

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$23,728,929	\$50,445,261	\$26,716,332	113%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$45,274,226	\$40,490,596	(\$4,783,630)	-11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$5,024,941	\$1,189,837	(\$3,835,104)	-76%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,420,384	\$5,624,397	\$204,013	4%
8	Prepaid Expenses	\$3,466,789	\$2,168,888	(\$1,297,901)	-37%
9	Other Current Assets	\$8,075,041	\$22,122,989	\$14,047,948	174%
	Total Current Assets	\$90,990,310	\$122,041,968	\$31,051,658	34%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,974,359	\$16,309,118	\$334,759	2%
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	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$15,974,359	\$16,309,118	\$334,759	2%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$141,918,020	\$164,618,821	\$22,700,801	16%
7	Other Noncurrent Assets	\$18,290,966	\$24,115,241	\$5,824,275	32%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$374,739,793	\$388,312,710	\$13,572,917	4%
2	Less: Accumulated Depreciation	\$230,869,746	\$248,041,258	\$17,171,512	7%
	Property, Plant and Equipment, Net	\$143,870,047	\$140,271,452	(\$3,598,595)	-3%
3	Construction in Progress	\$19,940,168	\$33,898,993	\$13,958,825	70%
	Total Net Fixed Assets	\$163,810,215	\$174,170,445	\$10,360,230	6%
	Total Assets	\$430,983,870	\$501,255,593	\$70,271,723	16%

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LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$24,176,418	\$13,265,163	(\$10,911,255)	-45%
2	Salaries, Wages and Payroll Taxes	\$14,042,968	\$11,492,908	(\$2,550,060)	-18%
3	Due To Third Party Payers	\$11,976,659	\$19,389,673	\$7,413,014	62%
4	Due To Affiliates	\$1,174,351	\$5,524,919	\$4,350,568	370%
5	Current Portion of Long Term Debt	\$2,329,243	\$872,430	(\$1,456,813)	-63%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,922,233	\$3,057,539	(\$8,864,694)	-74%
	Total Current Liabilities	\$65,621,872	\$53,602,632	(\$12,019,240)	-18%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$652,997	\$105,428	(\$547,569)	-84%
	Total Long Term Debt	\$652,997	\$105,428	(\$547,569)	-84%
3	Accrued Pension Liability	\$65,894,053	\$133,575,280	\$67,681,227	103%
4	Other Long Term Liabilities	\$57,103,385	\$85,856,971	\$28,753,586	50%
	Total Long Term Liabilities	\$123,650,435	\$219,537,679	\$95,887,244	78%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$194,567,882	\$178,222,407	(\$16,345,475)	-8%
2	Temporarily Restricted Net Assets	\$24,361,771	\$26,776,206	\$2,414,435	10%
3	Permanently Restricted Net Assets	\$22,781,910	\$23,116,669	\$334,759	1%
	Total Net Assets	\$241,711,563	\$228,115,282	(\$13,596,281)	-6%
	Total Liabilities and Net Assets	\$430,983,870	\$501,255,593	\$70,271,723	16%

THE HOSPITAL OF CENTRAL CONNECTICUT

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$894,561,269	\$864,609,377	(\$29,951,892)	-3%
2	Less: Allowances	\$496,600,768	\$480,182,282	(\$16,418,486)	-3%
3	Less: Charity Care	\$16,310,702	\$17,256,889	\$946,187	6%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$381,649,799	\$367,170,206	(\$14,479,593)	-4%
5	Provision for Bad Debts	\$9,742,308	\$5,458,239	(\$4,284,069)	-44%
	Net Patient Service Revenue less provision for bad debts	\$371,907,491	\$361,711,967	(\$10,195,524)	-3%
6	Other Operating Revenue	\$17,233,898	\$11,024,317	(\$6,209,581)	-36%
7	Net Assets Released from Restrictions	\$1,885,094	\$1,351,596	(\$533,498)	-28%
	Total Operating Revenue	\$391,026,483	\$374,087,880	(\$16,938,603)	-4%
B. Operating Expenses:					
1	Salaries and Wages	\$168,706,840	\$148,416,218	(\$20,290,622)	-12%
2	Fringe Benefits	\$51,728,525	\$45,122,344	(\$6,606,181)	-13%
3	Physicians Fees	\$10,145,410	\$9,980,614	(\$164,796)	-2%
4	Supplies and Drugs	\$54,189,600	\$49,864,651	(\$4,324,949)	-8%
5	Depreciation and Amortization	\$19,479,333	\$18,225,335	(\$1,253,998)	-6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,563,598	\$1,418,199	(\$145,399)	-9%
8	Malpractice Insurance Cost	\$2,558,127	\$3,957,824	\$1,399,697	55%
9	Other Operating Expenses	\$69,075,774	\$82,318,899	\$13,243,125	19%
	Total Operating Expenses	\$377,447,207	\$359,304,084	(\$18,143,123)	-5%
	Income/(Loss) From Operations	\$13,579,276	\$14,783,796	\$1,204,520	9%
C. Non-Operating Revenue:					
1	Income from Investments	\$5,631,250	\$982,345	(\$4,648,905)	-83%
2	Gifts, Contributions and Donations	\$41,607	\$110,809	\$69,202	166%
3	Other Non-Operating Gains/(Losses)	\$5,965,625	\$8,468,950	\$2,503,325	42%
	Total Non-Operating Revenue	\$11,638,482	\$9,562,104	(\$2,076,378)	-18%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$25,217,758	\$24,345,900	(\$871,858)	-3%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$25,217,758	\$24,345,900	(\$871,858)	-3%
	Principal Payments	\$2,165,699	\$2,329,243	\$163,544	8%

THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$180,322,380	\$154,548,354	(\$25,774,026)	-14%
2	MEDICARE MANAGED CARE	\$61,289,942	\$57,115,407	(\$4,174,535)	-7%
3	MEDICAID	\$79,113,082	\$74,498,682	(\$4,614,400)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$298,280	\$252,546	(\$45,734)	-15%
6	COMMERCIAL INSURANCE	\$2,014,169	\$4,130,602	\$2,116,433	105%
7	NON-GOVERNMENT MANAGED CARE	\$81,271,666	\$73,428,730	(\$7,842,936)	-10%
8	WORKER'S COMPENSATION	\$1,524,218	\$1,899,452	\$375,234	25%
9	SELF- PAY/UNINSURED	\$4,494,481	\$4,801,848	\$307,367	7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$410,328,218	\$370,675,621	(\$39,652,597)	-10%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$113,644,277	\$116,861,279	\$3,217,002	3%
2	MEDICARE MANAGED CARE	\$46,387,397	\$49,137,478	\$2,750,081	6%
3	MEDICAID	\$126,611,722	\$133,710,380	\$7,098,658	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$836,904	\$699,200	(\$137,704)	-16%
6	COMMERCIAL INSURANCE	\$3,762,889	\$4,801,423	\$1,038,534	28%
7	NON-GOVERNMENT MANAGED CARE	\$162,332,330	\$160,777,895	(\$1,554,435)	-1%
8	WORKER'S COMPENSATION	\$4,725,373	\$5,759,910	\$1,034,537	22%
9	SELF- PAY/UNINSURED	\$15,286,291	\$12,008,293	(\$3,277,998)	-21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$473,587,183	\$483,755,858	\$10,168,675	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$293,966,657	\$271,409,633	(\$22,557,024)	-8%
2	MEDICARE MANAGED CARE	\$107,677,339	\$106,252,885	(\$1,424,454)	-1%
3	MEDICAID	\$205,724,804	\$208,209,062	\$2,484,258	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,135,184	\$951,746	(\$183,438)	-16%
6	COMMERCIAL INSURANCE	\$5,777,058	\$8,932,025	\$3,154,967	55%
7	NON-GOVERNMENT MANAGED CARE	\$243,603,996	\$234,206,625	(\$9,397,371)	-4%
8	WORKER'S COMPENSATION	\$6,249,591	\$7,659,362	\$1,409,771	23%
9	SELF- PAY/UNINSURED	\$19,780,772	\$16,810,141	(\$2,970,631)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$883,915,401	\$854,431,479	(\$29,483,922)	-3%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$81,300,135	\$73,121,161	(\$8,178,974)	-10%
2	MEDICARE MANAGED CARE	\$23,954,155	\$23,484,258	(\$469,897)	-2%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$23,621,637	\$25,614,674	\$1,993,037	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$134,575	\$114,113	(\$20,462)	-15%
6	COMMERCIAL INSURANCE	\$559,137	\$1,002,616	\$443,479	79%
7	NON-GOVERNMENT MANAGED CARE	\$55,920,356	\$50,896,566	(\$5,023,790)	-9%
8	WORKER'S COMPENSATION	\$1,524,218	\$1,899,452	\$375,234	25%
9	SELF- PAY/UNINSURED	\$1,006,871	\$635,432	(\$371,439)	-37%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$188,021,084	\$176,768,272	(\$11,252,812)	-6%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$25,213,148	\$27,932,998	\$2,719,850	11%
2	MEDICARE MANAGED CARE	\$10,225,786	\$11,250,155	\$1,024,369	10%
3	MEDICAID	\$35,637,819	\$37,126,470	\$1,488,651	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$241,291	\$39,332	(\$201,959)	-84%
6	COMMERCIAL INSURANCE	\$1,772,731	\$1,895,188	\$122,457	7%
7	NON-GOVERNMENT MANAGED CARE	\$94,825,494	\$92,774,965	(\$2,050,529)	-2%
8	WORKER'S COMPENSATION	\$4,725,373	\$5,759,910	\$1,034,537	22%
9	SELF- PAY/UNINSURED	\$271,415	\$34,721	(\$236,694)	-87%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$172,913,057	\$176,813,739	\$3,900,682	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$106,513,283	\$101,054,159	(\$5,459,124)	-5%
2	MEDICARE MANAGED CARE	\$34,179,941	\$34,734,413	\$554,472	2%
3	MEDICAID	\$59,259,456	\$62,741,144	\$3,481,688	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$375,866	\$153,445	(\$222,421)	-59%
6	COMMERCIAL INSURANCE	\$2,331,868	\$2,897,804	\$565,936	24%
7	NON-GOVERNMENT MANAGED CARE	\$150,745,850	\$143,671,531	(\$7,074,319)	-5%
8	WORKER'S COMPENSATION	\$6,249,591	\$7,659,362	\$1,409,771	23%
9	SELF- PAY/UNINSURED	\$1,278,286	\$670,153	(\$608,133)	-48%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$360,934,141	\$353,582,011	(\$7,352,130)	-2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	6,267	5,193	(1,074)	-17%
2	MEDICARE MANAGED CARE	2,197	1,896	(301)	-14%
3	MEDICAID	4,668	4,161	(507)	-11%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	19	19	0	0%
6	COMMERCIAL INSURANCE	73	191	118	162%
7	NON-GOVERNMENT MANAGED CARE	4,438	3,908	(530)	-12%
8	WORKER'S COMPENSATION	39	48	9	23%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	206	224	18	9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	17,907	15,640	(2,267)	-13%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	31,284	26,567	(4,717)	-15%
2	MEDICARE MANAGED CARE	9,486	8,882	(604)	-6%
3	MEDICAID	18,724	17,668	(1,056)	-6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	46	58	12	26%
6	COMMERCIAL INSURANCE	315	1,055	740	235%
7	NON-GOVERNMENT MANAGED CARE	14,927	14,054	(873)	-6%
8	WORKER'S COMPENSATION	128	157	29	23%
9	SELF- PAY/UNINSURED	557	824	267	48%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	75,467	69,265	(6,202)	-8%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	63,158	59,026	(4,132)	-7%
2	MEDICARE MANAGED CARE	27,516	26,210	(1,306)	-5%
3	MEDICAID	81,567	81,124	(443)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	467	414	(53)	-11%
6	COMMERCIAL INSURANCE	2,006	2,154	148	7%
7	NON-GOVERNMENT MANAGED CARE	98,289	86,847	(11,442)	-12%
8	WORKER'S COMPENSATION	2,130	2,789	659	31%
9	SELF- PAY/UNINSURED	9,883	7,169	(2,714)	-27%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	285,016	265,733	(19,283)	-7%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$23,225,011	\$24,836,144	\$1,611,133	7%
2	MEDICARE MANAGED CARE	\$8,487,305	\$9,519,808	\$1,032,503	12%
3	MEDICAID	\$63,115,412	\$63,621,276	\$505,864	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$396,858	\$343,369	(\$53,489)	-13%
6	COMMERCIAL INSURANCE	\$1,951,943	\$2,875,009	\$923,066	47%
7	NON-GOVERNMENT MANAGED CARE	\$35,295,380	\$33,844,426	(\$1,450,954)	-4%
8	WORKER'S COMPENSATION	\$1,672,709	\$1,655,015	(\$17,694)	-1%
9	SELF- PAY/UNINSURED	\$11,435,005	\$8,351,577	(\$3,083,428)	-27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$145,579,623	\$145,046,624	(\$532,999)	0%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$4,918,724	\$5,763,090	\$844,366	17%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$1,850,323	\$2,207,672	\$357,349	19%
3	MEDICAID	\$14,095,160	\$15,248,647	\$1,153,487	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$80,728	\$77,138	(\$3,590)	-4%
6	COMMERCIAL INSURANCE	\$847,752	\$1,029,800	\$182,048	21%
7	NON-GOVERNMENT MANAGED CARE	\$24,969,868	\$23,656,821	(\$1,313,047)	-5%
8	WORKER'S COMPENSATION	\$1,202,845	\$1,131,298	(\$71,547)	-6%
9	SELF- PAY/UNINSURED	\$268,198	\$196,667	(\$71,531)	-27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$48,233,598	\$49,311,133	\$1,077,535	2%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	10,543	11,109	566	5%
2	MEDICARE MANAGED CARE	3,757	4,419	662	18%
3	MEDICAID	48,391	48,223	(168)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	274	228	(46)	-17%
6	COMMERCIAL INSURANCE	957	1,563	606	63%
7	NON-GOVERNMENT MANAGED CARE	19,691	18,852	(839)	-4%
8	WORKER'S COMPENSATION	1,267	1,270	3	0%
9	SELF- PAY/UNINSURED	7,714	5,633	(2,081)	-27%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	92,594	91,297	(1,297)	-1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$59,452,944	\$55,467,737	(\$3,985,207)	-7%
2	Physician Salaries	\$28,826,455	\$26,775,789	(\$2,050,666)	-7%
3	Non-Nursing, Non-Physician Salaries	\$80,427,441	\$66,172,692	(\$14,254,749)	-18%
	Total Salaries & Wages	\$168,706,840	\$148,416,218	(\$20,290,622)	-12%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$18,429,333	\$16,863,617	(\$1,565,716)	-8%
2	Physician Fringe Benefits	\$8,638,705	\$8,140,528	(\$498,177)	-6%
3	Non-Nursing, Non-Physician Fringe Benefits	\$24,660,487	\$20,118,199	(\$4,542,288)	-18%
	Total Fringe Benefits	\$51,728,525	\$45,122,344	(\$6,606,181)	-13%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$398,431	\$116,258	(\$282,173)	-71%
2	Physician Fees	\$10,145,410	\$9,980,614	(\$164,796)	-2%
3	Non-Nursing, Non-Physician Fees	\$4,087,695	\$4,041,885	(\$45,810)	-1%
	Total Contractual Labor Fees	\$14,631,536	\$14,138,757	(\$492,779)	-3%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$42,279,593	\$39,564,140	(\$2,715,453)	-6%
2	Pharmaceutical Costs	\$11,910,007	\$10,300,511	(\$1,609,496)	-14%
	Total Medical Supplies and Pharmaceutical Cost	\$54,189,600	\$49,864,651	(\$4,324,949)	-8%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$9,298,428	\$9,730,373	\$431,945	5%
2	Depreciation-Equipment	\$10,180,905	\$8,494,962	(\$1,685,943)	-17%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$19,479,333	\$18,225,335	(\$1,253,998)	-6%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$1,563,598	\$1,418,199	(\$145,399)	-9%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$2,558,127	\$3,957,824	\$1,399,697	55%
I.	<u>Utilities:</u>				
1	Water	\$188,971	\$189,119	\$148	0%
2	Natural Gas	\$1,387,279	\$1,438,652	\$51,373	4%
3	Oil	\$47,843	\$54,796	\$6,953	15%
4	Electricity	\$3,784,083	\$3,846,261	\$62,178	2%
5	Telephone	\$771,349	\$719,635	(\$51,714)	-7%
6	Other Utilities	\$233,018	\$194,300	(\$38,718)	-17%
	Total Utilities	\$6,412,543	\$6,442,763	\$30,220	0%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	(\$340,301)	\$83,199	\$423,500	-124%
2	Legal Fees	\$379,808	\$182,618	(\$197,190)	-52%
3	Consulting Fees	\$1,459,098	\$3,043,966	\$1,584,868	109%
4	Dues and Membership	\$716,492	\$710,800	(\$5,692)	-1%
5	Equipment Leases	\$1,614,064	\$1,568,648	(\$45,416)	-3%
6	Building Leases	\$2,203,341	\$1,957,185	(\$246,156)	-11%
7	Repairs and Maintenance	\$6,353,987	\$6,358,105	\$4,118	0%
8	Insurance	\$432,483	\$423,882	(\$8,601)	-2%
9	Travel	\$603,587	\$333,518	(\$270,069)	-45%
10	Conferences	\$257,568	\$111,544	(\$146,024)	-57%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$105,976	\$202,998	\$97,022	92%
12	General Supplies	\$1,367,290	\$1,603,706	\$236,416	17%
13	Licenses and Subscriptions	\$216,459	\$207,292	(\$9,167)	-4%
14	Postage and Shipping	\$459,200	\$386,797	(\$72,403)	-16%
15	Advertising	\$2,260,460	\$1,932,835	(\$327,625)	-14%
16	Corporate parent/system fees	\$14,570,340	\$29,037,412	\$14,467,072	99%
17	Computer Software	\$5,235,497	\$4,300,672	(\$934,825)	-18%
18	Computer hardware & small equipment	\$218,101	\$247,568	\$29,467	14%
19	Dietary / Food Services	\$2,826,592	\$2,504,863	(\$321,729)	-11%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$786,789	\$377,246	(\$409,543)	-52%
22	Recruiting / Employee Education & Recognition	\$1,518,560	\$998,382	(\$520,178)	-34%
23	Laundry / Linen	\$178,373	\$36,444	(\$141,929)	-80%
24	Professional / Physician Fees	\$2,159,096	\$1,642,269	(\$516,827)	-24%
25	Waste disposal	\$380,380	\$591,685	\$211,305	56%
26	Purchased Services - Medical	\$24,475	\$29,398	\$4,923	20%
27	Purchased Services - Non Medical	\$163,603	\$239,604	\$76,001	46%
28	Other Business Expenses	\$12,025,787	\$12,605,357	\$579,570	5%
	Total Business Expenses	\$58,177,105	\$71,717,993	\$13,540,888	23%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$377,447,207	\$359,304,084	(\$18,143,123)	-5%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$15,075,496	\$25,248,481	\$10,172,985	67%
2	General Accounting	\$2,268,553	\$2,130,592	(\$137,961)	-6%
3	Patient Billing & Collection	\$6,544,116	\$5,120,925	(\$1,423,191)	-22%
4	Admitting / Registration Office	\$1,660,188	\$1,716,135	\$55,947	3%
5	Data Processing	\$19,497,806	\$19,409,916	(\$87,890)	0%
6	Communications	\$1,394,248	\$1,260,969	(\$133,279)	-10%
7	Personnel	\$57,349,980	\$47,897,461	(\$9,452,519)	-16%
8	Public Relations	\$3,131,620	\$1,568,370	(\$1,563,250)	-50%
9	Purchasing	\$1,740,694	\$1,679,992	(\$60,702)	-3%
10	Dietary and Cafeteria	\$5,237,627	\$4,812,575	(\$425,052)	-8%
11	Housekeeping	\$5,493,942	\$5,440,075	(\$53,867)	-1%
12	Laundry & Linen	\$1,389,572	\$1,300,583	(\$88,989)	-6%
13	Operation of Plant	\$15,645,742	\$15,886,155	\$240,413	2%
14	Security	\$1,713,411	\$1,583,224	(\$130,187)	-8%
15	Repairs and Maintenance	\$1,933,537	\$1,671,684	(\$261,853)	-14%
16	Central Sterile Supply	\$1,925,902	\$2,267,744	\$341,842	18%
17	Pharmacy Department	\$16,568,041	\$15,098,237	(\$1,469,804)	-9%
18	Other General Services	\$6,237,057	\$5,769,137	(\$467,920)	-8%
	Total General Services	\$164,807,532	\$159,862,255	(\$4,945,277)	-3%
B.	Professional Services:				
1	Medical Care Administration	\$19,472,860	\$19,036,460	(\$436,400)	-2%
2	Residency Program	\$6,267,068	\$6,543,925	\$276,857	4%
3	Nursing Services Administration	\$2,889,939	\$2,507,934	(\$382,005)	-13%
4	Medical Records	\$2,864,032	\$1,903,840	(\$960,192)	-34%
5	Social Service	\$4,792,555	\$4,409,869	(\$382,686)	-8%
6	Other Professional Services	\$9,528,742	\$8,876,063	(\$652,679)	-7%
	Total Professional Services	\$45,815,196	\$43,278,091	(\$2,537,105)	-6%
C.	Special Services:				

