588	(\$483,192)
	MEDICAL ASSISTANCE UNDERPAYMENT	\$8,585,096	\$6,859,058	(\$1,726,037)
13 14	PLUS OHCA ADJUSTMENT (OHCA INPUT) TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERFATMENT	\$11,325,875	\$9,116,646	(\$2,209,229)
VII.	RATIOS			
	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	69.81%	72.75%	2.94%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	64.77% 38.92%	<u>62.46%</u> 37.67%	-2.31%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.22%	37.74%	-0.48%
	OTHER MEDICAL ASSISTANCE	65.19%	34.61%	-30.58%
	CHAMPUS / TRICARE	32.27%	38.44%	6.16%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.61%	5.51%	2.91%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
		58.97%	<u> </u>	-1.36%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	60.63%	60.07%	-0.56%
В.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.46%	51.39%	-0.07%
		24.30%	22.28%	-2.02%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	20.96% 21.05%	21.18% 21.32%	0.22%
		12.74%	9.14%	-3.61%
	CHAMPUS / TRICARE	24.81%	25.94%	1.13%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.66%	2.68%	0.02%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
		22.77%	21.81%	-0.96%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	33.51%	32.94%	-0.56%

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-	WINDHAM COMMUNITY MEMORIAL HOSP	PITAL		
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(4)	(0)	(0)	(1)	(5)
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	IONS		
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
<u> </u>			*	
	TOTAL ACCRUED PAYMENTS PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	\$79,588,848	\$67,706,634	(\$11,882,214) \$0
	INPUT)	\$0	\$0	Ф О
	OHCA DEFINED NET REVENUE	\$79,588,848	\$67,706,634	(\$11.882.214)
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,986,848)	(\$780,634)	\$1,206,214
4	CALCULATED NET REVENUE	\$83,353,428	\$66,926,000	(\$16,427,428)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$77,602,000	\$66,926,000	(\$10,676,000)
	REPORTING)	¢,002,000	\$00,020,000	(\$10,010,000)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$5,751,428	\$0	(\$5,751,428)
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMEI			
	RECONCILIATION OF OTEX DEFINED GROSS REVENCE TO TOSPITAL ADDITED TIM. STATEMEN	115		
	OHCA DEFINED GROSS REVENUE	\$196,286,597	\$175,117,173	(\$21,169,424)
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$196,286,597	\$175,117,173	(\$21,169,424)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$196,286,597	\$175,117,173	(\$21,169,424)
	REPORTING)	\$100,200,001	φ <i>110</i> ,117,170	(\$21,100,424)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENT	· · · · · · · · · · · · · · · · · · ·		
U.	RECONCILIATION OF ORCA DEFINED UNCOMP: CARE TO ROSPITAL AUDITED FIN. STATEMENT	3		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,669,275	\$5,791,871	(\$877,404)
	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,669,275	\$5,791,871	(\$877,404)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,669,275	\$5,791,871	(\$877,404)
	INTO AN A TROM HOUT TAL ADDIEDTIN. STATEMENTS (I ROM ANNOAL REFORTING)	φ0,003,275	φ3,731,071	(\$077,404)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	WINDHAM COMMUNITY MEMORIAL 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)
		ACTÚAL
LINE	DESCRIPTION	<u>FY 2016</u>
I.	ACCRUED CHARGES AND PAYMENTS	
1.		
A. 1	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,003,242
2	MEDICARE	24,866,808
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,001,530
4	MEDICAID	5,861,443
5	OTHER MEDICAL ASSISTANCE	140,087
6	CHAMPUS / TRICARE	55,839
7		410,434
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$30,924,177 \$36,927,419
		\$30,927,419
В.	OUTPATIENT ACCRUED CHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,002,681
2		47,628,168
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	<u>38,091,007</u> 37,639,187
4 5	OTHER MEDICAL ASSISTANCE	451,820
6	CHAMPUS/TRICARE	467,898
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,234,578
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$86,187,073
	TOTAL OUTPATIENT CHARGES	\$138,189,754
C.	TOTAL ACCRUED CHARGES	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$58,005,923
2	TOTAL GOVERNMENT ACCRUED CHARGES	117,111,250
	TOTAL ACCRUED CHARGES	\$175,117,173
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,367,264
2	MEDICARE	15,533,050
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,260,670
4	MEDICAID	2,212,190
5	OTHER MEDICAL ASSISTANCE	48,480
6	CHAMPUS / TRICARE	21,462
7		22,621
	TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS	\$17,815,182 \$22,182,446
F		
<u>Е.</u> 1	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,725,246
2	MEDICARE	10,610,652
3	MEDICALE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,066,905
4	MEDICAID	8,025,624
5	OTHER MEDICAL ASSISTANCE	41,281
6	CHAMPUS / TRICARE	121,385
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	86,800
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$18,798,942
	TOTAL OUTPATIENT PAYMENTS	\$45,524,188
F.	TOTAL ACCRUED PAYMENTS	
	TOTAL NON COVERNMENT ACCOURT RAVAENTO (NOLLIDINO CELE DAV((UNINOLIDED)	¢24,002,540
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$31,092,510
	TOTAL ACCRUED PAYMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS	36,614,124 \$67,706,634

