

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$10,660,990	\$6,996,083	(\$3,664,907)	-34%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$24,557,822	\$24,506,769	(\$51,053)	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$794,015	\$694,111	(\$99,904)	-13%
5	Due From Affiliates	\$6,841,862	\$9,161,307	\$2,319,445	34%
6	Due From Third Party Payers	\$514,722	\$359,760	(\$154,962)	-30%
7	Inventories of Supplies	\$2,215,756	\$2,570,091	\$354,335	16%
8	Prepaid Expenses	\$486,845	\$1,489,763	\$1,002,918	206%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$46,072,012</b>	<b>\$45,777,884</b>	<b>(\$294,128)</b>	<b>-1%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$3,263,355	\$3,261,508	(\$1,847)	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$15,244,628	\$16,261,081	\$1,016,453	7%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$18,507,983</b>	<b>\$19,522,589</b>	<b>\$1,014,606</b>	<b>5%</b>
5	Interest in Net Assets of Foundation	\$3,828,998	\$4,852,903	\$1,023,905	27%
6	Long Term Investments	\$9,432,687	\$10,731,706	\$1,299,019	14%
7	Other Noncurrent Assets	\$18,193,532	\$17,995,203	(\$198,329)	-1%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$178,340,623	\$182,534,259	\$4,193,636	2%
2	Less: Accumulated Depreciation	\$123,886,476	\$130,971,357	\$7,084,881	6%
	<b>Property, Plant and Equipment, Net</b>	<b>\$54,454,147</b>	<b>\$51,562,902</b>	<b>(\$2,891,245)</b>	<b>-5%</b>
3	Construction in Progress	\$119,015	\$199,081	\$80,066	67%
	<b>Total Net Fixed Assets</b>	<b>\$54,573,162</b>	<b>\$51,761,983</b>	<b>(\$2,811,179)</b>	<b>-5%</b>
	<b>Total Assets</b>	<b>\$150,608,374</b>	<b>\$150,642,268</b>	<b>\$33,894</b>	<b>0%</b>

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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$14,869,497	\$13,827,968	(\$1,041,529)	-7%
2	Salaries, Wages and Payroll Taxes	\$2,565,701	\$2,920,000	\$354,299	14%
3	Due To Third Party Payers	\$251,398	\$281,399	\$30,001	12%
4	Due To Affiliates	\$11,579,429	\$14,838,492	\$3,259,063	28%
5	Current Portion of Long Term Debt	\$6,675,366	\$6,722,072	\$46,706	1%
6	Current Portion of Notes Payable	\$1,141,407	\$1,125,935	(\$15,472)	-1%
7	Other Current Liabilities	\$2,456,430	\$6,944,195	\$4,487,765	183%
	<b>Total Current Liabilities</b>	<b>\$39,539,228</b>	<b>\$46,660,061</b>	<b>\$7,120,833</b>	<b>18%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$45,344,796	\$44,207,188	(\$1,137,608)	-3%
2	Notes Payable (Net of Current Portion)	\$3,885,906	\$2,213,487	(\$1,672,419)	-43%
	<b>Total Long Term Debt</b>	<b>\$49,230,702</b>	<b>\$46,420,675</b>	<b>(\$2,810,027)</b>	<b>-6%</b>
3	Accrued Pension Liability	\$37,414,390	\$39,765,402	\$2,351,012	6%
4	Other Long Term Liabilities	\$2,496,187	\$2,604,743	\$108,556	4%
	<b>Total Long Term Liabilities</b>	<b>\$89,141,279</b>	<b>\$88,790,820</b>	<b>(\$350,459)</b>	<b>0%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$12,898,050	\$5,363,698	(\$7,534,352)	-58%
2	Temporarily Restricted Net Assets	\$1,262,823	\$1,904,133	\$641,310	51%
3	Permanently Restricted Net Assets	\$7,766,994	\$7,923,556	\$156,562	2%
	<b>Total Net Assets</b>	<b>\$21,927,867</b>	<b>\$15,191,387</b>	<b>(\$6,736,480)</b>	<b>-31%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$150,608,374</b>	<b>\$150,642,268</b>	<b>\$33,894</b>	<b>0%</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. <u>Operating Revenue:</u></b>					
1	Total Gross Patient Revenue	\$410,211,495	\$419,195,385	\$8,983,890	2%
2	Less: Allowances	\$241,527,903	\$250,648,024	\$9,120,121	4%
3	Less: Charity Care	\$1,418,730	\$2,236,613	\$817,883	58%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$167,264,862</b>	<b>\$166,310,748</b>	<b>(\$954,114)</b>	<b>-1%</b>
5	Other Operating Revenue	\$10,065,754	\$10,347,489	\$281,735	3%
6	Net Assets Released from Restrictions	\$99,591	\$100,773	\$1,182	1%
	<b>Total Operating Revenue</b>	<b>\$177,430,207</b>	<b>\$176,759,010</b>	<b>(\$671,197)</b>	<b>0%</b>
<b>B. <u>Operating Expenses:</u></b>					
1	Salaries and Wages	\$75,094,805	\$75,116,354	\$21,549	0%
2	Fringe Benefits	\$20,465,024	\$20,990,484	\$525,460	3%
3	Physicians Fees	\$5,270,206	\$6,002,814	\$732,608	14%
4	Supplies and Drugs	\$23,226,356	\$26,604,683	\$3,378,327	15%
5	Depreciation and Amortization	\$8,204,355	\$7,666,028	(\$538,327)	-7%
6	Bad Debts	\$7,895,004	\$6,712,599	(\$1,182,405)	-15%
7	Interest	\$2,265,597	\$2,528,633	\$263,036	12%
8	Malpractice	\$2,844,702	\$2,281,064	(\$563,638)	-20%
9	Other Operating Expenses	\$24,751,135	\$22,332,089	(\$2,419,046)	-10%
	<b>Total Operating Expenses</b>	<b>\$170,017,184</b>	<b>\$170,234,748</b>	<b>\$217,564</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$7,413,023</b>	<b>\$6,524,262</b>	<b>(\$888,761)</b>	<b>-12%</b>
<b>C. <u>Non-Operating Revenue:</u></b>					
1	Income from Investments	(\$244,171)	\$31,573	\$275,744	-113%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,223,282)	(\$873,701)	\$349,581	-29%
	<b>Total Non-Operating Revenue</b>	<b>(\$1,467,453)</b>	<b>(\$842,128)</b>	<b>\$625,325</b>	<b>-43%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$5,945,570</b>	<b>\$5,682,134</b>	<b>(\$263,436)</b>	<b>-4%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$5,945,570</b>	<b>\$5,682,134</b>	<b>(\$263,436)</b>	<b>-4%</b>
	Principal Payments	\$3,489,341	\$2,778,793	(\$710,548)	-20%

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FISCAL YEAR 2010					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$80,191,429	\$76,599,038	(\$3,592,391)	-4%
2	MEDICARE MANAGED CARE	\$13,068,480	\$14,764,166	\$1,695,686	13%
3	MEDICAID	\$8,101,959	\$8,820,453	\$718,494	9%
4	MEDICAID MANAGED CARE	\$6,258,282	\$7,332,763	\$1,074,481	17%
5	CHAMPUS/TRICARE	\$324,656	\$431,607	\$106,951	33%
6	COMMERCIAL INSURANCE	\$2,846,300	\$2,928,022	\$81,722	3%
7	NON-GOVERNMENT MANAGED CARE	\$40,121,907	\$40,259,556	\$137,649	0%
8	WORKER'S COMPENSATION	\$482,184	\$623,238	\$141,054	29%
9	SELF- PAY/UNINSURED	\$3,370,281	\$3,498,834	\$128,553	4%
10	SAGA	\$4,671,749	\$5,261,546	\$589,797	13%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$159,437,227</b>	<b>\$160,519,223</b>	<b>\$1,081,996</b>	<b>1%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$72,154,378	\$71,483,647	(\$670,731)	-1%
2	MEDICARE MANAGED CARE	\$14,147,086	\$16,830,656	\$2,683,570	19%
3	MEDICAID	\$7,738,318	\$8,612,159	\$873,841	11%
4	MEDICAID MANAGED CARE	\$17,349,117	\$23,286,718	\$5,937,601	34%
5	CHAMPUS/TRICARE	\$708,701	\$1,049,235	\$340,534	48%
6	COMMERCIAL INSURANCE	\$5,935,347	\$6,042,020	\$106,673	2%
7	NON-GOVERNMENT MANAGED CARE	\$113,060,107	\$109,873,375	(\$3,186,732)	-3%
8	WORKER'S COMPENSATION	\$3,929,495	\$3,732,029	(\$197,466)	-5%
9	SELF- PAY/UNINSURED	\$9,119,384	\$8,874,148	(\$245,236)	-3%
10	SAGA	\$6,632,336	\$8,892,163	\$2,259,827	34%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$250,774,269</b>	<b>\$258,676,150</b>	<b>\$7,901,881</b>	<b>3%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$152,345,807	\$148,082,685	(\$4,263,122)	-3%
2	MEDICARE MANAGED CARE	\$27,215,566	\$31,594,822	\$4,379,256	16%
3	MEDICAID	\$15,840,277	\$17,432,612	\$1,592,335	10%
4	MEDICAID MANAGED CARE	\$23,607,399	\$30,619,481	\$7,012,082	30%
5	CHAMPUS/TRICARE	\$1,033,357	\$1,480,842	\$447,485	43%
6	COMMERCIAL INSURANCE	\$8,781,647	\$8,970,042	\$188,395	2%
7	NON-GOVERNMENT MANAGED CARE	\$153,182,014	\$150,132,931	(\$3,049,083)	-2%
8	WORKER'S COMPENSATION	\$4,411,679	\$4,355,267	(\$56,412)	-1%
9	SELF- PAY/UNINSURED	\$12,489,665	\$12,372,982	(\$116,683)	-1%
10	SAGA	\$11,304,085	\$14,153,709	\$2,849,624	25%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$410,211,496</b>	<b>\$419,195,373</b>	<b>\$8,983,877</b>	<b>2%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$30,629,118	\$29,143,303	(\$1,485,815)	-5%
2	MEDICARE MANAGED CARE	\$5,191,461	\$6,847,971	\$1,656,510	32%
3	MEDICAID	\$2,693,714	\$2,930,264	\$236,550	9%
4	MEDICAID MANAGED CARE	\$2,502,733	\$2,659,173	\$156,440	6%
5	CHAMPUS/TRICARE	\$241,067	\$262,414	\$21,347	9%
6	COMMERCIAL INSURANCE	\$2,455,760	\$1,632,677	(\$823,083)	-34%
7	NON-GOVERNMENT MANAGED CARE	\$20,551,409	\$21,781,846	\$1,230,437	6%
8	WORKER'S COMPENSATION	\$402,183	\$361,798	(\$40,385)	-10%
9	SELF- PAY/UNINSURED	\$954,118	\$834,918	(\$119,200)	-12%
10	SAGA	\$1,864,596	\$1,523,482	(\$341,114)	-18%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$67,486,159</b>	<b>\$67,977,846</b>	<b>\$491,687</b>	<b>1%</b>
<b>B. OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$20,795,825	\$20,050,932	(\$744,893)	-4%
2	MEDICARE MANAGED CARE	\$4,009,742	\$5,529,001	\$1,519,259	38%
3	MEDICAID	\$1,781,681	\$1,630,953	(\$150,728)	-8%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$4,973,325	\$5,617,966	\$644,641	13%
5	CHAMPUS/TRICARE	\$502,174	\$539,270	\$37,096	7%
6	COMMERCIAL INSURANCE	\$5,000,804	\$3,282,053	(\$1,718,751)	-34%
7	NON-GOVERNMENT MANAGED CARE	\$48,912,931	\$49,001,677	\$88,746	0%
8	WORKER'S COMPENSATION	\$1,228,672	\$1,200,043	(\$28,629)	-2%
9	SELF- PAY/UNINSURED	\$2,501,320	\$2,589,004	\$87,684	4%
10	SAGA	\$1,490,369	\$1,529,939	\$39,570	3%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$91,196,843</b>	<b>\$90,970,838</b>	<b>(\$226,005)</b>	<b>0%</b>
<b>C</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$51,424,943	\$49,194,235	(\$2,230,708)	-4%
2	MEDICARE MANAGED CARE	\$9,201,203	\$12,376,972	\$3,175,769	35%
3	MEDICAID	\$4,475,395	\$4,561,217	\$85,822	2%
4	MEDICAID MANAGED CARE	\$7,476,058	\$8,277,139	\$801,081	11%
5	CHAMPUS/TRICARE	\$743,241	\$801,684	\$58,443	8%
6	COMMERCIAL INSURANCE	\$7,456,564	\$4,914,730	(\$2,541,834)	-34%
7	NON-GOVERNMENT MANAGED CARE	\$69,464,340	\$70,783,523	\$1,319,183	2%
8	WORKER'S COMPENSATION	\$1,630,855	\$1,561,841	(\$69,014)	-4%
9	SELF- PAY/UNINSURED	\$3,455,438	\$3,423,922	(\$31,516)	-1%
10	SAGA	\$3,354,965	\$3,053,421	(\$301,544)	-9%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$158,683,002</b>	<b>\$158,948,684</b>	<b>\$265,682</b>	<b>0%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	3,255	3,205	(50)	-2%
2	MEDICARE MANAGED CARE	515	569	54	10%
3	MEDICAID	432	452	20	5%
4	MEDICAID MANAGED CARE	734	843	109	15%
5	CHAMPUS/TRICARE	19	34	15	79%
6	COMMERCIAL INSURANCE	267	236	(31)	-12%
7	NON-GOVERNMENT MANAGED CARE	3,235	3,195	(40)	-1%
8	WORKER'S COMPENSATION	28	34	6	21%
9	SELF- PAY/UNINSURED	182	185	3	2%
10	SAGA	322	356	34	11%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>8,989</b>	<b>9,109</b>	<b>120</b>	<b>1%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	20,388	19,490	(898)	-4%
2	MEDICARE MANAGED CARE	3,041	3,255	214	7%
3	MEDICAID	2,863	3,118	255	9%
4	MEDICAID MANAGED CARE	2,675	3,020	345	13%
5	CHAMPUS/TRICARE	91	127	36	40%
6	COMMERCIAL INSURANCE	1,315	1,111	(204)	-16%
7	NON-GOVERNMENT MANAGED CARE	11,365	11,731	366	3%
8	WORKER'S COMPENSATION	69	91	22	32%
9	SELF- PAY/UNINSURED	839	1,019	180	21%
10	SAGA	1,985	1,973	(12)	-1%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>44,631</b>	<b>44,935</b>	<b>304</b>	<b>1%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	83,907	79,220	(4,687)	-6%
2	MEDICARE MANAGED CARE	15,615	17,495	1,880	12%
3	MEDICAID	5,895	5,756	(139)	-2%
4	MEDICAID MANAGED CARE	15,852	18,843	2,991	19%
5	CHAMPUS/TRICARE	704	889	185	26%
6	COMMERCIAL INSURANCE	5,478	4,995	(483)	-9%
7	NON-GOVERNMENT MANAGED CARE	107,079	98,622	(8,457)	-8%
8	WORKER'S COMPENSATION	1,682	1,484	(198)	-12%
9	SELF- PAY/UNINSURED	6,129	6,747	618	10%
10	SAGA	4,736	5,435	699	15%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>247,077</b>	<b>239,486</b>	<b>(7,591)</b>	<b>-3%</b>
<b>IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>					
<b>A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$15,001,151	\$16,910,491	\$1,909,340	13%
2	MEDICARE MANAGED CARE	\$2,197,336	\$3,089,076	\$891,740	41%
3	MEDICAID	\$3,786,604	\$4,198,465	\$411,861	11%
4	MEDICAID MANAGED CARE	\$9,113,301	\$12,298,313	\$3,185,012	35%
5	CHAMPUS/TRICARE	\$273,841	\$560,948	\$287,107	105%
6	COMMERCIAL INSURANCE	\$2,168,394	\$2,217,789	\$49,395	2%
7	NON-GOVERNMENT MANAGED CARE	\$22,239,181	\$24,400,135	\$2,160,954	10%
8	WORKER'S COMPENSATION	\$1,197,952	\$1,304,698	\$106,746	9%
9	SELF- PAY/UNINSURED	\$5,059,982	\$5,983,197	\$923,215	18%
10	SAGA	\$4,086,709	\$5,146,355	\$1,059,646	26%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$65,124,451</b>	<b>\$76,109,467</b>	<b>\$10,985,016</b>	<b>17%</b>
<b>B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$3,852,532	\$3,997,580	\$145,048	4%
2	MEDICARE MANAGED CARE	\$631,113	\$731,199	\$100,086	16%
3	MEDICAID	\$766,899	\$784,747	\$17,848	2%
4	MEDICAID MANAGED CARE	\$2,325,751	\$2,839,253	\$513,502	22%
5	CHAMPUS/TRICARE	\$128,402	\$177,936	\$49,534	39%
6	COMMERCIAL INSURANCE	\$1,627,050	\$1,598,939	(\$28,111)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$13,521,205	\$16,853,439	\$3,332,234	25%
8	WORKER'S COMPENSATION	\$870,817	\$888,330	\$17,513	2%
9	SELF- PAY/UNINSURED	\$2,887,586	\$216,376	(\$2,671,210)	-93%
10	SAGA	\$428,580	\$759,720	\$331,140	77%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$27,039,935</b>	<b>\$28,847,519</b>	<b>\$1,807,584</b>	<b>7%</b>
<b>C. EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>					
1	MEDICARE TRADITIONAL	6,950	6,865	(85)	-1%
2	MEDICARE MANAGED CARE	1,061	1,211	150	14%
3	MEDICAID	2,530	2,424	(106)	-4%
4	MEDICAID MANAGED CARE	7,359	8,770	1,411	19%
5	CHAMPUS/TRICARE	205	298	93	45%
6	COMMERCIAL INSURANCE	1,240	1,167	(73)	-6%
7	NON-GOVERNMENT MANAGED CARE	13,633	12,403	(1,230)	-9%
8	WORKER'S COMPENSATION	1,109	995	(114)	-10%
9	SELF- PAY/UNINSURED	3,702	3,694	(8)	0%
10	SAGA	2,724	3,119	395	15%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>40,513</b>	<b>40,946</b>	<b>433</b>	<b>1%</b>