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$20,283,618	\$18,039,765	(\$2,243,853)	-11%
2	Recovery Room	\$1,843,386	\$1,695,889	(\$147,497)	-8%
3	Anesthesiology	\$1,228,068	\$955,156	(\$272,912)	-22%
4	Delivery Room	\$4,469,857	\$4,134,242	(\$335,615)	-8%
5	Diagnostic Radiology	\$9,515,952	\$9,297,370	(\$218,582)	-2%
6	Diagnostic Ultrasound	\$1,531,690	\$1,491,519	(\$40,171)	-3%
7	Radiation Therapy	\$2,968,705	\$2,659,348	(\$309,357)	-10%
8	Radioisotopes	\$1,470,327	\$1,537,062	\$66,735	5%
9	CT Scan	\$3,505,065	\$3,353,299	(\$151,766)	-4%
10	Laboratory	\$14,213,116	\$14,151,695	(\$61,421)	0%
11	Blood Storing/Processing	\$2,237,665	\$2,112,772	(\$124,893)	-6%
12	Cardiology	\$2,017,858	\$1,852,418	(\$165,440)	-8%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$2,480,879	\$2,063,028	(\$417,851)	-17%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,796,457	\$2,791,427	(\$5,030)	0%
19	Pulmonary Function	\$362,910	\$310,784	(\$52,126)	-14%
20	Intravenous Therapy	\$540,858	\$602,800	\$61,942	11%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,580,515	\$3,512,191	(\$68,324)	-2%
23	Renal Dialysis	\$3,003,401	\$2,828,751	(\$174,650)	-6%
24	Emergency Room	\$20,577,817	\$19,514,013	(\$1,063,804)	-5%
25	MRI	\$1,138,696	\$973,716	(\$164,980)	-14%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,120,804	\$3,427,368	\$306,564	10%
29	Sleep Center	\$637,299	\$525,923	(\$111,376)	-17%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,901,693	\$4,326,528	(\$575,165)	-12%
32	Occupational Therapy / Physical Therapy	\$3,661,352	\$3,604,985	(\$56,367)	-2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,099,641	\$2,366,300	\$266,659	13%
	Total Special Services	\$114,187,629	\$108,128,349	(\$6,059,280)	-5%
D.	Routine Services:				
1	Medical & Surgical Units	\$19,786,081	\$18,729,181	(\$1,056,900)	-5%
2	Intensive Care Unit	\$7,984,544	\$6,980,764	(\$1,003,780)	-13%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,158,352	\$2,194,589	\$36,237	2%
5	Pediatric Unit	\$1,224,380	\$1,030,395	(\$193,985)	-16%
6	Maternity Unit	\$2,420,322	\$2,344,854	(\$75,468)	-3%
7	Newborn Nursery Unit	\$844,091	\$861,394	\$17,303	2%
8	Neonatal ICU	\$1,694,894	\$1,593,246	(\$101,648)	-6%
9	Rehabilitation Unit	\$2,791,750	\$1,740,538	(\$1,051,212)	-38%
10	Ambulatory Surgery	\$5,672,890	\$5,375,244	(\$297,646)	-5%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$4,173,915	\$3,947,810	(\$226,105)	-5%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$48,751,219	\$44,798,015	(\$3,953,204)	-8%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$3,885,631	\$3,237,374	(\$648,257)	-17%
	Total Operating Expenses - All Departments*	\$377,447,207	\$359,304,084	(\$18,143,123)	-5%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$393,528,986	\$371,907,491	\$361,711,967
2	Other Operating Revenue	15,421,287	19,118,992	12,375,913
3	Total Operating Revenue	\$408,950,273	\$391,026,483	\$374,087,880
4	Total Operating Expenses	389,521,494	377,447,207	359,304,084
5	Income/(Loss) From Operations	\$19,428,779	\$13,579,276	\$14,783,796
6	Total Non-Operating Revenue	9,965,362	11,638,482	9,562,104
7	Excess/(Deficiency) of Revenue Over Expenses	\$29,394,141	\$25,217,758	\$24,345,900
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.64%	3.37%	3.85%
2	Hospital Non Operating Margin	2.38%	2.89%	2.49%
3	Hospital Total Margin	7.02%	6.26%	6.35%
4	Income/(Loss) From Operations	\$19,428,779	\$13,579,276	\$14,783,796
5	Total Operating Revenue	\$408,950,273	\$391,026,483	\$374,087,880
6	Total Non-Operating Revenue	\$9,965,362	\$11,638,482	\$9,562,104
7	Total Revenue	\$418,915,635	\$402,664,965	\$383,649,984
8	Excess/(Deficiency) of Revenue Over Expenses	\$29,394,141	\$25,217,758	\$24,345,900
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$93,203,114	\$194,567,882	\$178,222,407
2	Hospital Total Net Assets	\$135,010,987	\$241,711,563	\$228,115,282
3	Hospital Change in Total Net Assets	(\$30,432,125)	\$106,700,576	(\$13,596,281)
4	Hospital Change in Total Net Assets %	81.6%	79.0%	-5.6%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.44	0.41	0.41
2	Total Operating Expenses	\$389,521,494	\$377,447,207	\$359,304,084
3	Total Gross Revenue	\$860,748,119	\$883,915,401	\$854,431,479
4	Total Other Operating Revenue	\$28,114,619	\$31,817,639	\$22,666,522
5	<u>Private Payment to Cost Ratio</u>	1.43	1.51	1.50
6	Total Non-Government Payments	\$168,114,296	\$160,605,595	\$154,898,850
7	Total Uninsured Payments	\$4,546,615	\$1,278,286	\$670,153
8	Total Non-Government Charges	\$284,837,307	\$275,411,417	\$267,608,153
9	Total Uninsured Charges	\$23,065,484	\$19,780,772	\$16,810,141
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.85	0.88
11	Total Medicare Payments	\$140,674,134	\$140,693,224	\$135,788,572
12	Total Medicare Charges	\$386,256,049	\$401,643,996	\$377,662,518
13	<u>Medicaid Payment to Cost Ratio</u>	0.68	0.70	0.74
14	Total Medicaid Payments	\$55,954,658	\$59,259,456	\$62,741,144
15	Total Medicaid Charges	\$188,272,265	\$205,724,804	\$208,209,062
16	<u>Uncompensated Care Cost</u>	\$10,554,538	\$10,738,540	\$9,305,275
17	Charity Care	\$6,791,581	\$16,310,702	\$17,256,889
18	Bad Debts	\$17,293,190	\$9,742,308	\$5,458,239
19	Total Uncompensated Care	\$24,084,771	\$26,053,010	\$22,715,128
20	<u>Uncompensated Care % of Total Expenses</u>	2.7%	2.8%	2.6%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$389,521,494	\$377,447,207	\$359,304,084
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	1	2
2	Total Current Assets	\$92,118,717	\$90,990,310	\$122,041,968
3	Total Current Liabilities	\$77,324,545	\$65,621,872	\$53,602,632
4	<u>Days Cash on Hand</u>	27	24	54
5	Cash and Cash Equivalents	\$27,153,802	\$23,728,929	\$50,445,261
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$27,153,802	\$23,728,929	\$50,445,261
8	Total Operating Expenses	\$389,521,494	\$377,447,207	\$359,304,084
9	Depreciation Expense	\$19,353,058	\$19,479,333	\$18,225,335
10	Operating Expenses less Depreciation Expense	\$370,168,436	\$357,967,874	\$341,078,749
11	<u>Days Revenue in Patient Accounts Receivable</u>	27	33	21
12	Net Patient Accounts Receivable	\$48,473,300	\$45,274,226	\$40,490,596
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$19,307,101	\$11,976,659	\$19,389,673
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$29,166,199	\$33,297,567	\$21,100,923
16	Total Net Patient Revenue	\$393,528,986	\$371,907,491	\$361,711,967
17	<u>Average Payment Period</u>	76	67	57
18	Total Current Liabilities	\$77,324,545	\$65,621,872	\$53,602,632
19	Total Operating Expenses	\$389,521,494	\$377,447,207	\$359,304,084
20	Depreciation Expense	\$19,353,058	\$19,479,333	\$18,225,335

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses less Depreciation Expense	\$370,168,436	\$357,967,874	\$341,078,749
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	33.8	56.1	45.5
2	Total Net Assets	\$135,010,987	\$241,711,563	\$228,115,282
3	Total Assets	\$399,824,369	\$430,983,870	\$501,255,593
4	<u>Cash Flow to Total Debt Ratio</u>	61.9	67.4	79.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$29,394,141	\$25,217,758	\$24,345,900
6	Depreciation Expense	\$19,353,058	\$19,479,333	\$18,225,335
7	Excess of Revenues Over Expenses and Depreciation Expense	\$48,747,199	\$44,697,091	\$42,571,235
8	Total Current Liabilities	\$77,324,545	\$65,621,872	\$53,602,632
9	Total Long Term Debt	\$1,367,741	\$652,997	\$105,428
10	Total Current Liabilities and Total Long Term Debt	\$78,692,286	\$66,274,869	\$53,708,060
11	<u>Long Term Debt to Capitalization Ratio</u>	1.0	0.3	0.0
12	Total Long Term Debt	\$1,367,741	\$652,997	\$105,428
13	Total Net Assets	\$135,010,987	\$241,711,563	\$228,115,282
14	Total Long Term Debt and Total Net Assets	\$136,378,728	\$242,364,560	\$228,220,710
15	<u>Debt Service Coverage Ratio</u>	10.8	12.4	11.7
16	Excess Revenues over Expenses	29,394,141	\$25,217,758	\$24,345,900
17	Interest Expense	1,957,216	\$1,563,598	\$1,418,199
18	Depreciation and Amortization Expense	19,353,058	\$19,479,333	\$18,225,335
19	Principal Payments	2,745,010	\$2,165,699	\$2,329,243
G.	<u>Other Financial Ratios</u>			

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
20	Average Age of Plant	14.2	11.9	13.6
21	Accumulated Depreciation	274,632,798	230,869,746	248,041,258
22	Depreciation and Amortization Expense	19,353,058	19,479,333	18,225,335
H. Utilization Measures Summary				
1	Patient Days	76,771	75,467	69,265
2	Discharges	18,252	17,907	15,640
3	ALOS	4.2	4.2	4.4
4	Staffed Beds	356	304	305
5	Available Beds	-	373	319
6	Licensed Beds	383	446	446
7	Occupancy of Staffed Beds	59.1%	68.0%	62.2%
8	Occupancy of Available Beds	54.9%	55.4%	59.5%
9	Full Time Equivalent Employees	2,299.5	2,272.9	2,001.7
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	30.4%	28.9%	29.4%
2	Medicare Gross Revenue Payer Mix Percentage	44.9%	45.4%	44.2%
3	Medicaid Gross Revenue Payer Mix Percentage	21.9%	23.3%	24.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.2%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$261,771,823	\$255,630,645	\$250,798,012
9	Medicare Gross Revenue (Charges)	\$386,256,049	\$401,643,996	\$377,662,518
10	Medicaid Gross Revenue (Charges)	\$188,272,265	\$205,724,804	\$208,209,062
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$23,065,484	\$19,780,772	\$16,810,141
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,382,498	\$1,135,184	\$951,746
14	Total Gross Revenue (Charges)	\$860,748,119	\$883,915,401	\$854,431,479
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	44.8%	44.1%	43.6%
2	Medicare Net Revenue Payer Mix Percentage	38.5%	39.0%	38.4%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	15.3%	16.4%	17.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.2%	0.4%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$163,567,681	\$159,327,309	\$154,228,697
9	Medicare Net Revenue (Payments)	\$140,674,134	\$140,693,224	\$135,788,572
10	Medicaid Net Revenue (Payments)	\$55,954,658	\$59,259,456	\$62,741,144
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$4,546,615	\$1,278,286	\$670,153
13	CHAMPUS / TRICARE Net Revenue Payments)	\$514,496	\$375,866	\$153,445
14	Total Net Revenue (Payments)	\$365,257,584	\$360,934,141	\$353,582,011
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	5,345	4,756	4,371
2	Medicare	8,524	8,464	7,089
3	Medical Assistance	4,352	4,668	4,161
4	Medicaid	4,352	4,668	4,161
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	31	19	19
7	Uninsured (Included In Non-Government)	200	206	224
8	Total	18,252	17,907	15,640
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.07820	1.13220	1.17560
2	Medicare	1.37980	1.48212	1.54350
3	Medical Assistance	0.99860	1.00952	1.05040
4	Medicaid	0.99860	1.00952	1.05040
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.13590	1.35307	1.07470
7	Uninsured (Included In Non-Government)	0.99860	1.09471	1.10220
8	Total Case Mix Index	1.20017	1.26585	1.30892
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	14,064	14,470	14,007
2	Emergency Room - Treated and Discharged	96,434	92,594	91,297
3	Total Emergency Room Visits	110,498	107,064	105,304

THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,052,657	\$1,319,146	(\$733,511)	-36%
2	Inpatient Payments	\$816,615	\$494,903	(\$321,712)	-39%
3	Outpatient Charges	\$2,254,727	\$1,539,305	(\$715,422)	-32%
4	Outpatient Payments	\$569,953	\$289,696	(\$280,257)	-49%
5	Discharges	85	43	(42)	-49%
6	Patient Days	340	218	(122)	-36%
7	Outpatient Visits (Excludes ED Visits)	842	648	(194)	-23%
8	Emergency Department Outpatient Visits	133	131	(2)	-2%
9	Emergency Department Inpatient Admissions	50	41	(9)	-18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,307,384	\$2,858,451	(\$1,448,933)	-34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,386,568	\$784,599	(\$601,969)	-43%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$142	\$0	(\$142)	-100%
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)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$142	\$0	(\$142)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$15,886,699	\$16,099,993	\$213,294	1%
2	Inpatient Payments	\$6,548,061	\$6,906,018	\$357,957	5%
3	Outpatient Charges	\$13,032,690	\$13,443,597	\$410,907	3%
4	Outpatient Payments	\$2,979,406	\$3,267,929	\$288,523	10%
5	Discharges	556	521	(35)	-6%
6	Patient Days	2,363	2,335	(28)	-1%
7	Outpatient Visits (Excludes ED Visits)	6,215	5,940	(275)	-4%
8	Emergency Department Outpatient Visits	983	1,205	222	23%
9	Emergency Department Inpatient Admissions	365	373	8	2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,919,389	\$29,543,590	\$624,201	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,527,467	\$10,173,947	\$646,480	7%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$2,065,162	\$2,250,754	\$185,592	9%
2	Inpatient Payments	\$742,566	\$773,151	\$30,585	4%
3	Outpatient Charges	\$816,315	\$888,481	\$72,166	9%
4	Outpatient Payments	\$154,930	\$183,174	\$28,244	18%
5	Discharges	77	63	(14)	-18%
6	Patient Days	351	383	32	9%
7	Outpatient Visits (Excludes ED Visits)	395	321	(74)	-19%
8	Emergency Department Outpatient Visits	63	65	2	3%
9	Emergency Department Inpatient Admissions	23	20	(3)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,881,477	\$3,139,235	\$257,758	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$897,496	\$956,325	\$58,829	7%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$5,665,326	\$6,091,177	\$425,851	8%
2	Inpatient Payments	\$1,974,695	\$2,183,465	\$208,770	11%
3	Outpatient Charges	\$5,533,685	\$7,386,005	\$1,852,320	33%
4	Outpatient Payments	\$1,129,844	\$1,513,736	\$383,892	34%
5	Discharges	217	209	(8)	-4%
6	Patient Days	881	1,043	162	18%
7	Outpatient Visits (Excludes ED Visits)	2,680	3,433	753	28%
8	Emergency Department Outpatient Visits	424	696	272	64%
9	Emergency Department Inpatient Admissions	158	216	58	37%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,199,011	\$13,477,182	\$2,278,171	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,104,539	\$3,697,201	\$592,662	19%
I. AETNA					
1	Inpatient Charges	\$7,639,219	\$9,588,790	\$1,949,571	26%
2	Inpatient Payments	\$3,090,536	\$3,946,012	\$855,476	28%
3	Outpatient Charges	\$5,421,503	\$8,137,030	\$2,715,527	50%
4	Outpatient Payments	\$1,202,982	\$1,850,211	\$647,229	54%
5	Discharges	292	316	24	8%
6	Patient Days	1,160	1,477	317	27%
7	Outpatient Visits (Excludes ED Visits)	2,740	3,486	746	27%
8	Emergency Department Outpatient Visits	433	707	274	63%
9	Emergency Department Inpatient Admissions	161	219	58	36%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,060,722	\$17,725,820	\$4,665,098	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,293,518	\$5,796,223	\$1,502,705	35%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$27,980,879	\$21,765,547	(\$6,215,332)	-22%
2	Inpatient Payments	\$10,781,682	\$9,180,709	(\$1,600,973)	-15%
3	Outpatient Charges	\$19,328,335	\$17,743,060	(\$1,585,275)	-8%
4	Outpatient Payments	\$4,188,671	\$4,145,409	(\$43,262)	-1%
5	Discharges	970	744	(226)	-23%
6	Patient Days	4,391	3,426	(965)	-22%
7	Outpatient Visits (Excludes ED Visits)	10,886	7,963	(2,923)	-27%
8	Emergency Department Outpatient Visits	1,721	1,615	(106)	-6%
9	Emergency Department Inpatient Admissions	640	501	(139)	-22%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$47,309,214	\$39,508,607	(\$7,800,607)	-16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,970,353	\$13,326,118	(\$1,644,235)	-11%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$61,289,942	\$57,115,407	(\$4,174,535)	-7%
	TOTAL INPATIENT PAYMENTS	\$23,954,155	\$23,484,258	(\$469,897)	-2%
	TOTAL OUTPATIENT CHARGES	\$46,387,397	\$49,137,478	\$2,750,081	6%
	TOTAL OUTPATIENT PAYMENTS	\$10,225,786	\$11,250,155	\$1,024,369	10%
	TOTAL DISCHARGES	2,197	1,896	(301)	-14%
	TOTAL PATIENT DAYS	9,486	8,882	(604)	-6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	23,759	21,791	(1,968)	-8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,757	4,419	662	18%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,397	1,370	(27)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$107,677,339	\$106,252,885	(\$1,424,454)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$34,179,941	\$34,734,413	\$554,472	2%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
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%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$56,052,328	\$67,647,637	\$11,595,309	21%
2	Short Term Investments	\$900,393	\$0	(\$900,393)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$47,943,669	\$42,669,081	(\$5,274,588)	-11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$7,629,401	\$1,453,572	(\$6,175,829)	-81%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,452,138	\$5,657,201	\$205,063	4%
8	Prepaid Expenses	\$4,636,259	\$2,814,931	(\$1,821,328)	-39%
9	Other Current Assets	\$12,218,740	\$23,630,989	\$11,412,249	93%
	Total Current Assets	\$134,832,928	\$143,873,411	\$9,040,483	7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,979,552	\$16,314,311	\$334,759	2%
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	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$15,979,552	\$16,314,311	\$334,759	2%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$154,908,280	\$167,396,494	\$12,488,214	8%
7	Other Noncurrent Assets	\$16,942,475	\$22,303,647	\$5,361,172	32%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$398,370,923	\$413,868,504	\$15,497,581	4%
2	Less: Accumulated Depreciation	\$236,304,138	\$258,131,623	\$21,827,485	\$0
	Property, Plant and Equipment, Net	\$162,066,785	\$155,736,881	(\$6,329,904)	-4%
3	Construction in Progress	\$20,090,990	\$33,971,839	\$13,880,849	69%
	Total Net Fixed Assets	\$182,157,775	\$189,708,720	\$7,550,945	4%
	Total Assets	\$504,821,010	\$539,596,583	\$34,775,573	7%

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$28,396,482	\$16,682,302	(\$11,714,180)	-41%
2	Salaries, Wages and Payroll Taxes	\$14,615,968	\$11,620,908	(\$2,995,060)	-20%
3	Due To Third Party Payers	\$12,896,861	\$19,638,404	\$6,741,543	52%
4	Due To Affiliates	\$5,154,351	\$6,087,785	\$933,434	18%
5	Current Portion of Long Term Debt	\$3,320,243	\$931,430	(\$2,388,813)	-72%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$13,115,642	\$4,129,250	(\$8,986,392)	-69%
	Total Current Liabilities	\$77,499,547	\$59,090,079	(\$18,409,468)	-24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$652,997	\$105,428	(\$547,569)	-84%
	Total Long Term Debt	\$652,997	\$105,428	(\$547,569)	-84%
3	Accrued Pension Liability	\$65,894,053	\$133,575,280	\$67,681,227	103%
4	Other Long Term Liabilities	\$90,216,090	\$108,349,994	\$18,133,904	20%
	Total Long Term Liabilities	\$156,763,140	\$242,030,702	\$85,267,562	54%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$223,258,476	\$188,482,040	(\$34,776,436)	-16%
2	Temporarily Restricted Net Assets	\$24,426,744	\$26,871,900	\$2,445,156	10%
3	Permanently Restricted Net Assets	\$22,873,103	\$23,121,862	\$248,759	1%
	Total Net Assets	\$270,558,323	\$238,475,802	(\$32,082,521)	-12%
	Total Liabilities and Net Assets	\$504,821,010	\$539,596,583	\$34,775,573	7%

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$915,417,855	\$882,609,761	(\$32,808,094)	-4%
2	Less: Allowances	\$496,600,768	\$480,182,282	(\$16,418,486)	-3%
3	Less: Charity Care	\$16,331,771	\$17,279,385	\$947,614	6%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$402,485,316	\$385,148,094	(\$17,337,222)	-4%
5	Provision for Bad Debts	\$9,961,023	\$5,470,512	(\$4,490,511)	-45%
	Net Patient Service Revenue less provision for bad debts	\$392,524,293	\$379,677,582	(\$12,846,711)	-3%
6	Other Operating Revenue	\$47,497,591	\$31,670,240	(\$15,827,351)	-33%
7	Net Assets Released from Restrictions	\$1,885,094	\$1,351,596	(\$533,498)	-28%
	Total Operating Revenue	\$441,906,978	\$412,699,418	(\$29,207,560)	-7%
B. Operating Expenses:					
1	Salaries and Wages	\$199,195,663	\$169,706,388	(\$29,489,275)	-15%
2	Fringe Benefits	\$59,417,679	\$50,598,470	(\$8,819,209)	-15%
3	Physicians Fees	\$10,145,410	\$9,980,614	(\$164,796)	-2%
4	Supplies and Drugs	\$60,177,973	\$51,828,651	(\$8,349,322)	-14%
5	Depreciation and Amortization	\$21,770,876	\$20,090,591	(\$1,680,285)	-8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,898,047	\$1,653,723	(\$244,324)	-13%
8	Malpractice Insurance Cost	\$2,558,127	\$3,957,824	\$1,399,697	55%
9	Other Operating Expenses	\$73,903,097	\$89,335,527	\$15,432,430	21%
	Total Operating Expenses	\$429,066,872	\$397,151,788	(\$31,915,084)	-7%
	Income/(Loss) From Operations	\$12,840,106	\$15,547,630	\$2,707,524	21%
C. Non-Operating Revenue:					
1	Income from Investments	\$5,731,301	\$9,801,650	\$4,070,349	71%
2	Gifts, Contributions and Donations	\$41,607	\$41,567	(\$40)	0%
3	Other Non-Operating Gains/(Losses)	\$6,048,086	\$48,499	(\$5,999,587)	-99%
	Total Non-Operating Revenue	\$11,820,994	\$9,891,716	(\$1,929,278)	-16%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$24,661,100	\$25,439,346	\$778,246	3%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$24,661,100	\$25,439,346	\$778,246	3%