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	WINDHAM COMMUNITY MEMORIAL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
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	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
(1)	(2)	ACTUAL
LINE	DESCRIPTION	<u>FY 2016</u>
П.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
Α.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	408
2	MEDICARE	1,292
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	521
4	MEDICAID	512
5	OTHER MEDICAL ASSISTANCE	9
6	CHAMPUS / TRICARE	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	34
	TOTAL GOVERNMENT DISCHARGES	1,817
	TOTAL DISCHARGES	2,225
В. 1	CASE MIX INDEX NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.19560
2	MEDICARE	1.19560
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97646
4	MEDICAD	0.97395
5	OTHER MEDICAL ASSISTANCE	1.11918
-	CHAMPUS / TRICARE	0.98093
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98675
	TOTAL GOVERNMENT CASE MIX INDEX	1.29881
	TOTAL CASE MIX INDEX	1.27988
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$50,704,078
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,983,089
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$19,720,989
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.89%
_		0 1 100 505
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,493,588
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$849,045
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
,	Son Born Annielatio (GROSS DOTEATIVIENTS FEOS OFFER EIWIT ADJOSTMENT - ORCAINFOT)	ψυ
8	CHARITY CARE	\$1,466,425
9	BAD DEBTS	\$4,325,446
10	TOTAL UNCOMPENSATED CARE	\$5,791,871
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11	TOTAL OTHER OPERATING REVENUE	\$2,823,266
	TOTAL OPERATING EXPENSES	\$81,612,663

	WINDHAM COMMUNITY MEMORIAL 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)	
. /		ACTÚAL
<u>line</u>	DESCRIPTION	<u>FY 2016</u>
III.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS	
Α.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	TOTAL ACCRUED PAYMENTS	\$67,706,63
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$
	OHCA DEFINED NET REVENUE	\$67,706,63
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$780,63
	CALCULATED NET REVENUE	\$66,926,00
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$66,926,00
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$175,117,17
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$
	CALCULATED GROSS REVENUE	\$175,117,17
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$175,117,17
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,791,87
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,791,87
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,791,87
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	

		S ACTUAL FILING			
	REPORT 650 - HOSPITAL	EAR 2016			
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
INE	DESCRIPTION	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	812	1,057	245	30
2	Number of Approved Applicants	662	1,000	338	519
3	Total Charges (A)	\$1,994,173	\$1,466,425	(\$527,748)	-26
4	Average Charges	\$3,012	\$1,466	(\$1,546)	-51
т	Artoluge ondigee	ψ0,012	ψ1,400	(ψ1,040)	
5	Ratio of Cost to Charges (RCC)	0.425546	0.431540	0.005994	1
6	Total Cost	\$848,612	\$632,821	(\$215,791)	-25
7	Average Cost	\$1,282	\$633	(\$649)	-51
		•	•	(
8	Charity Care - Inpatient Charges	\$302,577	\$244,579	(\$57,998)	-19
9	Charity Care - Outpatient Charges (Excludes ED Charges)	950,997	588,504	(362,493)	-38
10	Charity Care - Emergency Department Charges	740,599	633,342	(107,257)	-14
11	Total Charges (A)	\$1,994,173	\$1,466,425	(\$527,748)	-269
12	Charity Care - Number of Patient Days	64	48	(16)	-259
13	Charity Care - Number of Discharges	18	16	(2)	-11
14	Charity Care - Number of Outpatient ED Visits	549	400	(149)	-27
	Charity Care - Number of Outpatient Visits (Excludes ED				
15	Visits)	906	476	(430)	-47
В.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$675,948	\$373,659	(\$302,289)	-45
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,405,773	1,337,015	(\$302,289)	-45
3	Bad Debts - Emergency Department	2,593,381	2,614,772	21,391	1
4	Total Bad Debts (A)	\$4,675,102	\$4,325,446	(\$349,656)	-7
C .	Hospital Uncompensated Care (from HRS Report 500)	* · · · · · · · · · · · · · · · · · · ·	* · · · • • • • • •		
1	Charity Care (A)	\$1,994,173	\$1,466,425	(\$527,748)	-26
2	Bad Debts (A)	4,675,102	4,325,446	(349,656)	-7
3	Total Uncompensated Care (A)	\$6,669,275	\$5,791,871	(\$877,404)	-13
4	Uncompensated Care - Inpatient Services	\$978,525	\$618,238	(\$360,287)	-37
	Uncompensated Care - Outpatient Services (Excludes ED				
5	Unc. Care)	2,356,770	1,925,519	(431,251)	-18
6	Uncompensated Care - Emergency Department	3,333,980	3,248,114	(85,866)	-3
7	Total Uncompensated Care (A)	\$6,669,275	\$5,791,871	(\$877,404)	-13