**MANCHESTER MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$25,078,004	\$25,806,971	\$728,967	3%
2	Physician Salaries	\$5,313,901	\$5,482,881	\$168,980	3%
3	Non-Nursing, Non-Physician Salaries	\$44,702,900	\$43,826,502	(\$876,398)	-2%
	<b>Total Salaries &amp; Wages</b>	<b>\$75,094,805</b>	<b>\$75,116,354</b>	<b>\$21,549</b>	<b>0%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$6,834,320	\$7,915,769	\$1,081,449	16%
2	Physician Fringe Benefits	\$1,448,158	\$1,592,038	\$143,880	10%
3	Non-Nursing, Non-Physician Fringe Benefits	\$12,182,546	\$11,482,677	(\$699,869)	-6%
	<b>Total Fringe Benefits</b>	<b>\$20,465,024</b>	<b>\$20,990,484</b>	<b>\$525,460</b>	<b>3%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$68,150	\$0	(\$68,150)	-100%
2	Physician Fees	\$5,270,206	\$6,002,814	\$732,608	14%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$5,338,356</b>	<b>\$6,002,814</b>	<b>\$664,458</b>	<b>12%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$18,564,450	\$21,028,632	\$2,464,182	13%
2	Pharmaceutical Costs	\$4,661,906	\$5,576,051	\$914,145	20%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$23,226,356</b>	<b>\$26,604,683</b>	<b>\$3,378,327</b>	<b>15%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$4,137,965	\$3,954,728	(\$183,237)	-4%
2	Depreciation-Equipment	\$4,066,390	\$3,711,300	(\$355,090)	-9%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$8,204,355</b>	<b>\$7,666,028</b>	<b>(\$538,327)</b>	<b>-7%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$7,895,004	\$6,712,599	(\$1,182,405)	-15%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$2,265,597	\$2,528,633	\$263,036	12%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$2,844,702	\$2,281,064	(\$563,638)	-20%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$137,315	\$168,659	\$31,344	23%
2	Natural Gas	\$881,652	\$806,536	(\$75,116)	-9%
3	Oil	\$153,859	\$130,117	(\$23,742)	-15%
4	Electricity	\$1,494,390	\$1,551,002	\$56,612	4%
5	Telephone	\$460,844	\$461,603	\$759	0%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$3,128,060</b>	<b>\$3,117,917</b>	<b>(\$10,143)</b>	<b>0%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$167,828	\$219,607	\$51,779	31%
2	Legal Fees	\$761,224	\$750,736	(\$10,488)	-1%
3	Consulting Fees	\$454,021	\$636,387	\$182,366	40%
4	Dues and Membership	\$289,015	\$286,437	(\$2,578)	-1%
5	Equipment Leases	\$374,821	\$513,798	\$138,977	37%
6	Building Leases	\$907,342	\$1,006,014	\$98,672	11%
7	Repairs and Maintenance	\$1,962,231	\$1,966,637	\$4,406	0%
8	Insurance	\$692,181	\$770,691	\$78,510	11%
9	Travel	\$59,371	\$78,882	\$19,511	33%
10	Conferences	\$3,750	\$9,790	\$6,040	161%
11	Property Tax	\$20,128	\$5,565	(\$14,563)	-72%
12	General Supplies	\$379,521	\$665,780	\$286,259	75%

**MANCHESTER MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
13	Licenses and Subscriptions	\$291,200	\$352,265	\$61,065	21%
14	Postage and Shipping	\$190,547	\$161,411	(\$29,136)	-15%
15	Advertising	\$327,813	\$526,803	\$198,990	61%
16	Other Business Expenses	\$14,673,932	\$11,263,369	(\$3,410,563)	-23%
	<b>Total Business Expenses</b>	<b>\$21,554,925</b>	<b>\$19,214,172</b>	<b>(\$2,340,753)</b>	<b>-11%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$170,017,184</b>	<b>\$170,234,748</b>	<b>\$217,564</b>	<b>0%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$4,390,397	\$4,067,221	(\$323,176)	-7%
2	General Accounting	\$1,755,652	\$1,648,454	(\$107,198)	-6%
3	Patient Billing & Collection	\$1,582,834	\$1,586,066	\$3,232	0%
4	Admitting / Registration Office	\$1,574,292	\$1,660,437	\$86,145	5%
5	Data Processing	\$4,115,305	\$4,309,116	\$193,811	5%
6	Communications	\$1,840,261	\$1,512,766	(\$327,495)	-18%
7	Personnel	\$15,167,415	\$16,147,288	\$979,873	6%
8	Public Relations	\$133,306	\$131,419	(\$1,887)	-1%
9	Purchasing	\$1,492,924	\$1,211,439	(\$281,485)	-19%
10	Dietary and Cafeteria	\$3,300,303	\$3,161,874	(\$138,429)	-4%
11	Housekeeping	\$1,857,530	\$1,764,333	(\$93,197)	-5%
12	Laundry & Linen	\$816,794	\$864,367	\$47,573	6%
13	Operation of Plant	\$2,701,969	\$2,676,417	(\$25,552)	-1%
14	Security	\$807,962	\$826,251	\$18,289	2%
15	Repairs and Maintenance	\$1,092,862	\$1,103,552	\$10,690	1%
16	Central Sterile Supply	\$936,102	\$965,486	\$29,384	3%
17	Pharmacy Department	\$7,058,063	\$7,240,037	\$181,974	3%
18	Other General Services	\$34,223,659	\$28,913,307	(\$5,310,352)	-16%
	<b>Total General Services</b>	<b>\$84,847,630</b>	<b>\$79,789,830</b>	<b>(\$5,057,800)</b>	<b>-6%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$829,776	\$5,875,800	\$5,046,024	608%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,838,072	\$1,839,620	\$1,548	0%
4	Medical Records	\$1,775,338	\$1,685,453	(\$89,885)	-5%
5	Social Service	\$372,657	\$348,227	(\$24,430)	-7%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$4,815,843</b>	<b>\$9,749,100</b>	<b>\$4,933,257</b>	<b>102%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$12,359,237	\$12,190,675	(\$168,562)	-1%
2	Recovery Room	\$1,154,841	\$1,103,082	(\$51,759)	-4%
3	Anesthesiology	\$720,211	\$600,657	(\$119,554)	-17%
4	Delivery Room	\$2,949,018	\$3,034,967	\$85,949	3%
5	Diagnostic Radiology	\$2,823,486	\$2,685,918	(\$137,568)	-5%
6	Diagnostic Ultrasound	\$458,115	\$425,203	(\$32,912)	-7%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$695,830	\$586,510	(\$109,320)	-16%
9	CT Scan	\$898,048	\$872,186	(\$25,862)	-3%
10	Laboratory	\$12,027,896	\$11,768,560	(\$259,336)	-2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,526,725	\$1,590,064	\$63,339	4%
13	Electrocardiology	\$252,466	\$266,776	\$14,310	6%
14	Electroencephalography	\$53,066	\$56,100	\$3,034	6%
15	Occupational Therapy	\$0	\$0	\$0	0%