HARTFORD HEALTH CARE CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$413,610,005	\$392,524,293	\$379,677,582
2	Other Operating Revenue	53,671,333	49,382,685	33,021,836
3	Total Operating Revenue	\$467,281,338	\$441,906,978	\$412,699,418
4	Total Operating Expenses	439,424,090	429,066,872	397,151,788
5	Income/(Loss) From Operations	\$27,857,248	\$12,840,106	\$15,547,630
6	Total Non-Operating Revenue	9,964,042	11,820,994	9,891,716
7	Excess/(Deficiency) of Revenue Over Expenses	\$37,821,290	\$24,661,100	\$25,439,346
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	5.84%	2.83%	3.68%
2	Parent Corporation Non-Operating Margin	2.09%	2.61%	2.34%
3	Parent Corporation Total Margin	7.92%	5.44%	6.02%
4	Income/(Loss) From Operations	\$27,857,248	\$12,840,106	\$15,547,630
5	Total Operating Revenue	\$467,281,338	\$441,906,978	\$412,699,418
6	Total Non-Operating Revenue	\$9,964,042	\$11,820,994	\$9,891,716
7	Total Revenue	\$477,245,380	\$453,727,972	\$422,591,134
8	Excess/(Deficiency) of Revenue Over Expenses	\$37,821,290	\$24,661,100	\$25,439,346
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$123,899,268	\$223,258,476	\$188,482,040
2	Parent Corporation Total Net Assets	\$165,850,149	\$270,558,323	\$238,475,802
3	Parent Corporation Change in Total Net Assets	(\$30,208,755)	\$104,708,174	(\$32,082,521)
4	Parent Corporation Change in Total Net Assets %	84.6%	63.1%	-11.9%

HARTFORD HEALTH CARE CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.46	1.74	2.43
2	Total Current Assets	\$130,656,268	\$134,832,928	\$143,873,411
3	Total Current Liabilities	\$89,314,256	\$77,499,547	\$59,090,079
4	<u>Days Cash on Hand</u>	43	51	65
5	Cash and Cash Equivalents	\$49,255,986	\$56,052,328	\$67,647,637
6	Short Term Investments	\$0	\$900,393	\$0
7	Total Cash and Short Term Investments	\$49,255,986	\$56,952,721	\$67,647,637
8	Total Operating Expenses	\$439,424,090	\$429,066,872	\$397,151,788
9	Depreciation Expense	\$21,545,398	\$21,770,876	\$20,090,591
10	Operating Expenses less Depreciation Expense	\$417,878,692	\$407,295,996	\$377,061,197
11	<u>Days Revenue in Patient Accounts Receivable</u>	28	33	22
12	Net Patient Accounts Receivable	\$ 51,017,877	\$ 47,943,669	\$ 42,669,081
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$19,811,295	\$12,896,861	\$19,638,404
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 31,206,582	\$ 35,046,808	\$ 23,030,677
16	Total Net Patient Revenue	\$413,610,005	\$392,524,293	\$379,677,582
17	<u>Average Payment Period</u>	78	69	57
18	Total Current Liabilities	\$89,314,256	\$77,499,547	\$59,090,079
19	Total Operating Expenses	\$439,424,090	\$429,066,872	\$397,151,788
20	Depreciation Expense	\$21,545,398	\$21,770,876	\$20,090,591
20	Total Operating Expenses less Depreciation Expense	\$417,878,692	\$407,295,996	\$377,061,197

HARTFORD HEALTH CARE CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	34.2	53.6	44.2
2	Total Net Assets	\$165,850,149	\$270,558,323	\$238,475,802
3	Total Assets	\$485,345,847	\$504,821,010	\$539,596,583
4	<u>Cash Flow to Total Debt Ratio</u>	65.5	59.4	76.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$37,821,290	\$24,661,100	\$25,439,346
6	Depreciation Expense	\$21,545,398	\$21,770,876	\$20,090,591
7	Excess of Revenues Over Expenses and Depreciation Expense	\$59,366,688	\$46,431,976	\$45,529,937
8	Total Current Liabilities	\$89,314,256	\$77,499,547	\$59,090,079
9	Total Long Term Debt	\$1,367,741	\$652,997	\$105,428
10	Total Current Liabilities and Total Long Term Debt	\$90,681,997	\$78,152,544	\$59,195,507
11	<u>Long Term Debt to Capitalization Ratio</u>	0.8	0.2	0.0
12	Total Long Term Debt	\$1,367,741	\$652,997	\$105,428
13	Total Net Assets	\$165,850,149	\$270,558,323	\$238,475,802
14	Total Long Term Debt and Total Net Assets	\$167,217,890	\$271,211,320	\$238,581,230

THE HOSPITAL OF CENTRAL CONNECTICUT								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	45,151	11,451	11,449	185	197	66.9%	62.8%
2	ICU/CCU (Excludes Neonatal ICU)	6,171	1,769	0	24	24	70.4%	70.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	7,053	714	715	22	24	87.8%	80.5%
	TOTAL PSYCHIATRIC	7,053	714	715	22	24	87.8%	80.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	4,715	1,663	1,675	27	27	47.8%	47.8%
7	Newborn	3,509	1,357	1,372	20	20	48.1%	48.1%
8	Neonatal ICU	2,196	249	0	12	12	50.1%	50.1%
9	Pediatric	470	206	239	15	15	8.6%	8.6%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	65,756	14,283	14,078	285	299	63.2%	60.3%
	TOTAL INPATIENT BED UTILIZATION	69,265	15,640	15,450	305	319	62.2%	59.5%
	TOTAL INPATIENT REPORTED YEAR	69,265	15,640	15,450	305	319	62.2%	59.5%
	TOTAL INPATIENT PRIOR YEAR	75,467	17,907	17,531	304	373	68.0%	55.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-6,202	-2,267	-2,081	1	-54	-5.8%	4.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-13%	-12%	0%	-14%	-9%	7%
	Total Licensed Beds and Bassinets	446						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	7,622	6,774	-848	-11%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,041	8,075	1,034	15%
3	Emergency Department Scans	13,462	12,751	-711	-5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	28,125	27,600	-525	-2%
B. MRI Scans (A)					
1	Inpatient Scans	242	165	-77	-32%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,404	3,513	109	3%
3	Emergency Department Scans	88	89	1	1%
4	Other Non-Hospital Providers' Scans (A)	4,138	4,465	327	8%
	Total MRI Scans	7,872	8,232	360	5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	41	70	29	71%
2	Outpatient Scans (Excluding Emergency Department Scans)	365	493	128	35%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	406	563	157	39%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	260	143	-117	-45%
2	Outpatient Procedures	6,440	6,230	-210	-3%
	Total Linear Accelerator Procedures	6,700	6,373	-327	-5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	347	566	219	63%
2	Outpatient Procedures	192	521	329	171%
	Total Cardiac Catheterization Procedures	539	1,087	548	102%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	80	81	1	1%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	80	81	1	1%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,434	3,247	-187	-5%
2	Outpatient Surgical Procedures	7,319	7,031	-288	-4%
	Total Surgical Procedures	10,753	10,278	-475	-4%
J. Endoscopy Procedures					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	1,161	1,182	21	2%
2	Outpatient Endoscopy Procedures	6,195	5,857	-338	-5%
	Total Endoscopy Procedures	7,356	7,039	-317	-4%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	14,470	14,007	-463	-3%
2	Emergency Room Visits: Treated and Discharged	92,594	91,297	-1,297	-1%
	Total Emergency Room Visits	107,064	105,304	-1,760	-2%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	26,574	22,553	-4,021	-15%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	63,694	60,688	-3,006	-5%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	5,593	5,344	-249	-4%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	17,290	18,613	1,323	8%
	Total Hospital Clinic Visits	113,151	107,198	-5,953	-5%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	23,654	29,589	5,935	25%
2	Cardiac Rehabilitation	5,927	5,504	-423	-7%
3	Chemotherapy	3,697	3,226	-471	-13%
4	Gastroenterology	356	349	-7	-2%
5	Other Outpatient Visits	28,157	27,801	-356	-1%
	Total Other Hospital Outpatient Visits	61,791	66,469	4,678	8%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	638.3	513.5	-124.8	-20%
2	Total Physician FTEs	126.4	113.9	-12.5	-10%
3	Total Non-Nursing and Non-Physician FTEs	1,508.2	1,374.3	-133.9	-9%
	Total Hospital Full Time Equivalent Employees	2,272.9	2,001.7	-271.2	-12%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	The Hospital of Central Connecticut (NBG)	6,424	7,031	607	9%
2	The Hospital of Central Connecticut (BMH)	895	0	-895	-100%
	Total Outpatient Surgical Procedures(A)	7,319	7,031	-288	-4%
B. Outpatient Endoscopy Procedures					
1	The Hospital of Central Connecticut (NBG)	4,136	3,892	-244	-6%
2	The Hospital of Central Connecticut (BMH)	2,059	1,965	-94	-5%
	Total Outpatient Endoscopy Procedures(B)	6,195	5,857	-338	-5%
C. Outpatient Hospital Emergency Room Visits					
1	The Hospital of Central Connecticut (NBG)	76,562	75,702	-860	-1%
2	The Hospital of Central Connecticut (BMH)	16,032	15,595	-437	-3%
	Total Outpatient Hospital Emergency Room Visits(C)	92,594	91,297	-1,297	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$241,612,322	\$211,663,761	(\$29,948,561)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$105,254,290	\$96,605,419	(\$8,648,871)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.56%	45.64%	2.08%	5%
4	DISCHARGES	8,464	7,089	(1,375)	-16%
5	CASE MIX INDEX (CMI)	1.48212	1.54350	0.06138	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12,544.66368	10,941.87150	(1,602.79218)	-13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,390.36	\$8,828.97	\$438.60	5%
8	PATIENT DAYS	40,770	35,449	(5,321)	-13%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,581.66	\$2,725.19	\$143.53	6%
10	AVERAGE LENGTH OF STAY	4.8	5.0	0.2	4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$160,031,674	\$165,998,757	\$5,967,083	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,438,934	\$39,183,153	\$3,744,219	11%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.14%	23.60%	1.46%	7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	66.23%	78.43%	12.19%	18%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,606.12173	5,559.59689	(46.52484)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,321.47	\$7,047.84	\$726.37	11%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$401,643,996	\$377,662,518	(\$23,981,478)	-6%
18	TOTAL ACCRUED PAYMENTS	\$140,693,224	\$135,788,572	(\$4,904,652)	-3%
19	TOTAL ALLOWANCES	\$260,950,772	\$241,873,946	(\$19,076,826)	-7%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$89,304,534	\$84,260,632	(\$5,043,902)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$59,010,582	\$54,434,066	(\$4,576,516)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	66.08%	64.60%	-1.48%	-2%
4	DISCHARGES	4,756	4,371	(385)	-8%
5	CASE MIX INDEX (CMI)	1.13220	1.17560	0.04340	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,384.74320	5,138.54760	(246.19560)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,958.85	\$10,593.28	(\$365.57)	-3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,568.48)	(\$1,764.31)	\$804.17	-31%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,830,628)	(\$9,066,000)	\$4,764,628	-34%
10	PATIENT DAYS	15,927	16,090	163	1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,705.07	\$3,383.10	(\$321.97)	-9%
12	AVERAGE LENGTH OF STAY	3.3	3.7	0.3	10%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$186,106,883	\$183,347,521	(\$2,759,362)	-1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$101,595,013	\$100,464,784	(\$1,130,229)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.59%	54.79%	0.21%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	208.40%	217.60%	9.20%	4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,911.30345	9,511.10851	(400.19493)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,250.42	\$10,562.89	\$312.47	3%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,928.95)	(\$3,515.05)	\$413.90	-11%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$38,940,999)	(\$33,432,007)	\$5,508,992	-14%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$275,411,417	\$267,608,153	(\$7,803,264)	-3%
22	TOTAL ACCRUED PAYMENTS	\$160,605,595	\$154,898,850	(\$5,706,745)	-4%
23	TOTAL ALLOWANCES	\$114,805,822	\$112,709,303	(\$2,096,519)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$52,771,628)	(\$42,498,007)	\$10,273,620	-19%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$269,161,826	\$267,608,153	(\$1,553,673)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$154,356,004	\$154,898,850	\$542,846	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$114,805,822	\$112,709,303	(\$2,096,519)	-2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.65%	42.12%	-0.54%	