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		TWELVE MONTHS ACTUA			
		FISCAL YEAR 201	-		
	REPORT 685 - HOSPITAL NO				
		JED PAYMENTS AND DISCO			
(1)	(2)	(3)	(4)	(5)	(6)
. /		FY 2015	FY 2016		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$52,910,924	\$50,704,078	(\$2,206,846)	-4%
		.	* 10 = 000	A (a a a)	
2	Total Contractual Allowances	\$19,590,768	\$19,720,989	\$130,221	1%
	Total Accrued Payments (A)	\$33,320,156	\$30,983,089	(\$2,337,067)	-7%
	Total Accided Payments (A)	\$33,320,130	\$30,963,069	(\$2,337,007)	-17
	Total Discount Percentage	37.03%	38.89%	1.87%	5%
		01.00 //		1.07 /0	
(A) A	ccrued Payments associated with Non-Governm	ent Contractual Allowances	nust exclude any reductio	n for Uncompensated	d Care.
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	WINDHAM COMMUNITY MEM	ORIAL HOSPITAL						
	TWELVE MONTHS ACT	UAL FILING						
	FISCAL YEAR 2016							
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE							
(1)	(2)	(3)	(4)	(5)				
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL FY 2015	ACTUAL FY 2016				
Α.	Gross and Net Revenue							
1	Inpatient Gross Revenue	\$55,857,478	\$50,950,484	\$36,927,419				
2	Outpatient Gross Revenue	\$142,607,314	\$145,336,113	\$138,189,754				
3	Total Gross Patient Revenue	\$198,464,792	\$196,286,597	\$175,117,173				
4	Net Patient Revenue	\$77,506,994	\$77,601,420	\$66,924,838				
В.	Total Operating Expenses							
1	Total Operating Expense	\$86,792,851	\$86,761,524	\$81,612,663				
C.	Utilization Statistics							
1	Patient Days	13,225	12,214	8,594				
2	Discharges	3,427	2,901	2,225				
3	Average Length of Stay	3.9	4.2	3.9				
4	Equivalent (Adjusted) Patient Days (EPD)	46,989	47,054	40,754				
0	Equivalent (Adjusted) Discharges (ED)	12,176	11,176	10,551				
D.	Case Mix Statistics							
1	Case Mix Index	1.22310	1.25308	1.27988				
2	Case Mix Adjusted Patient Days (CMAPD)	16,175	15,305	10,999				
3	Case Mix Adjusted Discharges (CMAD)	4,192	3,635	2,848				
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	57,472	58,963	52,161				
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,893	14,005	13,505				
	Orana Davanua Dav Ctatistia							
E.	Gross Revenue Per Statistic		¢40.071	<u> </u>				
1	Total Gross Revenue per Patient Day	\$15,007	\$16,071	\$20,377				
2	Total Gross Revenue per Discharge	\$57,912	\$67,662	\$78,704				
3	Total Gross Revenue per EPD	\$4,224	\$4,171	\$4,297				
4	Total Gross Revenue per ED	\$16,299	\$17,563	\$16,597				
5	Total Gross Revenue per CMAEPD	\$3,453	\$3,329	\$3,357				
6	Total Gross Revenue per CMAED	\$13,326	\$14,016	\$12,967				
7 8	Inpatient Gross Revenue per EPD Inpatient Gross Revenue per ED	\$1,189 \$4,587	\$1,083 \$4,559	\$906 \$3,500				