**MANCHESTER MEMORIAL HOSPITAL  
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FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
16	Speech Pathology	\$49,168	\$53,367	\$4,199	9%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,140,756	\$4,057,969	(\$82,787)	-2%
23	Renal Dialysis	\$202,035	\$171,858	(\$30,177)	-15%
24	Emergency Room	\$8,702,117	\$8,837,507	\$135,390	2%
25	MRI	\$341,240	\$293,348	(\$47,892)	-14%
26	PET Scan	\$419,400	\$378,344	(\$41,056)	-10%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,712,705	\$2,292,469	(\$420,236)	-15%
29	Sleep Center	\$1,086,901	\$944,715	(\$142,186)	-13%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,635,318	\$1,658,756	\$23,438	1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$4,886,146	\$5,753,916	\$867,770	18%
	<b>Total Special Services</b>	<b>\$60,094,725</b>	<b>\$59,622,947</b>	<b>(\$471,778)</b>	<b>-1%</b>
	<b>D. Routine Services:</b>				
1	Medical & Surgical Units	\$6,823,226	\$6,858,047	\$34,821	1%
2	Intensive Care Unit	\$5,949,785	\$6,614,451	\$664,666	11%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$3,760,980	\$3,941,312	\$180,332	5%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,266,868	\$1,214,994	(\$51,874)	-4%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,472,610	\$1,443,173	(\$29,437)	-2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$985,517	\$1,000,894	\$15,377	2%
	<b>Total Routine Services</b>	<b>\$20,258,986</b>	<b>\$21,072,871</b>	<b>\$813,885</b>	<b>4%</b>
	<b>E. Other Departments:</b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$170,017,184</b>	<b>\$170,234,748</b>	<b>\$217,564</b>	<b>0%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$158,787,196	\$ 167,264,862	\$166,310,748
2	Other Operating Revenue	12,748,275	10,165,345	10,448,262
3	Total Operating Revenue	\$171,535,471	\$177,430,207	\$176,759,010
4	Total Operating Expenses	161,925,493	170,017,184	170,234,748
5	Income/(Loss) From Operations	\$9,609,978	\$7,413,023	\$6,524,262
6	Total Non-Operating Revenue	(686,641)	(1,467,453)	(842,128)
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,923,337	\$5,945,570	\$5,682,134
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	5.62%	4.21%	3.71%
2	Hospital Non Operating Margin	-0.40%	-0.83%	-0.48%
3	Hospital Total Margin	5.22%	3.38%	3.23%
4	Income/(Loss) From Operations	\$9,609,978	\$7,413,023	\$6,524,262
5	Total Operating Revenue	\$171,535,471	\$177,430,207	\$176,759,010
6	Total Non-Operating Revenue	(\$686,641)	(\$1,467,453)	(\$842,128)
7	Total Revenue	\$170,848,830	\$175,962,754	\$175,916,882
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,923,337	\$5,945,570	\$5,682,134
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$28,644,838	\$12,898,050	\$5,363,698
2	Hospital Total Net Assets	\$38,639,896	\$21,927,867	\$15,191,387
3	Hospital Change in Total Net Assets	\$2,876,966	(\$16,712,029)	(\$6,736,480)
4	Hospital Change in Total Net Assets %	108.0%	-43.3%	-30.7%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.39</b>	<b>0.40</b>	<b>0.40</b>
2	Total Operating Expenses	\$155,638,490	\$170,017,184	\$170,234,748
3	Total Gross Revenue	\$390,427,455	\$410,211,496	\$419,195,373
4	Total Other Operating Revenue	\$12,710,881	\$10,065,754	\$10,448,262
5	<b>Private Payment to Cost Ratio</b>	<b>1.24</b>	<b>1.17</b>	<b>1.19</b>
6	Total Non-Government Payments	\$84,486,715	\$82,007,197	\$80,684,016

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
7	Total Uninsured Payments	\$2,403,734	\$3,455,438	\$3,423,922
8	Total Non-Government Charges	\$179,797,206	\$178,865,005	\$175,831,222
9	Total Uninsured Charges	\$8,320,878	\$12,489,665	\$12,372,982
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.85</b>	<b>0.83</b>	<b>0.86</b>
11	Total Medicare Payments	\$54,101,020	\$60,626,146	\$61,571,207
12	Total Medicare Charges	\$164,363,965	\$179,561,373	\$179,677,507
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.76</b>	<b>0.75</b>	<b>0.67</b>
14	Total Medicaid Payments	\$10,234,972	\$11,951,453	\$12,838,356
15	Total Medicaid Charges	\$34,712,703	\$39,447,676	\$48,052,093
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$3,153,040</b>	<b>\$3,767,739</b>	<b>\$3,545,885</b>
17	Charity Care	\$1,880,071	\$1,418,730	\$2,236,613
18	Bad Debts	\$6,287,004	\$7,895,004	\$6,712,599
19	Total Uncompensated Care	\$8,167,075	\$9,313,734	\$8,949,212
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.0%</b>	<b>2.2%</b>	<b>2.1%</b>
21	Total Operating Expenses	\$155,638,490	\$170,017,184	\$170,234,748
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.37</b>	<b>1.17</b>	<b>0.98</b>
2	Total Current Assets	\$55,670,943	\$46,072,012	\$45,777,884
3	Total Current Liabilities	\$40,774,057	\$39,539,228	\$46,660,061
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>19</b>	<b>24</b>	<b>16</b>
5	Cash and Cash Equivalents	\$8,080,207	\$10,660,990	\$6,996,083
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$8,080,207	\$10,660,990	\$6,996,083
8	Total Operating Expenses	\$161,925,493	\$170,017,184	\$170,234,748
9	Depreciation Expense	\$8,658,482	\$8,204,355	\$7,666,028
10	Operating Expenses less Depreciation Expense	\$153,267,011	\$161,812,829	\$162,568,720
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>56.35</b>	<b>54.16</b>	<b>53.96</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
12	Net Patient Accounts Receivable	\$ 25,254,121	\$ 24,557,822	\$ 24,506,769
13	Due From Third Party Payers	\$879,184	\$514,722	\$359,760
14	Due To Third Party Payers	\$1,618,701	\$251,398	\$281,399
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 24,514,604	\$ 24,821,146	\$ 24,585,130
16	Total Net Patient Revenue	\$158,787,196	\$ 167,264,862	\$ 166,310,748
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>97.10</b>	<b>89.19</b>	<b>104.76</b>
18	Total Current Liabilities	\$40,774,057	\$39,539,228	\$46,660,061
19	Total Operating Expenses	\$161,925,493	\$170,017,184	\$170,234,748
20	Depreciation Expense	\$8,658,482	\$8,204,355	\$7,666,028
21	Total Operating Expenses less Depreciation Expense	\$153,267,011	\$161,812,829	\$162,568,720
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>27.0</b>	<b>14.6</b>	<b>10.1</b>
2	Total Net Assets	\$38,639,896	\$21,927,867	\$15,191,387
3	Total Assets	\$142,947,706	\$150,608,374	\$150,642,268
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>21.4</b>	<b>15.9</b>	<b>14.3</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,923,337	\$5,945,570	\$5,682,134
6	Depreciation Expense	\$8,658,482	\$8,204,355	\$7,666,028
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,581,819	\$14,149,925	\$13,348,162
8	Total Current Liabilities	\$40,774,057	\$39,539,228	\$46,660,061
9	Total Long Term Debt	\$41,462,437	\$49,230,702	\$46,420,675
10	Total Current Liabilities and Total Long Term Debt	\$82,236,494	\$88,769,930	\$93,080,736
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>51.8</b>	<b>69.2</b>	<b>75.3</b>
12	Total Long Term Debt	\$41,462,437	\$49,230,702	\$46,420,675
13	Total Net Assets	\$38,639,896	\$21,927,867	\$15,191,387
14	Total Long Term Debt and Total Net Assets	\$80,102,333	\$71,158,569	\$61,612,062
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>9.5</b>	<b>2.9</b>	<b>3.0</b>
16	Excess Revenues over Expenses	\$8,923,337	\$5,945,570	\$5,682,134
17	Interest Expense	\$2,075,799	\$2,265,597	\$2,528,633
18	Depreciation and Amortization Expense	\$8,658,482	\$8,204,355	\$7,666,028

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
19	Principal Payments	\$0	\$3,489,341	\$2,778,793
<b>G. <u>Other Financial Ratios</u></b>				
20	<b>Average Age of Plant</b>	<b>14.9</b>	<b>15.1</b>	<b>17.1</b>
21	Accumulated Depreciation	\$128,969,362	\$123,886,476	\$130,971,357
22	Depreciation and Amortization Expense	\$8,658,482	\$8,204,355	\$7,666,028
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	43,813	44,631	44,935
2	Discharges	8,972	8,989	9,109
3	ALOS	4.9	5.0	4.9
4	Staffed Beds	140	140	140
5	Available Beds	-	283	283
6	Licensed Beds	283	283	283
6	Occupancy of Staffed Beds	85.7%	87.3%	87.9%
7	Occupancy of Available Beds	42.4%	43.2%	43.5%
8	Full Time Equivalent Employees	1,151.3	1,155.3	1,146.9
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	43.9%	40.6%	39.0%
2	Medicare Gross Revenue Payer Mix Percentage	42.1%	43.8%	42.9%
3	Medicaid Gross Revenue Payer Mix Percentage	8.9%	9.6%	11.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.8%	2.8%	3.4%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	3.0%	3.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.3%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$171,476,328	\$166,375,340	\$163,458,240
9	Medicare Gross Revenue (Charges)	\$164,363,965	\$179,561,373	\$179,677,507
10	Medicaid Gross Revenue (Charges)	\$34,712,703	\$39,447,676	\$48,052,093
11	Other Medical Assistance Gross Revenue (Charges)	\$10,844,612	\$11,304,085	\$14,153,709
12	Uninsured Gross Revenue (Charges)	\$8,320,878	\$12,489,665	\$12,372,982
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$708,969	\$1,033,357	\$1,480,842
14	Total Gross Revenue (Charges)	\$390,427,455	\$410,211,496	\$419,195,373
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	54.1%	49.5%	48.6%

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
2	Medicare Net Revenue Payer Mix Percentage	35.7%	38.2%	38.7%
3	Medicaid Net Revenue Payer Mix Percentage	6.7%	7.5%	8.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.6%	2.1%	1.9%
5	Uninsured Net Revenue Payer Mix Percentage	1.6%	2.2%	2.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.5%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$82,082,981	\$78,551,759	\$77,260,094
9	Medicare Net Revenue (Payments)	\$54,101,020	\$60,626,146	\$61,571,207
10	Medicaid Net Revenue (Payments)	\$10,234,972	\$11,951,453	\$12,838,356
11	Other Medical Assistance Net Revenue (Payments)	\$2,405,718	\$3,354,965	\$3,053,421
12	Uninsured Net Revenue (Payments)	\$2,403,734	\$3,455,438	\$3,423,922
13	CHAMPUS / TRICARE Net Revenue Payments)	\$445,328	\$743,241	\$801,684
14	Total Net Revenue (Payments)	\$151,673,753	\$158,683,002	\$158,948,684
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	3,837	3,712	3,650
2	Medicare	3,655	3,770	3,774
3	Medical Assistance	1,466	1,488	1,651
4	Medicaid	1,145	1,166	1,295
5	Other Medical Assistance	321	322	356
6	CHAMPUS / TRICARE	14	19	34
7	Uninsured (Included In Non-Government)	176	182	185
8	Total	8,972	8,989	9,109
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.031920	1.032650	1.010370
2	Medicare	1.448360	1.530690	1.459010
3	Medical Assistance	0.968726	0.970106	0.931606
4	Medicaid	0.948840	0.943130	0.916310
5	Other Medical Assistance	1.039660	1.067790	0.987250
6	CHAMPUS / TRICARE	1.012990	1.313690	0.899830
7	Uninsured (Included In Non-Government)	0.930400	0.986630	1.097630
8	Total Case Mix Index	1.191213	1.231769	1.181560
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	5,138	5,142	5,340
2	Emergency Room - Treated and Discharged	38,996	40,513	40,946
3	Total Emergency Room Visits	44,134	45,655	46,286