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$4,494,481	\$4,801,848	\$307,367	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,006,871	\$635,432	(\$371,439)	-37%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.40%	13.23%	-9.17%	-41%
4	DISCHARGES	206	224	18	9%
5	CASE MIX INDEX (CMI)	1.09471	1.10220	0.00749	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	225.51026	246.89280	21.38254	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,464.86	\$2,573.72	(\$1,891.14)	-42%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,493.99	\$8,019.56	\$1,525.57	23%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,925.51	\$6,255.25	\$2,329.74	59%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$885,242	\$1,544,376	\$659,134	74%
11	PATIENT DAYS	557	824	267	48%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,807.67	\$771.16	(\$1,036.51)	-57%
13	AVERAGE LENGTH OF STAY	2.7	3.7	1.0	36%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,286,291	\$12,008,293	(\$3,277,998)	-21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$271,415	\$34,721	(\$236,694)	-87%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	1.78%	0.29%	-1.49%	-84%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	340.11%	250.08%	-90.04%	-26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	700.63172	560.17134	(140.46038)	-20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$387.39	\$61.98	(\$325.40)	-84%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,863.03	\$10,500.91	\$637.87	6%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,934.08	\$6,985.86	\$1,051.77	18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,157,608	\$3,913,277	(\$244,330)	-6%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$19,780,772	\$16,810,141	(\$2,970,631)	-15%
24	TOTAL ACCRUED PAYMENTS	\$1,278,286	\$670,153	(\$608,133)	-48%
25	TOTAL ALLOWANCES	\$18,502,486	\$16,139,988	(\$2,362,498)	-13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,042,850	\$5,457,654	\$414,804	8%

THE HOSPITAL OF CENTRAL CONNECTICUT

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

LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$79,113,082	\$74,498,682	(\$4,614,400)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,621,637	\$25,614,674	\$1,993,037	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.86%	34.38%	4.52%	15%
4	DISCHARGES	4,668	4,161	(507)	-11%
5	CASE MIX INDEX (CMI)	1.00952	1.05040	0.04088	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,712.43936	4,370.71440	(341.72496)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,012.61	\$5,860.52	\$847.91	17%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,946.23	\$4,732.76	(\$1,213.48)	-20%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,377.75	\$2,968.44	(\$409.31)	-12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,917,443	\$12,974,218	(\$2,943,225)	-18%
11	PATIENT DAYS	18,724	17,668	(1,056)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,261.57	\$1,449.78	\$188.21	15%
13	AVERAGE LENGTH OF STAY	4.0	4.2	0.2	6%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$126,611,722	\$133,710,380	\$7,098,658	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,637,819	\$37,126,470	\$1,488,651	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.15%	27.77%	-0.38%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	160.04%	179.48%	19.44%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,470.61678	7,468.17093	(2.44586)	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,770.40	\$4,971.29	\$200.90	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,480.02	\$5,591.60	\$111.58	2%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,551.07	\$2,076.55	\$525.47	34%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,587,466	\$15,508,009	\$3,920,543	34%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$205,724,804	\$208,209,062	\$2,484,258	1%
24	TOTAL ACCRUED PAYMENTS	\$59,259,456	\$62,741,144	\$3,481,688	6%
25	TOTAL ALLOWANCES	\$146,465,348	\$145,467,918	(\$997,430)	-1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$27,504,909	\$28,482,227	\$977,318	4%

THE HOSPITAL OF CENTRAL CONNECTICUT

TWELVE MONTHS ACTUAL FILING

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

LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$10,958.85	\$10,593.28	(\$365.57)	-3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,390.36	\$8,828.97	\$438.60	5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$10,250.42	\$10,562.89	\$312.47	3%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,321.47	\$7,047.84	\$726.37	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$79,113,082	\$74,498,682	(\$4,614,400)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,621,637	\$25,614,674	\$1,993,037	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.86%	34.38%	4.52%	15%
4	DISCHARGES	4,668	4,161	(507)	-11%
5	CASE MIX INDEX (CMI)	1.00952	1.05040	0.04088	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,712.43936	4,370.71440	(341.72496)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,012.61	\$5,860.52	\$847.91	17%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,946.23	\$4,732.76	(\$1,213.48)	-20%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,377.75	\$2,968.44	(\$409.31)	-12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,917,443	\$12,974,218	(\$2,943,225)	-18%
11	PATIENT DAYS	18,724	17,668	(1,056)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,261.57	\$1,449.78	\$188.21	15%
13	AVERAGE LENGTH OF STAY	4.0	4.2	0.2	6%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$126,611,722	\$133,710,380	\$7,098,658	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,637,819	\$37,126,470	\$1,488,651	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.15%	27.77%	-0.38%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	160.04%	179.48%	19.44%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,470.61678	7,468.17093	(2.44586)	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,770.40	\$4,971.29	\$200.90	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,480.02	\$5,591.60	\$111.58	2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,551.07	\$2,076.55	\$525.47	34%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,587,466	\$15,508,009	\$3,920,543	34%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$205,724,804	\$208,209,062	\$2,484,258	1%
24	TOTAL ACCRUED PAYMENTS	\$59,259,456	\$62,741,144	\$3,481,688	6%
25	TOTAL ALLOWANCES	\$146,465,348	\$145,467,918	(\$997,430)	-1%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$298,280	\$252,546	(\$45,734)	-15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$134,575	\$114,113	(\$20,462)	-15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.12%	45.19%	0.07%	0%
4	DISCHARGES	19	19	0	0%
5	CASE MIX INDEX (CMI)	1.35307	1.07470	(0.27837)	-21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	25.70833	20.41930	(5.28903)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,234.68	\$5,588.49	\$353.80	7%
8	PATIENT DAYS	46	58	12	26%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,925.54	\$1,967.47	(\$958.08)	-33%
10	AVERAGE LENGTH OF STAY	2.4	3.1	0.6	26%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$836,904	\$699,200	(\$137,704)	-16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$241,291	\$39,332	(\$201,959)	-84%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,135,184	\$951,746	(\$183,438)	-16%
14	TOTAL ACCRUED PAYMENTS	\$375,866	\$153,445	(\$222,421)	-59%
15	TOTAL ALLOWANCES	\$759,318	\$798,301	\$38,983	5%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$31,817,639	\$22,666,522	(\$9,151,117)	-29%
2	TOTAL OPERATING EXPENSES	\$377,447,207	\$359,304,084	(\$18,143,123)	-5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$16,310,702	\$17,256,889	\$946,187	6%
5	BAD DEBTS (CHARGES)	\$9,742,308	\$5,458,239	(\$4,284,069)	-44%
6	UNCOMPENSATED CARE (CHARGES)	\$26,053,010	\$22,715,128	(\$3,337,882)	-13%
7	COST OF UNCOMPENSATED CARE	\$9,672,132	\$8,640,392	(\$1,031,741)	-11%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$205,724,804	\$208,209,062	\$2,484,258	1%
9	TOTAL ACCRUED PAYMENTS	\$59,259,456	\$62,741,144	\$3,481,688	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$76,374,958	\$79,198,667	\$2,823,709	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,115,502	\$16,457,523	(\$657,979)	-4%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$410,328,218	\$370,675,621	(\$39,652,597)	-10%
2	TOTAL INPATIENT PAYMENTS	\$188,021,084	\$176,768,272	(\$11,252,812)	-6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	45.82%	47.69%	1.87%	4%
4	TOTAL DISCHARGES	17,907	15,640	(2,267)	-13%
5	TOTAL CASE MIX INDEX	1.26585	1.30892	0.04307	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	22,667.55457	20,471.55280	(2,196.00177)	-10%
7	TOTAL OUTPATIENT CHARGES	\$473,587,183	\$483,755,858	\$10,168,675	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	115.42%	130.51%	15.09%	13%
9	TOTAL OUTPATIENT PAYMENTS	\$172,913,057	\$176,813,739	\$3,900,682	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.51%	36.55%	0.04%	0%
11	TOTAL CHARGES	\$883,915,401	\$854,431,479	(\$29,483,922)	-3%
12	TOTAL PAYMENTS	\$360,934,141	\$353,582,011	(\$7,352,130)	-2%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.83%	41.38%	0.55%	1%
14	PATIENT DAYS	75,467	69,265	(6,202)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$321,023,684	\$286,414,989	(\$34,608,695)	-11%
2	INPATIENT PAYMENTS	\$129,010,502	\$122,334,206	(\$6,676,296)	-5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.19%	42.71%	2.52%	6%
4	DISCHARGES	13,151	11,269	(1,882)	-14%
5	CASE MIX INDEX	1.31418	1.36064	0.04645	4%
6	CASE MIX ADJUSTED DISCHARGES	17,282.81137	15,333.00520	(1,949.80617)	-11%
7	OUTPATIENT CHARGES	\$287,480,300	\$300,408,337	\$12,928,037	4%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	89.55%	104.89%	15.33%	17%
9	OUTPATIENT PAYMENTS	\$71,318,044	\$76,348,955	\$5,030,911	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.81%	25.42%	0.61%	2%
11	TOTAL CHARGES	\$608,503,984	\$586,823,326	(\$21,680,658)	-4%
12	TOTAL PAYMENTS	\$200,328,546	\$198,683,161	(\$1,645,385)	-1%
13	TOTAL PAYMENTS / CHARGES	32.92%	33.86%	0.94%	3%
14	PATIENT DAYS	59,540	53,175	(6,365)	-11%
15	TOTAL GOVERNMENT DEDUCTIONS	\$408,175,438	\$388,140,165	(\$20,035,273)	-5%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.8	5.0	0.2	4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.7	0.3	10%
3	UNINSURED	2.7	3.7	1.0	36%
4	MEDICAID	4.0	4.2	0.2	6%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.4	3.1	0.6	26%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.4	0.2	5%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$883,915,401	\$854,431,479	(\$29,483,922)	-3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$408,175,438	\$388,140,165	(\$20,035,273)	-5%
3	UNCOMPENSATED CARE	\$26,053,010	\$22,715,128	(\$3,337,882)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$114,805,822	\$112,709,303	(\$2,096,519)	-2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,729,152	\$5,857,809	(\$871,343)	-13%
6	TOTAL ADJUSTMENTS	\$555,763,422	\$529,422,405	(\$26,341,017)	-5%
7	TOTAL ACCRUED PAYMENTS	\$328,151,979	\$325,009,074	(\$3,142,905)	-1%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$328,151,979	\$325,009,074	(\$3,142,905)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3712481745	0.3803805009	0.0091323265	2%
11	COST OF UNCOMPENSATED CARE	\$9,672,132	\$8,640,392	(\$1,031,741)	-11%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,115,502	\$16,457,523	(\$657,979)	-4%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,787,634	\$25,097,915	(\$1,689,719)	-6%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$11,587,466	\$15,508,009	\$3,920,543	34%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,042,850	\$5,457,654	\$414,804	8%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,630,316	\$20,965,662	\$4,335,347	26%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,762,581	\$9,076,083	(\$686,498)	-7.03%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$10,973,348	\$8,129,690	(\$2,843,658)	-25.91%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$371,907,491	\$361,711,967	(\$10,195,524)	-2.74%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$10,645,868	\$10,177,899	(\$467,969)	-4.40%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$894,561,269	\$864,609,377	(\$29,951,892)	-3.35%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$26,053,010	\$22,715,128	(\$3,337,882)	-12.81%