	TWELVE MONTHS ACTUAL FILI	NG						
	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				
F.	Net Revenue Per Statistic							
1	Net Revenue per Patient Day	\$5,861	\$6,353	\$7,787				
2	Net Patient Revenue per Discharge	\$22,617	\$26,750	\$30,079				
3	Net Patient Revenue per EPD	\$1,649	\$20,750	\$30,07				
4	Net Patient Revenue per ED	\$6.365	\$6,944	\$1,042				
5	Net Patient Revenue per CMAEPD	+ -)	+ - / -	\$0,343				
6	Net Patient Revenue per CMAED	\$1,349 \$5,204	\$1,316 \$5,541	\$1,203 \$4,956				
0		\$5,204	φ 5 ,54 Ι	\$4,950				
G.	Operating Expense Per Statistic							
1	Total Operating Expense per Patient Day	\$6,563	\$7,103	\$9,496				
2	Total Operating Expense per Discharge	\$25,326	\$29,907	\$36,680				
3	Total Operating Expense per EPD	\$1,847	\$1,844	\$2,003				
4	Total Operating Expense per ED	\$7,128	\$7,763	\$7,735				
5	Total Operating Expense per CMAEPD	\$1,510	\$1,471	\$1,565				
6	Total Operating Expense per CMAED	\$5,828	\$6,195	\$6,043				
Н.	Nursing Salary and Fringe Benefits Expense							
1	Nursing Salary Expense	\$12,663,438	\$11,636,506	\$10,301,279				
2	Nursing Fringe Benefits Expense	\$3,148,987	\$3,502,855	\$3,678,381				
3	Total Nursing Salary and Fringe Benefits Expense	\$15,812,425	\$15,139,361	\$13,979,660				
I.	Physician Salary and Fringe Expense							
1	Physician Salary Expense	\$1,822,615	\$1,720,183	\$1,572,726				
2	Physician Fringe Benefits Expense	\$453,225	\$517,814	\$561,589				
3	Total Physician Salary and Fringe Benefits Expense	\$2,275,840	\$2,237,997	\$2,134,315				
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense							
1	Non-Nursing, Non-Physician Salary Expense	\$23,750,037	\$22,636,620	\$19,924,833				
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,905,865	\$6,814,140	\$7,114,765				
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$29,655,902	\$29,450,760	\$27,039,598				
К.	Total Salary and Fringe Benefits Expense							
1	Total Salary Expense	\$38,236,090	\$35,993,309	\$31,798,838				
2	Total Fringe Benefits Expense	\$9,508,077	\$10,834,809	\$11,354,735				
3	Total Salary and Fringe Benefits Expense	\$47,744,167	\$46,828,118	\$43,153,573				

	WINDHAM COMMUNITY MEMORIA	AL HOSPITAL		
	TWELVE MONTHS ACTUAL			
	FISCAL YEAR 2016			
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPI	TAL REVENUE AND EX	PENSE	
(1)	(2)	(3) ACTUAL	(4) ACTUAL	(5) ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	147.0	143.5	99.3
2	Total Physician FTEs	9.8	8.0	6.6
3	Total Non-Nursing, Non-Physician FTEs	344.2	326.2	302.3
4	Total Full Time Equivalent Employees (FTEs)	501.0	477.7	408.2
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$86,146	\$81,091	\$103,739
2	Nursing Fringe Benefits Expense per FTE	\$21,422	\$24,410	\$37,043
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$107,568	\$105,501	\$140,782
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$185,981	\$215,023	\$238,292
2	Physician Fringe Benefits Expense per FTE	\$46,247	\$64,727	\$85,089
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$232,229	\$279,750	\$323,381
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expens	se per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$69,001	\$69,395	\$65,911
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,158	\$20,889	\$23,535
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$86,159	\$90,284	\$89,446
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$76,320	\$75,347	\$77,900
2	Total Fringe Benefits Expense per FTE	\$18,978	\$22,681	\$27,817
3	Total Salary and Fringe Benefits Expense per FTE	\$95,298	\$98,028	\$105,717
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,610	\$3,834	\$5,021
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,932	\$16,142	\$19,395
3	Total Salary and Fringe Benefits Expense per EPD	\$1,016	\$995	\$1,059
4	Total Salary and Fringe Benefits Expense per ED	\$3,921	\$4,190	\$4,090
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$831	\$794	\$827
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,206	\$3,344	\$3,195