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$168,747	\$193,076	\$24,329	14%
2	Inpatient Payments	\$55,967	\$100,496	\$44,529	80%
3	Outpatient Charges	\$257,427	\$259,409	\$1,982	1%
4	Outpatient Payments	\$91,726	\$81,485	(\$10,241)	-11%
5	Discharges	9	10	1	11%
6	Patient Days	35	38	3	9%
7	Outpatient Visits (Excludes ED Visits)	258	290	32	12%
8	Emergency Department Outpatient Visits	20	18	(2)	-10%
9	Emergency Department Inpatient Admissions	7	7	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$426,174</b>	<b>\$452,485</b>	<b>\$26,311</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$147,693</b>	<b>\$181,981</b>	<b>\$34,288</b>	<b>23%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$86,158	\$30,384	(\$55,774)	-65%
2	Inpatient Payments	\$54,304	\$21,199	(\$33,105)	-61%
3	Outpatient Charges	\$59,799	\$118,633	\$58,834	98%
4	Outpatient Payments	\$14,347	\$42,441	\$28,094	196%
5	Discharges	3	2	(1)	-33%
6	Patient Days	19	15	(4)	-21%
7	Outpatient Visits (Excludes ED Visits)	116	144	28	24%
8	Emergency Department Outpatient Visits	1	7	6	600%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$145,957</b>	<b>\$149,017</b>	<b>\$3,060</b>	<b>2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$68,651</b>	<b>\$63,640</b>	<b>(\$5,011)</b>	<b>-7%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$1,843,242	\$2,552,303	\$709,061	38%
2	Inpatient Payments	\$720,298	\$972,715	\$252,417	35%
3	Outpatient Charges	\$2,967,345	\$3,967,192	\$999,847	34%
4	Outpatient Payments	\$810,406	\$1,436,194	\$625,788	77%
5	Discharges	82	98	16	20%
6	Patient Days	426	549	123	29%
7	Outpatient Visits (Excludes ED Visits)	3,099	3,813	714	23%
8	Emergency Department Outpatient Visits	130	199	69	53%
9	Emergency Department Inpatient Admissions	56	64	8	14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,810,587</b>	<b>\$6,519,495</b>	<b>\$1,708,908</b>	<b>36%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,530,704</b>	<b>\$2,408,909</b>	<b>\$878,205</b>	<b>57%</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$8,450,502	\$7,624,700	(\$825,802)	-10%
2	Inpatient Payments	\$3,279,601	\$3,691,831	\$412,230	13%
3	Outpatient Charges	\$7,273,257	\$8,063,420	\$790,163	11%
4	Outpatient Payments	\$1,963,117	\$2,564,730	\$601,613	31%
5	Discharges	293	301	8	3%
6	Patient Days	1,859	1,681	(178)	-10%
7	Outpatient Visits (Excludes ED Visits)	7,231	7,668	437	6%
8	Emergency Department Outpatient Visits	497	551	54	11%
9	Emergency Department Inpatient Admissions	214	216	2	1%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,723,759</b>	<b>\$15,688,120</b>	<b>(\$35,639)</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,242,718</b>	<b>\$6,256,561</b>	<b>\$1,013,843</b>	<b>19%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,000,569	\$1,754,349	\$753,780	75%
2	Inpatient Payments	\$401,389	\$851,770	\$450,381	112%
3	Outpatient Charges	\$1,186,762	\$1,930,313	\$743,551	63%
4	Outpatient Payments	\$329,754	\$637,125	\$307,371	93%
5	Discharges	48	73	25	52%
6	Patient Days	288	393	105	36%
7	Outpatient Visits (Excludes ED Visits)	1,155	1,509	354	31%
8	Emergency Department Outpatient Visits	174	225	51	29%
9	Emergency Department Inpatient Admissions	37	58	21	57%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,187,331</b>	<b>\$3,684,662</b>	<b>\$1,497,331</b>	<b>68%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$731,143</b>	<b>\$1,488,895</b>	<b>\$757,752</b>	<b>104%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$200,517	\$779,167	\$578,650	289%
2	Inpatient Payments	\$106,141	\$433,771	\$327,630	309%
3	Outpatient Charges	\$527,741	\$592,109	\$64,368	12%
4	Outpatient Payments	\$148,029	\$171,147	\$23,118	16%
5	Discharges	14	19	5	36%
6	Patient Days	66	150	84	127%
7	Outpatient Visits (Excludes ED Visits)	501	494	(7)	-1%
8	Emergency Department Outpatient Visits	97	70	(27)	-28%
9	Emergency Department Inpatient Admissions	12	16	4	33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$728,258</b>	<b>\$1,371,276</b>	<b>\$643,018</b>	<b>88%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$254,170</b>	<b>\$604,918</b>	<b>\$350,748</b>	<b>138%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$1,235,977	\$1,816,288	\$580,311	47%
2	Inpatient Payments	\$515,417	\$770,576	\$255,159	50%
3	Outpatient Charges	\$1,813,290	\$1,847,831	\$34,541	2%
4	Outpatient Payments	\$635,594	\$583,517	(\$52,077)	-8%
5	Discharges	64	65	1	2%
6	Patient Days	323	424	101	31%
7	Outpatient Visits (Excludes ED Visits)	2,111	2,313	202	10%
8	Emergency Department Outpatient Visits	133	133	0	0%
9	Emergency Department Inpatient Admissions	53	50	(3)	-6%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,049,267</b>	<b>\$3,664,119</b>	<b>\$614,852</b>	<b>20%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,151,011</b>	<b>\$1,354,093</b>	<b>\$203,082</b>	<b>18%</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$82,768	\$13,899	(\$68,869)	-83%
2	Inpatient Payments	\$58,344	\$5,613	(\$52,731)	-90%
3	Outpatient Charges	\$61,465	\$51,749	(\$9,716)	-16%
4	Outpatient Payments	\$16,769	\$12,362	(\$4,407)	-26%
5	Discharges	2	1	(1)	-50%
6	Patient Days	25	5	(20)	-80%
7	Outpatient Visits (Excludes ED Visits)	83	53	(30)	-36%
8	Emergency Department Outpatient Visits	9	8	(1)	-11%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$144,233</b>	<b>\$65,648</b>	<b>(\$78,585)</b>	<b>-54%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$75,113</b>	<b>\$17,975</b>	<b>(\$57,138)</b>	<b>-76%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$13,068,480</b>	<b>\$14,764,166</b>	<b>\$1,695,686</b>	<b>13%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$5,191,461</b>	<b>\$6,847,971</b>	<b>\$1,656,510</b>	<b>32%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$14,147,086</b>	<b>\$16,830,656</b>	<b>\$2,683,570</b>	<b>19%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$4,009,742</b>	<b>\$5,529,001</b>	<b>\$1,519,259</b>	<b>38%</b>
	<b>TOTAL DISCHARGES</b>	<b>515</b>	<b>569</b>	<b>54</b>	<b>10%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>3,041</b>	<b>3,255</b>	<b>214</b>	<b>7%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>14,554</b>	<b>16,284</b>	<b>1,730</b>	<b>12%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,061</b>	<b>1,211</b>	<b>150</b>	<b>14%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>381</b>	<b>413</b>	<b>32</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$27,215,566</b>	<b>\$31,594,822</b>	<b>\$4,379,256</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,201,203</b>	<b>\$12,376,972</b>	<b>\$3,175,769</b>	<b>35%</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$1,502,619	\$0	(\$1,502,619)	-100%
2	Inpatient Payments	\$532,553	\$0	(\$532,553)	-100%
3	Outpatient Charges	\$3,369,292	\$0	(\$3,369,292)	-100%
4	Outpatient Payments	\$824,079	\$0	(\$824,079)	-100%
5	Discharges	168	0	(168)	-100%
6	Patient Days	594	0	(594)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,673	0	(1,673)	-100%
8	Emergency Department Outpatient Visits	1,396	0	(1,396)	-100%
9	Emergency Department Inpatient Admissions	41	0	(41)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,871,911</b>	<b>\$0</b>	<b>(\$4,871,911)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,356,632</b>	<b>\$0</b>	<b>(\$1,356,632)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$2,552,506	\$3,745,277	\$1,192,771	47%
2	Inpatient Payments	\$1,159,687	\$1,442,361	\$282,674	24%
3	Outpatient Charges	\$7,676,007	\$11,861,257	\$4,185,250	55%
4	Outpatient Payments	\$2,399,146	\$3,219,251	\$820,105	34%
5	Discharges	309	431	122	39%
6	Patient Days	1,205	1,517	312	26%
7	Outpatient Visits (Excludes ED Visits)	3,888	5,199	1,311	34%
8	Emergency Department Outpatient Visits	3,079	4,608	1,529	50%
9	Emergency Department Inpatient Admissions	80	132	52	65%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,228,513</b>	<b>\$15,606,534</b>	<b>\$5,378,021</b>	<b>53%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,558,833</b>	<b>\$4,661,612</b>	<b>\$1,102,779</b>	<b>31%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$447,447	\$0	(\$447,447)	-100%
2	Inpatient Payments	\$160,609	\$0	(\$160,609)	-100%
3	Outpatient Charges	\$1,557,594	\$0	(\$1,557,594)	-100%
4	Outpatient Payments	\$378,836	\$0	(\$378,836)	-100%
5	Discharges	64	0	(64)	-100%
6	Patient Days	188	0	(188)	-100%
7	Outpatient Visits (Excludes ED Visits)	965	0	(965)	-100%
8	Emergency Department Outpatient Visits	719	0	(719)	-100%
9	Emergency Department Inpatient Admissions	19	0	(19)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,005,041</b>	<b>\$0</b>	<b>(\$2,005,041)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$539,445</b>	<b>\$0</b>	<b>(\$539,445)</b>	<b>-100%</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G. UNITED HEALTHCARE</b>					
1	Inpatient Charges	\$494,544	\$1,003,933	\$509,389	103%
2	Inpatient Payments	\$188,087	\$326,912	\$138,825	74%
3	Outpatient Charges	\$1,220,416	\$3,062,972	\$1,842,556	151%
4	Outpatient Payments	\$342,310	\$685,857	\$343,547	100%
5	Discharges	48	125	77	160%
6	Patient Days	197	421	224	114%
7	Outpatient Visits (Excludes ED Visits)	416	1,168	752	181%
8	Emergency Department Outpatient Visits	635	1,267	632	100%
9	Emergency Department Inpatient Admissions	15	34	19	127%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,714,960</b>	<b>\$4,066,905</b>	<b>\$2,351,945</b>	<b>137%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$530,397</b>	<b>\$1,012,769</b>	<b>\$482,372</b>	<b>91%</b>
<b>H. AETNA</b>					
1	Inpatient Charges	\$1,261,166	\$2,583,553	\$1,322,387	105%
2	Inpatient Payments	\$461,797	\$889,900	\$428,103	93%
3	Outpatient Charges	\$3,525,808	\$8,362,489	\$4,836,681	137%
4	Outpatient Payments	\$1,028,954	\$1,712,858	\$683,904	66%
5	Discharges	145	287	142	98%
6	Patient Days	491	1,082	591	120%
7	Outpatient Visits (Excludes ED Visits)	1,551	3,706	2,155	139%
8	Emergency Department Outpatient Visits	1,530	2,895	1,365	89%
9	Emergency Department Inpatient Admissions	35	107	72	206%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,786,974</b>	<b>\$10,946,042</b>	<b>\$6,159,068</b>	<b>129%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,490,751</b>	<b>\$2,602,758</b>	<b>\$1,112,007</b>	<b>75%</b>
<b>II. TOTAL MEDICAID MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$6,258,282</b>	<b>\$7,332,763</b>	<b>\$1,074,481</b>	<b>17%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$2,502,733</b>	<b>\$2,659,173</b>	<b>\$156,440</b>	<b>6%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$17,349,117</b>	<b>\$23,286,718</b>	<b>\$5,937,601</b>	<b>34%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$4,973,325</b>	<b>\$5,617,966</b>	<b>\$644,641</b>	<b>13%</b>
	<b>TOTAL DISCHARGES</b>	<b>734</b>	<b>843</b>	<b>109</b>	<b>15%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,675</b>	<b>3,020</b>	<b>345</b>	<b>13%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>8,493</b>	<b>10,073</b>	<b>1,580</b>	<b>19%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>7,359</b>	<b>8,770</b>	<b>1,411</b>	<b>19%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>190</b>	<b>273</b>	<b>83</b>	<b>44%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$23,607,399</b>	<b>\$30,619,481</b>	<b>\$7,012,082</b>	<b>30%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,476,058</b>	<b>\$8,277,139</b>	<b>\$801,081</b>	<b>11%</b>

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$28,001,547	\$19,538,406	(\$8,463,141)	-30%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$38,270,688	\$39,298,163	\$1,027,475	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,277,330	\$1,222,858	(\$54,472)	-4%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$1,491,255	\$721,274	(\$769,981)	-52%
7	Inventories of Supplies	\$3,421,510	\$4,115,275	\$693,765	20%
8	Prepaid Expenses	\$1,138,714	\$5,214,799	\$4,076,085	358%
9	Other Current Assets	\$4,663,853	\$0	(\$4,663,853)	-100%
	<b>Total Current Assets</b>	<b>\$78,264,897</b>	<b>\$70,110,775</b>	<b>(\$8,154,122)</b>	<b>-10%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$6,793,869	\$7,003,197	\$209,328	3%
2	Board Designated for Capital Acquisition	\$4,947,207	\$4,944,754	(\$2,453)	0%
3	Funds Held in Escrow	\$8,243,340	\$11,193,777	\$2,950,437	36%
4	Other Noncurrent Assets Whose Use is Limited	\$29,370,191	\$34,848,359	\$5,478,168	19%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$49,354,607</b>	<b>\$57,990,087</b>	<b>\$8,635,480</b>	<b>17%</b>
5	Interest in Net Assets of Foundation	\$9,872,146	\$0	(\$9,872,146)	-100%
6	Long Term Investments	\$14,014,738	\$26,454,373	\$12,439,635	89%
7	Other Noncurrent Assets	\$8,819,270	\$11,421,625	\$2,602,355	30%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$282,927,246	\$290,908,003	\$7,980,757	3%
2	Less: Accumulated Depreciation	\$182,579,690	\$194,035,440	\$11,455,750	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$100,347,556</b>	<b>\$96,872,563</b>	<b>(\$3,474,993)</b>	<b>-3%</b>
3	Construction in Progress	\$959,544	\$487,299	(\$472,245)	-49%
	<b>Total Net Fixed Assets</b>	<b>\$101,307,100</b>	<b>\$97,359,862</b>	<b>(\$3,947,238)</b>	<b>-4%</b>
	<b>Total Assets</b>	<b>\$261,632,758</b>	<b>\$263,336,722</b>	<b>\$1,703,964</b>	<b>1%</b>