THE HOSPITAL OF CENTRAL CONNECTICUT						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL	FY	ACTUAL	FY	AMOUNT
		2013		2014		DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS						
A. INPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,304,534		\$84,260,632		(\$5,043,902)
2	MEDICARE	\$241,612,322		211,663,761		(\$29,948,561)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$79,113,082		74,498,682		(\$4,614,400)
4	MEDICAID	\$79,113,082		74,498,682		(\$4,614,400)
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$298,280		252,546		(\$45,734)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,494,481		4,801,848		\$307,367
	TOTAL INPATIENT GOVERNMENT CHARGES	\$321,023,684		\$286,414,989		(\$34,608,695)
	TOTAL INPATIENT CHARGES	\$410,328,218		\$370,675,621		(\$39,652,597)
B. OUTPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$186,106,883		\$183,347,521		(\$2,759,362)
2	MEDICARE	\$160,031,674		165,998,757		\$5,967,083
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$126,611,722		133,710,380		\$7,098,658
4	MEDICAID	\$126,611,722		133,710,380		\$7,098,658
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$836,904		699,200		(\$137,704)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,286,291		12,008,293		(\$3,277,998)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$287,480,300		\$300,408,337		\$12,928,037
	TOTAL OUTPATIENT CHARGES	\$473,587,183		\$483,755,858		\$10,168,675
C. TOTAL ACCRUED CHARGES						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$275,411,417		\$267,608,153		(\$7,803,264)
2	TOTAL MEDICARE	\$401,643,996		\$377,662,518		(\$23,981,478)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$205,724,804		\$208,209,062		\$2,484,258
4	TOTAL MEDICAID	\$205,724,804		\$208,209,062		\$2,484,258
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$1,135,184		\$951,746		(\$183,438)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,780,772		\$16,810,141		(\$2,970,631)
	TOTAL GOVERNMENT CHARGES	\$608,503,984		\$586,823,326		(\$21,680,658)
	TOTAL CHARGES	\$883,915,401		\$854,431,479		(\$29,483,922)
D. INPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,010,582		\$54,434,066		(\$4,576,516)
2	MEDICARE	\$105,254,290		96,605,419		(\$8,648,871)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,621,637		25,614,674		\$1,993,037
4	MEDICAID	\$23,621,637		25,614,674		\$1,993,037
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$134,575		114,113		(\$20,462)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,006,871		635,432		(\$371,439)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$129,010,502		\$122,334,206		(\$6,676,296)
	TOTAL INPATIENT PAYMENTS	\$188,021,084		\$176,768,272		(\$11,252,812)
E. OUTPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$101,595,013		\$100,464,784		(\$1,130,229)
2	MEDICARE	\$35,438,934		39,183,153		\$3,744,219
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,637,819		37,126,470		\$1,488,651
4	MEDICAID	\$35,637,819		37,126,470		\$1,488,651
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$241,291		39,332		(\$201,959)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$271,415		34,721		(\$236,694)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$71,318,044		\$76,348,955		\$5,030,911
	TOTAL OUTPATIENT PAYMENTS	\$172,913,057		\$176,813,739		\$3,900,682
F. TOTAL ACCRUED PAYMENTS						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$160,605,595		\$154,898,850		(\$5,706,745)
2	TOTAL MEDICARE	\$140,693,224		\$135,788,572		(\$4,904,652)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$59,259,456		\$62,741,144		\$3,481,688
4	TOTAL MEDICAID	\$59,259,456		\$62,741,144		\$3,481,688
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$375,866		\$153,445		(\$222,421)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,278,286		\$670,153		(\$608,133)
	TOTAL GOVERNMENT PAYMENTS	\$200,328,546		\$198,683,161		(\$1,645,385)
	TOTAL PAYMENTS	\$360,934,141		\$353,582,011		(\$7,352,130)

THE HOSPITAL OF CENTRAL CONNECTICUT						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)	(5)	
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
II. PAYER MIX						
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		10.10%		9.86%	-0.24%
2	MEDICARE		27.33%		24.77%	-2.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		8.95%		8.72%	-0.23%
4	MEDICAID		8.95%		8.72%	-0.23%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.03%		0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.51%		0.56%	0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		36.32%		33.52%	-2.80%
	TOTAL INPATIENT PAYER MIX		46.42%		43.38%	-3.04%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		21.05%		21.46%	0.40%
2	MEDICARE		18.10%		19.43%	1.32%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		14.32%		15.65%	1.33%
4	MEDICAID		14.32%		15.65%	1.33%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.09%		0.08%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.73%		1.41%	-0.32%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		32.52%		35.16%	2.64%
	TOTAL OUTPATIENT PAYER MIX		53.58%		56.62%	3.04%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES		100.00%		100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		16.35%		15.40%	-0.95%
2	MEDICARE		29.16%		27.32%	-1.84%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		6.54%		7.24%	0.70%
4	MEDICAID		6.54%		7.24%	0.70%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.04%		0.03%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.28%		0.18%	-0.10%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		35.74%		34.60%	-1.14%
	TOTAL INPATIENT PAYER MIX		52.09%		49.99%	-2.10%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		28.15%		28.41%	0.27%
2	MEDICARE		9.82%		11.08%	1.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		9.87%		10.50%	0.63%
4	MEDICAID		9.87%		10.50%	0.63%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.07%		0.01%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.08%		0.01%	-0.07%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		19.76%		21.59%	1.83%
	TOTAL OUTPATIENT PAYER MIX		47.91%		50.01%	2.10%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	FY AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,756	4,371	(385)
2	MEDICARE	8,464	7,089	(1,375)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,668	4,161	(507)
4	MEDICAID	4,668	4,161	(507)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	19	19	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	206	224	18
	TOTAL GOVERNMENT DISCHARGES	13,151	11,269	(1,882)
	TOTAL DISCHARGES	17,907	15,640	(2,267)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,927	16,090	163
2	MEDICARE	40,770	35,449	(5,321)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,724	17,668	(1,056)
4	MEDICAID	18,724	17,668	(1,056)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	46	58	12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	557	824	267
	TOTAL GOVERNMENT PATIENT DAYS	59,540	53,175	(6,365)
	TOTAL PATIENT DAYS	75,467	69,265	(6,202)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.7	0.3
2	MEDICARE	4.8	5.0	0.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	4.2	0.2
4	MEDICAID	4.0	4.2	0.2
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.4	3.1	0.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.7	3.7	1.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.5	4.7	0.2
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.4	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13220	1.17560	0.04340
2	MEDICARE	1.48212	1.54350	0.06138
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.00952	1.05040	0.04088
4	MEDICAID	1.00952	1.05040	0.04088
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.35307	1.07470	(0.27837)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09471	1.10220	0.00749
	TOTAL GOVERNMENT CASE MIX INDEX	1.31418	1.36064	0.04645
	TOTAL CASE MIX INDEX	1.26585	1.30892	0.04307
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$269,161,826	\$267,608,153	(\$1,553,673)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$154,356,004	\$154,898,850	\$542,846
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$114,805,822	\$112,709,303	(\$2,096,519)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.65%	42.12%	-0.54%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,762,581	\$9,076,083	(\$686,498)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,729,152	\$5,857,809	(\$871,343)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$16,310,702	\$17,256,889	\$946,187
9	BAD DEBTS	\$9,742,308	\$5,458,239	(\$4,284,069)
10	TOTAL UNCOMPENSATED CARE	\$26,053,010	\$22,715,128	(\$3,337,882)
11	TOTAL OTHER OPERATING REVENUE	\$31,817,639	\$22,666,522	(\$9,151,117)
12	TOTAL OPERATING EXPENSES	\$377,447,207	\$359,304,084	(\$18,143,123)

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,384.74320	5,138.54760	(246.19560)
2	MEDICARE	12,544.66368	10,941.87150	(1,602.79218)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,712.43936	4,370.71440	(341.72496)
4	MEDICAID	4,712.43936	4,370.71440	(341.72496)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	25.70833	20.41930	(5.28903)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	225.51026	246.89280	21.38254
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	17,282.81137	15,333.00520	(1,949.80617)
	TOTAL CASE MIX ADJUSTED DISCHARGES	22,667.55457	20,471.55280	(2,196.00177)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,911.30345	9,511.10851	-400.19493
2	MEDICARE	5,606.12173	5,559.59689	-46.52484
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,470.61678	7,468.17093	-2.44586
4	MEDICAID	7,470.61678	7,468.17093	-2.44586
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	53.30956	52.60349	-0.70608
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	700.63172	560.17134	-140.46038
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	13,130.04808	13,080.37131	-49.67677
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	23,041.35152	22,591.47982	-449.87170
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,958.85	\$10,593.28	(\$365.57)
2	MEDICARE	\$8,390.36	\$8,828.97	\$438.60
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,012.61	\$5,860.52	\$847.91
4	MEDICAID	\$5,012.61	\$5,860.52	\$847.91
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,234.68	\$5,588.49	\$353.80
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,464.86	\$2,573.72	(\$1,891.14)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,464.67	\$7,978.49	\$513.82
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,294.72	\$8,634.82	\$340.10
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,250.42	\$10,562.89	\$312.47
2	MEDICARE	\$6,321.47	\$7,047.84	\$726.37
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,770.40	\$4,971.29	\$200.90
4	MEDICAID	\$4,770.40	\$4,971.29	\$200.90
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,526.22	\$747.71	(\$3,778.52)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$387.39	\$61.98	(\$325.40)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,431.67	\$5,836.91	\$405.24
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,504.47	\$7,826.57	\$322.10

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$11,587,466	\$15,508,009	\$3,920,543
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,042,850	\$5,457,654	\$414,804
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,630,316	\$20,965,662	\$4,335,347
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$883,915,401	\$854,431,479	(\$29,483,922)
2	TOTAL GOVERNMENT DEDUCTIONS	\$408,175,438	\$388,140,165	(\$20,035,273)
3	UNCOMPENSATED CARE	\$26,053,010	\$22,715,128	(\$3,337,882)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$114,805,822	\$112,709,303	(\$2,096,519)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,729,152	\$5,857,809	(\$871,343)
6	TOTAL ADJUSTMENTS	\$555,763,422	\$529,422,405	(\$26,341,017)
7	TOTAL ACCRUED PAYMENTS	\$328,151,979	\$325,009,074	(\$3,142,905)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$328,151,979	\$325,009,074	(\$3,142,905)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3712481745	0.3803805009	0.0091323265
11	COST OF UNCOMPENSATED CARE	\$9,672,132	\$8,640,392	(\$1,031,741)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$17,115,502	\$16,457,523	(\$657,979)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,787,634	\$25,097,915	(\$1,689,719)
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	66.08%	64.60%	-1.48%
2	MEDICARE	43.56%	45.64%	2.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.86%	34.38%	4.52%
4	MEDICAID	29.86%	34.38%	4.52%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	45.12%	45.19%	0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22.40%	13.23%	-9.17%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40.19%	42.71%	2.52%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	45.82%	47.69%	1.87%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.59%	54.79%	0.21%
2	MEDICARE	22.14%	23.60%	1.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.15%	27.77%	-0.38%
4	MEDICAID	28.15%	27.77%	-0.38%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	28.83%	5.63%	-23.21%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.78%	0.29%	-1.49%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.81%	25.42%	0.61%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.51%	36.55%	0.04%