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$24,041,903	\$22,292,837	(\$1,749,066)	-7%
2	Salaries, Wages and Payroll Taxes	\$3,564,050	\$3,978,870	\$414,820	12%
3	Due To Third Party Payers	\$885,738	\$423,893	(\$461,845)	-52%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$7,569,914	\$9,778,518	\$2,208,604	29%
6	Current Portion of Notes Payable	\$2,159,000	\$2,216,000	\$57,000	3%
7	Other Current Liabilities	\$5,325,724	\$11,650,449	\$6,324,725	119%
	<b>Total Current Liabilities</b>	<b>\$43,546,329</b>	<b>\$50,340,567</b>	<b>\$6,794,238</b>	<b>16%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$79,850,623	\$77,603,579	(\$2,247,044)	-3%
2	Notes Payable (Net of Current Portion)	\$5,449,948	\$4,129,503	(\$1,320,445)	-24%
	<b>Total Long Term Debt</b>	<b>\$85,300,571</b>	<b>\$81,733,082</b>	<b>(\$3,567,489)</b>	<b>-4%</b>
3	Accrued Pension Liability	\$49,853,992	\$51,990,994	\$2,137,002	4%
4	Other Long Term Liabilities	\$7,498,190	\$7,795,597	\$297,407	4%
	<b>Total Long Term Liabilities</b>	<b>\$142,652,753</b>	<b>\$141,519,673</b>	<b>(\$1,133,080)</b>	<b>-1%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$59,586,141	\$54,654,325	(\$4,931,816)	-8%
2	Temporarily Restricted Net Assets	\$4,654,617	\$5,411,388	\$756,771	16%
3	Permanently Restricted Net Assets	\$11,192,918	\$11,410,769	\$217,851	2%
	<b>Total Net Assets</b>	<b>\$75,433,676</b>	<b>\$71,476,482</b>	<b>(\$3,957,194)</b>	<b>-5%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$261,632,758</b>	<b>\$263,336,722</b>	<b>\$1,703,964</b>	<b>1%</b>



EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$609,586,123	\$634,778,869	\$25,192,746	4%
2	Less: Allowances	\$346,213,373	\$368,952,121	\$22,738,748	7%
3	Less: Charity Care	\$1,969,726	\$3,008,857	\$1,039,131	53%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$261,403,024</b>	<b>\$262,817,891</b>	<b>\$1,414,867</b>	<b>1%</b>
5	Other Operating Revenue	\$16,628,943	\$17,287,740	\$658,797	4%
6	Net Assets Released from Restrictions	\$283,705	\$539,109	\$255,404	90%
	<b>Total Operating Revenue</b>	<b>\$278,315,672</b>	<b>\$280,644,740</b>	<b>\$2,329,068</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$129,751,717	\$131,183,113	\$1,431,396	1%
2	Fringe Benefits	\$32,090,035	\$32,963,007	\$872,972	3%
3	Physicians Fees	\$8,097,250	\$9,010,309	\$913,059	11%
4	Supplies and Drugs	\$72,387,201	\$72,422,658	\$35,457	0%
5	Depreciation and Amortization	\$12,231,958	\$12,555,983	\$324,025	3%
6	Bad Debts	\$12,652,590	\$11,481,356	(\$1,171,234)	-9%
7	Interest	\$3,985,420	\$4,489,986	\$504,566	13%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses</b>	<b>\$271,196,171</b>	<b>\$274,106,412</b>	<b>\$2,910,241</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$7,119,501</b>	<b>\$6,538,328</b>	<b>(\$581,173)</b>	<b>-8%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$1,799,355)	\$31,935	\$1,831,290	-102%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,104,093)	(\$1,817,438)	\$286,655	-14%
	<b>Total Non-Operating Revenue</b>	<b>(\$3,903,448)</b>	<b>(\$1,785,503)</b>	<b>\$2,117,945</b>	<b>-54%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$3,216,053</b>	<b>\$4,752,825</b>	<b>\$1,536,772</b>	<b>48%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$3,216,053</b>	<b>\$4,752,825</b>	<b>\$1,536,772</b>	<b>48%</b>

<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$247,269,909	\$261,403,024	\$262,817,891
2	Other Operating Revenue	19,824,310	16,912,648	17,826,849
3	Total Operating Revenue	\$267,094,219	\$278,315,672	\$280,644,740
4	Total Operating Expenses	258,660,107	271,196,171	274,106,412
5	Income/(Loss) From Operations	\$8,434,112	\$7,119,501	\$6,538,328
6	Total Non-Operating Revenue	(3,459,289)	(3,903,448)	(1,785,503)
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,974,823	\$3,216,053	\$4,752,825
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	3.20%	2.59%	2.34%
2	Parent Corporation Non-Operating Margin	-1.31%	-1.42%	-0.64%
3	Parent Corporation Total Margin	1.89%	1.17%	1.70%
4	Income/(Loss) From Operations	\$8,434,112	\$7,119,501	\$6,538,328
5	Total Operating Revenue	\$267,094,219	\$278,315,672	\$280,644,740
6	Total Non-Operating Revenue	(\$3,459,289)	(\$3,903,448)	(\$1,785,503)
7	Total Revenue	\$263,634,930	\$274,412,224	\$278,859,237
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,974,823	\$3,216,053	\$4,752,825
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$77,487,476	\$59,586,141	\$54,654,325
2	Parent Corporation Total Net Assets	\$95,498,582	\$75,433,676	\$71,476,482
3	Parent Corporation Change in Total Net Assets	(\$4,593,972)	(\$20,064,906)	(\$3,957,194)
4	Parent Corporation Change in Total Net Assets %	95.4%	-21.0%	-5.2%

## EASTERN CONNECTICUT HEALTH NETWORK, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.48</b>	<b>1.80</b>	<b>1.39</b>
2	Total Current Assets	\$70,607,081	\$78,264,897	\$70,110,775
3	Total Current Liabilities	\$47,851,448	\$43,546,329	\$50,340,567
<b>4</b>	<b>Days Cash on Hand</b>	<b>28</b>	<b>39</b>	<b>27</b>
5	Cash and Cash Equivalents	\$19,069,672	\$28,001,547	\$19,538,406
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$19,069,672	\$28,001,547	\$19,538,406
8	Total Operating Expenses	\$258,660,107	\$271,196,171	\$274,106,412
9	Depreciation Expense	\$11,906,435	\$12,231,958	\$12,555,983
10	Operating Expenses less Depreciation Expense	\$246,753,672	\$258,964,213	\$261,550,429
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>58</b>	<b>54</b>	<b>55</b>
12	Net Patient Accounts Receivable	\$ 39,388,331	\$ 38,270,688	\$ 39,298,163
13	Due From Third Party Payers	\$2,439,694	\$1,491,255	\$721,274
14	Due To Third Party Payers	\$2,464,561	\$885,738	\$423,893
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,363,464	\$ 38,876,205	\$ 39,595,544
16	Total Net Patient Revenue	\$247,269,909	\$261,403,024	\$262,817,891
<b>17</b>	<b>Average Payment Period</b>	<b>71</b>	<b>61</b>	<b>70</b>
18	Total Current Liabilities	\$47,851,448	\$43,546,329	\$50,340,567
19	Total Operating Expenses	\$258,660,107	\$271,196,171	\$274,106,412
20	Depreciation Expense	\$11,906,435	\$12,231,958	\$12,555,983
21	Total Operating Expenses less Depreciation Expense	\$246,753,672	\$258,964,213	\$261,550,429

<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>37.9</b>	<b>28.8</b>	<b>27.1</b>
2	Total Net Assets	\$95,498,582	\$75,433,676	\$71,476,482
3	Total Assets	\$251,835,630	\$261,632,758	\$263,336,722
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>13.8</b>	<b>12.0</b>	<b>13.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,974,823	\$3,216,053	\$4,752,825
6	Depreciation Expense	\$11,906,435	\$12,231,958	\$12,555,983
7	Excess of Revenues Over Expenses and Depreciation Expense	\$16,881,258	\$15,448,011	\$17,308,808
8	Total Current Liabilities	\$47,851,448	\$43,546,329	\$50,340,567
9	Total Long Term Debt	\$74,804,174	\$85,300,571	\$81,733,082
10	Total Current Liabilities and Total Long Term Debt	\$122,655,622	\$128,846,900	\$132,073,649
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>43.9</b>	<b>53.1</b>	<b>53.3</b>
12	Total Long Term Debt	\$74,804,174	\$85,300,571	\$81,733,082
13	Total Net Assets	\$95,498,582	\$75,433,676	\$71,476,482
14	Total Long Term Debt and Total Net Assets	\$170,302,756	\$160,734,247	\$153,209,564

MANCHESTER MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	23,371	72	166	88.9%	38.6%
2	ICU/CCU (Excludes Neonatal ICU)	5,259	18	27	80.0%	53.4%
3	Psychiatric: Ages 0 to 17	1,396	5	10	76.5%	38.2%
4	Psychiatric: Ages 18+	8,674	25	26	95.1%	91.4%
	<b>TOTAL PSYCHIATRIC</b>	<b>10,070</b>	<b>30</b>	<b>36</b>	<b>92.0%</b>	<b>76.6%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,053	10	20	83.6%	41.8%
7	Newborn	3,182	10	34	87.2%	25.6%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>41,753</b>	<b>130</b>	<b>249</b>	<b>88.0%</b>	<b>45.9%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>44,935</b>	<b>140</b>	<b>283</b>	<b>87.9%</b>	<b>43.5%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>44,935</b>	<b>140</b>	<b>283</b>	<b>87.9%</b>	<b>43.5%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>44,631</b>	<b>140</b>	<b>283</b>	<b>87.3%</b>	<b>43.2%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>304</b>	<b>0</b>	<b>0</b>	<b>0.6%</b>	<b>0.3%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>
	Total Licensed Beds and Bassinets	283				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	5,744	5,785	41	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,316	11,732	416	4%
3	Emergency Department Scans	4,097	4,248	151	4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>21,157</b>	<b>21,765</b>	<b>608</b>	<b>3%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	593	580	-13	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,178	3,195	17	1%
3	Emergency Department Scans	65	65	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>3,836</b>	<b>3,840</b>	<b>4</b>	<b>0%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	472	136	-336	-71%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>472</b>	<b>136</b>	<b>-336</b>	<b>-71%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	237	237	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>237</b>	<b>237</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	94	94	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>94</b>	<b>94</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	1,969	1,827	-142	-7%
2	Outpatient Surgical Procedures	5,376	5,240	-136	-3%
	<b>Total Surgical Procedures</b>	<b>7,345</b>	<b>7,067</b>	<b>-278</b>	<b>-4%</b>
<b>J. Endoscopy Procedures</b>					

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	623	655	32	5%
2	Outpatient Endoscopy Procedures	9,762	6,663	-3,099	-32%
	<b>Total Endoscopy Procedures</b>	<b>10,385</b>	<b>7,318</b>	<b>-3,067</b>	<b>-30%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	5,142	5,340	198	4%
2	Emergency Room Visits: Treated and Discharged	40,513	40,946	433	1%
	<b>Total Emergency Room Visits</b>	<b>45,655</b>	<b>46,286</b>	<b>631</b>	<b>1%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	65,012	64,882	-130	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>65,012</b>	<b>64,882</b>	<b>-130</b>	<b>0%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	69,063	69,401	338	0%
2	Cardiology	9,005	7,920	-1,085	-12%
3	Chemotherapy	471	595	124	26%
4	Gastroenterology	9,762	6,663	-3,099	-32%
5	Other Outpatient Visits	48,109	43,740	-4,369	-9%
	<b>Total Other Hospital Outpatient Visits</b>	<b>136,410</b>	<b>128,319</b>	<b>-8,091</b>	<b>-6%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	330.1	340.4	10.3	3%
2	Total Physician FTEs	14.4	13.3	-1.1	-8%
3	Total Non-Nursing and Non-Physician FTEs	810.8	793.2	-17.6	-2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,155.3</b>	<b>1,146.9</b>	<b>-8.4</b>	<b>-1%</b>

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital Operating Room	5,376	5,240	-136	-3%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>5,376</b>	<b>5,240</b>	<b>-136</b>	<b>-3%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital Operating Room	9,762	6,663	-3,099	-32%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>9,762</b>	<b>6,663</b>	<b>-3,099</b>	<b>-32%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital Emergency Room	40,513	40,946	433	1%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>40,513</b>	<b>40,946</b>	<b>433</b>	<b>1%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					



MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$93,259,909	\$91,363,204	(\$1,896,705)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$35,820,579	\$35,991,274	\$170,695	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.41%	39.39%	0.98%	3%
4	DISCHARGES	3,770	3,774	4	0%
5	CASE MIX INDEX (CMI)	1.53069	1.45901	(0.07168)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,770.70130	5,506.30374	(264.39756)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,207.32	\$6,536.38	\$329.06	5%
8	PATIENT DAYS	23,429	22,745	(684)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,528.90	\$1,582.38	\$53.48	3%
10	AVERAGE LENGTH OF STAY	6.2	6.0	(0.2)	-3%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$86,301,464	\$88,314,303	\$2,012,839	2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,805,567	\$25,579,933	\$774,366	3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.74%	28.96%	0.22%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	92.54%	96.66%	4.12%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,488.70724	3,648.05704	159.34980	5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,110.25	\$7,011.93	(\$98.31)	-1%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$179,561,373	\$179,677,507	\$116,134	0%
18	TOTAL ACCRUED PAYMENTS	\$60,626,146	\$61,571,207	\$945,061	2%
19	TOTAL ALLOWANCES	\$118,935,227	\$118,106,300	(\$828,927)	-1%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$46,820,672	\$47,309,650	\$488,978	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$24,363,470	\$24,611,239	\$247,769	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.04%	52.02%	-0.01%	0%
4	DISCHARGES	3,712	3,650	(62)	-2%
5	CASE MIX INDEX (CMI)	1.03265	1.01037	(0.02228)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,833.19680	3,687.85050	(145.34630)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,355.91	\$6,673.60	\$317.69	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$148.60)	(\$137.22)	\$11.37	-8%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$569,598)	(\$506,060)	\$63,538	-11%
10	PATIENT DAYS	13,588	13,952	364	3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,793.01	\$1,763.99	(\$29.02)	-2%
12	AVERAGE LENGTH OF STAY	3.7	3.8	0.2	4%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$132,044,333	\$128,521,572	(\$3,522,761)	-3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$57,643,727	\$56,072,777	(\$1,570,950)	-3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.65%	43.63%	-0.03%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	282.02%	271.66%	-10.36%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,468.63582	9,915.60364	(553.03218)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,506.33	\$5,655.00	\$148.68	3%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$1,603.92	\$1,356.93	(\$246.99)	-15%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,790,850	\$13,454,775	(\$3,336,075)	-20%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$178,865,005	\$175,831,222	(\$3,033,783)	-2%
22	TOTAL ACCRUED PAYMENTS	\$82,007,197	\$80,684,016	(\$1,323,181)	-2%
23	TOTAL ALLOWANCES	\$96,857,808	\$95,147,206	(\$1,710,602)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,221,252	\$12,948,715	(\$3,272,537)	-20%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$178,865,005	\$175,831,221	(\$3,033,784)	-2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$82,007,198	\$80,709,016	(\$1,298,182)	-2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,857,807	\$95,122,205	(\$1,735,602)	-2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.15%	54.10%	-0.05%	

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$3,370,281	\$3,498,834	\$128,553	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$954,118	\$834,918	(\$119,200)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.31%	23.86%	-4.45%	-16%
4	DISCHARGES	182	185	3	2%
5	CASE MIX INDEX (CMI)	0.98663	1.09763	0.11100	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	179.56666	203.06155	23.49489	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,313.45	\$4,111.65	(\$1,201.80)	-23%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$1,042.47	\$2,561.95	\$1,519.48	146%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$893.87	\$2,424.73	\$1,530.86	171%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$160,509	\$492,369	\$331,859	207%
11	PATIENT DAYS	839	1,019	180	21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,137.21	\$819.35	(\$317.86)	-28%
13	AVERAGE LENGTH OF STAY	4.6	5.5	0.9	19%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,119,384	\$8,874,148	(\$245,236)	-3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,501,320	\$2,589,004	\$87,684	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.43%	29.17%	1.75%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	270.58%	253.63%	-16.95%	-6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	492.45979	469.21843	(23.24137)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,079.24	\$5,517.69	\$438.46	9%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$427.09	\$137.31	(\$289.78)	-68%
21	MEDICARE - UNINSURED OP PMT / OPED	\$2,031.01	\$1,494.24	(\$536.77)	-26%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,000,190	\$701,124	(\$299,066)	-30%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$12,489,665	\$12,372,982	(\$116,683)	-1%
24	TOTAL ACCRUED PAYMENTS	\$3,455,438	\$3,423,922	(\$31,516)	-1%
25	TOTAL ALLOWANCES	\$9,034,227	\$8,949,060	(\$85,167)	-1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,160,700	\$1,193,493	\$32,793	3%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$14,360,241	\$16,153,216	\$1,792,975	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,196,447	\$5,589,437	\$392,990	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.19%	34.60%	-1.58%	-4%
4	DISCHARGES	1,166	1,295	129	11%
5	CASE MIX INDEX (CMI)	0.94313	0.91631	(0.02682)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,099.68958	1,186.62145	86.93187	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,725.38	\$4,710.38	(\$15.00)	0%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,630.54	\$1,963.22	\$332.68	20%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,481.94	\$1,826.00	\$344.06	23%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,629,676	\$2,166,767	\$537,091	33%
11	PATIENT DAYS	5,538	6,138	600	11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$938.33	\$910.63	(\$27.70)	-3%
13	AVERAGE LENGTH OF STAY	4.7	4.7	(0.0)	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,087,435	\$31,898,877	\$6,811,442	27%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,755,006	\$7,248,919	\$493,913	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.93%	22.72%	-4.20%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	174.70%	197.48%	22.78%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,037.00963	2,557.32640	520.31677	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,316.14	\$2,834.57	(\$481.57)	-15%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,190.19	\$2,820.43	\$630.25	29%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,794.11	\$4,177.36	\$383.26	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,728,634	\$10,682,883	\$2,954,250	38%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$39,447,676	\$48,052,093	\$8,604,417	22%
24	TOTAL ACCRUED PAYMENTS	\$11,951,453	\$12,838,356	\$886,903	7%
25	TOTAL ALLOWANCES	\$27,496,223	\$35,213,737	\$7,717,514	28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,358,310	\$12,849,651	\$3,491,341	37%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$4,671,749	\$5,261,546	\$589,797	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,864,596	\$1,523,482	(\$341,114)	-18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.91%	28.96%	-10.96%	-27%
4	DISCHARGES	322	356	34	11%
5	CASE MIX INDEX (CMI)	1.06779	0.98725	(0.08054)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	343.82838	351.46100	7.63262	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,423.04	\$4,334.71	(\$1,088.33)	-20%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$932.87	\$2,338.89	\$1,406.02	151%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$784.28	\$2,201.67	\$1,417.39	181%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$269,656	\$773,799	\$504,143	187%
11	PATIENT DAYS	1,985	1,973	(12)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$939.34	\$772.17	(\$167.18)	-18%
13	AVERAGE LENGTH OF STAY	6.2	5.5	(0.6)	-10%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,632,336	\$8,892,163	\$2,259,827	34%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,490,369	\$1,529,939	\$39,570	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.47%	17.21%	-5.27%	-23%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	141.97%	169.00%	27.04%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	457.13333	601.65017	144.51683	32%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,260.25	\$2,542.90	(\$717.35)	-22%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,246.08	\$3,112.10	\$866.02	39%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,850.00	\$4,469.03	\$619.03	16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,759,961	\$2,688,792	\$928,830	53%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$11,304,085	\$14,153,709	\$2,849,624	25%
24	TOTAL ACCRUED PAYMENTS	\$3,354,965	\$3,053,421	(\$301,544)	-9%
25	TOTAL ALLOWANCES	\$7,949,120	\$11,100,288	\$3,151,168	40%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,029,618	\$3,462,591	\$1,432,974	71%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$19,031,990	\$21,414,762	\$2,382,772	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,061,043	\$7,112,919	\$51,876	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.10%	33.22%	-3.89%	-10%
4	DISCHARGES	1,488	1,651	163	11%
5	CASE MIX INDEX (CMI)	0.97011	0.93161	(0.03850)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,443.51796	1,538.08245	94.56449	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,891.55	\$4,624.54	(\$267.02)	-5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,464.36	\$2,049.06	\$584.70	40%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,315.77	\$1,911.84	\$596.07	45%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,899,332	\$2,940,567	\$1,041,235	55%
11	PATIENT DAYS	7,523	8,111	588	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$938.59	\$876.95	(\$61.65)	-7%
13	AVERAGE LENGTH OF STAY	5.1	4.9	(0.1)	-3%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,719,771	\$40,791,040	\$9,071,269	29%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,245,375	\$8,778,858	\$533,483	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.99%	21.52%	-4.47%	-17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	166.67%	190.48%	23.82%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,494.14296	3,158.97657	664.83360	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,305.90	\$2,779.02	(\$526.88)	-16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,200.43	\$2,875.98	\$675.55	31%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,804.35	\$4,232.91	\$428.56	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,488,595	\$13,371,675	\$3,883,080	41%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$50,751,761	\$62,205,802	\$11,454,041	23%
24	TOTAL ACCRUED PAYMENTS	\$15,306,418	\$15,891,777	\$585,359	4%
25	TOTAL ALLOWANCES	\$35,445,343	\$46,314,025	\$10,868,682	31%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$324,656	\$431,607	\$106,951	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$241,067	\$262,414	\$21,347	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	74.25%	60.80%	-13.45%	-18%
4	DISCHARGES	19	34	15	79%
5	CASE MIX INDEX (CMI)	1.31369	0.89983	(0.41386)	-32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24.96011	30.59422	5.63411	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,658.09	\$8,577.24	(\$1,080.85)	-11%
8	PATIENT DAYS	91	127	36	40%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,649.09	\$2,066.25	(\$582.84)	-22%
10	AVERAGE LENGTH OF STAY	4.8	3.7	(1.1)	-22%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$708,701	\$1,049,235	\$340,534	48%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$502,174	\$539,270	\$37,096	7%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,033,357	\$1,480,842	\$447,485	43%
14	TOTAL ACCRUED PAYMENTS	\$743,241	\$801,684	\$58,443	8%
15	TOTAL ALLOWANCES	\$290,116	\$679,158	\$389,042	134%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$10,065,754	\$10,448,262	\$382,508	4%
2	TOTAL OPERATING EXPENSES	\$170,017,184	\$170,234,748	\$217,564	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$686,857	\$649,453	(\$37,404)	-5%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$1,418,730	\$2,236,613	\$817,883	58%
5	BAD DEBTS (CHARGES)	\$7,895,004	\$6,712,599	(\$1,182,405)	-15%
6	UNCOMPENSATED CARE (CHARGES)	\$9,313,734	\$8,949,212	(\$364,522)	-4%
7	COST OF UNCOMPENSATED CARE	\$3,406,981	\$3,216,669	(\$190,312)	-6%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$50,751,761	\$62,205,802	\$11,454,041	23%
9	TOTAL ACCRUED PAYMENTS	\$15,306,418	\$15,891,777	\$585,359	4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$18,565,088	\$22,359,007	\$3,793,919	20%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,258,670	\$6,467,230	\$3,208,560	98%

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<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$159,437,227	\$160,519,223	\$1,081,996	1%
2	TOTAL INPATIENT PAYMENTS	\$67,486,159	\$67,977,846	\$491,687	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	42.33%	42.35%	0.02%	0%
4	TOTAL DISCHARGES	8,989	9,109	120	1%
5	TOTAL CASE MIX INDEX	1.23177	1.18156	(0.05021)	-4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	11,072.37617	10,762.83091	(309.54526)	-3%
7	TOTAL OUTPATIENT CHARGES	\$250,774,269	\$258,676,150	\$7,901,881	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	157.29%	161.15%	3.86%	2%
9	TOTAL OUTPATIENT PAYMENTS	\$91,196,843	\$90,970,838	(\$226,005)	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.37%	35.17%	-1.20%	-3%
11	TOTAL CHARGES	\$410,211,496	\$419,195,373	\$8,983,877	2%
12	TOTAL PAYMENTS	\$158,683,002	\$158,948,684	\$265,682	0%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.68%	37.92%	-0.77%	-2%
14	PATIENT DAYS	44,631	44,935	304	1%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$112,616,555	\$113,209,573	\$593,018	1%
2	INPATIENT PAYMENTS	\$43,122,689	\$43,366,607	\$243,918	1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.29%	38.31%	0.01%	0%
4	DISCHARGES	5,277	5,459	182	3%
5	CASE MIX INDEX	1.37184	1.29602	(0.07581)	-6%
6	CASE MIX ADJUSTED DISCHARGES	7,239.17937	7,074.98041	(164.19896)	-2%
7	OUTPATIENT CHARGES	\$118,729,936	\$130,154,578	\$11,424,642	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	105.43%	114.97%	9.54%	9%
9	OUTPATIENT PAYMENTS	\$33,553,116	\$34,898,061	\$1,344,945	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.26%	26.81%	-1.45%	-5%
11	TOTAL CHARGES	\$231,346,491	\$243,364,151	\$12,017,660	5%
12	TOTAL PAYMENTS	\$76,675,805	\$78,264,668	\$1,588,863	2%
13	TOTAL PAYMENTS / CHARGES	33.14%	32.16%	-0.98%	-3%
14	PATIENT DAYS	31,043	30,983	(60)	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$154,670,686	\$165,099,483	\$10,428,797	7%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	6.2	6.0	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.8	0.2	4%
3	UNINSURED	4.6	5.5	0.9	19%
4	MEDICAID	4.7	4.7	(0.0)	0%
5	OTHER MEDICAL ASSISTANCE	6.2	5.5	(0.6)	-10%
6	CHAMPUS / TRICARE	4.8	3.7	(1.1)	-22%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	4.9	(0.0)	-1%



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LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$410,211,496	\$419,195,373	\$8,983,877	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$154,670,686	\$165,099,483	\$10,428,797	7%
3	UNCOMPENSATED CARE	\$9,313,734	\$8,949,212	(\$364,522)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,857,807	\$95,122,205	(\$1,735,602)	-2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$260,842,227	\$269,170,900	\$8,328,673	3%
7	TOTAL ACCRUED PAYMENTS	\$149,369,269	\$150,024,473	\$655,204	0%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$686,857	\$649,453	(\$37,404)	-5%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$150,056,126	\$150,673,926	\$617,800	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3658018546	0.3594360427	(0.0063658118)	-2%
11	COST OF UNCOMPENSATED CARE	\$3,406,981	\$3,216,669	(\$190,312)	-6%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,258,670	\$6,467,230	\$3,208,560	98%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,665,651	\$9,683,900	\$3,018,248	45%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$7,728,634	\$10,682,883	\$2,954,250	38%
2	OTHER MEDICAL ASSISTANCE	\$2,029,618	\$3,462,591	\$1,432,974	71%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,160,700	\$1,193,493	\$32,793	3%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$10,918,951	\$15,338,968	\$4,420,017	40%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$7,895,004	\$6,712,600	(\$1,182,404)	-14.98%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$167,264,862	\$166,310,748	(\$954,114)	-0.57%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$410,211,495	\$419,195,385	\$8,983,890	2.19%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$9,313,734	\$8,949,213	(\$364,521)	-3.91%

MANCHESTER MEMORIAL HOSPITAL				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,820,672	\$47,309,650	\$488,978
2	MEDICARE	\$93,259,909	91,363,204	(\$1,896,705)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,031,990	21,414,762	\$2,382,772
4	MEDICAID	\$14,360,241	16,153,216	\$1,792,975
5	OTHER MEDICAL ASSISTANCE	\$4,671,749	5,261,546	\$589,797
6	CHAMPUS / TRICARE	\$324,656	431,607	\$106,951
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,370,281	3,498,834	\$128,553
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$112,616,555</b>	<b>\$113,209,573</b>	<b>\$593,018</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$159,437,227</b>	<b>\$160,519,223</b>	<b>\$1,081,996</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,044,333	\$128,521,572	(\$3,522,761)
2	MEDICARE	\$86,301,464	88,314,303	\$2,012,839
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,719,771	40,791,040	\$9,071,269
4	MEDICAID	\$25,087,435	31,898,877	\$6,811,442
5	OTHER MEDICAL ASSISTANCE	\$6,632,336	8,892,163	\$2,259,827
6	CHAMPUS / TRICARE	\$708,701	1,049,235	\$340,534
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,119,384	8,874,148	(\$245,236)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$118,729,936</b>	<b>\$130,154,578</b>	<b>\$11,424,642</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$250,774,269</b>	<b>\$258,676,150</b>	<b>\$7,901,881</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,865,005	\$175,831,222	(\$3,033,783)
2	TOTAL MEDICARE	\$179,561,373	\$179,677,507	\$116,134
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$50,751,761	\$62,205,802	\$11,454,041
4	TOTAL MEDICAID	\$39,447,676	\$48,052,093	\$8,604,417
5	TOTAL OTHER MEDICAL ASSISTANCE	\$11,304,085	\$14,153,709	\$2,849,624
6	TOTAL CHAMPUS / TRICARE	\$1,033,357	\$1,480,842	\$447,485
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,489,665	\$12,372,982	(\$116,683)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$231,346,491</b>	<b>\$243,364,151</b>	<b>\$12,017,660</b>
	<b>TOTAL CHARGES</b>	<b>\$410,211,496</b>	<b>\$419,195,373</b>	<b>\$8,983,877</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,363,470	\$24,611,239	\$247,769
2	MEDICARE	\$35,820,579	35,991,274	\$170,695
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,061,043	7,112,919	\$51,876
4	MEDICAID	\$5,196,447	5,589,437	\$392,990
5	OTHER MEDICAL ASSISTANCE	\$1,864,596	1,523,482	(\$341,114)
6	CHAMPUS / TRICARE	\$241,067	262,414	\$21,347
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$954,118	834,918	(\$119,200)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$43,122,689</b>	<b>\$43,366,607</b>	<b>\$243,918</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$67,486,159</b>	<b>\$67,977,846</b>	<b>\$491,687</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,643,727	\$56,072,777	(\$1,570,950)
2	MEDICARE	\$24,805,567	25,579,933	\$774,366
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,245,375	8,778,858	\$533,483
4	MEDICAID	\$6,755,006	7,248,919	\$493,913
5	OTHER MEDICAL ASSISTANCE	\$1,490,369	1,529,939	\$39,570
6	CHAMPUS / TRICARE	\$502,174	539,270	\$37,096
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,501,320	2,589,004	\$87,684
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$33,553,116</b>	<b>\$34,898,061</b>	<b>\$1,344,945</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$91,196,843</b>	<b>\$90,970,838</b>	<b>(\$226,005)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$82,007,197	\$80,684,016	(\$1,323,181)
2	TOTAL MEDICARE	\$60,626,146	\$61,571,207	\$945,061
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,306,418	\$15,891,777	\$585,359
4	TOTAL MEDICAID	\$11,951,453	\$12,838,356	\$886,903
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,354,965	\$3,053,421	(\$301,544)
6	TOTAL CHAMPUS / TRICARE	\$743,241	\$801,684	\$58,443
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,455,438	\$3,423,922	(\$31,516)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$76,675,805</b>	<b>\$78,264,668</b>	<b>\$1,588,863</b>
	<b>TOTAL PAYMENTS</b>	<b>\$158,683,002</b>	<b>\$158,948,684</b>	<b>\$265,682</b>

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<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.41%	11.29%	-0.13%
2	MEDICARE	22.73%	21.79%	-0.94%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.64%	5.11%	0.47%
4	MEDICAID	3.50%	3.85%	0.35%
5	OTHER MEDICAL ASSISTANCE	1.14%	1.26%	0.12%
6	CHAMPUS / TRICARE	0.08%	0.10%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.82%	0.83%	0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>27.45%</b>	<b>27.01%</b>	<b>-0.45%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>38.87%</b>	<b>38.29%</b>	<b>-0.57%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.19%	30.66%	-1.53%
2	MEDICARE	21.04%	21.07%	0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.73%	9.73%	2.00%
4	MEDICAID	6.12%	7.61%	1.49%
5	OTHER MEDICAL ASSISTANCE	1.62%	2.12%	0.50%
6	CHAMPUS / TRICARE	0.17%	0.25%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.22%	2.12%	-0.11%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>28.94%</b>	<b>31.05%</b>	<b>2.11%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>61.13%</b>	<b>61.71%</b>	<b>0.57%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.35%	15.48%	0.13%
2	MEDICARE	22.57%	22.64%	0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.45%	4.47%	0.03%
4	MEDICAID	3.27%	3.52%	0.24%
5	OTHER MEDICAL ASSISTANCE	1.18%	0.96%	-0.22%
6	CHAMPUS / TRICARE	0.15%	0.17%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.60%	0.53%	-0.08%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>27.18%</b>	<b>27.28%</b>	<b>0.11%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>42.53%</b>	<b>42.77%</b>	<b>0.24%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.33%	35.28%	-1.05%
2	MEDICARE	15.63%	16.09%	0.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.20%	5.52%	0.33%
4	MEDICAID	4.26%	4.56%	0.30%
5	OTHER MEDICAL ASSISTANCE	0.94%	0.96%	0.02%
6	CHAMPUS / TRICARE	0.32%	0.34%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.58%	1.63%	0.05%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.14%</b>	<b>21.96%</b>	<b>0.81%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>57.47%</b>	<b>57.23%</b>	<b>-0.24%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,712	3,650	(62)
2	MEDICARE	3,770	3,774	4
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,488	1,651	163
4	MEDICAID	1,166	1,295	129
5	OTHER MEDICAL ASSISTANCE	322	356	34
6	CHAMPUS / TRICARE	19	34	15
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	182	185	3
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,277</b>	<b>5,459</b>	<b>182</b>
	<b>TOTAL DISCHARGES</b>	<b>8,989</b>	<b>9,109</b>	<b>120</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,588	13,952	364
2	MEDICARE	23,429	22,745	(684)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,523	8,111	588
4	MEDICAID	5,538	6,138	600
5	OTHER MEDICAL ASSISTANCE	1,985	1,973	(12)
6	CHAMPUS / TRICARE	91	127	36
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	839	1,019	180
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>31,043</b>	<b>30,983</b>	<b>(60)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>44,631</b>	<b>44,935</b>	<b>304</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.8	0.2
2	MEDICARE	6.2	6.0	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.1	4.9	(0.1)
4	MEDICAID	4.7	4.7	(0.0)
5	OTHER MEDICAL ASSISTANCE	6.2	5.5	(0.6)
6	CHAMPUS / TRICARE	4.8	3.7	(1.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.6	5.5	0.9
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.9</b>	<b>5.7</b>	<b>(0.2)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.0</b>	<b>4.9</b>	<b>(0.0)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03265	1.01037	(0.02228)
2	MEDICARE	1.53069	1.45901	(0.07168)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97011	0.93161	(0.03850)
4	MEDICAID	0.94313	0.91631	(0.02682)
5	OTHER MEDICAL ASSISTANCE	1.06779	0.98725	(0.08054)
6	CHAMPUS / TRICARE	1.31369	0.89983	(0.41386)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98663	1.09763	0.11100
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.37184</b>	<b>1.29602</b>	<b>(0.07581)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.23177</b>	<b>1.18156</b>	<b>(0.05021)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,865,005	\$175,831,221	(\$3,033,784)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$82,007,198	\$80,709,016	(\$1,298,182)
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,857,807	\$95,122,205	(\$1,735,602)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.15%	54.10%	-0.05%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$686,857	\$649,453	(\$37,404)
8	CHARITY CARE	\$1,418,730	\$2,236,613	\$817,883
9	BAD DEBTS	\$7,895,004	\$6,712,599	(\$1,182,405)
10	TOTAL UNCOMPENSATED CARE	\$9,313,734	\$8,949,212	(\$364,522)
11	TOTAL OTHER OPERATING REVENUE	\$178,865,005	\$175,831,221	(\$3,033,784)
12	TOTAL OPERATING EXPENSES	\$170,017,184	\$170,234,748	\$217,564

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,833.19680	3,687.85050	(145.34630)
2	MEDICARE	5,770.70130	5,506.30374	(264.39756)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,443.51796	1,538.08245	94.56449
4	MEDICAID	1,099.68958	1,186.62145	86.93187
5	OTHER MEDICAL ASSISTANCE	343.82838	351.46100	7.63262
6	CHAMPUS / TRICARE	24.96011	30.59422	5.63411
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	179.56666	203.06155	23.49489
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>7,239.17937</b>	<b>7,074.98041</b>	<b>(164.19896)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>11,072.37617</b>	<b>10,762.83091</b>	<b>(309.54526)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,468.63582	9,915.60364	-553.03218
2	MEDICARE	3,488.70724	3,648.05704	159.34980
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,494.14296	3,158.97657	664.83360
4	MEDICAID	2,037.00963	2,557.32640	520.31677
5	OTHER MEDICAL ASSISTANCE	457.13333	601.65017	144.51683
6	CHAMPUS / TRICARE	41.47565	82.65387	41.17822
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	492.45979	469.21843	-23.24137
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>6,024.32585</b>	<b>6,889.68748</b>	<b>865.36163</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>16,492.96167</b>	<b>16,805.29112</b>	<b>312.32945</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,355.91	\$6,673.60	\$317.69
2	MEDICARE	\$6,207.32	\$6,536.38	\$329.06
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,891.55	\$4,624.54	(\$267.02)
4	MEDICAID	\$4,725.38	\$4,710.38	(\$15.00)
5	OTHER MEDICAL ASSISTANCE	\$5,423.04	\$4,334.71	(\$1,088.33)
6	CHAMPUS / TRICARE	\$9,658.09	\$8,577.24	(\$1,080.85)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,313.45	\$4,111.65	(\$1,201.80)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$5,956.85</b>	<b>\$6,129.57</b>	<b>\$172.73</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,095.00</b>	<b>\$6,315.98</b>	<b>\$220.98</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,506.33	\$5,655.00	\$148.68
2	MEDICARE	\$7,110.25	\$7,011.93	(\$98.31)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,305.90	\$2,779.02	(\$526.88)
4	MEDICAID	\$3,316.14	\$2,834.57	(\$481.57)
5	OTHER MEDICAL ASSISTANCE	\$3,260.25	\$2,542.90	(\$717.35)
6	CHAMPUS / TRICARE	\$12,107.68	\$6,524.44	(\$5,583.24)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,079.24	\$5,517.69	\$438.46
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,569.61</b>	<b>\$5,065.26</b>	<b>(\$504.34)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,529.44</b>	<b>\$5,413.23</b>	<b>(\$116.21)</b>