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	FY AMOUNT DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS			
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	TOTAL ACCRUED PAYMENTS	\$360,934,141	\$353,582,011	(\$7,352,130)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$360,934,141	\$353,582,011	(\$7,352,130)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$10,973,348	\$8,129,690	(\$2,843,658)
4	CALCULATED NET REVENUE	\$384,683,226	\$361,711,701	(\$22,971,525)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$371,907,491	\$361,711,967	(\$10,195,524)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$12,775,735	(\$266)	(\$12,776,001)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED GROSS REVENUE	\$883,915,401	\$854,431,479	(\$29,483,922)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$10,645,868	\$10,177,899	(\$467,969)
	CALCULATED GROSS REVENUE	\$894,561,269	\$864,609,378	(\$29,951,891)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$894,561,269	\$864,609,377	(\$29,951,892)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,053,010	\$22,715,128	(\$3,337,882)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,053,010	\$22,715,128	(\$3,337,882)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$26,053,010	\$22,715,128	(\$3,337,882)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$84,260,632
2	MEDICARE	211,663,761
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	74,498,682
4	MEDICAID	74,498,682
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	252,546
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,801,848
	TOTAL INPATIENT GOVERNMENT CHARGES	\$286,414,989
	TOTAL INPATIENT CHARGES	\$370,675,621
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,347,521
2	MEDICARE	165,998,757
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	133,710,380
4	MEDICAID	133,710,380
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	699,200
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12,008,293
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$300,408,337
	TOTAL OUTPATIENT CHARGES	\$483,755,858
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$267,608,153
2	TOTAL GOVERNMENT ACCRUED CHARGES	586,823,326
	TOTAL ACCRUED CHARGES	\$854,431,479
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,434,066
2	MEDICARE	96,605,419
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,614,674
4	MEDICAID	25,614,674
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	114,113
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	635,432
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$122,334,206
	TOTAL INPATIENT PAYMENTS	\$176,768,272
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,464,784
2	MEDICARE	39,183,153
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,126,470
4	MEDICAID	37,126,470
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	39,332
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	34,721
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$76,348,955
	TOTAL OUTPATIENT PAYMENTS	\$176,813,739
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$154,898,850
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	198,683,161
	TOTAL ACCRUED PAYMENTS	\$353,582,011

THE HOSPITAL OF CENTRAL CONNECTICUT		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,371
2	MEDICARE	7,089
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,161
4	MEDICAID	4,161
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	224
	TOTAL GOVERNMENT DISCHARGES	11,269
	TOTAL DISCHARGES	15,640
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.17560
2	MEDICARE	1.54350
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05040
4	MEDICAID	1.05040
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.07470
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10220
	TOTAL GOVERNMENT CASE MIX INDEX	1.36064
	TOTAL CASE MIX INDEX	1.30892
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$267,608,153
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$154,898,850
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$112,709,303
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.12%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,076,083
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,857,809
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$17,256,889
9	BAD DEBTS	\$5,458,239
10	TOTAL UNCOMPENSATED CARE	\$22,715,128
11	TOTAL OTHER OPERATING REVENUE	\$22,666,522
12	TOTAL OPERATING EXPENSES	\$359,304,084

THE HOSPITAL OF CENTRAL CONNECTICUT		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$353,582,011
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$353,582,011
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,129,690
	CALCULATED NET REVENUE	\$361,711,701
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$361,711,967
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$266)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$854,431,479
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$10,177,899
	CALCULATED GROSS REVENUE	\$864,609,378
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$864,609,377
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$22,715,128
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$22,715,128
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$22,715,128
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	1,973	1,982	9	0%
2	Number of Approved Applicants	1,080	1,094	14	1%
3	Total Charges (A)	\$16,310,702	\$17,256,889	\$946,187	6%
4	Average Charges	\$15,103	\$15,774	\$672	4%
5	Ratio of Cost to Charges (RCC)	0.438225	0.412180	(0.026045)	-6%
6	Total Cost	\$7,147,757	\$7,112,945	(\$34,813)	0%
7	Average Cost	\$6,618	\$6,502	(\$117)	-2%
8	Charity Care - Inpatient Charges	\$3,019,515	\$3,542,918	\$523,403	17%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	10,144,199	10,513,667	369,468	4%
10	Charity Care - Emergency Department Charges	3,146,988	3,200,304	53,316	2%
11	Total Charges (A)	\$16,310,702	\$17,256,889	\$946,187	6%
12	Charity Care - Number of Patient Days	2,684	3,192	508	19%
13	Charity Care - Number of Discharges	503	635	132	26%
14	Charity Care - Number of Outpatient ED Visits	9,192	9,613	421	5%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,138	4,935	797	19%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$3,498,973	\$1,738,543	(\$1,760,430)	-50%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,162,333	1,884,076	(1,278,257)	-40%
3	Bad Debts - Emergency Department	3,081,002	1,835,620	(1,245,382)	-40%
4	Total Bad Debts (A)	\$9,742,308	\$5,458,239	(\$4,284,069)	-44%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$16,310,702	\$17,256,889	\$946,187	6%
2	Bad Debts (A)	9,742,308	5,458,239	(4,284,069)	-44%
3	Total Uncompensated Care (A)	\$26,053,010	\$22,715,128	(\$3,337,882)	-13%
4	Uncompensated Care - Inpatient Services	\$6,518,488	\$5,281,461	(\$1,237,027)	-19%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	13,306,532	12,397,743	(908,789)	-7%
6	Uncompensated Care - Emergency Department	6,227,990	5,035,924	(1,192,066)	-19%
7	Total Uncompensated Care (A)	\$26,053,010	\$22,715,128	(\$3,337,882)	-13%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL TOTAL NON-GOVERNMENT	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$269,161,826	\$267,608,153	(\$1,553,673)	-1%
2	Total Contractual Allowances	\$114,805,822	\$112,709,303	(\$2,096,519)	-2%
	Total Accrued Payments (A)	\$154,356,004	\$154,898,850	\$542,846	0%
	Total Discount Percentage	42.65%	42.12%	-0.54%	-1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$411,477,153	\$410,328,218	\$370,675,621
2	Outpatient Gross Revenue	\$449,270,966	\$473,587,183	\$483,755,858
3	Total Gross Patient Revenue	\$860,748,119	\$883,915,401	\$854,431,479
4	Net Patient Revenue	\$393,528,986	\$371,907,491	\$361,711,967
B. Total Operating Expenses				
1	Total Operating Expense	\$389,521,494	\$377,447,207	\$359,304,084
C. Utilization Statistics				
1	Patient Days	76,771	75,467	69,265
2	Discharges	18,252	17,907	15,640
3	Average Length of Stay	4.2	4.2	4.4
4	Equivalent (Adjusted) Patient Days (EPD)	160,593	162,569	159,660
0	Equivalent (Adjusted) Discharges (ED)	38,180	38,575	36,051
D. Case Mix Statistics				
1	Case Mix Index	1.20017	1.26585	1.30892
2	Case Mix Adjusted Patient Days (CMAPD)	92,138	95,530	90,663
3	Case Mix Adjusted Discharges (CMAD)	21,906	22,668	20,472
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	192,739	205,787	208,983
5	Case Mix Adjusted Equivalent Discharges (CMAED)	45,823	48,830	47,188
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$11,212	\$11,713	\$12,336
2	Total Gross Revenue per Discharge	\$47,159	\$49,361	\$54,631
3	Total Gross Revenue per EPD	\$5,360	\$5,437	\$5,352
4	Total Gross Revenue per ED	\$22,544	\$22,914	\$23,700
5	Total Gross Revenue per CMAEPD	\$4,466	\$4,295	\$4,089
6	Total Gross Revenue per CMAED	\$18,784	\$18,102	\$18,107
7	Inpatient Gross Revenue per EPD	\$2,562	\$2,524	\$2,322
8	Inpatient Gross Revenue per ED	\$10,777	\$10,637	\$10,282

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,126	\$4,928	\$5,222
2	Net Patient Revenue per Discharge	\$21,561	\$20,769	\$23,127
3	Net Patient Revenue per EPD	\$2,450	\$2,288	\$2,266
4	Net Patient Revenue per ED	\$10,307	\$9,641	\$10,033
5	Net Patient Revenue per CMAEPD	\$2,042	\$1,807	\$1,731
6	Net Patient Revenue per CMAED	\$8,588	\$7,616	\$7,665
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,074	\$5,001	\$5,187
2	Total Operating Expense per Discharge	\$21,341	\$21,078	\$22,973
3	Total Operating Expense per EPD	\$2,426	\$2,322	\$2,250
4	Total Operating Expense per ED	\$10,202	\$9,785	\$9,966
5	Total Operating Expense per CMAEPD	\$2,021	\$1,834	\$1,719
6	Total Operating Expense per CMAED	\$8,501	\$7,730	\$7,614
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$60,308,808	\$59,452,944	\$55,467,737
2	Nursing Fringe Benefits Expense	\$15,653,134	\$18,429,333	\$16,863,617
3	Total Nursing Salary and Fringe Benefits Expense	\$75,961,942	\$77,882,277	\$72,331,354
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$27,064,007	\$28,826,455	\$26,775,789
2	Physician Fringe Benefits Expense	\$7,024,455	\$8,638,705	\$8,140,528
3	Total Physician Salary and Fringe Benefits Expense	\$34,088,462	\$37,465,160	\$34,916,317
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$77,920,320	\$80,427,441	\$66,172,692
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$20,224,197	\$24,660,487	\$20,118,199
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$98,144,517	\$105,087,928	\$86,290,891
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$165,293,135	\$168,706,840	\$148,416,218
2	Total Fringe Benefits Expense	\$42,901,786	\$51,728,525	\$45,122,344
3	Total Salary and Fringe Benefits Expense	\$208,194,921	\$220,435,365	\$193,538,562

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	617.4	638.3	513.5
2	Total Physician FTEs	122.2	126.4	113.9
3	Total Non-Nursing, Non-Physician FTEs	1559.9	1508.2	1374.3
4	Total Full Time Equivalent Employees (FTEs)	2,299.5	2,272.9	2,001.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$97,682	\$93,143	\$108,019
2	Nursing Fringe Benefits Expense per FTE	\$25,353	\$28,873	\$32,841
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$123,035	\$122,015	\$140,860
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$221,473	\$228,057	\$235,082
2	Physician Fringe Benefits Expense per FTE	\$57,483	\$68,344	\$71,471
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$278,956	\$296,402	\$306,552
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$49,952	\$53,327	\$48,150
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$12,965	\$16,351	\$14,639
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$62,917	\$69,678	\$62,789
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$71,882	\$74,225	\$74,145
2	Total Fringe Benefits Expense per FTE	\$18,657	\$22,759	\$22,542
3	Total Salary and Fringe Benefits Expense per FTE	\$90,539	\$96,984	\$96,687
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,712	\$2,921	\$2,794
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,407	\$12,310	\$12,375
3	Total Salary and Fringe Benefits Expense per EPD	\$1,296	\$1,356	\$1,212
4	Total Salary and Fringe Benefits Expense per ED	\$5,453	\$5,715	\$5,368
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,080	\$1,071	\$926
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,543	\$4,514	\$4,101