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$7,728,634	\$10,682,883	\$2,954,250
2	OTHER MEDICAL ASSISTANCE	\$2,029,618	\$3,462,591	\$1,432,974
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,160,700	\$1,193,493	\$32,793
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$10,918,951</b>	<b>\$15,338,968</b>	<b>\$4,420,017</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$410,211,496	\$419,195,373	\$8,983,877
2	TOTAL GOVERNMENT DEDUCTIONS	\$154,670,686	\$165,099,483	\$10,428,797
3	UNCOMPENSATED CARE	\$9,313,734	\$8,949,212	(\$364,522)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,857,807	\$95,122,205	(\$1,735,602)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$260,842,227	\$269,170,900	\$8,328,673
7	TOTAL ACCRUED PAYMENTS	\$149,369,269	\$150,024,473	\$655,204
8	UCP DSH PAYMENTS (OHCA INPUT)	\$686,857	\$649,453	(\$37,404)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$150,056,126	\$150,673,926	\$617,800
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3658018546	0.3594360427	(0.0063658118)
11	COST OF UNCOMPENSATED CARE	\$3,406,981	\$3,216,669	(\$190,312)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,258,670	\$6,467,230	\$3,208,560
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,665,651	\$9,683,900	\$3,018,248
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.04%	52.02%	-0.01%
2	MEDICARE	38.41%	39.39%	0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.10%	33.22%	-3.89%
4	MEDICAID	36.19%	34.60%	-1.58%
5	OTHER MEDICAL ASSISTANCE	39.91%	28.96%	-10.96%
6	CHAMPUS / TRICARE	74.25%	60.80%	-13.45%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.31%	23.86%	-4.45%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>38.29%</b>	<b>38.31%</b>	<b>0.01%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>42.33%</b>	<b>42.35%</b>	<b>0.02%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.65%	43.63%	-0.03%
2	MEDICARE	28.74%	28.96%	0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.99%	21.52%	-4.47%
4	MEDICAID	26.93%	22.72%	-4.20%
5	OTHER MEDICAL ASSISTANCE	22.47%	17.21%	-5.27%
6	CHAMPUS / TRICARE	70.86%	51.40%	-19.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.43%	29.17%	1.75%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>28.26%</b>	<b>26.81%</b>	<b>-1.45%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>36.37%</b>	<b>35.17%</b>	<b>-1.20%</b>

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$158,683,002	\$158,948,684	\$265,682
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$686,857	\$649,453	(\$37,404)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$159,369,859</b>	<b>\$159,598,137</b>	<b>\$228,278</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$7,895,004	\$6,712,600	(\$1,182,404)
4	<b>CALCULATED NET REVENUE</b>	<b>\$167,264,863</b>	<b>\$166,310,737</b>	<b>(\$954,126)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$167,264,862	\$166,310,748	(\$954,114)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>(\$11)</b>	<b>(\$12)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$410,211,496	\$419,195,373	\$8,983,877
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$410,211,496</b>	<b>\$419,195,373</b>	<b>\$8,983,877</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$410,211,495	\$419,195,385	\$8,983,890
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>(\$12)</b>	<b>(\$13)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,313,734	\$8,949,212	(\$364,522)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$9,313,734</b>	<b>\$8,949,212</b>	<b>(\$364,522)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,313,734	\$8,949,213	(\$364,521)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$1)</b>	<b>(\$1)</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,309,650
2	MEDICARE	91,363,204
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,414,762
4	MEDICAID	16,153,216
5	OTHER MEDICAL ASSISTANCE	5,261,546
6	CHAMPUS / TRICARE	431,607
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,498,834
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$113,209,573</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$160,519,223</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$128,521,572
2	MEDICARE	88,314,303
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	40,791,040
4	MEDICAID	31,898,877
5	OTHER MEDICAL ASSISTANCE	8,892,163
6	CHAMPUS / TRICARE	1,049,235
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,874,148
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$130,154,578</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$258,676,150</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$175,831,222
2	TOTAL GOVERNMENT ACCRUED CHARGES	243,364,151
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$419,195,373</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,611,239
2	MEDICARE	35,991,274
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,112,919
4	MEDICAID	5,589,437
5	OTHER MEDICAL ASSISTANCE	1,523,482
6	CHAMPUS / TRICARE	262,414
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	834,918
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$43,366,607</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$67,977,846</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,072,777
2	MEDICARE	25,579,933
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,778,858
4	MEDICAID	7,248,919
5	OTHER MEDICAL ASSISTANCE	1,529,939
6	CHAMPUS / TRICARE	539,270
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,589,004
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$34,898,061</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$90,970,838</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$80,684,016
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	78,264,668
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$158,948,684</b>



<b>MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,650
2	MEDICARE	3,774
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,651
4	MEDICAID	1,295
5	OTHER MEDICAL ASSISTANCE	356
6	CHAMPUS / TRICARE	34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	185
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,459</b>
	<b>TOTAL DISCHARGES</b>	<b>9,109</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.01037
2	MEDICARE	1.45901
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93161
4	MEDICAID	0.91631
5	OTHER MEDICAL ASSISTANCE	0.98725
6	CHAMPUS / TRICARE	0.89983
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09763
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.29602</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.18156</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,831,221
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$80,709,016
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,122,205
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.10%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$649,453
8	CHARITY CARE	\$2,236,613
9	BAD DEBTS	\$6,712,599
10	TOTAL UNCOMPENSATED CARE	\$8,949,212
11	TOTAL OTHER OPERATING REVENUE	\$10,448,262
12	TOTAL OPERATING EXPENSES	\$170,234,748

<b>MANCHESTER MEMORIAL HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$158,948,684
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$649,453
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$159,598,137</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,712,600
	<b>CALCULATED NET REVENUE</b>	<b>\$166,310,737</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$166,310,748
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$11)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$419,195,373
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$419,195,373</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$419,195,385
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$12)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,949,212
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$8,949,212</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,949,213
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	731	791	60	8%
2	Number of Approved Applicants	686	675	(11)	-2%
3	<b>Total Charges (A)</b>	\$1,418,730	\$2,236,613	\$817,883	58%
4	<b>Average Charges</b>	<b>\$2,068</b>	<b>\$3,314</b>	<b>\$1,245</b>	<b>60%</b>
5	Ratio of Cost to Charges (RCC)	0.386067	0.404536	0.018469	5%
6	<b>Total Cost</b>	<b>\$547,725</b>	<b>\$904,790</b>	<b>\$357,066</b>	<b>65%</b>
7	<b>Average Cost</b>	<b>\$798</b>	<b>\$1,340</b>	<b>\$542</b>	<b>68%</b>
8	Charity Care - Inpatient Charges	\$639,114	\$862,332	\$223,218	35%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	577,155	404,291	(172,864)	-30%
10	Charity Care - Emergency Department Charges	202,461	969,990	767,529	379%
11	<b>Total Charges (A)</b>	<b>\$1,418,730</b>	<b>\$2,236,613</b>	<b>\$817,883</b>	<b>58%</b>
12	Charity Care - Number of Patient Days	490	883	393	80%
13	Charity Care - Number of Discharges	135	142	7	5%
14	Charity Care - Number of Outpatient ED Visits	515	707	192	37%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	965	1,248	283	29%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$2,066,626	\$1,742,587	(\$324,039)	-16%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,314,788	3,507,916	(806,872)	-19%
3	Bad Debts - Emergency Department	1,513,590	1,462,096	(51,494)	-3%
4	<b>Total Bad Debts (A)</b>	<b>\$7,895,004</b>	<b>\$6,712,599</b>	<b>(\$1,182,405)</b>	<b>-15%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$1,418,730	\$2,236,613	\$817,883	58%
2	Bad Debts (A)	7,895,004	6,712,599	(1,182,405)	-15%
3	<b>Total Uncompensated Care (A)</b>	<b>\$9,313,734</b>	<b>\$8,949,212</b>	<b>(\$364,522)</b>	<b>-4%</b>
4	Uncompensated Care - Inpatient Services	\$2,705,740	\$2,604,919	(\$100,821)	-4%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,891,943	3,912,207	(979,736)	-20%
6	Uncompensated Care - Emergency Department	1,716,051	2,432,086	716,035	42%
7	<b>Total Uncompensated Care (A)</b>	<b>\$9,313,734</b>	<b>\$8,949,212</b>	<b>(\$364,522)</b>	<b>-4%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,</b>					
<b>ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$178,865,005	\$175,831,221	(\$3,033,784)	-2%
2	Total Contractual Allowances	\$96,857,807	\$95,122,205	(\$1,735,602)	-2%
	<b>Total Accrued Payments (A)</b>	<b>\$82,007,198</b>	<b>\$80,709,016</b>	<b>(\$1,298,182)</b>	<b>-2%</b>
	<b>Total Discount Percentage</b>	<b>54.15%</b>	<b>54.10%</b>	<b>-0.05%</b>	<b>0%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$149,231,344	\$159,437,227	\$160,519,223
2	Outpatient Gross Revenue	\$241,196,111	\$250,774,269	\$258,676,150
3	Total Gross Patient Revenue	\$390,427,455	\$410,211,496	\$419,195,373
4	Net Patient Revenue	\$158,787,196	\$167,264,862	\$166,310,748
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$161,925,493	\$170,017,184	\$170,234,748
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	43,813	44,631	44,935
2	Discharges	8,972	8,989	9,109
3	Average Length of Stay	4.9	5.0	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	114,626	114,830	117,348
0	Equivalent (Adjusted) Discharges (ED)	23,473	23,128	23,788
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.19121	1.23177	1.18156
2	Case Mix Adjusted Patient Days (CMAPD)	52,191	54,975	53,093
3	Case Mix Adjusted Discharges (CMAD)	10,688	11,072	10,763
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	136,544	141,444	138,653
5	Case Mix Adjusted Equivalent Discharges (CMAED)	27,961	28,488	28,107
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$8,911	\$9,191	\$9,329
2	Total Gross Revenue per Discharge	\$43,516	\$45,635	\$46,020
3	Total Gross Revenue per EPD	\$3,406	\$3,572	\$3,572
4	Total Gross Revenue per ED	\$16,633	\$17,737	\$17,622
5	Total Gross Revenue per CMAEPD	\$2,859	\$2,900	\$3,023
6	Total Gross Revenue per CMAED	\$13,963	\$14,400	\$14,914
7	Inpatient Gross Revenue per EPD	\$1,302	\$1,388	\$1,368
8	Inpatient Gross Revenue per ED	\$6,358	\$6,894	\$6,748

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
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<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,624	\$3,748	\$3,701
2	Net Patient Revenue per Discharge	\$17,698	\$18,608	\$18,258
3	Net Patient Revenue per EPD	\$1,385	\$1,457	\$1,417
4	Net Patient Revenue per ED	\$6,765	\$7,232	\$6,991
5	Net Patient Revenue per CMAEPD	\$1,163	\$1,183	\$1,199
6	Net Patient Revenue per CMAED	\$5,679	\$5,871	\$5,917
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,696	\$3,809	\$3,788
2	Total Operating Expense per Discharge	\$18,048	\$18,914	\$18,689
3	Total Operating Expense per EPD	\$1,413	\$1,481	\$1,451
4	Total Operating Expense per ED	\$6,898	\$7,351	\$7,156
5	Total Operating Expense per CMAEPD	\$1,186	\$1,202	\$1,228
6	Total Operating Expense per CMAED	\$5,791	\$5,968	\$6,057
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$23,070,252	\$25,078,004	\$25,806,971
2	Nursing Fringe Benefits Expense	\$5,847,122	\$6,834,320	\$7,915,769
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$28,917,374</b>	<b>\$31,912,324</b>	<b>\$33,722,740</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$4,942,107	\$5,313,901	\$5,482,881
2	Physician Fringe Benefits Expense	\$1,252,570	\$1,448,158	\$1,592,038
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$6,194,677</b>	<b>\$6,762,059</b>	<b>\$7,074,919</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$43,384,216	\$44,702,900	\$43,826,502
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$10,995,668	\$12,182,546	\$11,482,677
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$54,379,884</b>	<b>\$56,885,446</b>	<b>\$55,309,179</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$71,396,575	\$75,094,805	\$75,116,354
2	Total Fringe Benefits Expense	\$18,095,360	\$20,465,024	\$20,990,484
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$89,491,935</b>	<b>\$95,559,829</b>	<b>\$96,106,838</b>

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<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	281.1	330.1	340.4
2	Total Physician FTEs	16.9	14.4	13.3
3	Total Non-Nursing, Non-Physician FTEs	853.3	810.8	793.2
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,151.3</b>	<b>1,155.3</b>	<b>1,146.9</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$82,071	\$75,971	\$75,814
2	Nursing Fringe Benefits Expense per FTE	\$20,801	\$20,704	\$23,254
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$102,872</b>	<b>\$96,675</b>	<b>\$99,068</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$292,432	\$369,021	\$412,247
2	Physician Fringe Benefits Expense per FTE	\$74,117	\$100,567	\$119,702
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$366,549</b>	<b>\$469,587</b>	<b>\$531,949</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$50,843	\$55,134	\$55,253
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$12,886	\$15,025	\$14,476
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$63,729</b>	<b>\$70,160</b>	<b>\$69,729</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$62,014	\$65,000	\$65,495
2	Total Fringe Benefits Expense per FTE	\$15,717	\$17,714	\$18,302
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$77,731</b>	<b>\$82,714</b>	<b>\$83,797</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,043	\$2,141	\$2,139
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,975	\$10,631	\$10,551
3	Total Salary and Fringe Benefits Expense per EPD	\$781	\$832	\$819
4	Total Salary and Fringe Benefits Expense per ED	\$3,813	\$4,132	\$4,040
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$655	\$676	\$693
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,201	\$3,354	\$3,419